

BEFORE THE DIRECTOR OF THE  
DEPARTMENT OF INSURANCE AND FINANCE  
OF THE STATE OF OREGON

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Aug 19 11 21 AM '88

In the Matter of the Amendment of )  
Oregon Administrative Rule (OAR) )  
Chapter 436 Division 35 Relating )  
to the Rating of Permanent )  
Disability )

ORDERS OF ADOPTION: DATE  
OF TEMPORARY RULE

RECEIVED  
1988  
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The Director of the Department of Insurance and Finance, pursuant to his general rule making authority under ORS 656.726 (3) and in accordance with the procedure provided by ORS 183.335, amends OAR Chapter 436, Workers Compensation Division, Division 35, Standards for Rating Permanent Disability.

The amendment is being adopted by Temporary Rule, as provided by ORS 183.335(5) and (6), without prior notice. Statement of Findings: I concluded that failure to act promptly will result in serious prejudice to the public interest.

IT IS THEREFORE ORDERED THAT:

- (1) OAR Chapter 436, Division 35, Standards for Rating Permanent Disability, as set forth in Exhibit "A" attached hereto, certified a true copy and hereby made a part of this order, is temporarily adopted effective August 19, 1988. To 2/19/89
- (2) A certified true copy of the Order of Adoption and these rules, with Exhibit "B" consisting of the Citation of Statutory Authority, Statement of Need, Documents Relied on and Fiscal Impact Statement, attached hereto and hereby made a part of this order, be filed with the Secretary of State.
- (3) A copy of the Rule and attached Exhibit "B" be filed with the Legislative Counsel pursuant to the provisions of ORS 183.715 within ten days after filing with the Secretary of State.

DATED THIS 19 DAY OF AUGUST, 1988

DEPARTMENT OF INSURANCE AND FINANCE

*Theodore R. Kulongoski*  
Theodore R. Kulongoski, Director

Distribution:

- A thru I, L thru N, P thru R, S thru W, Y thru Z, AA thru EE
- Senate President Kitzhaber
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- Representative Bob Shiprack
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OAR 435

DIVISION 35 (TEMPORARY)

PERMANENT DISABILITY STANDARDS

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

	Whole digit	1/2 digit	1/2 distal phalanx
Thumb:			
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

	Whole digit	1/2 digit	1/2 distal phalanx
Index finger:			
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

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	Whole digit	1/2 digit	1/2 distal phalanx
Middle finger:			
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

	Whole digit	1/2 digit	1/2 distal phalanx
Ring finger:			
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

	Whole digit	1/2 digit	1/2 distal phalanx
Little finger:			
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

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(b) If enough sensitivity remains to distinguish two pin pricks six millimeters apart applied at the same time, there is no rateable loss.

(c) Complete loss of sensation in the median nerve distribution is rated at 40% of the hand.

(d) Complete loss of sensation in the ulnar nerve distribution is rated at 10% of the hand.

(e) Complete loss of sensation in the entire palm is rated at 50% of the hand.

(2) Loss of sensation on the dorsal side of the hand, fingers or thumb is not considered a loss of function so no rating is given.

(3) Nerve impairment in the forearm and/or arm is rated as follows:

(a) Sensory loss or grip strength loss due to nerve damage is rated as shown in the following table:

Nerve	Maximum % Loss of Function Due to Sensory Deficit	Maximum % Loss of Function Due to Loss of Strength	Forearm Impairment
Median (above midforearm below elbow)	44%.....	61%.....	0 - 78%
Median (below midforearm below elbow)	44%.....	39%.....	0 - 66%
Radial (Musculospiral)	5%.....	44%.....	0 - 47%
Ulnar (above midforearm below elbow)	11%.....	39%.....	0 - 46%
Ulnar (below midforearm below elbow)	11%.....	28%.....	0 - 36%

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

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

(d) Decreased grip strength due to atrophy or other anatomical changes (except amputations) is rated as follows:

	Forearm
Up to 80% retained.....	10%
Up to 60% retained.....	20%
Up to 40% retained.....	30%
Up to 20% retained.....	40%
Complete loss.....	50%

