

EXPLANATORY STATEMENT

Seafarers Rehabilitation and Compensation Act 1992

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 Seafarers 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 *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act).

Section 42 of the Seafarers Act provides that the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) 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 42(2) and (3), the instrument revokes the Second Edition of the Seafarers 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 39(6) and (7) of the Seafarers 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 Seafarers 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) of the *Safety, Rehabilitation and Compensation Act 1992* 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. As the Seafarers Guide is based on the Comcare Guide, this decision also had an impact on the Second Edition of the Seafarers Guide.

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 Seafarers Guide is based on the American Medical Association's *Guides to the Evaluation of Permanent Impairment* 5th edition 2001 (the AMA Guides). The AMA Guides are available for purchase via the AMA website www.ama-assn.org.

Edition 2.1 was prepared by the Seacare Authority and based on the Guide prepared by Comcare. Comcare 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 Seafarers 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		
Page 10	<p>3. Application of this guide</p> <p>At paragraph 2, insertion of 'The first edition of the Guide was revoked and the second edition of the Guide applied in relation to determinations made under sections 39, 40 or 41 on and from 1 March 2006. Claims under those sections received on or before 28 February 2006 continue to be determined under the provisions of the first edition of the Guide.</p> <p>The second edition of the Guide was varied on 1 December 2011 by edition 2.1 of the <i>Guide</i> to the Assessment of the Degree of Permanent Impairment. 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. Edition 2.1 of the <i>Guide</i> does not change the structure of the second edition of the Guide or the composition of benefits payable. The variations are listed in the schedule of amendments from the second edition of the Guide at page 215.</p> <p>Except as provided below, Edition 2.1 of the <i>Guide</i> applies to determinations made on and from 1 December 2011 under sections 39, 40 or 41 of the Seafarers Act in respect of claims under those sections received by the relevant authority after 28 February 2006.</p> <p>Where a request by an employee (as defined in s4 of the Seafarers Act) pursuant to subsection 40(1) of the Seafarers Act (in respect of interim payment of permanent impairment compensation) is received by an employer</p>	<p>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>

Edition 2.1 Page No.	Amendment	Reason
	<p>after 1 December 2011 but relates to a claim under section 39 that was received by the employer on or before 28 February 2006, that request will be determined under the provisions of the first edition of the guide.</p> <p>Where a request by an employee pursuant to subsection 40(1) of the SRC Act (in respect of interim payment of permanent impairment compensation) is received by an employer after 1 December 2011 but relates to a claim under section 39 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>Where a claim for compensation pursuant to subsections 40(4) of the Seafarers Act (in respect of a subsequent increase in the degree of permanent impairment) is received by the employer after 1 December 2011, that claim will be determined under the provisions of this guide, notwithstanding that the initial claim for compensation for permanent impairment may have been determined under the provisions of the previous editions of the guide'</p>	
Page 11	<p>4. Whole person impairment (WPI)</p> <p>At paragraph 2, insertion of 'This <i>Guide</i>, 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 39(5) of the Seafarers Act provides for the determination of the degree of permanent impairment of the employee, that is, the employee as a whole person. The whole person impairment concept, therefore, provides for compensation for the permanent impairment of any body part, system or function to the extent to which it permanently impairs the employee as a whole person'</p>	Insertion to remove ambiguity
Page 12	<p>9. Increase in degree of whole person impairment</p> <p>'Whole person permanent' replaced with 'in respect of the same injury'.</p>	To accommodate for <i>Comcare v Canute</i> .

