

EXPLANATORY STATEMENT

Safety, Rehabilitation and Compensation Act 1988

Issued by the Minister for Tertiary Education, Skills, Jobs and Employment Relations

Notice of a Disallowable Instrument

Revocation of the Second Edition and approval of Edition 2.1 of the Guide to the Assessment of the Degree of Permanent Impairment

The purpose of the instrument to which this Explanatory Statement relates, is to approve the revocation of the Second Edition and approve Edition 2.1 of the Guide to the Assessment of the Degree of Permanent Impairment (the Guide), setting out the criteria by which the degree of permanent impairment and non-economic loss suffered by an injured employee shall be assessed for the purposes of the *Safety, Rehabilitation and Compensation Act 1988* (the SRC Act).

Section 28 of the SRC Act provides that Comcare may prepare a written document, to be called the “Guide to the Assessment of the Degree of Permanent Impairment” and may, from time to time, vary or revoke the approved Guide. In accordance with subsections 28(2) and (3), the instrument revokes the Second Edition of the Guide and approves Edition 2.1, to commence on 1 December 2011.

The instrument is a legislative instrument within the meaning of the *Legislative Instruments Act 2003*.

Subsections 24(6) and (7) of the SRC Act provides that the degree of permanent impairment suffered by an employee shall be expressed as a percentage and that a medical practitioner must assess the employee as having a permanent impairment of at least 10% in order for that employee to have access to compensation. However, a number of impairment tables in the Second Edition of the Guide do not provide 10% criteria.

In the recent Federal Court matter of *Broadhurst v Comcare* (2010) FCA 1034; (2010) 189 FCR 561, the Court found that under subsection 24(7) an employee is entitled to compensation unless Comcare is able to determine that the degree of permanent impairment resulting from a particular injury is less than 10%. However, as some impairment tables in the Guide do not provide 10% criteria, the Court held that the Guide was inapplicable in those instances.

To rectify this matter, Edition 2.1 establishes 10% criteria for all impairment tables which previously did not provide a 10% criteria. Those changes are not intended to result in an injured employee being assessed as having a lesser degree of permanent impairment than would have been assessed under the Second Edition.

Edition 2.1 also addresses a number of earlier court decisions concerning the Second Edition. These concern the decisions of the High Court with respect to *Canute v Comcare* (2006)

HCA 47; (2006) 226 CLR 535 (Canute) and *Fellowes v Military Rehabilitation and Compensation Commission* (2009) HCA 39; (2009) 240 CLR 28 (Fellowes).

In addition to the above, Edition 2.1 contains editorial changes as a consequence of:

- clarification of medical ambiguities arising out of transcription errors that have been identified by doctors using the Second Edition of the Guide;
- the need to address grammatical and formatting errors; and
- other minor editorial changes.

These latter technical amendments will assist doctors undertaking assessment of the degree of permanent impairment to do so within a correct medical framework.

Edition 2.1 of the Guide is based on the American Medical Association's *Guides to the Evaluation of Permanent Impairment* 5th edition 2000 (the AMA Guides). The AMA Guides are available for purchase via the AMA website www.ama-assn.org.

Edition 2.1 was prepared by Comcare which gratefully acknowledges the valuable contributions to the Second Edition and Edition 2.1 by:

- Dr Dwight Dowda
- Mr John Trungove
- Sparke Helmore, solicitors
- The Australian Government Solicitor
- All the medical specialists and associations who have provided input and assistance over a number of years.

A draft of the legislative instrument was released for public consultation between 14 April 2011 and 13 May 2011.

A schedule of amendments made in the creation of Edition 2.1 is enclosed.