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- (4) Surgery on the arm or forearm is rated as follows:
- (a) Radial head resection, without replacement, is rated at 15% of the arm.
  - (b) Distal ulnar head resection, without replacement, is rated at 10% of the forearm.
  - (c) A prosthetic joint replacement is rated as one half the ankylosis value for ankylosis in the most useful position.
  - (d) Prosthetic radial head replacement, is rated at 10% of the arm.
  - (e) Prosthetic distal ulnar head replacement, is rated at 5% of the forearm.
  - (f) Carpal bone resection is rated at 5% of the forearm.
  - (g) When surgery results in one arm being shorter than the other, a rating of 5% of the arm may be allowed for each inch of shortening.
  - (h) When angulation of the forearm results from shortening of either the radius or ulna, 5% of the arm may be allowed for each 1/2 inch of shortening.
  - (i) Carpal bone fusion is rated at five percent for each fusion up to an aggregate maximum of 30% of the forearm.
  - (j) Carpal bone replacement is rated as five percent of the forearm.
  - (k) Humeral head replacement is rated at 15 percent of the arm.
- (5) Dermatological conditions which are limited to the arm, forearm, hand, fingers, or thumb are rated according to the actual loss of function of the body part affected. The ratings are listed in multiples of five percent according to the following classes:
- (a) Class 1: 0-5% of the affected body part if there are signs and symptoms of a skin disorder and treatment results in a small limitation of function. It is recognized that physical or chemical agents may temporarily increase the loss of function.
  - (b) Class 2: 10-20% of the affected body part if there are signs and symptoms of a skin disorder and treatment is needed from time to time. There are limitations in function of the body part.
  - (c) Class 3: 25-50% of the affected body part if there are signs and symptoms of a skin disorder and continuous treatment is ordered. There are limitations to many of the body part functions.

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(d) Class 4: 55-80% of the affected body part if there are signs and symptoms of a skin disorder and continuous treatment is ordered. The treatment includes periodically having the worker stay home or admitting the worker to a care facility. There are limitations in many of the body part functions.

(e) Class 5: 85-95% of the affected body part if there are signs and symptoms of a skin disorder and continuous treatment is ordered. The treatment includes having the worker stay home or admitting the worker to a care facility. There are severe limitations to body part functions.

(6) Peripheral vascular disease of the upper extremity is rated according to the following classification table:

(a) Class 1: 0 - 5% of the affected arm if the worker experiences only transient edema; and, on physical examination not more than the following findings are present; 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; Raynaud's phenomenon that occurs with exposure to temperatures lower than freezing (0° Centigrade) but is controlled by medication.

(b) Class 2: 10-20% of the affected arm 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 lower than (4° Centigrade) but is controlled by medication.

(c) Class 3: 25-45% of the affected arm if the worker experiences intermittent pain with no more than occasional exertional activity; 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 lower than (10° Centigrade) and is only partially controlled by medication.

(d) Class 4: 50-75% of the affected arm if the worker experiences intermittent pain at rest; 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; or, Raynaud's phenomenon occurs on exposure to temperatures lower than (15° Centigrade) and is only partially controlled by medication.

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(e) Class 5: 80-95% of the affected arm if the worker experiences constant and severe pain at rest; or, there are signs of vascular damage such as amputation at or above the wrist; or amputation of all digits with evidence of persistent vascular disease, or persistent widespread deep ulceration; or, Raynaud's phenomenon occurs on exposure to temperatures lower than (20° Centigrade) and is poorly controlled by medication.

If amputation occurs as a result of peripheral vascular disease, the impairment values will be rated separately. The impairment value for the amputation will then be combined with the impairment value for the peripheral vascular disease.

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

History: Filed 3/20/80 as WCD Admin. Order 4-1980, effective 4/1/80  
Amended 12-30-81 as WCD Admin. Order 5-1981, effective 1-1-82  
Renumbered from OAR 436-65-500, May 1985 Amended 12/17/87 as WCD  
Admin. Order 13-1987, effective 1/1/88 Amended 6-3-88, as WCD  
3-1988, ef. 7-1-88; formerly OAR 436-30-370  
Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp.), effective  
8-19-88; Corrected 9-2-88.

VISUAL LOSS

436-35-260 (1) Work-related visual loss is rated in central vision acuity, integrity of the visual fields, and ocular motility. For other forms of visual loss, see 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 should be with best correction.

(b) The ratings for losses in distance acuity are as follows (they are 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

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(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 under (e) below.)

