CHAPTER 8

VISUAL IMPAIRMENT

This chapter contains two parts:

Part 8.1 — Impairment of Visual Function
Part 8.2 — Other Ocular Impairment

INTRODUCTION

Part 8.1 is to be applied to assess:

- any condition, such as refractive error, that is actually affecting visual function; and
- any condition, such as glaucoma or cataracts, that in the normal course of its progression would be likely to affect visual function.

Part 8.2 is to be applied to assess such conditions of the eye and the surrounding structures as may lead to discomfort or inconvenience, such as conjunctivitis and conditions of the eyelid, without actually or usually affecting visual function.

PART 8.1: IMPAIRMENT OF VISUAL FUNCTION

Loss of function

Visual function is to be measured by reference to:

- corrected visual acuity (Table 8.1.1 or Table 8.1.3); and
- visual field defects (Figures 8a and 8b); and
- miscellaneous function (Table 8.1.2).

The following steps take into account the fact that normal vision is a binocular function.

Calculation of the impairment rating for loss of visual function

Follow the steps below to calculate the impairment rating due to accepted loss of visual function.

(Each step is elaborated in the following pages.)

STEP 1	If there is any accepted refractive error, determine the monocular assessment for each eye based on corrected visual acuity.	Page 133
STEP 2	If there is any accepted condition causing a visual field defect, determine the monocular assessment for each eye affected by the accepted condition.	Page 133

STEP 3	Determine the monocular assessment for each eye from the Miscellaneous Visual Function Table (Table 8.1.2) as the result of any accepted condition.	Page 134
STEP 4	For each eye separately, combine the ratings obtained in Steps 1, 2, and 3 by applying Chapter 18 (Combined Values Chart).	Page 134
STEP 5	Combine the two combined monocular impairment ratings obtained in Step 4 by applying Table 8.1.3.	Page 135

Step 1: If there is any accepted refractive error, determine the monocular assessment for each eye based on corrected visual acuity.

All assessments of visual acuity are to be based on corrected visual acuity, that is, the visual acuity as measured when the veteran is wearing glasses or contact lenses correctly prescribed. No additional impairment rating is to be given for the need to wear corrective lenses.

A separate monocular assessment is to be determined for each eye.

If only one eye has a refractive error, or if only one eye is to be assessed, the monocular assessment of the eye is to be determined by applying Table 8.1.1 and the assessment for visual acuity for the other eye is to be taken as nil. (These assessments will ultimately be combined by applying Table 8.1.3.)

Functional Loss
Table 8.1.1

MONOCULAR ASSESSMENTS FOR CORRECTED VISUAL ACUITY

Visual acuity											
	6/6	6/9	6/12	6/18	6/24	6/30	6/36	6/48	6/60	3/60	Blind*
Monocular Assessment											
	0	10	20	30	40	50	60	70	80	90	100

**** In applying the above table, if the veteran's visual acuity in either eye is such that he or she is only capable of counting fingers or of perceiving the difference between light and darkness with that eye, then he or she is to be taken as "blind" in the eye so affected.***

No age adjustment permitted for this table

Step 2: If there is any accepted condition causing a visual field defect, determine the monocular assessment for each eye affected by the accepted condition.

Any condition (such as glaucoma) which could cause loss of visual field is to be assessed by measuring that loss. For glaucoma without field loss refer to Table 8.1.2.

Loss of visual field is to be measured either by a manual or a computerised method, using the Esterman grid (Figures 8A and 8B).

Methods of measuring visual field loss

If the field has been defined by a manual method such as a Bjerrum screen with a 5/1000 white target or a Humphrey bowl at 10dB or less, a transparency of the Esterman grid is placed over the map of the visual field. Those dots that fall wholly or partially within the area of field loss are counted, and the number of dots so counted is to be taken as the monocular assessment for the field loss of that eye.

If the field has been defined by the Humphrey computerised method, a transparency of the appropriate Esterman grid is placed over the graytone field map of the eye being assessed. The graytones represent varying degrees of diminished response to visual stimuli. Count those dots that fall wholly or partially within the area of the graytone field map corresponding to the three darkest intensities of the set of ten graytones in the key accompanying the field map. The number of dots so counted is to be taken as the monocular assessment of the field loss of that eye.

If the field has been defined by a computerised method other than the Humphrey method, a transparency of the appropriate Esterman grid is placed over the graytone field map of the eye being assessed. The graytones represent varying degrees of diminished response to visual stimuli. Count those dots that fall wholly or partly within the area of the graytone field map corresponding to the equivalent of 10dB or less of the intensities of the set of ten graytones in the key accompanying the field map. The number of dots so counted is to be taken as the monocular assessment of the field loss of that eye.

Step 3: Determine the monocular assessment for each eye from Table 8.1.2 as the result of any accepted condition.

Only one criterion is to be selected from Table 8.1.2. If more than one criterion could be selected, the criterion resulting in the higher or highest monocular assessment is to be chosen. The single assessment is then included in *both* monocular assessments. (See below.)

As the criteria in Table 8.1.2 refer to binocular functions, the assessment is included in both monocular assessments. For example, the assessment for unilateral aphakia is to be included in both monocular assessments.

Step 4: For each eye separately, combine the ratings obtained in Steps 1, 2 and 3 by applying Chapter 18 (Combined Values Chart).

Having followed Steps 1, 2 and 3, up to three monocular assessments will have been obtained for each eye depending on the particular accepted visual conditions affecting the veteran.

For example, there may be for the right eye:

- an assessment for corrected visual acuity;
- an assessment for a visual field defect; and
- an assessment for a miscellaneous visual defect.

For each eye separately, these three assessments are to be combined as if they were impairment ratings, by applying Chapter 18 (Combined Values Chart) in accordance with the steps in that chapter. The resulting

value is to be rounded to the nearest multiple of 5. This is known as the combined monocular impairment rating for that eye.

Step 5:	**Combine the two combined monocular impairment ratings obtained in Step 4 by applying Table 8.1.3.**

Binocular impairment rating

After a combined monocular impairment rating has been made for each eye, the two ratings are to be combined by applying Table 8.1.3. The value obtained is known as the binocular impairment rating.

Figure 8a - ESTERMAN GRID: LEFT EYE

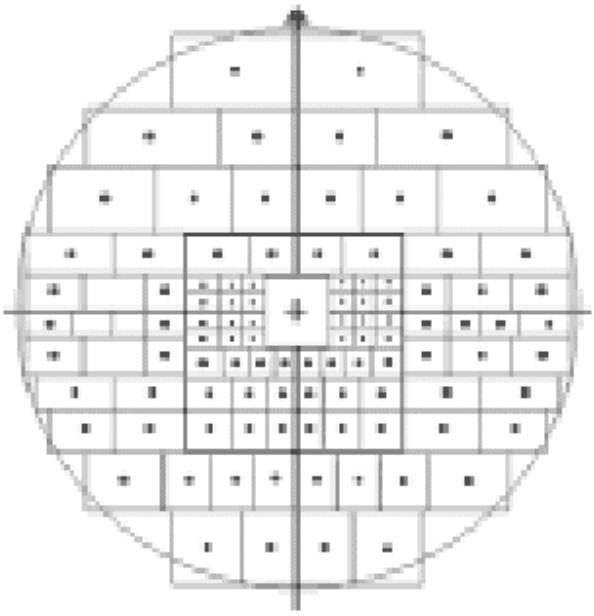
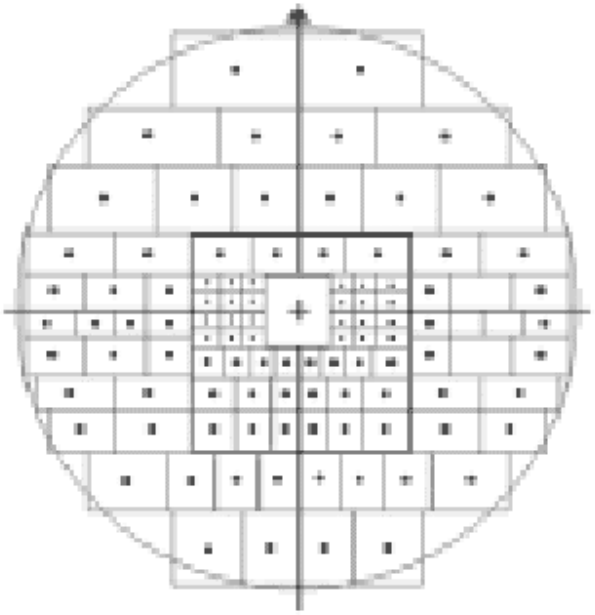


Figure 8b - ESTERMAN GRID: RIGHT EYE



Functional Loss
Table 8.1.2

⚥

MISCELLANEOUS VISUAL FUNCTION

Visual Disturbance	**Monocular Assessment**
Heterophoria	0
Nystagmus without diplopia	0
Cataract with no loss of visual acuity	2
Glaucoma without loss of visual fields	2
Bilateral intraocular lens	5
Unilateral intraocular lens	5
Bilateral aphakia	5
Unilateral aphakia	10
Loss of stereopsis in absence of heterotropia	5
Heterotropia with diplopia one quadrant of upward gaze	5
Heterotropia without diplopia near vision only	5
Heterotropia with diplopia one quadrant of downward gaze	10
Heterotropia without diplopia all directions of gaze	10
Heterotropia with diplopia one direction of sideways gaze	10
Heterotropia with diplopia all directions of upward gaze	10
Heterotropia with diplopia all directions of downward gaze	15
Heterotropia with diplopia both directions of sideways gaze	15
Heterotropia with diplopia all range of near vision	15
Heterotropia with diplopia all directions of gaze	25
Gaze defects vertical	10
Gaze defects horizontal	10
Gaze defects vertical and horizontal	25
Only one criterion may be selected from this table. If the accepted condition satisfies more than one criterion, the criterion resulting in the higher rating is to be chosen. The single rating is then included in both monocular assessments.	

No age adjustment permitted for this table

The combined monocular impairment ratings obtained in Step 4 are those values found in the shaded area of Table 8.1.3. The values for the better and worse eye are to be taken from the values in the shaded regions along the horizontal and vertical axes respectively.

For convenience, Table 8.1.3 incorporates Table 8.1.1 along both its axes. The figures in italics give the possible losses of visual acuity. The values in the shaded area immediately beside or above the figures in italics give the corresponding monocular assessment.

If the only condition affecting visual function is decreased visual acuity, the visual acuities for the better and the worse eye respectively can be read from the values in italics along the horizontal and vertical axes respectively.

Paired organs policy

If an accepted condition affects one eye only, the paired organs policy may apply (see Chapter 21).

Visual Impairment Worksheet

To ensure a consistent and clear record of the use of the tables, the Visual Impairment Worksheet (at page 141) should be used when assessing visual impairment.

A Visual Impairment Worksheet is used when assessing impairment involving visual field or miscellaneous visual conditions.

Federal Register of Legislative Instruments F2005L01293

Functional Loss
Table 8.1.3

LOSS OF VISUAL FUNCTION

Monocular Assessment of Worse Eye																							
6/6	0	0																					
	5	0	5																				
6/9	10	5	5	10																			
	15	5	10	10	15																		
6/12	20	5	10	10	15	20																	
	25	5	10	15	15	20	25																
6/18	30	10	10	15	20	20	25	30															
	35	10	10	15	20	25	25	30	35														
6/24	40	10	15	15	20	25	25	30	35	40													
	45	10	15	20	20	25	30	30	35	40	40												
6/30	50	10	15	20	25	25	30	35	35	40	45	45											
	55	15	15	20	25	25	30	35	40	40	45	50	50										
6/36	60	15	20	20	25	30	30	35	40	40	45	50	55	55									
	65	15	20	25	25	30	35	35	40	45	45	50	55	60	60								
6/48	70	20	20	25	25	30	35	40	40	45	50	50	55	60	60	65							
	75	20	20	25	30	30	35	40	40	45	50	55	55	60	65	65	70						
6/60	80	20	25	25	30	35	35	40	45	45	50	55	60	60	65	70	70	75					
	85	20	25	25	30	35	40	40	45	50	50	55	60	60	65	70	75	75	80				
3/60	90	20	25	30	30	35	40	40	45	50	55	55	60	65	65	70	75	80	80	85			
	95	25	25	30	35	35	40	45	45	50	55	60	60	65	70	70	75	80	85	85	85		
Blind	100	25	25	30	35	40	40	45	50	50	55	60	60	65	70	75	75	80	85	85	85	85	
		0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	
		6/6		*6/9*		*6/12*		*6/18*		*6/24*		*6/30*		*6/36*		*6/48*		*6/60*		*3/60*		*Blind*	

Monocular Assessement of Better Eye

In applying this table, if the veteran's visual acuity in either eye is such that he or she is only capable of counting fingers or of perceiving the difference between light and darkness with that eye, then the veteran is to be taken as "blind" in the eye so affected.

No age adjustment permitted for this table

PART 8.2: OTHER OCULAR IMPAIRMENT

Other Impairment

Table 8.2.1 lists impairment ratings for a variety of ocular conditions. The ratings are based on the presence of symptoms and of inconvenience. Ratings from Table 8.2.1 are not to be combined with ratings from Table 8.1.3 for the same condition. If the same condition can be rated from both tables, the higher rating is to be chosen.

Other Impairment
Table 8.2.1

OCULAR IMPAIRMENT

Impairment Ratings	**Criteria**
NIL	Occasional conjunctivitis.
TWO	Intermittent conjunctivitis - at least 6 separate episodes per year.
FIVE	• Constant but mild irritation of eyes resulting in symptoms and signs, eg, chronic conjunctivitis or blepharoconjunctivitis, persistent photo-phobia, epiphora. • Disorders resulting in dry eyes necessitating regular, daily use of eye drops. • Uncorrected ectropion or entropion. • Ptosis or tarsorrhaphy resulting in continuous but partial closure of the eye.
TEN	Symptoms and signs of severe eye irritation, present all of the time.
	Ratings from this table are not to be combined with ratings from Table 8.1.3 for the same condition. When the same condition can be rated from both tables, the higher rating is to be chosen.

No age adjustment permitted for this table

Australian Government

Military Rehabilitation and Compensation Commission

Visual Impairment Worksheet

File No.

Veteran's given names

Veteran's surname

Visual conditions for assessment

Date of report(s) on which the assessment below is based

Right Eye Corrected visual acuity

Left Eye Corrected visual acuity

Miscellaneous Visual Function

Right Eye Monocular Impairment			Left Eye Monocular Impairment		
Corrected visual acuity		R1	Corrected visual acuity		L1
Visual Field - Esterman Grid		R2	Visual Field - Esterman Grid		L2
Miscellaneous Visual Function		R3	Miscellaneous Visual Function		L3
Combined Monocular Impairment		RC	Combined Monocular Impairment		LC
Combined Monocular Impairment - Rounded		RC	Combined Monocular Impairment - Rounded		LC

Final Binocular Impairment rating

Comments:

Signature

Name

Date

CHAPTER 9

RENAL AND URINARY TRACT FUNCTION

This chapter contains two parts:

Part 9.1 — Renal Function
Part 9.2 — Lower Urinary Tract Function

INTRODUCTION

Renal function and urinary tract function are to be assessed separately. Only one rating is to be given for impairment of renal function. If appropriate, two ratings may be given for lower urinary tract conditions — one for conditions of urinary excretion and one for lower urinary tract infections.

PART 9.1: RENAL FUNCTION

Renal impairment is to be assessed under Tables 9.1.1 and 9.1.2. If an impairment may be assessed from both tables, the higher of the two is to be selected.

Loss of kidney function may also be assessed by applying Chapter 16 (Activities of Daily Living), which may sometimes be more appropriate than applying Table 9.1.1 and Table 9.1.2.

Calculation of the impairment rating for loss of renal function

Follow the steps below to calculate the impairment rating due to an accepted loss of renal function.

(Each step is elaborated in the following pages.)

STEP 1	Determine a functional impairment rating for renal impairment by applying Table 9.1.1.	Page 143
STEP 2	Determine an Other Impairment rating for renal impairment.	Page 144
STEP 3	Compare the ratings obtained in Steps 1 and 2. Take the higher rating.	Page 144
STEP 4	If the renal disease is causing generalised effects, apply Chapter 16 (Activities of Daily Living) to determine a rating.	Page 144
STEP 5	If a rating has been obtained in Step 4, compare it with the rating obtained in Step 3. Take the higher rating.	Page 144

Federal Register of Legislative Instruments F2005L01293

Step 1: Determine a functional impairment rating for renal impairment using Table 9.1.1.

Functional Loss
Table 9.1.1

⚥

LOSS OF RENAL FUNCTION

Impairment Ratings	**Criteria**
NIL	Normal or insignificantly impaired renal function.
TWENTY	Chronic renal failure with creatinine clearance of less than 20 mL/min.
THIRTY	Chronic renal failure with creatinine clearance of less than 10 mL/min.
SIXTY	Ongoing peritoneal dialysis or haemodialysis.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

Creatinine clearance may be estimated either by analysis of a 24 hour urine collection or from the serum creatinine level by applying the following formulae.

Males:

$$\text{Creatinine clearance (mL/min)} = \frac{(140 - \text{Age}) \times \text{Weight (kg)}}{800 \times \text{Serum creatinine level (mmol/L)}}$$

Females:

$$\text{Creatinine clearance (mL/min)} = \frac{(140 - \text{Age}) \times \text{Weight (kg)} \times 0.85}{800 \times \text{Serum creatinine level (mmol/L)}}$$

Direct measurements of creatinine clearance are more accurate than estimates of creatinine clearance by applying the appropriate formulae. If both measurements are available that which better reflects the current status of the veteran's health during the period of assessment is to be used.

Step 2: **Determine an Other Impairment rating for renal impairment using Table 9.1.2.**

Other Impairment
Table 9.1.2

⚥

RENAL OTHER IMPAIRMENT

Impairment Ratings	Criteria
NIL	• Glomerulonephritis, or other kidney disease, with good prognosis. • Acute pyelonephritis with no current symptoms.
TWO	Asymptomatic renal stones.
FIVE	• Nephrectomy. • Glomerulonephritis likely to cause chronic renal failure in 5–10 years. • Any disorder of upper urinary tract resulting in recurrent pyelonephritis, or hydronephrosis within past 12 months.
TEN	Glomerulonephritis likely to cause chronic renal failure in less than five years.
TWENTY	• Renal transplant. • Glomerulonephritis likely to progress to chronic renal failure in less than six months.
	Only one rating is to be selected from this table for any condition or combination of conditions. If more than one rating is applicable, the higher rating is to be selected.

No age adjustment permitted for this table

Step 3: **Compare the ratings obtained in Steps 1 and 2. Take the higher rating.**

Step 4: **If the renal disease is causing generalised effects, apply Chapter 16 (Activities of Daily Living) to determine a rating.**

Step 5: **If a rating has been obtained in Step 4, compare it with the rating obtained in Step 3. Take the higher rating.**

PART 9.2: LOWER URINARY TRACT FUNCTION

A rating for urinary excretion and one for lower urinary tract infections may be determined under this Part.

Calculation of the impairment rating for loss of lower urinary tract function

Follow the steps below to calculate the impairment rating due to an accepted loss of lower urinary function.

(Each step is elaborated in the following pages.)

STEP 1	Determine an impairment rating for impairment of urinary excretion if appropriate by applying Table 9.2.1.	Page 145
STEP 2	Determine an impairment rating for lower urinary tract infections impairment if appropriate.	Page 145
STEP 3	If the lower urinary tract condition causes impairment of an intermittent nature, combine the ratings determined in Steps 1 and 2, by applying Chapter 18 (Combined Values Chart).	Page 146
STEP 4	If the lower urinary tract condition causes impairment of an intermittent nature, determine a rating for the condition by applying Chapter 15 (Intermittent Impairment).	Page 146
STEP 5	If the lower urinary tract condition causes impairment of an intermittent nature, compare the ratings obtained in Steps 3 and 4. Take the higher rating.	Page 146

Step 1: Determine an impairment rating for impairment of urinary excretion if appropriate by applying Table 9.2.1.

Step 2: Determine an impairment rating for lower urinary tract infections impairment if appropriate by applying Table 9.2.2.

The ratings obtained in Steps 1 and 2 are not to be compared or combined at this stage but are to be included in the final combining of all ratings, except if the condition causes impairment of an intermittent nature.

If the condition does not cause impairment of an intermittent nature, the assessment of an impairment rating for the condition ceases at this point. If the condition causes impairment of an intermittent nature, proceed to Step 3.

Step 3:	**If the lower urinary tract condition causes impairment of an intermittent nature, combine the ratings determined in Steps 1 and 2 by applying Chapter 18 (Combined Values Chart).**

Step 4:	**If the lower urinary tract condition causes impairment of an intermittent nature, determine a rating for the condition by applying Chapter 15 (Intermittent Impairment).**

Step 5:	**If the lower urinary tract condition causes impairment of an intermittent nature, compare the ratings obtained in Steps 3 and 4. Take the higher rating.**

If the rating obtained in Step 3 is higher than that obtained in Step 4, the impairment rating obtained in Step 1 and the impairment rating obtained in Step 2 are to be included in the final combining of all impairment ratings.

Functional Loss
Table 9.2.1

⚥

URINARY EXCRETION

Impairment Ratings	**Criteria**
NIL	• Occasional stress incontinence; infrequent and small amounts of urine lost, and incontinence pad not needed. • Mild symptoms of bladder outlet or urethral obstruction, eg. hesitancy, or poor stream.
FIVE	• Bladder outlet or urethral obstruction as above, but with more severe symptoms such as urge frequency, nocturia, or recurrent urinary tract infections. • Minor stress incontinence, needing use of 1–2 incontinence pads a day. • Mild urge incontinence, but rarely unable to find a toilet in time. • Any disorder of lower urinary tract resulting in recurrent pyelonephritis, or hydronephrosis within past 12 months.
TEN	• Moderate stress incontinence, needing several incontinence pads a day. • Urethral stricture, necessitating passage of sounds at internals of three months or less.
FIFTEEN	• Frequent and severe stress incontinence causing significant embarrassment and some avoidance of social activities and public places. • Loss of voluntary control of bladder, but satisfactory emptying achieved by triggering of reflex activity, suprapubic pressure or Valsalva manoeuvre. No incontinence aid needed.
TWENTY	Loss of voluntary control of bladder necessitating intermittent catheterisation.
THIRTY	• Urinary diversion, eg, ileal conduit, sigmoid conduit, ureterosigmoidostomy. • Dribbling incontinence needing frequent change of incontinence pads, or a collection device, eg. condom catheter.
FORTY	Incontinence needing a permanent indwelling catheter.

No age adjustment permitted for this table

Functional Loss
Table 9.2.2

LOWER URINARY TRACT INFECTIONS

Impairment Ratings	Criteria
NIL	Occasional urinary tract infections.
FIVE	Recurrent cystitis causing frequent symptoms.

No age adjustment permitted for this table

CHAPTER 10

SEXUAL FUNCTION, REPRODUCTION, AND BREASTS

This chapter contains three parts:

Part 10.1 — Sexual Function
Part 10.2 — Reproduction
Part 10.3 — Breasts

INTRODUCTION

Each part of this chapter contains separate tables for males and females. Ratings may be obtained from one or more parts, depending on the conditions to be assessed.

Many conditions of the female reproductive system, such as premenstrual tension and dysmenorhoea, occur on a cyclical basis and should be rated by applying Chapter 15 (Intermittent Impairment). When such conditions are successfully controlled by use of the contraceptive pill, a rating of zero is to be given.

