

ALBERTA PERMANENT CLINICAL IMPAIRMENT GUIDE

Effective June 1, 1996

BoD Resolution 96/05/33

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Introduction

The PCI charts and schedules which follow are designed to provide in percentage form, a clinical impairment rating for all compensable injuries. Impairments which fail to match a rating category must be rated on a judgemental basis clearly proportionate to listed ratings.

The charts and schedules are accessed via the listed sections, each of which describes the procedures to be followed in determining the rating for the anatomical or physiological impairment in question.

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DETERMINING PERMANENT CLINICAL IMPAIRMENT AND PERMANENT DISABILITY

I. Introduction

Once a worker's claim for injury compensation has been accepted, the presence and extent of permanent damage must, at some point, be established. ¹ The timing of the clinical assessment requires maximal medical recovery. This varies greatly, depending on the nature and extent of injury and treatment efficacy. In addition, since compensation benefits are based on income loss, determination of permanent disability should ideally take place after the claimant has successfully returned to employment of some kind.

This document is a descriptive guide to the process currently in use by Medical and Claimant Services in rating Permanent Clinical Impairment (PCI).

1. The Workers' Compensation Board Act RSA 2000, s.43(2) states that "Permanent and Total Disability shall be conclusively presumed in all cases in which the injuries suffered consist of or include any or all of the following:
 - a) total and permanent loss of the sight of both eyes;
 - b) the loss of both feet at or above the ankle;
 - c) the loss of both hands at or above the wrist;
 - d) the loss of one hand at or above the wrist and one foot at or above the ankle;
 - e) an injury to the spine resulting in permanent and complete paralysis of both legs, both arms or one leg and one arm;
 - f) an injury to the central nervous system resulting in mental incompetence that renders the worker incapable of being gainfully employed."

II. Impairment and Disability

Although the WCB Act refers to "impairment" and "disability", it defines neither. Without ascribing definition or meaning to their application in the Act, the following definitions are offered as a basis for understanding their use in this procedural document:

IMPAIRMENT

The loss of, loss of use of, or derangement of any body part, system or function. The presence and extent of impairment is determined by medical means.

DISABILITY

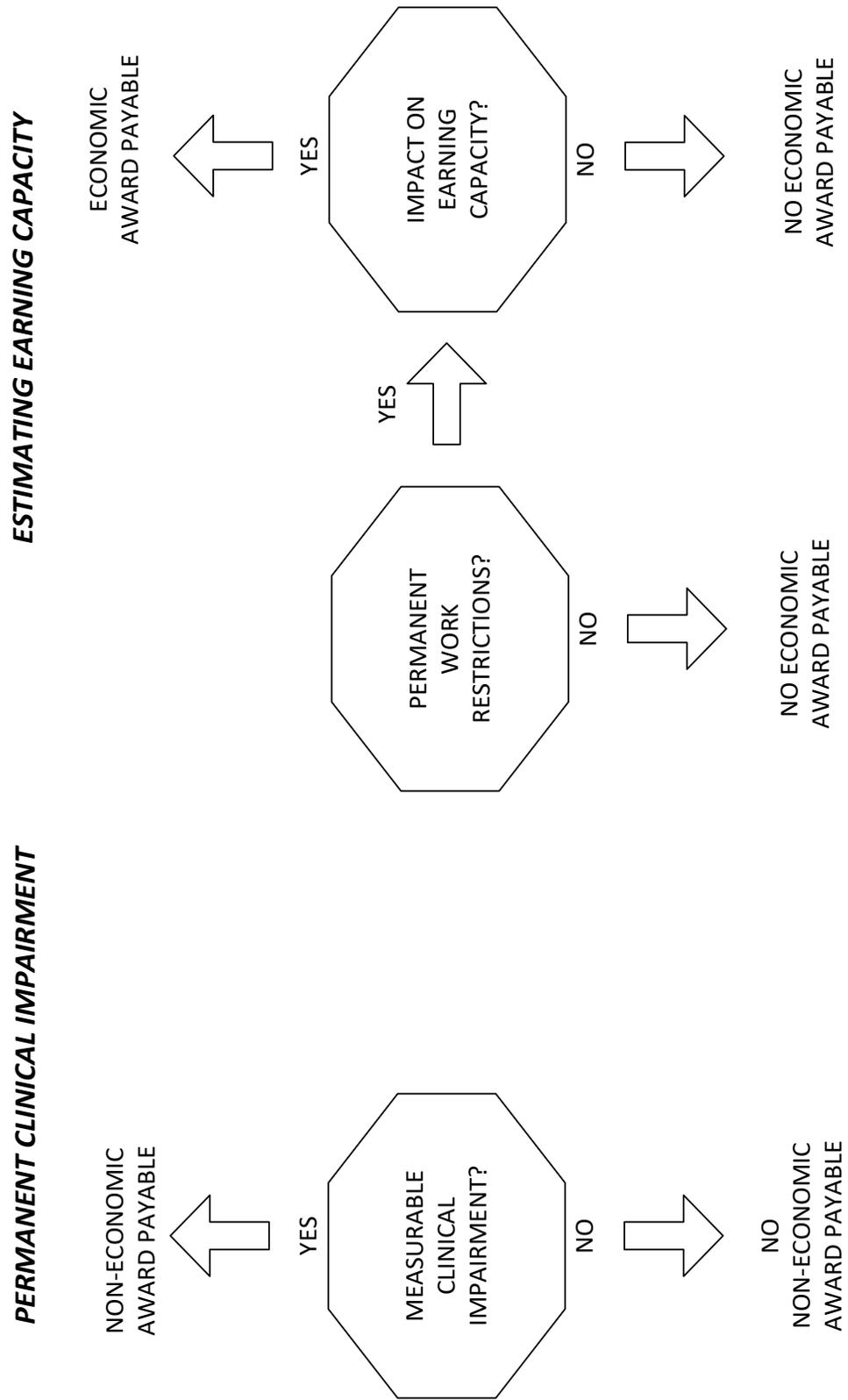
The decreased capacity or loss of ability of an individual to meet occupational demands, measured as loss of earning capacity. The presence and extent of disability is determined by non-medical means, but requires knowledge of the extent of impairment. In most cases, impairment is disability's precursor, but an individual who has an impairment may or may not be disabled. Conversely a worker who has a disability may or may not have an impairment.

Based on policy, any worker suffering a permanent disability as a result of a compensable injury will, when applicable, receive a non-economic loss payment based on measurable clinical impairment and an economic loss payment based on the degree of loss of earning capacity.

Figure 1 - **DETERMINING PERMANENT DISABILITY COMPENSATION**

Illustrates how impairment and disability are components of permanent disability compensation

Figure 1: DETERMINING PERMANENT DISABILITY COMPENSATION



III. Determining Permanent Clinical Impairment (PCI)

Section 43(1) of the WCB Act states:

"If permanent disability results from an accident, the evaluation of the worker's disability shall be made on behalf of the Board by one physician and one claims adjudicator employed by the Board."

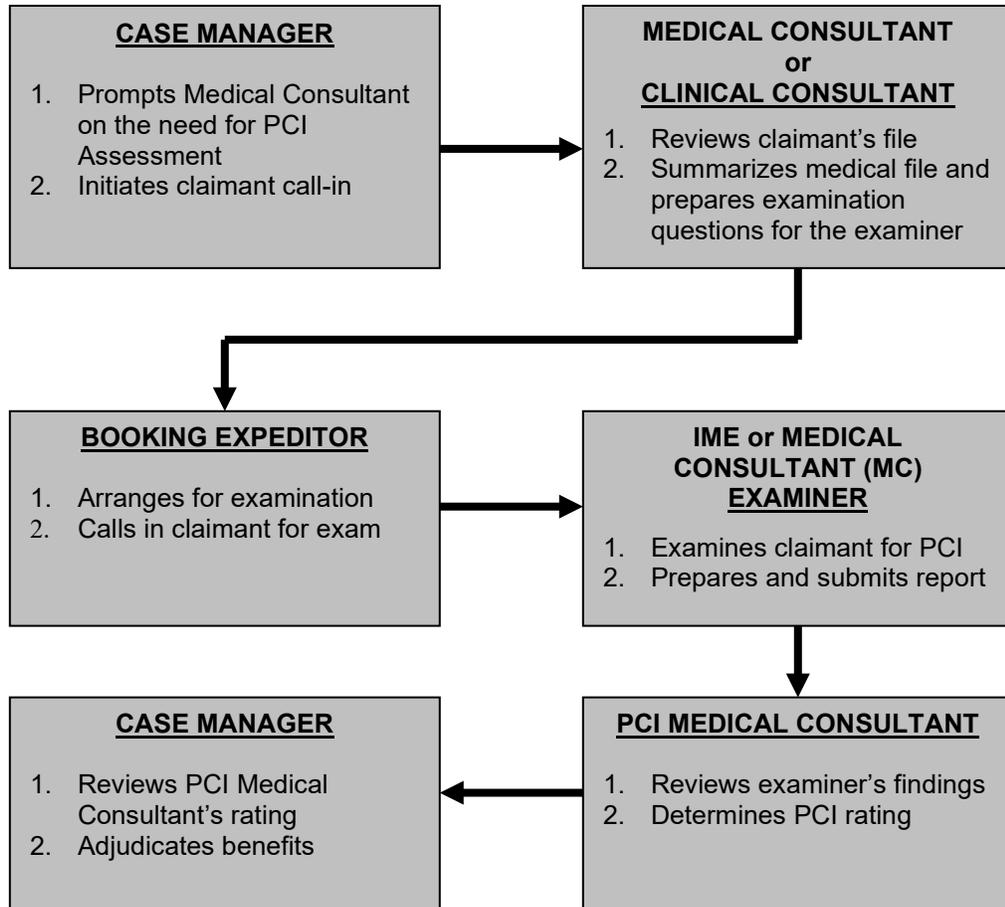
A Medical Consultant first establishes that a worker has a permanent impairment due to a compensable accident. An impairment rating is then assessed. This is called a Permanent Clinical Impairment rating (PCI rating) since it is based on review of the pertinent medical history and physical examination of the worker.

A case manager reviews the PCI Medical Consultant's Clinical Impairment Rating and determines the compensation benefit. Should any clarification concerning the rating be required then the case manager will discuss the issue with the PCI MC and document the discussion. In cases requiring clarification or direction the PCI MC should consult with the Chief Medical Advisor.

The current PCI determination processes are outlined in Figure 2.

** Whenever the term Medical Consultant is used this refers to a Medical Consultant (MC) or a Medical Advisor (MA)*

Figure 2: **THE PERMANENT CLINICAL IMPAIRMENT PROCESS**



IV. Timing of the PCI Assessment

Recovery time from injury varies greatly as a result of many factors. However, it is possible to make an estimate of recovery time in the individual case based on progress to date and the availability and need for further treatment. Medical Consultants also use their knowledge of previous cases and the opinions of the treating physicians and therapists. Case Managers can consult Medical Consultants, Clinical Consultants and Duration Guidelines for Alberta WCB August 1993 which provide estimates of expected return to work and/or healing times of the injury in question.

As a rule, PCI assessment should be withheld at least until the usual or average healing time for an injury has passed and the claimant has adequate time to obtain maximal functional recovery.

V. Rating Permanent Clinical Impairment

Once the clinical examination for PCI has been completed and the Independent Medical Examiner or PCI MC Examiner report signed, the PCI MC calculates the numerical impairment rating that will be assigned to the claimant. This is done by applying the IME or MC Examiner's findings of compensable loss of body part or function to a set of standard criteria. The loss is stated as a percentage decrease from normal, whole body function.

Rating Permanent Clinical Impairment, Cont'd

The primary reference in current use for the determination of PCI ratings is the Alberta Guides. The Alberta Guides are a modified version of the Rating Schedule for Permanent Partial Disability, prepared by Dr. D.E. Bell in August, 1960 for the Association of Workmens' Compensation Boards of Canada. The Alberta version previously entitled "Permanent Disability Rating Schedule", is now entitled "Permanent Clinical Impairment Guide". Dr. Bell's procedures, impairment descriptors and ratings have been altered in varying degree from his original 1960 schedule. In addition, a number of WCB memoranda with interpretations and expansions of the tables have been produced and applied in the intervening years.

The procedure used for rating PCI is as follows:

- A. The PCI MC consults the Alberta Tables. If a rating or ratings for the specific impairments is provided in the Alberta Guides, the PCI MC will follow the procedures described to obtain the PCI rating.
- B. Where an impairment description fails to match or clearly translate into those provided in the Alberta Guides, the PCI MC refers to the AMA Guides for the Evaluation of Permanent Impairment.
- C. At times the principles of the AMA Guides are applied to the Alberta Guides. This percentage is then applied against the whole person rating in the Alberta Guide.