(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:

Snellen 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
20	0	0	3	4	5	25	27	30	40	43	44	45	48	49
15	25	25	27	28	29	44	45	48	55	57	58	59	61	62
	50	50	52	52	53	63	64	65	70	72	72	73	74	75
20	0	0	3	4	5	25	27	30	40	43	44	46	48	49
20	25	25	27	28	29	44	45	48	55	57	58	60	61	62
	50	50	52	52	53	63	64	65	70	72	72	73	74	75

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20	3	3	5	6	7	28	30	33	43	45	46	48	50	52
25	27	27	29	30	30	46	48	50	57	59	60	61	63	64
	52	52	53	53	54	64	65	67	72	73	73	74	75	76
20	5	5	8	9	10	30	32	35	45	48	49	50	53	54
30	29	29	31	32	33	48	49	51	59	61	62	63	65	66
	53	53	54	55	55	65	66	68	73	74	75	75	77	77
20	8	8	10	11	13	33	35	38	48	50	51	53	55	57
40	31	31	33	33	35	50	51	54	61	63	63	65	66	68
	54	54	55	56	57	67	68	69	74	75	76	77	78	79
20	13	13	15	16	18	38	40	43	53	55	56	58	60	62
50	35	35	36	37	39	54	55	57	65	66	67	69	70	72
	57	57	58	58	59	69	70	72	77	78	78	79	80	81
20	16	16	18	20	22	41	44	46	56	59	60	61	64	65
60	37	37	39	40	42	56	58	60	67	69	70	71	73	74
	58	58	59	60	61	71	72	73	78	80	80	81	82	83
20	20	20	23	24	25	45	47	50	60	63	64	65	68	69
80	40	40	42	43	44	59	60	63	70	72	73	74	76	77
	60	60	62	62	63	73	74	75	80	82	82	83	84	85
20	25	25	28	29	30	50	52	55	65	68	69	70	73	74
100	44	44	46	47	48	63	64	66	74	76	77	78	80	81
	63	63	64	65	65	75	76	78	83	84	85	85	87	87
20	30	30	33	34	35	55	57	60	70	73	74	75	78	79
125	48	48	50	51	51	66	68	70	78	80	81	81	84	84
	65	65	67	67	68	78	79	80	85	87	87	88	89	90
20	34	34	37	38	39	59	61	64	74	77	78	79	82	83
150	51	51	53	54	54	69	71	73	81	83	84	84	87	87
	67	67	69	69	70	80	81	82	87	89	89	90	91	92
20	40	40	43	44	45	65	67	70	80	83	84	85	88	89
200	55	55	57	58	59	74	75	78	85	87	88	89	91	92
	70	70	72	72	73	83	84	85	90	92	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	80	87	89	90	91	93	94
	72	72	73	73	74	84	85	87	92	93	93	94	95	96
20	45	45	48	49	50	70	72	75	85	88	89	90	93	94
400	59	59	61	62	63	78	79	81	89	91	92	93	95	96
	73	73	74	75	75	85	86	88	93	94	95	95	97	97

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20	48	48	50	51	53	73	75	78	88	90	91	93	95	97
800	61	61	63	63	65	80	81	84	91	93	93	95	96	98
	74	74	75	76	77	87	88	89	94	95	96	97	98	99

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

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

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

(3) Once the rating for loss in central vision acuity is found, find any losses in the 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 visual fields are figured as follows:

(a) Reports for 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 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 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.



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

(a) The two areas which result in the greatest disability from double vision are vision straight ahead (primary gaze) and downward vision. If a worker has to close an eye to stop double vision, this is, in effect, a loss of an eye. So double vision in the primary gaze is 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 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) Diplopia is rated in the eye with the greatest loss. Where the above table allows more than one value for the same direction: down, temporally, down temporally, nasally, and down nasally, add (do not combine) the values within each direction. As an example: diplopia beyond 30 degrees in a nasal direction is valued at 10%. Diplopia in a nasal direction between 21 and 30 degrees is valued at 20%. For diplopia in both ranges, rating would be 20% for the 21-30 degree range, plus 10% for the beyond 30 degree range, resulting in a total of 30%.

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

(7) 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.

(8) The law states that the method (monocular or binocular) which results in the greater disability rating is the one to be used.

(9) Other losses of vision are rated as part of the ratings for loss of earning capacity. These include (but are not limited to) loss due to excessive or diminished tearing or photophobia. Such findings are rated according to the ratings for problems in the cranial nerves. See 436-35-390.