It is also recognised that servicewomen may use the contraceptive pill to free themselves from such cyclical problems. In itself this is not a condition. However, if the use of the contraceptive pill causes significant side effects and if these side effects are accepted as being war-caused or defence-caused conditions, they should be rated from whatever section applies to them according to their nature.

Some conditions related to the reproductive organs, or to the effects of the sexual hormones, or which are more common in one sex than the other (such as osteoporosis), are not specifically mentioned in this chapter. Such conditions should be rated from the relevant part of the *Guide* according to their nature.

PART 10.1: SEXUAL FUNCTION

Calculation of the impairment rating for loss of sexual function

Follow the steps below to calculate the impairment rating due to an accepted loss of sexual function.

(Each step is elaborated in the following pages.)

STEP 1	*(Omit this step if you are assessing an accepted condition of a female veteran.)* Determine a functional impairment rating for loss of sexual function from Table 10.1.1.	Page 149
STEP 2	*(Omit this step if you are assessing an accepted condition of a male veteran.)* Determine a functional impairment rating for loss of sexual function from Table 10.1.2.	Page 150

Federal Register of Legislative Instruments F2005L01293

STEP 3	*(Omit this step if you are assessing an accepted condition of a male veteran.)* Determine a functional impairment rating for loss of sexual function from Table 10.1.3.	Page 150

Step 1: ***(Omit this step if you are assessing an accepted condition of a female veteran.)***
Determine a functional impairment rating for loss of sexual function in male veterans from Table 10.1.1.

Although impotence may be a symptom or effect of more than one accepted condition, only one rating is to be given for impotence.

The rating from Table 10.1.1 is the final rating for loss of sexual function in male veterans. The rating obtained from Table 10.1.1 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

Functional Loss
Table 10.1.1

♂

SEXUAL FUNCTION: MALE

Age at onset	**Less than 30**	**30 to 39**	**40 to 64**	**65 to 74**	**75 to 84**	**85 and older**
Circumcision	0	0	0	0	0	0
Scarring of penis	2	2	2	2	2	2
Peyronie's disease	2	2	2	2	2	2
Impotence (not ameliorated by surgical treatment)	25	20	15	10	5	2
Impotence (ameliorated by surgical treatment)	15	15	10	5	2	0
Severe post-ejaculatory pain	20	20	15	10	5	2
Loss of all or most of penis	30	25	20	15	10	10
Loss of part of penis without significant interference with function	5	5	5	5	5	5
Only one rating is to be selected from this table.						

No age adjustment permitted for this table

For the purposes of Table 10.1.1

"Impotence" means the persistent inability to attain an erection of sufficient strength to achieve intromission.

"Severe post-ejaculatory pain" means post-ejaculatory pain of such a degree as to cause complete or almost complete avoidance of sexual activity.

Step 2: ***(Omit this step if you are assessing an accepted condition of a male veteran.)*** **Determine a functional impairment rating for loss of sexual function in female veterans from Table 10.1.2.**

Functional Loss
Table 10.1.2

SEXUAL FUNCTION: FEMALE

Impairment Ratings	**Criteria**
NIL	Persistent inability to participate in vaginal intercourse onset at age 75 or older.
FIVE	Persistent inability to participate in vaginal intercourse onset at age 65–74.
TEN	Persistent inability to participate in vaginal intercourse onset at age 40–64.
TWENTY	Persistent inability to participate in vaginal intercourse onset at age less than 40.
TWENTY-FIVE	Persistent inability to participate in vaginal intercourse onset at age less than 30.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

For the purposes of Table 10.1.2:

"persistent inability" means the woman is unable to participate in vaginal intercourse on most occasions because of physical obstruction of the vagina or its entrance or because of vaginismus or because of dyspareunia.

Ratings may be given from each of Tables 10.1.2 and 10.1.3 if appropriate. The rating obtained from Table 10.1.2 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

Step 3: ***(Omit this step if you are assessing an accepted condition of a male veteran.)*** **Determine a functional impairment rating for loss of sexual function in female veterans from Table 10.1.3.**

Functional Loss
Table 10.1.3

♀

SEXUAL FUNCTION: FEMALE

Impairment Ratings	**Criteria**
NIL	No impairment of sexual sensation.
TWO	Diminished sexual sensation.
FIVE	Inability to achieve a climax at age less than 40.
TEN	Inability to achieve a climax at age less than 30.
	Clitoridectomy at age less than 40.
FIFTEEN	Vulvectomy at age less than 40.
TWENTY	Clitoridectomy at age less than 30.
TWENTY-FIVE	Vulvectomy at age less than 30.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

Ratings may be given from each of Tables 10.1.2 and 10.1.3 if appropriate. The rating obtained from Table 10.1.3 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

PART 10.2: REPRODUCTION

Calculation of the impairment rating for loss of reproductive function

Follow the steps below to calculate the impairment rating due to an accepted loss of reproductive function.

(Each step is elaborated in the following pages.)

STEP 1	*(Omit this step if you are assessing an accepted condition of a female veteran.)* Determine a functional impairment rating for loss of reproductive function from Table 10.2.1.	Page 154
STEP 2	*(Omit this step if you are assessing an accepted condition of a male veteran.)* Determine a functional impairment rating for loss of sexual function from Table 10.2.2.	Page 155

For the purposes of this chapter:

"infertility" means:

for females —

- the condition in which a woman is unable to achieve a pregnancy resulting in a viable infant because of a gynaecological condition that prevents her becoming pregnant or maintaining a pregnancy to term; or
- the situation of a woman who has been given medical advice that she should not become pregnant and who consequently does not give birth to a viable child either because of risk to her life; or the danger of seriously compromising her health; or serious and significant risk to the potential child. (The latter circumstance may arise if the woman has had radiotherapy for a malignant condition.)

for males —

- the condition in which a man is unable to achieve a pregnancy in a woman.

"reduced fertility" means:

for females —

- the situation of a woman who has sought medical help in order to become pregnant and who has been given such help in the form of IVF, GIFT, or a similar procedure or hormonal stimuli and who as a result of such procedures does become pregnant; or
- the situation of a woman who has been advised that she is infertile and who, as a result, has adopted a child and who then, and only after that, has conceived.

(A woman is to be taken to be infertile if, despite such procedures, she remains unable to become pregnant. She will also be taken to be infertile until such time as she gives birth to a viable infant.)

for males —

- the situation of a man who has sought medical help in order to enable him to father a child as a result of conditions such as a low sperm count or impotence or other related condition and who, with his partner, has been given such help in the form of IVF, GIFT, or a similar procedure or hormonal stimuli and who as a result of such procedures does succeed in becoming the biological father of a viable infant; or
- the situation of a man who has been advised that he is infertile and who, as a result, with his partner, has adopted a child and who then, and only after that, has become the biological father of a viable infant in the normal way.

The impairment rating for reduced fertility is given to compensate veterans for the delay they and their partners will have incurred in starting their family as a result of waiting for investigations and in undergoing the procedures and for the stress of hormone therapy which places a considerable emotional stress on both partners and a specific physiological stress on the female.

The fertility problem should only be assessed as “infertility” under this *Guide* if it prevents the veteran from having children that the veteran would otherwise have had. It is for a medical practitioner to diagnose whether a fertility condition is present. The veteran must advise whether the fertility condition prevented the birth of a child that otherwise the veteran would have parented.

If the veteran is of the opinion that the fertility condition did not actually prevent the veteran from having a child, the condition is to be assessed at the same rate as reduced fertility.

Cervical incompetence is to be rated in the same way as are problems of fertility.

Step 1: ***(Omit this step if you are assessing an accepted condition of a female veteran.)*** **Determine a functional impairment rating for loss of reproductive function in male veterans from Table 10.2.1.**

Functional Loss
Table 10.2.1

♂

REPRODUCTIVE FUNCTION: MALE

Impairment Ratings	**Criteria**
NIL	Varicocele or hydrocele, associated with no or negligible symptoms.
TWO	Infertility with onset at age 55 or older.
FIVE	• Varicocele or hydrocele sufficient to cause enlargement of scrotum, and daily symptoms. • Loss of one testis at any age. • Infertility with onset at age 45–54. • Reduced fertility with onset at age less than 45.
TEN	• Infertility with onset at age less than 45. • Loss of both testes at age 45 or older.
FIFTEEN	• Loss of both testes at age 31 to 45. • Infertility with onset at age 30 or less.
TWENTY	Loss of both testes at age 30 or less.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

This is the final rating for loss of reproductive function in male veterans. The rating obtained from Table 10.2.1 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

While impotence would render it difficult for a man to father a child in the normal way, it would neither necessarily nor usually render him infertile.

Step 2: ***(Omit this step if you are assessing an accepted condition of a male veteran.)*** **Determine a functional impairment rating for loss of reproductive function in female veterans from Table 10.2.2.**

Functional Loss
Table 10.2.2

REPRODUCTIVE FUNCTION: FEMALE

Impairment Ratings	Criteria
NIL	• Elective tubal ligation. • Infertility with onset at or after natural menopause.
TWO	• Amenorrhoea in a pre-menopausal woman. • Infertility with onset at age 45 or older in a pre-menopausal woman.
FIVE	• Reduced fertility with onset at age less than 45 in a pre-menopausal woman. • Removal of one ovary at age less than 45. • Recurrent salpingitis. • Cervical incompetence. • Endometriosis. • Severe menorrhagia.
TEN	• Infertility with onset at age less than 45 in a pre-menopausal woman. • Removal of ovaries without hysterectomy at age less than 45.
FIFTEEN	• Hysterectomy without removal of ovaries at age less than 45. • Infertility with onset at age 30 or less in a pre-menopausal woman.
TWENTY	Hysterectomy with removal of ovaries at age less than 45.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

Amenorrhoea by itself is to be rated at 2 points. However amenorrhoea will generally be a symptom of some other condition, such as infertility, in which case a rating is to be given for infertility and that rating is to be compared with the rating for amenorrhoea. The higher rating is to be taken.

Endometriosis may be assessed by applying Table 10.2.2, or by assessment of its effect on fertility or sexual function, or by applying Chapter 15 (Intermittent Impairment). If ratings are given from both this chapter and Chapter 15, the ratings are to be compared and the higher is to be taken.

This is the final rating for loss of reproductive function in female veterans. The rating obtained from Table 10.2.2 is not to be compared or combined with any other rating at this stage, but is to be included in the final combining of all ratings.

For those conditions of the female reproductive system that occur on a cyclical basis, Chapter 15 (Intermittent Impairment) is to be applied.

PART 10.3: BREASTS

A rating given for mastectomy under this Part is not the final rating for cancer of the breast. The steps to be followed in assessing cancer of the breast are given below, for convenience. In following these steps it is essential to apply both Chapter 14 and the tables in this Part.

Calculation of the impairment rating for cancer of the breast

Follow the steps below to calculate the impairment rating due to breast cancer.

Steps 2 to 6 are elaborated in Chapter 14 (Malignant Conditions).

STEP 1	Find the applicable rating for the relevant mastectomy or other surgical procedure (Tables 10.3.1 or 10.3.2).
STEP 2	Determine any applicable ratings for other effects of surgery (for example, effects on the use of the arm).
STEP 3	Determine any applicable ratings for the effects of any chemotherapy or radiotherapy.
STEP 4	Determine any applicable ratings due to the effects of spread of the cancer.
STEP 5	Combine all the above ratings by applying Chapter 18 (Combined Values Chart).
STEP 6	Find the applicable rating from Chapter 14 (Malignant Conditions).
STEP 7	Compare the rating obtained in Step 5 with the rating obtained in Step 6. Take the higher rating. This is the final rating for cancer of the breast.

Functional Loss
Table 10.3.1

♀

BREASTS: FEMALE

Impairment Ratings	Criteria
NIL	No significant breast condition.
FIVE	• Persistent mammary discharge. • Total loss of sensation of one nipple. • Partial bilateral loss of sensation over T4&5 dermatome. • Lumpectomy. • Partial unilateral mastectomy.
TEN	• Total loss of sensation of both nipples. • Total bilateral loss of sensation over T4&5 dermatome.
FIFTEEN	Unilateral mastectomy.
THIRTY	Bilateral mastectomy.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

Functional Loss
Table 10.3.2

♂

BREASTS: MALE

Impairment Ratings	Criteria
NIL	No significant breast condition.
TWO	• Gynaecomastia. • Unilateral mastectomy.
FIVE	• Persistent mammary discharge. • Bilateral mastectomy.
	Only one rating is to be selected from this table.

No age adjustment permitted for this table

CHAPTER 11

SKIN IMPAIRMENT

INTRODUCTION

This chapter is to be applied in assessing skin conditions. Chapter 17 (Disfigurement and Social Impairment) is also to be applied to the assessment of skin conditions if appropriate.

For any relatively minor skin condition, the major consideration is whether it occurs on a more or less permanent basis or whether it occurs intermittently. If the condition occurs on an intermittent basis, the application of Chapter 15 (Intermittent Impairment) is to be considered.

For a more noticeable skin condition, consideration must also be given to whether it affects function or causes disfigurement. If the skin condition is responsible for a discrete loss of function in another system, the appropriate system-specific table is to be applied. For example, if there were loss of hand function as the result of a skin condition, Chapter 3 (Spine and Limbs) is to be applied.

For very severe skin conditions, loss of function is generally measured by reference to the whole person and may need to be rated under Table 16.2 in Chapter 16 (Activities of Daily Living).

Other Impairment (Table 11.1)

Table 11.1 lists specific impairment ratings for a variety of skin conditions based on inconvenience. One rating only is to be made from this table for any combination of conditions. When more than one criterion is applicable, that associated with the higher rating is chosen.

Impairment ratings from Table 11.1 are not to be combined with ratings from tables for loss of function for the same condition. If ratings can be made from more than one table the higher rating is to be chosen.

Reference to disfigurement is found in Chapter 17 (Disfigurement and Social Impairment).

Calculation of the impairment rating for skin conditions

Follow the steps below to calculate the impairment rating from accepted skin conditions:

(Each step is elaborated in the following pages.)

STEP 1	Establish whether the skin condition causes any loss of function.	Page 159
STEP 2	*(Omit this step if is there is no relevant functional impairment.)* Calculate the total functional impairment due to any accepted skin condition.	Page 159
STEP 3	Calculate the Other Impairment rating for the accepted skin condition by applying Table 11.1.	Page 159

STEP 4	*(Omit this step if there is no relevant functional impairment.)* Compare the impairment rating obtained in Step 2 with the impairment rating obtained in Step 3. Take the higher rating.	Page 159

Step 1: Establish whether the skin condition causes any loss of function.

Skin conditions may cause loss of function of hands by interfering with movement or sensation. They may cause loss of function of joints as a result of scarring and contractions which may limit or interfere with the movement at the joint. Skin conditions may cause conditions of the eyelids (for example, ectropion or entropion, or difficulties in closing or opening the eyes).

If any such effect of the accepted skin condition exists, this should be confirmed before applying Table 11.1.

Step 2: Calculate the impairment rating for the total functional loss from any accepted skin condition.

Depending on its nature and extent, functional loss may be assessed by:

- applying Chapter 16 (Activities of Daily Living);
- applying Chapter 15 (Intermittent Impairment), or
- applying one or more system specific tables.

The rating obtained from the table applied in assessing functional loss may need to be modified by:

- applying Chapter 19 (Partially Contributing Impairment) if there is some contribution from a non-accepted condition; or
- applying Chapter 20 (Apportionment) if there is some contribution from another accepted condition.

If ratings from Chapter 16, Chapter 15 and one or more system specific tables are possible, all three are not to be given. Instead, all attributable system specific ratings are to be combined and compared with any attributable rating from Chapter 16 and from Chapter 15. The veteran is to be given the highest of the attributable ratings from Chapter 16, Chapter 15 or the combined system specific ratings as the functional impairment rating for accepted skin conditions.

Step 3: Establish the Other Impairment rating for the accepted skin condition using Table 11.1.

Only one rating is to be given from Table 11.1 for any condition or combination of conditions.

Step 4: Compare the impairment rating obtained in Step 2 with the impairment rating obtained in Step 3. Take the higher rating.

This step determines the final impairment rating for accepted skin conditions.

At Step 2 allowance was made for the effect of any non-accepted skin condition and of any accepted condition which is not a skin condition on the functional loss from the accepted skin conditions. Compare the result obtained in Step 2 with the result obtained in Step 3. Take the higher of the two ratings. This is the final impairment rating for the accepted skin condition.

Other Impairment
Table 11.1

⚥

SKIN DISORDERS

Impairment Ratings	**Criteria**
NIL	• Skin disorder causing symptoms which are easily tolerated, or are present only for a short time each day. • Skin disorder that is symptomatic for less than one week of the year. • Asymptomatic skin disorder without need for medication. • Solar skin lesions not requiring removal during the year. • Male pattern baldness.
TWO	• Skin disorder than is symptomatic for less than four months of the year. • Asymptomatic skin disorder but with need for medication. • Solar skin lesions necessitating surgical removal (including cryotherapy and/or cautery) at least once in the year but less than four times a year.
FIVE	• Any skin disorder, or combination of disorders, causing symptoms that are not easily tolerated, and that are present for a significant part of the day for at least four months a year, eg. Psoriasis; eczema; tinea with persistent pruritus, despite treatment. • Noticeable skin disorder, or combination of disorders, on face or hands, of such degree as would cause embarrassment to most people in unfamiliar social contexts. • Visible skin disorder, or combination of disorders, on a part of the body other than face and hands, of such degree as would cause embarrassment or considerable inconvenience to most people in domestic or intimate situations or as would cause them to curtail sporting or recreational activities. • Solar skin lesions necessitating surgical removal (including cryotherapy and/or cautery) three times a year or more, or the removal of at least ten lesions over the year. • Alopecia (other than male pattern baldness).
TEN	• Skin disorders, or combination of disorders, resulting in significant loss of structural integrity of face, eg. total loss of pinna, skin graft, scar following trauma or burns. • Severe and persistent pruritus causing difficulty in concentrating and loss of sleep. • Persistent skin disorder, or combination of disorders, resulting in continuous signs and significant symptoms of moderate degree, present for most of the time.
FIFTEEN	• Permanent or persistent skin disorder or combination of disorders causing gross loss of structural integrity of face and extensive or extreme facial disfigurement. • Severe and persistent ulcerative, weeping or suppurative skin disorders involving the greater part of both the face and the hands.
	Only one rating is to be selected from this table for any combination of conditions.

No age adjustment permitted for this table

CHAPTER 12

ENDOCRINE AND HAEMOPOIETIC IMPAIRMENT

This chapter contains two parts:

Part 12.1 — Loss of Endocrine Function
Part 12.2 — Loss of Haemopoietic Function

INTRODUCTION

Part 12.1 is to be applied to assess loss of function of the endocrine system. The endocrine system consists of all the glands and tissues which secrete hormones and the mechanisms by which the secretion of those hormones is regulated. The functions of the endocrine system are very diverse and include control of growth, of sexual function, of calcium metabolism and of the uptake of glucose by body cells.

Part 12.2 is to be applied to assess loss of haemopoietic function. The haemopoietic system consists of all the tissues, such as bone marrow and lymph nodes, that produce blood cells.

PART 12.1: THE ENDOCRINE SYSTEM

Many endocrine conditions will affect various other body systems. Hence, loss of endocrine function is established by assessing the effect of the condition on those other body systems. In very severe cases, where many body systems are affected, Table 16.2 in Chapter 16 (Activities of Daily Living) is to be applied to rate the loss of function.

In many cases, an endocrine condition will be under therapeutic control as a result of the use of continuous replacement therapy or the like. In these cases, the effect on other body systems may be minimal and the veteran's principal inconvenience is that of undergoing the continuous therapy. This is to be assessed by applying the Other Impairment tables.

Calculation of the impairment rating for loss of endocrine function

Follow the steps below to calculate the impairment rating due to accepted loss of endocrine function.

(Each step is elaborated in the following pages.)

STEP 1	Establish which body systems are affected by the accepted endocrine condition.	Page 162
STEP 2	Determine an impairment rating for functional impairment of the affected body systems.	Page 162
STEP 3	Determine an Other Impairment rating for the accepted endocrine condition.	Page 162
STEP 4	Compare the total functional impairment rating of the affected body systems with the rating obtained in Step 3. Take the higher rating.	Page 162

Federal Register of Legislative Instruments F2005L01293

STEP 5	If recognisable episodes of increased impairment are superimposed on the underlying condition, also assess the endocrine condition under Chapter 15 (Intermittent Impairment).	Page 162

Step 1: Establish which body systems are affected by the accepted endocrine condition.

Many of the effects of loss of endocrine function are separate and recognisable diseases. For example, diabetes mellitus may lead to ischaemic heart disease. Such diseases, though quite possibly a consequence of the loss of endocrine function, are to be separately assessed under this *Guide* and are not to be taken into account in the calculation of the impairment rating for loss of endocrine function.

Step 2: Determine an impairment rating for functional impairment of the affected body systems.

Use the appropriate Functional Loss tables from other chapters in this *Guide* to determine the impairment rating.

Step 3: Determine an Other Impairment rating for the accepted endocrine condition.

There are two Other Impairment tables for loss of endocrine function. Table 12.1.1 is to be applied if assessing diabetes mellitus, while Table 12.1.2 is be applied if assessing any other endocrine condition. Both tables provide an impairment rating based on the type of treatment required by the veteran.

Step 4: Compare the total functional impairment rating of the affected body systems with the rating obtained in Step 3. Take the higher of these two ratings.

The rating obtained in Step 4 is to be included in the final combining of all ratings.

Step 5: If recognisable episodes of increased impairment are superimposed on the underlying condition, also assess the endocrine condition under Chapter 15 (Intermittent Impairment).

If recognisable episodes of increased impairment are superimposed on the underlying condition (for example, insulin-dependent diabetes with superimposed hypoglycaemic episodes), the endocrine condition is to be assessed under Chapter 15 (Intermittent Impairment). The rating from Chapter 15 and the rating obtained in Step 4 are to be included in the final combining of all ratings.

However, a rating from Chapter 15 is not to be combined with a rating from any other system-specific table for the same condition.

Other Impairment
Table 12.1.1

DIABETES MELLITUS

Impairment Ratings	Criteria
NIL	Glycosuria or hyperglycaemia controlled by weight loss.
TWO	Gestational diabetes mellitus.
FIVE	• Diabetes mellitus necessitating dietary control.
	• Diabetes mellitus controlled by use of oral hyperglycaemics.
TEN	Diabetes mellitus controlled with insulin.
TWENTY	Diabetes mellitus uncontrolled.
	A rating from this table is to be selected when the endocrine disorder is not associated with loss of function. If an assessable loss of function occurs in another system the higher rating is to be chosen. The two are not to be combined.

No age adjustment permitted for this table

For the purposes of Table 12.1.1, "Diabetes mellitus uncontrolled" means blood sugar level consistently 15 mmol/L or more, despite treatment.

Other Impairment
Table 12.1.2

ENDOCRINE DISORDERS (excluding Diabetes Mellitus)

Impairment Ratings	Criteria
NIL	An endocrine disorder controlled by regular oral medication taken less often than daily or by injections less often than once a month.
TWO	• An endocrine disorder requiring daily oral medication. • An endocrine disorder requiring regular injections not more often than once a month.
FIVE	An endocrine disorder requiring injections not more often than once a fortnight.
TEN	An endocrine disorder requiring daily injections.
	A rating from this table is to be selected when the endocrine disorder is not associated with loss of function. If an assessable loss of function occurs in another system the higher rating is to be chosen. The two are not to be combined.