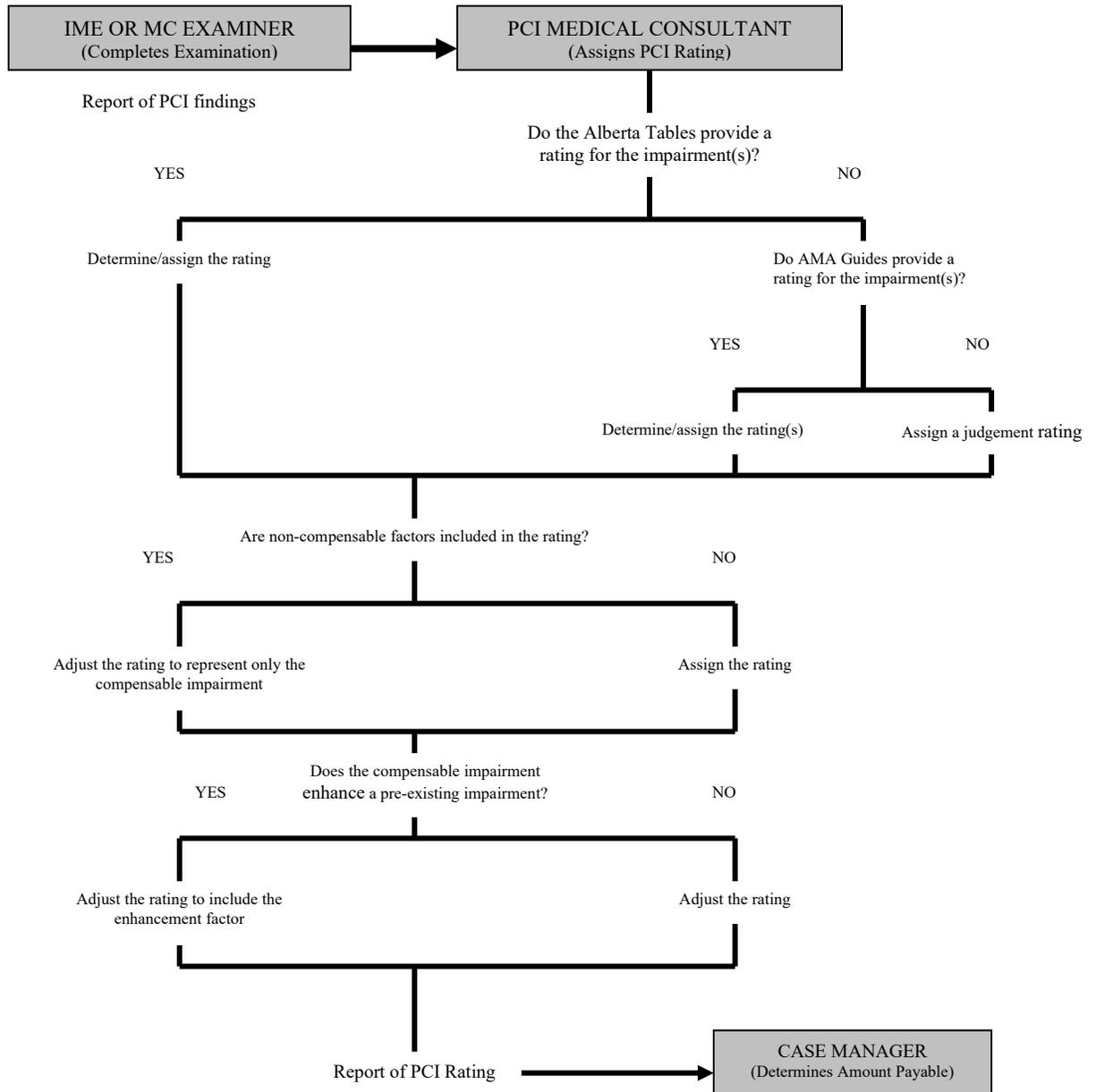
Rating Permanent Clinical Impairment, Cont'd

- D. If an impairment description does not match the Alberta Guides or the AMA Guides, then the Medical Consultant makes a judgement rating following a discussion with the examining consultant and/or other WCB Medical Consultants if necessary.
- E. The Medical Consultant considers factors such as pre-existing impairment and aggravation when determining the PCI rating.
- F. The total PCI rating is reported, noting to what extent it is a judgement rating.
- G. Where multiple impairments result from a single accident, the individual ratings are added to determine the total PCI rating unless otherwise noted. The PCI rating cannot be greater than 100% on a single claim.
- H. Where a combination of accidents, each resulting in permanent clinical impairment, such that the total PCI rating exceeds 100% the following will apply:
1. The total PCI rating for all accidents occurring before July 1, 1976 cannot exceed 100% as per Policy 04-04, Application 5, Question 9.
 2. For combinations of:
 - accidents between July 1, 1976 and December 31, 1994, inclusive, or
 - pre July 1, 1976 and accidents between July 1, 1976 and December 31, 1994, inclusive,the full percentage PCI ratings are reported. The claimant is entitled to the total reported award without devaluation as per Policy 04-04, Application 5, Question 9.

3. For combinations of accidents post-December 31, 1994, the total PCI rating cannot exceed 100% (see Policy 04-04, Part II, Application 2, Question 5).
4. For combinations of accidents pre-1995 and post-December 31, 1994, determine PCI ratings for the pre-1995 claims according to 1 and 2 above, and PCI ratings for the post-December 31, 1994 claims according to 3, above.

Figure 3 summarizes the procedural flow in rating PCI.

Figure 3: **PROCEDURE: P.C.I. RATING**



**Bell's Permanent Disability Rating Schedule
Modified and Enlarged by
the Workers' Compensation Board of Alberta**

FINGERS/HANDS

FINGERS/HANDS

I. Introduction

- A. The process of rating impairment of fingers is necessarily complex due to the intricacy of hand function. Each finger has its own role and importance in an individual's ability to grasp, manipulate and feel. Furthermore, when a finger or fingers are partially or entirely absent or malfunctional, the operation of the remaining fingers and the hand as a whole are affected to varying degrees.
- B. To simplify and standardize impairment ratings of finger and hand injuries, four rating charts have been developed for use in conjunction with a precise stepwise procedure. These charts give ratings for each phalanx of each finger. PCI Medical Consultants must follow the steps assiduously in order to arrive at the rating appropriate for each situation.

II. Rating Procedure

- A. When both hands have impairments, rate one hand at a time.
- B. Rate the thumb.

Refer to Chart 1 and the Specific Rules in Rating to assess the total impairment rating for the thumb and its metacarpal. (see Example 1, step one).

- C. Rate the fingers.
 - 1. The distal phalanges and distal interphalangeal (DIP) joints.
 - a. Determine the number of fingers on the hand that have amputations or impairments of the **distal** phalanx, or restricted mobility of the **DIP** joint. Do **not** include the thumb.
 - b. Refer to the chart that deals with that number of fingers and obtain the ratings (Chart 1, 2, 3 or 4). (see Example 1, step two; Example 2, step one).
 - 2. The middle phalanges and proximal interphalangeal (PIP) joints.
 - a. Repeat procedures 1a and 1b, counting only the affected **middle** phalanges and **PIP** joints. (see Example 1, step three; Example 2, step two).
 - 3. The proximal phalanges and metacarpophalangeal (MP) joints.
 - a. Repeat procedures 1a and 1b, counting only the affected **proximal** phalanges and **MP** joints. (see Example 1, step four; Example 2, step three).

FINGERS/HANDS

4. The metacarpals.

For one or more metacarpal loss, refer to the Chart 1 and use the rating equal to complete loss of the corresponding finger. (Refer to Rating Rule 8 & 9, Page 3).

5. Revise the ratings.

- a. Add the separate ratings obtained for each finger (see Example 1, step six; Example 2, step four).
- b. Determine the maximum rating permitted for each finger. For the thumb, refer to Chart 1. For the fingers and for the metacarpals, refer to the highest numbered chart used in the assessment of this particular hand (Chart 1, 2, 3 or 4). (see Example 1, step seven; Example 2, step five).
- c. Revise the ratings of each finger that exceeds its maximum permissible rating. (see Example 1, step eight; Example 2, step six).
- d. Add the resulting ratings to obtain the overall PCI. (Include the thumb).

6. Consider pre-existing impairments.

- a. If a pre-existing impairment is present and its impairment rating is not known, follow the procedure described in paragraphs A, B, and C1, C2, C3, C4, and C5, considering only the pre-existing impairments. This will produce the pre-existing impairment rating. (See Example 2, step eight).
- b. Subtract the pre-existing impairment rating from the overall PCI to obtain the impairment rating for the current claim (see Example 2, step nine).

FINGERS/HANDS

7. To obtain the PCI to be charged to the claim, (and that to be charged to the reserve for enhanced disability), follow the procedure shown in Example 2, steps 10, 11, 12, 13, 14, and 15, considering only the impairments due to the present accident.

III. Specific Rules in Rating

A. Amputations

1. Hand dominance is not a factor in rating impairment.
2. Any loss of bone from a terminal phalanx constitutes a degree of permanent impairment.
3. Ratings provided by the charts assume a stump that is structurally sound, well padded, having properly placed scars, and no undue tenderness.
4. With the exception of the thumb and index finger, loss of pulp from a fingertip does not constitute a permanent impairment.
5. When a finger amputation involves more than just the terminal phalanx, the impairment rating shall not be greater than the complete loss of the terminal phalanx unless the fractional loss from the adjoining proximal phalanx is at least 1/4.
6. The rating for loss of a phalanx should be reduced proportionately to reflect the amount actually lost. For example, if the rating for loss of the phalanx is 2%, loss of half the phalanx should be rated as 1%; loss of one quarter as 0.5%, etc.
7. The thumb is rated separately. Thumb ratings are always obtained from Chart 1
8. Loss of one or more 2nd to 5th metacarpal is rated at a value equal to that for complete loss of the corresponding finger on the single finger chart. (Chart 1)
9. Bevelling of the heads of the 2nd and 5th metacarpals for the purpose of streamlining the hand, adds nothing to the impairment.
10. The total impairment rating of a finger cannot exceed the charted value for total amputation of the finger.

FINGERS/HANDS

B. Restricted Range of Movement

1. A single mallet finger is assessed at a maximum rating of 0.5%.
2. The charted ratings pre-suppose that, at the time of rating, the position of joint fixation is functionally optimal. If it is not, a judgement rating is made.
3. Always assess loss of movement beginning with the distal joint. Proceed proximally.
4. In order to calculate the impairment rating for loss of range of movement of the various joints of fingers two to five, by convention, the value of the distal interphalangeal (DIP) joints are rated at 30% (3/10) of the value of the distal phalanges of the respective fingers. The proximal interphalangeal (PIP) joints are rated at 60% (6/10) of the value of the distal two phalanges. The metacarpophalangeal (MP) joint is rated at full value of the finger. In other words a fused DIP joint in reasonable position is worth 30% of the distal phalanx. A fused PIP joint is worth 60% of the distal two phalanges assuming a reasonable position of function. A fused MP joint is worth the full value of the finger. The values of the joints vary with the number of fingers involved (see Rule 8, page 5 Rating Procedure for restricted range of motion).
5. To calculate the rating for a DIP joint with restricted movement:

$$\frac{\text{Loss of movement}}{\text{Full Range}} \quad X \quad \frac{3}{10} \quad X \quad \text{Value of the terminal phalanx on the appropriate chart.}$$

6. To calculate the rating for a PIP joint with restricted movement:

$$\frac{\text{Loss of movement}}{\text{Full Range}} \quad X \quad \frac{6}{10} \quad X \quad \text{Value of the middle plus distal phalanges on the appropriate chart minus the rating obtained for any impairments of the distal phalanx and the DIP joint.}$$

FINGERS/HANDS

7. To calculate the rating for an MP joint with restricted movement:

$$\frac{\text{Loss of movement}}{\text{Full Range}}$$

X

Value of the entire finger on the appropriate chart minus the total of the ratings obtained for any impairments at the distal and middle phalanges and DIP and PIP joints.

8. Where there is restricted movement of one or more fingers at the same joint level, use the Chart corresponding to the number of fingers involved at that level. e.g. When there is a loss of range of motion at the DIP joint of the index and ring fingers, use Chart 2, Two Fingers.
9. For partial loss of range of motion of the carpo-metacarpal (CMC) joint of the thumb, apply the principles of the AMA Guides. Refer to the appropriate tables for radial abduction, adduction and opposition and assess the percentage loss of the thumb. Apply that percentage to the Alberta Guide rating for loss of the thumb. The rating for loss of range of motion cannot exceed 7.5% which is the scheduled rating for fusion of the CMC joint.
10. To obtain the rating for complete fusion of a thumb joint see Chart I, page 6

C. Loss of Digital Sensation

1. Sensory loss is rated as follows::

Two-Point Discrimination	Rating
Less than 7 mm	Nil
7 to 15 mm.	50% loss of sensation
Over 15 mm	100% loss of sensation

Total loss of palmar sensation of a phalanx, phalanges or finger, is rated as the charted values for loss of the phalanx, phalanges or finger. Sensory loss on the dorsal aspect is not assessable.

2. Loss of sensation is always rated in a ratio of 4 to 1 for the finger radial side to ulnar side and the thumb ulnar side to radial side.

D. Disfigurement

1. For disfigurement of a hand refer to the section on skin (page 48).

FINGERS/HANDS

CHARTS

CHART 1 - THUMB AND/OR ONE FINGER

The chart ratings shown are the ratings for complete amputation or complete loss of palmar sensation of the indicated phalanx. Metacarpal ratings are for partial or complete loss of the indicated bone.

The total rating for impairment of a finger from **all** causes cannot be greater than the sum of the charted ratings of its parts. The value of the metacarpal is given in Chart I.