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3-1988, ef. 7-1-88; formerly OAR 436-30-370  
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8-19-88; Corrected 9-2-88.

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SHOULDER JOINT

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

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

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

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

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(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		
Lost	Retained	Shoulder
0° .....	30° .....	0%
10° .....	20° .....	1%
20° .....	10° .....	1%
30° .....	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		
Lost	Retained	Shoulder
0° .....	40° .....	0%
10° .....	30° .....	1%
20° .....	20° .....	2%
30° .....	10° .....	3%
40° .....	0° .....	4%

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(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		
Lost	Retained	Shoulder
0°.....	90°.....	0%
10°.....	80°.....	1%
20°.....	70°.....	2%
30°.....	60°.....	3%
40°.....	50°.....	4%
50°.....	40°.....	5%
60°.....	30°.....	6%
70°.....	20°.....	7%
80°.....	10°.....	8%
90°.....	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 rating of five percent is given for resection of any part of either clavicle.

(14) A rating of five percent is given for resection of the acromion or any part thereof.

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(15) Total shoulder arthroplasty ( total shoulder joint replacement) shall be rated as 12% unscheduled impairment.

(16) Chronic recurrent dislocations of the shoulder joint with frequent episodes of dislocation shall be rated at 20% unscheduled impairment. With infrequent episodes of dislocation, 10% 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 position 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.

(19) When loss of strength in the shoulder results from physical damage to the shoulder rather than the spinal nerves, the loss shall be described by the doctor as a percentage of the former strength and that percentage will be multiplied by the maximum value for loss of strength which is 48 percent.

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                      WCD Admin. Order 5-1988 (Temp.), effective 8-19-88; Corrected  
                      9-2-88.

GENERAL SPINAL FINDINGS

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

(a) For a compression fracture in the body of a single vertebra:

25% compression.....	5%
50% compression.....	10%
more than 50% compression.....	20%

Any percent of compression between or below those listed are rated as a proportionate amount of the impairment value.

(b) For a compression fracture in two or more vertebrae, find the ratings for each vertebra, then combine (do not add) them to arrive at a final figure.

(c) A fracture of one or more of the posterior elements of a vertebra, including spinous process, is given a value of 3% whether united or not.

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(2) The following ratings are for an intervertebral disc lesion:

laminectomy with single discectomy.....	5%
laminectomy without discectomy.....	1%
total removal of the posterior elements.....	10%
removal of the spinous process and lamina.....	5%
facetectomy.....	3%
chemonucleolysis of a single disc.....	4%
<u>percutaneous disk removal</u> .....	<u>4%</u>
Unoperated disc derangement with any clinically-related residual symptoms.....	4%

(3) The following ratings are for ankylosis in the spine (spinal fusion). They are figured with ankylosis in the position of 0° (called the "favorable position" or "neutral position"). If the ankylosis is in any other position, it is considered "unfavorable." The rating for favorable or unfavorable positions are given in the table below:

Favorable		Unfavorable	
any 2 cervical.....	2%	any 2 cervical.....	4%
any 3 cervical.....	5%	any 3 cervical.....	10%
any 4 cervical.....	7%	any 4 cervical.....	14%
any 5 cervical.....	9%	any 5 cervical.....	18%
any 6 cervical.....	12%	any 6 cervical.....	24%
any 7 cervical.....	14%	any 7 cervical.....	28%
C7 and T1.....	2%	C7 and T1.....	4%
any 2 thoracic.....	1%	any 2 thoracic.....	2%
any 3 thoracic.....	2%	any 3 thoracic.....	4%
any 4 thoracic.....	3%	any 4 thoracic.....	5%
any 5 thoracic.....	4%	any 5 thoracic.....	7%
any 6 thoracic.....	5%	any 6 thoracic.....	9%
any 7 thoracic.....	5%	any 7 thoracic.....	11%
any 8 thoracic.....	6%	any 8 thoracic.....	13%
any 9 thoracic.....	7%	any 9 thoracic.....	15%
any 10 thoracic.....	8%	any 10 thoracic.....	16%
any 11 thoracic.....	9%	any 11 thoracic.....	18%
any 12 thoracic.....	12%	any 12 thoracic.....	20%
T12 and L1 .....	3%	T12 and L1 .....	6%
any 2 lumbar.....	3%	any 2 lumbar.....	6%
any 3 lumbar.....	6%	any 3 lumbar.....	12%
any 4 lumbar.....	9%	any 4 lumbar.....	18%
any 5 lumbar.....	12%	any 5 lumbar.....	24%
L5 and S1.....	5%	L5 and S1 .....	10%