No age adjustment permitted for this table

PART 12.2: THE HAEMOPOIETIC SYSTEM

Conditions of the haemopoietic system include anaemias, leukaemias and polycythaemia.

Haemopoietic conditions usually affect various other body systems, therefore loss of function for the condition is to be established by assessing the effect of the condition on those body systems. Some haemopoeitic conditions are also malignant conditions and may be assessed by applying Chapter 14 (Malignant Conditions). For very severe haemopoietic conditions, where many body systems are affected, Tables 16.1 and 16.2 in Chapter 16 (Activities of Daily Living) are also to be applied to rate the loss of function.

Many anaemias will respond adequately to replacement or supplemental therapy. For example, the hypochromic anaemia of iron deficiency will usually respond to dietary iron supplementation and pernicious anaemia will usually respond to parenteral Vitamin B_{12}.

Calculation of the impairment rating for loss of haemopoietic function

Follow the steps below to calculate the impairment rating due to accepted loss of haemopoietic function:

(Each step is elaborated on the following page.)

STEP 1	Establish which body systems are affected by the accepted haemopoietic condition.	Page 164
STEP 2	Determine the impairment rating for functional impairment of the affected body systems.	Page 164
STEP 3	Determine the impairment rating for the treatment requirements of the haemopoietic condition by applying Table 12.2.1.	Page 165

Step 1: Establish which body systems are affected by the accepted haemopoietic condition.

Haemopoietic conditions may affect the function of other body systems. For example, refractory anaemia may result in reduced effort tolerance.

Step 2: Determine the functional impairment of all body systems affected by the haemopoietic condition.

Apply the appropriate functional impairment table elsewhere in this *Guide* to assess the functional impairment arising from the haemopoietic condition. For example, in the case of refractory anaemia causing reduced effort tolerance, the reduced effort tolerance is to be assessed by use of the Effort Tolerance protocol in Chapter 1.

If non-accepted conditions have contributed to the impairment rating for any of the affected body systems, Chapter 19 (Partially Contributing Impairment) is to be applied.

The various functional impairment ratings are not combined at this stage but are to be included in the final combining of all impairment ratings.

Step 3: Determine the impairment rating for the treatment requirements of the accepted haemopoietic condition using Table 12.2.1.

The ratings obtained in Steps 2 and 3 are not to be combined at this stage but both are to be included in the final combining of all impairment ratings.

Other Impairment
Table 12.2.1

THE HAEMOPOIETIC SYSTEM: TREATMENT REQUIREMENTS*

Impairment Ratings	Criteria
NIL	Symptoms in remission and no active therapy indicated.
TWO	Transfusion requirements: 2–3 units per 12–16 weeks.
FIVE	• Intermittent combination cytotoxic therapy — one course every 3–4 weeks. • Phlebotomy once every 4 weeks. • Transfusion requirements: 2–3 units per 6 weeks.
TEN	• Phlebotomy more than once every 4 weeks. • Transfusion requirements: 2–3 units per 4 weeks.
TWENTY	Transfusion requirements: 2–3 units per 2 weeks.
	(*Additional to relevant body system assessment.)

No age adjustment permitted for this table

Part B: Non-System Specific Assessment

CHAPTER 13

NEGLIGIBLE IMPAIRMENT

INTRODUCTION

As every accepted condition is to be assessed, Table 13.1 provides a convenient method of rating any accepted condition which causes negligible impairment. Table 13.1 is to be applied only to conditions that cannot be conveniently classified under other chapters of this *Guide* and that would not attract a higher rating if they were classified under such chapters.

Determine the impairment rating for an accepted condition that causes negligible impairment

Follow the step below to calculate the negligible impairment due to an accepted condition.

STEP 1	Determine the rating for negligible impairment from Table 13.1.

Functional Loss
Table 13.1

NEGLIGIBLE IMPAIRMENT

Impairment Rating	Criteria
NIL	• An infectious disease from which the veteran has recovered with negligible after effects. • An injury from which the veteran has recovered with negligible after effects. • A condition causing no current impairment. • condition from which the veteran has recovered with negligible after effects.

No age adjustment permitted for this table

Federal Register of Legislative Instruments F2005L01293

CHAPTER 14

MALIGNANT CONDITIONS

INTRODUCTION

Malignant conditions may affect one or more body systems.

Hence, any malignant condition can potentially be assessed by the following methods:

- by applying the system-specific tables contained in Chapters 1 to 12. A number of those tables may have to be consulted if the malignant condition causes multiple losses of function;
- by applying Chapter 14 which relates specifically to malignancies and which contains both a Functional Loss table and an Other Impairment table. These tables are designed to rate the malignant condition as a whole. The first table relates to loss of function in a general sense. The second table relates to reduced life expectancy which is regarded as an Other Impairment.

If the impairment rating from Chapter 14 is 70 points on the basis of either the malignant disorders functional table (Table 14.1) or the malignant disorders Other Impairment table (Table 14.2), there is no need to follow the steps set out in the following pages. If the rating from Chapter 14 is below 70 points, the steps are to be followed.

Determine the impairment rating for an accepted malignant condition

Follow the steps below to calculate the impairment due to an accepted malignant condition.

(Each of these steps is elaborated in the following pages.)

STEP 1	Establish which body systems are affected by the malignant condition.	Page 168
STEP 2	Determine the functional impairment ratings for the affected body systems.	Page 168
STEP 3	Determine the total combined impairment rating for the various body system impairments attributable to the malignant condition.	Page 168
STEP 4	Determine the impairment rating based on Table 14.1 (Malignant Disorders).	Page 168
STEP 5	Determine the impairment rating based on Table 14.2 (Life Expectancy).	Page 169
STEP 6	Compare the ratings obtained in Steps 4 and 5. Take the higher rating.	Page 170
STEP 7	Compare the ratings obtained in Steps 3 and 6. Take the higher rating.	Page 170
STEP 8	If the rating obtained in Step 3 is higher than that obtained in Step 6, separate the components of the rating obtained in Step 3 so that each can be included in the final combining of all ratings.	Page 171

Federal Register of Legislative Instruments F2005L01293

Step 1: Establish which body systems are affected by the malignant condition.

Before a malignant condition is assessed, information regarding the extent of the condition must be available. Such information includes the site of the primary, the sites of any secondaries, the effects of any surgery and the effects of any radiotherapy or chemotherapy.

From that information the affected body systems can be established and the applicable chapters of this *Guide* applied.

For example, in the case of an accepted carcinoma of the rectum, there may be surgical resection of the rectum with a colostomy, secondary spread of the cancer to the lungs and spine, and radiotherapy with some resultant digestive disturbances. In such a case, Chapters 1, 3, and 6 of this *Guide* will have to be applied in Step 1 to arrive at an appropriate functional impairment rating.

Step 2: Determine the functional impairment ratings for the affected body systems.

Depending on the body systems that are affected by the malignant condition and its treatment, each of the relevant chapters of the *Guide* is to be used and appropriate ratings obtained.

If other accepted or non-accepted conditions also affect any of the same body systems, Chapter 19 (Partially Contributing Impairment) or Chapter 20 (Apportionment) may have to be applied depending upon the circumstances.

Step 3: Determine the total combined impairment rating for the various body system impairments attributable to the malignant condition.

The total combined impairment rating for the various body system impairments associated with the malignant condition is determined by combining the attributable impairment ratings by applying Chapter 18 (Combined Values Chart).

Unless the malignant condition is the only accepted condition, this combined rating is to be regarded as an intermediate rating only.

Step 4: Determine the impairment rating based on Table 14.1 (Malignant Disorders).

Apply Table 14.1 and find the relevant impairment rating for the entire set of effects which have arisen from the malignant disorder treatment, including surgical resection, chemotherapy and radiotherapy.

For the purposes of Table 14.1, “symptoms” encompasses the symptoms of both the malignant condition itself and the symptoms of the effects of its treatment.

If non-accepted conditions or accepted but non-malignant conditions have contributed to the impairment rating obtained from Table 14.1, Chapter 19 (Apportionment) or Chapter 20 (Partially Contributing Impairment) are to be applied depending on the circumstances of the case.

Step 5: Determine the impairment rating based on life expectancy.

If an impairment rating has not been determined *on any previous occasion* by applying Table 14.2 (Life Expectancy) or its predecessor in an earlier edition of this *Guide*, a rating is to be obtained from Table 14.2. If a rating has been obtained from Table 14.2 or its predecessor in an earlier edition of this *Guide*, on a previous occasion, that same rating is to be applied again in all further assessments of the condition.

Whenever possible, the rating from Table 14.2 is to be based on an estimate from an oncologist or other treating specialist of the veteran's survival. If such information is unavailable, data from standard reference texts is to be applied to provide an estimate. Such an estimate is to be based on malignancies of the same type and degree of spread as that affecting the veteran.

Estimated life expectancy is projected from the time of diagnosis, or from any subsequent major staging procedure or operation. Thus, once a rating from Table 14.2 has been made it is not to be changed, unless subsequent findings indicate that the earlier prognosis was based on incorrect clinical information.

If the assessment is made posthumously, the rating from Table 14.2 is *not* to be modified to reflect the actual duration for which the veteran survived after diagnosis. The table is only to be used for *predicted* probability of survival.

Ratings from Table 14.2 are not to be updated to account for the natural progression of the disease. However, it is expected that ratings from Table 14.2 will come to be exceeded by ratings from Table 14.1 during this time.

Ratings from Table 14.2 are not to be reduced because of favourable response to treatment, or because of better than expected survival. However, if the condition is being rated for the first time more than five years after diagnosis, and the disorder is in remission or appears to be cured, the impairment rating from this table is not to exceed ten.

If the veteran has more than one malignant condition accepted, Table 14.2 is to be applied to each condition. Table 14.2 is not to be applied to a recurrence of an old (already diagnosed) condition.

Functional Loss
Table 14.1

MALIGNANT DISORDERS

Impairment Ratings	Criteria
NIL	Minor symptoms that are easily tolerated.
TEN	Mild to moderate symptoms that are irritating or unpleasant but rarely prevent completion of any activity. Symptoms may cause loss of efficiency in some activities.
TWENTY	More severe symptoms that are more distressing but prevent few everyday activities. Loss of efficiency is discernible in a good few activities. Self-care is unaffected and independence is retained.
THIRTY-FIVE	Loss of efficiency discernible in many everyday activities. Some elements of self-care are restricted but, in most respects, independence is retained.
FIFTY	Major restrictions in many everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others.
SEVENTY	Most everyday activities are prevented. Dependent on others for most kinds of self-care. Able to be maintained at home with considerable assistance and frequent medical care.

No age adjustment permitted for this table

Functional Loss
Table 14.2

LIFE EXPECTANCY

Impairment Ratings	Predicted Survival at the Time of Diagnosis or Staging Procedure
NIL	Normal, or near-normal, five year survival.
TEN	Five year survival less than 75% of normal.
TWENTY	Five year survival less than 50% of normal.
THIRTY-FIVE	Five year survival less than 25% of normal.
FIFTY	One year survival less than 50% of normal.
SEVENTY	One year survival less than 25% of normal.

No age adjustment permitted for this table

Step 6: Compare the ratings obtained in Steps 4 and 5. Take the higher rating.

The higher of these two ratings will be the rating for the malignant condition on the basis of this chapter.

Step 7: Compare the ratings obtained in Steps 3 and 6. Take the higher rating.

If the rating obtained in Step 3 is higher than that obtained in Step 6, go to Step 8.

If the rating obtained in Step 6 is higher than that obtained in Step 3, then the rating obtained in Step 6 becomes the final rating for the malignant condition and is to be included in the final combining of all ratings.

Step 8:	**If the rating obtained in Step 3 is higher than the rating obtained in Step 6, separate the components of the rating obtained in Step 3 so that each can be included in the final combining of all impairment ratings.**

For example, in the case of an accepted carcinoma of the rectum postulated under Step 1, each of the ratings from Chapters 1, 3, and 6 of the *Guide* is to be separately included in the final combining of all impairment ratings.

CHAPTER 15

INTERMITTENT IMPAIRMENT

INTRODUCTION

Intermittent disorders are conditions:

- that remain at a low level of impairment between discrete episodes of increased impairment; or
- where there is one basic type of impairment on which is superimposed episodes of significantly greater impairment of another type.

A sufferer from epilepsy who remains well between "fits" exemplifies the first type of intermittent disorder. A sufferer from *Menière's disease* whose condition is characterised by deafness and occasional episodes of vertigo exemplifies the second type of intermittent disorder. The deafness may be regarded as the basic type of impairment and the episodes of vertigo may be regarded as the superimposed intermittent impairment. *Both elements of the condition are to be assessed*.

In this chapter, "attacks" refers to the episode may increased or superimposed impairment. Attacks are to be categorised by reference to their severity, duration and frequency:

- "severity of an attack" refers to the degree to which self-care and normal everyday activities are disrupted by the attack;
- "duration of an attack" refers to the average length of time for which an attack lasts, that is, seconds, minutes, hours or days; and
- "frequency of an attack" refers to the number of affected days in a year.

Intermittent disorders are also disorders that affect one or more body systems. For example, asthma is both an intermittent condition and a cardio-respiratory condition. Hence, potentially, any intermittent disorder can be assessed by either of two methods:

- by applying the system-specific tables contained in Chapters 1 to 12. Several of those tables should be used if the intermittent disorder causes multiple losses of function; or
- by applying this chapter.

In practice, except where the intermittent nature of the condition clearly overwhelms its system specific effects or vice versa, both methods are to be applied for rating the intermittent condition and the higher of those two ratings taken as the final rating for the intermittent condition.

Calculation of the impairment rating for an accepted intermittent condition

Follow the steps below to calculate the impairment rating due to an accepted intermittent condition:

(Each of these steps is elaborated in the following pages.)

Federal Register of Legislative Instruments F2005L01293

STEP 1	Establish which body systems are affected by the intermittent condition.	Page 173
STEP 2	Determine the functional impairment ratings for the intermittent condition.	Page 173
STEP 3	Determine the total combined impairment rating for the various body system impairments attributable to the intermittent condition.	Page 173
STEP 4	Determine whether the attacks are of one or more significant types and group them accordingly.	Page 174
STEP 5	Determine the rating for intermittent attack severity.	Page 174
STEP 6	Determine the rating for the intermittent attack duration.	Page 174
STEP 7	Determine the intermittent grading code for the intermittent attack.	Page 175
STEP 8	Determine the impairment rating for the intermittent attack by reference to the number of affected days per year.	Page 175
STEP 9	Compare the impairment ratings obtained in Step 3 and Step 8. Take the higher rating.	Page 176
STEP 10	Determine the rating for the impairment resulting from the avoidance or preclusion of otherwise normal activities between attacks.	Page 176

Step 1: Establish which body systems the intermittent condition affects.

Before an intermittent condition is assessed, information regarding the extent of the condition must be available. From that information, the affected body systems are to be established and the applicable chapters of this *Guide* applied.

Step 2: Determine the functional impairment ratings attributable to the intermittent condition for each affected body system.

Use the relevant chapters and determine the appropriate rating.

Chapter 19 (Partially Contributing Impairment) or Chapter 20 (Apportionment) may also have to be applied to allow for the effect of other accepted conditions or non-accepted conditions respectively.

Step 3: Determine the total combined impairment rating for the various body system impairments attributable to the intermittent condition.

Combine the attributable impairment ratings obtained in Step 2 by applying Table 18.1 (Combined Values Chart) in Chapter 18.

The combined value so obtained is for use only in Step 9.

Step 4: Determine whether the attacks are of one or more significant types and group them accordingly.

If attacks vary in severity, duration or frequency, an average for each parameter is to be established except when the attacks fall naturally and very clearly into groups. In such cases separate the attacks into one or other of these groups. Determine the average severity, duration and frequency of the attacks in each group.

Perform the following four steps separately for each identified group of attacks.

Step 5: Determine the rating level for intermittent attack severity using Table 15.1.

Table 15.1

INTERMITTENT ATTACK SEVERITY

Level	Criteria
0	Minor symptoms that are easily tolerated.
I	Mild to moderate symptoms that are irritating or unpleasant but that rarely prevent completion of any activity. Symptoms may cause loss of efficiency in some activities.
II	More severe symptoms, that are distressing, but prevent few everyday activities. Loss of efficiency is discernible elsewhere. Self-care is unaffected and independence is retained.
III	Loss of efficiency is discernible in many everyday activities. Some elements of self-care are restricted but, in most respects, independence is retained. Bed-rest is often necessary during an attack.
IV	Major restrictions in many everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others.
V	Most everyday activities are prevented. Dependent on others for many kinds of self-care. Able to be maintained at home only with considerable difficulty, or hospital admission is required.
VI	Total incapacity. Unconscious or delirious. Self-care is impossible.

No age adjustment permitted for this table

Ratings are based on the activities that the veteran is physically unable to perform. For conditions in which it is common practice to lie down during attacks, it may be inappropriate to rate at level III if symptoms are mild and cause little restriction to activity.

Attacks of some intermittent conditions necessitate hospital admission. Hospital admissions commonly, but not invariably, call for level V or VI rating. It is important to rate self-care capacity. To be rated at Level V severity, a condition must render the veteran incapable of caring for himself or herself.

Hospital admission for surgery is not to be used as a basis for ratings from Table 15.1.

Step 6: Determine the rating for duration of the intermittent attacks using Table 15.2.

Attacks that last for more than 24 hours are to be classified as prolonged for the purposes of Table 15.2. Because they affect the veteran for more than one day per attack, the number of affected days per year will be greater than the number of attacks.

Table 15.2

INTERMITTENT ATTACK DURATION

Description	Duration
Transient	Lasting up to and including five minutes.
Short	Lasting more than five minutes but less than 30 minutes.
Medium	Lasting from 30 minutes to four hours.
Prolonged	Lasting more than four hours.

No age adjustment permitted for this table

Step 7: Determine the intermittent grading code for the intermittent attack using Table 15.3.

Table 15.3

INTERMITTENT GRADING CODE

Description	Severity Level							
		0	I	II	III	IV	V	VI
Transient		A	A	A	B	C	C	F
Short		A	A	C	C	D	E	H
Medium		A	B	C	D	E	H	I
Prolonged		A	C	D	F	G	I	J

No age adjustment permitted for this table

Step 8: Determine the impairment rating for the intermittent attack by reference to the number of affected days per year and by using Table 15.4.

Using the intermittent grading code determined in Step 7, determine the impairment rating appropriate to the intermittent grading code and frequency by applying Table 15.4.

Functional Loss
Table 15.4

INTERMITTENT IMPAIRMENT

	Frequency (affected days/year)						
	2+	**5+**	**10+**	**20+**	**40+**	**70+**	**100+**
Intermittent Grading Code	**Impairment Rating**						
A	–	–	–	–	–	2	2
B	–	–	–	–	2	5	5
C	–	–	–	2	5	10	10
D	–	–	2	5	10	15	20
E	–	–	2	5	10	20	30
F	–	2	5	5	10	20	30
G	–	2	5	10	20	25	30
H	–	2	5	10	30	40	50
I	2	5	10	30	50	60	70
J	5	10	20	40	70	80	90

No age adjustment permitted for this table

If the attacks were separated into groups in Step 4, a separate rating is to be obtained for each group of attacks.

Those ratings are not to be combined at this stage but are to be included in the final combining of all ratings.

Step 9: Compare the impairment ratings obtained in Step 3 and Step 8. Take the higher rating.

If the attacks were separated into groups in Step 4, the ratings for the various groups of attacks are to be combined by applying Chapter 18 (Combined Values Chart) before being compared with the rating obtained in Step 3. The combined rating determined under Chapter 18 is to be used only for the purpose of this comparison.

If the combined rating determined under Chapter 18 is higher than the rating obtained in Step 3, then each of the separate ratings for the various groups of attacks is to be included in the final combining of all ratings.

Step 10: Determine the rating for the impairment resulting from the avoidance and preclusion of otherwise normal activities between attacks by using Table 15.5.

Precluded activities refer to ordinary activities. Ratings are to be given on the basis of having to avoid, or of being precluded from undertaking, activities that are common for the veteran's age group. Ratings are

not to be given on the basis of having to avoid only relatively hazardous activities such as rock-climbing or acrobatics.

Table 15.5 is to be applied only if at least one attack of the condition of severity II or greater has occurred within the last two years.

Functional Loss
Table 15.5

INTERMITTENT IMPAIRMENT: PRECLUDED AND AVOIDED ACTIVITIES

Impairment Ratings	Criteria
NIL	Not prevented by fear of an attack from any significant activities. Can lead a normal life between attacks without the need to take long term medication.
TWO	Must avoid relatively few activities for fear of precipitating an attack. Or Can lead a fairly normal life between attacks but must take long term medication.
FIVE	Must avoid some activities such as driving a car, using machinery, using public transport, swimming, travelling, being alone except for short periods of time lest an attack occur.
TEN	Must avoid a wide range of activities such as driving a car, using machinery, using public transport, swimming, travelling, being alone except for short periods of time lest an attack occur with possible severe consequences.
	Only one rating may be had from this table for any given condition. Intermittent conditions may attract a rating from Table 15.5 as well as a rating or ratings from either Table 15.4 or the system specific tables.

No age adjustment permitted for this table

The rating obtained in Step 10 is not to be compared with the rating obtained in Step 9, nor are ratings to be combined at this stage. Irrespective of the outcome of Step 9 the rating obtained from Table 15.5 is to be included in the final combining of all ratings.

Intermittent Impairment Worksheets

A set of Intermittent Impairment Worksheets (pages 178 to 179) is designed to facilitate the calculation of intermittent impairment rating.

Intermittent Impairment Worksheet (1) is to be used in those cases where all the attacks are grouped into a single type of attack.

Intermittent Impairment Worksheet (2) is to be used in those cases where the attacks are grouped into two or three types.

No worksheet is provided for those cases where more than three types of attacks are involved.

Australian Government

Military Rehabilitation and Compensation Commission

Intermittent Impairment Worksheet (1)

File No.

Veteran's given names

Veteran's surname

Condition for assessment

All the attacks can be grouped into a single type of attack

Severity of Attacks *Comments* *(Selection from Table 15.1)*

Severity

Duration of Attacks *Comments* *(Selection from Table 15.2)*

Duration

The Intermittent Grading Code is found from Table 15.3

Intermittent Grading Code

Frequency of Attacks

Frequency (in number of affected days per year)

The Impairment Rating is found from Table 15.4

Impairment Rating based on Attacks = A

If the impairment rating based on attacks (A) is greater than the rating for the intermittent condition based on the system-specific chapters of GARP M, then the impairment rating A is to be included in the final combining of all ratings.

Avoided and Precluded Activities *Comments* *(Selection from Table 15.5)*

Impairment Rating for Avoided and Precluded Activities = B

Rating B is to be included in the final combining of all ratings

Signature	Name	Date

Australian Government

Military Rehabilitation and Compensation Commission

Intermittent Impairment Worksheet (2)

File No.

Veteran's given names

Veteran's surname

Condition for assessment

Number of different types of attack

	Type 1	Type 2	Type 3
Severity			
Duration			
Intermittent Grading Code			
Frequency (in number of affected days per year)			
Impairment Rating (based on attacks)			

If the combined value of the impairment ratings based on attacks is greater than the rating for the intermittent condition based on the system-specific chapters of GARP M, then the impairment ratings based on attacks are to be included in the final combining of all ratings.