To rate PARTIAL AMPUTATIONS, see Amputation Rules 2, 3, 4, 5, and 6, (page 3).

To rate TOTAL LOSS OF SENSATION, see Loss of Digital Sensation, Rule 1, (page 5).

To rate PARTIAL LOSS OF SENSATION, see Loss of Digital Sensation, Rules 1 and 2, (page 5).

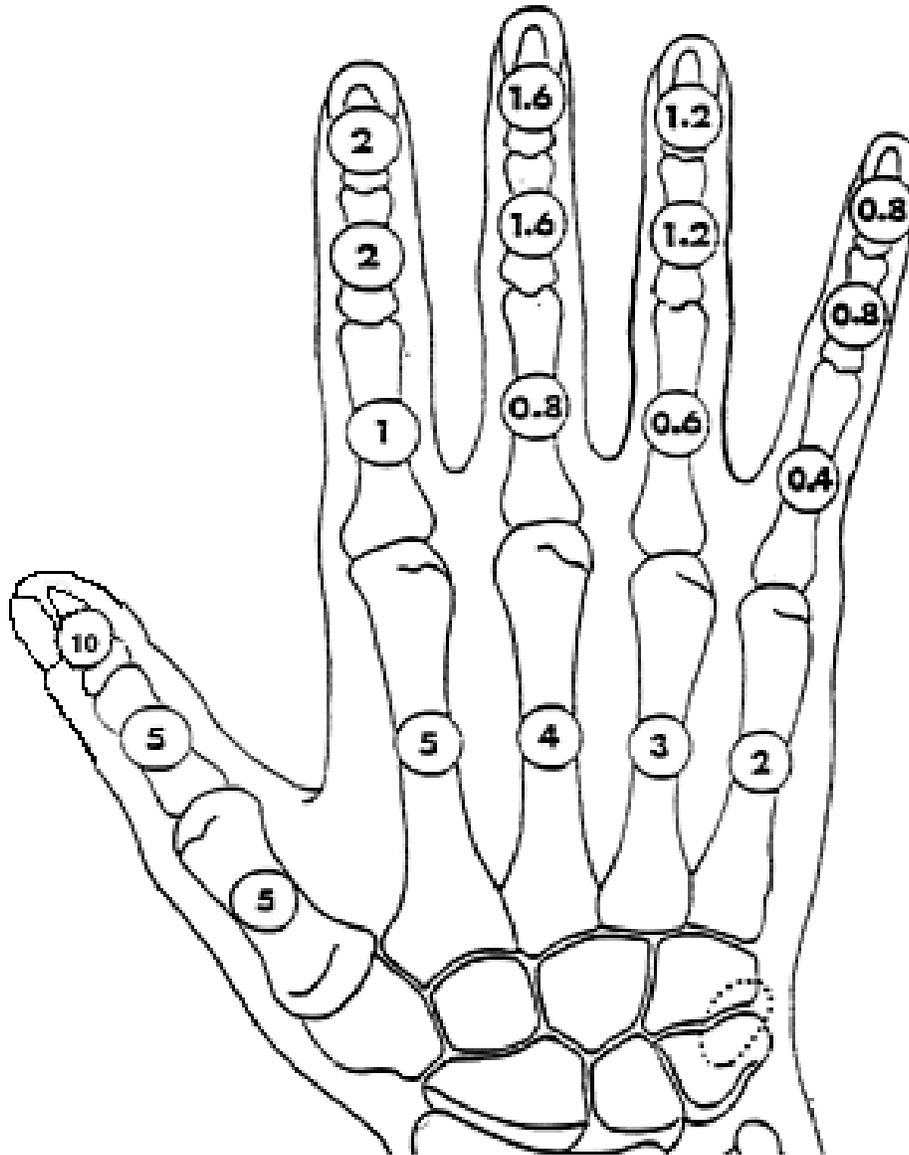
To rate PARTIAL OR COMPLETE LOSS OF MOBILITY of a finger joint, see Restricted Range of Movement, Rules 1, 2, 3, 4, 5, and 6, (pages 4 and 5).

COMPLETE FUSION OF A THUMB JOINT

- of the IP joint of the thumb is rated at 3%.
- of the MP joint of the thumb is rated at 4.5%.
- of the CMC joint of the thumb is rated at 7.5%.

FINGERS/HANDS

CHART 1 - THUMB AND/OR ONE FINGER



FINGERS/HANDS

CHART 2 - TWO FINGERS

The chart ratings shown are the ratings for complete amputation or complete loss of palmar sensation of the indicated phalanx.

The total rating for impairment of a finger from **all** causes cannot be greater than the sum of the charted ratings of its parts. The value of the metacarpal is given in Chart I.

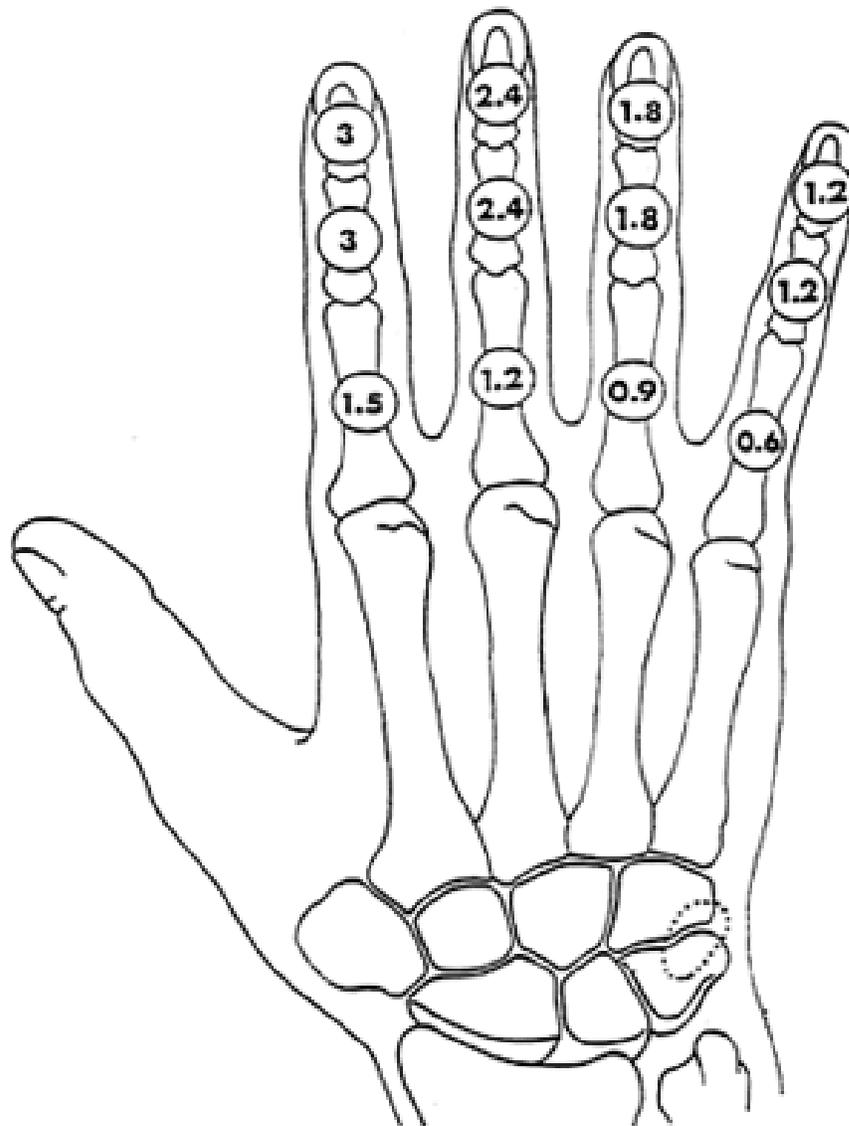
To rate PARTIAL AMPUTATIONS, see Amputation Rules 2, 3, 4, 5, and 6, (page 3).

To rate TOTAL LOSS OF SENSATION, see Loss of Digital Sensation, Rule 1, (page 5).

To rate PARTIAL LOSS OF SENSATION, see Loss of Digital Sensation, Rules 1 and 2, (page 5).

To rate PARTIAL OR COMPLETE LOSS OF MOBILITY of a finger joint, see Restricted Range of Movement, Rules 1, 2, 3, 4, 5, and 6, (pages 4 and 5).

FINGERS/HANDS
CHART 2 - TWO FINGERS



FINGERS/HANDS

CHART 3 - THREE FINGERS

The chart ratings shown are the ratings for complete amputation or complete loss of palmar sensation of the indicated phalanx.

The total rating for impairment of a finger from **all** causes cannot be greater than the sum of the charted ratings of its parts. The value of the metacarpal is given in Chart I.

To rate PARTIAL AMPUTATIONS, see Amputation Rules 2, 3, 4, 5, and 6, (page 3).

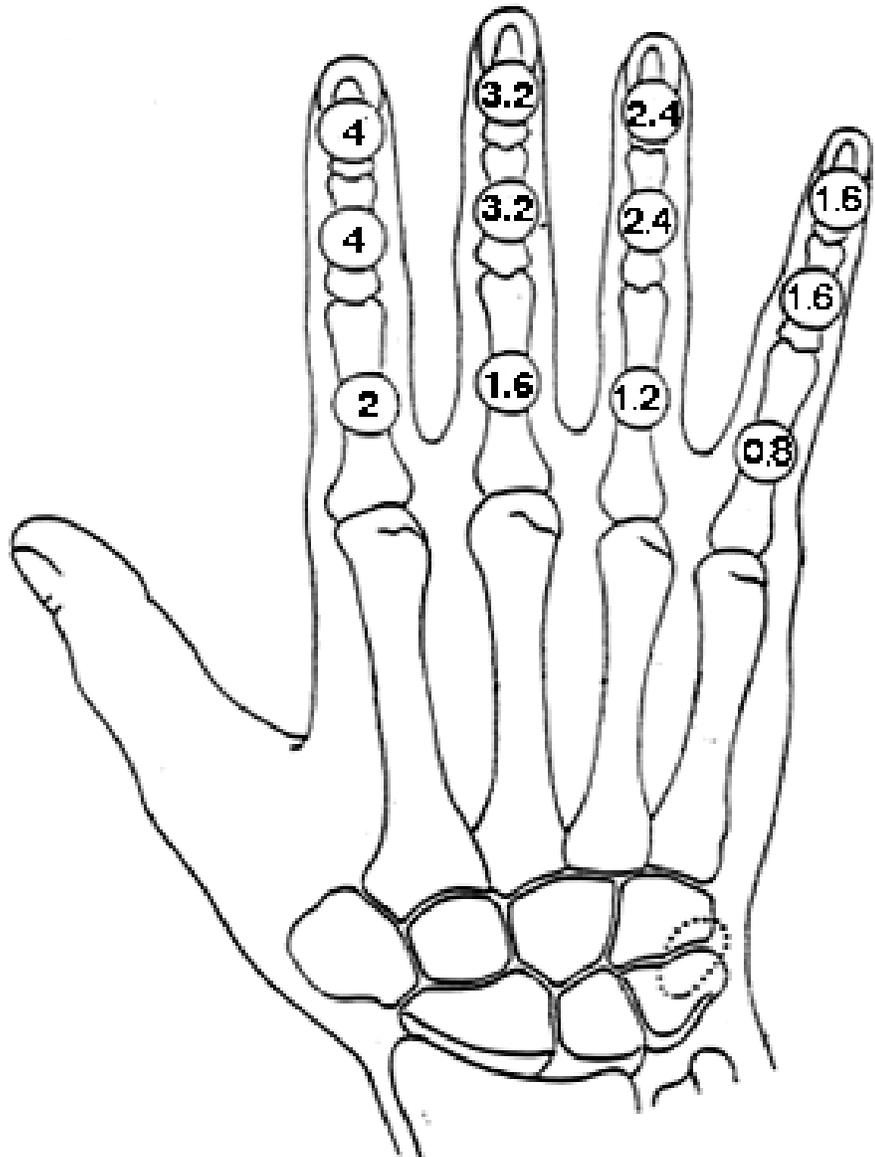
To rate TOTAL LOSS OF SENSATION, see Loss of Digital Sensation, Rule 1, (page 5).

To rate PARTIAL LOSS OF SENSATION, see Loss of Digital Sensation, Rules 1 and 2, (page 5).

To rate PARTIAL OR COMPLETE LOSS OF MOBILITY of a finger joint, see Restricted Range of Movement, Rules 1, 2, 3, 4, 5, and 6, (pages 4 and 5).

FINGERS/HANDS

CHART 3 - THREE FINGERS



FINGERS/HANDS

CHART 4 - FOUR FINGERS

The chart ratings shown are the ratings for complete amputation or complete loss of palmar sensation of the indicated phalanx.

The total rating for impairment of a finger from **all** causes cannot be greater than the sum of the charted ratings of its parts. The value of the metacarpal is given in Chart I.

