CHAPTER 436

DEPARTMENT OF INSURANCE AND FINANCE
WORKERS' COMPENSATION DIVISION

DIVISION 35

DISABILITY RATING STANDARDS

AUTHORITY FOR RULES

436-35-001 These rules are promulgated under the Director's authority contained in ORS 656.726(3).

History: Formerly OAR 436-30-001; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90.

PURPOSE OF RULES

436-35-002 These rules establish standards for rating permanent disability under the Workers' Compensation Act. These standards are written to reflect the criteria for rating outlined in legislation adopted by the 1987 and 1990 Legislature, and assign values for disabilities that shall be applied consistently at all levels of the Workers' Compensation award and appeal process.

History: Formerly OAR 436-30-002; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

APPLICABILITY OF RULES

436-35-003 (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 April 1, 1991, for workers medically stationary 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, the Appellate Unit shall apply the disability rating standards in effect on the date of issuance of the Determination Order or Notice of Closure.

(3) The provisions of OAR 436-35-360(2) through (11) only apply until September 30, 1991.

History: Formerly OAR 436-30-003; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90. Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 effective 11-20-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

DEFINITIONS

436-35-005 As used in rules 436-35-001 through 436-35-450, unless the context requires otherwise:

(1) "Activities of Daily Living (ADL)" means those personal functional activities required by an individual for continued well-being which are essential for health and safety, i.e., eating/nutrition, dressing/grooming, bathing/personal hygiene, mobility, bowel and bladder control, and cognitive functions. "Critical ADL" means bowel and bladder control, eating/nutrition, and behavior. "Less-Critical ADL" means mobility, bathing/personal hygiene, and dressing/grooming.

(a) "ADL-Dependent" means the worker cannot perform the critical activities of daily living tasks even with assistive measures or devices or can perform the ADL task, but has been ordered not to by the physician. The performance problem may arise from the person's physical impairment (including limited endurance), cognitive impairment, and/or psychosocial impairment.

(b) "ADL-Assisted" means the worker can perform any of the tasks, with assistive measures or devices if needed, only if assisted by another person. The performance problem may arise from the person's physical impairment (including limited endurance), cognitive impairment, and/or psychosocial impairment.

(c) "ADL-Independent" means the worker reasonably can perform all of the ADL tasks with the use of assistive measures or devices but without the assistance of another person.

(2) "Ankylosis" means a bony fusion or arthrodesis. Ankylosis does not include pseudarthrosis or articular arthropathies or fibrous unions.

(3) "Attending physician" means a doctor or physician who is primarily responsible for the treatment of a worker's compensable injury or illness and who is:

(a) A medical doctor or doctor of osteopathy licensed by the Board of Medical Examiners for the State of Oregon or a board certified oral surgeon licensed by the Oregon Board of Dentistry; or

(b) A medical doctor, doctor of osteopathy or oral surgeon practicing in and licensed under the laws of another state; or

(c) For a period of thirty (30) days from the date of first chiropractic visit on the initial claim or for twelve (12) chiropractic visits during that thirty (30) day period, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon; or

(d) For a period of thirty (30) days from the date of first chiropractic visit on the initial claim or for twelve (12) chiropractic visits during that thirty (30) day period, whichever first occurs, a doctor or physician of chiropractic practicing and licensed under the laws of another state; or

(e) A person authorized to be an attending physician, in accordance with a managed care organization contract.

(4) "Combine" describes the way any two percentages of impairment are merged. Unless the standard specifically calls for them to be added, percentages of impairment are combined.

(5) "Impairment" means a decrease in the function of a body part or system as measured by a physician according to the measurement methods described in the American Medical Association Guides to the Evaluation of Permanent Impairment.

(6) "Medical arbiter" means a physician pursuant to 656.005(12)(b)(A) appointed by the director pursuant to OAR 436-10-047.

(7) "Scheduled disability" means a permanent loss of use or function which results from injuries to those body parts listed in ORS 656.214(2)(a) through (4).

(8) "Unscheduled disability" means the permanent loss of earning capacity due to a compensable on the job injury or disease as described in these rules, arising from those losses contemplated by ORS 656.214(5) and not to body parts or functions listed in ORS 656.214(2)(a) through (4).

(9) "Permanently worsened" is established by a preponderance of medical evidence concerning the worker's physical or medical condition at closure compared to the worker's physical or medical condition as it existed at the time of the last arrangement of compensation. A worker has permanently worsened when the worker's earning capacity for unscheduled claims, or lost use or function for scheduled claims is materially greater than previously. An increase in impairment under these rules does not mean that the worker has permanently worsened unless additional impairment materially reduces earning capacity and/or reduces use or function.

(10) "Preponderance of medical evidence" or "opinion" means the more probative and more reliable medical opinion based upon the most accurate history, on the most objective findings, on sound medical principles and expressed with clear and concise reasoning. It does not necessarily mean the opinion supported by the larger number of documents or greater number of concurrences.

(11) "Redetermination" is any evaluation of disability performed subsequent to claim reopening pursuant to ORS 656.268(8), 656.273 and as provided in ORS 656.325.

(12) "Time of Determination" is the mailing date of the Determination Order or Notice of Closure issued pursuant to ORS Chapter 656.268.

History: Formerly OAR 436-30-005; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90. Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 effective 11-20-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

General Principles for Rating Disability

436-35-007 (1) A worker is entitled to a value under these rules only for those findings of impairment that are permanent and were caused by the accepted injury and/or its accepted conditions. Unrelated or noncompensable impairment findings shall be excluded and shall not be valued under these rules. In the determination of permanent total disability, the effects of pre-existing disability shall be considered as provided in 436-30-055.

(2) Where a worker's impairment findings are due to the accepted injury or accepted conditions and the findings are also due to other unrelated and/or noncompensable causes, the combined findings are rated and valued under these rules. After the total amount of disability has been determined, that portion or percentage of the permanent disability that is attributable to the noncompensable or unrelated causes by a preponderance of medical opinion shall be deleted from the total and the worker shall receive an award for the remainder of the disability. Where a worker has an asymptomatic and nondisabling preexisting condition(s) or other physical defect(s), and the preponderance of medical opinion establishes that the injury caused the preexisting condition or defect to become symptomatic and disabling, the percentage of disability attributable to the increased symptoms from the preexisting conditions(s) or defect(s) is not deleted from the worker's award.

(3) If a worker has a prior award of permanent disability under Oregon Workers' Compensation Law, the award shall be considered in subsequent claims pursuant to ORS 656.222. The following shall be applied in such considerations:

(a) If the worker had a complete and permanent recovery from that prior injury, no offset shall be allowed.

(b) A worker is not entitled to be doubly compensated for a permanent loss of earning capacity in an unscheduled body part which would have resulted from the current injury but which had already been produced by an earlier injury and had been compensated by a prior award. After disability is determined under the current standards, only that portion of such lost earning capacity which was not present prior to the current injury shall be awarded.

(c) A worker is not entitled to be doubly compensated for a permanent loss of use or function for a scheduled body part which would have resulted from the current injury but which has already been produced by an earlier injury and had been compensated by a prior award. After the loss of use or function is determined under the current standards, only that portion of such loss which was not present prior to the current injury shall be awarded.

(4) Only the methods described in the AMA Guides to the Evaluation of Permanent Impairment (Guides), 3rd Edition (Revised), copyright 1990, shall be used to measure and report impairment under these rules, except that the goniometric method for measuring spinal range of motion as described in the Guides, 2nd Edition, may be used until September 30, 1991. The utilization of an inclinometer as described to measure spinal range of motion in the 3rd Edition (Revised) to measure impairment is not mandatory until October 1, 1991.

(5) When a claim has been reopened pursuant to ORS 656.273, the worker's condition at the time of determination is compared with the worker's condition as it existed on the last award or arrangement of compensation. If the worker's condition has permanently worsened, the worker is entitled to have the extent of permanent disability redetermined. If the workers' condition has not permanently worsened, the worker is not entitled to have the extent of permanent disability redetermined under these rules. If a claim has multiple accepted conditions which are either newly accepted since the last arrangement of compensation and/or which have permanently worsened, the extent of permanent disability shall be redetermined. There shall be no redetermination for those conditions which are either unchanged or improved. In any case, the impairment value for those conditions not permanently worsened shall continue to be the same impairment values that were established at the last arrangement of compensation.

(6) Any time a worker ceases to be enrolled and actively engaged in training pursuant to ORS 656.268(8), the worker is entitled to have the amount of permanent disability for an accepted condition reevaluated under these rules.

(7) Except as provided by ORS 656.325 and 656.268(8), where a redetermination of permanent disability pursuant to ORS 656.273 results in an award that is less than the cumulative total of the worker's prior arrangements of compensation in the claim, the award shall not be reduced.

(8) Impairment findings made by a consulting physician or other medical providers (e.g. occupational or physical therapists) at the time of claim closure may be used to determine impairment if the worker's attending physician concurs with the findings as prescribed in OAR 436-10-080.

(9) Impairment is determined by the attending physician except where a preponderance of medical opinion establishes a different level of impairment. On reconsideration, where a medical arbiter is used, impairment is determined by the medical arbiter, except where a preponderance of medical opinion establishes a different level of impairment.

(10) Unless otherwise specifically stated in these rules, all range of motion percentage values in a single joint are first added, then rounded to a whole number, and then combined with other applicable impairment value percentages.

(11) Impairment values, determined under these rules, are first rounded to the nearest whole number. (For example, 3.5 and above, round up to 4.0 and 3.49 and below, round down to 3.0. An impairment value of 1.0 shall be established for a cumulative impairment found less than 0.50.)

(12) The combined value is obtained by inserting the values for A and B into the formula A + B (1.0 - A). The larger of the two numbers is A and the smaller is B. The whole number percentages of impairment are converted to their decimal equivalents (e.g. 12% converts to .12; 3% converts to .03). The resulting percentage is rounded to a whole number (in accordance with 436-35-007(11)). Upon combining the largest two percentages, the resulting percentage is combined with any lesser percentage(s) in descending order using the same formula until all percentages have been combined prior to performing further computations. After the calculations are completed, the decimal result is then converted back to a percentage equivalent. Example: .12 + .03(1.0 - .12) =.12 + .03(.88) =.12 + .0264 =.1464 = 14.6 = 15. The Director may by bulletin prescribe a combined values chart to be used in this computation process.

(13) All scheduled and unscheduled disability is awarded in 1% steps, rounding to the nearest whole number (e.g. 3.5 and above, round up; 3.49 and below, round down). This does not apply to loss of sight or hearing, which is rounded to the next higher hundredth of 1%.

(14) To determine impairment due to loss of strength, a 0 to 5 grading system shall be used. A preponderance of medical opinion shall be used to strength the loss and to identify the named spinal nerve root, peripheral nerve, or plexus which is responsible for the loss of strength. The grading shall be valued as follows:

(a) Muscle Grading System

% of Worker's Impairment	Grade	
0%	5/5:	The worker retains range of motion against gravity with full resistance applied.
20%	4/5:	The worker retains range of motion against gravity with some resistance applied.
50%	3/5:	The worker retains range of motion against gravity without resistance applied.
75%	2/5:	The worker retains range of motion with gravity, but has to have some assistance.
90%	1/5:	The worker has evidence of slight muscle contractility; no joint motion.
100%	0/5:	The worker has no evidence of muscle contractility.

(b) The percent of the worker's impairment shall be determined by the grade of strength reported by the physician. This percent value shall then be multiplied by the appropriate percent value allowed for the affected body part as found in these rules.

(c) The value for loss of strength strictly due to nerve damage includes a value for any loss of motion. Decreased range of motion due to other causes is rated separately.

(15) The movement in a joint is measured in active degrees of motion. Impairment findings describing lost ranges of motion shall be converted, for evaluation purposes, to retained ranges of motion by subtracting the measured loss from the normal of full ranges established in these rules.

(16) The range of motion or laxity in the injured joint shall be compared to the contralateral joint except when the contralateral joint has a history of injury or disease. In such a case, the injured joint impairment shall be valued proportionately to the full motion of the contralateral joint, unless the contralateral joint motion exceeds the normals established under these rules. (For example, an injured knee flexes to 80°, the contralateral knees flexes to 140°, a proportion is established to determine the expected degrees of flexion since 140° has been established as normal for this worker. 80/140 = X/150. X = expected retained ROM compared to the established norm of 150° upon which impairment flexion of the knee is determined under these rules. X, in this case, equals 86°. 86° of retained flexion of the knees is calculated under these rules, after rounding, to 23% impairment. If the motion of the injured joint exceeds the values for ranges of motion established under these rules, the values established under these rules shall be used to establish impairment. When the contralateral joint does have a history of injury or disease, the injured joint shall be valued based upon the ranges of motion established under these rules.

(17) Where the worker dies before becoming medically stationary, only those findings of impairment that are of a non-speculative nature such as values for surgical procedures and amputations shall be determined. Other impairment findings are of a speculative nature and will not be determined. For unscheduled conditions or injuries, the worker's adaptability value shall be +1; other disability factors shall be determined as they existed on the date of death.

History: Filed 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90. Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 effective 11-20-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

STANDARDS FOR RATING SCHEDULED PERMANENT DISABILITY

436-35-010 (1) Rules 436-35-010 through 436-35-260 describe the rating of scheduled disability. All physical disability ratings in these rules shall be established on the basis of medical evidence that is supported by objective findings from the attending physician or as provided in OAR 436-35-007(8) and (9).

(2) Disability is rated on the permanent loss of use or function of a body part due to an on-the-job injury. These losses, as defined and used in these standards, shall be the sole criteria for the rating of permanent disability in the scheduled body parts under these rules.

(3) Pain is considered in these rules to the extent it results in objective measurable impairment. If there is no measurable impairment under these rules, no award of scheduled permanent partial disability is allowed.

(4) ORS 656.214 provides the maximum values to be given for a complete loss of use or function of a body part. A percentage of that figure shall be given for less than complete loss.

(5) The total disability rating for a body part cannot be more than is allowed for amputation of the part.

(6) A worker may be entitled to scheduled chronic condition impairment when a preponderance of medical opinion establishes that the worker is unable to repetitively use a body part due to a chronic and permanent medical condition as follows. "Body part" as used in this rule means the foot/ankle, knee, leg, hand/wrist, elbow, and arm.

(a) Scheduled chronic condition impairment is considered after all other scheduled impairment, if any, has been rated under these rules and converted, pursuant to OAR 436-35-120 and/or 436-35-240 to the appropriate body part proximal to the body.

(b) Where scheduled chronic condition impairments exist for more than one body part in the same extremity, the worker shall receive only one 5% chronic condition impairment for the body part which results in the larger dollar amount of compensation to the worker. In no event is a worker entitled to more than one 5% scheduled chronic condition impairment in each injured extremity, regardless of how many body parts within that extremity are injured or have chronic conditions.

(c) The value for the scheduled chronic condition impairment is combined (not added) with other scheduled impairment.

History: Formerly OAR 436-30-120; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Renumbered from 436-30-050, Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90. Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 effective 11-20-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

PARTS OF THE HAND AND ARM

436-35-020 (1) The arm begins with the head of the humerus. It includes the elbow joint.

(2) The forearm begins distal to the elbow joint and includes the wrist (carpal bones).

(3) The hand begins at the joints between the carpals and metacarpals. It extends to the joints between the metacarpals and the phalanges.

(4) The thumb and fingers begin at the joints between the metacarpal bones and the phalanges. They extend to the tips of the thumb and fingers, respectively.

History: Formerly OAR 436-30-130; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

AMPUTATIONS INVOLVING THE THUMB, FINGERS, HAND, OR ARM

436-35-030 (1) Loss of the arm at or proximal to the elbow joint is 100% loss of the arm.

(2) Loss of the forearm at or proximal to the wrist joint is 100% loss of the forearm.

(3) Loss of the hand at the carpal bones is 100% loss of the hand.

(4) Resection of all or part of a metacarpal is rated at 10% of the hand. Any such rating should be combined with any other losses in the hand.

(5) Amputation at the proximal epiphyseal region of the proximal phalanx is 100% loss of the thumb. The ratings for other amputation levels of the thumb are as follows:

	Thumb
none of the tuft (just the fleshy pad)	10%
tuft (1/4 distal phalanx)	20%
1/3 distal phalanx	25%
1/2 distal phalanx (nail base level)	30%
proximal to nail base level	40%
interphalangeal disarticulation (adjacent epiphysis retained)	45%
proximal phalanx, distal epiphysis level	50%
proximal phalanx, shaft	75%

(6) Amputation at the proximal epiphyseal region of the proximal phalanx is 100% loss of the finger. The ratings for other amputation levels of the finger are as follows:

	Finger
none of the tuft (just the fleshy pad)	10%
tuft (1/4 distal phalanx)	20%
1/3 distal phalanx	25%
1/2 distal phalanx (nail base level)	30%
proximal to nail base level	40%
distal interphalangeal disarticulation (adjacent epiphysis retained)	45%
middle phalanx, distal epiphysis level	50%
middle phalanx, shaft	65%
proximal interphalangeal disarticulation (adjacent epiphysis retained)	70%
proximal phalanx, distal epiphysis level	75%
proximal phalanx, shaft	85%

History: Formerly OAR 436-30-140; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

LOSS OF OPPOSITION IN THUMB/FINGER AMPUTATIONS

436-35-040 (1) Loss of opposition is rated as loss of function of the digits which can no longer be opposed.

(2) The following ratings apply to thumb amputations for loss of opposition:

(a) For thumb amputations at the interphalangeal level:

Opposing digit	Finger
index finger	20%
middle finger	20%
ring finger	10%
little finger	5%

(b) For thumb amputations at the metacarpophalangeal level:

Opposing digit	Finger
index finger	40%
middle finger	40%
ring finger	20%
little finger	10%

For amputations which are not exactly at the joints, adjust the ratings in steps of 5%, increasing as the amputation gets closer to the attachment to the hand, decreasing as it gets closer to the tip of the thumb.

(3) The following ratings apply to finger amputations for loss of opposition. In every case, the opposing digit is the thumb:

	Thumb
index or middle finger at the distal interphalangeal joint	10%
ring or little finger at the distal interphalangeal joint	5%
index or middle finger at the proximal interphalangeal joint	25%
ring or little finger at the proximal interphalangeal joint	10%
index or middle finger at the metacarpophalangeal joint	30%
ring or little finger at the metacarpophalangeal joint	20%

For amputations which are not exactly at the joints, adjust the ratings in steps of 5% increasing as the amputation gets closer to the attachment to the hand, decreasing as it gets closer to the fingertips.

(4) Loss of opposition values are combined, not added.

(5) The conversion table and formula for conversion of loss in the finger and thumb to loss in the hand allow for loss of opposition. When using the conversion table do not include a value for loss of opposition.

(6) If the injury is to one digit only and opposition loss is awarded for a second digit, do not convert the two digits to loss in the hand. Conversion to hand can take place only when more than one digit has impairment without considering opposition.

History: Formerly OAR 436-30-150; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

FLEXION IN THE THUMB

436-35-050 (1) The following ratings are for loss of flexion at the interphalangeal joint of the thumb:

Degrees of motion Retained	Thumb
80°	0%
70°	6%
60°	11%
50°	17%
40°	23%
30°	28%
20°	34%
10°	39%
0°	45%

(2) The following ratings are for ankylosis of the interphalangeal joint of the thumb:

Joint ankylosed at	Thumb
0°	45%
10°	43%
20°	40%
30°	38%
40°	35%
50°	45%
60°	55%
70°	65%
80°	75%

(3) The following ratings are for loss of flexion at the metacarpophalangeal joint of the thumb:

Degrees of motion Retained	Thumb
60°	0%
50°	9%
40°	18%
30°	27%
20°	37%
10°	46%
0°	55%

(4) The following ratings are for ankylosis of the metacarpophalangeal joint of the thumb:

Joint ankylosed at	Thumb
0°	55%
10°	49%
20°	43%
30°	52%
40°	61%
50°	70%
60°	80%

(5) When both joints of the thumb have impaired motion, combine (do not add) the impairment values for the IP joint and the MP joint to obtain the total motion impairment of the thumb.

(6) For multiple losses in the thumb, first find the impairment values due to abnormal motion, decreased sensation, and amputation. Combine (do not add) these values to obtain the total impairment of the thumb.

(7) For losses in the carpometacarpal joint refer to OAR 436-35-075.

History: Formerly OAR 436-30-160; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

FLEXION IN ANY FINGER

436-35-060 (1) The following ratings are for loss of flexion at the distal interphalangeal joint of any finger:

Degrees of motion Retained	Finger
70°	0%
60°	6%
50°	13%
40°	19%
30°	26%
20°	32%
10°	38%
0°	45%

(2) The following ratings are for ankylosis in the distal interphalangeal joint of any finger:

Joint ankylosed at	Finger
0°	45%
10°	41%
20°	38%
30°	34%
40°	30%
50°	35%
60°	40%
70°	45%

(3) The following ratings are for loss of flexion at the proximal interphalangeal joint of any finger:

Degrees of motion Retained	Finger
100°	0%
90°	6%
80°	12%
70°	18%
60°	24%
50°	30%
40°	36%
30°	42%
20°	48%
10°	54%
0°	60%

(4) The following ratings are for ankylosis in the proximal interphalangeal joint of any finger:

Joint ankylosed at	Finger
0°	60%
10°	58%
20°	55%
30°	53%
40°	50%
50°	55%
60°	60%
70°	65%
80°	70%
90°	75%
100°	80%

(5) The following ratings are for loss of flexion at the metacarpophalangeal joint of any finger:

Degrees of motion Retained	Finger
90°	0%
80°	6%
70°	12%
60°	18%
50°	24%
40°	31%
30°	37%
20°	43%
10°	49%
0°	55%

(6) The following ratings are for ankylosis in the metacarpophalangeal joint of any finger:

Joint ankylosed at	Finger
0°	55%
10°	52%
20°	48%
30°	45%
40°	54%
50°	63%
60°	72%
70°	82%
80°	91%
90°	100%

(7) For multiple losses in the finger, first find the impairment values for abnormal motion, decreased sensation, and/or amputation and then combine (do not add) the values to obtain the total impairment for the finger.