Avoided and Precluded Activities: *Comments (Selection from Table 15.5)*

Impairment Rating for Avoided and Precluded Activities = B

The rating (B) for Avoided and Precluded Activities is to be included in the final combining of all ratings.

Signature	Name	Date

CHAPTER 16

ACTIVITIES OF DAILY LIVING

INTRODUCTION

The Activities of Daily Living (ADLs) are a defined set of activities necessary for normal self-care. The activities are movement in bed, transfers, locomotion, dressing, personal hygiene, and feeding.

These six activities are defined as follows:

- "movement in bed" means sitting in, rising from, and moving around in, bed;
- "transfers" means moving from one seat to another, changing position from sitting to standing, and transferring to and from the toilet and bed;
- "locomotion" means walking on the level, on gentle slopes and down stairs;
- "dressing" means putting on socks, stockings, and shoes, as well as clothing the upper and lower trunk;
- "personal hygiene" means grooming, and washing of face, trunk, extremities and perineum;
- "feeding" means eating and drinking, but not the preparation of food.

"Effects on ADLs" is to be used to assess conditions for which criteria do not exist in the system specific tables of Chapters 1 to 12, or are inadequate, or for which the application of the tables in Chapter 14 (Malignant Conditions) or Chapter 15 (Intermittent Impairment) is inappropriate.

Table 16.3 (Other Impairment) covers such non-specific indicators of disease as pain, lethargy and prognosis.

This chapter is to be applied in the assessment of conditions that result in the veteran being bedfast, chairfast, housebound or nearly housebound. Such conditions include the effects of severe strokes, severe Parkinson's disease, severe heart failure, severe respiratory disease, severe liver failure, severe kidney failure and some dementias.

ADLs may be used to rate a single condition if its effects are well-differentiated, or may be used to rate all conditions together if their effects are difficult to differentiate.

When ADLs are used to rate a single condition, an impairment rating or ratings from other chapters may be combined with a rating derived from Chapter 16 provided that the ratings relate to different conditions.

When ADLs are used to rate all conditions together, no ratings from other chapters are to be combined with the rating from Chapter 16.

Calculation of the impairment rating for an accepted condition using ADLs

Follow the steps below to calculate the impairment rating due to an accepted condition using the ADLs.

(Each step is elaborated in the following pages.)

STEP 1	For each of the six ADLs obtain a grading code for that activity.	Page 181
STEP 2	Add up the grading codes for each of the six ADLs.	Page 181
STEP 3	Using the sum obtained in Step 2, determine a functional impairment rating by applying Table 16.2.	Page 182
STEP 4	Determine an Other Impairment rating for the condition by applying Table 16.3.	Page 183
STEP 5	Compare the ratings obtained in Steps 3 and 4. Take the higher rating.	Page 183

Step 1: For each of the 6 ADLs, obtain a grading code for that activity using Table 16.1.

From Table 16.1 obtain a separate grading code for:

- movement in bed;
- transfers;
- locomotion;
- dressing;
- personal hygiene; and
- feeding.

Table 16.1 ⚥

ACTIVITIES OF DAILY LIVING GRADING CODES

Code	Description
NIL	Independent, and can perform the task as well as peers do, or with minor difficulty only.
ONE	Can complete the task independently, but with considerably more difficulty than peers have.
FOUR	Requires some degree of personal assistance in order to perform the task.
SIX	Requires extensive assistance in order to perform the task.
EIGHT	Unable to contribute towards performance of the task. Completely dependent.

No age adjustment permitted for his table

Step 2: Add up the grading codes for each of the 6 ADLs.

Add up the 6 separate grading codes obtained from Table 16.1 for:

- movement in bed;
- transfers;
- locomotion;
- dressing;
- personal hygiene; and
- feeding.

Step 3: Using the sum obtained in Step 2, determine a functional impairment rating by applying Table 16.2.

Use the sum of the grading codes obtained in Step 2 to obtain an impairment rating from Table 16.2.

Functional Loss
Table 16.2

LOSS OF FUNCTION: ACTIVITIES OF DAILY LIVING

Impairment Ratings	Sum of Grading Codes
NIL	0
FIVE	1–2
TEN	3–4
TWENTY	5–6
THIRTY	7–8
FORTY	9–11
FIFTY	12–14
SIXTY	15–17
SEVENTY	18+

No age adjustment permitted for this table

Apply Chapter 19 (Partially Contributing Impairment) to make any necessary adjustment for non-accepted conditions.

Apply Chapter 18 (Apportionment) to make any necessary adjustment for accepted conditions (or groups of conditions) other than the ones that are being assessed by the application of the ADLs tables.

Step 4: Determine an Other Impairment rating for the condition by applying Table 16.3.

Other Impairment Table 16.3

ACTIVITIES OF DAILY LIVING: OTHER IMPAIRMENT

Impairment Ratings	Criteria
NIL	• No, or negligible, i.e. easily tolerated symptoms. • Evidence of disease, but minimal interference with daily tasks. • Feeling of good health most of the time. • Normal or almost normal life expectancy in spite of disorders.
FIVE	• Daily (or almost-daily) symptoms that are irritating and not easily tolerated, but which improve with medication. • Some daily tasks performed inefficiently because of generalised lethargy.
TEN	• Daily (or almost-daily) symptoms that are irritating and not easily tolerated. Treatment is not available, or is of little value, or gives only short remission. • Noticeable loss of energy, leading to loss of efficiency and avoidance of some tasks previously easily performed. • Decreased life expectancy. Five year survival less than 75% of normal.
TWENTY	• Intense daily (or almost daily) symptoms which are impossible to ignore, but that prevent few daily tasks. Decreased efficiency in most activities. • Marked loss of energy leads to avoidance of many daily tasks, most of which can be completed but rapidly cause fatigue. • Five year survival less than 50% of normal.
THIRTY- FIVE	Five year survival less than 25% of normal.

No age adjustment permitted for this table

Step 5: Compare the ratings obtained in Steps 3 and 4. Take the higher rating.

The higher of the impairment ratings obtained in Steps 3 and 4 is the final impairment rating for the accepted conditions under assessment, based on ADLs.

CHAPTER 17

DISFIGUREMENT AND SOCIAL IMPAIRMENT

INTRODUCTION

This chapter is to be applied when assessing conditions that cause disfigurement and embarrassment.

Only one rating may be determined by applying this chapter for any condition or combination of conditions. The rating determined by applying this chapter is to be combined with any other ratings for the disfiguring condition or combination of conditions determined under other chapters.

Widespread skin conditions that cause avoidance of ordinary public places should also be assessed under Chapter 11 (Skin Impairment).

“Severe facial disfigurement” and “very severe facial disfigurement” are also mentioned in Chapter 24 (Degree Of Incapacity For Specific Disabilities).

Calculation of the impairment rating for disfigurement.

Follow the steps below to calculate the impairment rating due to disfigurement.

(Each step is elaborated in the following pages.)

STEP 1	Determine the impairment rating from Table 17.1 for the effect of all accepted conditions that cumulatively lead to disfigurement.	Page 184
STEP 2	If non-accepted conditions have contributed to the disfigurement, apply Chapter 19 (Partially Contributing Impairment) to adjust the rating determined in Step 1.	Page 186

Step 1:Determine the impairment rating from Table 17.1 for the effect of all accepted conditions which cumulatively lead to disfigurement.

For the purposes of Table 17.1, the following definitions apply:

“disfiguring condition” means any noticeable condition that causes the sufferer embarrassment in ordinary public places and may include, but is not limited to, the following :

- facial scarring;
- exfoliative skin disorders;
- disorders of gait or posture;
- involuntary facial expressions, or unusual or grotesque involuntary bodily movements;
- disorders of speech;

- vile odours which cannot be overcome by the use of deodorants or the application of normal oral hygiene;
- deficits of the visual field which may cause the veteran to lurch into people through not seeing them;
- painful conditions which may cause the veteran to cry out involuntarily (for example, in response to a sudden pain in a joint); and
- severe pruritic conditions which cause the veteran to scratch even though normal behaviour in a public place would recommend restraint.

"ordinary public places" includes suburban streets, shopping centres, public transport, theatres, clubs and many sporting venues, but does not include places where a great part of the skin is customarily bared such as swimming pools and beaches.

"avoidance" means the veteran feeling obliged as a result of embarrassment to restrict his or her use of public places to hours when few people are about, or to avoid totally use of public places at certain times, for example, when school children are likely to be about.

Functional Loss
Table 17.1

DISFIGUREMENT

Impairment Ratings	**Criteria**
NIL	• A visible condition that the veteran does not consider to be disfiguring. • A noticeable condition that is not significantly disfiguring and which causes negligible or slight embarrassment such as some acne scars on face, or minor limps, or a slight stoop.
TWO	• A noticeable condition. For example, severe acne scars, a unilateral squint, an intermittent stutter or stammer. • A noticeable condition which causes significant embarrassment and may cause avoidance of some normal activities. For example, an ungainly gait, a gross stoop, a persistent stutter or stammer, or an unsightly skin disorder.
FIVE	A very noticeable condition which causes marked embarrassment to some people in ordinary social contacts and causes avoidance of some normal activities. For example, a severe skin disorder of the face and/or hands, or a gross and persistent stutter or stammer.
TEN	• A very noticeable condition which causes marked embarrassment and results in the avoidance of many normal activities. For example, moderate facial disfigurement. • A severe and marked condition which causes embarrassment and causes much avoidance of many public places and social intercourse. For example, severe facial disfigurement.
FIFTEEN	A particularly severe and marked condition which causes extreme embarrassment and results in avoidance of public places and social intercourse to as great a degree as possible. For example, very severe facial disfigurement.
	Only one rating is to be selected from this table for any condition or group of conditions which contribute to disfigurement.

No age adjustment permitted for this table

Both the objective and subjective components of a disfiguring condition are to be taken into account when applying Table 17.1. The *objective* component is the actual physical and/or temporal extent of the disfiguring condition as perceived by others. The *subjective* component is the veteran's own emotional and behavioural reactions to the disfigurement.

The two components will generally be aligned with one another. If the veteran has a noticeable condition that is objectively disfiguring but does not embarrass the veteran to the extent to which an average person of the same age, occupational and residential circumstances would be embarrassed, the assessment should be based on the average person's degree of embarrassment. The veteran's denial of his or her condition should not be taken into account when applying Table 17.1.

Step 2: If non-accepted conditions have contributed to the disfigurement, apply Chapter 19 (Partially Contributing Impairment) to adjust the rating determined in Step 1.

If non-accepted conditions have contributed to the disfigurement, Table 19.1 in Chapter 19 (Partially Contributing Impairment) is to be applied to adjust the impairment rating for the accepted conditions.

The rating obtained in this step (or in Step 1 if partially contributing impairment is not applicable) is the final rating for disfigurement, and is to be included in the final combining of all impairment ratings.

Part C: Impairment Ratings: Combining, Apportioning, Partially Contributing

CHAPTER 18

COMBINED VALUES CHART

INTRODUCTION

After impairment ratings have been obtained for all accepted conditions they must be combined to a single value known as the combined impairment rating. The combining is not to be done by simple addition but is to be done by applying Table 18.1 (Combined Values Chart). The values in Table 18.1 (Combined Values Chart) are derived from the formula:

$$\text{Combined value of A and B} = [A + B\,(1 - \frac{A}{100})] \text{ rounded to nearest integer}$$

where “A” and “B” are the impairment ratings to be combined.

This formula embodies a principle of combining ratings. The principle derives from the concept of whole person impairment (see page X). The following example illustrates the combining principle:

Example

Suppose a veteran has three accepted conditions. If the *first* assessed condition attracts 60 points the veteran will get a rating of 60. This rating implies that the whole person is 60% impaired. That leaves 40% to be further apportioned among other conditions. If the *second* condition assessed attracts 30 points, the total impairment rating will not be 60 + 30 = 90, but 60 + 12 = 72. The 12 represents 30% of the 40 that remained of the whole person after the initial 60 was awarded. Now the whole person of the veteran is 72% impaired. If the *third* condition assessed attracts 10 points, the total impairment rating will be 60 + 12 + 3 = 75. The 3 represents 10% of the 28 that remained of the whole person after 72 was awarded for the first two conditions. Now the whole person of the veteran is 75% impaired.

Combining two or more impairment ratings into a single value.

Follow the steps below to combine two or more impairment ratings into a single value (the combined impairment rating).

Federal Register of Legislative Instruments F2005L01293

STEP 1	Take the highest (or equal highest) of the ratings to be combined. Find that rating in the column on the extreme left hand side of the chart in Table 18.1. The row in which this number is written is “The Row” for purposes of Step 3.
STEP 2	Take the *next* highest (or equal highest) of the ratings to be combined. Find that rating in the very bottom row of the chart. The column above this number is “The Column” for purposes of Step 3.
STEP 3	Find the intersection of The Row and The Column. The number written on the intersection is the combined value of the two ratings. If only two ratings are to be combined, then this figure is the “Combined Impairment Rating”.
STEP 4	*This step is only to be used if more than two ratings are to be combined.* Take the result obtained in Step 3. Find that result in the column on the extreme left hand side of the chart. The row in which this number is written is “The Row” for purposes of Step 6.
STEP 5	Take the highest (or equal highest) of the remaining ratings to be combined. Find that rating in the very bottom row of the chart. The column above this number is “The Column” for purposes of Step 6.
STEP 6	Find the intersection of The Row and The Column. The number written on the intersection is the combined value of the three ratings. If only three ratings are to be combined, then this figure is the “Combined Impairment Rating”.
STEP 7	*This step is only to be used if more than three ratings are to be combined.* To combine more than three ratings, reapply the instructions in steps 4, 5, and 6 to the remaining ratings. Always take the value obtained by performing Step 6 and combine that with the highest (or equal highest) of the remaining values. Continue until all ratings have been combined into a single value. This figure is the “Combined Impairment Rating”.
STEP 8	The individual impairment ratings for the various conditions being assessed are not to be rounded before they are combined using the chart in Table 18.1. If the combined impairment rating is not a multiple of five, it should be rounded to the nearest multiple of five. (For purposes of the preceding sentence, “0” is a multiple of five.) Figures ending on “3” or “4” or “8” or “9” should be rounded *up*, figures ending on “1” or “2” or “6” or “7” should be rounded *down*. (This also applies when the only impairment rating a veteran obtains = 2. In that case the combined impairment rating = 0.)

Example

To combine 35 and 20, read down the extreme left hand side column of the chart in Table 18.1 until you come to the larger value, 35. In the very bottom row of the chart read from left to right until you come to 20. At the intersection of the row on which 35 is written, and the column above 20, is the number 48.

Therefore, 35 combined with 20 is 48. Due to the construction of this chart, the larger impairment value must be identified at the side of the chart.

Applying the formula to this example gives:

$$35 + 20 \times (1 - \frac{35}{100}) = 35 + 20 \times (1 - 0.35) = 35 + 20 \times 0.65 = 35 + 13 = 48$$

Table 18.1

COMBINED VALUES CHART - Part 1

| | | |

Table 18.1 (continued)

COMBINED VALUES CHART - Part 2

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	51	52	52	53	53	54	54	55	55	56	56	57	57	58	58	59	59	60	60	61	61	62	62	63	63	64	64	65	65	66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76
52	52	53	53	54	54	55	55	56	56	57	57	58	58	59	59	60	60	61	61	62	62	63	63	64	64	64	65	65	66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76
53	53	54	54	55	55	56	56	57	57	58	58	59	59	60	60	61	61	61	62	62	63	63	64	64	65	65	66	66	67	67	68	68	69	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77
54	54	55	55	56	56	57	57	58	58	59	59	60	60	60	61	61	62	62	63	63	64	64	65	65	66	66	67	67	68	68	69	69	70	70	71	71	71	72	72	73	73	73	74	74	75	75	76	76	77	77
55	55	56	56	57	57	58	58	59	59	60	60	60	61	61	62	62	63	63	64	64	64	65	65	66	66	67	67	68	68	69	69	69	70	70	71	71	72	72	73	73	73	74	74	75	75	76	76	77	77	78
56	56	57	57	58	58	59	59	60	60	60	61	61	62	62	63	63	63	64	64	65	65	66	66	67	67	67	68	68	69	69	70	70	71	71	71	72	72	73	73	74	74	74	75	75	76	76	77	77	78	78
57	57	58	58	59	59	60	60	60	61	61	62	62	63	63	63	64	64	65	65	66	66	66	67	67	68	68	69	69	69	70	70	71	71	72	72	72	73	73	74	74	75	75	75	76	76	77	77	78	78	79
58	58	59	59	60	60	61	61	61	62	62	63	63	63	64	64	65	65	66	66	66	67	67	68	68	69	69	69	70	70	71	71	71	72	72	73	73	74	74	74	75	75	76	76	76	77	77	78	78	79	79
59	59	60	60	61	61	61	62	62	63	63	64	64	64	65	65	66	66	66	67	67	68	68	68	69	69	70	70	70	71	71	72	72	73	73	73	74	74	75	75	75	76	76	77	77	77	78	78	78	79	80
60	60	61	61	62	62	62	63	63	64	64	64	65	65	66	66	66	67	67	68	68	68	69	69	70	70	70	71	71	72	72	72	73	73	74	74	74	75	75	76	76	76	77	77	78	78	78	79	79	80	80
61	61	62	62	63	63	63	64	64	65	65	65	66	66	66	67	67	68	68	68	69	69	70	70	70	71	71	72	72	72	73	73	73	74	74	75	75	75	76	76	77	77	77	78	78	79	79	79	80	80	81
62	62	63	63	64	64	64	65	65	65	66	66	67	67	67	68	68	68	69	69	70	70	70	71	71	72	72	72	73	73	73	74	74	75	75	75	76	76	76	77	77	78	78	78	79	79	79	80	80	81	81
63	63	64	64	64	65	65	66	66	66	67	67	67	68	68	69	69	69	70	70	70	71	71	72	72	72	73	73	73	74	74	74	75	75	76	76	76	77	77	77	78	78	79	79	79	80	80	80	81	81	82
64	64	65	65	65	66	66	67	67	67	68	68	68	69	69	69	70	70	70	71	71	72	72	72	73	73	73	74	74	74	75	75	76	76	76	77	77	77	78	78	78	79	79	79	80	80	81	81	81	82	82
65	65	66	66	66	67	67	67	68	68	69	69	69	70	70	70	71	71	71	72	72	72	73	73	73	74	74	74	75	75	76	76	76	77	77	77	78	78	78	79	79	79	80	80	80	81	81	81	82	82	83
66	66	67	67	67	68	68	68	69	69	69	70	70	70	71	71	71	72	72	72	73	73	73	74	74	75	75	75	76	76	76	77	77	77	78	78	78	79	79	79	80	80	80	81	81	81	82	82	82	83	83
67	67	68	68	68	69	69	69	70	70	70	71	71	71	72	72	72	73	73	73	74	74	74	75	75	75	76	76	76	77	77	77	78	78	78	79	79	79	80	80	80	81	81	81	82	82	82	83	83	83	84
68	68	69	69	69	70	70	70	71	71	71	72	72	72	73	73	73	74	74	74	75	75	75	76	76	76	77	77	77	78	78	78	79	79	79	80	80	80	81	81	81	82	82	82	83	83	83	84	84	84	84
69	69	70	70	70	71	71	71	71	72	72	72	73	73	73	74	74	74	75	75	75	76	76	76	76	77	77	77	78	78	78	79	79	79	80	80	80	81	81	81	82	82	82	83	83	83	84	84	84	85	85
70	70	71	71	71	72	72	72	72	73	73	73	74	74	74	75	75	75	75	76	76	76	77	77	77	78	78	78	78	79	79	79	80	80	80	81	81	81	81	82	82	82	83	83	83	84	84	84	84	85	85
71	71	72	72	72	72	73	73	73	74	74	74	74	75	75	75	76	76	76	77	77	77	77	78	78	78	79	79	79	79	80	80	80	81	81	81	81	82	82	82	83	83	83	83	84	84	84	85	85	85	86
72	72	73	73	73	73	74	74	74	75	75	75	75	76	76	76	76	77	77	77	78	78	78	78	79	79	79	80	80	80	80	81	81	81	82	82	82	82	83	83	83	83	84	84	84	85	85	85	85	86	86
73	73	74	74	74	74	75	75	75	75	76	76	76	77	77	77	77	78	78	78	78	79	79	79	79	80	80	80	81	81	81	81	82	82	82	82	83	83	83	84	84	84	84	85	85	85	85	86	86	86	87
74	74	75	75	75	75	76	76	76	76	77	77	77	77	78	78	78	78	79	79	79	79	80	80	80	81	81	81	81	82	82	82	82	83	83	83	83	84	84	84	84	85	85	85	85	86	86	86	86	87	87
75	75	76	76	76	76	77	77	77	77	78	78	78	78	79	79	79	79	80	80	80	80	81	81	81	81	82	82	82	82	83	83	83	83	84	84	84	84	85	85	85	85	86	86	86	86	87	87	87	87	88
76	76	76	77	77	77	77	78	78	78	78	79	79	79	79	80	80	80	80	81	81	81	81	82	82	82	82	82	83	83	83	83	84	84	84	84	85	85	85	85	86	86	86	86	87	87	87	87	88	88	88
77	77	77	78	78	78	78	79	79	79	79	80	80	80	80	80	81	81	81	81	82	82	82	82	83	83	83	83	83	84	84	84	84	85	85	85	85	86	86	86	86	87	87	87	87	87	88	88	88	88	89
78	78	78	79	79	79	79	80	80	80	80	80	81	81	81	81	82	82	82	82	82	83	83	83	83	84	84	84	84	84	85	85	85	85	85	86	86	86	86	87	87	87	87	87	88	88	88	88	89	89	89
79	79	79	80	80	80	80	80	81	81	81	81	82	82	82	82	82	83	83	83	83	83	84	84	84	84	84	85	85	85	85	86	86	86	86	87	87	87	87	87	88	88	88	88	88	89	89	89	89	90
80	80	80	81	81	81	81	81	82	82	82	82	82	83	83	83	83	83	84	84	84	84	84	85	85	85	85	85	86	86	86	86	86	87	87	87	87	88	88	88	88	89	89	89	89	89	89	90	90	90	90
81	81	81	82	82	82	82	82	83	83	83	83	83	83	84	84	84	84	84	85	85	85	85	85	86	86	86	86	86	87	87	87	87	87	87	88	88	88	88	88	89	89	89	89	89	90	90	90	90	90	91
82	82	82	83	83	83	83	83	83	83	84	84	84	84	85	85	85	85	85	85	86	86	86	86	86	87	87	87	87	87	87	88	88	88	88	88	88	89	89	89	89	89	90	90	90	90	90	90	91	91	91
83	83	83	84	84	84	84	84	84	85	85	85	85	85	86	86	86	86	86	86	86	87	87	87	87	87	87	88	88	88	88	88	88	89	89	89	89	89	89	90	90	90	90	90	90	91	91	91	91	91	92
84	84	84	84	85	85	85	85	85	85	86	86	86	86	86	86	87	87	87	87	87	87	88	88	88	88	88	88	88	89	89	89	89	89	89	90	90	90	90	90	90	91	91	91	91	91	91	91	92	92	92
85	85	85	85	86	86	86	86	86	86	87	87	87	87	87	87	87	88	88	88	88	88	88	88	89	89	89	89	89	89	90	90	90	90	90	90	91	91	91	91	91	91	92	92	92	92	92	92	92	92	93
86	86	86	86	87	87	87	87	87	87	87	88	88	88	88	88	88	88	89	89	89	89	89	89	89	90	90	90	90	90	90	90	90	91	91	91	91	91	91	91	92	92	92	92	92	92	92	93	93	93	93
87	87	87	87	88	88	88	88	88	88	88	88	89	89	89	89	89	89	89	89	90	90	90	90	90	90	90	91	91	91	91	91	91	91	91	92	92	92	92	92	92	92	92	92	93	93	93	93	93	93	94
88	88	88	88	88	89	89	89	89	89	89	89	89	90	90	90	90	90	90	90	90	91	91	91	91	91	91	91	91	92	92	92	92	92	92	92	92	93	93	93	93	93	93	93	93	94	94	94	94	94	94
89	89	89	89	89	90	90	90	90	90	90	90	90	90	91	91	91	91	91	91	91	91	91	92	92	92	92	92	92	92	92	93	93	93	93	93	93	93	93	93	93	94	94	94	94	94	94	94	94	94	95
90	90	90	90	90	91	91	91	91	91	91	91	91	91	91	92	92	92	92	92	92	92	92	92	92	93	93	93	93	93	93	93	93	93	93	94	94	94	94	94	94	94	94	94	94	95	95	95	95	95	95
91	91	91	91	91	91	92	92	92	92	92	92	92	92	92	92	92	93	93	93	93	93	93	93	93	93	93	93	94	94	94	94	94	94	94	94	94	94	94	95	95	95	95	95	95	95	95	95	95	95	96
92	92	92	92	92	92	92	93	93	93	93	93	93	93	93	93	93	93	93	93	94	94	94	94	94	94	94	94	94	94	94	94	95	95	95	95	95	95	95	95	95	95	95	95	95	96	96	96	96	96	96
93	93	93	93	93	93	93	93	94	94	94	94	94	94	94	94	94	94	94	94	94	94	95	95	95	95	95	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	97
94	94	94	94	94	94	94	94	94	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97
95	95	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	98
96	96	96	96	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	98	98
97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	99
98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