SCHEDULE OF AMENDMENTS IN EDITION 2.1 OF THE GUIDE

Errata from Comcare Guide Edition 2.0

Edition 2.1 Page No.	Amendment	Reason
ALL	Reference to 'Second Edition, 2005' replaced with 'Edition 2.1, 2011'	To accommodate update to Edition 2.1
ALL	Reference to 'current guide' replaced with '5th edition 2001'	Compliance with Federal Court decision in <i>Comcare v Broadhurst</i>
Introduction to Edition 2.1 of the guide		
10	<p>2. Structure of this guide</p> <p>At paragraph 3, insertion of 'The responsibility for development of any guide that applies to members of the Defence Force in respect of injuries incurred after the commencement of the <i>Military Rehabilitation and Compensation Act 2004</i> (MRC Act) will fall to the Military Rehabilitation and Compensation Commission (MRCC).'</p>	Editorial change highlighting the need to apply Part 2 for Australian Defence Force members
11	<p>3. Application of this guide</p> <p>At paragraph 3, insertion of 'This edition varies the second edition by addressing medical ambiguities identified by medical practitioners using the second edition of the Guide, addressing various errata and providing a 10% impairment rating for all tables within the guide.'</p> <p>At paragraph 6, insertion of 'Where a request by an employee pursuant to subsection 25(1) of the SRC Act (in respect of interim payment of permanent impairment compensation) is received by the relevant authority after 1 December 2011 but relates to a claim under section 24 that was received by the authority between 28 February 2006 and 1 December 2011, that request will be determined under the provisions of the second edition of the guide.'</p>	<p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
12	<p>4. Whole person impairment (WPI)</p> <p>At paragraph 2, insertion of ‘This guide, like the previous editions, is, for the purposes of expressing the degree of impairment as a percentage, based on the concept of ‘whole person impairment’. Subsection 24(5) of the SRC Act provides for the determination of the degree of permanent impairment of <i>the employee</i> resulting from an injury, that is, the employee as a whole person.’</p>	Insertion to remove ambiguity
13	<p>9. Increase in degree of whole person impairment</p> <p>At paragraph 1, insertion of ‘in respect of the same injury’</p>	To accommodate for <i>Comcare v Canute</i> .
PART 1— Claims for permanent impairment other than defence related claims		
25	<p>Principle of assessment 7: percentages of impairment</p> <p>At paragraph 1, ‘Each table’ replaced with ‘Most tables’</p> <p>At paragraph 1, ‘Contains’ replaced with ‘provide’</p> <p>At paragraph 1, insertion of ‘fixed’ and ‘such’</p> <p>At paragraph 2, insertion of ‘Where a table provides for impairment values within a range, consideration will need to be given to all criteria applicable to the condition, which includes performing activities of daily living and an estimate of the degree to which the medical impairment interferes with these activities. In some cases, additional information may be required to determine where to place an individual within the range. The person conducting the assessment must provide written reason why he or she considers the selected point within the range as clinically justifiable.’</p> <p>At paragraph 3, insertion of ‘For further information relating to the application of this guide, please contact the Comcare Permanent Impairment Guide Helpdesk on 1300 366 979 or email PI.Guide@comcare.gov.au .’</p>	<p>Errata</p> <p>Errata</p> <p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
25	<p>Principle of assessment 9: combined values</p> <p>At paragraph 2, insertion of ‘Where there is an initial injury (or pre-existing condition) which results in impairment, and a second injury which results in impairment to the same bodily part, system or function the pre-existing impairment must be disregarded when assessing the degree of impairment of the second injury. The second injury should be assessed by reference to the functional capacities of a normal healthy person. The final scores are then added together.’</p> <p>At paragraph 2, deletion of ‘Where two or more injuries give rise to the same whole person impairment only a single rating should be given. For example, impairments resulting from separate injuries to the left and right knees are initially assessed separately under Table 9.3 and then, in accordance with the notes at Part 1 – Introduction to Chapter 9 on page 74, the impairments are combined using the Combined Values Chart to obtain the overall impairment for the lower extremity function which is taken to be a single whole person impairment. Alternatively, a whole person impairment value can be obtained using the method set out in Table 9.7 (which treats the injuries to both knees as the same impairment*) and this value can then be compared to the combined value previously obtained to determine which is the most beneficial. [*The notes on page 84 to Table 9.7 provide: ‘A single assessment may only be made under Table 9.7, irrespective of whether one or two extremities are affected by the injury’].’</p>	<p>To accommodate for <i>Comcare v Canute</i></p> <p>To accommodate for <i>Comcare v Canute</i></p>
28	<p>Glossary</p> <p>At definition of whole person impairment, insertion of ‘(or WPI) is the methodology used for expressing the degree of impairment of a person, resulting from an injury, as a percentage.’</p>	<p>Insertion to remove ambiguity</p>
35	<p>1.2 Hypertension</p> <p>At paragraph 1, ‘highest’ replaced with ‘higher’</p>	<p>Replacement to remove ambiguity</p>
38	<p>1.4 Peripheral vascular disease of the lower extremities</p> <p>At paragraph 1, ‘Amputations’ replaced with ‘Amputees’</p>	<p>Errata</p>
38	<p>Table 1.4: Peripheral vascular disease of the lower extremities</p> <p>At 0% WPI, insertion of ‘ischaemic’</p>	<p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
39	1.5 Peripheral vascular disease of the upper extremities At paragraph 1, ‘Amputations’ replaced with ‘Amputees’	Errata
43	2.0 Introduction At paragraph 3, insertion of ‘of similar individuals’	Insertion to remove ambiguity
43	2.1 Assessing impairment of respiratory function In above heading, ‘to’ replaced with ‘of’	Errata
43	2.1.1 Measurements At paragraph 5, insertion of ‘rating’	Insertion to remove ambiguity
44	2.1.2 Methods of measurement At paragraph 2, deletion of ‘source of each’ At paragraph 2, ‘method’ replaced with ‘method(s)’ At paragraph 2, insertion of ‘used’	Errata Errata Errata
45	2.1.3 Impairment rating At paragraph 2, ‘is’ replaced with ‘are’	Insertion to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
46	<p>2.2 Asthma and other hyper-reactive airways diseases</p> <p>At paragraph 1, insertion of ‘Assessment of’</p> <p>At paragraph 2, ‘initiated’ replaced with ‘provoking’</p> <p>At paragraph 3, ‘ed’ replaced with ‘edition’</p> <p>At paragraph 3, insertion of ‘by the medical profession’</p> <p>At paragraph 4, insertion of ‘to provoking factors’</p> <p>At paragraph 4, ‘improve’ replaced with ‘decrease’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
49	<p>2.4 Breathing disorders associated with sleep</p> <p>At paragraph 4, deletion of ‘or stroke’</p> <p>At paragraph 4, ‘against’ replaced with ‘using’</p>	<p>Errata</p> <p>Errata</p>
49	<p>Notes to Figure 2-B</p> <p>Insertion of ‘#’ symbol in ‘#SaO2’</p>	<p>Errata</p>
52	<p>3.1 Thyroid and parathyroid glands</p> <p>At paragraph 2, insertion of ‘stabilisation of the condition with’</p>	<p>Errata</p>
53	<p>Table 3.2 Adrenal cortex and medulla</p> <p>At 0% WPI, deletion of ‘the duration of’</p> <p>At 15% WPI, ‘with’ replaced with ‘by’</p> <p>At 70% WPI, ‘with’ replaced with ‘by’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
55	3.3 Pancreas (diabetes mellitus) At paragraph 4, 'taken' replaced with 'collected'	Errata
57	Table 3.4: Gonads and mammary glands At 0% WPI, insertion of 'level of'	Errata
60	Table 4.1: Skin disorders At 10%, 15% and 20% WPI, 'to 3' replaced with 'or more' At 25% WPI, 'to 5' replaced with 'or more'	Errata Errata
62	Table 4.2: Facial disfigurement At 5% and 10% WPI, 'pinna' replaced with 'external ear'	Replacement to remove ambiguity
63	Table 4.3: Bodily disfigurement At 10% and 20% WPI, 'outline' replaced with 'silhouette'	Replacement to remove ambiguity
65	5.0 Introduction At paragraph 2, insertion of 'The examples provided below are not exhaustive and should not be seen as a substitute for assessor discretion when making decisions about impairment ratings.'	Insertion to remove ambiguity
66 - 67	Table 5.1: Psychiatric conditions At 0%, 5%, 10%, 15%, 20% and 25% WPI, 'stressors' replaced with 'stresses' At 30% and 40% WPI, 'remission' replaced with 'readmission' at bullet point 1 At 30% and 40% WPI, 'causing' replaced with 'resulting in potential for' at bullet point 2 At 90% WPI, deletion of 'aspects of'	Errata Errata Errata Errata

Edition 2.1 Page No.	Amendment	Reason
68	<p>Notes to Table 5.1</p> <p>At note 6, insertion of ‘qualifications’</p> <p>At note 6, insertion of ‘Such persons include medical practitioners, nursing staff and clinical psychologists’</p>	<p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
70	<p>6.0 Introduction</p> <p>At paragraph 5, ‘causing’ replaced with ‘involving’ at point 6.5</p>	Errata
71	<p>Figure 6-A: Steps for calculating impairment of the visual system</p> <p>At Step 7, ‘exists’ replaced with ‘is present’</p>	Replacement to remove ambiguity
73	<p>6.1 Central visual acuity</p> <p>At paragraph 3, ‘their’ replaced with ‘his / her’</p> <p>At paragraph 3, ‘if they are’ replaced with ‘provided their correction is’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
75	<p>6.2 Determining loss of monocular visual fields</p> <p>At paragraph 2, ‘examinations’ replaced with ‘assessments’</p> <p>At paragraph 2, ‘their glasses’ replaced with ‘spectacles’</p> <p>At paragraph 2, ‘double vision’ replaced with ‘diplopia’</p> <p>At paragraph 3, ‘extent’ replaced with ‘part’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
76	<p>6.3 Abnormal ocular motility and binocular diplopia</p> <p>At paragraph 2, ‘double vision’ replaced with ‘diplopia’</p>	Replacement to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
77	<p>6.4 Other ocular abnormalities</p> <p>At paragraph 1, ‘problems’ replaced with ‘abnormalities’</p> <p>At paragraph 1, ‘for the eye’ replaced with ‘for each affected eye’</p>	Replacement to remove ambiguity
77	<p>6.5 Other conditions involving permanent deformities causing up to 10% impairment of the whole person</p> <p>In the above heading, ‘causing’ replaced with ‘involving’</p>	Replacement to remove ambiguity
77	<p>6.6 Calculation of visual system impairment for both eyes</p> <p>At paragraph 5, ‘column’ replaced with ‘row’</p>	Errata
82	<p>7.0 Introduction</p> <p>At paragraph 2, ‘Meniere’s’ replaced with ‘Menière’s’</p>	Errata
84	<p>Table 7.4: Speech</p> <p>At 15% WPI, ‘speaks’ replaced with ‘speaking’</p> <p>At 20% WPI, ‘over the’ replaced with ‘by’</p> <p>At 30% WPI, ‘Virtually inaudible’ replaced with ‘Inaudible’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
88	<p>Figure 8-A: Activities of daily living</p> <p>At paragraph 2, ‘most’ replaced with ‘more’</p>	Errata