History: Formerly OAR 436-30-170; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

CONVERSION OF THUMB/FINGER VALUES TO HAND VALUE

436-35-070 (1) Amputation or loss of use of two or more digits shall be converted to a value for loss in the hand if the worker will receive more money for the conversion.

(2) When converting digit impairments to hand impairment, the total value of loss in the hand is found by rating each digit, converting to values for loss in the hand, and adding (not combining) the converted values.

(3) No additional rating may be allowed for opposition. This is already figured in the charts.

(4) Use the following table to convert loss in the thumb to loss in the hand:

Impairment of Thumb	Hand	Impairment of Thumb	Hand	Impairment of Thumb	Hand	Impairment of Thumb	Hand
0- 3%	= 1%	26-28%	= 9%	51-53%	= 17%	76-78%	= 25%
4- 6%	= 2%	29-31%	= 10%	54-56%	= 18%	79-81%	= 26%
7- 9%	= 3%	32-34%	= 11%	57-59%	= 19%	82-84%	= 27%
10-12%	= 4%	35-37%	= 12%	60-62%	= 20%	85-87%	= 28%
13-15%	= 5%	38-40%	= 13%	63-65%	= 21%	88-90%	= 29%
16-18%	= 6%	41-43%	= 14%	66-68%	= 22%	91-93%	= 30%
19-21%	= 7%	44-46%	= 15%	69-71%	= 23%	94-96%	= 31%
22-25%	= 8%	47-50%	= 16%	72-75%	= 24%	97-100%	= 32%

(5) Use the following table to convert loss in the index finger to loss in the hand:

Impairment of Index		Hand	Impairment of Index		Hand	Impairment of Index		Hand
0- 6%	=	1%	38-43%	=	7%	69-75%	=	12%
7-12%	=	2%	44-50%	=	8%	76-81%	=	13%
13-18%	=	3%	51-56%	=	9%	82-87%	=	14%
19-25%	=	4%	57-62%	=	10%	88-93%	=	15%
26-31%	=	5%	63-68%	=	11%	94-100%	=	16%
32-37%	=	6%						

(6) Use the following table to convert loss in the middle finger to loss in the hand:

Impairment of Middle		Hand	Impairment of Middle		Hand	Impairment of Middle		Hand
0- 6%	=	1%	35-40%	=	6%	69-75%	=	11%
7-13%	=	2%	41-47%	=	7%	76-81%	=	12%
14-20%	=	3%	48-54%	=	8%	82-88%	=	13%
21-27%	=	4%	55-61%	=	9%	89-95%	=	14%
28-34%	=	5%	62-68%	=	10%	96-100%	=	15%

(7) Use the following table to convert loss in the ring finger to loss in the hand:

Impairment of Ring		Hand
0- 15%	=	1%
16- 30%	=	2%
31- 45%	=	3%
46- 59%	=	4%
60- 74%	=	5%
75- 89%	=	6%
90-100%	=	7%

(8) Use the following table to convert loss in the little finger to loss in the hand:

Impairment of Little		Hand
0- 25%	=	1%
26- 50%	=	2%
51- 75%	=	3%
76-100%	=	4%

History: Formerly OAR 436-30-180; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

HAND

436-35-075 (1) The following ratings are for loss of flexion of the carpometacarpal joint of the thumb:

Degrees of motion Retained	Hand
15°	0%
10°	2%
5°	4%
0°	6%

(2) The following ratings are for loss of extension of the carpometacarpal joint of the thumb:

Degrees of motion Retained	Hand
30°	0%
20°	2%
10°	4%
0°	6%

(3) The following ratings are for ankylosis of the carpometacarpal joint in flexion of the thumb:

Position	Hand
0°.(neutral)	12%
5°	17%
10°	22%
15°	32%

(4) The following ratings are for ankylosis of the carpometacarpal joint in extension of the thumb:

Position	Hand
0°.(neutral)	12%
10°	19%
20°	25%
30°	32%

Note: Abduction and adduction of the carpometacarpal joint is associated with the ability to flex and extend. This association has been taken into consideration in establishing the percentages of impairment.

(5) Any other findings in the hand would then be combined (not added) with the figure reached here to find the final disability in the hand.

History: Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89

FOREARM (WRIST JOINT)

436-35-080 (1) The following ratings are for loss of dorsiflexion at the wrist joint:

Degrees of motion Retained	Forearm
60°	0%
50°	2%
40°	3%
30°	5%
20°	6%
10°	8%
0°	10%

(2) The following ratings are for dorsiflexion ankylosis in the wrist joint:

Joint ankylosed at	Forearm
0°	30%
10°	28%
20°	27%
30°	25%
40°	47%
50°	68%
60°	90%

(3) The following ratings are for loss of palmar flexion in the wrist joint:

Degrees of motion Retained	Forearm
70°	0%
60°	2%
50°	3%
40°	5%
30°	6%
20°	8%
10°	10%
0°	11%

(4) The following ratings are for palmar flexion ankylosis in the wrist joint:

Joint ankylosed at	Forearm
0°	30%
10°	39%
20°	47%
30°	56%
40°	64%
50°	73%
60°	81%
70°	90%

(5) The following ratings are for loss of radial deviation in the wrist joint:

Degrees of motion Retained	Forearm
20°	0%
10°	2%
0°	4%

(6) The following ratings are for radial deviation ankylosis in the wrist joint:

Joint ankylosed at	Forearm
0°	30%
10°	60%
20°	90%

(7) The following ratings are for loss of ulnar deviation in the wrist joint:

Degrees of motion Retained	Forearm
30°	0%
20°	2%
10°	4%
0°	5%

(8) The following ratings are for ulnar deviation ankylosis in the wrist joint:

Joint ankylosed at	Forearm
0°	30%
10°	50%
20°	70%
30°	90%

(9) When there is more than one finding for loss of motion in the forearm (wrist), determine the total value by adding all the values for loss of motion. Supination and pronation loss is determined pursuant to 436-35-100.

(10) When there is more than one finding for ankylosis in the forearm (wrist), use only the largest rating.

(11) After the rating for the forearm has been figured, combine (do not add) this rating with ratings for any other findings, such as decreased sensation.

History: Formerly OAR 436-30-190; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

CONVERSION OF HAND/FOREARM VALUES TO ARM VALUE

436-35-090 (1) The following table gives the ratings for converting a loss in the hand/forearm to a loss in the arm:

Impairment of Hand		Arm	Impairment of Hand		Arm	Impairment of Hand		Arm	Impairment of Hand		Arm
1%	=	1%	26%	=	21%	51%	=	41%	76%	=	61%
2%	=	2%	27%	=	22%	52%	=	42%	77%	=	61%
3%	=	3%	28%	=	23%	53%	=	42%	78%	=	62%
4%	=	4%	29%	=	23%	54%	=	43%	79%	=	63%
5%	=	4%	30%	=	24%	55%	=	44%	80%	=	64%
6%	=	5%	31%	=	25%	56%	=	45%	81%	=	64%
7%	=	6%	32%	=	26%	57%	=	46%	82%	=	65%
8%	=	7%	33%	=	27%	58%	=	46%	83%	=	66%
9%	=	8%	34%	=	27%	59%	=	47%	84%	=	67%
10%	=	8%	35%	=	28%	60%	=	48%	85%	=	68%
11%	=	9%	36%	=	29%	61%	=	49%	86%	=	68%
12%	=	10%	37%	=	30%	62%	=	49%	87%	=	69%
13%	=	11%	38%	=	31%	63%	=	50%	88%	=	70%
14%	=	12%	39%	=	31%	64%	=	51%	89%	=	71%
15%	=	12%	40%	=	32%	65%	=	52%	90%	=	72%
16%	=	13%	41%	=	33%	66%	=	53%	91%	=	72%
17%	=	14%	42%	=	34%	67%	=	53%	92%	=	73%
18%	=	15%	43%	=	34%	68%	=	54%	93%	=	74%
19%	=	16%	44%	=	35%	69%	=	55%	94%	=	75%
20%	=	16%	45%	=	36%	70%	=	56%	95%	=	76%
21%	=	17%	46%	=	37%	71%	=	57%	96%	=	76%
22%	=	18%	47%	=	38%	72%	=	57%	97%	=	77%
23%	=	19%	48%	=	38%	73%	=	58%	98%	=	78%
24%	=	20%	49%	=	39%	74%	=	59%	99%	=	79%
25%	=	20%	50%	=	40%	75%	=	60%	100%	=	79%

History: Formerly OAR 436-30-200; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

ARM

436-35-100 (1) The following ratings are for loss of flexion in the elbow joint:

Degrees of motion Retained	Arm
150°	0%
140°	3%
130°	5%
120°	8%
110°	10%
100°	13%
90°	16%
80°	18%
70°	21%
60°	23%
50°	26%
40°	29%
30°	31%
20°	34%
10°	36%
0°	39%

(2) The following ratings are for loss of extension in the elbow joint:

Degrees of motion Retained	Arm
150°	30%
140°	28%
130°	26%
120°	24%
110°	22%
100°	20%
90°	18%
80°	16%
70°	14%
60°	12%
50°	10%
40°	8%
30°	6%
20°	4%
10°	2%
0°	0%

(3) The following ratings are for ankylosis in the elbow joint:

Joint Ankylosed At	Arm
0°	65%
10°	64%
20°	62%
30°	61%
40°	59%
50°	58%
60°	56%
70°	55%
80°	53%
90°	52%
100°	50%
110°	59%
120°	68%
130°	77%
140°	86%
150°	95%

(4) The following ratings are for loss of pronation or supination in the elbow joint. If there are losses in both pronation and supination, rate each separately and add the values:

Degrees of motion Retained	Arm
80°	0%
70°	2%
60°	3%
50°	5%
40°	7%
30°	8%
20°	10%
10°	11%
0°	13%

(5) Ankylosis of the elbow in pronation or supination will be rated as follows:

Joint ankylosed at	Arm
0°	65%
10°	69%
20°	73%
30°	76%
40°	80%
50°	84%
60°	88%
70°	91%
80°	95%

(6) When there is more than one finding for loss of motion in the elbow, add all the ratings to find the total.

(7) When there is more than one rating for ankylosis in the elbow, use the larger rating to represent impairment of the arm.

(8) After the rating for the arm based on restricted motion has been figured, combine (do not add) this rating with any ratings for other findings.

History: Formerly OAR 436-30-210; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

OTHER UPPER EXTREMITY FINDINGS

436-35-110 (1) Loss of palmar sensation in the hand, finger(s), or thumb is rated according to the location and quality of the loss.

(a) If enough sensitivity remains to distinguish two pin pricks six millimeters apart applied at the same time, no value is given. Sensitivity remaining to distinguish two pin pricks 7-10 millimeters apart shall be considered less than normal. Sensitivity remaining to distinguish two pin pricks 11-15 millimeters apart shall be considered protective sensation. Sensitivity remaining to distinguish greater than 15 millimeters apart will be considered a total loss.

(b) Loss of sensation in the finger(s) or thumb is rated as a percent of a digit as follows:

Thumb:	Whole digit	1/2 digit	1/2 distal phalanx
total loss of sensation:	31	24	16
Radial side only:	11	8	6
Ulnar side only:	23	17	12
protective sensation only:	24	18	12
Radial side only:	8	6	4
Ulnar side only:	17	13	9
Less than normal but more than protective sensation:	16	12	8
Radial side only:	6	4	3
Ulnar side only:	12	9	6

Index finger:	Whole digit	1/2 digit	1/2 distal phalanx
total loss of sensation:	45	35	24
Radial side only:	37	28	19
Ulnar side only:	13	10	7
protective sensation only:	35	27	18
Radial side only:	28	21	14
Ulnar side only:	10	7	5
Less than normal but more than protective sensation:	24	18	12
Radial side only:	19	14	9
Ulnar side only:	7	5	3

Middle finger:	Whole digit	1/2 digit	1/2 distal phalanx
total loss of sensation:	49	38	26
Radial side only:	42	32	21
Ulnar side only:	12	9	6
protective sensation only:	38	29	20
Radial side only:	32	24	16
Ulnar side only:	9	7	5
Less than normal but more than protective sensation:	26	20	13
Radial side only:	21	16	11
Ulnar side only:	6	5	3

Ring finger:	Whole digit	1/2 digit	1/2 distal phalanx
total loss of sensation:	50	39	27
Radial side only:	34	26	17
Ulnar side only:	24	18	12
protective sensation only:	39	30	21
Radial side only:	26	19	13
Ulnar side only:	18	14	9
Less than normal but more than protective sensation:	27	21	14
Radial side only:	17	13	9
Ulnar side only:	12	9	6

Little finger:	Whole digit	1/2 digit	1/2 distal phalanx
total loss of sensation:	74	60	43
Radial side only:	49	37	25
Ulnar side only:	49	37	25
protective sensation only:	60	48	33
Radial side only:	37	28	18
Ulnar side only:	37	28	18
Less than normal but more than protective sensation:	43	33	23
Radial side only:	25	18	12
Ulnar side only:	25	18	12

(c) Complete loss of sensation in the median nerve distribution is rated at 50% of the hand.

(d) Complete loss of sensation in the ulnar nerve distribution is rated at 13% of the hand.

(e) Impairment values found pursuant to subsections (c) and (d) of this rule include the values for loss of sensation impairment of the fingers. No additional loss of sensation impairment shall be determined for the fingers. Loss of sensation described by the preponderance of medical opinion shall be reported as a percentage of loss. The provided percent value shall then be multiplied by the appropriate impairment value, as provided in subsection (c) or (d) of this rule, to determine the percent of impairment. (For example, the attending physician describes a 20% loss of sensation in the median nerve distribution of the hand. Subsection (c) of this rule provides a maximum impairment value of 50%. Multiply the impairment value by the percent of loss to arrive at a percentage of impairment. 50% x 20% = 10% impairment to median nerve sensation of the hand.)

(f) Loss of sensation on the dorsal side of the hand, fingers or thumb is not considered a loss of function, so no value is allowed.

(g) Sensory loss in the forearm and/or arm is not considered a loss of function, therefore no value is allowed.

(2) Loss of strength is rated when the cause is a 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).

Nerve	Forearm Impairment	Arm Impairment
Median (above mid-forearm below elbow)	69%	
Median (below mid-forearm)	44%	
Radial (Musculospiral) (forearm with sparing of triceps)	51%	
Ulnar (above mid-forearm)	44%	
Ulnar (below mid-forearm)	32%	
Radial (upper arm with loss of triceps)		55%
Musculocutaneous		25%

For example, a worker suffers a rupture of the biceps tendon. Upon recovery, the attending physician reports 4/5 strength of the biceps. The biceps is innervated by the musculocutaneous nerve which has a 25% impairment value. 4/5 strength, pursuant to 436-35-007(14), is 20%. Final impairment is determined by multiplying 25% by 20% for a final value of 5% impairment of the arm. Another worker suffers a laceration of the median nerve below the mid-forearm. Upon recovery, the attending physician reports 3/5 strength in the forearm. The median nerve below the mid-forearm has a 44% impairment value. 3/5 strength, pursuant to 436-35-007(14), is 50%. Final impairment is determined by multiplying 44% by 50% for a final value of 22% impairment of the forearm).

(a) 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.

(b) Decreased strength due to an amputation receives no rating in addition to that given for the amputation.

(c) Decreased strength due to a loss in range of motion receives no rating in addition to that given for the loss of range of motion.

(4) Surgery on the arm or forearm is valued as follows:

(a) Radial head resection, without replacement, is rated at 15% of the arm.

(b) Distal ulna resection, without replacement, is rated at 10% of the forearm.

(c) A prosthetic elbow joint replacement is valued at 35% of the arm.

(d) Prosthetic radial head replacement, is rated at 10% of the arm. When replacement occurs, resection is not considered in impairment rating.

(e) Prosthetic distal ulnar replacement, is rated at 5% of the forearm. When replacement occurs, resection is not considered in impairment rating.

(f) When surgery or an injury results in arm length discrepancies involving the injured arm, a value of 5% of the arm may be allowed for each inch of length discrepancy.

(g) When angulation involving the elbow or wrist results in lateral deviation, impairment values shall be determined according to the following tables:

(A) For deviation involving the elbow:

Severity of Deviation	% Arm Impairment
Mild: less than 20°	7%
Moderate: 20° - 30°	14%
Severe: Greater than 30°	21%

(B) For deviation including the wrist:

Severity of Deviation	% Forearm Impairment
Mild: less than 20°	7%
Moderate: 20° - 30°	15%
Severe: Greater than 30°	23%

(h) Carpal bone fusion is determined at 5% for each fusion to a maximum of 30% of the forearm. Each fusion value is combined, not added.

(i) Carpal bone resection, without replacement, is rated at 5% of the forearm for each resection.

(j) Carpal bone replacement is rated as 5% of the forearm for each replacement. When replacement occurs, resection is not considered in impairment rating.

(k) Humeral head replacement is rated at 15% of the arm.

(l) Prosthetic joint replacement of the joints of the fingers or thumb are rated at one half the lowest ankylosis value for that joint.

(5) Dermatological conditions, including burns, which are limited to the arm, forearm, hand, fingers, or thumb 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 thumb is 3% of the thumb, or a Class 1 dermatological condition of the hand is 3% of the hand, or a Class 1 dermatological condition of the arm is 3% of the arm. Contact dermatitis of an upper extremity is rated in this rule unless it is an allergic systemic reaction, which is rated pursuant to OAR 436-35-450. Contact dermatitis for an unscheduled body part is rated pursuant to 436-35-440. Impairment is based on the following criteria:

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

(b) Class 2: 15% for the affected body part if there are signs and symptoms of a skin disorder requiring intermittent treatment and prescribed examinations and there are limitations that require assistance in the performance of activities of daily living.

(c) Class 3: 38% for the affected body part if there are signs and symptoms of a skin disorder requiring regularly prescribed examinations, continuous treatment and there are limitations in the performance of the less critical activities of daily living.

(d) Class 4: 68% for the affected body part if there are signs and symptoms of a skin disorder and continuous prescribed treatments are required. The treatment may include periodically having the worker stay home or admitting the worker to a care facility, and there are limitations in the performance of the critical activities of daily living.

(e) Class 5: 90% for the affected body part 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 being permanently admitted to a care facility, and the worker is dependent in the performance of the activities of daily living.

(6) Vascular disease of the upper extremity is valued according to the affected body part, using the following classification table:

(a) Class 1: 3% for the affected body part if the worker experiences only transient edema; and on physical examination, the findings are limited to the following: loss of pulses, minimal loss of subcutaneous tissue of fingertips, calcification of arteries as detected by radiographic examination, asymptomatic dilation of arteries or veins (not requiring surgery and not resulting in curtailment of activity), or Raynaud's phenomenon which occurs with exposure to temperatures below freezing (0° Centigrade) and is readily controlled by medication.

(b) Class 2: 15% for the affected body part if the worker experiences intermittent pain with repetitive exertional activity; or there is persistent moderate edema incompletely controlled by elastic supports; or there are signs of vascular damage such as a healed stump of an amputated digit, with evidence of persistent vascular disease, or a healed ulcer; or Raynaud's phenomenon occurs on exposure to temperatures below 4° Centigrade and is controlled by medication.

(c) Class 3: 35% for the affected body part if the worker experiences intermittent pain with moderate upper extremity usage; or there is marked edema incompletely controlled by elastic supports; or there are signs of vascular damage such as a healed amputation of two or more digits, with evidence of persistent vascular disease, or superficial ulceration; or Raynaud's phenomenon occurs on exposure to temperatures below 10° Centigrade and is only partially controlled by medication.

(d) Class 4: 63% for the affected body part if the worker experiences intermittent pain upon mild upper extremity usage; or there is marked edema that cannot be controlled by elastic supports; or there are signs of vascular damage such as an amputation at or above the wrist, with evidence of

persistent vascular disease, or persistent widespread or deep ulceration involving one extremity; or Raynaud's phenomenon occurs on exposure to temperatures below 15° Centigrade and is only partially controlled by medication.

(e) Class 5: 88% for the affected body part if the worker experiences constant and severe pain at rest; or there are signs of vascular damage involving more than one extremity such as amputation at or above the wrist, or amputation of all digits involving more than one extremity with evidence of persistent vascular disease, or persistent widespread deep ulceration involving more than one extremity; or Raynaud's phenomenon occurs on exposure to temperatures below 20° Centigrade and is poorly controlled by medication.