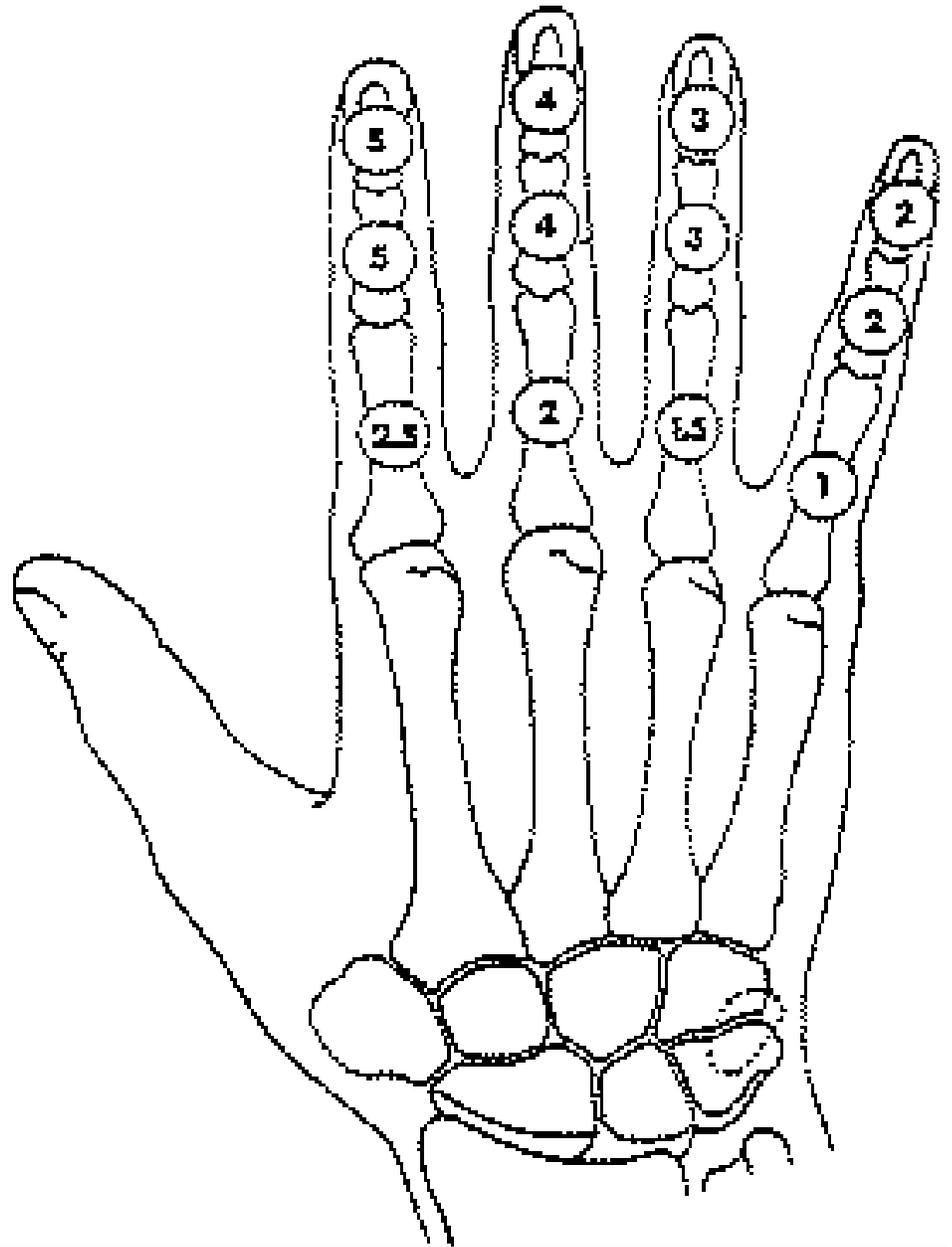
To rate PARTIAL AMPUTATIONS, see Amputation Rules 2, 3, 4, 5, and 6, (page 3).

To rate TOTAL LOSS OF SENSATION, see Loss of Digital Sensation, Rule 1, (page 5).

To rate PARTIAL LOSS OF SENSATION, see Loss of Digital Sensation, Rules 1 and 2, (page 5).

To rate PARTIAL OR COMPLETE LOSS OF MOBILITY of a finger joint, see Restricted Range of Movement, Rules 1, 2, 3, 4, 5, and 6, (pages 4 and 5).

FINGERS/HANDS
CHART 4 - FOUR FINGERS



FINGERS/HANDS

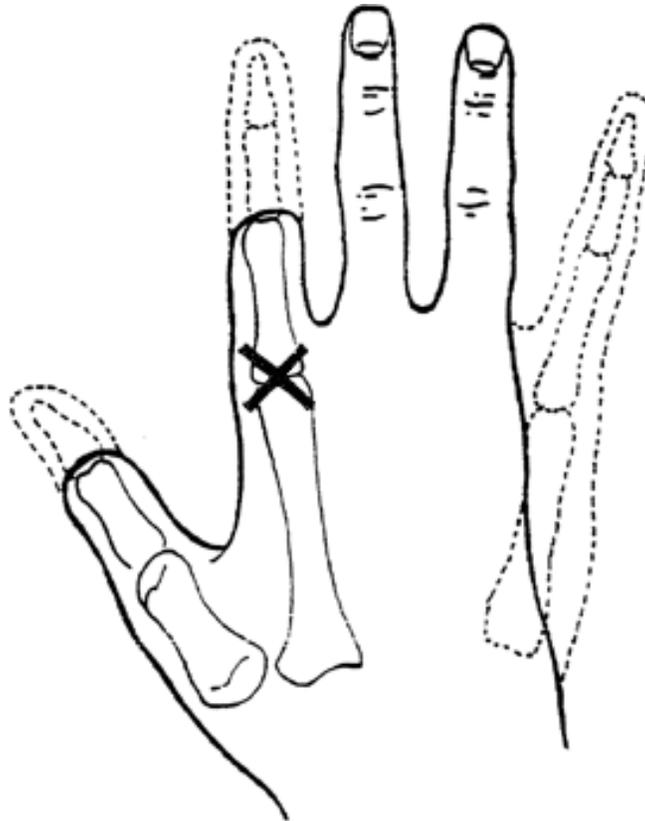
EXAMPLES

EXAMPLE 1

Situation: Left Hand is unimpaired.

- Right Hand -
- amputated distal phalanx of thumb
 - amputation of index finger at PIP joint
 - restricted mobility of MP joint of index finger (45 degrees remaining out of a normal 90 degrees)
 - amputation of little finger and its metacarpal

None of the impairments were present prior to the claimed accident.



Step One: Rate the thumb using Chart.

Distal phalanx
DIP Joint

THUMB
10
-

FINGERS/HANDS

Step Two: Rate the distal phalanges and DIP joints of the fingers. Two are impaired. Therefore use Chart 2.

	DIGIT				
	THUMB	INDEX	MIDDLE	RING	LITTLE
Distal phalanx	10	3	-	-	1.2
DIP joint	-	-	-	-	-

Step Three: Rate the middle phalanges and PIP joints of the fingers. Two are impaired. Therefore use Chart 2.

	DIGIT				
	THUMB	INDEX	MIDDLE	RING	LITTLE
Distal phalanx	10	3	-	-	1.2
DIP joint	-	-	-	-	-
Middle phalanx	-	3	-	-	1.2
PIP joint	-	-	-	-	-

Step Four: Rate the proximal phalanges and MP joints of the fingers. A phalanx of one finger and the joint of another are impaired. Therefore use Chart 2.

	DIGIT				
	THUMB	INDEX	MIDDLE	RING	LITTLE
Distal phalanx	10	3	-	-	1.2
DIP joint	-	-	-	-	-
Middle phalanx	-	3	-	-	1.2
PIP joint	-	-	-	-	-
Proximal phalanx	-	-	-	-	0.6
MP joint	-	0.75*	-	-	-

*0.75 = $45/90 \times (7.5 - 6)$ (see Rule 5, Restricted Range of Movement, page 4).

FINGERS/HANDS

Step Five: Rate the metacarpals of the fingers. The 5th is impaired. Therefore, use the value of the 5th finger on Chart 1.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
Distal phalanx	10	3	-	-	1.2
DIP joint	-	-	-	-	-
Middle phalanx	-	3	-	-	1.2
PIP joint	-	-	-	-	-
Proximal phalanx	-	-	-	-	0.6
MP joint	-	0.75*	-	-	-
Metacarpal	-	-	-	-	2

Step Six: Add up all the ratings obtained for each digit in turn.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
DIGIT TOTALS	10	6.75	-	-	3

Step Seven: Obtain the maximum value permitted for each digit as indicated on the highest numbered chart used in this rating process (i.e., Chart 2). Use Chart 1 for the thumb.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
DIGIT TOTALS	10	6.75	-	-	3
MAXIMUM ALLOWED	15	7.5	N/A	N/A	3

Step Eight: Adjust the total rating for each digit so that none exceeds the maximum allowed. In this example, none require adjustment.

Step Nine: Add the digit totals plus the rating for the 5th metacarpal. The result is the PCI rating for all the impairments of the hand (= 21.8%*).

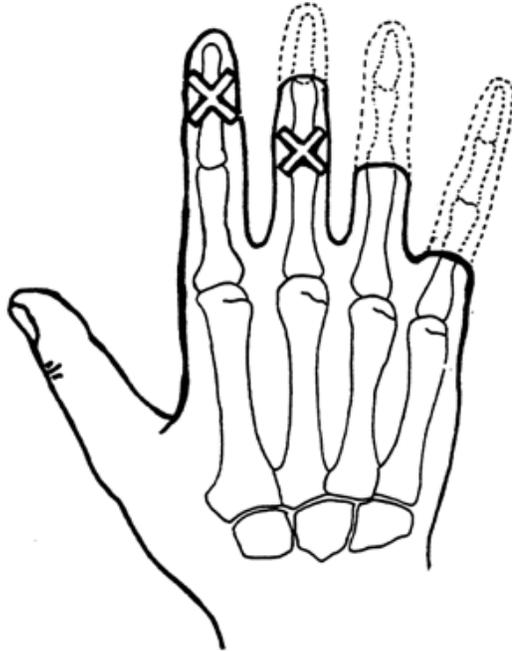
$$*(10 + 6.75 + 3 + 2 = 21.75)$$

FINGERS/HANDS

EXAMPLE 2

- Situation: Left hand is unimpaired.
 Right hand -
- amputated distal phalanges 3, 4, and 5
 - amputated middle phalanges 4 and 5
 - amputated mid-proximal phalanx 5
 - 50% loss of motion of PIP joint of middle finger
 - 50% loss of motion of DIP joint of index finger

The two joint impairments **pre-existed** the current compensable injuries.



Step One: Rate the distal phalanges and DIP joints of the fingers. Three distal phalanges and one DIP joint are impaired. Therefore use Chart 4.

	THUMB	INDEX	DIGIT		
			MIDDLE	RING	LITTLE
Distal phalanx	-	-	4	3	2
DIP joint	-	0.75*	-	-	-

* 0.75 = 35/70 X 3/10 X 5 (see Rule 4, Restricted Range of Movement, page 4).

Step Two: Rate the middle phalanges and PIP joints of the fingers. Three are impaired (the PIP joint of one finger and the middle phalanges of two other fingers). Therefore use Chart 3.

	THUMB	INDEX	DIGIT		
			MIDDLE	RING	LITTLE
Distal phalanx	-	-	4	3	2
DIP joint	-	0.75	-	-	-
Middle phalanx	-	-	-	2.4	1.6
PIP joint	-	-	0.72*	-	-

* 0.72 = 50/100 X 6/10 X (6.4-4) (see Rule 5, Restricted Range of Movement, page 4).

FINGERS/HANDS

Step Three: Rate the proximal phalanges and MP joints of the fingers. One finger is impaired. Therefore use Chart 1.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
Distal phalanx	-	-	4	3	2
DIP joint	-	0.75	-	-	-
Middle phalanx	-	-	-	2.4	1.6
PIP joint	-	-	0.72	-	-
Proximal phalanx	-	-	-	-	0.2**
MP joint	-	-	-	-	-

** 0.2 = 0.4 X 1/2 (see Rule 6, Amputations, page 3).

Step Four: Add up the ratings obtained for each finger in turn.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
DIGIT TOTALS	-	0.75	4.72	5.4	3.8

Step Five: Obtain the maximum value permitted for each finger as indicated on the highest numbered chart used in this rating process (i.e., Chart 4).

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
DIGIT TOTALS	-	0.75	4.72	5.4	3.8
MAX. VALUES	-	12.5	10	7.5	5

FINGERS/HANDS

Step Six: Adjust the total rating for each finger so that none exceeds the maximum allowed. In this example, none require adjustment.

Step Seven: Add the finger totals. The result is the PCI rating for **all** the impairments of the hand (= 14.67*)

$$* (0.75 + 4.72 + 5.4 + 3.8 = 14.67).$$

Step Eight: Determine the PCI rating of the pre-accident hand. (i.e., the joint impairments of the index and middle fingers).

a) Rate the distal phalanges and DIP joints.

One finger is involved. Therefore, use Chart 1.

Rating for the 50% loss of movement of the DIP joint of the index finger:

$$35/70 \times 0.3 \times 2 = 0.3\% \text{ (see Rule 4, Restricted Range of Movement, page 4).}$$

b) Rate the middle phalanges and PIP joints.