Edition 2.1 Page No.	Amendment	Reason
90 - 91	<p>Table 8.1: Upper digestive tract—oesophagus, stomach, duodenum, small intestine and pancreas</p> <p>At 0%, 10%, 20%, 30%, 40%, 50%, 60% and 70%, ‘anatomic’ replaced with ‘anatomical’</p> <p>At 0%, 10%, 20%, 30%, 40%, 50%, 60% and 70%, ‘pathologic’ replaced with ‘pathological’</p> <p>At 10%, 20%, 30%, 40%, 50%, 60% and 70%, ‘restrictions’ replaced with ‘modifications’</p> <p>At 40% WPI, ‘Any one of the following’ replaced with ‘Any two of the following’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
91	<p>Notes to Table 8.1</p> <p>At note 1, ‘H2’ replaced with ‘H2’ ;</p> <p>At note 1, ‘supplement’ replaced with ‘supplementation’</p> <p>At note 3, ‘Restrictive’ replaced with ‘Modified’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>
92 - 94	<p>Table 8.2: Lower gastrointestinal tract—colon and rectum</p> <p>At 0%, 10%, 20%, 30%, 40% and 50% WPI, ‘to’ replaced with ‘of’ at secondary criteria</p> <p>At 0%, 10%, 20%, 30%, 40%, 50%, 60% and 70% WPI, ‘Restrictive’ replaced with ‘Modified’ at secondary criteria</p> <p>At 0%, 10%, 20% and 30% WPI, ‘level’ replaced with ‘levels’ at secondary criteria</p> <p>At 20%, 30%, 40%, 50%, 60% and 70%, ‘anatomic’ replaced with ‘anatomical’ at primary criteria</p> <p>At 40%, 50%, 60% and 70% WPI, ‘Requirement for’ replaced with ‘Presence’ at secondary criteria</p> <p>At 60% WPI, insertion of ‘Limitations of Activities of Daily Living’ at secondary criteria</p> <p>At 70% WPI, deletion of ‘all’ at secondary criteria</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
94	<p>Notes to Table 8.2</p> <p>At note 2, ‘Restrictive’ replaced with ‘Modified’</p>	Errata
95	<p>Table 8.3: Lower gastrointestinal tract—anus</p> <p>At 0%, 10%, 20%, 30% and 40% WPI, ‘anatomic’ replaced with ‘anatomical’ at primary criteria</p> <p>At 0% WPI, ‘present’ replaced with ‘absent’ at primary criteria</p> <p>At 0% WPI, insertion of ‘no’ at primary criteria</p> <p>At 0% WPI, ‘gas’ replaced with ‘flatus’ at secondary criteria</p> <p>At 10% WPI, ‘gas’ replaced with ‘flatus’ at secondary criteria</p> <p>At 10% WPI, insertion of ‘Mild incontinence of liquid stool’ at secondary criteria</p> <p>At 20% WPI, ‘and’ replaced with ‘or’ at secondary criteria</p> <p>At 20%, 30% and 40% WPI, ‘Moderate faecal incontinence requiring daily treatment’ replaced with ‘Moderate daily faecal incontinence requiring treatment’ at secondary criteria</p> <p>At 20%, 30% and 40% WPI, ‘Complete faecal incontinence despite treatment’ replaced with ‘Total faecal incontinence despite treatment’ at secondary criteria</p> <p>At 40% WPI, ‘or’ replaced with ‘and’ at primary criteria</p> <p>At 40% WPI, ‘and’ replaced with ‘or’ at secondary criteria</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
97 - 98	<p>Table 8.5: Chronic hepatitis and parenchymal liver disease</p> <p>At 0%, 10-15%, 30%, 40%, 50%, 65% and 75% WPI, ‘histologic’ replaced with ‘histological’ at primary criteria</p> <p>At 0%, 10-15%, 30%, 40%, 50%, 65% and 75% WPI, ‘Good’ replaced with ‘Adequate’ at secondary criteria</p>	<p>Errata</p> <p>Errata</p>
98	<p>Notes to Table 8.5</p> <p>Note 5 bolded</p>	<p>Format change for emphasis</p>
100	<p>Table 8.7 Hernias of the abdominal wall</p> <p>At 5% WPI, the sentence ‘Palpable abdominal wall defect with slight protrusion, with increased abdominal pressure and readily reducible’ replaced with ‘Abdominal wall defect with slight protrusion of abdominal contents palpable with increased abdominal pressure, readily reducible’</p> <p>At 10% WPI, the sentence ‘Palpable abdominal wall defect with frequent or persistent protrusion, with increased abdominal pressure, manually reducible’ replaced with ‘Palpable abdominal wall defect with frequent or persistent protrusion of abdominal contents with increased abdominal pressure, manually reducible’</p> <p>At 25% WPI, the sentence ‘Palpable abdominal wall defect with persistent, irreducible or irreparable protrusion at the site of defect, limitation to activities of daily living’ replaced with ‘Palpable abdominal wall defect with persistent, irreducible or irreparable protrusion of abdominal contents at the site of defect, causing limitation of activities of daily living’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
106	<p>Part 1: The lower extremities—Feet and toes, ankles, knees and hips</p> <p>At paragraph 2, insertion of ‘Where an arthroplasty procedure has been undertaken, refer to the American Medical Association’s <i>Guides to the Evaluation of Permanent Impairment</i> 5th edition 2001. Combine the total WPI rating for abnormal motion with the relevant WPI rating for arthroplasty, obtained from the American Medical Association’s Guide.’</p> <p>At paragraph 6, ‘feels’ replaced with ‘considers’</p> <p>At paragraph 6, insertion of ‘Table 9.7 cannot be used if the condition causes a reduction in the range of motion of a joint and an assessment can be made under any one or more of Table 9.1, 9.2, 9.3 or 9.4.’</p> <p>At paragraph 10, insertion of ‘Complex Regional Pain Syndrome in the lower extremities should be assessed using the same methodology as for the Upper Extremity (see page 111) substituting lower extremity table where appropriate. The diagnostic requirements of Figure 9-E apply.’</p>	<p>Errata</p> <p>Replacement to remove ambiguity</p> <p>To emphasise the Guide’s intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision.</p> <p>To emphasise the Guide’s intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision.</p>
107	<p>Steps in calculating lower extremity impairment</p> <p>At step 4, ‘knees’ and ‘hips’ replaced with ‘knee and hip’</p>	<p>Errata</p>
108 - 109	<p>Table 9.1: Feet and toes</p> <p>At 0% WPI, ‘and’ replaced with ‘or’ at first sentence</p> <p>At 1% WPI, ‘and’ replaced with ‘or’ at bullet points 1 and 2</p> <p>At 2% WPI, ‘and’ replaced with ‘or’ at second sentence and bullet points 1, 2 and 4</p> <p>At 5% WPI, ‘and’ replaced with ‘or’ at bullet points 2 and 3</p> <p>At 6% WPI, ‘and’ replaced with ‘or’ at bullet point 1</p> <p>At 7% WPI, ‘and’ replaced with ‘or’ at bullet point 1</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
112 - 113	<p>Table 9.3: Knees</p> <p>At 14% WPI, '8-12' replaced with 'more than 12' at bullet point 1</p> <p>At 14% WPI, '16-20' replaced with 'more than 20' at bullet point 2</p> <p>At 20% WPI, 'over' replaced with 'of more than' at bullet points 1 and 2</p>	Replacement to remove ambiguity
114 - 115	<p>Table 9.4: Hips</p> <p>At 2% WPI, 'of' replaced with 'restricted to' for internal and external rotation</p> <p>At 5% WPI, 'or' replaced with 'to' at bullet point 1</p> <p>At 5% WPI, insertion of 'at least' at bullet point 2</p> <p>At 10% WPI, 'greater' replaced with 'more' for flexion contracture</p> <p>At 10% WPI, 'or' replaced with 'to' at bullet point 1</p> <p>At 15% WPI, 'greater' replaced with 'more' for abduction contracture</p> <p>At 15% WPI, 'or' replaced with 'at least' at bullet points 2, 3 and 5</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
117	<p>Table 9.5: Lower extremity amputations</p> <p>At 1% WPI 'and' replaced with 'or'</p> <p>At 2% WPI, 'and' replaced with 'or' at bullet point 3</p> <p>At 32% WPI, deletion of 'through' and 'portion of'</p> <p>At 32% WPI, 'thigh' replaced with 'midthigh'</p> <p>At 40% WPI, deletion of 'through'</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
	At 40% WPI, 'thigh' replaced with 'midthigh'	Errata
112	<p>9.7 Lower extremity function</p> <p>At paragraph 5, 'irrespective' replaced with 'regardless'</p> <p>At paragraph 6, insertion of 'In particular, Table 9.7 cannot be used where the condition causes a reduction in the range of motion of a joint and an assessment can be made under any one or more of Table 9.1, 9.2, 9.3 or 9.4.'</p>	<p>Replacement to remove ambiguity</p> <p>To emphasise the Guide's intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision.</p>
123 - 124	<p>Table 9.7: Lower extremity function</p> <p>At 5%, 10%, 20% and 30% WPI, 'resulting in' replaced by 'causing' at minor criteria</p> <p>At 5%, 10%, 20% and 30% WPI, deletion of 'at a time' at major criteria</p> <p>At 20% WPI, insertion of 'a walking aid or hand'</p> <p>At 30% WPI, 'someone else' replaced with 'another person' at minor criteria</p> <p>At 40% and 50% WPI, deletion of 'at a time' at major criteria</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
125	<p>Part II: The Upper Extremities: Hands and Fingers, Wrists, Elbows and Shoulders</p> <p>At paragraph 4, 'feels' replaced with 'considers'</p> <p>At paragraph 4, insertion of 'Table 9.14 cannot be used unless the condition involves radiographically demonstrated joint instability or arthritis or the employee has had an arthroplasty.'</p>	<p>Replacement to remove ambiguity</p> <p>To emphasise the Guide's intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision.</p>