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

(7) 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):

NERVE ROOT	Percentage of Arm Impairment
C-5	30%
C-6	35%
C-7	35%
C-8	45%
T-1	20%

(8) Injuries to the brachial plexus which result in loss of strength in the upper extremity shall be determined according to the specific portion of the plexus involved as described in the following table and as modified pursuant to 436-35-007(14):

	Percentage of Impairment ARM	FOREARM
Brachial Plexus	100%	
Upper Trunk (C5-C6)-(Duchenne-Erb)	70%	
Mid-Trunk (C7)		44%
Lower Trunk (C8-T1) - (Klumpke-Dejerine)		88%

(9) Impairment findings found pursuant to this rule are combined, not added.

(10) When loss of strength is present in an unscheduled body part, refer to OAR 436-35-350 for determination of the impairment of the unscheduled body part.

History: Formerly OAR 436-30-220; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

MULTIPLE LOSSES IN THE ARM/FOREARM/HAND/FINGERS/THUMB

436-35-120 (1) When two or more losses of range of motion have been rated in a single joint, add (do not combine) the ratings.

(2) When two or more joints of a single body part have been rated, combine (do not add) the ratings.

(3) When a joint that does more than flex and extend has been ankylosed and lost motion in more than one direction, find the ankylosis value for each loss. The highest rating will be the one used as the rating for ankylosis.

(4) When two or more portions of the same body part are impaired, each is rated separately and each rating is converted to a value for the impaired portion which is closest to the body. These converted values are then combined (not added).

History: Formerly OAR 436-30-230; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

THE LEG, FOOT, AND TOES

436-35-130 (1) The leg begins with the femoral head and includes the knee joint.

(2) The foot begins just below the knee joint and extends to the metatarsophalangeal joints of the toes.

(3) The toes begin at the metatarsophalangeal joints. Disabilities in the toes are not converted to foot values, regardless of the number of toes involved, unless the foot is also impaired.

History: Formerly OAR 436-30-240; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89.

AMPUTATIONS IN THE LEG, FOOT, AND TOES

436-35-140 (1) Amputation at or above the knee joint (up to and including the femoral head) is rated at 100% loss of the leg.

(2) Amputation of the foot:

(a) At or above the tibio-talar joint but below the knee joint is rated at 100% loss of the foot.

(b) At the tarsometatarsal joints is rated at 75% loss of the foot.

(c) At the mid-metatarsal area is rated at 50% of the foot.

(d) Resection of all or part of a metatarsal is rated at 10% of the foot .

(3) Amputation of the great toe:

(a) At the interphalangeal joint is rated at 50% loss of the great toe. Between the interphalangeal joint and the tip will be rated in 5% increments, starting with zero for no loss of the tip.

(b) At the metatarsophalangeal joint is rated at 100% loss of the great toe. Between the interphalangeal joint and the metatarsophalangeal joint will be rated in 5% increments, starting with 50% of the great toe for amputation at the interphalangeal joint.

(4) Amputation of the second through fifth toes:

(a) At the distal interphalangeal joint is rated at 50% loss of the toe. Between the distal interphalangeal and the tip will be rated in 5% increments, starting with zero for no loss of the tip.

(b) At the proximal interphalangeal joint is rated at 75% loss of the toe. Between the proximal interphalangeal joint and the distal interphalangeal joint will be rated in 5% increments, starting with 50% of the toe for amputation at the distal interphalangeal joint.

(c) At the metatarsophalangeal joint is rated at 100% loss of the toe. Between the proximal interphalangeal joint and the metatarsophalangeal joint will be rated in 5% increments, starting with 75% of the toe for amputation at the proximal interphalangeal joint.

History: Formerly OAR 436-30-250; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

MOVEMENT IN THE GREAT TOE

436-35-150 (1) The following ratings are for loss of flexion in the interphalangeal joint of the great toe:

Degrees of motion Retained	Great Toe
30°	0%
20°	15%
10°	30%
0°	45%

(2) The following ratings are for flexion ankylosis of the interphalangeal joint of the great toe:

Joint Ankylosed At	Great Toe
0°	45%
10°	55%
20°	65%
30°	75%

(3) The following ratings are for loss of dorsiflexion in the metatarsophalangeal joint of the great toe:

Degrees of motion Retained	Great Toe
50°	0%
40°	7%
30°	14%
20°	21%
10°	28%
0°	34%

(4) The following ratings are for dorsiflexion ankylosis of the metatarsophalangeal joint of the great toe:

Joint Ankylosed at	Great Toe
0°	55%
10°	49%
20°	62%
30°	74%
40°	87%
50°	100%

(5) The following ratings are for loss of plantar flexion in the metatarsophalangeal joint of the great toe:

Degrees of motion Retained	Great Toe
30°	0%
20°	7%
10°	14%
0°	21%

(6) The following ratings are for plantar flexion ankylosis of the metatarsophalangeal joint of the great toe:

Joint Ankylosed at	Great Toe
0°	55%
10°	70%
20°	85%
30°	100%

(7) Ranges of motion within a joint are added. To find the final value for multiple impairments in the great toe, combine (do not add) the separate values.

History: Formerly OAR 436-30-260; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

SECOND THROUGH FIFTH TOES

436-35-160 (1) No rating is given for loss of motion in the distal interphalangeal joint of the second through fifth toes (to be referred to as toes), except in the case of ankylosis.

(2) Ankylosis in the distal interphalangeal joint of the toes is rated as follows:

	Toe
ankylosed in dorsiflexion	45%
ankylosed at 0°	30%
ankylosed in plantar flexion	45%

(3) No rating is given for loss of motion in the proximal interphalangeal joint of the toes, except in the case of ankylosis.

(4) Ankylosis in the proximal interphalangeal joint of the toes is rated as follows:

	Toe
ankylosed in dorsiflexion	80%
ankylosed at 0°	45%
ankylosed in plantar flexion	80%

(5) The following ratings are for loss of dorsiflexion in the metatarsophalangeal joints of the toes:

Degrees of motion Retained	Great Toe
40°	0%
30°	7%
20°	14%
10°	21%
0°	29%

(6) The following ratings are for dorsiflexion ankylosis in the metatarsophalangeal joints of the toes:

Joint Ankylosed At	Toe
0°	50%
10°	63%
20°	75%
30°	88%
40°	100%

(7) The following ratings are for loss of plantar flexion in the metatarsophalangeal joints of the toes:

Degrees of motion Retained	Great Toe
30°	0%
20°	7%
10°	14%
0°	21%

(8) Plantar flexion ankylosis in the metatarsophalangeal joints of the toes is rated as follows:

Joint Ankylosed At	Toe
0°	50%
10°	67%
20°	83%
30°	100%

(9) To find a single rating for multiple impairments in any toe, combine (do not add) the individual ratings for each toe.

(a) It is not possible to combine or add impairments affecting more than one toe. Each toe is rated individually.

(b) Once a rating for lost range of motion in each toe has been reached, other findings (such as loss of plantar sensation in the toe) would then be combined (not added) for each toe.

History: Formerly OAR 436-30-270; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

OTHER TOE FINDINGS

436-35-170 (1) Changes in sensation in the toes, including the great toe, are rated as follows:

	Toe
partial loss of sensation in any toe	5%
total loss of sensation in any toe	10%

(2) Toe joint surgery is rated as follows (the rating is the same for replacement or resection):

(a) In the great toe:

	Toe
interphalangeal joint arthroplasty or resection	20%
metatarsophalangeal joint arthroplasty or resection	30%

(b) In the second through fifth toes:

	Toe
distal interphalangeal joint arthroplasty or resection	15%
proximal interphalangeal joint arthroplasty or resection	25%
metatarsophalangeal joint arthroplasty or resection	25%

History: Formerly OAR 436-30-280; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

CONVERSION OF TOE VALUES TO FOOT VALUE

436-35-180 (1) If the only findings are in the toes, it is not possible to convert the toe findings to a loss in the foot unless there are findings in the foot.

(2) If there are findings in the foot and findings in the great toe, the following ratings are used to convert losses in the toe to losses in the foot:

Great Toe		Foot	Great Toe		Foot
1- 7%	=	1%	51-57%	=	8%
8-14%	=	2%	58-64%	=	9%
15-21%	=	3%	65-71%	=	10%
22-28%	=	4%	72-78%	=	11%
29-35%	=	5%	79-85%	=	12%
36-42%	=	6%	86-92%	=	13%
43-50%	=	7%	93-100%	=	14%

(3) If there are findings in the foot and findings in the second through the fifth toes, the following ratings are used to convert losses in the toes to losses in the foot:

Toe		Foot
1-33%	=	1%
34-67%	=	2%
68-100%	=	3%

(4) Each toe must be converted to the foot separately. After converting to the foot, each converted value is added.

History: Formerly OAR 436-30-290; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

FOOT

436-35-190 (1) Ankylosis at the tarsometatarsal joints receives a rating of 10% of the foot for each of the tarsometatarsal joints ankylosed.

(2) The following ratings are for loss of subtalar inversion of the foot:

Degrees of motion Retained	Foot
30°	0%
20°	2%
10°	4%
0°	5%

(3) The following ratings are for subtalar inversion ankylosis in the foot:

Joint Ankylosed At	Foot
0°	10%
10°	43%
20°	57%
30°	70%

(4) The following ratings are for loss of subtalar eversion in the foot:

Degrees of motion Retained	Foot
20°	0%
10°	2%
0°	4%

(5) The following ratings are for subtalar eversion ankylosis in the foot:

Joint Ankylosed At	Foot
0°	10%
10°	50%
20°	60%

(6) The following ratings are for loss of dorsiflexion in the ankle joint:

Degrees of motion Retained	Foot
20°	0%
10°	4%
0°	7%

(7) The following ratings are for dorsiflexion ankylosis in the ankle joint:

Joint Ankylosed At	Foot
0°	30%
10°	50%
20°	70%

(8) The following ratings are for loss of plantar flexion in the ankle joint:

Degrees of motion Retained	Foot
40°	0%
30°	4%
20°	7%
10°	11%
0°	14%

(9) The following ratings are for plantar flexion ankylosis in the ankle joint:

Joint Ankylosed At	Foot
0°	30%
10°	40%
20°	50%
30°	60%
40°	70%

(10) The determination for impairment losses in the ankle are calculated in the order as follows:

(a) Add the ratings for losses of motion in the subtalar joint.

(b) Add the value for losses of motion in the ankle joint.

(c) Add the values derived from subsection (a) and (b) of this rule.

(d) When there is ankylosis in either the subtalar or ankle joint, add the highest value for ankylosis to the sum of subsection (c) of this rule. Then combine (do not add) that sum with any other foot findings.

History: Formerly OAR 436-30-300; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

OTHER FOOT FINDINGS

436-35-200 (1) Changes in plantar sensation in the foot area are rated as follows:

	Foot
partial loss of sensation	5%
total loss of sensation	10%

Changes in sensation of the toes are rated pursuant to 436-35-170(1).

(2) Ankle joint instability due to a ligamentous injury and established by a preponderance of medical opinion shall be determined as follows:

Ankle joint instability due to lateral collateral ligament damage:

Mild	9%
Moderate	18%
Severe (complete disruption of two/three ligaments)	28%

Ankle joint instability due to medial collateral ligament damage:

Mild	6%
Moderate	11%
Severe (complete disruption)	17%

Ankle joint instability with additional anterior and/or posterior instability shall receive an additional 10%. All ankle instability findings are combined (not added).

(3) A prosthetic ankle replacement is rated as a 25% loss of the foot. Any lost functions (motion, sensation, etc.) will be rated separately and combined with this value.

(4) When a preponderance of objective medical evidence indicates an accepted compensable injury to the foot has resulted in a permanent inability to walk or stand for greater than two hours in an 8-hour period, the award shall be 15% of the foot. This value is combined with all other scheduled impairment findings in the foot. A worker who is entitled to receive impairment under OAR 436-35-230(6) or (7) shall not be allowed additional impairment under this rule. This rule is applicable in those cases where the objective medical evidence indicates severe injury to the foot has occurred with residual impairment (e.g. severe soft tissue crush injuries, calcaneal fractures, or post-traumatic avascular necrosis).

History: Formerly OAR 436-30-310; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

CONVERSION OF FOOT VALUE TO LEG VALUE

436-35-210 (1) The following ratings are for converting losses in the foot to losses in the leg:

Impairment of Foot		Leg	Impairment of Foot		Leg	Impairment of Foot		Leg	Impairment of Foot		Leg
1%	=	1%	27%	=	24%	52%	=	47%	77%	=	69%
2%	=	2%	28%	=	25%	53%	=	48%	78%	=	70%
3%	=	3%	29%	=	26%	54%	=	49%	79%	=	71%
4%	=	4%	30%	=	27%	55-56%	=	50%	80%	=	72%
5-6%	=	5%	31%	=	28%	57%	=	51%	81%	=	73%
7%	=	6%	32%	=	29%	58%	=	52%	82%	=	74%
8%	=	7%	33%	=	30%	59%	=	53%	83%	=	75%
9%	=	8%	34%	=	31%	60%	=	54%	84%	=	76%
10%	=	9%	35-36%	=	32%	61%	=	55%	85-86%	=	77%
11%	=	10%	37%	=	33%	62%	=	56%	87%	=	78%
12%	=	11%	38%	=	34%	63%	=	57%	88%	=	79%
13%	=	12%	39%	=	35%	64%	=	58%	89%	=	80%
14%	=	13%	40%	=	36%	65-66%	=	59%	90%	=	81%
15-16%	=	14%	41%	=	37%	67%	=	60%	91%	=	82%
17%	=	15%	42%	=	38%	68%	=	61%	92%	=	83%
18%	=	16%	43%	=	39%	69%	=	62%	93%	=	84%
19%	=	17%	44%	=	40%	70%	=	63%	94%	=	85%
20%	=	18%	45-46%	=	41%	71%	=	64%	95-96%	=	86%
21%	=	19%	47%	=	42%	72%	=	65%	97%	=	87%
22%	=	20%	48%	=	43%	73%	=	66%	98%	=	88%
23%	=	21%	49%	=	44%	74%	=	67%	99%	=	89%
24%	=	22%	50%	=	45%	75-76%	=	68%	100%	=	90%
25-26%	=	23%	51%	=	46%						

History: Formerly OAR 436-30-320; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

LEG

436-35-220 (1) The following ratings are for loss of flexion in the knee:

Degrees of Motion Retained	Leg
0°	53%
10°	49%
20°	46%
30°	42%
40°	39%
50°	35%
60°	32%
70°	28%
80°	25%
90°	21%
100°	18%
110°	14%
120°	11%
130°	7%
140°	4%
150°	0%

(2) The following ratings are for loss of extension in the knee (0° describes the knee in full extension, 150° describes the knee in full flexion.):

Extends To	Leg
50° - 150°	90%
40°	27%
30°	17%
20°	7%
10°	1%
0°	0%

(3) The following ratings are for ankylosis in the knee:

Joint Ankylosed At	Leg
0°	53%
10°	50%
20°	60%
30°	70%
40°	80%
50° - 150°	90%

(4) To find the total rating for the knee, add each rating for decreased motion of the knee or use the ankylosis value if the joint is ankylosed. Then combine (do not add) this sum with any other findings in the knee.

(5) The determination of loss of range of motion in the hip is valued in this rule when there is no pelvic bone involvement. Loss associated with pelvic bone involvement is determined pursuant to 436-35-340.

(6) The following ratings are for loss of forward flexion in the hip:

Degrees of Motion Retained	Leg
0°	18%
10°	16%
20°	14%
30°	12%
40°	11%
50°	9%
60°	7%
70°	5%
80°	4%
90°	2%
100°	0%

(7) The following ratings are for loss of backward extension in the hip joint:

Degrees of Motion Retained	Leg
0°	5%
10°	4%
20°	2%
30°	0%

(8) The following ratings are for loss of abduction in the hip joint:

Degrees of Motion Retained	Leg
0°	16%
10°	12%
20°	8%
30°	4%
40°	0%

(9) The following ratings are for loss of adduction in the hip joint:

Degrees of Motion Retained	Leg
0°	8%
10°	4%
20°	0%

(10) The following ratings are for loss of internal rotation in the hip joint:

Degrees of Motion Retained	Leg
0°	10%
10°	8%
20°	5%
30°	3%
40°	0%

(11) The following ratings are for loss of external rotation in the hip joint:

Degrees of Motion Retained	Leg
0°	13%
10°	10%
20°	8%
30°	5%
40°	3%
50°	0%

(12) To find the total rating for losses in the hip area add the ratings for loss of motion in the hip. Combine (do not add) this sum with any other findings in the hip joint.

(13) If there is an ankylosis in the hip joint, it must be rated as an unscheduled impairment, refer to 436-35-340.

History: Formerly OAR 436-30-330; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

OTHER LOSSES IN THE LEG OR FOOT

436-35-230 (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:

Ligament	Grade 1 Mild, (1-5 mm) of Joint Displacement	Grade 2 Moderate (6-10 mm) of Joint Displacement	Grade 3 Severe (> 10 mm) of Joint 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) The following values are for surgery of the leg or foot:

Surgery	Leg
Prosthetic knee replacement	20%
Prosthetic femoral head replacement	15%
Complete loss of one meniscus	10%
Less than complete loss of one meniscus	5%
Complete loss of both menisci	25%
Complete loss of one meniscus with less than complete loss of the other	15%
Each 1/4 of patella removed	5%

(5) Dermatological conditions 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 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.

(6) 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.

(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.

(7) 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).

NERVE ROOT	Maximum loss of Function due to Loss of strength LEG
L-3	20%
L-4	34%
L-5	37%
S-1	20%

(8) Loss of strength is rated when the cause is periphiral 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%	
Nerve to Internus & Piriformis	10%	
Nerve to quadratus femoris muscle/nerve to superior gemellus muscle/obturator	10%	
Superior Gluteal	20%	
Inferior Gluteal	25%	
Sciatic (above hamstring innervation)	75%	
Common peroneal		39%
deep (above mid-shin)		28%
deep (below mid-shin)		6%
superficial		11%
Tibial Nerve (medial popliteal or internal popliteal above knee)	35%	
posterior tibial (mid-calf & knee)		28%
below mid-calf		17%
lateral plantar branch		6%
medial plantar branch		6%

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.

(9) 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.

(10) 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.

History: Formerly OAR 436-30-340; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

MULTIPLE LOSSES IN THE LEG/FOOT/TOES

436-35-240 (1) When two or more joints of a single part have been rated, combine (do not add) the figures to arrive at a final rating.

(2) When two or more losses of range of motion have been rated in a single joint, add (do not combine) the figures to arrive at a final rating.

(3) When a joint which moves in more than flexion and extension has been ankylosed in more than one plane, find the ankylosis rating for each. The rating will be the highest ankylosis rating.

(4) When two or more portions of the same body part are impaired, each is rated separately and each rating is converted to a value for the impaired portion which is closest to the body. The values are then combined (not added) to arrive at a final rating.

(5) If there are any more findings for loss of a body part, combine (do not add) them with the figures found above.

History: Formerly OAR 436-30-350; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

HEARING LOSS

436-35-250 (1) The following information is required to value work-related hearing loss:

(a) The complete audiometric testing record.

(b) The otolaryngologist's record, history, examination, diagnosis, opinion, and interpretation. The audiologist's report may be included in the otolaryngologist's record.

(2) Compensation may be given only for loss of normal hearing which results from an on-the-job injury or exposure. The following will be offset against hearing loss in the claim:

(a) Hearing loss which existed before this injury or exposure, if adequately documented by a baseline audiogram obtained within 180 days of assignment to a high noise environment.

(A) The offset will be done at the monaural percentage of impairment level.

(B) Determine the monaural percentage of impairment for the baseline audiogram pursuant to subsection (4) of this rule.

(C) Subtract the baseline audiogram impairment from the current audiogram impairment to obtain the impairment value due to this injury.

(b) Hearing loss due to presbycusis, shall be based on the worker's age at the time of the test. See section (4)(b) of this rule.

(3) Compensation for hearing loss shall be based on an audiogram performed within six months of submission which shows the highest levels of retained hearing. The audiogram must report on air conduction frequencies at 500, 1,000, 2,000, 3,000, 4,000 and 6,000 Hz.

(a) Audiograms should be based on American National Standards Institute S3.6 (1989) standards.

(b) Test results will be accepted only if they come from a test conducted at least 14 consecutive hours after the worker has been removed from significant exposure to noise.

(4) Monaural hearing loss is calculated as follows:

(a) Add the audiogram findings at 500, 1,000, 2,000, 3,000, 4,000 and 6,000 Hz.

(b) Consult the Presbycusis Correction Values Table below. Find the figure for presbycusis hearing loss. Subtract this figure from the sum of the audiogram entries. These values represent the total decibels of hearing loss in the six standard frequencies which normally results from aging.

AGE	MEN	WOMEN
20 or younger	0	0
21	0	2
22	0	3
23	2	5
24	3	5
25	6	6
26	7	8
27	8	10
28	11	10
29	12	11
30	13	12
31	16	13
32	19	16
33	19	17
34	22	17
35	23	20
36	26	21
37	29	22
38	30	23
39	33	26
40	34	27
41	37	28
42	41	30
43	43	31
44	45	33
45	48	36
46	51	37
47	52	39
48	56	41
49	60	42
50	63	45
51	65	46
52	69	47
53	73	50
54	76	53
55	80	55
56	84	57
57	87	58
58	93	62
59	96	63
60 or older	100	66

(c) Consult the Monaural Hearing Loss Table below, using the figure found in (b) above. This table will give you the percent of monaural hearing loss to be compensated.

