

DEPARTMENT OF INSURANCE AND FINANCE  
 WORKERS' COMPENSATION DIVISION  
 DISABILITY RATING STANDARDS

EXHIBIT "A"  
 OREGON ADMINISTRATIVE RULES  
 CHAPTER 436, DIVISION 35

EFFECTIVE JUNE 1, 1992

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**436-35-003            Applicability of Rules**

(1) These rules apply to the rating of permanent disability pursuant to chapter 656 and shall be applied to all claims closed on or after the effective date of these rules for workers medically stationary on or after July 1, 1990. For workers medically stationary prior to July 1, 1990, Administrative Order 6-1988 shall apply to the rating of permanent disability.

(2) For claims in which the worker was medically stationary after July 1, 1990 and a request for reconsideration has been made pursuant to ORS 656.268, disability rating standards in effect on the date of issuance of the Determination Order or Notice of Closure **and any relevant temporary rules adopted pursuant to ORS 656.726(3)(f)(C)** shall apply.

(3) The provisions of OAR 436-35-360(2) through (11) only apply to closing exams performed prior to October 1, 1991.

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**436-35-230            Other Losses in the Leg or Foot**

(1) Loss of sensation in the leg is not considered disabling except for the plantar surface of the foot. To determine this impairment value, refer to 436-35-200(1).

(2) The following ratings are for length discrepancies of the injured leg. The rating is the same whether the length change is a result of an injury to the foot or to the upper leg:

| Discrepancy in Inches                                   | Leg |
|---|-----|
| More than 1-1/2 inches .....                            | 20% |
| More than 1 inch up to and including 1-1/2 inches ..... | 15% |
| More than 1/2 inch up to and including 1 inch .....     | 10% |
| 1/2 inch or less .....                                  | 5%  |

(3) Knee joint instability, due to specific ligamentous injuries, is valued based on a preponderance of medical opinion utilizing the following table:

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| Ligament                   | Grade 1                                | Grade 2                                     | Grade 3                                   |
|----------------------------|--|---|---|
|                            | Mild (1-5 mm)<br>Joint<br>Displacement | Moderate (6-10 mm)<br>Joint<br>Displacement | Severe (> 10 mm)<br>Joint<br>Displacement |
| Anterior cruciate .....    | 5% Leg                                 | 10% Leg                                     | 15% Leg                                   |
| Posterior cruciate .....   | 5% Leg                                 | 10% Leg                                     | 15% Leg                                   |
| Collateral (medial) .....  | 10% Leg                                | 15% Leg                                     | 20% Leg                                   |
| Collateral (lateral) ..... | 10% Leg                                | 15% Leg                                     | 20% Leg                                   |

(a) Values for more than one ligamentous injury are combined.

(b) Rotary instability is considered in the impairment value of this rule.

(4) When injury in the knee results in angulation, impairment values shall be determined accordingly. Varus deformity of the knee greater than 15° is rated at 10% of the leg. Valgus deformity of the knee greater than 20° is rated at 10% of the leg

(5) The following values are for surgery of the leg or foot:

| Surgery   | Leg |
|---|-----|
| Less than complete loss of one meniscus .....   | 5%  |
| (no additional value is allowed for multiple partial resections of a single meniscus) |     |
| Complete loss of one meniscus .....   | 10% |
| Complete loss of one meniscus with less than complete loss of the other .....         | 15% |
| Complete loss of both menisci .....   | 25% |
| Each 1/4 of patella removed .....   | 5%  |
| Prosthetic femoral head replacement .....   | 15% |
| Prosthetic knee replacement .....   | 20% |

(6) Dermatological conditions including burns which are limited to the leg or foot are rated according to the body part affected. The percentages indicated in the classes below are applied to the affected body part(s), e.g. a Class 1 dermatological condition of the foot is 3% of the foot, or a Class 1 dermatological condition of the leg is 3% of the leg. Contact dermatitis is determined under this rule unless it is caused by an allergic systemic reaction which is determined under OAR 436-35-450. Contact dermatitis for an unscheduled body part is rated pursuant to 436-35-440. Impairment is determined based on the following criteria:

(a) Class 1: 3% for the leg or foot if there are signs and symptoms of a skin disorder and treatment results in no more than minimal limitations in the performance of the activities of daily living, although exposure to physical or chemical agents may temporarily increase limitations.