Edition 2.1 Page No.	Amendment	Reason
126	<p>9.8.1 Abnormal motion of digits</p> <p>At paragraph 2, ‘from’ replaced with ‘for’</p>	Errata
128	<p>Table 9.8.1b: Radial abduction/adduction/opposition of the thumb—abnormal motion/ankylosis</p> <p>At 0% WPI, ‘abduction’ replaced with ‘adduction’ for loss of less than 10%</p> <p>At 0% WPI, ‘adduction’ replaced with ‘abduction’ for loss less than 35%</p> <p>At 0% WPI, ‘greater’ replaced with ‘more’</p> <p>At 1% WPI, ‘abduction’ replaced with ‘adduction’ for loss of less than 10-20%</p> <p>At 1% WPI, ‘adduction’ replaced with ‘abduction’ for loss less than 35-40%</p> <p>At 1% WPI, ‘or’ replaced with ‘to’ for ankylosis</p> <p>At 2% WPI, ‘abduction’ replaced with ‘adduction’ for loss of 25% or more</p> <p>At 2% WPI, ‘adduction’ replaced with ‘abduction’ for loss of 45% or more</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
132	<p>9.8.2 Sensory losses in the thumb and fingers</p> <p>At paragraph 6, deletion of ‘particular’</p> <p>At paragraph 9, ‘this is reserved’ replaced with ‘losses involving the radial digital nerve are rated higher than those of the ulnar digital nerve’</p>	<p>Errata</p> <p>Errata</p>
135	<p>9.9 Wrists</p> <p>At paragraph 2, ‘range’ replaced with ‘plane’</p>	Replacement to remove ambiguity
138	<p>9.10 Elbows</p>	

Edition 2.1 Page No.	Amendment	Reason								
	At paragraph 2, 'range' replaced with 'plane'	Replacement to remove ambiguity								
141	9.11 Shoulders At paragraph 2, 'range' replaced with 'plane'	Replacement to remove ambiguity								
152	9.13.3 Complex regional pain syndromes At paragraph 6, 'one' replaced with 'a rating'	Replacement to remove ambiguity								
154	Figure 9-F: Impairment grading for CRPS Deletion of CRPS II table	Errata								
154	Steps in CRPS I (RSD) impairment determination Table replaced with: <table border="1" data-bbox="434 858 1424 1423"> <tbody> <tr> <td data-bbox="434 858 555 922">Step 1</td> <td data-bbox="555 858 1424 922">Assess the WPI for the affected upper extremity resulting from the loss of motion of each affected joint using Tables 9.8 to 9.11 as appropriate.</td> </tr> <tr> <td data-bbox="434 922 555 1139">Step 2</td> <td data-bbox="555 922 1424 1139">Assess the appropriate percentage impairment of the affected extremity resulting from sensory deficits and pain of the injured nerve(s) according to the grade that best describes the severity of interference with activities as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D and determine the WPI % for the relevant nerve(s) from Table 9.13.2a.. The maximum value is not automatically applied.</td> </tr> <tr> <td data-bbox="434 1139 555 1356">Step 3</td> <td data-bbox="555 1139 1424 1356">Assess the appropriate percentage impairment of the affected extremity resulting from motor deficits and loss of power of the injured nerve(s) according to the grade that best describes the severity of interference with as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D determine the WPI% for the relevant nerve(s) from Table 9.13.2b. The maximum value is not automatically applied.</td> </tr> <tr> <td data-bbox="434 1356 555 1423">Step 4</td> <td data-bbox="555 1356 1424 1423">Combine the impairment ratings for sensory deficits and pain (Step 2), and for motor deficits and loss of power (Step 3), with the rating obtained from Step 1.</td> </tr> </tbody> </table>	Step 1	Assess the WPI for the affected upper extremity resulting from the loss of motion of each affected joint using Tables 9.8 to 9.11 as appropriate.	Step 2	Assess the appropriate percentage impairment of the affected extremity resulting from sensory deficits and pain of the injured nerve(s) according to the grade that best describes the severity of interference with activities as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D and determine the WPI % for the relevant nerve(s) from Table 9.13.2a.. The maximum value is not automatically applied.	Step 3	Assess the appropriate percentage impairment of the affected extremity resulting from motor deficits and loss of power of the injured nerve(s) according to the grade that best describes the severity of interference with as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D determine the WPI% for the relevant nerve(s) from Table 9.13.2b. The maximum value is not automatically applied.	Step 4	Combine the impairment ratings for sensory deficits and pain (Step 2), and for motor deficits and loss of power (Step 3), with the rating obtained from Step 1.	Replacement to provide greater clarity and consistency with AMA5
Step 1	Assess the WPI for the affected upper extremity resulting from the loss of motion of each affected joint using Tables 9.8 to 9.11 as appropriate.									
Step 2	Assess the appropriate percentage impairment of the affected extremity resulting from sensory deficits and pain of the injured nerve(s) according to the grade that best describes the severity of interference with activities as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D and determine the WPI % for the relevant nerve(s) from Table 9.13.2a.. The maximum value is not automatically applied.									
Step 3	Assess the appropriate percentage impairment of the affected extremity resulting from motor deficits and loss of power of the injured nerve(s) according to the grade that best describes the severity of interference with as described in Figure 9-D. Use clinical judgment to select the appropriate severity grade from Figure 9-D determine the WPI% for the relevant nerve(s) from Table 9.13.2b. The maximum value is not automatically applied.									
Step 4	Combine the impairment ratings for sensory deficits and pain (Step 2), and for motor deficits and loss of power (Step 3), with the rating obtained from Step 1.									