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
150	0.00	173	5.75	196	11.50	219	17.25
151	0.25	174	6.00	197	11.75	220	17.50
152	0.50	175	6.25	198	12.00	221	17.75
153	0.75	176	6.50	199	12.25	222	18.00
154	1.00	177	6.75	200	12.50	223	18.25
155	1.25	178	7.00	201	12.75	224	18.50
156	1.50	179	7.25	202	13.00	225	18.75
157	1.75	180	7.50	203	13.25	226	19.00
158	2.00	181	7.75	204	13.50	227	19.25
159	2.25	182	8.00	205	13.75	228	19.50
160	2.50	183	8.25	206	14.00	229	19.75
161	2.75	184	8.50	207	14.25	230	20.00
162	3.00	185	8.75	208	14.50	231	20.25
163	3.25	186	9.00	209	14.75	232	20.50
164	3.50	187	9.25	210	15.00	233	20.75
165	3.75	188	9.50	211	15.25	234	21.00
166	4.00	189	9.75	212	15.50	235	21.25
167	4.25	190	10.00	213	15.75	236	21.50
168	4.50	191	10.25	214	16.00	237	21.75
169	4.75	192	10.50	215	16.25	238	22.00
170	5.00	193	10.75	216	16.50	239	22.25
171	5.25	194	11.00	217	16.75	240	22.50
172	5.50	195	11.25	218	17.00	241	22.75

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
242	23.00	293	35.75	344	48.50	395	61.25
243	23.25	294	36.00	345	48.75	396	61.50
244	23.50	295	36.25	346	49.00	397	61.75
245	23.75	296	36.50	347	49.25	398	62.00
246	24.00	297	36.75	348	49.50	399	62.25
247	24.25	298	37.00	349	49.75	400	62.50
248	24.50	299	37.25	350	50.00	401	62.75
249	24.75	300	37.50	351	50.25	402	63.00
250	25.00	301	37.75	352	50.50	403	63.25
251	25.25	302	38.00	353	50.75	404	63.50
252	25.50	303	38.25	354	51.00	405	63.75
253	25.75	304	38.50	355	51.25	406	64.00
254	26.00	305	38.75	356	51.50	407	64.25
255	26.25	306	39.00	357	51.75	408	64.50
256	26.50	307	39.25	358	52.00	409	64.75
257	26.75	308	39.50	359	52.25	410	65.00
258	27.00	309	39.75	360	52.50	411	65.25
259	27.25	310	40.00	361	52.75	412	65.50
260	27.50	311	40.25	362	53.00	413	65.75
261	27.75	312	40.50	363	53.25	414	66.00
262	28.00	313	40.75	364	53.50	415	66.25
263	28.25	314	41.00	365	53.75	416	66.50
264	28.50	315	41.25	366	54.00	417	66.75
265	28.75	316	41.50	367	54.25	418	67.00
266	29.00	317	41.75	368	54.50	419	67.25
267	29.25	318	42.00	369	54.75	420	67.50
268	29.50	319	42.25	370	55.00	421	67.75
269	29.75	320	42.50	371	55.25	422	68.00
270	30.00	321	42.75	372	55.50	423	68.25
271	30.25	322	43.00	373	55.75	424	68.50
272	30.50	323	43.25	374	56.00	425	68.75
273	30.75	324	43.50	375	56.25	426	69.00
274	31.00	325	43.75	376	56.50	427	69.25
275	31.25	326	44.00	377	56.75	428	69.50
276	31.50	327	44.25	378	57.00	429	69.75
277	31.75	328	44.50	379	57.25	430	70.00
278	32.00	329	44.75	380	57.50	431	70.25
279	32.25	330	45.00	381	57.75	432	70.50
280	32.50	331	45.25	382	58.00	433	70.75
281	32.75	332	45.50	383	58.25	434	71.00
282	33.00	333	45.75	384	58.50	435	71.25
283	33.25	334	46.00	385	58.75	436	71.50
284	33.50	335	46.25	386	59.00	437	71.75
285	33.75	336	46.50	387	59.25	438	72.00
286	34.00	337	46.75	388	59.50	439	72.25
287	34.25	338	47.00	389	59.75	440	72.50
288	34.50	339	47.25	390	60.00	441	72.75
289	34.75	340	47.50	391	60.25	442	73.00
290	35.00	341	47.75	392	60.50	443	73.25
291	35.25	342	48.00	393	60.75	444	73.50
292	35.50	343	48.25	394	61.00	445	73.75

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
446	74.00	473	80.75	500	87.50	527	94.25
447	74.25	474	81.00	501	87.75	528	94.50
448	74.50	475	81.25	502	88.00	529	94.75
449	74.75	476	81.50	503	88.25	530	95.00
450	75.00	477	81.75	504	88.50	531	95.25
451	75.25	478	82.00	505	88.75	532	95.50
452	75.50	479	82.25	506	89.00	533	95.75
453	75.75	480	82.50	507	89.25	534	96.00
454	76.00	481	82.75	508	89.50	535	96.25
455	76.25	482	83.00	509	89.75	536	96.50
456	76.50	483	83.25	510	90.00	537	96.75
457	76.75	484	83.50	511	90.25	538	97.00
458	77.00	485	83.75	512	90.50	539	97.25
459	77.25	486	84.00	513	90.75	540	97.50
460	77.50	487	84.25	514	91.00	541	97.75
461	77.75	488	84.50	515	91.25	542	98.00
462	78.00	489	84.75	516	91.50	543	98.25
463	78.25	490	85.00	517	91.75	544	98.50
464	78.50	491	85.25	518	92.00	545	98.75
465	78.75	492	85.50	519	92.25	546	99.00
466	79.00	493	85.75	520	92.50	547	99.25
467	79.25	494	86.00	521	92.75	548	99.50
468	79.50	495	86.25	522	93.00	549	99.75
469	79.75	496	86.50	523	93.25	550	100.00
470	80.00	497	86.75	524	93.50		
471	80.25	498	87.00	525	93.75		
472	80.50	499	87.25	526	94.00		

(d) No value is allowed for db totals of 150 or less. The value for db totals of 550 or more is 100%.

(5) Binaural hearing loss is calculated as follows:

(a) Find the percent of monaural hearing loss for each ear by using the method listed in (4) (a) - (c) above.

(b) Multiply the percent of loss in the better ear by seven.

(c) Add to that result the percent of loss in the other ear.

(d) Divide this sum by eight. This is the percent of binaural hearing loss to be compensated.

(e) This method is expressed by the formula: $\frac{7(A) + B}{8}$

"A" is the percent of hearing loss in the better ear.
"B" is the percent of hearing loss in the other ear.

(6) Use the method (monaural or binaural) which results in the greater disability.

(7) Tinnitus and other auditory losses may be determined as unscheduled losses, refer to OAR 436-35-390.

History: Formerly OAR 436-30-360; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

VISUAL LOSS

436-35-260 (1) Work-related visual loss is rated in central vision acuity, integrity of the peripheral visual fields, and ocular motility. For other forms of visual loss, such as photophobia and monocular diplopia, see OAR 436-35-390.

(2) Ratings for loss in central vision acuity are figured as follows:

(a) Reports for central visual acuity must be for distance and near acuity. Both shall be with best correction.

(b) The ratings for losses in distance acuity are as follows, reported in standard increments of Snellen notation for English and Metric 6:

English	Metric 6	% Loss
20/15	6/5	0
20/20	6/6	0
20/25	6/7.5	5
20/30	6/10	10
20/40	6/12	15
20/50	6/15	25
20/60	6/20	35
20/70	6/22	40
20/80	6/24	45
20/100	6/30	50
20/125	6/38	60
20/150	6/50	70
20/200	6/60	80
20/300	6/90	85
20/400	6/120	90
20/800	6/240	95

(c) The ratings for losses in near acuity are as follows (they are reported in standard increments of Snellen 14/14 notation, Jaeger, and Point notations):

Near Snellen Inches	Revised Jaeger Standard	American Point-type	% Loss
14 /14	1	3	0
14 /18	2	4	0
14 /21	3	5	5
14 /24	4	6	7
14 /28	5	7	10
14 /35	6	8	50
14 /40	7	9	55
14 /45	8	10	60
14 /60	9	11	80
14 /70	10	12	85
14 /80	11	13	87
14 /88	12	14	90
14 /112	13	21	95
14 /140	14	23	98

(d) Once the ratings for near and distance acuity are found, add them and divide by two. The value which results is the rating for lost central visual acuity. (You may also use the table following (e)(C).)

(e) If a lens has been removed, a percentage for loss of one eye is to be combined (not added) with the figure for lost central visual acuity.

(A) Allow 25% if there has been a prosthetic lens implant.

(B) Allow 50% if there has been no prosthetic lens implant.

(C) The table below may also be used:

Upper Figures = % of loss of central vision without lens removal in one eye.

Middle Figures = % of loss of central vision with implanted prosthetic lens in one eye.

Lower Figures = % of loss of central vision with removal of lens in one eye.

Rating for Distance in Feet	Approximate Snellen Rating for Near in Inches													
	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	14	18	21	24	28	35	40	45	60	70	80	88	112	140
20	0	0	3	4	5	25	28	30	40	43	44	45	48	49
15	25	25	27	28	29	44	46	48	55	57	58	59	61	62
	50	50	51	52	53	63	64	65	70	71	72	73	74	75

Rating for Distance in Feet	Approximate Snellen Rating for Near in Inches													
	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	14	18	21	24	28	35	40	45	60	70	80	88	112	140
20	0	0	3	4	5	25	28	30	40	43	44	45	48	49
20	25	25	27	28	29	44	46	48	55	57	58	59	61	62
	50	50	51	52	53	63	64	65	70	71	72	73	74	75
20	3	3	5	6	8	28	30	33	43	45	46	48	50	52
25	27	27	29	30	31	46	48	49	57	59	60	61	63	64
	51	51	53	53	54	64	65	66	71	73	73	74	75	76
20	5	5	8	9	10	30	33	35	45	48	49	50	53	54
30	29	29	31	31	33	48	49	51	59	61	61	63	64	66
	53	53	54	54	55	65	66	68	73	74	74	75	76	77
20	8	8	10	11	13	33	35	38	48	50	51	53	55	57
40	31	31	33	33	34	49	51	53	61	63	63	64	66	67
	54	54	55	56	56	66	68	69	74	75	76	76	78	78
20	13	13	15	16	18	38	40	43	53	55	56	58	60	62
50	34	34	36	37	38	53	55	57	64	66	67	68	70	71
	56	56	58	58	59	69	70	71	76	78	78	79	80	81
20	18	18	20	21	23	43	45	48	58	60	61	63	65	67
60	38	38	40	41	42	57	59	61	68	70	71	72	74	75
	59	59	60	61	61	71	73	74	79	80	81	81	83	83
20	20	20	23	24	25	45	48	50	60	63	64	65	68	69
70	40	40	42	43	44	59	61	63	70	72	73	74	76	77
	60	60	61	62	63	73	74	75	80	81	82	83	84	85
20	23	23	25	26	28	48	50	53	63	65	66	68	70	72
80	42	42	44	45	46	61	63	64	72	74	75	76	78	79
	61	61	63	63	64	74	75	76	81	83	83	84	85	86
20	25	25	28	29	30	50	53	55	65	68	69	70	73	74
100	44	44	46	46	48	63	64	66	74	76	76	78	79	81
	63	63	64	64	65	75	76	78	83	84	84	85	86	87
20	30	30	33	34	35	55	58	60	70	73	74	75	78	79
125	48	48	49	50	51	66	68	70	78	79	80	81	83	84
	65	65	66	67	68	78	79	80	85	86	87	88	89	90
20	35	35	38	39	40	60	63	65	75	78	79	80	83	84
150	51	51	53	54	55	70	72	74	81	83	84	85	87	88
	68	68	69	69	70	80	81	83	88	89	89	90	91	92

Rating for Distance in Feet	Approximate Snellen Rating for Near in Inches													
	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	14	18	21	24	28	35	40	45	60	70	80	88	112	140
20	40	40	43	44	45	65	68	70	80	83	84	85	88	89
200	55	55	57	58	59	74	76	78	85	87	88	89	91	92
	70	70	71	72	73	83	84	85	90	91	92	93	94	95
20	43	43	45	46	48	68	70	73	83	85	86	88	90	92
300	57	57	59	60	61	76	78	79	87	89	90	91	93	94
	71	71	73	73	74	84	85	86	91	93	93	94	95	96
20	45	45	48	49	50	70	73	75	85	88	89	90	93	94
400	59	59	61	61	63	78	79	81	89	91	91	93	94	96
	73	73	74	74	75	85	86	88	93	94	94	95	96	97
20	48	48	50	51	53	73	75	78	88	90	91	93	95	97
800	61	61	63	63	64	79	81	83	91	93	93	94	96	97
	74	74	75	76	76	86	88	89	94	95	96	96	98	98

(3) Once the rating for loss in central vision acuity is found, find any losses in the peripheral visual field and in ocular motility. Combine (do not add) any such losses with the rating for loss in central visual acuity.

(4) Ratings for loss in the peripheral visual fields shall be based upon the monocular Esterman grid pursuant to section (5) of this rule or the perimetric charts as follows:

(a) Reports for peripheral visual fields must contain the extent of retained vision for each of the eight standard 45° meridians out to 90°. The directions and normal extent of each meridian are as follows:

MINIMAL NORMAL EXTENT OF PERIPHERAL VISUAL FIELD

DIRECTION	DEGREES
Temporally	85
Down temporally	85
Down	65
Down nasally	50
Nasally	60
Up nasally	55
Up	45
Up temporally	55
TOTAL	500

(b) Record the extent of lost or retained peripheral visual fields along each of the eight meridians (the result may be found by using lost or retained figures). Add (do not combine) these eight figures. Find the corresponding number, for the lost or retained field, in the table below. The associated percentage of loss represents visual impairment contributed by field loss.

(c) For loss of a quarter or half field, first find half the sum of the normal extent of the two boundary meridians. Then add to this figure the normal extent of each meridian included within the lost field. This will give you the figure to be applied to the chart above.

(d) Central scotoma is rated as a loss of central visual acuity. Peripheral visual field loss due to scotoma in other areas is found by adding the degrees lost in each of the standard meridians. That figure is then applied to the chart above.

Total Degrees Retained	% of Loss	Total Degrees Retained	% of Loss	Total Degrees Retained	% of Loss
500	0	325	35	150	70
495	1	320	36	145	71
490	2	315	37	140	72
485	3	310	38	135	73
480	4	305	39	130	74
475	5	300	40	125	75
470	6	295	41	120	76
465	7	290	42	115	77
460	8	285	43	110	78
455	9	280	44	105	79
450	10	275	45	100	80
445	11	270	46	95	81
440	12	265	47	90	82
435	13	260	48	85	83
430	14	255	49	80	84
425	15	250	50	75	85
420	16	245	51	70	86
415	17	240	52	65	87
410	18	235	53	60	88
405	19	230	54	55	89
400	20	225	55	50	90
395	21	220	56	45	91
390	22	215	57	40	92
385	23	210	58	35	93
380	24	205	59	30	94
375	25	200	60	25	95
370	26	195	61	20	96
365	27	190	62	15	97
360	28	185	63	10	98
355	29	180	64	5	99
350	30	175	65	0	100
345	31	170	66		
340	32	165	67		
335	33	160	68		
330	34	155	69		

(5) To determine the percentage of field loss using the monocular Esterman grid, count all the printed dots entirely outside or falling on the line marking the extent of the visual field. The number of dots counted is the percentage of visual field loss.

(6) Ratings for ocular motility (binocular double vision) are figured as follows:

(a) The two areas which result in the greatest disability from binocular double vision are vision straight ahead (primary gaze) and downward vision. If a worker has to close an eye to stop binocular double vision, this is, in effect, a loss of an eye. Double vision in the primary gaze is thus rated at 100% of an eye. Primary gaze includes a circle 20 degrees out from a fixed point with the eye looking straight ahead.

(b) Use the following table to calculate visual loss resulting from binocular diplopia:

Direction of gaze	distance from point of fixation	% of loss
straight ahead	out to 20 degrees	100
down	21 degrees to 30 degrees	50
down	beyond 30 degrees	30
temporally	21 degrees to 30 degrees	20
temporally	beyond 30 degrees	10
down temporally	21 degrees to 30 degrees	20
down temporally	beyond 30 degrees	10
nasally	21 degrees to 30 degrees	20
nasally	beyond 30 degrees	10
down nasally	21 degrees to 30 degrees	20
down nasally	beyond 30 degrees	10
up	beyond 20 degrees	10
up temporally	beyond 20 degrees	10
up nasally	beyond 20 degrees	10

(c) Binocular diplopia is rated in the eye with the greatest loss. Plot the presence of diplopia along the same eight meridians used for peripheral visual field charting. Use the single highest value obtained for each meridian. Add the single values obtained for each meridian to obtain the total impairment for loss of ocular motility. A total of 100% or more shall be rated as 100% of the eye. As an example: diplopia beyond 30 degrees in a nasal direction is valued at 10%. Diplopia in a temporal direction between 21 and 30 degrees is valued at 20%. For diplopia in both ranges, rating would be 20% for the 21-30 degree temporal range, plus 10%, for the beyond 30 degree nasal range, resulting in a total of 30%.

(7) The total rating for monocular loss is found by combining (not adding) the ratings for loss of central vision, loss of peripheral visual field, and loss of ocular motility.

(8) The total rating for binocular loss is figured as follows:

(a) Find the percent of monocular loss for each eye.

(b) Multiply the percent of loss in the better eye by three.

(c) Add to that result the percent of loss in the other eye.

(d) Divide this sum by four. The result is the total percentage of binocular loss.

(e) This method is expressed by the formula $\frac{3(A) + B}{4}$

"A" is the percent of loss in the better eye;
"B" is the percent of loss in the other eye.

(9) Use the method (monocular or binocular) which results in the greater disability rating .

History: Formerly OAR 436-30-370; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

STANDARDS FOR THE RATING OF UNSCHEDULED PERMANENT DISABILITY

436-35-270 (1) Rules 436-35-270 through 436-35-440 apply to the rating of unscheduled permanent partial disability under the Workers' Compensation Act.

(2) The rating of unscheduled permanent partial disability shall be impairment as modified by age, education (including formal education and skills), and adaptability to perform a given job. If there is no measurable impairment under these rules, no award of unscheduled permanent partial disability shall be allowed.

(3) As used in rules 436-35-270 through 436-35-310, the following definitions shall apply unless the context requires otherwise:

(a) "Dictionary of Occupational Titles" or DOT means the publications of the same name by the U.S. Department of Labor, Fourth Edition, 1977 and its 1986 Supplement.

(b) "Physician's release" means written notification provided by the attending physician to the worker and the worker's employer or insurer releasing the worker to work and describing any limitations the worker has. It also means written notification provided by the attending physician to the employer or insurer releasing the worker to a specific job offered by the employer.

(c) "Regular Work" means substantially the same job held at the time of injury, or substantially the same job for a different employer.

(d) "Residual Functional Capacity" (RFC) means an individual's remaining ability to perform work-related activities despite medically determinable

impairment resulting from the accepted compensable condition. A residual functional capacity evaluation includes, but is not limited to, capability for lifting, carrying, pushing/pulling, standing, walking, sitting, climbing, balancing, stooping, kneeling, crouching, crawling, and reaching. Maximum residual functional capacity is the greatest capacity evidenced by:

(A) The attending physician's release; or

(B) By a preponderance of medical opinion which includes but is not limited to a second level PCE or WCE. Where a worker fails to cooperate or use maximal effort in the PCE or WCE, the worker's RFC shall be determined based upon the preponderance of medical opinion as to the worker's likely work capacities had the worker cooperated and used maximal effort; or

(C) The strength of any job at which a worker has "returned to work" at the time of determination.

(e) "Restrictions" means that, by a preponderance of medical opinion, the worker is permanently limited to sitting, standing or walking less than 2 hours at a time or is permanently precluded from working the same number of hours as were worked at time of injury or 8 hours per day, whichever is less. A worker is also considered to be restricted if permanently precluded from frequently performing at least two of the following activities: stooping, crouching, crawling, kneeling, twisting, climbing, balancing, reaching, pushing/pulling. Sedentary RFC "restrictions" means that by a preponderance of medical opinion the worker is permanently restricted from:

(A) Lifting any amount less than 10 pounds;

(B) Performing two or more of the following activities: reaching, handling, fingering and/or feeling; or

(C) One or more of the following activities: talking, hearing and seeing.

(f) "Return to Work" means a worker is employed in a position that is of the same duration or of longer duration than the job at the time of injury (i.e. on call, temporary, seasonal). If the job at time of injury was a permanent duration job, a worker has returned to work when he or she is employed in another permanent duration job.

(g) Selected Characteristics of Occupations Defined in the Dictionary of Occupational Titles or SCODDOT means the publication of the same name by the U.S. Department of Labor, 1981. The SCODDOT describes the specific physical demands for each occupation listed in the Dictionary of Occupational Titles (DOT), Fourth Edition, 1977 and the 1986 Supplement to the DOT.