One finger is involved. Therefore use Chart 1

Rating for 50% loss of movement of the PIP joint of the middle finger:

$$50/100 \times 0.6 \times 3.2 = 0.96 \text{ (see Rule 5, Restricted Range of Movement, page 4)}$$

Add a) and b) to obtain the pre-accident rating:

$$0.3 + 0.96 = 1.26$$

FINGERS/HANDS

Step Nine: Subtract the pre-accident rating from that calculated for all existing impairments of the hand: $14.67 - 1.26 = 13.41\%$

13.41% is the PCI for the current compensable injury.

The P.C.I. to be charged to this claim is determined by rating the impairment due to the present accident ignoring pre-existing impairments.

Step Ten: Rate the distal phalanges and DIP joints of the fingers. Three distal phalanges are impaired. Therefore use Chart 3

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
Distal phalanx	-	-	3.2	2.4	1.6
DIP joint	-	-	-	-	-

Step Eleven: Rate the middle phalanges and PIP joints of the fingers. Two are impaired. Therefore use Chart 2

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
Distal phalanx	-	-	3.2	2.4	1.6
DIP joint	-	-	-	-	-
Middle phalanx	-	-	-	1.8	1.2
PIP joint	-	-	-	-	-

FINGERS/HANDS

Step Twelve: Rate the proximal phalanges and MP joints of the fingers. One is impaired. Therefore use Chart 1

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
Distal phalanx	-	-	3.2	2.4	1.6
DIP joint	-	-	-	-	-
Middle phalanx	-	-	-	1.8	1.2
PIP joint	-	-	-	-	-
Proximal phalanx	-	-	-	-	0.2*
MP joint	-	-	-	-	-

* 0.2 = 0.4 x 1/2 (See Rule 6, Amputation, page 3)

Step Thirteen: Add up the ratings obtained for each digit and obtain the maximum value permitted for each digit as indicated on the highest numbered chart used in this rating process (i.e., Chart 3). Adjust the total rating for each digit so that none exceeds the maximum allowed. In this example none require adjustment.

	THUMB	INDEX	DIGIT MIDDLE	RING	LITTLE
DIGIT TOTALS			3.2	4.2	3.0
MAX. VALUES			8	6	4

Step Fourteen: Add the digit totals. The result is the PCI rating to be charged to this claim.

$$3.2 + 4.2 + 3.0 = 10.4\%$$

Step Fifteen: The amount to be charged to the fund for enhanced disabilities is the difference between the overall PCI rating and that resulting from the injury only $14.67 - 10.4 = 4.3\%$

THE UPPER EXTREMITIES

THE UPPER EXTREMITIES

I. Introduction

- A. For purposes of impairment rating, the upper extremities include the anatomical structures that comprise the shoulders, upper arms, elbows, forearms and wrists.
- B. The ratings obtained by following the described procedure are whole person ratings. They are final impairment ratings reflecting the extent of physical functional deficit as a result of the specific upper extremity injury or injuries.
- C. The total impairment assessed for the upper extremity cannot exceed the value of the upper extremity i.e. equivalent disarticulation at the shoulder or 70% whole person.

II Rating Procedure

- A. When rating **both** upper extremities, rate one completely before starting to rate the other.* Either the left or the right one may be rated first; arm/hand dominance is not a factor in impairment rating.
- B. For each limb calculate the **overall** impairment including any pre-existing impairment and subtract the pre-existing impairment from the overall impairment to obtain the compensable impairment. Pre-existing impairment may have to be assessed on a judgement basis.
- C. When the impairment is partial loss of full movement, the formula specified in Rule No. 2 (Restricted Range of Movement, page 23) should be applied. For other non-scheduled impairments, see the applicable rules.
- D. Total the ratings for both limbs.

* A schedule of Upper Extremity ratings is provided on pages 25 and 26.

THE UPPER EXTREMITIES

III. Specific Rules in Rating

A. Amputations

1. The scheduled ratings assume a stump that is structurally sound, is well padded, has properly placed scars, and has no undue tenderness of areas subject to pressure.
2. Amputations must be rated before assessing other types of impairments.

B. Restricted Range of Movement

1. The scheduled ratings pre-suppose that, at the time of rating, the position of joint fixation is functionally optimal. If it is not, a judgement rating is made.
2. The formula for rating partial loss of range of movement is:

$$\frac{\text{measured loss of movement (degrees)}}{\text{normal full movement (degrees)}} \times \frac{\text{scheduled rating for complete loss of movement}}{\text{loss of movement}} = \text{Rating (\%)}$$

3. The normal pre-injury range of movement of a joint which is now impaired is assumed to have been equal to that of the corresponding unimpaired joint of the opposite limb. When the corresponding joint of the opposite limb is also impaired by injury or disease*, or measurement of its range of movement has not been made, reference should be made to the AMA Guides to the Evaluation of Permanent Impairment. For permanent clinical impairment assessments, normal full movement as defined in that document refers to the lowest functional range of movement for which there is no ratable impairment.

*BoD Resolution
2008/02/06
February 26, 2008*

For example, when considering the shoulder,

1. A range of flexion/extension of 230° has no impairment.
2. A range of abduction/adduction of 210° has no impairment.
3. A range of internal/external rotation of 140° has no impairment

- * The range of movement of the opposite limb restricted only by aging and not by disease or injury, is accepted as the normal, full pre-injury range of the injured limb.

THE UPPER EXTREMITIES

C. Denervation

1. The schedule provides ratings for complete denervations of specific nerves. Where the Alberta Guides do not provide a value for a specific nerve refer to the AMA Guides.
2. Rating partial loss of motor and/or sensory function is made using the principles of the AMA Guides. Refer to the AMA Guides table for specific unilateral spinal nerve impairment affecting the upper extremity to obtain the specific percentage loss of function. This figure should be applied to the appropriate rating for complete loss found in the schedule on page 25 of this document, using the following formula:

$$\begin{array}{rclcl} \% \text{ functional loss} & & \text{Scheduled rating for} & & \\ \text{(AMA Guides)} & \times & \text{complete loss} & = & \text{Rating (\%)} \end{array}$$

3. Brachial plexus, spinal cord and brain injuries are capable of producing impairments of varying degree and type to parts of the body beyond the primary site of injury. Upper extremity effects from these causes are assessed and rated using the procedures and rules described above.

D. Repetitive Strain Injury (RSI)

1. PCI is assessed only on an exceptional basis where there is measurable clinical impairment.

E. Reflex Sympathetic Dystrophy (RSD)

1. Impairment rating for RSD is made, on a judgement basis, by applying the principles of the AMA Guides table for assessment of impairment of the upper extremity, due to peripheral nerve disorders, to the Alberta Guide rating of the whole limb or portion as deemed appropriate. Refer to the Grading Scheme table for pain or loss of sensation.

THE UPPER EXTREMITIES

RATING SCHEDULE

1. Amputations

		Whole Person Rating (%)
a. Disarticulation at the shoulder or amputation within the proximal third of the humerus	Each	70
b. Amputation within the middle third of the humerus	Each	65
c. Amputation within the distal third of the humerus or of the forearm proximal to the biceps insertion	Each	60
d. Amputation of the forearm between biceps insertion and wrist	Each	50 - 60*

*This rating depends on the amount of leverage afforded the arm by the length of the stump. The lower the leverage (i.e., the shorter the stump), the higher the rating

2. Complete Immobility of Joints

a. Complete loss of shoulder movement		
i) flexion/extension		18
ii) abduction/adduction		11
iii) internal/external rotation		6
b. Ankylosed elbow	Each	20
c. Ankylosed wrist	Each	12.5

3. Partial Immobility of Joints

a. Forearm unable to supinate from neutral position	Each	5
b. Forearm unable to pronate from neutral position	Each	3

THE UPPER EXTREMITIES

4. Denervation

- | | | |
|--|------|----|
| a. Complete loss of median nerve function distally from the elbow
<u>Ratio:</u> sensory to motor is 1 : 1, ($\frac{1}{2}$ sensory, $\frac{1}{2}$ motor) | Each | 40 |
| b. Complete loss of median nerve function distally from the wrist
<u>Ratio:</u> sensory to motor is 4 : 1, ($\frac{4}{5}$ sensory,, $\frac{1}{5}$ motor) | Each | 20 |
| c. Complete loss of ulnar nerve function distally from the elbow
<u>Ratio:</u> sensory to motor is 1 : 7, ($\frac{1}{8}$ sensory, $\frac{7}{8}$ motor) | Each | 10 |
| d. Complete loss of ulnar nerve function distally from the wrist
<u>Ratio:</u> sensory to motor is 1 : 5, ($\frac{1}{6}$ sensory, $\frac{5}{6}$ motor) | Each | 8 |

5. Replacement Arthroplasty

Rated as 50% of the value for complete immobility of the joint replaced. This rating usually includes any resulting loss in the range of movement of the joint. For poor results, an additional judgement award may be applied.

THE LOWER EXTREMITIES

THE LOWER EXTREMITIES

I. Introduction

- A. For purposes of impairment rating, the lower extremities include the anatomical structures that comprise the hips, upper legs, knees, lower legs and feet.
- B. The ratings obtained by following the described procedure are whole person ratings. They are final impairment ratings reflecting the extent of physical functional deficit as a result of the specific lower extremity injury or injuries.
- C. The total impairment assessed for the lower extremity cannot exceed the value of the lower extremity i.e. 65% for disarticulation at the hip.

II. Rating Procedure

- A. When rating both lower extremities, rate one completely before starting to rate the other.* Either the left or the right one may be rated first; lower limb dominance is not a factor in impairment rating.
- B. For each limb calculate the overall impairment including any pre-existing impairment and subtract the pre-existing impairment from the overall impairment to obtain the compensable impairment.
- C. When the impairment is partial loss of full movement, the formula specified in Rule No. B. 2. (Restricted Joint Movement, Page 28) should be applied in calculating impairment. For other non-scheduled awards, see the applicable rules.
- D. Total the ratings for both limbs.

* A schedule of lower extremity ratings is provided on pages 30 and 31. There are no charts.

THE LOWER EXTREMITIES

III. Specific Rules in Rating

A. Amputations

1. The scheduled ratings assume a stump that is structurally sound, is well padded, has properly placed scars, and has no undue tenderness of areas subject to pressure.
2. Amputations must be assessed before assessing other types of impairment.

B. Restricted Range of Movement

1. The scheduled ratings pre-suppose that, at the time of rating, the position of joint fixation is functionally optimal. If it is not, a judgement rating is made.
2. The formula for rating partial loss of range of movement is:

$$\frac{\text{measured loss of movement (degrees)}}{\text{normal full movement (degrees)}} \times \frac{\text{scheduled rating for complete loss of movement}}{\text{loss of movement}} = \text{Rating (\%)}$$

3. The normal pre-injury range of movement of a joint which is now impaired is assumed to have been equal to that of the corresponding unimpaired joint of the opposite limb. When the corresponding joint of the opposite limb is also impaired, or measurement of its range of movement has not been made, reference should be made to the AMA Guides to the Evaluation of Permanent Impairment. The normal full movement is the "average range of motion" of the specific joint as provided in that document.

THE LOWER EXTREMITIES

C. Denervation

1. The schedule provides only a rating for complete denervation of the peroneal nerve. Where the Alberta Guides do not provide a value for a specific nerve refer to the AMA Guides.
2. Rating partial loss of motor and/or sensory function is made using the principles of the AMA Guides. Refer to the AMA Guides table for specific unilateral spinal nerve impairment affecting the lower extremity to assess percentage loss of function. If the peroneal nerve is impaired, this figure should be applied to the scheduled rating for complete loss of the nerve found on page 31 of this document, using the following formula:

$$\begin{array}{l} \% \text{ functional loss} \\ \text{(AMA Guides)} \end{array} \quad \times \quad \begin{array}{l} \text{scheduled rating for} \\ \text{complete loss of} \\ \text{peroneal nerve} \\ \text{innervation} \end{array} = \text{basic rating (\%)}$$

The basic rating obtained will be that of a partial loss of peroneal function.

The overall significance of the impairment of nerves, other than the peroneal, should be assessed using the same table in the AMA Guides without reference to the Alberta Guides.

3. Lumbosacral plexus, spinal cord and brain injuries are capable of producing impairments of varying degree and type to parts of the body beyond the primary site of injury. Lower extremity effects from these causes are assessed and rated using the procedures and rules described above.

D. Reflex Sympathetic Dystrophy (RSD)

1. Impairment rating for RSD is made, on a judgement basis, by applying the principles of the AMA Guides table for assessment of impairment of the lower extremity, due to peripheral nerve disorders, to the Alberta Guide rating of the whole limb or portion as deemed appropriate. Refer to the Grading Scheme table for pain or loss of sensation.