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C1-C7.....14%	C1-C7.....28%
T1-T12.....10%	T1-T12.....20%
L1-L5.....12%	L1-L5.....24%
C1-T12.....23%	C1-T12.....28%
T1-L5.....21%	T1-L5.....39%
C1-L5.....32%	C1-L5.....56%

(4) Injuries to spinal nerves with resultant loss of strength shall be rated according to the following tables:

Maximum loss of  
Function due to  
Loss of strength

<u>NERVE ROOT</u>	<u>ARM</u>
C-5	30%
C- 6	35%
C-7	35%
C-8	45%
T-1	20%
L-3	20
L-4	34%
L-5	37%
S-1	20%

The above table includes values for unilateral nerve root impairment. If there is bilateral impairment, values would be selected for each side from the above table and those values would be combined.

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Unilateral brachial and lumbosacral plexus impairment.

	<u>Maximum loss of Function due to Loss of strength</u>
<u>Brachial plexus</u>	<u>60</u>
<u>Upper trunk (C-5, C6)</u>	<u>42</u>
<u>Middle trunk (C-7)</u>	<u>21</u>
<u>Lower trunk (C-8, T-1)</u>	<u>42</u>
<u>Lumbosacral Plexus</u>	<u>30</u>

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ABDOMEN

436-35-375 For injuries that result in permanent damage to the abdominal wall, five percent impairment shall be allowed if the structural weakness of the abdominal wall does not allow lifting of more than ten pounds.

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HEART

436-35-380 Impairments of the cardiovascular system will be rated based on whether there is work related: valvular heart disease, coronary heart disease, hypertensive cardiovascular disease, cardiomyopathies, pericardial disease, or cardiac arrhythmias. Each of these conditions will be described in terms of the following functional classifications:

Class 1: The worker has cardiac disease but no resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

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Class 2: The worker has cardiac disease resulting in limitation of physical activity. The worker is comfortable at rest and in the performance of ordinary, light, daily activities. Greater than ordinary physical activity, such as heavy physical exertion, results in fatigue, palpitation, dyspnea, or anginal pain.

Class 3: The worker has cardiac disease resulting in limitation of physical activity. The worker is comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class 4: The worker has cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of inadequate cardiac output, pulmonary congestion, systemic congestion, or of the anginal syndrome may be present, even at rest. If any physical activity is undertaken, discomfort is increased.

(1) Impairment resulting from work related valvular heart disease shall be rated according to the following classifications:

Class 1  
(0-10% 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 (functional class 1); 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  
(15-25% 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 (functional class 2); OR

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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  
(30-50% Impairment)

The worker has signs of valvular heart disease and has slight to moderate symptomatic discomfort during the performance of ordinary daily activities (functional class 3); 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  
(55-100% 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 (functional class 4); 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.

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(2) Impairment resulting from work related coronary heart disease shall be rated according to the following classifications:

Class 1  
(0-10% Impairment)

Because of the serious implications of reduced coronary blood flow, it is not reasonable to classify the degree of impairment as 0% to 10% in any worker who has symptoms of coronary heart disease corroborated by physical examination or laboratory tests. 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  
(15-25% 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 (functional class 1); 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.

Class 3  
(30-50% 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

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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 (functional class 2); OR

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

Class 4  
(55-100% 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 (functional class 3 or 4); 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.

\*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).

(3) Impairment resulting from work related hypertensive cardiovascular disease shall be rated according to the following classifications:

Class 1  
(0-10% 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.

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Class 2  
(15-25% 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  
(30-50% 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  
(55-100% 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.

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(4) Impairment resulting from work related cardiomyopathies shall be rated according to the following classifications:

Class 1  
(0-10% 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  
(15-25% 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  
(30-50% Impairment)

The worker develops symptoms of congestive heart failure on greater than ordinary daily activities (functional class 3) 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.

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Class 4  
(55-100% 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.

(5) Impairment resulting from work related pericardial disease shall be rated according to the following classifications:

Class 1  
(0-10% 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  
(15-25% 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.

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Class 3  
(30-50% Impairment)

The worker has symptoms on performance of greater than ordinary daily activities (functional class 2) 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  
(55-100% Impairment)

The worker has symptoms on performance of ordinary daily activities (functional class 3 or 4) 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.