PART 1 – Claims for permanent impairment		
Page 23	<p>Principle of assessment 7: Percentages of impairment</p> <p>'Each table' replaced with 'Most tables'.</p> <p>'Contains' replaced with 'provide'.</p> <p>Insertion of 'fixed' and 'such'.</p> <p>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>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>Insertion to remove ambiguity</p> <p>Insertion to remove ambiguity</p>
Page 23	<p>Principle of assessment 9: Combined values</p> <p>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>Insertion of 'It is important to note that whenever the notes in the relevant section refer to combined ratings, the combined values chart must be used, even if no reference is made to the use of that chart.'</p>	<p>To accommodate for <i>Comcare v Canute</i></p> <p>New words added to reflect <i>Comcare v Fellowes</i></p>
Page 25-26	<p>Glossary</p> <p>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>

Page 33	1.2 Hypertension 'highest' replaced with 'higher'	Replacement to remove ambiguity
Page 36	1.4 Peripheral vascular disease of the lower extremities 'Amputations' replaced with 'Amputees'	Errata
Page 36	Table 1.4: Peripheral vascular disease of the lower extremities Insertion of ischaemic	Insertion to remove ambiguity
Page 38	1.5 Peripheral vascular disease of the upper extremities 'Amputations' replaced with 'Amputees'	Errata
Page 41	2.0 Introduction Insertion of 'of similar individuals'	Insertion to remove ambiguity
Page 41	2.1 Assessing impairment of respiratory function 'to' replaced with 'of'	Errata
Page 41	2.1.1 Measurements Insertion of 'ratings'	Insertion to remove ambiguity
Page 42	2.1.2 Methods of measurement Deletion of 'source of each' 'method' replaced with 'method(s)' Insertion of 'used'	Errata
Page 42	2.1.3 Impairment rating 'is replaced with 'are'	Insertion to remove ambiguity

Page 44	<p>2.2 Asthma and other hyper-reactive airways diseases</p> <p>Insertion of 'Assessment of' 'intiated' replaced with 'provoking' 'ed' replaced with 'edition' Insertion of 'by the medical profession' Insertion of 'to provoking factors' 'improve' replaced with 'decrease'</p>	Errata
Page 46	<p>2.4 Breathing disorders associated with sleep</p> <p>Deletion of 'or stroke' 'against' replaced with 'using'</p>	Errata
Page 47	<p>Notes to Figure 2-B</p> <p>Insertion of '#' symbol in '#SaO2'</p>	Errata
Page 49	<p>3.1 Thyroid and parathyroid glands</p> <p>Insertion of 'stabilisation of the condition with'</p>	Errata
Page 51	<p>Table 3.2 Adrenal cortex and medulla</p> <p>At 0% WPI, deletion of 'the duration of' At 15% WPI, 'with' replaced with 'by' At 70% WPI, 'with' replaced with 'by'</p>	Errata
Page 52	<p>3.3 Pancreas (diabetes mellitus)</p> <p>'taken' replaced with 'collected'</p>	Errata
Page 54	<p>Table 3.4: Gonads and mammary glands</p> <p>Insertion of 'level of'</p>	Errata

Page 57	Table 4.1: Skin disorders 'to 3' replaced with 'or more' 'to 5' replaced with 'or more'	Errata
Page 58	Table 4.2: Facial disfigurement 'pinna' replaced with 'external ear'	Replacement to remove ambiguity
Page 59	Table 4.3: Bodily disfigurement 'line' replaced with 'silhouette'	Replacement to remove ambiguity
Page 61	5.0 Introduction 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
Pages 62-63	Table 5.1: Psychiatric conditions 'stressors' replaced with 'stresses' 'remission' replaced by 'relapse' 'causing' replaced with 'resulting in potential for' Deletion of 'aspect of'	Errata
Page 63	Notes to Table 5.1 Insertion of 'qualifications' Insertion of 'Such persons include medical practitioners, nursing staff and clinical psychologists'	Insertion to remove ambiguity
Page 65	6.0 Introduction 'causing' replaced with 'involving'	Errata
Page 66	Figure 6-A: Steps for calculating impairment of the visual system 'exists' replaced with 'involving'	Replacement to remove ambiguity