No age adjustment permitted for this table

Table 18.1 (continued)

COMBINED VALUES CHART - Part 3

	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
51	76																																																
52	76	77																																															
53	77	77	78																																														
54	77	78	78	79																																													
55	78	78	79	79	80																																												
56	78	79	79	80	80	81																																											
57	79	79	80	80	81	81	82																																										
58	79	80	80	81	81	82	82	82																																									
59	80	80	81	81	82	82	82	83	83																																								
60	80	81	81	82	82	82	83	83	84	84																																							
61	81	81	82	82	82	83	83	84	84	84	85																																						
62	81	82	82	83	83	83	84	84	84	85	85	86																																					
63	82	82	83	83	83	84	84	84	85	85	86	86	86																																				
64	82	83	83	83	84	84	85	85	85	86	86	86	87	87																																			
65	83	83	84	84	84	85	85	85	86	86	86	87	87	87	88																																		
66	83	84	84	84	85	85	85	86	86	86	87	87	87	88	88	88																																	
67	84	84	84	85	85	85	86	86	86	87	87	87	88	88	88	89	89																																
68	84	85	85	85	86	86	86	87	87	87	88	88	88	88	89	89	89	90																															
69	85	85	85	86	86	86	87	87	87	88	88	88	89	89	89	89	90	90	90																														
70	85	86	86	86	87	87	87	87	88	88	88	89	89	89	90	90	90	90	91	91																													
71	86	86	86	87	87	87	88	88	88	88	89	89	89	90	90	90	90	91	91	91	92																												
72	86	87	87	87	87	88	88	88	89	89	89	89	90	90	90	90	91	91	91	92	92	92																											
73	87	87	87	88	88	88	88	89	89	89	89	90	90	90	91	91	91	91	92	92	92	92	93																										
74	87	88	88	88	88	89	89	89	89	90	90	90	90	91	91	91	91	92	92	92	92	93	93	93																									
75	88	88	88	89	89	89	89	90	90	90	90	91	91	91	91	92	92	92	92	93	93	93	93	94	94																								
76	88	88	89	89	89	89	90	90	90	90	91	91	91	91	92	92	92	92	93	93	93	93	94	94	94																								
77	89	89	89	89	90	90	90	90	91	91	91	91	91	92	92	92	92	93	93	93	93	94	94	94	94	94	95																						
78	89	89	90	90	90	90	91	91	91	91	91	92	92	92	92	93	93	93	93	93	94	94	94	94	95	95	95	95																					
79	90	90	90	90	91	91	91	91	91	92	92	92	92	93	93	93	93	93	93	94	94	94	94	95	95	95	95	95	96																				
80	90	90	91	91	91	91	91	92	92	92	92	92	93	93	93	93	93	94	94	94	94	94	95	95	95	95	95	96	96	96																			
81	91	91	91	91	91	92	92	92	92	92	93	93	93	93	93	94	94	94	94	94	94	95	95	95	95	95	96	96	96	96	96																		
82	91	91	92	92	92	92	92	92	93	93	93	93	93	94	94	94	94	94	94	95	95	95	95	95	96	96	96	96	96	96	97	97																	
83	92	92	92	92	92	93	93	93	93	93	93	94	94	94	94	94	94	95	95	95	95	95	95	96	96	96	96	96	96	97	97	97	97																
84	92	92	92	93	93	93	93	93	93	94	94	94	94	94	94	95	95	95	95	95	95	96	96	96	96	96	97	97	97	97	97	97																	
85	93	93	93	93	93	93	94	94	94	94	94	94	94	95	95	95	95	95	95	96	96	96	96	96	96	96	97	97	97	97	97	97	97	98	98														
86	93	93	93	94	94	94	94	94	94	94	95	95	95	95	95	95	95	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	98	98	98	98													
87	94	94	94	94	94	94	94	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	98	98	98	98	98	98	98												
88	94	94	94	94	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	99											
89	95	95	95	95	95	95	95	95	95	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	99	99	99									
90	95	95	95	95	96	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99									
91	96	96	96	96	96	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99							
92	96	96	96	96	96	96	97	97	97	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99						
93	97	97	97	97	97	97	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100					
94	97	97	97	97	97	97	97	97	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100			
95	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100	100	100	100			
96	98	98	98	98	98	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100	100	100	100	100	100	100	100		
97	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
99	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99

No age adjustment permitted for this table

CHAPTER 19

PARTIALLY CONTRIBUTING IMPAIRMENT

INTRODUCTION

Partially contributing impairment is to be applied whenever an impairment is not due solely to the effects of accepted conditions.

How to apply partially contributing impairment

Follow the steps below to apply partially contributing impairment.

(Each step is elaborated in the following pages.)

STEP 1	Determine whether partially contributing impairment applies.	Page 193
STEP 2	Determine the relative contribution of the accepted and non-accepted conditions.	Page 193
STEP 3	Determine the impairment attributable solely to the accepted condition, by applying Table 19.1.	Page 194

Step 1: Determine whether partially contributing impairment applies.

Use relevant medical evidence to determine if any non-accepted conditions contribute to the impairment being assessed.

Step 2: Determine the relative contribution of the accepted and non-accepted conditions.

The judgement of the relative contributions should be based on proper medical advice.

The contribution should be expressed in the form:

> ‘The accepted condition contributes “not at all”, “about one quarter”, “about one third”, “about half”, etc’.

If more than one accepted condition contributes to the relevant impairment rating, the contribution of the accepted conditions is to be treated as a single entity.

If more than one non-accepted condition contributes to the relevant impairment rating, the contribution of the non-accepted conditions may be treated as a single entity.

Step 3:	**Determine the impairment rating attributable solely to the accepted condition by applying Table 19.2 or Table 19.1.**

Substep 3A	In the columns of Table 19.2 headed “Impairment Rating” find the impairment rating to which partially contributing impairment is being applied. The row extending to the right of the column in which this figure is written is “The Row” for purposes of substep 3C.
Substep 3B	Take the relative contribution to the impairment by the accepted condition, determined in Step 2. In the top row of Table 19.2 find the description of that contribution. (If the impairment rating used in substep 3A was between 1 and 45 inclusive, the required description of the contribution is to be found in columns 2–8 of Table 19.2. If the impairment rating used in substep 3A was between 46 and 90 inclusive, the required description of the contribution is to be found in columns 10–16 of Table 19.2.) The column in which this description is written is “The Column” for purposes of substep 3C.
Substep 3C	Find the intersection of The Row and The Column. The number written on the intersection is the impairment rating for the accepted condition.

Table 19.1 extracts the highlighted information in Table 19.2 and is provided for the convenience of users.

Table 19.1

PARTIALLY CONTRIBUTING IMPAIRMENT

Contribution by accepted condition	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
Complete	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
About three quarters	0	4	8	12	16	19	24	28	33	37	42	47	52	57	62	68	73	80	86
About two thirds	0	3	7	10	14	18	21	25	29	34	38	43	48	53	58	63	69	76	83
About half	0	3	5	8	11	14	17	20	23	26	29	33	37	41	45	50	55	61	68
About one third	0	1	3	5	7	9	11	13	15	17	19	21	24	26	29	32	35	38	42
About one quarter	0	1	2	3	5	7	8	10	11	12	14	16	17	19	21	23	25	27	29
Not at all	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

No age adjustment permitted for this table

Table 19.2

PARTIALLY CONTRIBUTING IMPAIRMENT

Impairment Rating	Complete	About 3/4	About 2/3	About 1/2	About 1/3	About 1/4	Not at All		Impairment Rating	Complete	About 3/4	About 2/3	About 1/2	About 1/3	About 1/4	Not at All
1	1	1	1	1	0	0	0		46	46	38	35	27	17	13	0
2	2	1	1	1	1	1	0		47	47	39	35	27	18	13	0
3	3	2	2	2	1	1	0		48	48	40	36	28	18	13	0
4	4	3	3	2	1	1	0		49	49	41	37	29	19	14	0
5	5	4	3	3	1	1	0		50	50	42	38	29	19	14	0
6	6	4	4	3	2	2	0		51	51	43	39	30	20	14	0
7	7	5	5	4	2	2	0		52	52	44	40	31	20	15	0
8	8	6	5	4	3	2	0		53	53	45	41	32	21	15	0
9	9	7	6	5	3	2	0		54	54	46	42	32	21	15	0
10	10	7	7	5	3	3	0		55	55	47	43	33	21	16	0
11	11	8	7	6	4	3	0		56	56	48	44	34	22	16	0
12	12	9	8	6	4	3	0		57	57	49	45	35	22	16	0
13	13	10	9	7	4	3	0		58	58	49	46	35	23	17	0
14	14	10	9	7	5	4	0		59	59	51	47	36	23	17	0
15	15	11	10	8	5	4	0		60	60	52	48	37	24	17	0
16	16	12	11	9	6	4	0		61	61	53	49	38	24	18	0
17	17	13	12	9	6	5	0		62	62	54	49	38	25	18	0
18	18	14	13	10	6	5	0		63	63	55	50	39	25	18	0
19	19	15	13	10	7	5	0		64	64	56	52	40	26	19	0
20	20	16	14	11	7	5	0		65	65	57	53	41	26	19	0
21	21	16	15	11	7	6	0		66	66	58	54	42	27	19	0
22	22	17	15	12	8	6	0		67	67	59	55	43	27	20	0
23	23	18	16	12	8	6	0		68	68	60	56	43	28	20	0
24	24	19	17	13	9	6	0		69	69	61	57	44	29	20	0
25	25	19	18	14	9	7	0		70	70	62	58	45	29	21	0
26	26	20	19	14	9	7	0		71	71	63	59	46	30	21	0
27	27	21	19	15	10	7	0		72	72	64	60	47	30	21	0
28	28	22	20	15	10	8	0		73	73	66	61	48	30	22	0
29	29	23	21	16	10	8	0		74	74	67	62	49	31	22	0
30	30	24	21	17	11	8	0		75	75	68	63	50	32	23	0
31	31	25	22	17	11	8	0		76	76	69	64	51	32	23	0
32	32	25	23	18	12	9	0		77	77	70	66	52	33	23	0
33	33	26	24	18	12	9	0		78	78	71	67	53	34	24	0
34	34	27	25	19	12	9	0		79	79	72	68	54	34	24	0
35	35	28	25	20	13	10	0		80	80	73	69	55	35	25	0
36	36	29	26	20	13	10	0		81	81	75	70	56	35	25	0
37	37	30	27	21	14	10	0		82	82	76	72	57	36	25	0
38	38	31	28	21	14	10	0		83	83	77	73	59	37	26	0
39	39	32	29	22	14	11	0		84	84	78	74	60	37	26	0
40	40	33	29	23	15	11	0		85	85	80	76	61	38	27	0
41	41	34	30	23	15	11	0		86	86	81	77	62	39	27	0
42	42	34	31	24	16	12	0		87	87	82	78	64	39	27	0
43	43	35	32	25	16	12	0		88	88	84	80	65	40	28	0
44	44	36	33	25	17	12	0		89	89	85	80	65	40	28	0
45	45	37	34	26	17	12	0		90	90	86	83	68	42	29	0

No age adjustment permitted for this table

CHAPTER 20

APPORTIONMENT

INTRODUCTION

Throughout this Guide, if a condition can be rated using both a functional loss table and an Other Impairment table, only the higher of the two ratings is to be given to the veteran. This is usually quite a simple thing to do.

However, in some cases, it might not be so straightforward. For example, a veteran has two accepted cardiorespiratory conditions. One is ischaemic heart disease and the other is chronic bronchitis. From METs and spirometry it is found that the veteran's functional impairment rating is 20 points. It is also found that the veteran's ischaemic heart disease corresponds to a rating of 10 points from Table 1.6 and the veteran's chronic bronchitis corresponds to a rating of 5 points from Table 1.10.

Without apportionment the only applicable cardiorespiratory rating would be 20 points and the 10 and 5 point ratings would have to be disregarded because they are both less than 20. This approach would sometimes disadvantage the veteran.

A method of establishing the separate contribution of ischaemic heart disease and the chronic bronchitis to the functional impairment would enable a separation of their contributions thus allowing the comparison of functional and Other Impairments on a condition by condition basis. Such a method is called "apportionment". Apportionment provides a method for determining whether a rating greater than 20 should be given to the veteran in the example.

Tables 20.1 to 20.13 have been constructed by finding a set of impairment ratings which have the same value as the contribution to the rating to be apportioned, and which, when combined using the Combined Values Chart in Chapter 18, are equal to the original impairment rating.

If the apportionment has to be done in ratios that are not included in Tables 20.1 to 20.13, then the apportionment may be performed by applying Table 18.1 (Combined Values Chart) in reverse. Should more than one solution be possible, that which is the best fit is to be used.

The ratings that result from the application of apportionment can never be less than those which the same conditions would have attracted had apportionment not been applied.

Federal Register of Legislative Instruments F2005L01293

HOW TO USE APPORTIONMENT

INSTRUCTIONS

Follow the steps below in applying apportionment.

STEP 1	**Determine if apportionment is to be used.** Apportionment is to be used when it is necessary, for a given accepted condition, to compare an impairment rating derived from one table with an impairment rating derived from another table, *and* when two or more accepted conditions contribute to the impairment ratings from either table.
STEP 2	**Find the relative contribution of each contributing condition.** The relative contribution of each accepted condition to the impairment rating that is to be apportioned should be expressed as a simple ratio. (The ratio should always be expressed in terms of small integers, e.g. 1:2, 1:3, 1:1:2, etc.) The judgement of the ratio should be based on appropriate medical advice.
STEP 3	**Apportion the single impairment rating into parts.** Once the ratio is known the single rating is to be apportioned to all the contributing conditions. In common cases (2 or 3 contributing conditions) the apportioned ratings are to be read off Tables 20.1 to 20.13. In unusual cases that are not covered in these tables, the method described on page 197 is to be applied.
STEP 4	**For each condition, compare ratings from two relevant tables.** For each condition, the higher of the two relevant ratings is to be selected.
STEP 5	**Do not combine individual ratings until the end.** Individual ratings obtained from applying the apportionment process are not to be combined until the end of the overall assessment process, when ratings for *all* of the veteran's assessable conditions are combined to obtain a single value representing the combined impairment rating for accepted conditions.

HOW TO USE APPORTIONMENT

Example
The apportionment process can be illustrated by using the example mentioned in the introduction.

STEP 1	***Determine if apportionment is to be used.*** When ischaemic heart disease and chronic bronchitis are both accepted conditions, apportionment has to be used because each of these conditions can be rated from separate Other Impairment tables in Chapter 1.
STEP 2	***Find the relative contribution of each contributing condition.*** Suppose that, on medical advice, it is found that the contributions by chronic bronchitis and ischaemic heart disease are in the ratio of 2:1.

STEP 3	***Break up the single impairment rating into parts.*** As the ratio is 2:1, Table 20.1 or Table 20.4 is to be used. From either of these it is found that 20 points apportioned in the ratio of 2:1 gives 14 and 7 as the two contributory impairment ratings. Thus the functional impairment rating for chronic bronchitis is 14 points and for ischaemic heart disease it is 7 points.
STEP 4	***Compare ratings from two tables for each condition.*** Compare the ratings for ischaemic heart disease (7 versus 10 from Table 1.6) and for chronic bronchitis (14 versus 5 from Table 1.10). Taking the higher rating in each case, the assessment will be: ischaemic heart disease 10 points, chronic bronchitis 14 points.
STEP 5	***Do not combine individual ratings until the end.*** If this veteran had no other accepted conditions, the final combined impairment rating would be *25 points* (10 & 14 = 23, rounded to 25) instead of *20 points* without apportionment.

The calculations in the above example can be conveniently set out in a worksheet format, as illustrated below.

Rating to be apportioned: 20

	A	**B**	**C**	**D**
Accepted Conditions	**Relative Contribution**	**Functional Rating**	**Other Impairment**	**Rating for Condition**
Ischaemic Heart Disease	*1*	*7*	*10*	*10*
Chronic Bronchitis	*2*	*14*	*5*	*14*

For purposes of the above worksheet

"Accepted Conditions"	means the accepted conditions that con-tribute to a single impairment rating to be apportioned.
"Relative Contribution"	means the ratio of the relative contributions which the conditions make to the total impairment (in the above example, the ratio is 1:2, written as "1" in the top row of column A, and "2" in the bottom row of column A).
"Functional Rating"	means the ratings for the conditions obtained *after apportionment*.
"Other Impairment"	means the applicable rating for the conditions obtained from an Other Impairment table.
"Rating for Condition"	means the *higher* of the ratings in columns B and C of the same row. This is the final impairment rating for the condition named in that row.

For convenience, Tables 20.1 and 20.2 give the apportionment for impairment ratings that are multiples of 5. Table 20.3 to 20.13 give the apportionment for all relevant integral values of impairment ratings for certain given ratios.

Table 20.1 can be applied to find the two relevant values when any impairment rating has to be apportioned between two conditions in any of the given ratios.

The top row contains the ratios into which the impairment rating needs to be apportioned. The left hand column contains the impairment ratings to be apportioned.

From Table 20.1 it will be seen that:

- if a rating of 55 points is to be divided in the ratio of 3:1, one condition gets 47 points and the other gets 16; and
- if a rating of 35 points is to be divided in the ratio of 3:2, one condition gets 23 points and the other gets 16.

Table 20.1

APPORTIONMENT

		Ratios					
		1:1	**2:1**	**3:1**	**4:1**	**5:1**	**3:2**
Impairment Ratings	**5**	2 & 3	4 & 2	3 & 1	**4 & 1**	5 & 1	**3 & 2**
	10	**5 & 5**	7 & 3	8 & 3	**8 & 2**	9 & 2	**6 & 4**
	15	**8 & 8**	**10 & 5**	11 & 4	**12 & 3**	13 & 2	10 & 6
	20	10 & 11	**14 & 7**	16 & 5	17 & 4	18 & 4	13 & 8
	25	13 & 14	**18 & 9**	19 & 7	21 & 5	21 & 5	16 & 11
	30	16 & 17	21 & 11	**24 & 8**	25 & 6	26 & 5	19 & 13
	35	19 & 20	25 & 13	29 & 9	30 & 7	31 & 6	23 & 16
	40	23 & 22	29 & 15	**33 & 11**	34 & 9	**35 & 7**	**27 & 18**
	45	**26 & 26**	**34 & 17**	37 & 12	39 & 10	**40 & 8**	31 & 21
	50	**29 & 29**	**38 & 19**	**42 & 14**	**44 & 11**	**45 & 9**	33 & 25
	55	**33 & 33**	43 & 21	47 & 16	49 & 12	**50 & 10**	39 & 26
	60	**37 & 37**	**48 & 24**	52 & 17	54 & 13	**55 & 11**	44 & 29
	65	**41 & 41**	53 & 26	**57 & 19**	59 & 15	**60 & 12**	**48 & 32**
	70	**45 & 45**	**58 & 29**	62 & 21	**64 & 16**	**65 & 13**	53 & 36
	75	**50 & 50**	63 & 32	68 & 23	70 & 18	71 & 14	59 & 39
	80	**55 & 55**	69 & 35	73 & 25	75 & 19	76 & 15	65 & 43
	85	**61 & 61**	**76 & 38**	80 & 27	81 & 20	82 & 16	**72 & 48**
	90	**68 & 68**	83 & 42	86 & 29	87 & 22	88 & 18	79 & 53
	This table shows the relevant values when any impairment rating has to be apportioned between two conditions						

No age adjustment permitted for this table

Table 20.2

APPORTIONMENT

		Ratios			
		1:1:1	**2:1:1**	**2:2:1**	**3:2:1**
Impairment Ratings	**5**	2 & 2 & 1	2 & 2 & 1	**2 & 2 & 1**	2 & 2 & 1
	10	4 & 3 & 3	5 & 3 & 2	**4 & 4 & 2**	5 & 3 & 2
	15	**5 & 5 & 5**	7 & 4 & 4	**6 & 6 & 3**	7 & 5 & 3
	20	**7 & 7 & 7**	11 & 6 & 5	**9 & 9 & 4**	11 & 7 & 4
	25	10 & 9 & 9	13 & 7 & 7	11 & 11 & 5	13 & 9 & 5
	30	**11 & 11 & 11**	17 & 8 & 8	14 & 13 & 7	17 & 11 & 6
	35	14 & 13 & 13	**20 & 10 & 10**	**16 & 16 & 8**	20 & 13 & 7
	40	**16 & 16 & 16**	23 & 12 & 12	19 & 18 & 9	23 & 16 & 8
	45	**18 & 18 & 18**	27 & 14 & 13	22 & 21 & 11	**27 & 18 & 9**
	50	21 & 21 & 20	**30 & 15 & 15**	25 & 24 & 12	**30 & 20 & 10**
	55	**23 & 23 & 23**	35 & 17 & 17	**28 & 28 & 14**	34 & 22 & 11
	60	27 & 26 & 26	**38 & 19 & 19**	31 & 31 & 16	38 & 26 & 13
	65	**29 & 29 & 29**	43 & 22 & 21	35 & 35 & 17	43 & 28 & 14
	70	**33 & 33 & 33**	**48 & 24 & 24**	40 & 39 & 20	47 & 32 & 16
	75	**37 & 37 & 37**	**54 & 27 & 27**	44 & 43 & 22	53 & 36 & 18
	80	**42 & 42 & 42**	**60 & 30 & 30**	49 & 49 & 24	59 & 40 & 20
	85	**47 & 47 & 47**	**66 & 33 & 33**	**54 & 54 & 27**	**60 & 44 & 22**
	90	**53 & 53 & 53**	**74 & 37 & 37**	**62 & 62 & 31**	79 & 52 & 26
	This table shows the relevant values when any impairment rating has to be apportioned between three conditions.				