(h) "Strength" means the physical demands of each job as described by the SCODDOT. Prior strength (physical demand) shall be derived from the strength category assigned in the DOT for the worker's job at injury. For the purposes of these rules, "occasionally" means the activity or condition exists up to 1/3 of the time, "frequently" means the activity or condition exists from 1/3 up to 2/3 of the time, and "constantly" means the activity or condition exists 2/3 or more of the time. Strength factors are categorized as follows:

(A) Sedentary Work: Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting most of the time, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

(B) Light Work: Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree, or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

(C) Medium Work: Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

(D) Heavy Work: Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

(E) Very Heavy Work: Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.

(j) "Work offer" means a written offer of employment to the worker for which there is a physician's release.

History: Formerly OAR 436-30-380; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

ASSEMBLING THE FACTORS RELATING TO UNSCHEDULED DISABILITY

436-35-280 (1) Determine the basic value which represents impairment, using OAR 436-35-320 through 436-35-440. There shall be no unscheduled disability if the injury did not result in impairment.

(2) Determine the appropriate value for the age factor using OAR 436-35-290.

(3) Determine the appropriate value for the education factor using OAR 436-35-300.

(4) Add age and education values together.

(5) Determine the appropriate value for the adaptability factor using OAR 436-35-310.

(6) Multiply the result from step four by the value from step five.

(7) Add the result from step six to the impairment value and round off the resulting value pursuant to 436-35-007(13). This represents the percentage of permanent unscheduled disability to be awarded.

History: Formerly OAR 436-30-390; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

AGE

436-35-290 (1) The range of impact for the age factor is from 0 to +1. The impact is based on the worker's age at the time of determination.

(2) For workers, age 40 and above who do not have a physician's release to or have not returned to either their regular work or work requiring greater strength than the job at injury, the factor of age shall be given a value of + 1. For all other workers, a value of 0 shall be given.

History: Formerly OAR 436-30-400; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

EDUCATION

436-35-300 (1) The range of impact for the factor of education shall be from 0 to +6.

(2) For workers who have a physician's release to or returned either to their regular work or work requiring greater strength, the factor of education shall be given a value of 0. For all other workers, the education factor is the sum of the values obtained pursuant to the following subsections of this rule.

(3) A value of a worker's formal education is allowed as follows:

(a) For workers who have earned or acquired a high school diploma or GED certificate by the time of determination, a value of 0 shall be allowed. For purposes of this rule, a GED is a certificate issued by any certifying authority or its equivalent as referenced in the GED Examiner's Manual, Section 2, 1989 Revised.

(b) For workers who have not earned or acquired a high school diploma or a GED certificate by the time of determination, a value of +1 shall be allowed.

(4) A value for a worker's skills is allowed based on the jobs the worker has performed during the ten years preceding the time of determination as follows:

(a) Each job shall be identified by the DOT code which most accurately describes its duties.

(b) All jobs identified by the DOT assign a Specific Vocational Preparation (SVP) time needed to learn the techniques, acquire information and develop the facility necessary for average performance in a specific job-worker situation. SVP's range from 1 (lowest) to 9.

(c) An individual has met the SVP for an occupation after remaining in the field long enough to meet the training/skill requirements of that occupation through on-the-job, vocational or apprentice training. A worker has also met the SVP by successfully performing the duties and tasks in other similar jobs which have a higher SVP.

(d) A worker is presumed to have met the SVP for an occupation with a SVP of 5 or higher after performing six months or more with one employer in that job. A worker performing a job with a SVP of 1-4 is presumed to meet the SVP after completing employment with one or more employers in that job classification for the maximum period specified in the table below.

(e) The SVP for each job is obtained from the DOT and SCODDOT. Determine the highest SVP met by the worker and assign a value according to the following table:

SVP	VALUE	TRAINING TIME
1	+4	Short demonstration
2	+4	Short demonstration up to 30 days
3	+3	30+ days - 3 months
4	+3	3+ months - 6 months
5	+2	6+ months - 1 year
6	+2	1+ year - 2 years
7	+1	2+ years - 4 years
8	+1	4+ years - 10 years
9	+1	10+ years

(5) For workers who do not hold a current license or certificate of completion necessary for employment in an Oregon job with an SVP of 4 or less and who have not achieved an SVP of 5 or higher for the ten (10) years preceding the time of determination, an additional value of +1 shall be allowed.

(6) The values obtained in sections (2) through (5) of this rule shall be added to arrive at a final value for the education factor.

History: Formerly OAR 436-30-410; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

ADAPTABILITY TO PERFORM A GIVEN JOB

436-35-310 (1) The range of impact for this factor is from 0 to +7. The adaptability factor is based on a comparison of the strength demands of the worker's job at time of injury with the worker's maximum RFC at time of determination.

(2) For workers who at the time of determination have a physician's release to regular work, or have either returned to or have the RFC for regular work or work requiring greater strength than work performed on the date of injury, the value for factor of adaptability is 0. For all other workers, the adaptability value is calculated according to the following sections of this rule:

(3) For purposes of this rule, categories of RFC are defined as sendentary (S), light (L), medium (M), heavy (H) and very heavy (VH). For those workers determined by these rules to have the RFC to do more than the requirements of one category of RFC, but not the full range of requirements for the next higher category, the classification established between the two categories shall be used (for example, if the worker has returned to "light" work with restrictions; or if the worker's maximum lift and/or carry capacity is between sedentary and light, use S/L.)

		RESIDUAL FUNCTIONAL CAPACITY (RFC)								
		RS	S	S/L	L	M/L	M	M/H	H	V/H
PRIOR	S	2	1	1	1	1	1	1	1	1
STRENGTH	L	4	3	2	1	1	1	1	1	1
(physical	M	6	5	4	3	2	1	1	1	1
demand)	H	7	6	6	5	4	3	2	1	1
	V/H	7	7	6	5	4	3	2	1	1

RS = Restricted Sedentary
S = Sedentary
S/L = Sedentary/light
L = Light
M/L = Medium light
M = Medium
M/H = Medium/heavy
H = Heavy
V/H = Very heavy

(4) For those workers determined by these rules to have a RFC established between the two categories and also have restrictions, the next lower classification shall be used. (For example, if a worker's RFC is established at S/L but also has restrictions, use S).

History: Formerly OAR 436-30-430; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

DISCHARGE AFTER DETERMINATION ORDER

436-35-315

History: Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Repealed 3-26-91 WCD Admin. Order 2-1991, effective 4-1-91.

IMPAIRMENTS RATED AS UNSCHEDULED DISABILITY

436-35-320 (1) Rules 436-35-320 through 436-35-440 give standards for rating physical impairments which might lead to an award for loss of earning

capacity. All physical impairment ratings in these rules shall be established on the basis of objective medical evidence that is supported by the objective findings from the attending physician or as provided in 436-35-007 (8) and (9).

(2) Pain is considered in the impairment values in these rules to the extent that it results in measurable impairment. If there is no measurable impairment, no award of unscheduled permanent partial disability shall be allowed. To the extent that pain results in disability greater than that evidenced by the measurable impairment, including the disability due to expected waxing and waning of the worker's condition, this loss of earning capacity is considered and valued under OAR 436-35-310 and is included in the adaptability factor.

(3) If the impairment results from injury to more than one body part or system listed in these sections, the values shall be combined (not added) to arrive at a final impairment value.

(4) The maximum impairment value is given for a complete loss of use or function. A percentage of that figure shall be given for less than complete loss.

(5) A worker may be entitled to unscheduled chronic condition impairment where a preponderance of medical opinion establishes that the worker is unable to repetitively use a body area due to a chronic and permanent medical condition. "Body area" means the cervical/upper thoracic spine (T_1-T_6)/shoulders area and the lower thoracic spine (T_7-T_{12})lowback/hips area. Chronic conditions in the middleback are considered a part of the lowback/hips body area.

(a) Unscheduled chronic condition impairment is considered after all other unscheduled impairment within a body area, if any, has been rated and combined under these rules. Where the total unscheduled impairment within a body area is equal to or in excess of 5%, the worker is not entitled to any unscheduled chronic condition impairment.

(b) Where the worker has less than 5% total unscheduled rateable impairment in a body area, the worker is entitled to 5% unscheduled chronic condition impairment in lieu of all other unscheduled impairment in that body area.

(c) A worker may receive unscheduled chronic condition impairment to more than one body area. Unscheduled chronic condition impairments are combined, not added.

History: Formerly OAR 436-30-470; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

SHOULDER JOINT

436-35-330 (1) The following ratings are for loss of forward elevation in the shoulder joint:

Degrees of Motion Retained	Shoulder
150°	0%
140°	1%
130°	1%
120°	2%
110°	2%
100°	3%
90°	4%
80°	4%
70°	5%
60°	5%
50°	6%
40°	7%
30°	8%
20°	8%
10°	9%
0°	10%

(2) The following ratings are for forward elevation ankylosis in the shoulder joint:

Joint Ankylosed At	Shoulder
0°	60%
10°	53%
20°	47%
30°	40%
40°	45%
50°	50%
60°	55%
70°	60%
80°	65%
90°	70%
100°	75%
110°	80%
120°	85%
130°	90%
140°	95%
150°	100%

(3) The following ratings are for loss of backward elevation in the shoulder joint:

Degrees of Motion Retained	Shoulder
40°	0%
30°	1%
20°	2%
10°	2%
0°	3%

(4) The following ratings are for backward elevation ankylosis in the shoulder joint:

Joint Ankylosed At	Shoulder
0°	36%
10°	42%
20°	48%
30°	54%
40°	60%

(5) The following ratings are for loss of abduction in the shoulder joint:

Degrees of Motion Retained	Shoulder
150°	0%
140°	1%
130°	1%
120°	2%
110°	2%
100°	3%
90°	4%
80°	4%
70°	5%
60°	5%
50°	6%
40°	7%
30°	8%
20°	8%
10°	9%
0°	10%

(6) The following ratings are for abduction ankylosis in the shoulder joint:

Joint Ankylosed At	Rating
0°	36%
10°	34%
20°	31%
30°	28%
40°	25%
45°	24%
50°	26%
60°	29%
70°	32%
80°	36%
90°	40%
100°	43%
110°	46%
120°	50%
130°	53%
140°	56%
150°	60%

(7) The following ratings are for loss of adduction in the shoulder joint:

Degrees of Motion Retained	Shoulder
30°	0%
20°	1%
10°	1%
0°	2%

(8) The following ratings are for adduction ankylosis in the shoulder joint:

Joint Ankylosed At	Shoulder
0°	36%
10°	44%
20°	52%
30°	60%

(9) The following ratings are for loss of internal rotation in the shoulder joint:

Degrees of Motion Retained	Shoulder
40°	0%
30°	1%
20°	2%
10°	3%
0°	4%

(10) The following ratings are for internal rotation ankylosis in the shoulder joint:

Joint Ankylosed At	Shoulder
0°	36%
10°	42%
20°	48%
30°	54%
40°	60%

(11) The following ratings are for loss of external rotation in the shoulder joint:

Degrees of Motion Retained	Shoulder
90°	0%
80°	1%
70°	2%
60°	3%
50°	4%
40°	5%
30°	6%
20°	7%
10°	8%
0°	9%

(12) The following ratings are for external rotation ankylosis in the shoulder joint:

Joint Ankylosed At	Shoulder
0°	36%
10°	30%
20°	24%
30°	30%
40°	34%
50°	40%
60°	44%
70°	50%
80°	55%
90°	60%

(13) A value of 5% is given once for resection of any part of either clavicle.

(14) A value of 5% is given once for resection of the acromion or any part thereof.

(15) Total shoulder arthroplasty (joint replacement) shall be valued as 30% unscheduled impairment.

(16) Permanent chronic recurrent dislocations of the shoulder joint, as established by an attending physician shall be valued at 15% unscheduled impairment.

(17) When two or more ranges of motion are restricted, add the impairment values.

(18) When two or more ankylosis positions are documented, select the one plane representing the largest impairment. That will be the impairment value for the shoulder represented by ankylosis. If any motion remains, the joint is not ankylosed; range of motion impairment only is valued.

History: Formerly OAR 436-30-480; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

HIP

436-35-340 (1) When a preponderance of objective medical evidence supports findings that reduced ranges of motion of the hip do not involve the pelvis and/or acetabulum, the impairment determination shall be valued according to 436-35-220. If the reduced ranges of motion are a residual of pelvic and/or acetabular involvement, the impairment is determined pursuant to this rule.

(2) The following ratings are for loss of forward flexion in the hip joint:

Degrees of Motion Retained	Hip
100°	0%
90°	1%
80°	2%
70°	3%
60°	4%
50°	5%
40°	6%
30°	6%
20°	7%
10°	8%
0°	9%

(3) The following ratings are for forward flexion ankylosis in the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	30%
20°	26%
25°	24%
30°	26%
40°	29%
50°	32%
60°	35%
70°	38%
80°	41%
90°	44%
100°	47%

(4) The following ratings are for loss of backward extension in the hip joint:

Degrees of Motion Retained	Hip
30°	0%
20°	1%
10°	2%
0°	3%

(5) The following ratings are for backward extension ankylosis of the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	38%
20°	43%
30°	47%

(6) The following ratings are for loss of abduction in the hip joint:

Degrees of Motion Retained	Hip
40°	0%
30°	2%
20°	4%
10°	6%
0°	8%

(7) The following ratings are for abduction ankylosis in the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	37%
20°	40%
30°	44%
40°	47%

(8) The following ratings are for loss of adduction in the hip joint:

Degrees of Motion Retained	Hip
20°	0%
10°	2%
0°	4%

(9) The following ratings are for adduction ankylosis in the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	40%
20°	47%

(10) The following ratings are for loss of internal rotation of the hip joint:

Degrees of Motion Retained	Hip
40°	0%
30°	2%
20°	3%
10°	4%
0°	5%

(11) The following ratings are for internal rotation ankylosis of the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	37%
20°	40%
30°	44%
40°	47%

(12) The following ratings are for loss of external rotation of the hip joint:

Degrees of Motion Retained	Hip
50°	0%
40°	2%
30°	3%
20°	4%
10°	5%
0°	7%

(13) The following ratings are for external rotation ankylosis of the hip joint:

Joint Ankylosed At	Hip
0°	33%
10°	36%
20°	39%
30°	41%
40°	44%
50°	47%

(14) When two or more ankylosis positions are documented, select the one plane representing the largest impairment. That will be the impairment value for the hip represented by ankylosis. If any motion remains, the joint is not ankylosed; range of motion impairment only is valued.

(15) A value of 13% shall be determined for a total hip replacement (both femoral and acetabular components involved).

(16) Total value for loss of range of motion is obtained by adding (not combining) the values for each range of motion.

(17) The final value for the hip is obtained by combining (not adding) the values in section (15) and (16) of this rule.

(18) Healed displaced fractures in the hip may cause leg length discrepencies. Impairment shall be determined pursuant to 436-35-230.

History: Formerly OAR 436-30-481; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Renumbered 436-35-370; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

GENERAL SPINAL FINDINGS

436-35-350 (1) The following ratings are for fractured vertebrae:

(a) For a compression fracture of a single vertebral body:

% of Compression	% Impairment Cervical	Thoracic	Lumbosacral
1% - 25%	4	2	5
26% - 50%	6	3	7
> 50%	10	5	12

(b) A fracture of one or more of the posterior elements of a vertebra (spinous process, pedicles, laminae, articular processes, or transverse processes) is valued per vertebra as follows:

% Impairment Cervical	Thoracic	Lumbosacral
4	2	5

(2) The values for surgically treated spinal disorders resulting from work injuries are determined under subsections (a) or (b) below. When either subsection (a) or (b) of this rule could be applied, the section resulting in the highest value is applied. For the purposes of this rule, the cervical, thoracic, and lumbosacral regions are considered separate body parts. Values determined within one body part are first added, then the total impairment value is obtained by combining the different body part values.

(a) The following values are for surgical procedures resulting from intervertebral disc lesions.

	% Impairment Cervical	Thoracic	Lumbosacral
1st Surgical Procedure			
single disc involved.....	7%	4%	8%
additional disc(s) treated within the same region/body part.....	Add 1% per disc for each additional disc		

Subsequent Surgical Procedures

Second surgery

same intervertebral disc.....Add 2%

additional disc treated within the same region/body part.....Add 1% for each disc

Third or subsequent surgery

same intervertebral disc.....Add 1% for each surgery

additional disc treated within the same region/body part.....Add 1% for each disc

(b) The following values are for surgical procedures resulting from spinal stenosis and/or segmental instability:

	% Impairment		
	Cervical	Thoracic	Lumbosacral
1st Surgical Procedure			
single vertebra involved	8%	4%	9%
additional vertebra(e) treated within the same region/body part	Add 1% for each additional vertebra		
Subsequent Surgical Procedures			
Second surgery			
same vertebra	Add 2%		
additional vertebra treated within the same region/body part	Add 1% for each vertebra		
Third or subsequent surgery			
same vertebra	Add 1% for surgery		
additional vertebra treated within the same region/body part	Add 1% for each vertebra		

(A) To be considered in section (b), the worker must have a specific diagnosis of spinal stenosis and/or segmental instability.

(B) If a fusion is part of the surgical procedure for instability, no additional value is given beyond that in section (b) combined with the values for range of motion.

(3) Injuries to a unilateral specific named peripheral nerve with resultant loss of strength shall be determined based upon a preponderance of medical opinion that reports loss of strength pursuant to 436-35-007(14) and establishes which specific named peripheral nerve is involved. Impairment shall be described pursuant to 436-35-007(14) using the following table:

Unilateral Nerve	% Impairment Due to Loss of Strength
Accessory (Spinal Accessory)	10%
Anterior Thoracic (Pectoral)	3%
Axillary	21%
Dorsal Scapular	3%
Long Thoracic	9%
Subscapular	3%
Suprascapular	9%
Thoracodorsal	6%

For example, consider a worker who suffers a dislocation of the shoulder. Upon recovery, the attending physician reports 4/5 strength of the deltoid and indicates axillary nerve loss, which has a 21% impairment value. 4/5 strength, pursuant to 436-35-007(14), is a 20% loss of strength. Final impairment is determined by multiplying 21% by 20% for a final value of 4.2% impairment of the shoulder. Another example might be a worker who suffers a laceration of the long thoracic nerve. Upon recovery, the attending physician reports 0/5 strength of the upper back. The long thoracic nerve has a 9% impairment value. 0/5 strength, pursuant to 436-35-007(14), is 100% loss of strength. Final impairment is determined by multiplying 9% by 100% for a final value of 9% impairment of the upper back.

(4) Multiple or bilateral impairment of specific named spinal nerves shall be determined by combining the values in 436-35-350(3).

History: Formerly OAR 436-30-490; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

SPINAL RANGES OF MOTION

436-35-360 (1) For the purpose of determining impairment due to loss of spinal range of motion, sections (2) through (11) of this rule shall apply when the physician describes range of motion using goniometric techniques. Sections (12) through (23) of this rule shall apply when the physician uses an inclinometer to measure impairment.

(2) The following ratings are for loss of motion in the spine measured by goniometer.

(3) The following ratings are for loss of flexion in the cervical region:

Degrees of Motion Retained	Spine
45°	0%
30°	1%
15°	3%
0°	4%

(4) The following ratings are for loss of extension in the cervical region:

Degrees of Motion Retained	Spine
45°	0%
30°	1%
15°	3%
0°	4%

(5) The following ratings are for loss of right or left lateral flexion in the cervical region:

Degrees of Motion Retained	Spine
45°	0%
30°	1%
15°	2%
0°	3%

(6) The following ratings are for loss of right or left rotation in the cervical region:

Degrees of Motion Retained	Spine
80°	0%
60°	1%
40°	2%
20°	3%
0°	4%

(7) The following ratings are for loss of flexion in the thoracolumbar region:

Degrees of Motion Retained	Spine
90°	0%
80°	1%
70°	2%
60°	3%
50°	4%
40°	5%
30°	6%
20°	7%
10°	8%
0°	9%

(8) The following ratings are for loss of extension in the thoracolumbar region:

Degrees of Motion Retained	Spine
30°	0%
20°	1%
10°	2%
0°	3%

(9) The following ratings are for loss of right or left flexion in the thoracolumbar region:

Degrees of Motion Retained	Spine
30°	0%
20°	2%
10°	4%
0°	6%

(10) For a total impairment value due to loss of motion, as measured by goniometer, in either the cervical or thoracolumbar regions, add (do not combine) values for loss of motion.

(11) For total rating of multiple residuals, see section (23) of this rule.

(12) The following ratings are for loss of motion in the spine measured by inclinometer.