Page 68	6.1 Central visual acuity `their` replaced with `his/her` `if they are` replaced with `provided their correction is`	Replacement to remove ambiguity
Page 70	6.2 Determining loss of monocular visual fields `examinations` replaced with `assessments` `their glasses` replaced with `spectacles` `double vision` replaced with `diplopia` `extent` replaced with `part`	Replacement to remove ambiguity
Page 71	6.3 Abnormal ocular motility and binocular diplopia `double vision` replaced with `diplopia`	Replacement to remove ambiguity
Page 71	6.4 Other ocular abnormalities `problems` replaced with `abnormalities` `for the eye` replaced with `for each affected eye`	Replacement to remove ambiguity
Page 72	6.5 Other conditions involving permanent deformities causing up to 10% impairment of the whole person `causing` replaced with `involving`	Replacement to remove ambiguity
Page 72	6.6 Calculation of visual system impairment for both eyes `column` replaced with `row`	Errata
Page 76	7.0 Introduction `Meniere's` replaced with `Menière's`	Errata
Page 77	Table 7.4: Speech `speaks` replaced with `speaking` `over the` replaced with `by` `Virtually inaudible` replaced with `Inaudible`	Replacement to remove ambiguity
Page 82	Figure 8-A: Activities of daily living `most` replaced with `more`	Errata

Pages 84-85	<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% WPI, 'anatomic' replaced with 'anatomical'</p> <p>At 0%, 10%, 20%, 30%, 40%, 50% 60% and 70% WPI, 'pathologic' replaced with 'pathological'</p> <p>At 0%, 10%, 20%, 30%, 40%, 50% 60% and 70% WPI, 'restrictions' replaced with 'modifications'</p> <p>'Any one of the following' replaced with 'Any two of the following'</p>	Errata
Page 85	<p>Notes to Table 8.1</p> <p>'H2' replaced with 'H₂'</p> <p>'supplement' replaced with 'supplementation'</p> <p>'Restrictive' replaced with 'Modified'</p>	Errata
Pages 86-87	<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'</p> <p>At 0%, 10%, 20%, 30%, 40%, 50% 60% and 70% WPI, 'Restrictive' replaced with 'Modified'</p> <p>At 0%, 10%, 20% and 30% WPI, 'level' replaced with 'levels'</p> <p>At 20%, 30%, 40%, 50%, 60% and 70% WPI, 'anatomic' replaced with 'anatomical'</p> <p>At 40%, 50%, 60% and 70% WPI, 'Requirement for' replaced with 'Presence'</p> <p>At 60% WPI, insertion of 'Limitations of activities of daily living'</p> <p>At 70% WPI, deletion of 'all'</p>	Errata
Page 88	<p>Notes to Table 8.2</p> <p>'Restrictive' replaced with 'Modified'</p>	Errata

Page 89	<p>Table 8.3: Lower gastrointestinal tract—anus</p> <p>At 0%, 10%, 20%, 30% and 40% WPI, 'anatomic' replaced with 'anatomical'</p> <p>At 0% WPI, 'present' replaced with 'absent'</p> <p>At 0% WPI, insertion of 'no'</p> <p>At 0% WPI, 'gas' replaced with 'flatus'</p> <p>At 10% WPI, 'gas' replaced with 'flatus'</p> <p>At 10% WPI, insertion of 'Mild incontinence of liquid stool'</p> <p>At 20% WPI, 'and' replaced with 'or'</p> <p>At 20%, 30% and 40% WPI, 'Moderated faecal incontinence requiring daily treatment' replaced with 'Moderate daily faecal incontinence requiring treatment'</p> <p>At 20%, 30% and 40% WPI, 'Complete faecal incontinence despite treatment' replaced with 'Total faecal incontinence despite treatment'</p> <p>At 40% WPI, 'or' replaced with 'and'</p> <p>At 40% WPI, 'and' replaced with 'or'</p>	Errata
Page 91	<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'</p> <p>At 0%, 10-15%, 30%, 40%, 50%, 65% and 75% WPI, 'Good' replaced with 'Adequate'</p>	Errata
Page 92	<p>Notes to Table 8.5</p> <p>Note 5 bolded</p>	Format change for emphasis