No age adjustment permitted for this table

In the Apportionment tables, those solutions in bold are exact apportionments into the specified ratios. All the other solutions are the best approximations to the specified ratios.

From Table 20.2 it will be seen that:

- if a rating of 55 points is to be divided in the ratio of 2:2:1, one condition gets 28 points, another gets 28, and the third gets 14 points; and
- if a rating of 35 points is to be divided in the ratio of 3:2:1, one condition gets 20 points, another gets 13, and the third gets 7 points.

Table 20.3 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 1:1	Impairment Rating	Apportioned in Ratio 1:1
1	1 & 0	46	27 & 26
2	**1 & 1**	**47**	**27 & 27**
3	2 & 1	**48**	**28 & 28**
4	**2 & 2**	49	29 & 28
5	3 & 2	**50**	**29 & 29**
6	**3 & 3**	**51**	**30 & 30**
7	4 & 3	**52**	**31 & 31**
8	**4 & 4**	53	32 & 31
9	5 & 4	**54**	**32 & 32**
10	**5 & 5**	**55**	**33 & 33**
11	6 & 5	**56**	**34 & 34**
12	**6 & 6**	57	35 & 34
13	7 & 6	**58**	**35 & 35**
14	**7 & 7**	**59**	**36 & 36**
15	**8 & 8**	**60**	**37 & 37**
16	9 & 8	61	38 & 37
17	**9 & 9**	**62**	**38 & 38**
18	10 & 9	**63**	**39 & 39**
19	**10 & 10**	**64**	**40 & 40**
20	11 & 10	**65**	**41 & 41**
21	**11 & 11**	**66**	**42 & 42**
22	**12 & 11**	67	43 & 42
23	**12 & 12**	**68**	**43 & 43**
24	**13 & 13**	**69**	**44 & 44**
25	14 & 13	**70**	**45 & 45**
26	**14 & 14**	**71**	**46 & 46**
27	15 & 14	**72**	**47 & 47**
28	**15 & 15**	**73**	**48 & 48**
29	**16 & 16**	**74**	**49 & 49**
30	17 & 16	**75**	**50 & 50**
31	**17 & 17**	**76**	**51 & 51**
32	18 & 17	**77**	**52 & 52**
33	**18 & 18**	**78**	**53 & 53**
34	**19 & 19**	**79**	**54 & 54**
35	**20 & 19**	**80**	**55 & 55**
36	**20 & 20**	**81**	**56 & 56**
37	21 & 20	**82**	**57 & 57**
38	**21 & 21**	**83**	**59 & 59**
39	**22 & 22**	**84**	**60 & 60**
40	23 & 22	**85**	**61 & 61**
41	**23 & 23**	**86**	**62 & 62**
42	**24 & 24**	**87**	**64 & 64**
43	25 & 24	**88**	**65 & 65**
44	**25 & 25**	**89**	**67 & 67**
45	**26 & 26**	**90**	**68 & 68**

No age adjustment permitted for this table

Table 20.4 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 2:1	Impairment Rating	Apportioned in Ratio 2:1
1	1 & 0	46	35 & 17
2	1 & 1	47	35 & 18
3	**2 & 1**	**48**	**36 & 18**
4	3 & 1	49	37 & 19
5	3 & 2	**50**	**38 & 19**
6	**4 & 2**	51	39 & 20
7	5 & 2	**52**	**40 & 20**
8	5 & 3	53	41 & 21
9	**6 & 3**	**54**	**42 & 21**
10	7 & 3	55	43 & 21
11	7 & 4	**56**	**44 & 22**
12	**8 & 4**	57	45 & 22
13	9 & 4	**58**	**46 & 23**
14	9 & 5	59	47 & 23
15	**10 & 5**	**60**	**48 & 24**
16	11 & 6	61	49 & 24
17	**12 & 6**	62	49 & 25
18	13 & 6	**63**	**50 & 25**
19	13 & 7	**64**	**52 & 26**
20	**14 & 7**	65	53 & 26
21	15 & 7	**66**	**54 & 27**
22	15 & 8	67	55 & 27
23	**16 & 8**	**68**	**56 & 28**
24	17 & 9	69	57 & 29
25	**18 & 9**	70	58 & 29
26	19 & 9	71	59 & 30
27	19 & 10	**72**	**60 & 30**
28	**20 & 10**	73	61 & 31
29	21 & 10	**74**	**62 & 31**
30	21 & 11	75	63 & 32
31	**22 & 11**	**76**	**64 & 32**
32	23 & 12	**77**	**66 & 33**
33	**24 & 12**	78	67 & 34
34	25 & 12	**79**	**68 & 34**
35	25 & 13	80	69 & 35
36	**26 & 13**	**81**	**70 & 35**
37	27 & 14	**82**	**72 & 36**
38	**28 & 14**	83	73 & 37
39	29 & 14	**84**	**74 & 37**
40	29 & 15	**85**	**76 & 38**
41	**30 & 15**	86	77 & 39
42	31 & 16	**87**	**78 & 39**
43	**32 & 16**	**88**	**80 & 40**
44	33 & 17	**89**	**82 & 41**
45	**34 & 17**	90	83 & 42

No age adjustment permitted for this table

Table 20.5 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 3:1	Impairment Rating	Apportioned in Ratio 3:1
1	1 & 0	46	38 & 13
2	2 & 0	**47**	**39 & 13**
3	2 & 1	48	40 & 13
4	**3 & 1**	49	41 & 14
5	4 & 1	**50**	**42 & 14**
6	4 & 2	51	43 & 14
7	5 & 2	52	44 & 15
8	**6 & 2**	**53**	**45 & 15**
9	7 & 2	54	46 & 15
10	7 & 3	55	47 & 16
11	8 & 3	**56**	**48 & 16**
12	**9 & 3**	57	49 & 16
13	10 & 3	58	49 & 17
14	10 & 4	**59**	**51 & 17**
15	11 & 4	60	52 & 17
16	**12 & 4**	61	53 & 18
17	13 & 5	**62**	**54 & 18**
18	14 & 5	63	55 & 18
19	**15 & 5**	64	56 & 19
20	16 & 5	**65**	**57 & 19**
21	16 & 6	66	58 & 19
22	17 & 6	67	59 & 20
23	**18 & 6**	**68**	**60 & 20**
24	19 & 6	69	61 & 20
25	19 & 7	70	62 & 21
26	20 & 7	**71**	**63 & 21**
27	**21 & 7**	72	64 & 21
28	22 & 8	**73**	**66 & 22**
29	23 & 8	74	67 & 22
30	**24 & 8**	75	68 & 23
31	25 & 8	**76**	**69 & 23**
32	25 & 9	77	70 & 23
33	26 & 9	78	71 & 24
34	**27 & 9**	**79**	**72 & 24**
35	28 & 10	80	73 & 25
36	29 & 10	**81**	**75 & 25**
37	**30 & 10**	82	76 & 25
38	31 & 10	83	77 & 26
39	32 & 11	**84**	**78 & 26**
40	**33 & 11**	85	80 & 27
41	34 & 11	**86**	**81 & 27**
42	34 & 12	87	82 & 27
43	35 & 12	**88**	**84 & 28**
44	**36 & 12**	89	85 & 28
45	37 & 12	90	86 & 29

No age adjustment permitted for this table

Table 20.6 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 4:1	Impairment Rating	Apportioned in Ratio 4:1
1	1 & 0	**46**	**40 & 10**
2	2 & 0	47	41 & 10
3	2 & 1	48	42 & 11
4	3 & 1	49	43 & 11
5	**4 & 1**	**50**	**44 & 11**
6	5 & 1	51	45 & 11
7	6 & 1	52	46 & 12
8	6 & 2	53	47 & 12
9	7 & 2	**54**	**48 & 12**
10	**8 & 2**	55	49 & 12
11	9 & 2	56	50 & 12
12	10 & 2	57	51 & 13
13	10 & 3	**58**	**52 & 13**
14	11 & 3	59	53 & 13
15	**12 & 3**	60	54 & 14
16	13 & 3	61	55 & 14
17	14 & 4	**62**	**56 & 14**
18	15 & 4	63	57 & 14
19	**16 & 4**	64	58 & 15
20	17 & 4	65	59 & 15
21	18 & 4	**66**	**60 & 15**
22	18 & 5	67	61 & 15
23	19 & 5	68	62 & 16
24	**20 & 5**	69	63 & 16
25	21 & 5	**70**	**64 & 16**
26	22 & 5	71	65 & 16
27	22 & 6	72	66 & 17
28	23 & 6	**73**	**68 & 17**
29	**24 & 6**	74	69 & 17
30	25 & 6	75	70 & 18
31	26 & 7	76	71 & 18
32	27 & 7	**77**	**72 & 18**
33	**28 & 7**	78	73 & 18
34	29 & 7	79	74 & 19
35	30 & 7	80	75 & 19
36	30 & 8	**81**	**76 & 19**
37	**32 & 8**	82	78 & 20
38	33 & 8	83	79 & 20
39	34 & 8	**84**	**80 & 20**
40	34 & 9	85	81 & 20
41	35 & 9	86	82 & 21
42	**36 & 9**	**87**	**84 & 21**
43	37 & 9	88	85 & 21
44	38 & 10	89	86 & 22
45	39 & 10	90	87 & 22

No age adjustment permitted for this table

Table 20.7 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 5:1	Impairment Rating	Apportioned in Ratio 5:1
1	1 & 0	46	41 & 8
2	1 & 1	47	42 & 8
3	2 & 1	48	43 & 9
4	3 & 1	49	44 & 9
5	4 & 1	**50**	**45 & 9**
6	**5 & 1**	51	46 & 9
7	6 & 1	52	47 & 9
8	7 & 1	53	48 & 10
9	7 & 2	54	49 & 10
10	8 & 2	**55**	**50 & 10**
11	9 & 2	56	51 & 10
12	**10 & 2**	57	52 & 10
13	11 & 2	58	53 & 11
14	12 & 2	59	54 & 11
15	12 & 3	**60**	**55 & 11**
16	13 & 3	61	56 & 11
17	14 & 3	62	57 & 11
18	**15 & 3**	63	58 & 12
19	16 & 3	64	59 & 12
20	17 & 4	**65**	**60 & 12**
21	18 & 4	66	61 & 12
22	19 & 4	67	62 & 12
23	**20 & 4**	68	63 & 13
24	21 & 4	69	64 & 13
25	22 & 4	**70**	**65 & 13**
26	22 & 5	71	67 & 13
27	23 & 5	72	68 & 14
28	24 & 5	73	69 & 14
29	**25 & 5**	**74**	**70 & 14**
30	26 & 5	75	71 & 14
31	27 & 5	76	72 & 14
32	28 & 6	77	73 & 15
33	29 & 6	78	74 & 15
34	**30 & 6**	**79**	**75 & 15**
35	31 & 6	80	76 & 15
36	32 & 6	81	77 & 16
37	32 & 7	82	79 & 16
38	33 & 7	**83**	**80 & 16**
39	34 & 7	84	81 & 16
40	**35 & 7**	**85**	82 & 16
41	37 & 7	86	83 & 17
42	37 & 8	87	84 & 17
43	38 & 8	**88**	**85 & 17**
44	39 & 8	89	87 & 17
45	**40 & 8**	90	88 & 18

No age adjustment permitted for this table

Table 20.8 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 3:2	Impairment Rating	Apportioned in Ratio 3:2
1	1 & 0	46	32 & 21
2	1 & 1	47	32 & 22
3	2 & 1	**48**	**33 & 22**
4	2 & 2	49	34 & 23
5	**3 & 2**	50	35 & 23
6	3 & 3	51	36 & 24
7	4 & 3	52	37 & 24
8	5 & 3	53	37 & 25
9	5 & 4	54	38 & 25
10	**6 & 4**	**55**	**39 & 26**
11	7 & 4	56	40 & 27
12	7 & 5	57	41 & 27
13	8 & 5	**58**	**42 & 28**
14	**9 & 6**	59	43 & 28
15	10 & 6	60	43 & 29
16	10 & 7	61	44 & 30
17	11 & 7	**62**	**45 & 30**
18	11 & 8	63	46 & 31
19	**12 & 8**	64	47 & 32
20	13 & 8	**65**	**48 & 32**
21	13 & 9	66	49 & 33
22	14 & 9	67	50 & 33
23	14 & 10	**68**	**51 & 34**
24	**15 & 10**	69	53 & 35
25	16 & 11	70	53 & 36
26	17 & 11	**71**	**54 & 36**
27	17 & 12	72	56 & 37
28	**18 & 12**	**73**	**57 & 38**
29	19 & 12	74	58 & 39
30	20 & 13	75	59 & 39
31	20 & 14	**76**	**60 & 40**
32	**21 & 14**	77	61 & 41
33	22 & 14	78	62 & 41
34	22 & 15	79	63 & 42
35	23 & 15	80	65 & 43
36	**24 & 16**	**81**	**66 & 44**
37	25 & 16	82	68 & 45
38	25 & 17	**83**	**69 & 46**
39	26 & 17	84	70 & 47
40	**27 & 18**	**85**	**72 & 48**
41	28 & 18	86	73 & 49
42	28 & 19	87	74 & 49
43	29 & 20	**88**	**75 & 50**
44	**30 & 20**	89	75 & 52
45	31 & 21	90	79 & 53

No age adjustment permitted for this table

Table 20.9

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 1:1:1	Impairment Rating	Apportioned in Ratio 1:1:1
1	1 & 0 & 0	46	19 & 18 & 18
2	1 & 1 & 0	**47**	**19 & 19 & 19**
3	**1 & 1 & 1**	48	20 & 20 & 19
4	2 & 1 & 1	**49**	**20 & 20 & 20**
5	2 & 2 & 1	50	21 & 20 & 20
6	**2 & 2 & 2**	**51**	**21 & 21 & 21**
7	3 & 2 & 2	**52**	**22 & 22 & 22**
8	3 & 3 & 2	53	23 & 22 & 22
9	**3 & 3 & 3**	54	23 & 23 & 22
10	4 & 3 & 3	**55**	**23 & 23 & 23**
11	4 & 4 & 3	**56**	**24 & 24 & 24**
12	**4 & 4 & 4**	57	25 & 24 & 24
13	4 & 4 & 5	**58**	**25 & 25 & 25**
14	5 & 5 & 4	**59**	**26 & 26 & 26**
15	**5 & 5 & 5**	60	27 & 26 & 26
16	6 & 6 & 5	**61**	**27 & 27 & 27**
17	**6 & 6 & 6**	62	28 & 28 & 27
18	7 & 6 & 6	**63**	**28 & 28 & 28**
19	7 & 7 & 6	64	29 & 29 & 28
20	**7 & 7 & 7**	**65**	**29 & 29 & 29**
21	8 & 8 & 7	**66**	**30 & 30 & 30**
22	**8 & 8 & 8**	**67**	**31 & 31 & 31**
23	9 & 8 & 8	68	32 & 31 & 31
24	**9 & 9 & 9**	**69**	**32 & 32 & 32**
25	10 & 9 & 9	**70**	**33 & 33 & 33**
26	10 & 10 & 9	**71**	**34 & 34 & 34**
27	**10 & 10 & 10**	72	35 & 35 & 34
28	11 & 10 & 10	**73**	**35 & 35 & 35**
29	11 & 11 & 10	**74**	**36 & 36 & 36**
30	**11 & 11 & 11**	**75**	**37 & 37 & 37**
31	12 & 11 & 11	**76**	**38 & 38 & 38**
32	**12 & 12 & 12**	**77**	**39 & 39 & 39**
33	13 & 13 & 12	**78**	**40 & 40 & 40**
34	**13 & 13 & 13**	**79**	**41 & 41 & 41**
35	14 & 13 & 13	**80**	**42 & 42 & 42**
36	**14 & 14 & 14**	81	43 & 42 & 42
37	15 & 14 & 14	**82**	**43 & 43 & 43**
38	15 & 15 & 14	**83**	**44 & 44 & 44**
39	**15 & 15 & 15**	**84**	**45 & 45 & 45**
40	**16 & 16 & 16**	**85**	**47 & 47 & 47**
41	17 & 16 & 16	**86**	**48 & 48 & 48**
42	17 & 17 & 16	**87**	**49 & 49 & 49**
43	**17 & 17 & 17**	**88**	**50 & 50 & 50**
44	18 & 17 & 17	**89**	**52 & 52 & 52**
45	**18 & 18 & 18**	**90**	**53 & 53 & 53**

No age adjustment permitted for this table

Table 20.10 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 2:1:1	Impairment Rating	Apportioned in Ratio 2:1:1
1	1 & 0 & 0	**46**	**28 & 14 & 14**
2	1 & 1 & 0	**47**	**28 & 14 & 14**
3	1 & 1 & 1	48	29 & 14 & 14
4	**2 & 1 & 1**	49	29 & 15 & 15
5	3 & 1 & 1	**50**	**30 & 15 & 15**
6	3 & 2 & 1	51	31 & 16 & 16
7	3 & 2 & 2	**52**	**32 & 16 & 16**
8	**4 & 2 & 2**	53	33 & 16 & 16
9	5 & 2 & 2	**54**	**34 & 17 & 17**
10	5 & 3 & 2	55	35 & 17 & 17
11	5 & 3 & 3	56	35 & 18 & 17
12	**6 & 3 & 3**	**57**	**36 & 18 & 18**
13	7 & 3 & 3	58	37 & 19 & 18
14	7 & 4 & 3	59	37 & 19 & 19
15	7 & 4 & 4	**60**	**38 & 19 & 19**
16	**8 & 4 & 4**	61	39 & 20 & 20
17	9 & 5 & 4	**62**	**40 & 20 & 20**
18	9 & 5 & 5	63	41 & 21 & 21
19	**10 & 5 & 5**	**64**	**42 & 21 & 21**
20	11 & 6 & 5	65	43 & 22 & 21
21	11 & 6 & 6	**66**	**44 & 22 & 22**
22	**12 & 6 & 6**	67	45 & 23 & 22
23	13 & 6 & 6	**68**	**46 & 23 & 23**
24	13 & 7 & 6	69	47 & 24 & 23
25	13 & 7 & 7	**70**	**48 & 24 & 24**
26	**14 & 7 & 7**	71	49 & 25 & 24
27	15 & 7 & 7	**72**	**50 & 25 & 25**
28	15 & 8 & 8	**73**	**52 & 26 & 26**
29	**16 & 8 & 8**	74	53 & 26 & 26
30	17 & 8 & 8	**75**	**54 & 27 & 27**
31	17 & 9 & 9	76	55 & 27 & 27
32	**18 & 9 & 9**	**77**	**56 & 28 & 28**
33	19 & 9 & 9	78	57 & 29 & 29
34	19 & 10 & 10	**79**	**58 & 29 & 29**
35	**20 & 10 & 10**	**80**	**60 & 30 & 30**
36	21 & 10 & 10	81	61 & 31 & 31
37	21 & 11 & 10	**82**	**62 & 31 & 31**
38	21 & 11 & 11	83	63 & 32 & 32
39	**22 & 11 & 11**	**84**	**64 & 32 & 32**
40	23 & 12 & 12	**85**	**66 & 33 & 33**
41	**24 & 12 & 12**	**86**	**68 & 34 & 34**
42	25 & 12 & 12	87	69 & 35 & 35
43	25 & 13 & 13	**88**	**70 & 35 & 35**
44	**26 & 13 & 13**	89	73 & 37 & 37
45	27 & 14 & 13	**90**	**74 & 37 & 37**

No age adjustment permitted for this table

Table 20.11 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 2:2:1	Impairment Rating	Apportioned in Ratio 2:2:1
1	1 & 0 & 0	**46**	**22 & 22 & 11**
2	1 & 1 & 0	47	23 & 22 & 11
3	1 & 1 & 1	48	24 & 23 & 12
4	2 & 1 & 1	**49**	**24 & 24 & 12**
5	**2 & 2 & 1**	50	25 & 24 & 12
6	3 & 2 & 1	51	25 & 25 & 13
7	3 & 3 & 1	**52**	**26 & 26 & 13**
8	3 & 3 & 2	53	27 & 26 & 13
9	4 & 3 & 2	54	28 & 27 & 14
10	**4 & 4 & 2**	**55**	**28 & 28 & 14**
11	5 & 4 & 2	56	29 & 28 & 14
12	5 & 5 & 2	57	29 & 29 & 14
13	5 & 5 & 3	**58**	**30 & 30 & 15**
14	6 & 5 & 3	59	31 & 30 & 15
15	**6 & 6 & 3**	60	31 & 31 & 16
16	7 & 6 & 3	**61**	**32 & 32 & 16**
17	7 & 7 & 4	62	33 & 33 & 16
18	**8 & 8 & 4**	**63**	**34 & 34 & 17**
19	9 & 8 & 4	64	35 & 34 & 17
20	9 & 9 & 4	65	35 & 35 & 17
21	9 & 9 & 5	**66**	**36 & 36 & 18**
22	10 & 9 & 5	67	37 & 36 & 18
23	**10 & 10 & 5**	68	38 & 37 & 19
24	11 & 10 & 5	**69**	**38 & 38 & 19**
25	11 & 11 & 5	70	39 & 39 & 20
26	11 & 11 & 6	**71**	**40 & 40 & 20**
27	12 & 11 & 6	72	41 & 41 & 21
28	**12 & 12 & 6**	**73**	**42 & 42 & 21**
29	13 & 13 & 7	74	43 & 42 & 21
30	14 & 13 & 7	75	43 & 43 & 22
31	**14 & 14 & 7**	**76**	**44 & 44 & 22**
32	15 & 14 & 7	77	46 & 45 & 23
33	15 & 15 & 7	**78**	**46 & 46 & 23**
34	15 & 15 & 8	**79**	**48 & 48 & 24**
35	**16 & 16 & 8**	80	49 & 49 & 24
36	17 & 16 & 8	**81**	**50 & 50 & 25**
37	17 & 17 & 9	82	51 & 51 & 26
38	18 & 17 & 9	**83**	**52 & 52 & 26**
39	**18 & 18 & 9**	84	53 & 53 & 27
40	19 & 18 & 9	**85**	**54 & 54 & 27**
41	19 & 19 & 10	**86**	**56 & 56 & 28**
42	**20 & 20 & 10**	**87**	**58 & 58 & 29**
43	**21 & 20 & 10**	88	59 & 59 & 30
44	21 & 21 & 10	**89**	**60 & 60 & 30**
45	22 & 21 & 11	**90**	**62 & 62 & 31**