THE LOWER EXTREMITIES

RATING SCHEDULE

1. Amputations

		Whole Person Rating (%)
a.	Disarticulation at the hip or a short stump requiring an ischial bearing prosthesis	Each 65
b.	Amputation at thigh level	Each 50
c.	Disarticulation at the knee or a short B.K. stump	Each 45
d.	Amputation of part of the lower leg, suitable for a B.K. prosthesis	Each 35
e.	Amputation at the ankle, end bearing	Each 25
f.	Amputation through the foot	Each 10 - 25
g.	Amputation of all toes	Each Foot 5
h.	Amputation of great toe (entire)	Each 2.5
i.	Amputation of distal phalanx of great toe	Each 1
j.	Amputation of toes (other than great toes)	Each Toe 0.5

2. Complete Immobility of Joints

a.	Hip	Each 30
b.	Knee	Each 25
c.	Ankle (loss of dorsiflexion and plantar flexion only)	Each 12
d.	Subtalar arthrodesis (loss of inversion and eversion only)	Each 6.25
e.	Triple arthrodesis (talocalcaneal, talonavicular, and calcaneal cuboid)	Each 7.5
f.	Great toe, both joints	Each 2.5
g.	Great toe, distal joint	Each 0.5

3. Replacement Arthroplasty

THE LOWER EXTREMITIES

a. Hip	Each	15
b. Knee	Each	12.5

Rated at 50% of the value for complete immobility of the joint replaced. This rating usually includes any resulting loss in range of movement of the joint. For poor result, an additional judgement award may be applied.

4. Shortening of a Leg

2.5 cm. (1 inch)		1.5
5 cm. (2 inches)		6
7.5 cm. (3 inches)		15

5. Denervation

Peroneal nerve, complete	Each	12
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THE SPINE

THE SPINE

I. Introduction

- A. For purposes of impairment rating the spine includes the anatomical structures that comprise the entire spinal column and pelvis (less the hip joints) and the muscles, ligaments and associated tissues which directly affect their function.
- B. The ratings obtained by following the described procedures are whole person ratings. They are final impairment ratings which reflect the extent of physical functional deficit resulting from the specific spinal injury or injuries.

II. Rating Procedures

- A. Calculate the overall impairment including any pre-existing impairment. Basic ratings are obtained from the schedules on pages 34 and 35 of this Guide.
- B. The Specific Rules in Rating (Section III) are then consulted and the basic ratings which have been obtained are modified, if indicated.
- C. Total the Ratings.

III Specific Rules in Rating

The scheduled ratings should be assumed to include impairment of sensation over a dermatome and some decrease in spinal movement.

A. Surgical Cases

- 1. The scheduled ratings may be increased by 5% or more based on the judgement of the Medical Advisor Clinical Impairment when post-surgical results include any of the following depending on severity and impact on function:
 - a) severe radicular pain
 - b) muscle weakness
 - c) anesthesia over a dermatome which affects function of the limb e.g. especially sole of the foot.

THE SPINE

An increase greater than 10% should be assessed only when two or more are present and it is evident that the loss of function warrants a larger award.

2. In addition to the above post-surgical results that include bowel, bladder or sexual dysfunction are rated using the principles of the AMA Guides applied to the Alberta Guides rating where one is given.
3. When multiple surgical procedures have been carried out at more than one level of the spine, the impairment is assessed as if the procedures had been performed as a single operation.
4. No increase in the impairment rating is made for a repeat same level spinal operation unless the clinical impairment has worsened.
5. Exploratory laminotomy is not assessable.

B. Non-Surgical Cases

1. There is no scheduled award. Assessment is based on the same principles as surgical cases.
2. Permanent post-traumatic instability is rated on a judgement basis.

THE SPINE

RATING SCHEDULE

Cervical Spine

1. Surgical Cases		Whole Person Rating (%)
a.	Discectomy and/or decompression (one level)	10
b.	Discectomy and/or decompression (additional levels)	Each 5
c.	Fusion (one level)	10
d.	Fusion (additional levels)	Each 5
e.	Discectomy and fusion (one level)	15
f.	Discectomy and fusion (additional levels)	Each 5
2. Non-Surgical Cases		
a.	Flexion-extension neck injury where there is assessable functional impairment	0 - 5
b.	Aggravation of degenerative cervical condition where there is assessable functional impairment	0 - 5
c.	Non-operative disc (successful conservative treatment, operation is not possible or worker declines surgery) where there is assessable functional impairment	0 - 10
d.	Compression fracture (one level) where there is assessable functional impairment	0 - 25% 4 26 - 50% 6 > 50% 10
e.	Compression fractures (additional levels) where there is assessable functional impairment	0 - 25% 2 26 - 50% 3 > 50% 5

THE SPINE

Thoracic and Lumbar Spine

1. Surgical Cases		Whole Person Rating (%)
a. Discectomy and/or decompression (one level)		10
b. Discectomy and/or decompression (additional levels)	Each	5
c. Spinal fusion (one level)		15
d. Spinal fusion (additional levels)	Each	5
e. Discectomy and/or decompression and fusion (one level)		20
f. Discectomy and fusion (additional levels)	Each	5
2. Non-Surgical Cases		
a. Aggravation of degenerative back condition where there is assessable functional impairment		0 - 5
b. Chemonucleolysis when there is assessable functional impairment		0 - 5
c. Non-operative disc (successful conservative treatment, operation is not possible or worker declines surgery) where there is assessable functional impairment		0 - 10
d. Compression fracture (one level) where there is assessable functional impairment	0 - 25% 26 - 50% > 50%	4 6 10
e. Compression fracture (additional levels) where there is assessable functional impairment	0 - 25% 26 - 50% > 50%	2 3 5

HEARING LOSS

HEARING LOSS

I. Introduction

- A. Compensable hearing loss results from damage to the hearing organs or auditory cortex as a result of employment. Hearing loss may occur in one or both ears and is either noise-induced or caused by physical trauma.
- B. For purposes of impairment rating, the term **noise-induced** hearing loss refers to slowly progressive neurosensory impairment resulting from prolonged exposure to hazardous sound.
- C. Occupational **noise-induced** hearing loss may affect one or both ears depending on the noise source and proximity. If such hearing loss is bilateral, both ears are affected to similar degree.
- D. Hearing loss from **trauma** refers, for purposes of rating impairment, to suddenly acquired loss resulting from physical trauma to the skull or ear, or from exposure to sudden, intensive acoustic energy such as gunfire, loud impacts and explosions.

II. Rating Procedure

- A. Total the 4 pure tone audiometric results of hearing in one ear obtained at 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz without the use of a hearing aid.
- B. Repeat using results obtained from the other ear.
- C. Compare the totals.

If the hearing loss is bilateral and the losses in each ear,

- i. differ by **less** than 20dB, apply each total to the appropriate axis of Table 1, to obtain the combined PCI rating (see Example 1, page 38).
- ii. differ by **more** than 20dB, assume the loss in the better ear is due to occupational noise exposure. Apply that loss to both axes of Table 1 to obtain the combined PCI rating (see Example 2, page 38).

HEARING LOSS

D. The calculated PCI rating is apportioned for the Alberta caused loss.

III. Specific Rules in Rating

- A. ISO audiometric calibration must be used for frequency specific hearing loss measurement.
- B. Effects of aging on hearing ability (presbycusis) are not considered in rating hearing impairment because the average hearing loss at 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz due to presbycusis falls below 35 decibels.
- C. Tinnitus alone produces no impairment.
- D. Tinnitus in the presence of measurable hearing loss (unilateral or bilateral) with impairment of speech discrimination in the poorer ear, may be rated up to 2% impairment on a judgement basis in addition to the rating for the hearing loss.
- E. Tinnitus in the presence of (physical) cochlear or acoustic trauma with or without measurable hearing loss may be rated up to 2% on a judgement basis.

HEARING LOSS

EXAMPLES

EXAMPLE 1

Total of left ear loss = 210 dB
Total of right ear loss = 195 dB
difference = 15 dB

Since the difference is less than 20 dB, apply 195 to the Better Ear axis and 210 to the Poorer Ear axis of Table 1.

The combined rating = 8.8%

EXAMPLE 2

Total of left ear loss = 245 dB
Total of right ear loss = 170 dB
difference = 75 dB

Since the difference is more than 20 dB, apply 170 to both the Better Ear axis and the Poorer Ear axis of Table 1.

The combined rating = 6.0%

HEARING LOSS

HEARING LOSS TABLE 1 - COMBINED RATING TABLE

- The ratings in this table are whole person combined hearing loss percentage ratings.
- The ratings assume ISO calibrated audiograms and measurement without hearing aids.

	(dB)												
	310 - 320												
B E T T E R E A R	290 - 309											24.0	25.0
	270 - 289										20.4	21.0	22.0
	250 - 269									16.8	17.4	18.0	19.0
	230 - 249								13.8	14.3	14.9	15.5	16.5
	210 - 229							10.8	11.3	11.8	12.4	13.0	14.0
	190 - 209						8.4	8.8	9.3	9.8	10.4	11.0	12.0
	170 - 189					6.0	6.4	6.8	7.3	7.8	8.4	9.0	10.0
	150 - 169				4.2	4.5	4.9	5.3	5.8	6.3	6.9	7.5	8.5
	140 - 149			2.4	2.7	3.0	3.4	3.8	4.3	4.8	5.4	6.0	7.0
	0 - 139		0	0.4	0.7	1.0	1.4	1.8	2.3	2.8	3.4	4.0	5.0
		(dB)	0	140	150	170	190	210	230	250	270	290	310
			to	to	to	to	to	to	to	to	to	to	to
		139	149	169	189	209	229	249	269	289	309	320	
		P	O	O	R	E	R		E	A	R		

* Ratings have been derived from the following formula:

$$\text{Combined Rating} = \text{Rating for Poorer Ear} + 5 \times \text{Rating for Better Ear}$$

(See hearing loss Table 2 in the Appendix for the basis of the unilateral hearing loss ratings in Table 1)

VISION

VISION

I. Introduction

Classified visual impairments refer to visual acuity, visual fields and ocular motility. Non-classified visual impairments are those referred to in Rating Schedule I, page 44.

Evaluation of visual impairment is based on the degree of loss of both classified and non-classified categories. Where vision is impaired, but not reflected in the schedules, a judgement rating is made.

In order to calculate the degree of impairment caused by an injury, all relevant information on the pre-accident and post accident visual acuities, visual fields and ocular motility status must be obtained.

II. Rating Procedure

Calculate the overall impairment including any pre-existing impairment based on the following steps:

- A. When only one eye is involved impairment due to loss of visual acuity or non-classified visual impairment is obtained from Rating Schedule I or Rating Schedule II.
- B. When both eyes are involved calculate the combined rating for visual acuity or non-classified visual impairment by reference to Rating Table 1, page 46 or by use of the following formula:

Combined Rating = $(84/16 \times \text{rating}^* \text{ of the better eye}) + \text{rating}^* \text{ of the poorer eye.}$

* obtained from Rating Schedule II, Page 45

- C. Calculate the impairment due to loss of visual fields using Specific Rules in Rating G & H, page 42.
- D. Calculate the impairment of ocular motility using Specific Rules in Rating E & F page 41 & 42.

VISION

- E. Combine the impairments in A, B, C & D to obtain the post injury visual impairment.
- F. Calculate the pre-existing impairment by following steps A, B, C & D using pre-accident information.
- G. Subtract the pre-existing impairment rating from the post injury rating (E & F above) to obtain the impairment rating for the compensable injury (see Example 1, page 43).

III. Specific Rules in Rating

- A. If the pre-accident best corrected visual acuity is indeterminate, and the compensable injury has affected the visual acuity of only one eye, the pre-accident best corrected visual acuity of each eye is assumed to have been the same as the current corrected visual acuity of the uninjured eye.
- B. If the pre-accident best corrected visual acuity is indeterminate and the compensable injury has affected the visual acuity of both eyes, no pre-existing visual impairment is assumed.
- C. Non-classified visual impairments are assessed based on Schedule I , page 44.
- D. Impairment due to aphakia or pseudoaphakia is assessed based on impairment of best corrected visual acuity, and/or non-classified visual impairments.
- E. Intractable diplopia in all fields of gaze is assessed at the level of complete loss of vision in one eye.

VISION

- F. Intractable diplopia not involving all fields of gaze is assessed based on the AMA Guides using diplopia field testing pro-rated to the scheduled rating in the Alberta Guides for loss of vision in both eyes.
- G. Monocular (prechiasmal) ocular visual field impairments are assessed using the method of Esterman monocular field testing described in the AMA Guides pro-rated to the scheduled rating in the Alberta Guide for complete loss of vision in one eye.
- H. Chiasmal and retrochiasmal field impairments are assessed using the method of Esterman binocular field testing pro-rated to the scheduled rating in the Alberta Guides for complete loss of vision in both eyes.

VISION

EXAMPLES

EXAMPLE 1:

IMPAIRMENTS (injury affecting both eyes):

Post-injury: Left eye best corrected acuity = 20/200
Right eye best corrected acuity = 20/60

Pre-injury: Indeterminate, but no glasses worn.

CALCULATION:

Current combined rating = $(84/16 \times 4) + 14 = 35\%$

Pre-existing combined rating = 0 (Rule B, page 40).

PCI rating for the compensable loss = 35%

EXAMPLE 2:

IMPAIRMENTS:

Left eye - compensable loss of acuity. Corrected acuity = 20/80
Right eye - normal vision

Schedule I does not apply.

Schedule II rating for acuity of 20/80 = 6%

This is the PCI rating for the compensable vision loss.