(13) The following ratings are for loss of flexion in the cervical region:

Degrees of Motion Retained	Spine
60°+	0%
40°	2%
20°	4%
0°	6%

(14) The following ratings are for loss of extension in the cervical region:

Degrees of Motion Retained	Spine
75°	0%
50°	2%
25°	4%
0°	6%

(15) The following ratings are for loss of right or left lateral flexion in the cervical region:

Degrees of Motion Retained	Spine
45°+	0%
30°	1%
15°	2%
0°	4%

(16) The following ratings are for loss of right or left rotation in the cervical region:

Degrees of Motion Retained	Spine
80°	0%
60°	1%
40°	2%
20°	4%
0°	6%

(17) The following ratings are for loss of flexion/extension in the thoracic region:

Degrees of Motion Retained	Spine
50°	0%
30°	1%
15°	2%
0°	4%

(18) The following ratings are for loss of right or left rotation in the thoracic region:

Degrees of Motion Retained	Spine
30°	0%
20°	1%
10°	2%
0°	3%

(19) The following ratings are for loss of flexion in the lumbosacral region:

	Degrees of Motion Retained	Spine
Sacral (hip) flexion angle 45°+	60° +	0%
	45° - 59°	2%
	30° - 44°	4%
	15° - 29°	7%
	0° - 14°	10%
30°-45°	40° +	4%
	20° - 39°	7%
	0° - 19°	10%
0°-29°	30° +	5%
	15° - 29°	8%
	0° - 14°	11%

(20) The following ratings are for loss of extension in the lumbosacral region:

Degrees of Motion Retained	Spine
25°	0%
20°	2%
15°	3%
10°	5%
0°	7%

(21) The following ratings are for loss of right and left flexion of the lumbosacral region:

Degrees of Motion Retained	Spine
25°	0%
20°	1%
15°	2%
10°	3%
0°	5%

(22) For a total impairment value due to loss of motion, as measured by inclinometer, in any of the cervical, thoracic or lumbosacral regions, add (do not combine) values for loss of motion.

(23) In order to rate range of motion loss and surgery in one region, combine (do not add) the total range of motion loss in that region with the appropriate total surgical impairment value of the corresponding region. Combine the value from each region to find the total impairment of the spine.

History: Formerly OAR 436-30-500; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

PELVIS

436-35-370 (1) A fractured pelvis which heals well, leaving no displacement, receives no rating.

(2) The following ratings are for a fractured pelvis which heals with displacement and deformity:

in the symphysis pubis	15%
in the sacrum	10%
in the ischium	10%
in the coccyx, with nonunion or excision	5%
in both rami	5%
in a single ramus	2%
in the ilium	2%
in the acetabulum.....Rate only loss of hip motion as in 436-35-340	

History: Formerly OAR 436-30-510; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

ABDOMEN

436-35-375 (1) For injuries that result in permanent damage to the abdominal wall, 5% impairment shall be allowed if the attending physician places permanent restriction(s) on the worker which necessitates a reduction in the strength/lifting category of the job that the worker was performing at the time of injury.

History: Filed 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

CARDIOVASCULAR SYSTEM

436-35-380 (1) Impairments of the cardiovascular system shall be determined based on objective findings that result in the following conditions: valvular heart disease, coronary heart disease, hypertensive cardiovascular disease, cardiomyopathies, pericardial disease, or cardiac arrhythmias. Each of these conditions will be described and quantified. In most circumstances, the physician should observe the patient during exercise testing.

(2) VALVULAR HEART DISEASE: Impairment resulting from work related valvular heart disease shall be rated according to the following classes:

Class 1
(5% Impairment)

The worker has evidence by physical examination or laboratory studies of valvular heart disease, but no symptoms in the performance of ordinary daily activities or even upon moderately heavy exertion; AND

The worker does not require continuous treatment, although prophylactic antibiotics may be recommended at the time of a surgical procedure to reduce the risk of bacterial endocarditis; AND

The worker remains free of signs of congestive heart failure; AND

There are no signs of ventricular hypertrophy or dilation, and the severity of the stenosis or regurgitation is estimated to be mild; OR

In the worker who has recovered from valvular heart surgery, all of the above criteria are met.

Class 2
(20% Impairment)

The worker has evidence by physical examination or laboratory studies of valvular heart disease, and there are no symptoms in the performance of ordinary daily activities, but symptoms develop on moderately heavy physical exertion; OR

The worker requires moderate dietary adjustment or drugs to prevent symptoms or to remain free of the signs of congestive heart failure or other consequences of valvular heart disease, such as syncope, chest pain and emboli; OR

The worker has signs or laboratory evidence of cardiac chamber hypertrophy and/or dilation, and the severity of the stenosis or regurgitation is estimated to be moderate, and surgical correction is not feasible or advisable; OR

The worker has recovered from valvular heart surgery and meets the above criteria.

Class 3
(40% Impairment)

The worker has signs of valvular heart disease and has slight to moderate symptomatic discomfort during the performance of ordinary daily activities; AND

Dietary therapy or drugs do not completely control symptoms or prevent congestive heart failure; AND

The worker has signs or laboratory evidence of cardiac chamber hypertrophy or dilation, the severity of the stenosis or regurgitation is estimated to be moderate or severe, and surgical correction is not feasible; OR

The worker has recovered from heart valve surgery but continues to have symptoms and signs of congestive heart failure including cardiomegaly.

Class 4
(78% Impairment)

The worker has signs by physical examination of valvular heart disease, and symptoms at rest or in the performance of less than ordinary daily activities; AND

Dietary therapy and drugs cannot control symptoms or prevent signs of congestive heart failure; AND

The worker has signs or laboratory evidence of cardiac chamber hypertrophy and/or dilation; and the severity of the stenosis or regurgitation is estimated to be moderate or severe, and surgical correction is not feasible; OR

The worker has recovered from valvular heart surgery but continues to have symptoms or signs of congestive heart failure.

(3) CORONARY HEART DISEASE: Impairment resulting from work related coronary heart disease shall be rated according to the following classes:

Class 1
(5% Impairment)

This class of impairment should be reserved for the worker with an equivocal history of angina pectoris on whom coronary angiography is performed, or for a worker on whom coronary angiography is performed for other reasons and in whom is found less than 50% reduction in the cross sectional area of a coronary artery.

Class 2
(20% Impairment)

The worker has history of a myocardial infarction or angina pectoris that is documented by appropriate laboratory studies, but at the time of evaluation the worker has no symptoms while performing ordinary daily activities or even moderately heavy physical exertion; AND

The worker may require moderate dietary adjustment and/or medication to prevent angina or to remain free of signs and symptoms of congestive heart failure; AND

The worker is able to walk on the treadmill or bicycle ergometer and obtain a heart rate of 90% of his or her predicted maximum heart rate without developing significant ST segment shift, ventricular tachycardia, or hypotension; OR

The worker has recovered from coronary artery surgery or angioplasty, remains asymptomatic during ordinary daily activities, and is able to exercise as outlined above. If the worker is taking a beta adrenergic blocking agent, he or she should be able to walk on the treadmill to a level estimated to cause an energy expenditure of at least 10 METS* as a substitute for the heart rate target.

*METS is a term that represents the multiples of resting metabolic energy utilized for any given activity. One MET is 3.5ml/(kg x min).

Class 3
(40% Impairment)

The worker has a history of myocardial infarction that is documented by appropriate laboratory studies, and/or angina pectoris that is documented by changes on a resting or exercise ECG or radioisotope study that are suggestive of ischemia; OR

The worker has either a fixed or dynamic focal obstruction of at least 50% of a coronary artery, demonstrated by angiography; AND

The worker requires moderate dietary adjustment or drugs to prevent frequent angina or to remain free of symptoms and signs of congestive heart failure, but may develop angina pectoris or symptoms of congestive heart failure after moderately heavy physical exertion; OR

The worker has recovered from coronary artery surgery or angioplasty, continues to require treatment, and has the symptoms described above.

Class 4
(78% Impairment)

The worker has history of a myocardial infarction that is documented by appropriate laboratory studies or angina pectoris that has been documented by changes of a resting ECG or radioisotope study that are highly suggestive of myocardial ischemia; OR

The worker has either fixed or dynamic focal obstruction of at least 50% of one or more coronary arteries, demonstrated by angiography; AND

Moderate dietary adjustments or drugs are required to prevent angina or to remain free of symptoms and signs of congestive heart failure, but the worker continues to develop symptoms of angina pectoris or congestive heart failure during ordinary daily activities; OR

There are signs or laboratory evidence of cardiac enlargement and abnormal ventricular function; OR

The worker has recovered from coronary artery bypass surgery or angioplasty and continues to require treatment and have symptoms as described above.

(4) HYPERTENSIVE CARDIOVASCULAR DISEASE: Impairment resulting from work related hypertensive cardiovascular disease shall be rated according to the following classes:

Class 1
(5% Impairment)

The worker has no symptoms and the diastolic pressures are repeatedly in excess of 90 mm Hg; AND

The worker is taking antihypertensive medications but has none of the following abnormalities: (1) abnormal urinalysis or renal function tests; (2) history of hypertensive cerebrovascular disease; (3) evidence of left ventricular hypertrophy; (4) hypertensive vascular abnormalities of the optic fundus, except minimal narrowing of arterioles.

Class 2
(20% Impairment)

The worker has no symptoms and the diastolic pressures are repeatedly in excess of 90 mm Hg; AND

The worker is taking antihypertensive medication and has any of the following abnormalities: (1) proteinuria and abnormalities of the urinary

sediment, but no impairment of renal function as measured by blood urea nitrogen (BUN) and serum creatinine determinations; (2) history of hypertensive cerebrovascular damage; (3) definite hypertensive changes in the retinal arterioles, including crossing defects and/or old exudates.

Class 3
(40% Impairment)

The worker has no symptoms and the diastolic pressure readings are consistently in excess of 90 mm Hg; AND

The worker is taking antihypertensive medication and has any of the following abnormalities: (1) diastolic pressure readings usually in excess of 120 mm Hg; (2) proteinuria or abnormalities in the urinary sediment, with evidence of impaired renal function as measured by elevated BUN and serum creatinine, or by creatinine clearance below 50%; (3) hypertensive cerebrovascular damage with permanent neurological residual; (4) left ventricular hypertrophy according to findings of physical examination, ECG, or chest radiograph, but no symptoms, signs or evidence by chest radiograph of congestive heart failure; or (5) retinopathy, with definite hypertensive changes in the arterioles, such as "copper" or "silver wiring," or A-V crossing changes, with or without hemorrhages and exudates.

Class 4
(78% Impairment)

The worker has a diastolic pressure consistently in excess of 90 mm Hg; AND

The worker is taking antihypertensive medication and has any two of the following abnormalities; (1) diastolic pressure readings usually in excess of 120 mm Hg; (2) proteinuria and abnormalities in the urinary sediment, with impaired renal function and evidence of nitrogen retention as measured by elevated BUN and serum creatinine or by creatinine clearance below 50%; (3) hypertensive cerebrovascular damage with permanent neurological deficits; (4) left ventricular hypertrophy; (5) retinopathy as manifested by hypertensive changes in the arterioles, retina, or optic nerve; (6) history of congestive heart failure; OR

The worker has left ventricular hypertrophy with the persistence of congestive heart failure despite digitalis and diuretics.

(5) CARDIOMYOPATHY: Impairment resulting from work related cardiomyopathies shall be rated according to the following classes:

Class 1
(5% Impairment)

The worker is asymptomatic and there is evidence of impaired left ventricular function from physical examination or laboratory studies; AND

There is no evidence of congestive heart failure or cardiomegaly from physical examination or laboratory studies.

Class 2
(20% Impairment)

The worker is asymptomatic and there is evidence of impaired left ventricular function from physical examination or laboratory studies; AND

Moderate dietary adjustment or drug therapy is necessary for the worker to be free of symptoms and signs of congestive heart failure; OR

The worker has recovered from surgery for the treatment of hypertrophic cardiomyopathy and meets the above criteria.

Class 3
(40% Impairment)

The worker develops symptoms of congestive heart failure on greater than ordinary daily activities and there is evidence of abnormal ventricular function from physical examination or laboratory studies; AND

Moderate dietary restriction or the use of drugs is necessary to minimize the worker's symptoms, or to prevent the appearance of signs of congestive heart failure or evidence of it by laboratory study; OR

The worker has recovered from surgery for the treatment of hypertrophic cardiomyopathy and meets the criteria described above.

Class 4
(78% Impairment)

The worker is symptomatic during ordinary daily activities despite the appropriate use of dietary adjustment and drugs, and there is evidence of abnormal ventricular function from physical examination or laboratory studies; OR

There are persistent signs of congestive heart failure despite the use of dietary adjustment and drugs; OR

The worker has recovered from surgery for the treatment of hypertrophic cardiomyopathy and meets the above criteria.

(6) PERICARDIAL DISEASE: Impairment resulting from work related pericardial disease shall be rated according to the following classes:

Class 1
(5% Impairment)

The worker has no symptoms in the performance of ordinary daily activities or moderately heavy physical exertion, but does have evidence from either physical examination or laboratory studies of pericardial heart disease; AND

Continuous treatment is not required, and there are no signs of cardiac enlargement, or of congestion of lungs or other organs; OR

In the worker who has had surgical removal of the pericardium, there are no adverse consequences of the surgical removal and the worker meets the criteria above.

Class 2
(20% Impairment)

The worker has no symptoms in the performance of ordinary daily activities, but does have evidence from either physical examination or laboratory studies of pericardial heart disease; BUT

Moderate dietary adjustment or drugs are required to keep the worker free from symptoms and signs of congestive heart failure; OR

The worker has signs or laboratory evidence of cardiac chamber hypertrophy or dilation; OR

The worker has recovered from surgery to remove the pericardium and meets the criteria above.

Class 3
(40% Impairment)

The worker has symptoms on performance of greater than ordinary daily activities despite dietary or drug therapy, and the worker has evidence from physical examination or laboratory studies, of pericardial heart disease; AND

Physical signs are present, or there is laboratory evidence of cardiac chamber enlargement or there is evidence of significant pericardial thickening and calcification; OR

The worker has recovered from surgery to remove the pericardium but continues to have the symptoms, signs and laboratory evidence described above.

Class 4
(78% Impairment)

The worker has symptoms on performance of ordinary daily activities in spite of using appropriate dietary restrictions or drugs, and the worker has evidence from physical examination or laboratory studies, of pericardial heart disease; AND

The worker has signs or laboratory evidence of congestion of the lungs or other organs; OR

The worker has recovered from surgery to remove the pericardium and continues to have symptoms, signs, and laboratory evidence described above.

(7) ARRYTHMIAS: Impairment resulting from work related cardiac arrhythmias* shall be rated according to the following classes:

Class 1
(5% Impairment)

The worker is asymptomatic during ordinary activities and a cardiac arrhythmia is documented by ECG; AND

There is no documentation of three or more consecutive ectopic beats or periods of asystole greater than 1.5 seconds, and both the atrial and ventricular rates are maintained between 50 and 100 beats per minute; AND

There is no evidence of organic heart disease.

* If an arrhythmia is a result of organic heart disease, the arrhythmia should be rated separately and combined with the impairment rating for the organic heart disease.

Class 2
(20% Impairment)

The worker is asymptomatic during ordinary daily activities and a cardiac arrhythmia* is documented by ECG; AND

Moderate dietary adjustment, or the use of drugs, or an artificial pacemaker, is required to prevent symptoms related to the cardiac arrhythmia; OR

The arrhythmia persists and there is organic heart disease.

Class 3
(40% Impairment)

The worker has symptoms despite the use of dietary therapy or drugs or of an artificial pacemaker and a cardiac arrhythmia* is documented with ECG; BUT

The worker is able to lead an active life and the symptoms due to the arrhythmia are limited to infrequent palpitations and episodes of light-headedness, or other symptoms of temporarily inadequate cardiac output.

Class 4
(78% Impairment)

The worker has symptoms due to documented cardiac arrhythmia* that are constant and interfere with ordinary daily activities; OR

The worker has frequent symptoms of inadequate cardiac output documented by ECG to be due to frequent episodes of cardiac arrhythmia; OR

The worker continues to have episodes of syncope that are either due to, or have a high probability of being related to, the arrhythmia. To fit into this category of impairment, the symptoms must be present despite the use of dietary therapy, drugs, or artificial pacemakers.

(8) For heart transplants an impairment value of 50% shall be allowed. This value shall be combined with any other findings of impairment of the heart.

History: Formerly OAR 436-30-520; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

RESPIRATORY SYSTEM

436-35-385 (1) For the purpose of this rule, the following definitions apply:

(a) FVC is Forced Vital Capacity.

(b) FEV1 is Forced Expiratory Volume in the first second.

(c) Dco refers to diffusing capacity of carbon monoxide.

(d) VO2 Max is Measured Exercise Capacity.

(2) Lung impairment shall be determined according to the following classes:

Class 1 (0% Impairment)

FVC greater than or equal to 80% of predicted, and FEV1 greater than or equal to 80% of predicted, and FEV1/FVC greater than or equal to 70%, and Dco greater than or equal to 80% of predicted; or VO2 Max greater than 25 ml/(kg x min).

Class 2 (18% Impairment)

FVC between 60% and 79% of predicted, or FEV1 between 60% and 79% of predicted, or FEV1/FVC between 60% and 69%, or Dco between 60% and 79% of predicted, or VO2 Max greater than or equal to 20 ml/(kg x min) and less than or equal to 25 ml/(kg x min).

Class 3 (38% Impairment)

FVC between 51% and 59% of predicted, or FEV1 between 41% and 59% of predicted, or FEV1/FVC between 41% and 59%, or Dco between 41% and 59% of predicted, or VO2 Max greater than or equal to 15 ml/(kg x min) and less than 20 ml/(kg x min).

Class 4 (75% Impairment)

FVC less than or equal to 50% of predicted, or FEV1 less than or equal to 40% of predicted, or FEV1/FVC less than or equal to 40%, or Dco less than or equal to 40% of predicted, or VO2 Max less than 15 ml/(kg x min).

(3) LUNG CANCER - All persons with lung cancers as a result of a compensable industrial injury or occupational disease are to be considered Class 4 impaired at the time of diagnosis. At a re-evaluation, one year after the diagnosis is established, if the person is found to be free of all evidence of tumor, then he or she should be rated according to the physiologic parameters in 436-35-385(2). If there is evidence of tumor, the person is determined to have Class 4 impairment.

(4) ASTHMA - Reversible obstructive airway disease due to a compensable occupational disease or illness is rated according to the classes of respiratory impairment described in section (2) of this rule. The impairment shall be based on three successive tests performed at least one week apart at a time when the patient is receiving optimal medical therapy. In addition, a worker may also have impairment determined pursuant to 436-35-450.

(5) ALLERGIC RESPIRATORY RESPONSES - For workers who have developed an allergic respiratory response to physical, chemical, or biological agents refer to 436-35-450.

(6) Impairment from air passage defects shall be determined according to the following classes:

Class 1 (5% Impairment)

A recognized air passage defect exists.

Dyspnea does NOT occur at rest.

Dyspnea is NOT produced by walking or climbing stairs freely, performance of other usual activities of daily living, stress, prolonged exertion, hurrying, hill climbing, recreation requiring intensive effort or similar activity.

Examination reveals ONE or more of the following: partial obstruction of oropharynx, larynogopharynx, larynx, upper trachea (to 4th ring), lower trachea, bronchi, or complete obstruction of the nose (bilateral), or nasopharynx.

Class 2 (20% Impairment)

A recognized air passage defect exists.

Dyspnea does NOT occur at rest.

Dyspnea is NOT produced by walking freely on the level, climbing at least one flight of ordinary stairs or the performance of other usual activities of daily living.

Dyspnea IS produced by stress, prolonged exertion, hurrying, hill-climbing, recreation except sedentary forms, or similar activity.

Examination reveals ONE or more of the following: partial obstruction of oropharynx, laryngopharynx, larynx, upper trachea (to 4th ring), lower trachea, bronchi; or complete obstruction of the nose (bilateral), or nasopharynx.

Class 3 (40% Impairment)

A recognized air passage defect exists.

Dyspnea does NOT occur at rest.

Dyspnea IS produced by walking more than one or two blocks on the level or climbing one flight of ordinary stairs even with periods of rest; performance of other usual activities of daily living, stress, hurrying, hill-climbing, recreation or similar activity.

Examination reveals ONE or more of the following: partial obstruction of oropharynx, laryngopharynx, larynx, upper trachea (to 4th ring) lower trachea or bronchi.

Class 4 (78% Impairment)

A recognized air passage defect exists.

Dyspnea occurs at rest, although worker is not necessarily bedridden.

Dyspnea is aggravated by the performance of any of the usual activities of daily living beyond personal cleansing, dressing, grooming or its equivalent.

Examination reveals ONE or more of the following: partial obstruction of oropharynx, laryngopharynx, larynx, upper trachea (to 4th ring), lower trachea or bronchi.

(7) Residual impairment from a lobectomy shall be valued based on the physiological parameters found pursuant to section (2) of this rule.

(8) For injuries which result in impaired ability to speak, the following table will rate the worker's ability to speak in relation to: Audibility (ability to speak loudly enough to be heard); Intelligibility (ability to articulate well enough to be understood); and Functional Efficiency (ability to produce a serviceably fast rate of speech and to sustain it over a useful period of time).

(a) Class 1, 4% impairment: Can produce speech of sufficient intensity and articular quality to meet most of the needs of everyday speech communication; some hesitation or slowness of speech may exist; certain phonetic units may be difficult or impossible to produce; listeners may require the speaker to repeat.

(b) Class 2, 9% impairment: Can produce speech of sufficient intensity and articular quality to meet many of the needs of everyday speech communication; speech may be discontinuous, hesitant or slow; can be understood by a stranger but may have numerous inaccuracies; may have difficulty being heard in loud places.