(6) Impairment resulting from work related cardiac arrhythmias\* shall be rated according to the following classifications:

Class 1  
(0-10% 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.

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Class 2  
(15-25% 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  
(30-50% 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  
(55-100% Impairment)

The worker has symptoms due to documented cardiac arrhythmia that are constant and interfere with ordinary daily activities (functional class 3 or 4); 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.

\* 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.

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

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RESPIRATORY SYSTEM

436-35-385 (1) Work related respiratory impairment shall be rated according to the following classifications:

Class 1 (0% Impairment)

The worker may or may not have dyspnea. If dyspnea is present, it is for non-respiratory reasons or it is consistent with the circumstances of activity; OR

Tests of ventilatory function\* FVC, FEV1, FEV1/FVC ratio (as percent) are above the lower limit of normal for the predicted value as defined by the 95% confidence interval; OR

Oxygen consumption per minute is greater than 25 ml/(kg.min)

Class 2 (10-25% Impairment)

Dyspnea with fast walking on level ground or when walking up a hill; worker can keep pace with person of same age and body build on level ground but not on hills or stairs; OR

Tests of ventilatory function\* FVC, FEV1, FEV1/FVC ratio (as percent) are below the 95% confidence interval but greater than 60% predicted for FVC, FEV1 and FEV1/FVC ratio.

Oxygen consumption per minute is between 20-25 ml/(kg.min)

Class 3 (30-45% Impairment)

Dyspnea while walking on level ground or walking up one flight of stairs. Worker can walk a mile at own pace without dyspnea, but cannot keep pace on level ground with others of same age and body build; OR

Tests of ventilatory function\* FVC, FEV1, FEV1/FVC ratio (as percent) are less than 60% predicted, but greater than: 50% predicted for FVC 40% predicted for FEV1 40% actual value for FEV1/FVC ratio; OR

Oxygen consumption per minute is between 15-20 ml/(kg.min)

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Class 4\*\* (50-100% Impairment)

Dyspnea after walking more than 100 meters at own pace on level ground.  
Worker sometimes is dyspneic with less exertion or even at rest; OR

Tests of ventilatory function\* FVC, FEV1, FEV1/FVC ratio (as percent) are less than: 50% predicted for FVC 40% predicted for FEV1 40% actual value for FEV1/FVC ratio 40% predicted for Dco.

Oxygen consumption per minute is less than 15 ml/(kg.min)

\*FVC is Forced Vital Capacity. FEV1 is Forced Expiratory Volume in the first second. At least one of the three tests should be abnormal to the degree described for Classes 2, 3, and 4.

\*\*An asthmatic who, despite optimum medical therapy, has had attacks of severe bronchospasm requiring emergency room or hospital care on the average of six times per year is considered to be in class 4.

Dco refers to diffusing capacity of carbon monoxide.

(2) Impairment resulting from occupationally induced lung cancer shall be rated according to the following:

Worker is able to carry on normal activity and to work. There are no complaints and no evidence of disease. 0% impairment

Worker is able to carry on normal activity, minor signs or symptoms of disease. 10% impairment

Worker is able to carry on normal activity with effort, some signs or symptoms of disease. 20% impairment

Worker cares for self. Unable to carry on normal activity or to do active work. 30% impairment

Worker requires occasional assistance but is able to care for most of his or her needs. 40% impairment

Worker requires considerable assistance and frequent medical care. 50% impairment

Worker requires special care and assistance. 60% impairment

Hospitalization is indicated. 70% impairment

Hospitalization and active support treatment necessary. 80% impairment

Worker is moribund. 90% impairment

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(3) Impairment from air passage defects shall be rated according to the following classifications:

Class 1 (0-10% 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, hillclimbing, recreation\* requiring intensive effort 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 2 (15-25% 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 (30-50% 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.

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Class 4 (55-100% 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.

\*Prophylactic restriction of activity such as strenuous competitive sport does not mean a worker will be in class 2.

NOTE: Workers with successful permanent tracheostomy or stoma should be rated at 25% impairment of the respiratory system.

(4) For the complete removal of a lung, three lobes right or two lobes left, 60% impairment will be allowed.

(5) For the partial removal of a lung on one side, 30% impairment will be allowed for either the top or bottom lobe. For the partial removal of both lungs, 50% impairment will be allowed for two lobes, either both top, both bottom, or one top with one bottom lobes. This value does not change with either inclusion or exclusion of the middle lobe on the right.