Page 93	<p>Table 8.7: Hernias of the abdominal wall</p> <p>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>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>The sentence 'Palpable abdominal wal defect with persistent, irreducible or irreparable protrusion at the site of the 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>	Errata
Page 98	<p>Chapter 9 – Musculoskeletal system</p> <p>Part I: The lower extremities—Feet and toes, ankles, knees and hips</p> <p>Insertion of 'Where an arthroplasty procedure has been undertaken, refer to the American Medical Association's <i>Guide to the Evaluation of Permanent Impairment</i> 5th edition 2001. Combine the total WPI rating for abnormal motion with the relevant WPI rating for arthropasty, obtained from the American Medical Association's Guide.'</p> <p>'feel' replaced with 'considers'</p> <p>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>Insertion of 'Complex Regional Pain Syndrome in the lower extremities should be assessed using the same methodology as for the Upper Extremity substituting lower extremity table where appropriate. The diagnostic requirements of Figure 9-E apply.'</p>	<p>Errata</p> <p>Insertion 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>
Page 99	<p>Steps in calculating lower extremity impairment</p> <p>Deletion of 'knees' and 'hips'.</p> <p>Insertion of 'knee and hip'.</p>	Medical correction of transcribed error

Page 99-100	Table 9.1: Feet and toes At 0%, 1%, 2%, 5%, 6% and 7% WPI, 'and' replaced with 'or' Insertion of '3'.	Errata
Page 103	Table 9.3: Knees 'over' replaced with 'of more than'	Replacement to remove ambiguity
Pages 104-106	Table 9.4: Hips 'of' replaced with 'restricted to' At 5% and 10% WPI, 'or' replaced with 'to' Insertion of 'at least' At 10% and 15% WPI, 'greater' replaced with 'more' At 15% WPI, 'or' replaced with 'at least'	Errata
Pages 106-107	Table 9.5: Lower extremity amputations 'and' replaced with 'or' Deletion of 'through' and 'portion of' 'thigh' replaced with 'midthigh'	Errata
Page 111	9.7 Lower extremity function 'feels' replaced with 'considers' 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.'	To emphasise the Guide's intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision
Page 112-113	Table 9.7: Lower extremity function 'resulting in' replaced by 'causing' Deletion of 'at a time' Insertion of 'a walking aid or hand' 'someone else' replaced with 'another person'	Errata

Page 114	<p>Part II: The Upper Extremities: Hands and Fingers, Wrists, Elbows and Shoulders</p> <p>'feels' replaced with 'considers'</p> <p>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>	To emphasise the Guide's intent in respect to Table 9.7 following the <i>Irwin v Border Express</i> AAT decision
Page 115	<p>9.8.1 Abnormal motion of digits</p> <p>'from' replaced with 'for'</p>	
Page 116	<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>	Errata
Page 119	<p>9.8.2 Sensory losses in the thumb and fingers</p> <p>Deletion of 'particular'</p> <p>'this is reserved' replaced with 'losses involving the radial digit nerve are rated higher than those of the ulnar digit nerve'</p>	Errate
Page 121	<p>9.9 Wrists</p> <p>'range' replaced with 'plane'</p>	Replacement to remove ambiguity
Page 122	<p>9.10 Elbows</p> <p>'range' replaced with ' plane'</p>	Replacement to remove ambiguity

Page 124	9.11 Shoulders 'range' replaced with 'plane'	Replacement to remove ambiguity								
Page 134	9.13.3 Complex regional pain syndromes 'one' replaced with 'a rating'	Replacement to remove ambiguity								
Page 136	Figure 9-F: Impairment grading for CRPS Deletion of CRPS II table.	Errata								
Page 137	<p>Steps in CRPS I (RSD) impairment determination</p> <p>Table replaced with:</p> <table border="1"> <tr> <td>Step 1</td> <td>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>Step 2</td> <td>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>Step 3</td> <td>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>Step 4</td> <td>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. The maximum WPI for the affected extremity is 60%.</td> </tr> </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. The maximum WPI for the affected extremity is 60%.	Replacement to 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. The maximum WPI for the affected extremity is 60%.									