(b) Class 2: 15% for the leg or foot if there are signs and symptoms of a skin disorder and treatments and prescribed examinations are required intermittently, and the worker requires assistance in the performance of the activities of daily living.

(c) Class 3: 38% for the leg or foot if there are signs and symptoms of a skin disorder and regularly prescribed examinations and continuous treatments are required, and the worker requires assistance with the performance of the less critical activities of daily living.

(d) Class 4: 68% for the leg or foot if there are signs and symptoms of a skin disorder and

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continuous prescribed treatments are required. The treatment may include periodically having the worker stay home or admitting the worker to a care facility, and the worker requires assistance with the performance of the critical activities of daily living.

(e) Class 5: 90% for the leg or foot if there are signs and symptoms of a skin disorder and continuous prescribed treatment is required. The treatment necessitates having the worker stay home or permanently admitting the worker to a care facility, and the worker is dependent in the performance of the activities of daily living.

(7) the following ratings are for vascular disease established by a preponderance of medical evidence which is limited to the leg and/or foot. The impairment values are determined according to the affected body part, using the following classifications:

(a) Class 1: 3% for the leg. Workers belong in Class 1 when any of the following conditions exist:

- (A) Loss of pulses in the foot.
- (B) Minimal loss of toe tip subcutaneous tissue.
- (C) Calcification of the arteries (as revealed by x-ray).

(b) Class 2: 15% for the leg. Workers belong in Class 2 when they suffer from any of the following:

- (A) Limping due to intermittent claudication that occurs when walking at least 100 yards.
- (B) Vascular damage, as evidenced by a healed painless stump of a single amputated toe, with evidence of chronic vascular disease or a healed ulcer.
- (C) Persistent moderate edema which is only partially controlled by support hose.

(c) Class 3: 35% for the leg. Workers belong in Class 3 when they suffer from any of the following:

- (A) Limping due to intermittent claudication when walking as little as 25 yards and no more than 100 yards.
- (B) Vascular damage, as evidenced by healed amputation stumps of two or more toes on one foot, with evidence of chronic vascular disease or persistent superficial ulcers on one leg.
- (C) Obvious severe edema which is only partially controlled by support hose.

(d) Class 4: 63% for the leg. Workers belong in Class 4 when they suffer from any of the following:

- (A) Limping due to intermittent claudication after walking less than 25 yards.
- (B) Intermittent Pain in the legs due to intermittent claudication when at rest.
- (C) Vascular damage, as evidenced by amputation at or above the ankle on one leg, or amputation of two or more toes on both feet, with evidence of chronic vascular disease or widespread or deep ulcers on one leg.
- (D) Obvious severe edema which cannot be controlled with support hose.

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(e) Class 5: 88% for the affected body part. Workers belong in Class 5 when they suffer from either of the following:

(A) Constant severe pain due to claudication at rest.

(B) Vascular damage, as evidenced by amputations at or above the ankles of both legs, or amputation of all toes on both feet, with evidence of persistent vascular disease or of persistent, widespread, or deep ulcerations on both legs.

(f) If partial amputation of the affected body part occurs as a result of vascular disease, the impairment values shall be rated separately. The amputation value shall then be combined with the impairment value for the vascular disease.

(8) Injuries to unilateral spinal nerve roots with resultant loss of strength shall be determined according to the specific nerve root involved as described in the following table and modified pursuant to 436-35-007(14).