(c) Class 3, 18% impairment: Can produce speech of sufficient intensity and articular quality to meet some of the needs of everyday speech communication; often consecutive speech can only be sustained for brief periods; can converse with family and friends but may not be understood by strangers; may often be asked to repeat; has difficulty being heard in loud places; voice tires rapidly and tends to become inaudible after a few seconds.

(d) Class 4, 26% impairment: Can produce speech of sufficient intensity and articular quality to meet few of the needs of everyday speech communication; consecutive speech limited to single words or short phrases; speech is labored and impractically slow; can produce some phonetic units but may use approximations that are unintelligible or out of context; may be able to whisper audibly but has no voice.

(e) Class 5, 33% impairment: Complete inability to meet the needs of everyday speech communication.

(9) Workers with successful permanent tracheostomy or stoma should be rated at 25% impairment of the respiratory system.

History: Filed 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective 8-19-88;Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91; Renumbered 436-35-390.

CRANIAL NERVES/BRAIN

436-35-390 (1) Impairment of the First Cranial Nerve (Olfactory) resulting in either complete inability to detect odors or perversion of the sense of smell is 3% unscheduled impairment.

(2) Ratings given for impairment of the Second Cranial Nerve (Optic) are figured according to their effects on vision pursuant to 436-35-260.

(3) Ratings given for impairment in the Third Cranial Nerve (Oculomotor), Fourth Cranial Nerve (Trochlear), and Sixth Cranial Nerve (Abducens) are determined according to their effects on ocular motility pursuant to 436-35-260.

(a) Other effects of impairment in these nerves include too much or too little tearing, or photophobia. The combined effects are rated as follows:

mild (in the opinion of a doctor)..... 0%
moderate (in the opinion of a doctor)..... 5%
severe (in the opinion of a doctor)..... 10%

(4) Ratings given for impairment of the Fifth Cranial Nerve (Trigeminal) are as follows:

(a) For loss of sensation in the Trigeminal distribution on one side: 10%; on both sides: 35%

(b) The rating given for complete loss of motor function of one Trigeminal Nerve is 5%.

(c) The rating given for complete loss of motor function of both Trigeminal Nerves is determined pursuant to 436-35-385 and 436-35-420.

(5) Ratings given for impairment of the Sixth Cranial Nerve (Abducens) are described in section (3) of this rule.

(6) Ratings given for impairment of the Seventh Cranial Nerve (Facial) are as follows:

(a) No rating is given for loss of sensation from impairment of one or both Facial Nerves.

(b) If impairment of one or both Facial Nerves results in loss of the sense of taste, the rating is 3%.

(c) Complete motor loss on one side of the face due to impairment of the Facial Nerve is rated at 15%.

(d) Complete motor loss on both sides of the face due to impairment of the Facial Nerve is rated at 45%.

(7) Ratings given for impairment of the Eighth Cranial Nerve (Auditory) are determined according to their effects on hearing pursuant to 436-35-250. Other ratings for loss in this nerve include the following:

(a) For permanent disturbances of the vestibular mechanism resulting in vestibular disequilibrium which limits activities the impairment shall be rated according to the following:

(A) 8% when signs of vestibular disequilibrium are present with supporting objective findings and the usual activities of daily living are performed without assistance.

(B) 23% when signs of vestibular disequilibrium are present with supporting objective findings and the usual activities of daily living can be performed without assistance, and the worker is unable to operate a motor vehicle.

(C) 48% when signs of vestibular disequilibrium are present with supporting objective findings and the usual activities of daily living cannot be performed without assistance.

(D) 80% when signs of vestibular disequilibrium are present with supporting objective findings and the usual activities of daily living cannot be performed without assistance, and confinement to the home or other facility is necessary.

(b) Tinnitus which by a preponderance of medical opinion requires job modification is valued at 5%. No additional impairment value is allowed for "bilateral" tinnitus.

(8) Ratings given for impairment of the Ninth Cranial Nerve (Glossopharyngeal), Tenth Cranial Nerve (Vagus), and Eleventh Cranial Nerve (Cranial Accessory) are as follows:

(a) Impairment of swallowing due to damage to the Ninth, Tenth, and/or Eleventh Cranial Nerves is determined pursuant to 436-35-420.

(b) Speech impairment due to damage to the Ninth, Tenth, and/or Eleventh Cranial Nerves shall be rated according to the classifications in OAR 436-35-385(8).

(9) Ratings given for impairment of the Twelfth Cranial Nerve (Hypoglossal) are as follows:

(a) No rating is allowed for loss on one side.

(b) Bilateral loss is rated as in subsection (8) of this rule.

(10) Impairment for injuries that have resulted in damage to the brain shall be determined based upon a preponderance of medical opinion which applies and/or describes the following criteria. Where the residuals from the industrial accident place the worker between one or more classes, the worker is entitled to be placed in the highest class that describes the worker's impairment. There is no averaging of impairment values when a worker falls between classes.

CLASS I
10% Impairment

The worker functions at a Rancho Los Amigos Scale of 8; (e.g. the worker is alert and oriented; behavior is appropriate and the worker is able to recall and integrate past and recent events) and is ADL independent. If there is a language deficit, it is no more than minimal (e.g. language comprehension or production might be less than normal, but it is adequate for daily living). If there are emotional disturbances or personality changes, they are minimal and occur only during stressful situations and events. If there are episodic sleep disturbances and/or lethargy, they are minimal (e.g. any sleeping irregularity or lethargy does not interfere with daily living). If there is an episodic neurologic disorder, it is controlled and does not interfere with daily living.

CLASS II
30% impairment

The worker functions at a Rancho Los Amigos Scale of 8 (e.g. the worker is alert and oriented; behavior is appropriate and the worker is able to recall and integrate past and recent events) and is ADL independent. Language deficit is mild (e.g. language comprehension or production might occasionally interfere with daily living). Emotional disturbances or personality changes are mild (while they may be disproportionate to the stress or situation, they do not significantly impair the worker's ability to relate to others or to live with others). Episodic sleep disturbances and/or lethargy are mild (e.g. any sleeping irregularity or lethargy only occasionally interferes with daily living). Any episodic neurologic disorder is not completely controlled. For example, it may interfere with daily living and cause the worker to have driving restrictions, limit the worker's ability to operate industrial machinery and/or cause the worker to avoid heights.

CLASS III
50% impairment

The worker functions at a Rancho Los Amigos Scale of 7 (e.g. the worker is alert and oriented, behavior is appropriate but the worker has impaired judgment and/or mild memory deficit) and is ADL independent. Languange deficit is mildly-moderate (e.g. language comprehension or production is often not adequate for daily living). Emotional disturbances or personality changes are moderate, disproportionate to the stress or situation, are present at all times and significantly impair the worker's ability to relate to others or to live with others. Episodic sleep disturbances and/or lethargy are moderate (e.g. they frequently interfere with daily living). If there is an episodic neurologic disorder, it is not completely controlled. It markedly interferes with daily living. The worker cannot operate industrial machinery.

CLASS IV
75% impairment

The worker functions at a Rancho Los Amigos Scale of 6-7 (e.g. the worker is consistently oriented to time and place but the worker has impaired judgement and/or moderate memory deficit), is ADL assisted and can work only in a sheltered setting. Language deficit is moderate (e.g. language comprehension or production is often inappropriate or unintelligible). Emotional disturbances or personality changes are moderate to severe, disproportionate to the stress or situation, are present at all times, require the worker to be supervised and do not allow the worker to live with others. Episodic sleep disturbances and/or lethargy are moderate-severe (e.g. they require supervision for daily living). If there is episodic neurologic disorder, it is of such severity and constancy that activities have to be limited and supervised. The worker needs to be protected and be placed in confined care.

CLASS V
85% impairment

The worker functions at a Rancho Los Amigos Scale of 4-5 (e.g. the worker is inappropriate, confused, not oriented to time and place; the worker may be agitated and has a severe memory deficit) and the worker is ADL dependent. Total supervision is required.

CLASS VI
95% impairment

The worker functions at a Rancho Los Amigos Scale of 1-3. The worker is comatose or the worker's responses to stimuli are localized, inconsistent or delayed.

(11) For the purpose of section (10) of this rule, the Rancho Los Amigos levels are based upon the eight states of cognitive recovery developed at the Rancho Los Amigos Hospital and co-authored by Chris Hagen, PhD, Danese Malkumus, M.A., and Patricia Durham, M.S., in 1972. These levels were revised by Danese Malkumus, M.A., and Kathryn Standenip, O.T.R., in 1974.

(12) If a value of impairment is determined pursuant to section (10) of this rule, no additional value for speech or psychiatric impairment is allowed.

History: Formerly OAR 436-30-530; Filed 6-3-87 as WCD Admin. Order 3-1988, effective 7-1-88; Amended 12-21-88 as WCD Admin. Order 6-1988, effective 1-1-89; Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, effective 10-1-90; Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91.

SPINAL CORD

436-35-395 (1) The spinal cord is concerned with sensory, motor, and visceral functions. Permanent impairment can result from various disorders affecting these functions. Injuries that result in damage to the spinal cord shall be determined based on a preponderance of objective medical opinion and the following classes:

Class 1
(15% Impairment)

The worker has spinal cord damage but is able to carry out the activities of daily living independently. The worker is "ADL-independent" in all tasks.

Class 2
(35% Impairment)

The worker is a paraplegic and requires assistive measures and/or devices for any of the activities of daily living.

Class 3
(50% Impairment)

The worker is a quadraplegic and requires assistive measures and/or devices for any of the activities of daily living.

Class 4
(75% Impairment)

The worker is a paraplegic or quadraplegic and requires the assistance of another person for any of the activities of daily living.

Class 5
(95% Impairment)

The worker is a paraplegic or quadraplegic and is dependent in all of the activities of daily living. The worker is ADL-Dependent.

(2) For spinal cord damage that has resulted in the loss of use or function of other unscheduled body part(s) a value shall be allowed for other affected body part(s) or organ system(s). Refer to the appropriate section of these standards for that determination and combine with impairment valued under this rule.

(3) For spinal cord damage that has resulted in the loss of use or function of any part of an arm or leg, a value shall be allowed for the affected extremity. That value shall be determined by asking the attending physician to indicate what percentage of function of that extremity has been

lost due to the compensable injury. This percentage shall be the determined percentage of impairment for the affected extremity. The final value for that extremity shall be determined based upon the scheduled impairment standards.

(4) Episodic neurological disorders are determined pursuant to 436-35-390(10).

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MENTAL ILLNESS

436-35-400 (1) All permanent states of mental disorder must be diagnosed by a psychiatrist or other mental health professional as provided for in a Managed Care Organization certified pursuant to OAR chapter 436, Division 15.

(2) Diagnoses of mental disorders for this section shall follow the guidelines of the Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III).

(3) Impairment ratings for mental disorders shall be based on objective findings.

(4) Ratings for permanent personality disorders arising from the job:

(a) A personality disorder may be stated as a disability only if it interferes with the worker's long-term ability to adapt to the ordinary activities and stresses of daily living.

(b) Permanent personality disorders are rated as two classes with gradations within each class based on severity:

(A) Class 1: minimal (0%), mild (6%), or moderate (11%) A worker belongs in class 1 when:

(i) The worker shows little self-understanding or awareness of the mental illness;

(ii) Has some problems with judgment;

(iii) Has some problems with controlling personal behavior;

(iv) Has some ability to avoid serious problems with social and personal relationships; and

(v) Has some ability to avoid self-harm.

(B) Class 2: minimal (20%), mild (29%), or moderate (38%) A worker belongs in class 2 when:

(i) The worker shows a considerable loss of self control;

(ii) Has an inability to learn from experience; and

(iii) Causes harm to the community or to the self.

(5) Loss of function due to psychoneurosis (commonly known as neurosis) is rated based on anxiety reactions, depressive reactions, phobic reactions, psychophysiological reactions, obsessive-compulsive reactions, and conversion or hysterical reactions. Permanent changes in these reactions shall be rated according to the following classes with gradations within each class based on severity:

(a) Class 1: (0%) A worker belongs in Class 1 when one or more of the following residual reactions is noted:

(A) Anxiety Reactions: Require little or no treatment, are in response to a particular stress situation, produce unpleasant tension while the stress lasts, and might limit some activities.

(B) Depressive Reactions: The activities of daily living can be carried out, but the worker might lack ambition, energy, and enthusiasm. There may be such depression related mentally-caused physical problems as mild loss of appetite and a general feeling of being unwell.

(C) Phobic Reactions: Phobias the worker already suffers from may come into play, or new phobias may appear in a mild form.

(D) Psychophysiological Reactions: Are temporary, and in reaction to specific stress. Digestive problems are typical. Any treatment is for a short time, and is not connected with any ongoing treatment for maladjustment. Any physical pathology is temporary and reversible.

(E) Obsessive-Compulsive Reactions: Only slightly interfere with work or the activities of daily living. They do not arise from a specific instance, but are part of a pattern which may include working too much, ritual behavior, dogmatic attitudes, or being too fastidious.

(F) Conversion or Hysterical Reactions: Are brief and do not occur very often. They might include some slight and limited physical problems (such as weakness or hoarseness) which quickly respond to treatment.

(b) Class 2: minimal (6%), mild (23%), or moderate (35%). A worker belongs in Class 2 when one or more of the following residual reactions is noted:

(A) Anxiety Reactions: May require extended treatment. Specific reactions may include (but are not limited to) startle reactions, indecision due to fear, fear of being alone and insomnia. There is no loss of intellect or disturbance in thinking, concentration, or memory.

(B) Depressive Reactions: Last for several weeks. There are disturbances in eating and sleeping patterns, loss of interest in usual activities, and moderate retardation of physical activity. There may be thoughts of suicide. Self-care activities and personal hygiene remain good.

(C) Phobic Reactions: Interfere with normal activities to a mild to moderate degree. Typical reactions include (but are not limited to) a desire to remain at home, a refusal to use elevators, a refusal to go into closed rooms, and an obvious reaction of fear when confronted with a situation which involves a superstition.

(D) Psychophysiological Reactions: Require substantial treatment. Frequent and recurring problems with the organs get in the way of common activities. The problems may include (but are not limited to) diarrhea; chest pains; muscle spasms in the arms, legs, or along the backbone; a feeling of being smothered; and hyperventilation. There is not actual pathology in the organs or tissues.

(E) Obsessive-Compulsive Reactions: Include rigidity and highly-controlled thoughts and actions which interfere with activities of daily living. The worker appears to be selfish, dogmatic, and demanding, and is not able to work well with others. Inability to accept change is common.

(F) Conversion or Hysterical Reactions: Include periods of loss of physical function which occur more than twice a year, last for several weeks, and need treatment. These may include (but are not limited to) temporary hoarseness, temporary blindness, temporary weakness in the arms and/or the legs. These problems keep coming back.

(c) Class 3: Minimal (50%), mild (66%), or moderate (81%) A worker belongs in Class 3 when one or more of the following reactions is noted:

(A) Anxiety Reactions: Fear, tension, and apprehension interfere with the activities of daily living. Memory and concentration decrease or become unreliable. Long-lasting periods of anxiety keep coming back and interfere with personal relationships. The worker needs constant reassurance and comfort from family, friends, and coworkers.

(B) Depressive Reactions: Include an obvious loss of interest in the usual activities of daily living, including eating and self-care. These problems are long-lasting and result in loss of weight and an unkempt appearance. There may be retardation of physical activity, a preoccupation with suicide, and actual attempts at suicide. The worker may be extremely agitated on a frequent or constant basis.

(C) Phobic Reactions: Existing phobias are intensified. In addition, new phobias develop. This results in bizarre and disruptive behavior. In the most serious cases, the worker may become home-bound, or even room-bound. Persons in this state often carry out strange rituals which require them to be isolated or protected.

(D) Psychophysiological Reactions: Include tissue changes in one or more body systems or organs. These may not be reversible. Typical reactions include (but are not limited to) changes in the wall of the intestine, which results in constant digestive and elimination problems.

(E) Obsessive-Compulsive Reactions: Become so overwhelming they take over the normal activities of daily living. Channeled thinking and ritualistic behavior may require constant supervision of the worker. If not helped, the worker may take hours to dress or eat.

(F) Conversion or Hysterical Reactions: Including loss of physical function occur often and last for weeks or longer. Evidence of physical change follows such events. A long reaction (18 months of more) is associated with advanced negative changes in the tissues and organs. This includes (but is not limited to) atrophy of muscles in the legs and arms. A common symptom is general flabbiness.

(6) Psychosis by its nature creates a serious disturbance in mental function, resulting in various degrees of impairment. States of psychosis are rated based on perception, thinking process, social behavior, and emotional control. Variations in these aspects of mental function shall be rated according to the following classifications with gradations within each class based on severity:

(a) Class 1: minimal (0%), mild (6%), or moderate (11%) A worker belongs in Class 1 when the following is established:

(A) Perception: The worker misinterprets conversations or events. It is common for persons with this problem to think others are talking about them or laughing at them.

(B) Thinking Process: The worker is absent-minded, forgetful, daydreams too much, thinks slowly, has unusual thoughts which keep coming back, or suffers from an obsession. The worker is aware of these problems, and may also show mild problems with judgment. It is also possible that the worker may have little self-understanding or understanding of the problem.

(C) Social Behavior: Small problems appear in general behavior, but do not get in the way of social or living activities. Others are not disturbed by them. The worker may be over-reactive or depressed, or may neglect self-care and personal hygiene.

(D) Emotional Control: The worker may be depressed and have little interest in work or life. The worker may have an extreme feeling of well-being without reason. Controlled and productive activities are possible, but the worker is likely to be irritable and unpredictable.

(b) Class 2: minimal (20%), mild (29%), or moderate (38%) A worker belongs in Class 2 when the following is established:

(A) Perception: Workers in this state have fairly serious problems in understanding their personal surroundings. They cannot be counted on to understand the difference between daydreams, imagination, and reality. They

may have fantasies involving money or power, but they recognize them as fantasies. Since persons in this state are likely to be overly excited or suffering from paranoia, they are also likely to be domineering, peremptory, irritable, or suspicious.

(B) Thinking Process: The thinking process is so disturbed that persons in this state might not realize they are having mental problems. The problems might include (but are not limited to) obsessions, blocking, memory loss serious enough to affect work and personal life, confusion, powerful daydreams, or long periods of being deeply lost in thought to no set purpose.

(C) Social Behavior: Persons in this state can control their social behavior if they are asked to. But if they are left on their own, their behavior is so bizarre others may be concerned. Such behavior might include (but is not limited to) over-activity, disarranged clothing, talk and/or gestures which neither make sense nor fit the situation.

(D) Emotional Control: Persons in this state suffer a serious loss of control over their emotions. They may become extremely angry for little or no reason, they may cry easily, or they may have an extreme feeling of well-being, causing them to talk too much and to little purpose. These behaviors interfere with living and work and cause concern in others.

(c) Class 3: minimal (50%), mild (63%), or moderate (75%) A worker belongs in Class 3 when the following is established:

(A) Perception: Workers in this state suffer from frequent illusions and hallucinations. Following the demands of these illusions and hallucinations leads to bizarre and disruptive behavior.

(B) Thinking Process: Workers in this state suffer from disturbances in thought which are obvious even to a casual observer. These include an inability to communicate clearly due to slurred speech, rambling speech, primitive language, and an absence of the ability to understand the self or the nature of the problem. Such workers also show poor judgment and openly talk about delusions without recognizing them as such.

(C) Social Behavior: Persons in this state are a nuisance or a danger to others. Actions might include interfering with work and other activities, shouting, sudden inappropriate bursts of profanity, carelessness about excretory functions, threatening others, and endangering others.

(D) Emotional Control: Workers in this state cannot control their personal behavior. They might be very irritable and overactive, or so depressed they become suicidal.

(d) Class 4: (90%) A worker belongs in Class 4 when the following is established:

(A) Perception: Workers become so obsessed with hallucinations, illusions, and delusions that normal self-care is not possible. Bursts of violence may occur.

(B) Thinking Process: Communication is either very difficult or impossible. The worker is responding almost entirely to delusions, illusions, and hallucinations. Several forms of behavior are common as a result, including (but not limited to) severe confusion, refusal to speak, the creation of new words or using existing words in a new manner, incoherence, or irrelevance.

(C) Social Behavior: The worker's personal behavior endangers both the worker and others. Poor perceptions, confused thinking, lack of emotional control, and obsessive reaction to hallucinations, illusions, and delusions produce behavior which can result in the worker being inaccessible, suicidal, openly aggressive and assaultive, or even homicidal.

(D) Emotional Control: The worker may have either a severe emotional disturbance in which the worker is delirious and uncontrolled or extreme depression in which the worker is silent, hostile, and self-destructive. In either case, lack of control over anger and rage might result in homicidal behavior.

NOTE: Workers who belong in Class 4 usually need to be placed in a hospital or institution. Medication may help them to a certain extent.

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HEMATOPOIETIC SYSTEM

436-35-410 (1) Anemia can be impairing when the cardiovascular system cannot compensate for the effects of the anemia. When a worker becomes anemic as a result of an injury or occupational disease, the following values are allowed:

(a) 0% when there are no complaints or evidence of disease and the usual activities of daily living can be performed; no blood transfusion is required; and the hemoglobin level is 10-12gm/100ml.