No age adjustment permitted for this table

Table 20.12 ⚥

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 3:2:1	Impairment Rating	Apportioned in Ratio 3:2:1
1	1 & 0 & 0	46	28 & 18 & 9
2	1 & 1 & 0	47	28 & 19 & 9
3	2 & 1 & 0	48	29 & 19 & 10
4	2 & 1 & 1	49	29 & 20 & 10
5	2 & 2 & 1	**50**	**30 & 20 & 10**
6	**3 & 2 & 1**	51	31 & 20 & 10
7	4 & 2 & 1	52	32 & 21 & 11
8	4 & 3 & 1	53	32 & 22 & 11
9	5 & 3 & 1	**54**	**33 & 22 & 11**
10	5 & 3 & 2	55	34 & 22 & 11
11	5 & 4 & 2	56	35 & 23 & 12
12	**6 & 4 & 2**	**57**	**36 & 24 & 12**
13	7 & 4 & 2	58	37 & 24 & 12
14	7 & 5 & 2	59	37 & 25 & 12
15	7 & 5 & 3	60	38 & 26 & 13
16	8 & 5 & 3	**61**	**39 & 26 & 13**
17	**9 & 6 & 3**	62	40 & 26 & 13
18	10 & 6 & 3	63	41 & 27 & 14
19	10 & 7 & 3	**64**	**42 & 28 & 14**
20	11 & 7 & 4	65	43 & 28 & 14
21	11 & 8 & 4	66	44 & 29 & 15
22	**12 & 8 & 4**	67	44 & 30 & 15
23	13 & 8 & 4	**68**	**45 & 30 & 15**
24	13 & 9 & 4	69	47 & 31 & 16
25	13 & 9 & 5	70	47 & 31 & 16
26	14 & 9 & 5	**71**	**48 & 32 & 16**
27	14 & 10 & 5	72	49 & 33 & 17
28	**15 & 10 & 5**	**73**	**51 & 34 & 17**
29	16 & 11 & 5	74	52 & 35 & 17
30	17 & 11 & 6	75	53 & 36 & 18
31	17 & 12 & 6	**76**	**54 & 36 & 18**
32	**18 & 12 & 6**	77	56 & 37 & 19
33	19 & 12 & 6	**78**	**57 & 38 & 19**
34	19 & 13 & 6	79	58 & 38 & 19
35	20 & 13 & 7	80	59 & 40 & 20
36	20 & 14 & 7	**81**	**60 & 40 & 20**
37	**21 & 14 & 7**	82	61 & 40 & 20
38	22 & 14 & 7	**83**	**63 & 42 & 21**
39	22 & 15 & 7	84	65 & 44 & 22
40	23 & 16 & 8	**85**	**66 & 44 & 22**
41	**24 & 16 & 8**	86	67 & 44 & 22
42	25 & 16 & 8	**87**	**69 & 46 & 23**
43	25 & 17 & 8	88	70 & 46 & 23
44	26 & 18 & 9	**89**	**72 & 48 & 24**
45	**27 & 18 & 9**	90	74 & 50 & 25

No age adjustment permitted for this table

Table 20.13

APPORTIONMENT

Impairment Rating	Apportioned in Ratio 1:1:1:1	Impairment Rating	Apportioned in Ratio 1:1:1:1
1	1 & 0 & 0 & 0	46	15 & 14 & 14 & 14
2	1 & 1 & 0 & 0	47	15 & 15 & 14 & 14
3	1 & 1 & 1 & 0	**48**	**15 & 15 & 15 & 15**
4	**1 & 1 & 1 & 1**	49	16 & 15 & 15 & 15
5	2 & 1 & 1 & 1	**50**	**16 & 16 & 16 & 16**
6	2 & 2 & 1 & 1	51	17 & 17 & 16 & 16
7	2 & 2 & 2 & 1	52	17 & 17 & 17 & 16
8	**2 & 2 & 2 & 2**	**53**	**17 & 17 & 17 & 17**
9	3 & 2 & 2& 2	54	18 & 17 & 17 & 17
10	3 & 3 & 2 & 2	**55**	**18 & 18 & 18 & 18**
11	3 & 3 & 3 & 2	**56**	**19 & 18 & 18 & 18**
12	**3 & 3 & 3 & 3**	**57**	**19 & 19 & 19 & 19**
13	4 & 3 & 3 & 3	58	20 & 20 & 19 & 19
14	4 & 4 & 3 & 3	**59**	**20 & 20 & 20 & 20**
15	4 & 4 & 4 & 3	60	21 & 20 & 20 & 20
16	**4 & 4 & 4 & 4**	**61**	**21 & 21 & 21 & 21**
17	5 & 5 & 4 & 4	62	22 & 22 & 22 & 21
18	5 & 5 & 5 & 4	**63**	**22 & 22 & 22 & 22**
19	**5 & 5 & 5 & 5**	**64**	**23 & 23 & 22 & 22**
20	6 & 6 & 5 & 5	**65**	**23 & 23 & 23 & 23**
21	6 & 6 & 6 & 5	66	24 & 24 & 24 & 23
22	**6 & 6 & 6 & 6**	**67**	**24 & 24 & 24 & 24**
23	7 & 6 & 6 & 6	68	25 & 25 & 25 & 24
24	7 & 7 & 6 & 6	**69**	**25 & 25 & 25 & 25**
25	7 & 7 & 7 & 6	**70**	**26 & 26 & 26 & 26**
26	**7 & 7 & 7 & 7**	71	27 & 27 & 26 & 26
27	8 & 8 & 8 & 7	**72**	**27 & 27 & 27 & 27**
28	**8 & 8 & 8 & 8**	**73**	**28 & 28 & 28 & 28**
29	9 & 8 & 8 & 8	74	29 & 29 & 28 & 28
30	9 & 9 & 9 & 8	**75**	**29 & 29 & 29 & 29**
31	**9 & 9 & 9 & 9**	**76**	**30 & 30 & 30 & 30**
32	**10 & 9 & 9 & 9**	**77**	**31 & 31 & 31 & 31**
33	10 & 10 & 9 & 9	78	32 & 31 & 31 & 31
34	**10 & 10 & 10 & 10**	**79**	**32 & 32 & 32 & 32**
35	11 & 10 & 10 & 10	**80**	**33 & 33 & 33 & 33**
36	11 & 11 & 10 & 10	**81**	**34 & 34 & 34 & 34**
37	11 & 11 & 11 & 10	**82**	**35 & 35 & 35 & 35**
38	**11 & 11 & 11 & 11**	**83**	**36 & 36 & 36 & 36**
39	12 & 11 & 11 & 11	**84**	**37 & 37 & 37 & 37**
40	**12 & 12 & 12 & 12**	**85**	**38 & 38 & 38 & 38**
41	13 & 13 & 12 & 12	**86**	**39 & 39 & 39 & 39**
42	13 & 13 & 13 & 12	**87**	**40 & 40 & 40 & 40**
43	**13 & 13 & 13 & 13**	**88**	**41 & 41 & 41 & 41**
44	14 & 14 & 14 & 13	89	43 & 42 & 42 & 42
45	**14 & 14 & 14 & 14**	**90**	**43 & 43 & 43 & 43**

No age adjustment permitted for this table

CHAPTER 21

PAIRED ORGANS POLICY

INTRODUCTION

The paired organs policy recognises that impairment of the function of only one of a pair of organs can place greater importance on the proper function of the other organ, impairment of which is therefore more disabling than it would otherwise have been.

The policy is to be applied only if the *maximum possible* impairment from the loss of both organs is more than double the *maximum possible* impairment from the loss of one organ; *and* the accepted conditions impair the function of only one organ of a pair. Thus it is applied to hearing, vision, renal function, and the function of testes, ovaries, and adrenals. It is not to be applied to limbs, since the loss of functional unity of the limbs has been allowed for in the impairment ratings of Chapter 3. Chapter 21 is not to be used for hearing loss, as the steps for applying the paired organs policy to hearing loss are contained in Chapter 7 (Ear, Nose, and Throat Impairment).

Applying the paired organs policy

Follow the steps below to calculate the degree of impairment under the paired organs policy.

STEP 1	Multiply by 2 the impairment rating for the impairment due to the accepted condition to which the paired organs policy applies.
STEP 2	Find the total impairment rating for the relevant paired organs.
STEP 3	Compare the ratings obtained in Steps 1 and 2. Take the lesser rating. This is the final impairment rating for the paired organ.

Example

A veteran has a combined monocular assessment of 20 points for an accepted condition of the left eye, and a binocular impairment rating of 35. In Step 1 the 20 points are multiplied by two to get 40 points. This is compared with the binocular impairment rating, and the lesser taken. The veteran therefore gets 35 points after application of the paired organs policy, instead of the 20 points which would have been given if the policy had not applied.

CHAPTER 22

LIFESTYLE EFFECTS

INTRODUCTION

This chapter is to be used to assess lifestyle effects of accepted conditions.

What is a lifestyle effect?

A lifestyle effect is a disadvantage, resulting from an accepted condition, that limits or prevents the fulfilment of a role that is normal for a veteran of the same age without the accepted condition.

Optional methods of assessment

There are three optional methods of assessing lifestyle effects. The veteran may choose which of these methods is to be used for his or her assessment. Except where otherwise indicated, the determining authority is to make its assessment on the basis of the last choice made by the veteran and notified to the determining authority. Where no option has been or can be chosen, the determining authority is to determine a lifestyle rating by following the procedure described under "Option 2" below.

Option 1 allows a veteran to self-assess the effects of the accepted conditions on his or her lifestyle. The veteran must complete a Lifestyle Rating Self Assessment Form. The form covers the four key components of lifestyle (personal relationships, mobility, recreational and community activities, and employment and domestic activities) and is in accord with Tables 22.1 to 22.5.

The self-assessed rating should not usually be queried although further information may be requested if necessary. It is expected that the self-assessed lifestyle rating would be broadly consistent with the level of impairment. A determining authority may reject a self-assessment of lifestyle rating because it *overestimates*, or *underestimates*, the level of rating that is broadly consistent with the level of impairment from accepted conditions.

If a determining authority rejects a veteran's self assessment on the ground that it is an underassessment, the determining authority is to substitute its own lifestyle rating for the one chosen by the veteran, provided that the new rating is higher than the original self-assessed rating.

If a determining authority rejects a veteran's self assessment on the ground that it is an overassessment, the veteran is to be given a second opportunity to complete a Lifestyle Questionnaire. If after having been given the opportunity the veteran completes a Lifestyle Questionnaire, the determining authority is to determine a new lifestyle rating by following the procedure described under "Option 3" below. If after having been given the opportunity the veteran does not complete a Lifestyle Questionnaire, the determining authority is to determine a new lifestyle rating by following the procedure described under "Option 2" below.

Option 2 is to be used if the veteran chooses not to self-assess or to complete a Lifestyle Questionnaire. Under this option the determining authority should generally allocate a lifestyle rating based on the level of medical impairment. This rating is not to be less than the higher of the ratings

Federal Register of Legislative Instruments F2005L01293

contained in the “shaded area” of Tables 23.1 and 23.2 in Chapter 23 (Calculating Permanent Impairment Compensation).

In unusual cases the determining authority may, in the light of information available to it, decide to allocate a rating in excess of the higher of the ratings contained in the “shaded area” of Tables 23.1 and 23.2 in Chapter 23 (Calculating Permanent Impairment Compensation).

Option 3 is to be used if the veteran completes a Lifestyle Questionnaire. The determining authority is to use the information in the completed Lifestyle Questionnaire, together with all other relevant information available to it, to allocate ratings in accordance with Tables 22.1 to 22.5. The ratings are to reflect the impact of the impairment from accepted conditions on the four key components of a person’s lifestyle (personal relationships, mobility, recreational and community activities, and employment and domestic activities).

How are lifestyle effects assessed?

The effects of impairment on lifestyle are specific to a veteran. and are determined by reference to four components of that veteran’s life:

- personal relationships,
- mobility,
- recreational and community activities, and
- employment and domestic activities.

All are of equal weight.

Pain, suffering, impaired memory or concentration, or interference with sleep or sleeping arrangements, that result from the accepted conditions must be taken into account. The rating that best accommodates the veteran’s circumstances is to be selected from the descriptions in Tables 22.1 to 22.5.

The criteria in the Lifestyle Rating Self Assessment Form are the same as the criteria in Tables 22.1 to 22.5. Ratings are based on a progressive scale of 0–7 (with the exception of Table 22.5 in which the scale ranges from 0–5). A zero rating indicates that a veteran’s lifestyle is only negligibly affected by the accepted conditions. A rating of 7 indicates that the effect of the accepted conditions on a veteran’s lifestyle is of the utmost severity.

Calculation of lifestyle rating

Follow the steps below to calculate the lifestyle rating, except in those cases where the veteran has made a self-assessment that has been accepted.

STEP 1	Determine the lifestyle rating from each of Tables 22.1, 22.2, 22.3, 22.4 and 22.5.
STEP 2	Compare the lifestyle ratings obtained from Tables 22.4 and 22.5. Take the higher rating.
STEP 3	Add together the lifestyle ratings from Tables 22.1, 22.2, 22.3 and the lifestyle rating obtained in Step 2.
STEP 4	Divide the number obtained in Step 3 by four. The result of the division is to be rounded to the nearest integer. The fraction of 0.5 is to be rounded up. This is the final lifestyle rating to be used in the assessment.

PERSONAL RELATIONSHIPS

"Personal relationships" refers to the veteran's ability to take part in and maintain customary social, sexual and interpersonal relationships.

To determine the effect on personal relationships, it is necessary to establish how the physical and psychological effects of accepted conditions affect the veteran's ability to interact socially with others.

Lifestyle Effects Table 22.1		⚥
PERSONAL RELATIONSHIPS		
Ratings	**Criteria**	
NIL	No or negligible effect on personal and social relationships. Relationships are satisfying, with full participation in accustomed social and personal activities.	
ONE	Personal and social relationships are fairly satisfying. Intermittent disadvantages may inhibit, but not prevent participation in accustomed range of social and personal activities.	
TWO	Mildly affected personal and social relationships. Social contacts and activities are reduced, veteran's participation in the accustomed range of activities is restricted.	
THREE	Moderately affected personal and social relationships. Relationships usually confined to family, close friends, colleagues and neighbours. Unable to relate to casual acquaintances.	
FOUR	Markedly affected relationships. Most relations are unsatisfying, maintenance of usual relations with relatives, friends, neighbours and colleagues is difficult. Much less time is spent socialising than was the case formerly.	
FIVE	Severely affected relationships. Able to relate only to particular, or few people, eg spouse or children. These remaining relationships are strained and of low quality.	
SIX	Extreme difficulty in relating to anyone, for example: • difficulties in relating because of psychosis; or • social interaction limited to carer(s) due to confinement; or ability to communicate is restricted due to stroke or other effect of accepted conditions.	
SEVEN	Unable to relate to anyone. All relationships are prevented.	
	One rating from this table is to be selected.	

No age adjustment permitted for this table

MOBILITY

The mobility rating measures the effects of the accepted conditions on the veteran's mobility. "Mobility" refers to the veteran's ability to move about effectively in carrying out the ordinary activities of life. It allows for the veteran's ability to use available forms of transport. Lack of public transport is not to be taken into account.

Both physical and psychological impediments to mobility are to be taken into account when applying Table 22.2. Restrictions on mobility due to mental health factors (e.g. agoraphobia, claustrophobia, dementia, anxiety, confusion, etc), or sensory deficit (e.g. hearing loss, or reduced vision) should be rated in the same way as the more obvious restrictions due to physical impairment.

Lifestyle Effects Table 22.2		⚥
MOBILITY		
Allowance for accepted mental conditions is possible in the rating of effects on mobility and hence on lifestyle.		
Ratings	**Criteria**	
NIL	No or minimal restrictions of mobility, ie full mobility.	
ONE	Intermittent or periodic effects on mobility: • mobility affected only when impairment eg migraine, angina, sciatica, or panic attack, is present. Between attacks there are no restrictions; • if there is permanent impairment, eg night blindness, the effect is only sporadically limiting.	
TWO	Mild effects on mobility, eg slowing of pace in some circumstances, or need for a walking stick.	
THREE	Moderately reduced mobility: • mobility curtained or diminished because of frailty, lack of confidence; or moderate agoraphobia; • travel as a passenger, in private and public transport, possible in most circumstances without undue difficulty ('undue difficulty' not being the need for a break in travel or for special seating arrangements); • dependent on a walking stick or similar device. Independent in leaving home and reaching destination, but has some difficulty.	
FOUR	Markedly reduced mobility: • assistance is needed to cope with public or private transport; • there is considerable difficulty in travelling from home to destination; • restricted in the use of at least two forms of public transport..	
FIVE	Major impediments to mobility: • dependent upon others, or mechanical devices such as wheelchairs; • unable to use most forms of public transport; • able to drive a car only in a situation of emergency and then only for a short distance.	
SIX	Severe impediments to mobility: • restricted to home and immediate vicinity, unless door to door transport and assistance from others are provided; • unable to drive a car in any circumstances whatever.	
SEVEN	Restricted to room or chair: • severe agoraphobia permanently confines veteran to home; • dependent upon others, or hoists or similar appliances, for getting in and out of bed.	
	One rating from this table is to be selected.	

No age adjustment permitted for this table

RECREATIONAL AND COMMUNITY ACTIVITIES

This refers to the ability to take part in any activities of the veteran's choosing.

A recreational rating is based on the veteran's normal recreational and community activities and measures the limitation placed by the accepted conditions on the ability to continue those activities. The table takes into account the veteran's need to modify recreational pursuits or to seek alternatives. Community activities include welfare work in a voluntary capacity.

Lifestyle Effects Table 22.3		⚥

RECREATIONAL AND COMMUNITY ACTIVITIES	
Ratings	**Criteria**
NIL	Able to undertake the full range of usual recreational pursuits and community activities.
ONE	Intermittent interference with recreational pursuits and community activities. Between episodes is able to continue with the range of accustomed recreational pursuits and community activities.
TWO	Mild but constant interference with accustomed recreational pursuits and community activities, but is able to continue with them — even if less frequently — or to enjoy alternatives.
THREE	Unable to continue some accustomed recreational pursuits and community activities, for example: • competition sporting activities (golf, tennis, bowls, etc) but is still able to enjoy most other activities (camping out, hobbies, going visiting, watching sport, etc); • unable to perform some community or voluntary activities involving physical activity (eg working bees) but is still able to participate in most other activities including welfare work, fund raising work etc.
FOUR	Unable to take part in formerly favoured recreational pursuits, leisure and community activities, but less physical activities are possible, for example: • restricted to generally non-active interests (eg music, art, stamp or coin collecting, attending clubs, etc); and • unable to participate in accustomed activities (eg camping, going for long walks, fishing, voluntary activities such as meals on wheels).
FIVE	Greater reduction in the number and kind of recreational activities which can be undertaken; some assistance is needed to undertake those which are still possible, for example: • can only visit or go out if taken to and from destination; • finds doing a hobby or relaxing (for example, stamp collecting, art & crafts, playing or listening to music, playing cards, etc.) difficult to enjoy due to pain, suffering, or loss of dexterity.
SIX	Able to engage in only a very few satisfying recreational activities. Restricted to a few passive activities such as watching TV, listening to radio, reading or receiving visitors.
SEVEN	Unable to take part in any recreational activities.
	One rating from this table is to be selected.

No age adjustment permitted for this table

DOMESTIC AND EMPLOYMENT ACTIVITIES

There are two tables for this lifestyle component. A lifestyle rating is to be selected from each table, where applicable, and the higher of the two lifestyle ratings is to be chosen as the lifestyle rating for domestic and employment activities.

Domestic Activities

"Domestic activity" refers to the veteran's ability to sustain effective routines in a domestic environment. Only the impact of accepted conditions on the ability to engage in domestic activity is to be taken into account: the veteran's inability to do domestic work for some other reason (for example, choice, habit, inexperience, lack of skill) is not to be taken into account.

Lifestyle Effects **Table 22.4**		⚥
DOMESTIC ACTIVITIES		
Ratings	**Criteria**	
NIL	Able to sustain any usual activities.	
ONE	Intermittent effects of accepted disablement on usual activity.	
TWO	Able to carry out accustomed tasks, but has difficulty with some heavier tasks, for example: • has difficulty with heavy gardening activities such as digging, pruning trees etc.	
THREE	Unable to perform heavy activities, but able to carry out lighter household tasks, taking breaks during sustained activity, for example: • mowing the lawn; • washing the car; • performing light maintenance or gardening activities if working at own pace, taking breaks as necessary.	
FOUR	Unable to carry out a full range of normal household activities, particularly some moderate tasks which require exertion. Needs assistance with some activities, for example: • vacuuming carpets, cleaning floors, or mowing lawns; • home repairs and maintenance, etc.	
FIVE	Limitation of household activity to a small range of light tasks, for example: • watering the garden but has difficulty in weeding or pruning; • able to do some light household activities but has difficulty bending to make beds, or in putting out the rubbish bin; • requires assistance with grocery shopping.	
SIX	Able to carry out only very limited domestic activities, usually a restricted range of indoor activities. May require supervision in carrying out such activities, for example: • able to do very light tidying, dusting but unable to cook or prepare meals; • has difficulty standing to set table or wash dishes.	
SEVEN	Total dependency upon others for domestic tasks.	
	One rating from this table is to be selected.	

No age adjustment permitted for this table

Employment Activities

"Employment activities" refers to the veteran's ability to work. An employment rating is based on the effects of the accepted conditions on the ability to work for remuneration. It should take into account any necessary changes or modifications to employment or the workplace.

Ratings from Table 22.5 do not confer on the veteran an earnings related benefit, but are intended to compensate for the adverse effects (other than loss of income) of unemployment, reduced employment, or diminished quality of working life.

There are only six criteria on Table 22.5.

Lifestyle Effects Table 22.5		⚥
EMPLOYMENT ACTIVITIES		
Ratings	**Criteria**	
NIL	Able to engage in usual employment.	
ONE	Able to carry out usual employment that is affected intermittently.	
TWO	Able to follow accustomed employment but difficulty is experienced in carrying out full range of occupational activities.	
THREE	Unable to follow accustomed employment without modification to workplace, provision of aids or restructuring of tasks.	
FOUR	Either unable to work full time in normal occupation, or has had to change occupation or number of hours worked, or both, because of the accepted conditions.	
FIVE	Unable to work.	
	One rating from this table is to be selected.	

No age adjustment permitted for this table

Chapter 23

CALCULATING PERMANENT IMPAIRMENT COMPENSATION

Section 67 of the *Military Rehabilitation and Compensation Act 2004* provides that this Guide can specify how the Military Rehabilitation and Compensation Commission is to determine the compensation payable to a person under Part 2 of that Act.

Different factors apply for any combination of impairment (no rounding up or down) and lifestyle effect (where rounding to nearest integer is allowed). Once a rating of 80 impairment points is achieved no lifestyle needs to be calculated as this rating pays the maximum weekly payment under the Act. The maximum payment is payable at 80 impairment points for all types of service.

Warlike, non-warlike and peacetime service

Table 1 is for warlike and non-warlike service. Table 2 is for peacetime service. The factors for warlike and non-warlike service reflect a premium where impairment has resulted from that service rather than peacetime service.

The differential lessens as impairment rates over 50 points are reached. Impairment of 80 or more points attracts the same level of compensation regardless of the nature of the service that gave rise to the injury or disease.

How to calculate a weekly compensation payment

Petty Officer Andrews is 28 when she applies for compensation. It is determined that she has incapacity caused by an injury suffered on non-warlike service. She is assessed as having an impairment rating of 15 and 1 lifestyle point.

From the table for non-warlike service the factor for her injury is .155.

The maximum payment is $245.82 per week. When this amount is factored she is entitled to $38.10 per week (note that the maximum payment amount is indexed annually on 1 July).

Combining impairment ratings

If all accepted conditions have been given impairment ratings, the ratings are to be combined by applying Table 18.1 (Combined Values Chart) in this Guide.

Details on how to apply Table 18.1 are given in Chapter 18.

However, the combined impairment rating obtained by applying Table 18.1 (Combined Values Chart) is not to be rounded. Rounding is unnecessary since impairment periodic payments are based on whatever impairment rating is determined and are not in multiples of 5 or 10 as in the VEA.