VISION

RATING SCHEDULE I

IMPAIRMENT RATINGS FOR SPECIFIED CONDITIONS	WHOLE PERSON RATING (%)
Complete loss of sight in both eyes	100
Single enucleation	18
Loss of sight in one eye (without enucleation)	16
Non-classified visual impairments including loss of accommodation, photophobia, tearing and eye irritation	3

VISION

RATING SCHEDULE II

IMPAIRMENT RATINGS LOSS OF ACUITY			WHOLE PERSON RATING (%)
<u>Feet</u>	<u>Meters</u>		
20/30	6/9	each eye:	0
20/40	6/12	each eye:	1
20/50	6/15	each eye:	2
20/60	6/18	each eye:	4
20/80	6/24	each eye:	6
20/100	6/30	each eye:	8
20/200	6/60	each eye:	14
20/400	6/120	each eye:	16

N.B. Ratings assume the best corrected visual acuity.

VISION

RATING TABLE 1

The figures within the table are whole person **combined** impairment ratings (%) for visual impairments in **both** eyes.

BEST CORRECTED VISUAL ACUITY

		L	E	F	T	E	Y	E	
R		20/30 6/9	20/40 6/12	20/50 6/15	20/60 6/18	20/80 6/24	20/100 6/30	20/200 6/60	20/400 6/120
I	20/30 6/9	0	1	2	4	5	8	14	16
G	20/40 6/12	1	6.3	7.3	9.3	11.3	13.3	19.3	21.3
H	20/50 6/15	2	7.3	12.5	14.5	16.5	18.5	24.5	26.5
T	20/60 6/18	4	9.3	14.5	25	27	29	35	37
	20/80 6/24	6	11.3	16.5	27	37.5	39.5	45.5	47.5
E	20/100 6/30	8	13.3	18.5	29	39.5	50	56	58
Y	20/200 6/60	14	19.3	24.5	35	45.5	56	87.5	89.5
E	20/400 6/120	16	21.3	26.5	37	47.5	58	89.5	100

Ratings assume the best corrected visual acuity.

They derive from the formula: Combined rating = 84/16 x rating of better eye + rating of poorer eye.

SKIN

SKIN

I. Introduction

- A. The skin has many functions. It provides protection, enables perception (touch, pressure, pain and temperature) and assists in excretion, fluid balance, temperature regulation and immunological defence. It is also extremely important psychologically and cosmetically.
- B. While specific diagnosis of the type of skin disorder is useful, skin impairment is rated by the functional deficit created by lesions. Thus, clinical impairment due to a skin lesion considers both functional impairment and disfigurement.
- C. Skin lesions must be described by the surface area involved, shape, location, color, thickness, and effectiveness as skin. Color photographs of the involved areas are invaluable.

II. Rating Procedure

A. Functional impairment

1. Decide which functional unit of skin is involved, using the following classification:
 - a) Face **and** anterior neck
 - b) Scalp **and** trunk
 - c) Upper extremity (**both**, excluding hands)
 - d) Lower extremity (**both**, excluding feet)
 - e) Feet
 - f) Right hand
 - g) Left hand
2. If the face or anterior neck is functionally impaired, rate the impairment using Table I (page 49).
3. If any of the remaining regions (b to g) are functionally impaired, rate each **separately** using Table II (page 50).

SKIN

4. When more than one region of skin is impaired, more than one rating will be obtained. These ratings are combined using the principle of combined values as described in AMA Guides.
5. The final rating is added to any other impairment ratings.

B. Disfigurement

In the case of disfigurement there may be psychological disturbance. If this is considered permanent it should be dealt with under the section for Mental Impairment. Psychological impairment should be assessed only when it exceeds the physical impairment and to the extent it exceeds the physical impairment.

SKIN

TABLE I - FUNCTIONAL IMPAIRMENT - SKIN OF FACE AND ANTERIOR NECK

(figures are rating percentages)

Description of the Lesion

<u>Extent of Lesion</u>	Mildly Conspicuous Scar	Moderately Conspicuous Scar	Severely Conspicuous Hypertrophic scar, not surgically correctable, distorting lip or eyelid
Less than 2 cm. in length or diameter	0	0 - 1	2 - 5
2 - 8 cm. in length or diameter	0 - 2	3 - 5	6 - 10
Larger or multiple scars with minimal tissue loss, change of normal appearance and/or loss of skin function	N/A	6 - 15	16 -20
Larger or multiple scars with major tissue loss, change of normal appearance and/or loss of skin function	N/A	21 - 25	26 - 35

NOTE: When evaluating the extent and description, the predominating lesion must be considered when using this table.

SKIN

TABLE II - FUNCTIONAL IMPAIRMENT - SKIN OF OTHER AREAS **

**

- Scalp and trunk
- Upper extremity (both, excluding hands)
- Lower extremity (both, excluding feet)
- Feet
- Right hand
- Left hand

(figures are rating percentages)

Description of the Lesion

<u>Extent of Lesion</u>	Mildly Conspicuous Scar	Moderately Conspicuous	Severely Conspicuous Scar
(proportion of surface of entire unit affected) e.g., scalp and trunk, or both feet, etc	Good skin cover with dyshydration and/or loss of hair follicles	Hypertrophic scars or Lichenification/ Dyskeratosis, and difficulty with extreme temperatures or Mild Photosensitivity	Poor skin cover, frequent or chronic breakdown and difficulty with extreme temperatures or severe photo-sensitivity
Up to 1/3 of unit surface	0 - 2	0 - 5	0 - 8
1/3 to 2/3 of unit surface	3 - 5	6 - 10	11 - 15
over 2/3 of unit surface	4 - 8	9 - 15	16 - 25

NOTE: Each unit (area) listed must be rated **separately**. Use the combined Ratings Chart (see Appendix) to achieve the total rating.

THE CARDIOVASCULAR SYSTEM

THE CARDIOVASCULAR SYSTEM

I. Introduction

- A. For purposes of rating permanent clinical impairment, cardiovascular disorders are considered as either cardiac or vascular in nature. However, disorders of the coronary vessels are included as cardiac disorders.

II. Rating Procedure

- A. For rating purposes, cardiac disorders are divided into four function-based Classes. The characteristics of each Class are:

1. Class I 0 - 9%

Cardiac disease has been diagnosed, but there is no resulting limitation of physical activity. Prolonged exertion, emotional stress, climbing or recreational activities do not produce undue fatigue, palpitations, dyspnea, angina or signs of congestive heart failure. There is no lost work time attributable to the condition.

2. Class II 10 - 29%

- a) Cardiac disease is causing slight limitation of physical activity. The ordinary activities of daily living are accomplished without signs or symptoms, but heavy physical exertion results in fatigue, palpitation or angina; or
- b) medical treatment prevents angina and the signs and symptoms of congestive heart failure; or
- c) the worker is able to obtain a heart rate of 85% of predicted maximum on a tread mill or exercise ergometer without developing significant ST segment changes, ventricular tachycardia or hypotension; or
- d) recovery from coronary artery surgery has occurred and the claimant remains asymptomatic during ordinary activities of daily living and is able to exercise as outlined in c); or

THE CARDIOVASCULAR SYSTEM

- e) when taking beta-adrenergic blocking agents, the worker is able to achieve an energy expenditure level on a tread mill of at least 10 METS as a substitute for the heart rate target; or
- f) when evaluating a pre-existing condition there has been less than 10 days of lost work time attributable to the condition, during the twelve months preceding the date of accident (DOA).

3. Class III 30 - 49%

- a) Cardiac disease resulting in marked limitation to physical activity. The worker is comfortable at rest, but activities of daily living cause fatigue, palpitations, dyspnea or angina; and
- b) medical treatment only partially controls angina or the signs and symptoms of congestive heart failure; and/or
- c) laboratory findings suggest cardiac enlargement and/or abnormal ventricular function; and
- d) significant vocational adjustment is required; or
- e) when evaluating the pre-existing condition there has been one to six months of lost work time attributable to the condition, during the twelve months preceding the DOA.

4. Class IV 50 - 100%

- a) Cardiac disease resulting in severe restriction of all physical activity. Symptoms of inadequate cardiac output, pulmonary or systemic congestion or angina may be present even at rest. Any physical activity increases discomfort and the signs and symptoms persist in spite of adequate treatment. Frequent or continuous confinement to the home or treatment facility is required; and/or

THE CARDIOVASCULAR SYSTEM

- b) laboratory findings suggest cardiac enlargement and/or abnormal ventricular function; or
 - c) signs and symptoms continue, even after coronary by-pass surgery; and
 - d) assistance is required for daily living activities and only major vocational adjustment can make the claimant employable; and
 - e) when evaluating the pre-existing condition there has been over six months of lost work time attributable to the condition, during the twelve months preceding the DOA.
- B. Table 1, page 54, summarizes the characteristics of the four Classes and provides the ratings for each.
- C. Ratings assessed for clinical impairment due to cardiac disease are judgement ratings.

THE CARDIOVASCULAR SYSTEM

TABLE 1 - CHARACTERISTICS OF CARDIAC DISORDERS AND THEIR RATINGS

	I	II	III	IV
PHYSICAL LIMITATIONS	None	Slight (Limits heavy exertion)	Marked (limits daily living and work activities)	Severe (Limits daily living and work activities)
	- OR -	- OR -	- AND/OR -	- AND/OR -
LABORATORY FINDINGS *	No signs of Congestive Failure	No signs of Congestive Failure	Cardiomegaly and/or abnormal Ventricular Function	Cardiomegaly and/or abnormal Ventricular Function
	- OR -	- OR -		
EXERCISE TOLERANCE TESTS	Able to reach 85% of predicted max heart rate without signs or symptoms	Able to reach 85% of predicted max heart rate or 10 METS without signs or symptoms	N/A	N/A
		- AND -	- AND -	- AND -
SYMPTOMS, ** SIGNS, * TREATMENT		Treatment stops all symptoms and signs	Treatment partially Controls symptoms and signs	Symptoms and signs persist despite adequate treatment
RATINGS (%)	0 - 9	10 - 29	30 - 49	50 - 100

** Symptoms = fatigue, palpitations, dyspnea, angina

* Signs = significant ST changes, abnormal ventricular function, inadequate output, pulmonary or systemic congestion.

THE RESPIRATORY SYSTEM

THE RESPIRATORY SYSTEM

I. Introduction

- A. For purposes of impairment rating, the respiratory system includes the following:
1. Upper Respiratory System:
the nose, throat, larynx and trachea.
 2. Lower Respiratory System:
all other respiratory structures within the chest cavity including chest wall cage.
- B. Lower respiratory system ratings are based on a combination of diagnosis, symptoms, and the results of laboratory tests (specifically, pulmonary function tests (PFT's) and imaging (e.g., x-rays).
- C. Where a worker suffers chest disease due in part to occupational and in part to non-occupational factors, the overall disability will be presumed to be related to the employment and compensation awarded accordingly.
- D. That portion of the award related to non-occupational factors is relieved from the employer's experience account.

II. Rating Procedure

- A. Upper respiratory system impairment is rated according to Schedule I, page 58.
- B. Lower respiratory system impairment is rated according to Schedule II, pages 59 to 62.
- C. The difference in ratings between the pre-existing and post-incident respiratory episode will be considered to be the impairment as a result of the respiratory episode for the purpose of I(D) above.

THE RESPIRATORY SYSTEM

III. Specific Rules in Rating

A. Definitions

1. Pulmonary Function Tests (PFT's)

- a. FVC - Forced Vital Capacity
- b. FEV₁ - Forced Expiratory Volume in one second
- c. DL_{CO} - Single Breath Diffusing Capacity for carbon monoxide
- d. VO₂ max. - Maximum Oxygen Uptake when exercised

2. Imaging Investigations

- a. Chest Film - Routine PA and lateral films plus any other radiological procedures used for the investigation and assessment of the respiratory disorder.
- b. The International Labor Organization Classification of PA chest films of cases of pneumoconiosis. Category 1/1 is considered as being the initial stage of abnormality, lower categories being normal.

3. Diagnosis

- a. Obstructive lung diseases - Disorders of the respiratory system in which there is an abnormal increase in resistance to the flow of air into and/or out of the lung.
- b. Restrictive lung diseases - Disorders of the respiratory system in which lung volume is abnormally decreased. They include:

THE RESPIRATORY SYSTEM

- i. chronic intrinsic restrictive lung diseases with diffuse alveolar membrane structural changes producing lower than normal FVC, DL_{CO} , and increased stiffness of the lung tissue;
- ii. all conditions where extrinsic pressure could produce decreased functional lung volume; and
- iii. all conditions causing restricted chest wall movement resulting in impaired lung function.