(b) 30% when there are complaints or evidence of disease and the usual activities of daily living can be performed with some difficulty; no blood transfusion is required; and the hemoglobin level is 8-10gm/100ml.

(c) 70% when there are signs and symptoms of disease and the usual activities of daily living can be performed with difficulty and with varying amounts of assistance from others; blood transfusion of 2 to 3 units is required every 4 to 6 weeks; and the hemoglobin level is 5-8gm/100ml before transfusion.

(d) 85% when there are signs and symptoms of disease and the usual activities of daily living cannot be performed without assistance from others; blood transfusion of 2 to 3 units is required every 2 weeks, implying

hemolysis of transfused blood; and the hemoglobin level is 5-8gm/100ml before transfusion.

(2) White Blood Cell System impairments resulting from injury or occupational disease shall be rated according to the following classification system:

(a) Class 1: 5% impairment when there are symptoms or signs of leukocyte abnormality and no or infrequent treatment is needed and all or most of the activities of daily living can be performed. An impairment value of 5% shall be allowed for splenectomy.

(b) Class 2: 20% impairment when there are symptoms and signs of leukocyte abnormality and continuous treatment is needed but most of the activities of daily living can be performed.

(c) Class 3: 40% impairment when there are symptoms and signs of leukocyte abnormality and continuous treatment is needed and the activities of daily living can be performed with occasional assistance from others.

(d) Class 4: 73% impairment when there are symptoms and signs of leukocyte abnormality and continuous treatment is needed and continuous care is required for activities of daily living.

(3) Hemorrhagic Disorders acquired as a result of an injury or occupational disease may result in 5% impairment if many activities must be avoided and constant endocrine therapy is needed, or anticoagulant treatment with a vitamin K antagonist is required. Hemorrhagic disorders that stem from damage to other organs or body systems shall not be rated under this section but shall be rated according to the impairment of the other organ or body system.

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GASTROINTESTINAL AND GENITOURINARY SYSTEMS

436-35-420 (1) Impairments in mastication (chewing) and deglutition (swallowing) shall be determined based on the following criteria:

(a) Diet limited to semi-solid or soft foods **8%**
(b) Diet limited to liquid foods **25%**
(c) Eating requires tube feeding or gastrostomy **50%**

(2) Impairment of the upper digestive tract (esophagus, stomach and duodenum, small intestine, pancreas) shall be valued according to the following classes:

Class 1
(3% Impairment)

Symptoms or signs of upper digestive tract disease are present or there is anatomic loss or alteration; AND

Continuous treatment is not required; AND

Weight can be maintained at the desirable level; OR

There are no sequelae after surgical procedures.

Class 2
(15% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; AND

Appropriate dietary restrictions and drugs are required for control of symptoms, signs and/or nutritional deficiency; AND

Loss of weight below the "desirable weight"* does not exceed 10%.

Class 3
(35% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; AND

Appropriate dietary restrictions and drugs do not completely control symptoms, signs, and/or nutritional state; OR

There is 10-20% loss of weight below the "desirable weight"* which is ascribable to a disorder of the upper digestive tract.

Class 4
(63% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; AND

Symptoms are not controlled by treatment; OR

There is greater than a 20% loss of weight below the "desirable weight"* which is ascribable to a disorder of the upper digestive tract.

*Desirable weight Table:

DESIRABLE WEIGHTS BY SEX, HEIGHT AND BODY BUILD
THE WEIGHT CHARTS INCLUDE
(5LB CLOTHING FOR MEN, 3LB FOR WOMEN, SHOES WITH 1 IN HEELS)

MEN

HEIGHT (inches)	WEIGHT (pounds) SMALL FRAME	WEIGHT (pounds) MEDIUM FRAME	WEIGHT (pounds) LARGE FRAME
62	128-134	131-141	138-150
63	130-136	133-143	140-153
64	132-138	135-145	142-156
65	134-140	137-148	144-160
66	136-142	139-151	146-164
67	138-145	142-154	149-168
68	140-148	145-157	152-172
69	142-151	148-160	155-176
70	144-154	151-163	158-180
71	146-157	154-166	161-184
72	149-160	157-170	164-188
73	152-164	160-174	168-192
74	155-168	164-178	172-197
75	158-172	167-182	176-202
76	162-176	171-187	181-207

WOMEN

HEIGHT (inches)	WEIGHT (pounds) SMALL FRAME	WEIGHT (pounds) MEDIUM FRAME	WEIGHT (pounds) LARGE FRAME
58	102-111	109-121	118-131
59	103-113	111-123	120-134
60	104-115	113-126	122-137
61	106-118	115-129	125-140
62	108-121	118-132	128-143
63	111-124	121-135	131-147
64	114-127	124-138	134-151
65	117-130	127-141	137-155
66	120-133	130-144	140-159
67	123-136	133-147	143-163
68	126-139	136-150	146-167
69	129-142	139-153	149-170
70	132-145	142-156	152-173
71	135-148	145-159	155-176
72	138-151	148-162	158-179

(3) Colonic and rectal impairment shall be rated according to the following classes:

Class 1
(3% Impairment)

Signs and symptoms of colonic or rectal disease are infrequent and of brief duration; AND

Limitation of activities, special diet or medication is not required; AND

No systemic manifestations are present and weight and nutritional state can be maintained at a desirable level; OR

There are no sequelae after surgical procedures.

Class 2
(15% Impairment)

There is objective evidence of colonic or rectal disease or anatomic loss or alteration; AND

There are mild gastrointestinal symptoms with occasional disturbances of bowel function, accompanied by moderate pain; AND

Minimal restriction of diet or mild symptomatic therapy may be necessary; AND

No impairment of nutrition results.

Class 3
(30% Impairment)

There is objective evidence of colonic or rectal disease or anatomic loss or alteration; AND

There are moderate to severe exacerbations with disturbance of bowel habit, accompanied by periodic or continual pain; AND

Restriction of activity, special diet and drugs are required during attacks; AND

There are constitutional manifestations (fever, anemia, or weight loss).

Class 4
(50% Impairment)

There is objective evidence of colonic and rectal disease or anatomic loss or alteration; AND

There are persistent disturbances of bowel function present at rest with severe persistent pain; AND

Complete limitation of activity, continued restriction of diet, and medication do not entirely control the symptoms; AND

There are constitutional manifestations (fever, weight loss, and/or anemia) present.

(4) Anal impairment shall be rated according to the following classes:

Class 1
(3% Impairment)

Signs of organic anal disease are present or there is anatomic loss or alteration; OR

There is mild incontinence involving gas and/or liquid stool; OR

Anal symptoms are mild, intermittent, and controlled by treatment.

Class 2
(13% Impairment)

Signs of organic anal disease are present or there is anatomic loss or alteration; AND

Moderate but partial fecal incontinence is present requiring continual treatment; OR

Continual anal symptoms are present and incompletely controlled by treatment.

Class 3
(23% Impairment)

Signs of organic anal disease are present and there is anatomic loss or alteration; AND

Complete fecal incontinence is present; OR

Signs of organic anal disease are present and severe anal symptoms unresponsive or not amenable to therapy are present.

(5) Liver impairment shall be determined according to the following classes:

Class 1
(5% Impairment)

There is objective evidence of persistent liver disease even though no symptoms of liver disease are present; and no history of ascites, jaundice, or bleeding esophageal varices within three years; AND

Nutrition and strength are good;

Biochemical studies indicate minimal disturbance in liver function; OR

Primary disorders of bilirubin metabolism are present.

Class 2
(20% Impairment)

There is objective evidence of chronic liver disease even though no symptoms of liver disease are present; and no history of ascites, jaundice, or bleeding esophageal varices within three years; AND

Nutrition and strength are good; AND

Biochemical studies indicate more severe liver damage than Class 1.

Class 3
(40% Impairment)

There is objective evidence of progressive chronic liver disease, or history of jaundice, ascites, or bleeding esophageal or gastric varices within the past year; AND

Nutrition and strength may be affected; OR

There is intermittent hepatic encephalopathy.

Class 4
(75% Impairment)

There is objective evidence of progressive chronic liver disease, or persistent ascites or persistent jaundice or bleeding esophageal or gastric varices, with central nervous system manifestations of hepatic insufficiency; AND

Nutritional state is poor.

NOTE: for successful liver transplants a basic impairment value of 50% of the digestive system shall be allowed. This shall be combined with any other impairments of the digestive system.

(6) Biliary tract impairment shall be determined according to the following classes:

Class 1
(5% impairment)

There is an occasional episode of biliary tract dysfunction.

Class 2
(20% impairment)

There is recurrent biliary tract impairment irrespective of treatment.

Class 3
(40% impairment)

There is irreparable obstruction of the bile tract with recurrent cholangitis.

Class 4
(75% impairment)

There is persistent jaundice and progressive liver disease due to obstruction of the common bile duct.

(7) Impairment of the Upper Urinary Tract shall be determined according to the following classes:

Class 1
(5% Impairment)

Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 75 to 90 liters/ 24 hr (52 to 62.5 ml/min), or PSP excretion of 15% to 20% in 15 minutes; OR

Intermittent symptoms and signs of upper urinary tract dysfunction are present that do not require continuous treatment or surveillance.

Class 2
(23% Impairment)

Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 60 to 75 liters/24 hr (42 to 52 ml/min), or PSP excretion of 10% to 15% in 15 minutes; OR

Although creatinine clearance is greater than 75 liters/24 hr (52 ml/min), or PSP excretion is more than 15% in 15 minutes, symptoms and signs of upper urinary tract disease or dysfunction necessitate continuous surveillance and frequent treatment.

Class 3
(48% Impairment)

Diminution of upper urinary tract function is present as evidenced by creatinine clearance of 40 to 60 liters/24 hr (28 to 42 ml/min), or PSP excretion of 5% to 10% in 15 minutes; OR

Although creatinine clearance is 60 to 75 liters/24 hr (42 to 52 ml/min), or PSP excretion is 10% to 15% in 15 minutes, symptoms and signs of upper urinary tract disease or dysfunction are incompletely controlled by surgical or continuous medical treatment.

Class 4
(78% Impairment)

Diminution of upper urinary tract function is present as evidenced by creatinine clearance below 40 liters/24 hr (28 ml/min), or PSP excretion below 5% in 15 minutes; OR

Although creatinine clearance is 40 to 60 liters/24 hr (28 to 42 ml/min), or PSP excretion is 5% to 10% in 15 minutes, symptoms and signs of upper urinary tract disease or dysfunction persist despite surgical or continuous medical treatment.

*NOTE: The individual with a nephrectomy, as a result of an occupational injury or disease, should be rated as having 10% impairment. This value is to be combined with any other permanent impairment (including any impairment in the remaining kidney) pertinent to the case under consideration. The normal ranges of creatinine clearance are: Males: 130 to 200 liters/24 hr (90 to 139 ml/min). Females: 115 to 180 liters/24 hr (80 to 125 ml/min). The normal PSP excretion is 25% or more in urine in 15 minutes.

Permanent, surgically-created forms of urinary diversion usually are provided to compensate for anatomic loss and to allow for egress of urine. They are evaluated as a part of, and in conjunction with, the assessment of the involved portion of the urinary tract.

Irrespective of how well these diversions function in the preservation of renal integrity and the disposition of urine, the following values for the diversions should be combined with those determined under the criteria previously given for the portion of the urinary tract involved:

Type of Diversion	% Impairment
Uretero-Intestinal.....	10
Cutaneous Ureterostomy Without Intubation.....	10
Nephrostomy or Intubated Ureterostomy.....	15

(8) Impairment of the Bladder: When evaluating permanent impairment of the bladder, the status of the upper urinary tract must also be considered. The appropriate impairment values for both shall be combined pursuant to 436-35-007(12). Impairment of the bladder shall be determined according to the following classes:

Class 1
(5% Impairment)

A patient belongs in Class 1 when the patient has symptoms and signs of bladder disorder requiring intermittent treatment with normal function between episodes of malfunction.

Class 2
(18% Impairment)

A patient belongs in Class 2 when (a) there are symptoms and/or signs of bladder disorder requiring continuous treatment; OR (b) there is good bladder reflex activity, but no voluntary control.

Class 3
(30% Impairment)

A patient belongs in Class 3 when the bladder has poor reflex activity, that is, there is intermittent dribbling, and no voluntary control.

Class 4
(50% Impairment)

A patient belongs in Class 4 when there is no reflex or voluntary control of the bladder, that is, there is continuous dribbling.

(9) Urethra: When evaluating permanent impairment of the urethra, one must also consider the status of the upper urinary tract and bladder. The values for all parts of the urinary system shall be combined pursuant to 436-35-007(12). Impairment of the urethra shall be determined according to the following classes:

Class 1
(3% Impairment)

A patient belongs in Class 1 when symptoms and signs of urethral disorder are present that require intermittent therapy for control.

Class 2
(15% Impairment)

A patient belongs in Class 2 when there are symptoms and signs of a urethral disorder that cannot be effectively controlled by treatment.

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ENDOCRINE SYSTEM

436-35-430 (1) The assessment of permanent impairment from disorders of the hypothalamic-pituitary axis requires evaluation of (1) primary abnormalities related to growth hormone, prolactin, or ADH; (2) secondary abnormalities in other endocrine glands, such as thyroid, adrenal, and gonads, and; (3) structural and functional disorders of the central nervous system caused by anatomic abnormalities of the pituitary. Each disorder must be evaluated separately, using the standards for rating the nervous system, visual system, and mental and behavioral disorders, and the impairments combined.

Impairment of the hypothalamic-pituitary axis shall be determined according to the following classes:

Class 1 - 5%: hypothalamic-pituitary disease controlled effectively with continuous treatment.

Class 2 - 18%: hypothalamic-pituitary disease inadequately controlled by treatment.

Class 3 - 38%: hypothalamic-pituitary disease with severe symptoms and signs despite treatment.

(2) Impairment of Thyroid function results in either hyperthyroidism or hypothyroidism. Hyperthyroidism is not considered to be a cause of permanent impairment, because the hypermetabolic state in practically all patients can be corrected permanently by treatment. After remission of hyperthyroidism, there may be permanent impairment of the visual or cardiovascular systems, which should be evaluated using the appropriate standards for those systems.

Hypothyroidism in most instances can be satisfactorily controlled by the administration of thyroid medication. Occasionally, because of associated disease in other organ systems, full hormone replacement may not be possible. Impairment of thyroid function shall be determined according to the following classes:

Class 1 - 5%: (a) continuous thyroid therapy is required for correction of the thyroid insufficiency or for maintenance of normal thyroid anatomy; AND (b) the replacement therapy appears adequate based on objective physical or laboratory evidence.

Class 2 - 18%: (a) symptoms and signs of thyroid disease are present, or there is anatomic loss or alteration; AND (b) continuous thyroid hormone replacement therapy is required for correction of the confirmed thyroid insufficiency; BUT (c) the presence of a disease process in another body system or systems permits only partial replacement of the thyroid hormone.

(3) Parathyroid: Impairment of Parathyroid function results in either hyperparathyroidism or hypoparathyroidism. In most cases of hyperparathyroidism, surgical treatment results in correction of the primary abnormality, although secondary symptoms and signs may persist, such as renal calculi or renal failure, which should be evaluated according to the

appropriate standards. If surgery fails, or cannot be done, the patient may require long-term therapy, in which case the permanent impairment may be classified according to the following:

Severity of Hyperparathyroidism	% Impairment
Symptoms and signs are controlled with medical therapy.....	5%
There is persistent mild hypercalcemia, with mild nausea and polyuria.....	18%
There is severe hypercalcemia, with nausea and lethargy.....	78%

Hypoparathyroidism is a chronic condition of variable severity that requires long-term medical therapy in most cases. The severity determines the degree of permanent impairment according to the following:

Severity of Hypoparathyroidism	% Impairment
Symptoms and signs controlled by medical therapy.....	3%
Intermittent hypercalcemia and/or hypocalcemia, and more frequent symptoms in spite of careful medical attention.....	15%

(4) Adrenal Cortex: Impairment of the Adrenal Cortex results in either hypoadrenalism or hyperadrenocorticism.

(a) Hypoadrenalism is a lifelong condition that requires long-term replacement therapy with glucocorticoids and/or mineralocorticoids for proven hormonal deficiencies. Impairments shall be rated as follows:

Severity of Hypoadrenalism	% Impairment
Symptoms and signs controlled with medical therapy.....	5%
Symptoms and signs controlled inadequately, usually during the course of acute illnesses.....	33%
Severe symptoms of adrenal crisis during major illness, usually due to severe glucocortocoid deficiency and/or sodium depletion.....	78%

(b) Hyperadrenocorticism due to the chronic side effects of nonphysiologic doses of glucocorticoids (iatrogenic Cushing's syndrome) is related to dosage and duration of treatment and includes osteoporosis, hypertension, diabetes mellitus and the effects involving catabolism that result in protein myopathy, striae, and easy bruising. Permanent impairment ranges from 5% to 78%, depending on the severity and chronicity of the disease process for which the

steroids are given. On the other hand, with diseases of the pituitary-adrenal axis, impairment may be classified according to severity:

Severity of Hyperadrenocorticism	% Impairment
Minimal, as with hyperadrenocorticism that is surgically correctable by removal of a pituitary or adrenal adenoma.....	5%
Moderate, as with bilateral hyperplasia that is treated with medical therapy or adrenalectomy....	33%
Severe, as with aggressively metastasizing adrenal carcinoma.....	78%

(5) Adrenal Medulla: Impairment of the Adrenal Medulla results from pheochromocytoma and shall be classified as follows:

Severity of Pheochromocytoma	% Impairment
The duration of hypertension has not led to cardiovascular disease and a benign tumor can be removed surgically.....	5%
Inoperable malignant pheochromocytomas, if signs and symptoms of catecholamine excess can be controlled with blocking agents.....	33%
Widely metastatic malignant pheochromocytomas, in which symptoms of catecholamine excess cannot be controlled.....	78%

(6) Pancreas: Impairment of the pancreas results in either diabetes mellitus or in hypoglycemia.

(a) Diabetes mellitus shall be rated according to the following classes:

Class 1 - 3%: non-insulin dependent (Type II) diabetes mellitus that can be controlled by diet; there may or may not be evidence of diabetic microangiopathy, as indicated by the presence of retinopathy and/or albuminuria greater than 30 mg/100 ml.

Class 2 - 8%: non-insulin dependent (Type II) diabetes mellitus; and when satisfactory control of the plasma glucose requires both a restricted diet and hypoglycemic medication, either an oral agent or insulin. Evidence of microangiopathy, as indicated by retinopathy or by albuminuria of greater than 30 mg/100 ml, may or may not be present.

Class 3 - 18%: insulin dependent (Type I) diabetes mellitus is present with or without evidence of microangiopathy.

Class 4 - 33%: insulin dependent (Type I) diabetes mellitus, and hyperglycemic and/or hypoglycemic episodes occur frequently in spite of conscientious efforts of both the patient and the attending physician.

(b) Hypoglycemia shall be rated according to the following classes:

Class 1 - 0%: surgical removal of an islet-cell adenoma results in complete remission of the symptoms and signs of hypoglycemia, and there are no post-operative sequelae.

Class 2 - 28%: signs and symptoms of hypoglycemia are present, with controlled diet and medications and with effects on the performance of activities of daily living.

(7) Gonadal Hormones: A patient with anatomic loss or alteration of the gonads that results in an absence, or abnormally high level, of gonadal hormones would have 3% impairment for unilateral loss or alteration and 5% for bilateral loss or alteration.

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SKIN OR INTEGUMENTARY SYSTEM

436-35-440 (1) If the worker has developed an immunologic reaction to physical, chemical or biological agents, impairment will be valued pursuant to 436-35-450.

(2) Impairments of the integumentary system shall be rated according to the following classes:

Class 1
(3% Impairment)

Signs or symptoms of skin disorder are present; AND

With treatment, there is no limitation, or minimal limitation, in the performance of work related activities, although exposure to certain physical or chemical agents might increase limitation temporarily.

Class 2
(15% Impairment)

Signs and symptoms of skin disorder are present; AND

Intermittent treatment is required; AND

There is mild limitation in the performance of some work related activities.

Class 3
(38% Impairment)

Signs and symptoms of skin disorder are present; AND

Continuous treatment is required; AND

There is moderate limitation in the performance of many work related activities.

Class 4
(68% Impairment)

Signs and symptoms of skin disorder are present; AND

Continuous treatment is required, which may include periodic confinement at home or other domicile; AND

There is moderate to severe limitation in the performance of many work related activities.

Class 5
(90% Impairment)

Signs and symptoms of skin disorder are present; AND

Continuous treatment is required, which necessitates confinement at home or other domicile; AND

There is severe limitation in the performance of work related activities.

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IMMUNE SYSTEM

436-35-450 (1) When exposure to physical, chemical, or biological agents has resulted in the development of an immunological response, impairment of the immune system shall be valued as follows:

(a) 3% when the reaction is a nuisance but does not prevent most work related activities; OR,

(b) 8% when the reaction prevents some work related activities; OR,

(c) 13% when the reaction prevents most work related activities.

History: Amended 3-26-91 as WCD Admin. Order 2-1991, effective 4-1-91; Renumbered from 436-35-430.

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