Pages 137-138	<p>9.14 Upper extremity function</p> <p>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 radiographically demonstrated joint instability or arthritis or arthroplasty.'</p> <p>'can' replaced with 'cannot'</p> <p>Insertion of 'assessment of'</p> <p>Insertion of '(see Appendix 1)</p> <p>'chosen' replaced with 'used to determine WPI'</p> <p>'Observe' replaced with 'Use'</p> <p>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>
Pages 138-139	<p>Table 9.14: Upper extremity function</p> <p>'30' replaced by '13'.</p> <p>'20' replaced by '9'.</p> <p>'30' replaced by '13'.</p> <p>'20' replaced by '9'.</p> <p>'10' replaced by '4.5'.</p> <p>'3' replaced by '1.5'.</p>	<p>Medical correction of transcribed error</p>
Pages 142-143	<p>Part III: Definitions of clinical findings or diagnosis-related estimates in assessing spinal impairment</p> <p>'by reason of' replaced with 'through'</p> <p>Insertion of 'abnormal'</p> <p>Deletion of 'in a dermatomal distribution'</p>	<p>Errata</p>
Page 144	<p>Part III – Multi-level fracture involving the spinal canal</p> <p>Insertion of 'multiple'</p> <p>'and associated' replaced with 'with'</p>	<p>Errata</p>

Pages 144-146	Table 9.15: Cervical spine—diagnosis-related estimates Deletion of `or` for 10-18% criteria. Insertion of `or` in 28% criteria. Insertion of `There may be` in 38% criteria.	Errata
Pages 146-148	Table 9.16: Thoracic spine—diagnosis-related estimates Insertion of `improved` in 10-18% criteria. Insertion of `or` in 23% criteria. Insertion of `and` in 28% criteria.	Errata
Page 148	9.17 Lumbar spine—diagnosis-related estimates `Complete,` replaced with `May have complete,`	Errata
Page 152	10.1 The Upper urinary tract Insertion of `rigours`	Insertion to remove ambiguity
Page 153	Table 10.1 The upper urinary tract `irrespective` replaced with `regardless`	Replacement to remove ambiguity
Page 155	10.3 Lower urinary tract Insertion of `stranguary`	Errata
Page 160	Table 11.1.3: Male reproductive organs – testes, epididymes and spermatic cords `anatomic` replaced with `anatomical`	Errata
Page 161	Table 11.1.4: Male reproductive organs – prostate and seminal vesicles `anatomic` replaced with `anatomical`	Errata
Page 167	12.0 Introduction Insertion of `impairments`	Insertion to remove ambiguity

Page 169	Table 12.1.2: Epilepsy, seizures and convulsive disorders `or` replaced with `and` Insertion of `or others` Insertion of `are`	Errata
Pages 172-173	Figure 12-B: Clinical dementia rating (CDR) `a` replaced with `usual`	Replacement to remove ambiguity
Page 176	Table 12.4: Emotional or behavioural impairments `useful` replaced with `usual` Insertion of `any`	Replacement to remove ambiguity
Page 179	Table 12.5.4: The facial nerve (VII) Deletion of `with`	Replacement to remove ambiguity
Page 180	12.5.5 The auditory nerve (VIII) `Meniere's` replaced with `Menière's`	Errata
Page 182	12.5.6 The glossopharyngeal, vagus, spinal accessory and hypoglossal nerves (IX, X, XI and XII) `held up` replaced with `delayed`	Replacement to remove ambiguity
Page 182	Table 12.6: Neurological impairment of the respiratory system Insertion of `moderate` `he or she` replaced with `the employee`	Insertion to remove ambiguity
Page 186	Table 13.1: Anaemia `U` replaced with `Units`	Replacement to remove ambiguity
Page 187	13.2 Leukocyte abnormalities or disease `most` replaced with `more`	Replacement to remove ambiguity
Page 189	13.3 Haemorrhagic disorders and platelet disorders `with` replaced with `by`	Replacement to remove ambiguity

Page 189	Table 13.3: Haemorrhagic disorders and platelet disorders Insertion of 'is required'	Insertion to remove ambiguity
Page 193	Table B2: Suffering Insertion of 'is' 'predominate over thinking' replaced with 'interferes with normal thought processes'	Replacement to remove ambiguity
Page 194	Table B3.1: Mobility 'need to have' replaced with 'require rest' 'for example' replaced with 'or other special treatment'	Replacement to remove ambiguity