Edition 2.1 Page No.	Amendment	Reason		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td>The maximum WPI for the affected extremity is 60%.</td> </tr> </table>		The maximum WPI for the affected extremity is 60%.	
	The maximum WPI for the affected extremity is 60%.			
156	<p>9.14 Upper extremity function</p> <p>At paragraph 1, insertion of ‘In particular, Table 9.14 cannot be used where an assessment can be made under one or more Table 9.9, 9.10 or 9.11 and there is no radiologically demonstrated joint instability or arthritis or arthroplasty.’</p> <p>At paragraph 6, ‘can’ replaced with ‘cannot’</p> <p>At paragraph 7, insertion of ‘assessment of’</p> <p>At paragraph 8, insertion of ‘(see Appendix 1)’</p> <p>At paragraph 8, ‘chosen’ replaced with ‘used to determine WPI’</p> <p>At paragraph 9, ‘chosen’ replaced with ‘used to determine WPI’</p> <p>At paragraph 10, ‘Observe’ replaced with ‘Use’</p> <p>At paragraph 10, deletion of ‘However’</p>	<p>To emphasise the Guide’s intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision.</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>		
158 - 159	<p>Table 9.14: Upper extremity function</p> <p>At 0% and 3% WPI for non-dominant extremity, ‘30’ replaced with ‘13’ at minor criteria</p> <p>At 0% and 3% WPI for non-dominant extremity, ‘20’ replaced with ‘9’ at minor criteria</p> <p>At 10% WPI for non-dominant extremity, ‘10’ replaced with ‘4.5’ at minor criteria</p> <p>At 15% WPI for non-dominant extremity, ‘3’ replaced with ‘1.5’.at minor criteria</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>		

Edition 2.1 Page No.	Amendment	Reason
161 - 162	<p>Part III: Definitions of clinical findings for diagnosis-related estimates in assessing spinal impairment</p> <p>At paragraph 6, ‘by reason of’ replaced with ‘through’</p> <p>At paragraph 11, insertion of ‘abnormal’</p> <p>At paragraph 12, deletion of ‘ in a dermatomal distribution’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>
163	<p>Part III – Multi-level fractures involving the spinal canal</p> <p>At paragraph 1, insertion of ‘multiple’</p> <p>At paragraph 1, ‘and associated’ replaced with ‘with’ at bullet point 3</p>	<p>Errata</p> <p>Errata</p>
164 - 165	<p>Table 9.15: Cervical spine—diagnosis-related estimates</p> <p>At 10-18% WPI, deletion of ‘or’</p> <p>At 28% WPI, insertion of ‘or’</p> <p>At 38% WPI, insertion of ‘There may be’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>
167 - 168	<p>Table 9.16: Thoracic spine—diagnosis-related estimates</p> <p>At 10-18% WPI, insertion of ‘improved’</p> <p>At 23% WPI, insertion of ‘or’</p> <p>At 28% WPI, insertion of ‘and’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>
170 - 171	<p>9.17 Lumbar spine—diagnosis-related estimates</p> <p>At 23% WPI, ‘Complete,’ replaced with ‘May have complete,’</p>	<p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
174	10.1 The Upper Urinary Tract At paragraph 2, insertion of ‘rigours’ at bullet point 9	Insertion to remove ambiguity
175	Table 10.1 The upper urinary tract At 25% WPI, ‘irrespective’ replaced with ‘regardless’ at category B	Replacement to remove ambiguity
177	10.3 Lower urinary tract At paragraph 7, insertion of ‘stranguary’ at bullet point 3	Errata
182	Table 11.1.3: Male reproductive organs – testes, epididymes and spermatic cords At 0%, 10% and 15% WPI, ‘anatomic’ replaced with ‘anatomical’	Errata
183	Table 11.1.4: Male reproductive organs – prostate and seminal vesicles At 0% and 10% WPI, ‘anatomic’ replaced with ‘anatomical’	Errata
186	Notes to Table 11.2.2 At note 2, ‘The contraceptive pill’ replaced with ‘Oral contraception’	Replacement to remove ambiguity
189	12.0 Introduction At paragraph 2, insertion of ‘impairments’ at bullet point 2	Insertion to remove ambiguity
191	Table 12.1.2: Epilepsy, seizures and convulsive disorders At 10% and 20% WPI, ‘or’ replaced with ‘and’ At 10% and 20% WPI, insertion of ‘or others’ At 70% WPI, insertion of ‘are’	Errata Errata Errata