Determining the factor for compensation payment

The combined impairment rating which is obtained by applying Chapter 18 (Combined Values Chart) is to be combined with the lifestyle rating on either the Warlike and Non-warlike Factors Table (Table 23.1) or the Peacetime Factors Table (Table 23.2). This is to determine the factor to be multiplied by the maximum lump sum payment available under the Act.

A veteran's lifestyle rating is expected to be broadly consistent with the degree of medical impairment from accepted conditions as measured by the Combined Impairment Rating. In most cases a lifestyle rating that falls within the shaded area of Tables 23.1 and 23.2 will satisfy the requirement of broad consistency. There may be exceptional cases and, in accordance with Chapter 22 of this Guide, a lifestyle rating outside the shaded area may be allocated.

Where a member or former member has two or more types of service and different conditions under each then the instructions on "Combined Ratings" apply.

Table 23.1: COMPENSATION FACTORS FOR CALCULATING PERMANENT IMPAIRMENT COMPENSATION - WARLIKE AND NON-WARLIKE SERVICE

	Lifestyle							
Impairment	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
5	0.044	0.067	0.089	0.111	0.133	0.156	0.178	0.200
6	0.053	0.075	0.098	0.120	0.142	0.165	0.187	0.209
7	0.062	0.084	0.107	0.129	0.151	0.173	0.196	0.218
8	0.071	0.093	0.115	0.138	0.160	0.182	0.205	0.227
9	0.080	0.102	0.124	0.147	0.169	0.191	0.213	0.236
10	0.088	0.111	0.133	0.155	0.178	0.200	0.222	0.245
11	0.097	0.120	0.142	0.164	0.187	0.209	0.231	0.253
12	0.106	0.128	0.151	0.173	0.195	0.218	0.240	0.262
13	0.115	0.137	0.160	0.182	0.204	0.227	0.249	0.271
14	0.124	0.146	0.168	0.191	0.213	0.235	0.258	0.280
15	0.133	0.155	0.177	0.200	0.222	0.244	0.267	0.289
16	0.142	0.164	0.186	0.208	0.231	0.253	0.275	0.298
17	0.150	0.173	0.195	0.217	0.240	0.262	0.284	0.307
18	0.159	0.182	0.204	0.226	0.248	0.271	0.293	0.315
19	0.168	0.190	0.213	0.235	0.257	0.280	0.302	0.324
20	0.177	0.199	0.222	0.244	0.266	0.288	0.311	0.333
21	0.186	0.208	0.230	0.253	0.275	0.297	0.320	0.342
22	0.195	0.217	0.239	0.262	0.284	0.306	0.328	0.351
23	0.203	0.226	0.248	0.270	0.293	0.315	0.337	0.360
24	0.212	0.235	0.257	0.279	0.302	0.324	0.346	0.368
25	0.221	0.243	0.266	0.288	0.310	0.333	0.355	0.377
26	0.230	0.252	0.275	0.297	0.319	0.342	0.364	0.386
27	0.239	0.261	0.283	0.306	0.328	0.350	0.373	0.395
28	0.248	0.270	0.292	0.315	0.337	0.359	0.382	0.404
29	0.257	0.279	0.301	0.323	0.346	0.368	0.390	0.413
30	0.265	0.288	0.310	0.332	0.355	0.377	0.399	0.422
31	0.274	0.297	0.319	0.341	0.363	0.386	0.408	0.430
32	0.283	0.305	0.328	0.350	0.372	0.395	0.417	0.439
33	0.292	0.314	0.337	0.359	0.381	0.403	0.426	0.448
34	0.301	0.323	0.345	0.368	0.390	0.412	0.435	0.457
35	0.310	0.332	0.354	0.377	0.399	0.421	0.443	0.466
36	0.318	0.341	0.363	0.385	0.408	0.430	0.452	0.475
37	0.327	0.350	0.372	0.394	0.417	0.439	0.461	0.483
38	0.336	0.358	0.381	0.403	0.425	0.448	0.470	0.492
39	0.345	0.367	0.390	0.412	0.434	0.457	0.479	0.501
40	0.354	0.376	0.398	0.421	0.443	0.465	0.488	0.510
41	0.363	0.385	0.407	0.430	0.452	0.474	0.497	0.519
42	0.372	0.394	0.416	0.438	0.461	0.483	0.505	0.528
43	0.380	0.403	0.425	0.447	0.470	0.492	0.514	0.537
44	0.389	0.412	0.434	0.456	0.478	0.501	0.523	0.545

	Lifestyle							
Impairment	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
45	0.398	0.420	0.443	0.465	0.487	0.510	0.532	0.554
46	0.407	0.429	0.452	0.474	0.496	0.518	0.541	0.563
47	0.416	0.438	0.460	0.483	0.505	0.527	0.550	0.572
48	0.425	0.447	0.469	0.492	0.514	0.536	0.558	0.581
49	0.434	0.456	0.478	0.500	0.523	0.545	0.567	0.590
50	0.442	0.465	0.487	0.509	0.532	0.554	0.576	0.598
51	0.461	0.483	0.504	0.526	0.547	0.569	0.590	0.612
52	0.480	0.500	0.521	0.542	0.563	0.584	0.604	0.625
53	0.498	0.518	0.538	0.558	0.578	0.598	0.619	0.639
54	0.517	0.536	0.555	0.575	0.594	0.613	0.633	0.652
55	0.535	0.554	0.572	0.591	0.610	0.628	0.647	0.665
56	0.554	0.572	0.590	0.607	0.625	0.643	0.661	0.679
57	0.572	0.590	0.607	0.624	0.641	0.658	0.675	0.692
58	0.591	0.607	0.624	0.640	0.656	0.673	0.689	0.706
59	0.610	0.625	0.641	0.656	0.672	0.688	0.703	0.719
60	0.628	0.643	0.658	0.673	0.688	0.703	0.717	0.732
61	0.647	0.661	0.675	0.689	0.703	0.717	0.732	0.746
62	0.665	0.679	0.692	0.706	0.719	0.732	0.746	0.759
63	0.684	0.697	0.709	0.722	0.735	0.747	0.760	0.772
64	0.703	0.714	0.726	0.738	0.750	0.762	0.774	0.786
65	0.721	0.732	0.743	0.755	0.766	0.777	0.788	0.799
66	0.740	0.750	0.761	0.771	0.781	0.792	0.802	0.813
67	0.758	0.768	0.778	0.787	0.797	0.807	0.816	0.826
68	0.777	0.786	0.795	0.804	0.813	0.822	0.830	0.839
69	0.796	0.804	0.812	0.820	0.828	0.836	0.845	0.853
70	0.814	0.822	0.829	0.836	0.844	0.851	0.859	0.866
71	0.833	0.839	0.846	0.853	0.859	0.866	0.873	0.880
72	0.851	0.857	0.863	0.869	0.875	0.881	0.887	0.893
73	0.870	0.875	0.880	0.885	0.891	0.896	0.901	0.906
74	0.888	0.893	0.897	0.902	0.906	0.911	0.915	0.920
75	0.907	0.911	0.914	0.918	0.922	0.926	0.929	0.933
76	0.926	0.929	0.932	0.935	0.938	0.941	0.943	0.946
77	0.944	0.946	0.949	0.951	0.953	0.955	0.958	0.960
78	0.963	0.964	0.966	0.967	0.969	0.970	0.972	0.973
79	0.981	0.982	0.983	0.984	0.984	0.985	0.986	0.987
80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

For impairment greater than 80 points, the value is always 1.00.

Table 23.2: COMPENSATION FACTORS FOR CALCULATING PERMANENT IMPAIRMENT COMPENSATION - PEACETIME SERVICE

	Lifestyle							
Impairment	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
5	0.025	0.037	0.050	0.062	0.075	0.087	0.100	0.112
6	0.030	0.042	0.055	0.067	0.080	0.092	0.105	0.117
7	0.035	0.047	0.060	0.072	0.085	0.097	0.110	0.122
8	0.040	0.052	0.065	0.077	0.090	0.102	0.114	0.127
9	0.045	0.057	0.070	0.082	0.094	0.107	0.119	0.132
10	0.050	0.062	0.074	0.087	0.099	0.112	0.124	0.137
11	0.054	0.067	0.079	0.092	0.104	0.117	0.129	0.142
12	0.059	0.072	0.084	0.097	0.109	0.122	0.134	0.147
13	0.064	0.077	0.089	0.102	0.114	0.127	0.139	0.152
14	0.069	0.082	0.094	0.107	0.119	0.132	0.144	0.157
15	0.074	0.087	0.099	0.112	0.124	0.137	0.149	0.162
16	0.079	0.092	0.104	0.117	0.129	0.142	0.154	0.167
17	0.084	0.097	0.109	0.122	0.134	0.147	0.159	0.172
18	0.089	0.102	0.114	0.127	0.139	0.152	0.164	0.176
19	0.094	0.107	0.119	0.131	0.144	0.156	0.169	0.181
20	0.099	0.111	0.124	0.136	0.149	0.161	0.174	0.186
21	0.104	0.116	0.129	0.141	0.154	0.166	0.179	0.191
22	0.109	0.121	0.134	0.146	0.159	0.171	0.184	0.196
23	0.114	0.126	0.139	0.151	0.164	0.176	0.189	0.201
24	0.119	0.131	0.144	0.156	0.169	0.181	0.194	0.206
25	0.124	0.136	0.149	0.161	0.174	0.186	0.199	0.211
26	0.129	0.141	0.154	0.166	0.179	0.191	0.204	0.216
27	0.134	0.146	0.159	0.171	0.184	0.196	0.209	0.221
28	0.139	0.151	0.164	0.176	0.189	0.201	0.213	0.226
29	0.144	0.156	0.169	0.181	0.193	0.206	0.218	0.231
30	0.149	0.161	0.173	0.186	0.198	0.211	0.223	0.236
31	0.153	0.166	0.178	0.191	0.203	0.216	0.228	0.241
32	0.158	0.171	0.183	0.196	0.208	0.221	0.233	0.246
33	0.163	0.176	0.188	0.201	0.213	0.226	0.238	0.251
34	0.168	0.181	0.193	0.206	0.218	0.231	0.243	0.256
35	0.173	0.186	0.198	0.211	0.223	0.236	0.248	0.261
36	0.178	0.191	0.203	0.216	0.228	0.241	0.253	0.266
37	0.183	0.196	0.208	0.221	0.233	0.246	0.258	0.271
38	0.188	0.201	0.213	0.226	0.238	0.251	0.263	0.275
39	0.193	0.206	0.218	0.230	0.243	0.255	0.268	0.280
40	0.198	0.210	0.223	0.235	0.248	0.260	0.273	0.285
41	0.203	0.215	0.228	0.240	0.253	0.265	0.278	0.290
42	0.208	0.220	0.233	0.245	0.258	0.270	0.283	0.295
43	0.213	0.225	0.238	0.250	0.263	0.275	0.288	0.300
44	0.218	0.230	0.243	0.255	0.268	0.280	0.293	0.305

	Lifestyle							
Impairment	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
45	0.223	0.235	0.248	0.260	0.273	0.285	0.298	0.310
46	0.228	0.240	0.253	0.265	0.278	0.290	0.303	0.315
47	0.233	0.245	0.258	0.270	0.283	0.295	0.308	0.320
48	0.238	0.250	0.263	0.275	0.288	0.300	0.312	0.325
49	0.243	0.255	0.268	0.280	0.292	0.305	0.317	0.330
50	0.248	0.260	0.272	0.285	0.297	0.310	0.322	0.335
51	0.273	0.285	0.297	0.309	0.321	0.333	0.345	0.357
52	0.298	0.309	0.321	0.333	0.344	0.356	0.368	0.379
53	0.323	0.334	0.345	0.356	0.368	0.379	0.390	0.401
54	0.348	0.359	0.369	0.380	0.391	0.402	0.413	0.424
55	0.373	0.383	0.394	0.404	0.415	0.425	0.435	0.446
56	0.398	0.408	0.418	0.428	0.438	0.448	0.458	0.468
57	0.423	0.433	0.442	0.452	0.461	0.471	0.480	0.490
58	0.448	0.457	0.466	0.476	0.485	0.494	0.503	0.512
59	0.473	0.482	0.491	0.499	0.508	0.517	0.526	0.534
60	0.498	0.507	0.515	0.523	0.532	0.540	0.548	0.557
61	0.523	0.531	0.539	0.547	0.555	0.563	0.571	0.579
62	0.549	0.556	0.563	0.571	0.578	0.586	0.593	0.601
63	0.574	0.581	0.588	0.595	0.602	0.609	0.616	0.623
64	0.599	0.605	0.612	0.619	0.625	0.632	0.639	0.645
65	0.624	0.630	0.636	0.642	0.649	0.655	0.661	0.667
66	0.649	0.655	0.660	0.666	0.672	0.678	0.684	0.690
67	0.674	0.679	0.685	0.690	0.696	0.701	0.706	0.712
68	0.699	0.704	0.709	0.714	0.719	0.724	0.729	0.734
69	0.724	0.729	0.733	0.738	0.742	0.747	0.752	0.756
70	0.749	0.753	0.757	0.762	0.766	0.770	0.774	0.778
71	0.774	0.778	0.782	0.785	0.789	0.793	0.797	0.800
72	0.799	0.803	0.806	0.809	0.813	0.816	0.819	0.823
73	0.824	0.827	0.830	0.833	0.836	0.839	0.842	0.845
74	0.850	0.852	0.854	0.857	0.859	0.862	0.864	0.867
75	0.875	0.877	0.879	0.881	0.883	0.885	0.887	0.889
76	0.900	0.901	0.903	0.905	0.906	0.908	0.910	0.911
77	0.925	0.926	0.927	0.928	0.930	0.931	0.932	0.933
78	0.950	0.951	0.951	0.952	0.953	0.954	0.955	0.956
79	0.975	0.975	0.976	0.976	0.977	0.977	0.977	0.978
80	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

For impairment greater than 80 points, the value is always 1.00.

Combined ratings

If the two service-caused conditions lead to impairment ratings of ***A*** for warlike (or non-warlike) service and ***B*** for peacetime service, then the compensation payable will be a weighted average. This is determined on the amount that would be paid if they both were caused by warlike (or non-warlike) and both by peacetime service. The weights used are the impairment ratings ***A*** and ***B***. If the combined impairment is ***C*** (see Chapter 18) and the lifestyle effect is ***L***, this can be expressed as:

$$CF^{final}(\boldsymbol{C},\boldsymbol{L}) = \frac{\boldsymbol{A} * CF^{wl}(\boldsymbol{C},\boldsymbol{L}) + \boldsymbol{B} * CF^{pt}(\boldsymbol{C},\boldsymbol{L})}{(\boldsymbol{A} + \boldsymbol{B})}$$

where the CF values for warlike (or non-warlike) and peacetime service are taken from the relevant tables the final value of CF is applied to determine the final level of compensation.

Captain Brown has two conditions, a gastro-intestinal condition (**A**) resulting from warlike service assessed as 20 impairment points and a spinal injury (**B**) resulting from peacetime service assessed as 30 impairment points.

The lifestyle rating (**L**) from these conditions is 4.

The combined impairment rating (**C**) is 44.

The compensation factor that would be applied if both conditions resulted from warlike service would be 0.478.

If both conditions resulted from peacetime service it would be 0.268.

The weighted average, using the above formula, is (20 * 0.478 + 30 * 0.268)/(20 + 30) or 0.352.

The maximum compensation payable of $245.82 is multiplied by this factor to give a periodic payment of $86.53 per week.

Note: If the gastro-intestinal condition had arisen from peacetime service and the spinal condition from warlike service, with the same impairment and lifestyle ratings, the final compensation factor would be (30 * 0.478 + 20 * 0.268)/(30 + 20) or 0.394, with a periodic payment of $96.85 per week.

Chapter 24

CONVERTING WEEKLY SUMS INTO LUMP SUMS

Once the MRCC determines that compensation is payable under any of sections 68, 71 or 75(2) of the Act it must notify the claimant of the weekly amount of compensation and advise if it may be converted wholly or partly into a lump sum.

A member may accept the weekly payment for life or convert all or part of it to a lump sum using factors approved by the Australian Government Actuary.

The convertible amount

The **convertible amount** (see section 78) is the weekly amount of compensation that is payable.

If the **convertible amount** is less than 10% of the maximum weekly amount payable under the *Military Rehabilitation and Compensation Act 2004*, the person may convert the entire amount to a lump sum.

If the **convertible amount** is at least 10% but not more than 20% of the maximum weekly amount payable under the Act then the person may convert 50% or 100% to a lump sum.

If the **convertible amount** is more than 20% of the maximum weekly amount payable under the Act then the person may convert 25%, 50%, 75% or 100% to a lump sum.

Chapter 25

METHOD OF WORKING OUT THE AMOUNT OF COMPENSATION PAYABLE UNDER THE MRCA FOR A PERSON WITH A VEA OR SRCA INJURY OR DISEASE

This Chapter deals with situations where an injury or disease (***the condition***) has been accepted under the VEA or the SRCA before a claim is made under the MRCA. The claim under the MRCA may be for a new condition unrelated to the first or for an aggravation of the pre-existing condition. The method to deal with amounts of compensation already paid for the condition and the amount due under the MRCA now or later is described below.

Bringing across impairment points from an unrelated VEA injury or disease

A claim made under section 319 of the MRCA may result in liability for an injury or disease being accepted and compensation payable. Where a person entitled to a payment under MRCA in respect of permanent impairment is also entitled to a payment of disability pension under the VEA, or has an accepted condition under the VEA, the combined impairment must be determined under the MRCA using this Guide. An accepted condition under the VEA is referred to as **the old injury or disease**.

The MRCA claim may not result in a greater impairment rating, or result in a compensation periodic payment because it is too small to meet the threshold value. It may also be that it is only a temporary change. In the latter case liability is established for the purpose of paying incapacity payments.

In order to decide whether or not compensation is payable under the MRCA the impairment resulting from any old injury or disease must be determined using this Guide, as at the date of the MRCA determination. The points so derived for the old injury or disease must then be combined with those attributable to the injury or disease claimed under the MRCA using the combined impairment table to determine the overall impairment assessment for the purpose of the MRCA.

IR—Impairment Rating
V—Old VEA injury or disease
M—MRCA injury or disease

Total IR(V + M) = combined [IR(V) + IR(M)]

Determine the lifestyle effect of both V and M taken together.

Calculate the MRCA periodic payment for the resulting total impairment ratings and lifestyle effects in $/week.

Subtract VEA disability pension payment in $/week.

The remainder is the net MRCA periodic payment.

The net MRCA periodic payment is the periodic payment due to the claimant because of the effects of the MRCA injury or disease. The VEA disability pension continues in payment for life. The net periodic payment under the MRCA continues for life.

The net MRCA periodic payment, but not the VEA disability pension, can be converted to a lump sum in accordance with section 78 of the MRCA.

Federal Register of Legislative Instruments F2005L01293

Bringing across impairment points from a VEA injury or disease that is aggravated

A claim can be made under section 319 is in respect of the cause, aggravation or material contribution to **the old injury or disease**. The combined impairment must be determined under the MRCA using this Guide.

A claim can be made for the aggravation or material contribution to the signs or symptoms of such an **injury or disease** because of section 30 of the MRCA.

The MRCA claim may not result in a greater impairment rating, or result in a compensation periodic payment because it is too small to meet the threshold value. It may also be that it is only a temporary change. In the latter case liability is established for the purpose of paying incapacity payments.

IR—Impairment Rating
V—Old VEA injury or disease
V*—MRCA injury or disease (aggravation of V)

IR(V+V*) = impairment rating for the aggravated condition

Determine the lifestyle effect of both V and V* taken together.

Calculate the MRCA periodic payment for the resulting total impairment ratings and lifestyle effects in $/week.

Subtract VEA disability pension payment in $/week.

The remainder is the net MRCA periodic payment.

The net MRCA periodic payment is the periodic payment due to the claimant because of the effects of the MRCA injury or disease. The VEA disability pension continues in payment for life. The net periodic payment under the MRCA continues for life.

The net MRCA periodic payment, but not the VEA disability pension, can be converted to a lump sum in accordance with section 78 of the MRCA.

Bringing across impairment points from an unrelated SRCA injury or disease

A claim made under section 319 of the MRCA may result in liability for an injury or disease being accepted and compensation payable. Where a person entitled to a payment under MRCA in respect of permanent impairment was or is paid a lump sum for permanent impairment under the SRCA or liability for a condition accepted under the SRCA the combined impairment must be determined under the MRCA using this Guide. An accepted liability under the SRCA is referred to as **the old injury or disease**.

This may not result in a greater impairment rating, or result in a compensation periodic payment because it is too small to meet the threshold value. It may also be that it is only a temporary change. In the latter case liability is established for the purpose of paying incapacity payments.

The impairment resulting from any **old injury or disease** must be determined using this Guide as at the date of the MRCA determination. The points so derived for **the old injury or disease** must then be combined using the combined impairment table to determine the overall impairment assessment for the purpose of the MRCA.

IR—Impairment Rating
S—Old SRCA injury or disease
M—MRCA injury or disease

Total IR(S + M) = combined [IR(S) + IR(M)]

Determine the lifestyle effect of both M and S taken together.

The SRCA lump sum, converted to a periodic payment, is subtracted from the MRCA periodic payment to get the net MRCA periodic payment.

In order to calculate the net MRCA periodic payment the SRCA lump sum must be converted to a periodic payment. The SRCA amount is converted to a current lump sum value (by multiplying by the ratio of the current value for maximum SRCA section 24 payment to the value when the lump sum payment was made) and the amount converted to a periodic payment by dividing by an age-based number provided by the Australian Government Actuary for this purpose. The age to be used in applying this age-based number is the age the person was at the time the SRCA lump sum was paid. The amount is indexed annually (on 1 July) using the indexation factor calculated under section 404 of the MRCA.

The net MRCA periodic payments continue for life or can be converted to a lump sum in accordance with section 78 of the MRCA.

Bringing across impairment points from a SRCA injury or disease that is aggravated

A claim can be made under section 319 is in respect of the aggravation or material contribution to **the old injury or disease**, or the aggravation or material contribution to the **signs or symptoms of such an injury or disease**. The total impairment must be determined under the MRCA using this Guide.

This may not result in a greater impairment rating, or result in a compensation periodic payment because it is too small to meet the threshold value. It may also be that it is only a temporary change. In the latter case liability is established for the purpose of paying incapacity payments.

The impairment resulting from any **old injury or disease** must be determined using this Guide as at the date of the MRCA determination. The points so derived for **the old injury or disease** must then be combined using the combined impairment table to determine the overall impairment assessment for the purpose of the MRCA.

IR—Impairment Rating
S—Old SRCA injury or disease
S*—MRCA injury or disease (aggravation of S)
IR(S + S*) = impairment rating for the aggravated condition

Determine the lifestyle effect of both S and S* taken together.

The SRCA lump sum, converted to a periodic payment, is subtracted from the MRCA periodic payment to get the net MRCA periodic payment.

In order to calculate the net MRCA periodic payment the SRCA lump sum must be converted to a periodic payment. The SRCA amount is converted to a current lump sum value (by multiplying by the ratio of the current value for maximum SRCA section 24 payment to the value when the lump sum payment was made) and the amount converted to a periodic payment by dividing by an age-based number provided by the Australian Government Actuary for this purpose. The age to be used in applying this age-based number is the age the person was at the time the SRCA lump sum was paid. The amount is indexed annually (on 1 July) using the indexation factor calculated under section 404 of the MRCA.

The net MRCA periodic payments continue for life or can be converted to a lump sum in accordance with section 78 of the MRCA.