THE RESPIRATORY SYSTEM

SCHEDULE II - LOWER RESPIRATORY SYSTEM

<u>Class I</u>	<u>NO IMPAIRMENT</u>	0%
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No dyspnoea is present due to respiratory disease

AND

Pulmonary function tests results are more than 80% of the predicted value

<u>Class II</u>	<u>MILD IMPAIRMENT</u>	10 - 24%
------------------------	-------------------------------	----------

More dyspnoea than expected for the worker's age on **fast** walking on the level or on climbing **two** flights of stairs

AND

<u>PFT</u>	<u>OBSTRUCTIVE</u>	<u>RESTRICTIVE</u>
FVC	N/A	60% - 80% of predicted value
FEV ₁	60% - 80% of predicted value	N/A
DLCO	Normal or slightly abnormal	65% - 80% of predicted value
MAX.VO ₂	60% - 80% of predicted value	60 - 80% of predicted value

THE RESPIRATORY SYSTEM

Class III **MODERATE IMPAIRMENT** 25 - 49%

More dyspnoea than
expected for the worker's age
on normal walking on the
level or climbing one flight of
stairs

AND

<u>PFT</u>	<u>OBSTRUCTIVE</u>	<u>RESTRICTIVE</u>
FVC	N/A	40% - 60% of predicted value
FEV ₁	40% - 60% of predicted value	N/A
DLCO	Usually more than 50% of predicted value	50% - 65% of predicted value
MAX.VO ₂	40% - 60% of predicted value	40% - 60% of predicted value

THE RESPIRATORY SYSTEM

Class IV

SEVERE IMPAIRMENT

50 - 74%

Dyspnoea after walking more than 100 meters at own pace on the level or doing light work

AND

<u>PFT</u>	<u>OBSTRUCTIVE</u>	<u>RESTRICTIVE</u>
FVC	N/A	Less than 40% of predicted value
FEV ₁	Less than 40% of predicted value	N/A
DLCO	Reduced	Less than 40% of predicted value
MAX.VO ₂	20% - 40% of predicted value	20% - 40% of predicted value

THE RESPIRATORY SYSTEM

<u>Class V</u>	<u>VERY SEVERE IMPAIRMENT</u>	75 - 100%
	Dyspnoea on talking or undressing, or unable to leave dwelling because of breathlessness	
	AND	
	<u>OBSTRUCTIVE</u>	<u>RESTRICTIVE</u>
PFT		
FVC	N/A	Less than 40% of predicted value
FEV ₁	Less than 40% of predicted value	N/A
DL _{CO}	Reduced	Less than 40% of predicted value
MAX.VO ₂	Less than 20% of predicted Value	Less than 20% of predicted value

THE BRAIN

THE BRAIN

I. Introduction

- A. This rating procedure is for impairment of brain function resulting from physical trauma, chemical toxins, vascular accidents, infection, emboli, and tumors.
- B. Brain injury may manifest as dysfunction of the following types, and are rated based on the AMA Guides:

1. **Sensory and/or Motor Disturbances**

Impairment of sensory or motor function may involve a single organ or body part, or may occur in a widespread or generalized manner.

2. **Disturbances of Consciousness and Awareness**

These are problems of abnormal alterations in the state of consciousness such as stupor and coma, sometimes called organic confusional state.

3. **Episodic Neurological Disorders**

These include syncope, epilepsy and other disorders such as narcolepsy, cataplexy, etc.

4. **Language and Speech Disturbances**

These include disturbances of language comprehension, storage and production mediated by the brain resulting in aphasia, dysphasia, agraphia, alexia, dyslexia or echolalia. Disturbances due to mal or non-function of the oral structures, hearing organs or larynx are not included.

5. **Emotional and Behavioral Disturbances**

These consist of disorders of affect and of some aspects of behavior. Examples are endogenous depression, inappropriate euphoria, manic-depressive mood swings, flattening of affect, involuntary laughing or crying, akinetic mutism, phobias and tic disorders.

THE BRAIN

6. Disturbances of Complex Integrated Cerebral Functions

These disturbances are also described as organic brain syndrome. Difficulty may occur in orientation to time or place. There may be an inability to grasp concepts or abstractions, to recall immediate or remote events, or to make or act on decisions. Social behavior is often inappropriate.

7. Sleep and Arousal Disorders

These include disorders of initiating and maintaining sleep (insomnia), and disorders of excessive somnolence.

II. Rating Procedure

- A. Detailed information should be obtained about the mechanism of injury, insofar as possible from witnesses to the event and from first aid personnel.
- B. A pre-accident and post-accident profile of the individual's mental, behavioral and physical status should be obtained and taken into account when determining the rating for the current injury.
- C. Consider the severity of injury and determine if long-term psychological and physical effects are likely.
- D. The existing impairments are then identified as to type (paragraph I(B), page 63).
- E. Consultants appropriate to the type of impairment are employed to assess the severity of dysfunction. Generally, the specific consultant specialists for each type of impairment are:
 - i. for sensory and/or motor disturbances - neurologist
 - ii. for language and speech disturbances - neurologist and neuropsychologist
 - iii. for emotional and behavioral disturbances - psychiatrist

THE BRAIN

- iv. for disturbances of consciousness and awareness - neurologist and neuropsychologist
 - v. for episodic neurological disorders - neurologist
 - vi. for disturbances of complex integrated cerebral functions - psychiatrist, neuropsychologist and neurologist
 - vii. for sleep and arousal disorders - neurologist
- F. The impairments are then rated. Where impairment is in doubt or is controversial, a head injury conference may be held at the request of the medical advisor or any involved consultant specialist. The case manager and a pensions representative should attend.
- G. Compare the claimant's pre-incident profile and current impairment rating using judgement with reference to the AMA Guides.

III. Specific Rules in Rating

- A. Impairment due to brain injury of a body part covered under another section of this document, is rated using the procedure and schedules presented in that section.
- B. Behavioral and emotional disturbances as a consequence of organic brain injury are rated judgementally using the AMA Guides under the appropriate section for "The Brain."
- C. Emotional disturbances not related to organic brain injury are assessed under the section for mental impairment (page 66).
- D. In all other instances, impairment due to brain injury are rated judgementally.

MENTAL IMPAIRMENT

MENTAL IMPAIRMENT

I. Introduction

- A. For purposes of disability rating, Mental Impairment refers to abnormal conditions of the mind which impair or prevent normal social interaction. It does not include sensory, motor, episodic neurological disorders, language or consciousness disturbances caused by brain or CNS malfunction.
(see The Brain , page 63).
- B. Activities of daily living include activities such as self-care and personal hygiene, communicating, ambulation, social and recreational activities, etc.
- C. Mental impairment may affect the individual by making it difficult or impossible to perform work related duties under normal conditions of stress. Common work stressors are attendance requirements, decision-making tasks, scheduling and adherence to schedules, deadlines and personal interactions.

II. Rating Procedure

- A. A pre-accident profile of the individual's mental, behavioral and physical status should be obtained.
- B. Consultants appropriate to the type of impairment are employed to assess the severity of dysfunction. The classes of severity and their impairment rating ranges are found on pages 67 to 71.
- C. A mental impairment conference may be held to resolve doubts or controversy regarding disability level. The Medical Consultant, Consultant Specialist, Case Manager and Pensions Representative should attend.

III. Specific Rules in Rating

- A. Impairments due to mental impairment are rated judgementally using the classification ranges (pages 67 to 71) as guides.
- B. The physical aspects of brain dysfunction are rated using the procedure described in The Brain (page 63).
- C. Where there is reactive psychological/psychiatric impairment as well as physical impairment, the psychological/psychiatric impairment is assessed only if it exceeds the expected reaction. Most injuries result in a psychological/psychiatric response; that response is considered an inherent part of the injury. The assessed impairment recognizes physical

MENTAL IMPAIRMENT

loss as well as giving consideration to symptoms of pain and varying degrees of mood disturbance, usually depressive symptoms.

In exceptional cases the psychological/psychiatric response dominates the presentation, with the worker presenting a degree of incapacity exceeding what the physical impairment assessment can account for. In those circumstances a psychiatric examination may determine that the impairment for the psychological/psychiatric condition exceeds the impairment that was assessed by the usual physical examination. The psychological/psychiatric condition, assuming that it is permanent and no longer amenable to treatment, then determines the worker's total impairment. By convention, this impairment is expressed in terms of the extent to which the psychological/psychiatric impairment exceeds the organic assessment.

To illustrate: a worker's back and other injuries are assessed at 30% of the whole person. Applying the Alberta Guide to the psychological/psychiatric assessment determines that mental impairment rates at 40%. The total impairment is therefore 40%. This would be recorded as 30% for the physical component plus 10% for the psychological/psychiatric component. The 30% recognizes the physical loss and the inherent psychological/psychiatric problems of pain and depression. The additional 10% recognizes the extent to which the psychological/psychiatric impairment exceeds the impairment assessed by the physical examination.

D. Where the psychological/psychiatric impairment is not a response to a physical injury but is a distinct and separate impairment independent of a physical injury, as may be the case in post traumatic stress disorder, the psychological/psychiatric impairment is **added** to any physical impairment.

MENTAL IMPAIRMENT

CLASSIFICATION FOR ASSESSING MENTAL IMPAIRMENT

CLASS I NO IMPAIRMENT 0%

The worker:

- i. is able to carry on with all of the activities of daily living, and
- ii. is able to perform work related duties without difficulty under normal conditions of stress, or
- iii. may exhibit intermittent pain behavior without restriction of functional ability.

When evaluating a pre-existing mental condition, in addition to confirmation of the above, the work history does not reveal any time loss due to the condition.

MENTAL IMPAIRMENT
CLASS III MILD IMPAIRMENT 11% - 30%

The worker:

- i. is capable of taking care of all personal needs at home but may experience a reduced confidence level and an increased dependency outside the home,

and

- ii. experiences a definite limitation of personal and social efficiency, or
- iii. suffers episodic anxiety, agitation and unusual fear of situations which appear to threaten re-injury, or
- iv. exhibits persistent pain behavior, associated with signs of emotional withdrawal and depression (e.g., loss of appetite, insomnia, chronic fatigue, low noise tolerance and mild psychomotor retardation), or
- v. in the case of conversion reactions, consistently avoids the use of the affected part leading to restriction of everyday activities,

and

- vi. will probably require vocational adjustment depending upon both the signs and symptoms present and the nature of the pre-accident work.

When evaluating a pre-existing mental condition, in addition to confirmation of the above, a work history will reveal frequent time loss due to the condition (11-20 working days in the 12 months preceding the work related accident).

MENTAL IMPAIRMENT

CLASS IV MODERATE IMPAIRMENT 31% - 50%

The worker:

- i. suffers definite deterioration of familial adjustment and incipient breakdown of social integration,

and
- ii. experiences long episodes of depression evidenced by a withdrawal from family and society and significant intolerance of noise and stress,
or
- iii. in the case of conversion reactions, exhibits bizarre behavior and a tendency to avoid anxiety creating situations to the point of significant restriction of everyday activities,

and
- iv. may require periodic confinement to the home or a treatment facility and will need significant vocational adjustment.

When evaluating a pre-existing mental condition, in addition to confirmation of the above, a work history will reveal extensive time loss due to the condition (more than one month in the 12 months preceding the work related accident).

MENTAL IMPAIRMENT
CLASS V SEVERE IMPAIRMENT 51% - 75%

The worker:

- i. exhibits a chronic and severe inability to function both in and out of the home,

and

- ii. exhibits evidence of major forgetfulness, lack of concentration and a neglect of personal hygiene, or
- iii. suffers obvious loss of interest in the environment, extreme emotional irritability, emotional lability and uncontrolled outburst of temper, or
- iv. experiences mood changes with psychotic levels of depression, severe motor retardation and psychological regression,

and

- v. requires constant supervision and/or confinement as well as major vocational adjustment.

When evaluating a pre-existing mental condition, in addition to confirmation of the above, a work history reveals extensive time loss due to the condition (more than 6 months in the 12 months preceding the work related accident).

MISCELLANEOUS CONDITIONS

MISCELLANEOUS CONDITIONS

I. Introduction

This section concerns the assessment of ratings for PCI for conditions which are not covered by previous sections in the Alberta Guides.

II. Rating Procedure

Unless otherwise noted, ratings for the named conditions are obtained directly from the Schedule on page 74.

MISCELLANEOUS CONDITIONS

CONDITION	WHOLE PERSON RATING (%)
a. Loss of sense of Smell OR Taste	3
b. Loss of sense of Smell AND Taste	5
c. Loss of Kidney	10
d. Loss of Spleen	5
e. Impotence (organic cause)	up to 15
f. Infertility	5

APPENDIX COMBINED VALUES CHART

APPENDIX

Combined Values Chart

The values are derived from the formula $A + B(1 - A) = \text{combined value of A and B}$, where A and B are the decimal equivalents of the impairment ratings. In the chart all values are expressed as percents. To *combine* any two impairment values, locate the larger of the values on the side of the chart and read along that row until you come to the column indicated by the smaller value at the bottom of the chart. At the intersection of the row and the column is the combined value.

For example, to combine 35% and 20% read down the side of the chart until you come to the larger value, 35%. Then read across the 35% row until you come to the column indicated by 20% at the bottom of the chart. At the intersection of the row and column 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.

If three or more impairment values are to be combined, select any two and find their combined value of all. This process can be repeated indefinitely, the final value in each instance being the combination of all the previous values. In each step of this process the larger impairment value must be identified at the side of the chart.

Note: If impairments from two or more organ systems are to be *combined* to express a whole-person impairment, each must first be *expressed* as a whole-person impairment percent.

APPENDIX COMBINED VALUES CHART

Part 3 - Range: 51 - 99 x 1 - 25

	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
65	65	66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77
66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78
67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79
68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80
69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81
70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82
71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83
72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84
73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85
74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86
75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87
76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88
77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89
78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90
79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91
80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92
81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93
82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94
83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95
84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96
85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97
86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98
87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99
88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100
89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101
90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102
91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103
92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104
93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105
94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106
95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107
96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107	108	108
97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107	108	108	109	109
98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107	108	108	109	109	110	110
99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107	108	108	109	109	110	110	111	111

APPENDIX COMBINED VALUES CHART

Part 4 - Range: 51 - 99 x 26 - 50

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