Maximum loss of Function due to Loss of strength

| NERVE ROOT | LEG |
|------------|-----|
| L-3 .....  | 20% |
| L-4 .....  | 34% |
| L-5 .....  | 37% |
| S-1 .....  | 20% |

(9) Loss of strength is rated when the cause is peripheral nerve injury. The value of impairment is determined based upon the specific nerve affected as described in the following table and as modified pursuant to 436-35-007(14).

| LEG NERVE   | % LEG | % FOOT |
|---|-------|--------|
| Femoral (Below the iliacus nerve) .....               | 30%   |        |
| Nerves to obturator Internus & Piriformis .....       | 10%   |        |
| Nerves to quadratus femoris .....                     | 10%   |        |
| muscle/nerve to superior<br>gemellus muscle/obturator |       |        |
| Superior Gluteal .....                                | 20%   |        |
| Inferior Gluteal .....                                | 25%   |        |
| Sciatic (above hamstring innervation) .....           | 75%   |        |
| Sciatic (hamstring loss only) .....                   | 40%   |        |
| Common peroneal .....                                 |       | 39%    |
| deep (above mid-shin) .....                           |       | 28%    |
| deep (below mid-shin) .....                           |       | 6%     |
| superficial .....                                     |       | 11%    |
| Tibial Nerve (medial popliteal or .....               | 35%   |        |
| internal popliteal above knee                         |       |        |
| posterior tibial .....                                |       | 28%    |
| (mid-calf & knee)                                     |       |        |
| below mid-calf .....                                  |       | 17%    |
| lateral plantar branch .....                          |       | 6%     |
| medial plantar branch .....                           |       | 6%     |

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For example, a worker suffers a knee injury requiring surgery. Upon recovery, the attending physician reports 4/5 strength of the quadriceps femoris. The quadriceps femoris is innervated by the femoral nerve which has a 30% impairment value. 4/5 strength, pursuant to 436-35-007(14), is 20%. Final impairment is determined by multiplying 30% by 20% for a final value of 6% impairment of the leg. Another example is a worker who suffers a laceration of the deep branch of the common peroneal nerve above mid-shin. Upon recovery, the attending physician reports 3/5 strength of the calf. The deep common peroneal above mid-shin has a 28% impairment value. Pursuant to 436-35-007(14), 3/5 strength is 50%. Impairment is determined by multiplying 28% by 50% for a final value of 14% impairment of the foot.

(10) Loss of strength due to loss of muscle or disruption of the musculo tendonous unit shall be valued as if the nerve supplying that muscle or muscle group were impaired.

(11) The value for impairment to an unscheduled body part involving the lumbosacral plexus shall be determined pursuant to the rules for the specific unscheduled body part affected.

(12) For motor loss to any part of a leg which is due to brain or spinal cord damage, impairment shall be valued as follows: (an additional rating pursuant to sections (7), (8), or (9) of this rule shall not be allowed):

| Severity of Motor Loss  | % Leg |
|---|-------|
| Worker can rise to a standing position and can walk but has difficulty with elevations, grades, steps and distances. ....   | 33%   |
| Worker can rise to a standing position and can walk with difficulty but is limited to level surfaces. There is variability as to the distance the worker can walk. .... | 76%   |
| Worker can rise to a standing position and can maintain it with difficulty but cannot walk, or worker cannot stand without a prosthesis or the help of others. ....     | 100%  |

This value shall be combined with any other impairment in the affected leg.

**(13)(a) Except as provided in subsection (b) of this section, for chondromalacia of the knee, or arthritis due to trauma, the rating shall be determined pursuant to OAR 436-35-010(6).**

**(b) An additional value of 5% shall be combined with other impairment values if there is more extensive degenerative joint disease as evidenced by one or all of the following:**

**(A) Grade IV Chondromalacia;**

**(B) Secondary Strength Loss;**

**(C) Chronic Effusion; or,**

**(D) Varus or valgus deformity less than that specified in subsection (4) of this rule.**

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