Edition 2.1 Page No.	Amendment	Reason
196	Figure 12-B: Clinical dementia rating (CDR) At Community Affairs category, ‘a’ replaced with ‘the employee’s’	Replacement to remove ambiguity
201	Table 12.4: Emotional or behavioural impairments At 10% WPI, ‘useful’ replaced with ‘usual’ At 80% WPI, insertion of ‘any’	Replacement to remove ambiguity Insertion to remove ambiguity
204	Table 12.5.4: The facial nerve (VII) At 10-12% and 30% WPI, deletion of ‘with’	Replacement to remove ambiguity
205	12.5.5 The auditory nerve (VIII) At paragraph 5, ‘Meniere’s’ replaced with ‘Menière’s’	Errata
207	12.5.6 The glossopharyngeal, vagus, spinal accessory and hypoglossal nerves (IX, X, XI and XII) At paragraph 6, ‘held up’ replaced with ‘delayed’	Replacement to remove ambiguity
208	Table 12.6: Neurological impairment of the respiratory system At 10% WPI, insertion of ‘moderate’ At 60% WPI, ‘he or she’ replaced with ‘the employee’	Insertion to remove ambiguity Replacement to remove ambiguity
212	Table 13.1: Anaemia At 20%, 40% and 60% WPI, ‘U’ replaced with ‘Units’	Replacement to remove ambiguity
213	13.2 Leukocyte abnormalities or disease At paragraph 6, ‘most’ replaced with ‘more’	Replacement to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
216	<p>13.3 Haemorrhagic disorders and platelet disorders</p> <p>At paragraph 1, ‘with’ replaced with ‘by’</p>	Replacement to remove ambiguity
216	<p>Table 13.3: Haemorrhagic disorders and platelet disorders</p> <p>At 10% WPI, insertion of ‘is required’</p>	Insertion to remove ambiguity
220	<p>Table B2: Suffering</p> <p>At 3% WPI, insertion of ‘is’</p> <p>At 5% WPI, ‘predominate over thinking’ replaced with ‘interferes with normal thought processes’</p>	<p>Insertion to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
221	<p>Table B3.1: Mobility</p> <p>At 2% WPI, ‘need to have’ replaced with ‘require rest’</p> <p>At 2% WPI, ‘for example’ replaced with ‘or other special treatment’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
PART 2— Defence-related claims for permanent impairment		
240	<p>Principles of assessment 5: Gradations of impairment</p> <p>At paragraph 3, insertion of ‘Where a table provides for impairment values within a range, consideration will need to be given to all criteria applicable to the condition, which includes performing activities of daily living and an estimate of the degree to which the medical impairment interferes with these activities. In some cases, additional information may be required to determine where to place an individual within the range. The person conducting the assessment must provide written reason why he or she considers the selected point within the range as clinically justifiable.’</p>	Insertion to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
240	<p>Principle of assessment 6: Combined impairments</p> <p>At paragraph 1, ‘it is important to realise that impairment’ replaced with ‘Impairment’</p> <p>At paragraph 1, ‘and that a’ replaced with ‘A’</p> <p>At paragraph 1, ‘or disease’ replaced with ‘only’</p> <p>At paragraph 1, ‘only’ replaced with ‘see’</p> <p>At paragraph 1, insertion of ‘Where there is an initial injury which results in impairment, and a second injury which results in impairment to the same bodily system or function occurs, the pre-existing impairment must be disregarded when assessing the degree of impairment of the second injury. The second injury should be assessed by reference to the functional capacities of a normal healthy person. The final scores are then added together.’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
244	<p>Glossary</p> <p>At definition of whole person impairment, insertion of ‘whole person impairment is the methodology used for expressing the degree of impairment of a person, resulting from an injury, as a percentage.’</p>	<p>Insertion to remove ambiguity</p>
247	<p>Table 1.2: Peripheral vascular disease</p> <p>At 0% WPI, insertion of ‘ischaemic’</p>	<p>Insertion to remove ambiguity</p>
248	<p>Table 1.3: Varicose veins, deep venous thrombosis, oedema, ulceration</p> <p>At 0% WPI, insertion of ‘of limitation’</p> <p>At 50% WPI, deletion of ‘Any one of the following which needs continuous treatment including long periods of admission to hospital or confinement to residence’</p> <p>At 50% WPI, insertion of ‘which needs continuous treatment including long periods of admission to hospital or confinement to residence.’</p>	<p>Insertion to remove ambiguity</p> <p>Deletion to remove ambiguity</p> <p>Deletion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
250	Table 2.1: Ventilatory function At Notes, 'best' replaced with 'largest'	Replacement to remove ambiguity
253	Table 3.1: Endocrine system At 5% WPI, 'tablets' replaced with 'oral medication' At 10% WPI, insertion of 'symptomatic' at bullet point 4	Replacement to remove ambiguity Insertion to remove ambiguity
254	Table 4.1: Functional Loss At 0% WPI, insertion of 'other' At 5% WPI, 'and' replaced with 'but'	Insertion to remove ambiguity Replacement to remove ambiguity
255	Table 4.2: Facial disfigurement At paragraph 5, insertion of '(see Appendix 1)' At 5% WPI, 'of' replaced with 'or' at bullet point 4 At 5% WPI, 'outer' replaced with 'external' at bullet point 4 At 10% WPI, 'cheek', replaced with 'zygoma' at bullet point 3	Insertion to remove ambiguity Replacement to remove ambiguity Replacement to remove ambiguity Replacement to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
258	<p>Table 6.1 Disorders of visual acuity</p> <p>At paragraph 1, 'colour blindness' replaced with 'impaired colour vision'</p> <p>At paragraph 2, 'current' replaced with '2nd'.</p>	<p>Errata</p> <p>Errata</p>
260	<p>Table 7.2: Miscellaneous ear, nose and throat disorders</p> <p>At 60% WPI, 'but' replaced with 'and'</p>	<p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
261 - 262	<p>Table 8.1: Disorders of the oesophagus, stomach, duodenum, small intestine, pancreas, colon, rectum and anus</p> <p>At 5% WPI, 'steady' replaced with 'normal'</p> <p>At 5% WPI, 'gas' replaced with 'flatus'</p> <p>At 10% WPI, 'restrictions' replaced with 'modification' at bullet point 1</p> <p>At 10% WPI, deletion of 'weight' at bullet point 3</p> <p>At 15% WPI, 'restrictions' replaced with 'modification' at bullet point 1</p> <p>At 15% WPI, deletion of 'weight' at bullet point 3</p> <p>At 20% WPI, 'restrictions' replaced with 'modification' at bullet point 1</p> <p>At 20% WPI, insertion of 'per range on standard BMI chart' at bullet point 3</p> <p>At 25% WPI, 'restrictions' replaced with 'modification' at bullet point 1</p> <p>At 25% WPI, insertion of 'per range on standard BMI chart' at bullet point 2</p> <p>At 30% WPI, 'restrictions' replaced with 'modification' at bullet point 1</p> <p>At 30% WPI, insertion of 'per range on standard BMI chart' at bullet point 2</p> <p>At 40% WPI, insertion of 'per range on standard BMI chart' at bullet point 4</p> <p>At 50% WPI, insertion of 'per range on standard BMI chart' at bullet point 4</p> <p>At 55-75% WPI, insertion of 'per range on standard BMI chart' at bullet point 4</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
263	<p>Table 8.2: Disorders of the liver and biliary tract</p> <p>At 0% WPI, ‘good’ replaced with ‘adequate’</p> <p>At 0% WPI, ‘and’ replaced with ‘with’</p> <p>At 10% WPI, deletion of ‘signs of’</p> <p>At 10% WPI, insertion of ‘and’</p> <p>At 20% WPI, deletion of ‘signs of’</p> <p>At 20% WPI, ‘but’ replaced with ‘and’</p> <p>At 20% WPI, insertion of ‘now’</p> <p>At 25% WPI, deletion of ‘signs of’</p> <p>At 40% WPI, deletion of ‘signs of’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
264	<p>Table 8.3: Fistulae and herniae</p> <p>At 20% WPI, ‘rectus’ replaced with ‘recti’ at bullet point 1</p>	<p>Errata</p>
265	<p>Table 9.1: Upper extremity</p> <p>At 5% WPI, ‘fingers four and/or five’ replaced with ‘ring and/or small finger’ at bullet point 2</p> <p>At 10% WPI, ‘two and/or three’ replaced with ‘index and/or middle’ at bullet point 3</p>	<p>Errata</p> <p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
266	<p>Table 9.2: Lower extremity</p> <p>At paragraph 4, ‘assessment’ replaced with ‘assessor’</p> <p>At paragraph 5, ‘Table 9.14’ replaced with ‘Appendix 1’</p> <p>At 0% WPI, deletion of ‘first’</p> <p>At 10% WPI, deletion of ‘first’ at bullet point 3</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
267 - 268	<p>Table 9.3: Amputations and/or total loss of function</p> <p>At paragraph 1, insertion of ‘Impairment relating to the loss of or injury to a finger or toe refers not only to amputation or total loss of efficient use of the whole digit, but also to partial loss of efficient use of a digit.’</p> <p>At 5% WPI, insertion of ‘any’ at bullet point 3</p> <p>At 5% WPI, insertion of ‘interphalangeal’ at bullet point 4</p> <p>At 5% WPI, ‘forefinger’ replaced with ‘index, middle, ring or little finger’ at bullet point 5</p> <p>At 5% WPI, ‘great toe’ replaced with ‘hallux’</p> <p>At 30% WPI, ‘of ‘ replaced with ‘at’ at bullet point 2</p> <p>At 30% WPI, ‘except’ replaced with ‘but not’ at bullet point 3</p> <p>At 70% WPI, insertion of ‘amputation’</p>	<p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
271	<p>Table 9.6: Spine</p> <p>At paragraph 2, insertion of ‘(see Appendix 1)’</p>	<p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
272	<p>Table 10.1: Upper urinary tract</p> <p>At 0% WPI, 'better' replaced with 'more'</p> <p>At 10% WPI, 'solitary' replaced with 'single'</p> <p>At 85% WPI, insertion of 'dialysis'</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
273	<p>Table 10.2: Lower urinary tract</p> <p>At 0% WPI, 'intervening' replaced with 'interval'</p> <p>At 10% WPI, 'more' replaced with 'greater'</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
274	<p>Table 11.1: Male reproductive system</p> <p>At 5% and 15% WPI, 'anatomic' replaced with 'anatomical'</p> <p>At 20% WPI, 'epididymal' replaced with 'epididymis'</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
276	<p>Table 11.2: Female reproductive system</p> <p>At 10% and 35% WPI, 'anatomic' replaced with 'anatomical'</p>	<p>Replacement to remove ambiguity</p>
277	<p>Table 11.3: Mammary Glands</p> <p>At 10% WPI, 'in' replaced with 'of' at bullet point 1</p>	<p>Replacement to remove ambiguity</p>
278	<p>Cranial nerves</p> <p>At paragraph 1, deletion of 'The different cranial nerves are numbered I to XII. For a description of what they are, refer to a medical text or other reference source such as Chapter 2 of the American Medical Association Guides to the Assessment of Permanent Impairment.'</p>	<p>Deletion to remove unnecessary information</p>