Broadhurst Tables

Edition 2.1 Page No.	Amendment	Reason
Part 1—Claims for permanent impairment		
Page 50	Table 3.1: Thyroid and parathyroid glands '15%' replaced by '10-15%'.	A 10-15% range has been added to allow for a 10% impairment rating.
Page 50	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
Page 91	Table 8.5: Liver—chronic hepatitis and parenchymal liver disease '15%' replaced by '10-15%'.	A 10-15% range has been added to allow for a 10% impairment rating.
Page 91	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
Page 139	Table 9.14: Upper extremity function '8%' replaced by '10%'.	Increased to allow for a 10% impairment rating.
Page 145	Table 9.15: Cervical spine—diagnosis-related estimates '18%' replaced by '10-18%'.	A 10-18% range has been added to allow for a 10% impairment rating.
Page 146	Notes to Table 9.15 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity
Page 147	Table 9.16: Thoracic spine—diagnosis-related estimates '18%' replaced by '10-18%'.	A 10-18% range has been added to allow for a 10% impairment rating.
Page 148	Notes to Table 9.16 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity

Edition 2.1 Page No.	Amendment	Reason
Page 149	Table 9.17: Lumbar spine—diagnosis-related estimates '13%' replaced by '10-13%'.	A 10-13% range has been added to allow for a 10% impairment rating.
Page 150	Notes to Table 9.17 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity
Page 163	Table 11.2.1: Female reproductive organs—vulva and vagina '15%' replaced by '10-15%'.	A 10-15% range has been added to allow for a 10% impairment rating.
Page 163	Notes to Table 11.2.1 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity
Page 169	Table 12.1.1: Permanent disturbances of levels of consciousness and awareness '15%' replaced by '10-15%'.	A 10-15% range has been added to allow for a 10% impairment rating.
Page 169	Notes to Table 12.1.1 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity
Page 174	12.3: Communication impairments—dysphasia and aphasia Deletion of section 12.3: Communication. Insertion of new section '12.3: Communication impairments—dysphasia and aphasia'. '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	Whole of section 12.3 of the Guide has been substituted for section 13.3e (including Table 13-7) of AMA 5. 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).

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	<p>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 the of the brain is dominant for speech. Cognition should also be evaluated after dysphasia mechanisms have been excluded.</p> <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>	

Edition 2.1 Page No.	Amendment	Reason										
	Insertion of 'Table 12.3: Criteria for rating impairment due to aphasia or dysphasia' <table border="1" data-bbox="577 331 1301 842"> <thead> <tr> <th data-bbox="577 331 730 379">% WPI</th> <th data-bbox="736 331 1301 379">Criteria</th> </tr> </thead> <tbody> <tr> <td data-bbox="577 384 730 496">5</td> <td data-bbox="736 384 1301 496">Minimal disturbance in comprehension and production of language symbols of daily living.</td> </tr> <tr> <td data-bbox="577 501 730 612">10</td> <td data-bbox="736 501 1301 612">Moderate impairment in comprehension and production of language symbols of daily living.</td> </tr> <tr> <td data-bbox="577 617 730 761">32</td> <td data-bbox="736 617 1301 761">Able to comprehend non verbal communication; production of unintelligible or inappropriate language for daily activities.</td> </tr> <tr> <td data-bbox="577 766 730 842">50</td> <td data-bbox="736 766 1301 842">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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Page 178	Table 12.5.3: The trigeminal nerve (V) '8%' replaced by '10%'.	Increased to allow for a 10% impairment rating.										
Page 179	Table 12.5.4: The facial nerve (VII) '12%' replaced by '10-12%'.	A 10-12% range has been added to allow for a 10% impairment rating.										
Page 179	Notes to Table 12.5.4 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity										
Page 183	Table 12.7: Neurological impairment of the urinary system '15%' replaced by '10-15%'.	A 10-15% range has been added to allow for a 10% impairment rating.										
Page 183	Notes to Table 12.7 Insertion of 'Assessors should refer to the principles of assessment for guidance on awarding an impairment value within a range.'	Insertion to remove ambiguity										