(6) 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, zero to 15% impairment: speech capacity is sufficient to meet everyday needs.

(b) Class 2, 20 to 40% impairment: speech capacity is sufficient for many everyday needs.

(c) Class 3, 45 to 65% impairment: speech capacity is sufficient for some everyday needs.

(d) Class 4, 70 to 85% impairment: speech capacity is sufficient for only some everyday needs.

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(e) Class 5, 90 to 95% impairment: speech capacity will not meet any everyday need.

History: Filed 6-3-88 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; Corrected 9-2-88.

DIGESTIVE SYSTEM

436-35-420 This section also covers the urinary system.

(1) Impairment of the upper digestive tract (esophagus, stomach and duodenum, small intestine, pancreas) shall be rated according to the following table:

Class 1  
(0-5% 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  
(10-20% 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  
(25-45% 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.

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Class 4  
(50-75% 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.

\*See Desirable Weight Table.

Desirable weight Table:

DESIRABLE WEIGHTS BY SEX, HEIGHT AND BODY BUILD  
(5LB CLOTHES FOR MEN, 3LB FOR WOMEN, SHOES WITH 1 IN HEELS)

HEIGHT	MEN		
	SMALL FRAME	MEDIUM FRAME	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

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WOMEN

HEIGHT	WEIGHT		
	SMALL FRAME	MEDIUM FRAME	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

(2) Colonic and rectal impairment shall be rated according to the following table:

Class 1  
(0-5% 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  
(10-20% 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.

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Class 3  
(25-35% 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  
(40-60% 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.

(3) Anal impairment shall be rated based on the following table:

Class 1  
(0-5% 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.

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Class 2  
(10-15% 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  
(20-25% 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.

(4) Liver and biliary tract impairment shall be rated based on the following table:

Liver Impairment

Class 1  
(0-10% 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.

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Class 2  
(15-25% 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  
(30-50% 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  
(Greater than 50% 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 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.

Biliary Tract Impairment

Class 1  
(0-10% impairment)

There is an occasional episode of biliary tract dysfunction.

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Class 2  
(15-25% impairment)

There is recurrent biliary tract impairment irrespective of treatment.

Class 3  
(30-50% impairment)

There is irreparable obstruction of the bile tract with recurrent cholangitis.

Class 4  
(greater than 50% impairment)

There is persistent jaundice and progressive liver disease due to obstruction of the common bile duct.

(5) Impairment of the Upper Urinary Tract shall be rated according to the following table:

Class 1  
(0-10% 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  
(15-30% 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 SP excretion is more than 15% in 15 minutes, symptoms and signs of upper urinary tract disease or dysfunction necessitate continuous surveillance and frequent treatment.

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Class 3  
(35-60% 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  
(65-90% 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 persists despite surgical or continuous medical treatment.

\*NOTE: The individual with a solitary kidney, regardless of cause, 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:

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Type of Diversion	% Impairment
Uretero-Intestinal.....	10
Cutaneous Ureterostomy Without Intubation.....	10
Nephrostomy or Intubated Ureterostomy.....	15

(6) 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 using the Combined Values Chart in order to determine the extent of impairment. Impairment of the bladder shall be rated according to the following classifications:

Class 1  
(0-10% 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  
(15-20% 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  
(25-35% 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  
(40-60% Impairment)

A patient belongs in Class 4 when there is no reflex or voluntary control of the bladder, that is, there is continuous dribbling.

(7) Urethra: In the female, the urethra is a urinary conduit containing a voluntary urethral sphincter. In the male, the urethra is a conduit for urine and seminal ejaculations that possesses a voluntary urethral sphincter and propulsive musculature.

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 using the Combined Values Chart to determine the extent of impairment.

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Class 1  
(0-5% Impairment)

A patient belongs in Class 1 when symptoms and signs of urethral disorder are present that require intermittent therapy for control.

Class 2  
(10-20% Impairment)

A patient belongs in Class 2 when there are symptoms and signs of a urethral disorder that cannot be effectively controlled by treatment.

History: Filed 6-3-88 as WCD Admin. Order 3-1988, effective 7-1-88

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 according to the Combined Values Chart.