Edition 2.1 Page No.	Amendment	Reason
279	<p>Table 12.1</p> <p>At 10% and 30% WPI, ‘and resulting in’ replaced with ‘with’ at other criteria</p> <p>At 20% WPI, insertion of ‘VII’</p> <p>At 60% WPI, ‘gastronomy’ replaced with ‘gastrostomy’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p>
280	<p>Communication</p> <p>At paragraph 1, insertion of ‘employee’s’</p>	<p>Insertion to remove ambiguity</p>
280	<p>Table 12.2: Comprehension</p> <p>At 20% WPI, ‘Restricted to’ replaced with ‘Understands only’ at reading criteria</p>	<p>Replacement to remove ambiguity</p>
282	<p>Table 12.3: Expression</p> <p>At 25% WPI, ‘family’ replaced with ‘familiar’</p>	<p>Errata</p>
282	<p>Notes to Table 12.3</p> <p>Deletion of ‘Cognitive function has two components – memory and reasoning ability. These functions are affected where there is neurological damage eg, from a head injury, cerebro-vascular accident etc. Difficulties with memory or reasoning ability consequent to some other process eg, psychiatric illness should not be assessed using these tables. Instead Table 6.1 should be used.’</p>	<p>Errata</p>

Edition 2.1 Page No.	Amendment	Reason
283	<p>Table 12.4: Memory</p> <p>At 0% WPI, insertion of ‘education’</p> <p>At 25% WPI, ‘nonfamiliar’ replaced with ‘unfamiliar’</p> <p>At 40% WPI, ‘Signs similar in range to previous category but greater in extent’ replaced with ‘Failure to keep appointments or fulfil other obligations despite use of memory aids, to a more pronounced extent.’</p> <p>At 70% WPI, ‘As in previous category but may be of greater severity’ replaced with ‘Unable to recall recent events or experiences, to a more pronounced extent.’</p>	<p>Insertion to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
283	<p>Notes to Table 12.4</p> <p>Insertion of ‘Cognitive function has two components – memory and reasoning ability. These functions are affected where there is neurological damage eg, from a head injury, cerebro-vascular accident etc. Difficulties with memory or reasoning ability consequent to some other process eg, psychiatric illness should not be assessed using these tables. Instead Table 6.1 should be used.’</p>	<p>Errata</p>
285	<p>Table 13.1: Intermittent conditions</p> <p>At paragraph 1, ‘hemopoietic’ replaced with ‘haemopoietic’</p> <p>At 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70% and 75-95% WPI, ‘Attacks’ replaced with ‘Episodes’</p> <p>At 40%, 50%, 60%, 70% and 75-95% WPI, ‘occupy’ replaced with ‘occur’</p> <p>At 70-95% WPI, ‘necessary at’ replaced with ‘required for assessed’</p>	<p>Errata</p> <p>Errata</p> <p>Errata</p> <p>Errata</p>
285	<p>Notes to Table 13.1</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	<p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
286	<p>Table 13.2: Malignancies</p> <p>At 10-15% WPI, insertion of ‘moderate’</p> <p>At 65% and 75% WPI, deletion of ‘or hospital’</p>	<p>Insertion to remove ambiguity</p> <p>Deletion to remove ambiguity</p>
287	<p>14. Combined values chart</p> <p>At paragraph 4, insertion of ‘second highest point, then’</p> <p>At paragraph 4, insertion of ‘impairments’</p>	<p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
292	<p>Table 1: Pain</p> <p>At 1% WPI, ‘with’ replaced with ‘when’</p> <p>At 5% WPI, ‘Uncontrolled’ replaced with ‘Not controlled’</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
293	<p>Table 1: Suffering</p> <p>At 5% WPI, ‘predominate over thinking’ replaced with ‘interfere with normal thought processes’</p>	<p>Replacement to remove ambiguity</p>
294	<p>Mobility</p> <p>At 2% WPI, insertion of ‘rest’</p> <p>At 2% WPI, ‘etc’ replaced with ‘or other special treatment’</p>	<p>Insertion to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
295	<p>Social relationships</p> <p>At 5% WPI, ‘Difficulties’ replaced with ‘Difficulty’</p>	<p>Replacement to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
295	<p>Recreation and leisure activities</p> <p>At 2% WPI, 'to' replaced with 'with'</p> <p>At 3% WPI, 'rewarding' replaced with 'satisfying'</p>	<p>Replacement to remove ambiguity</p> <p>Replacement to remove ambiguity</p>
297	<p>Table 3: Other loss</p> <p>At paragraph 3, 'The types of factors which would be considered here may include' replaced with 'The factors to be considered include'</p>	<p>Replacement to remove ambiguity</p>
298	<p>Table 4: Loss of expectation of life</p> <p>At 3% WPI, 'greater' replaced with 'more'</p>	<p>Replacement to remove ambiguity</p>
301 -302	<p>Table 6: Final calculation</p> <p>'2005' replaced with '2011'.</p> <p>'\$137,501.12' replaced with '\$163,535.42'.</p> <p>'\$25,781.48' replaced with '\$30,662.91'.</p>	<p>Current year</p> <p>Current statutory rate (1 July 2011)</p> <p>Current statutory rate (1 July 2011)</p>

Broadhurst Tables

Edition 2.1 Page No.	Amendment	Reason
Part 1—Claims for permanent impairment other than defence-related claims		
53	Table 3.1: Thyroid and parathyroid glands ‘15%’ replaced with ‘10-15%’.	Insertion of range to allow for a 10% impairment rating.
53	Notes to Table 3.1 Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’	Insertion to remove ambiguity
97	Table 8.5: Liver—chronic hepatitis and parenchymal liver disease ‘15%’ replaced with ‘10-15%’.	Insertion of range to allow for a 10% impairment rating.
98	Notes to Table 8.5 Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’	Insertion to remove ambiguity
158	Table 9.14: Upper extremity function Under Non-Dominant Extremity, ‘8%’ replaced with ‘10%’	Increased to allow for a 10% impairment rating.
164 - 165	Table 9.15: Cervical spine—diagnosis-related estimates ‘18%’ replaced with ‘10-18%’.	Insertion of a range to allow for a 10% impairment rating.

Edition 2.1 Page No.	Amendment	Reason
166	<p>Notes to Table 9.15</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity
167 - 168	<p>Table 9.16: Thoracic spine—diagnosis-related estimates</p> <p>‘18%’ replaced with ‘10-18%’.</p>	Insertion of a range to allow for a 10% impairment rating.
169	<p>Notes to Table 9.16</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity
170 - 171	<p>Table 9.17: Lumbar spine—diagnosis-related estimates</p> <p>‘13%’ replaced with ‘10-13%’.</p>	Insertion of a range to allow for a 10% impairment rating.
171	<p>Notes to Table 9.17</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity
185	<p>Table 11.2.1: Female reproductive organs—vulva and vagina</p> <p>‘15%’ replaced with ‘10-15%’.</p>	Insertion of a range to allow for a 10% impairment rating.
185	<p>Notes to Table 11.2.1</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
191	<p>Table 12.1.1: Permanent disturbances of levels of consciousness and awareness</p> <p>‘15%’ replaced with ‘10-15%’.</p>	<p>Insertion of a range to allow for a 10% impairment rating.</p>
191	<p>Notes to Table 12.1.1</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	<p>Insertion to remove ambiguity</p>
198 - 199	<p>12.3: Communication impairments—dysphasia and aphasia</p> <p>Deletion of section 12.3: Communication.</p> <p>Insertion of new section ‘12.3: Communication impairments—dysphasia and aphasia’.</p> <p>‘Communication involves comprehension, understanding, language, and effective interaction between and among individuals. Aphasia is a condition in which language function is defective or absent. It includes a lack of comprehension with deficits in vision, hearing, and language (both spoken and written), and also the inability to implement discernible and appropriate language symbols by voice, action, writing or pantomime. Dysphasia is a language impairment that is less severe than aphasia (which literally means “no speech”) but still is associated with a lesion in the dominant parietal lobe. It presents as a communication problem due to receptive or expressive dysphasia or a combination of the two. Inability to have a meaningful conversation because no nouns are used is an example of dysphasia. Other common errors include errors of grammatical structure, word-finding difficulties, and word substitution. Dysphasia and aphasia are different from dysarthria, which is imperfect articulation of speech due to disordered muscle control. Dysphonia is an impairment of sound production that causes difficulty speaking and understanding. Speech and communication impairments due to non neurological primary problems are discussed in Chapter 11— Ear, nose, throat and related structures.</p> <p>Dysphasia is the most common diagnosis, since most individuals usually retain some ability to communicate. An inability to understand language has a poorer prognosis than an inability to express language. Speech therapy is of little value in the absence of comprehension; therefore, compensatory techniques may not be learned when a receptive aphasia or dysphasia exists. Tests for dysphasia should be conducted after it is established how confused or disoriented the individual is and which side of the brain is dominant for speech. Cognition should also be evaluated after dysphasia mechanisms have been excluded.</p>	<p>Whole of section 12.3 of the Guide has been substituted for section 13.3e of AMA 5.</p> <p>Note: The impairment values in Table 12.3 have been derived from the median values for the various classes in Table 13-7 (See AMA 5).</p>

Edition 2.1 Page No.	Amendment	Reason										
	<p>Aphasia and dysphasia test batteries are frequently devised by the clinician and cover the following simple tasks: (1) listening to spontaneous speech or responses to simple questions; (2) pointing commands and questions that can be answered “yes” or “no” to test comprehension; (3) repeating words and phrases; (4) naming objects that have high-and-low frequency use; (5) reading comprehension and reading aloud (reading is related to educational achievement, which must be known before interpreting reading comprehension and reading aloud results); and (6) writing and spelling. If comprehension is relatively intact, the aphasia screening battery may be adequate to place an individual in class 1 or 2. However, individuals with dysphasia may score poorly on aphasia and dysphasia test batteries while they demonstrate communicative competency for activities of daily living. This communicative competency may be measured by means of the communicative abilities in daily living (CADL), in which non verbal communication is assessed. Table 12.3 describes the criteria for rating impairment due to aphasia or dysphasia.’</p> <p>Insertion of ‘Table 12.3: Criteria for rating impairment due to aphasia or dysphasia’</p> <table border="1" data-bbox="575 751 1301 1066"> <thead> <tr> <th data-bbox="575 751 730 786">% WPI</th> <th data-bbox="730 751 1301 786">Criteria</th> </tr> </thead> <tbody> <tr> <td data-bbox="575 786 730 847">5</td> <td data-bbox="730 786 1301 847">Minimal disturbance in comprehension and production of language symbols of daily living.</td> </tr> <tr> <td data-bbox="575 847 730 909">10</td> <td data-bbox="730 847 1301 909">Moderate impairment in comprehension and production of language symbols of daily living.</td> </tr> <tr> <td data-bbox="575 909 730 1003">32</td> <td data-bbox="730 909 1301 1003">Able to comprehend non verbal communication; production of unintelligible or inappropriate language for daily activities.</td> </tr> <tr> <td data-bbox="575 1003 730 1066">50</td> <td data-bbox="730 1003 1301 1066">Complete inability to communicate or comprehend language symbols.</td> </tr> </tbody> </table>	% WPI	Criteria	5	Minimal disturbance in comprehension and production of language symbols of daily living.	10	Moderate impairment in comprehension and production of language symbols of daily living.	32	Able to comprehend non verbal communication; production of unintelligible or inappropriate language for daily activities.	50	Complete inability to communicate or comprehend language symbols.	
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203	<p>Table 12.5.3: The trigeminal nerve (V)</p> <p>‘8%’ replaced with ‘10%’.</p>	Increased to allow for a 10% impairment rating.										
204	<p>Table 12.5.4: The facial nerve (VII)</p> <p>‘12%’ replaced with ‘10-12%’.</p>	Insertion of a range to allow for a 10% impairment rating.										

Edition 2.1 Page No.	Amendment	Reason
204	<p>Notes to Table 12.5.4</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity
209	<p>Table 12.7: Neurological impairment of the urinary system</p> <p>‘15%’ replaced with ‘10-15%’.</p>	Insertion of a range to allow for a 10% impairment rating.
209	<p>Notes to Table 12.7</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity
PART 2—Defence-related claims for permanent impairment		
277	<p>Table 11.3: Mammary glands</p> <p>‘5%’ replaced with ‘10%’.</p>	Increased to allow for a 10% impairment rating.
286	<p>Table 13.2: Malignancies</p> <p>‘15%’ replaced with ‘10-15%’.</p>	Insertion of a range to allow for a 10% impairment rating.
286	<p>Notes to Table 13.2</p> <p>Insertion of ‘Assessors should refer to the Principles of Assessment for guidance on awarding an impairment value within a range.’</p>	Insertion to remove ambiguity