Impairment of the hypothalamic-pituitary axis shall be rated according to the following classifications:

Class 1 - 0-10%: hypothalamic-pituitary disease controlled effectively with continuous treatment.

Class 2 - 15-20%: hypothalamic-pituitary disease inadequately controlled by treatment.

Class 3 - 25-50%: 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 rated according to the following classifications:

Class 1 - 0-10%: (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 - 15-20%: (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) 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.....	0-10
There is persistent mild hypercalcemia, with mild nausea and polyuria.....	15-20
There is severe hypercalcemia, with nausea and lethargy.....	55-100

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.....	0-5
Intermittent hypercalcemia and/or hypocalcemia, and more frequent symptoms in spite of careful medical attention.....	10-20

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(4) 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.....	0-10
Symptoms and signs controlled inadequately, usually during the course of acute illnesses.....	15-50
Severe symptoms of adrenal crisis during major illness, usually due to severe glucocorticoid deficiency and/or sodium depletion.....	55-100

(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 may range from 0% to 100%, 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 as:

Severity of Hyperadrenocorticism	% Impairment
Minimal, as with hyperadrenocorticism that is surgically correctable by removal of a pituitary or adrenal adenoma.....	0-10
Moderate, as with bilateral hyperplasia that is treated with medical therapy or adrenalectomy.....	15-50
Severe, as with aggressively metastasizing adrenal carcinoma.....	55-100

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(5) Impairment of the Adrenal Medulla results from pheochromocytoma and shall be classified using the following table:

Severity of Pheochromocytoma	% Impairment
The duration of hypertension has not led to cardiovascular disease and a benign tumor can be removed surgically.....	0-10
Inoperable malignant pheochromocytomas, if signs and symptoms of catecholamine excess can be controlled with blocking agents.....	15-50
Widely metastatic malignant pheochromocytomas, in which symptoms of catecholamine excess cannot be controlled.....	55-100

(6) Impairment of the pancreas results in either diabetes mellitus or in hypoglycemia.

(a) Diabetes mellitus shall be rated according to the following classifications:

Class 1 - 0%: 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 - 5-10%: 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 - 15-20%: insulin dependent (Type I) diabetes mellitus is present with or without evidence of microangiopathy.

Class 4 - 25-40%: insulin dependent (Type I) diabetes mellitus, and hyperglycemic and/or hypoglycemic episodes occur frequently in spite of conscientious efforts of both the patient and his or her physician.

(b) Hypoglycemia shall be rated according to the following classifications:

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.

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Class 2 - 5-50%: signs and symptoms of hypoglycemia are present, the degree of impairment is determined by the degree of control obtained with diet and medications and on how the condition affects activities of daily living.

(7) A patient with anatomic loss or alteration of the gonads that results in an absence, or abnormally high level, of gonadal hormones would have zero to five percent impairment.

History: Filed 6-3-88 as WCD Admin. Order 3-1988, effective 7-1-88

SKIN OR INTEGUMENTARY SYSTEM

436-35-440 Impairments of the integumentary system shall be rated according to the following classifications:

Class 1  
(0-5% Impairment)

Signs or symptoms of skin disorder are present; AND

With treatment, there is no limitation, or minimal limitation, in the performance of the activities of daily living, although exposure to certain physical or chemical agents might increase limitation temporarily.

Class 2  
(10-20% Impairment)

Signs and symptoms of skin disorder are present; AND

Intermittent treatment is required; AND

There is limitation in the performance of some of the activities of daily living.

Class 3  
(25-50% Impairment)

Signs and symptoms of skin disorder are present; AND

Continuous treatment is required; AND

There is limitation in the performance of many activities of daily living.

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Class 4  
(55-80% 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 limitation in the performance of many of the activities daily living.

Class 5  
(85-95% 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 activities of daily living.

History: Filed 6-3-88 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; Corrected 9-2-88.

EXHIBIT "B"

RECEIVED

BEFORE THE DIRECTOR OF THE  
DEPARTMENT OF INSURANCE AND FINANCE  
OF THE STATE OF OREGON

AUG 19 11 21 AM '88

SECRETARY OF STATE

In the Matter of the Amendment of )  
Oregon Administrative Rule (OAR) )  
Chapter 436 Division 35 Relating to )  
the Rating of Permanent Disability. )

STATURORY AUTHORITY,  
STATEMENT OF NEED,  
PRINCIPAL DOCUMENTS RELIED UPON,  
AND STATEMENT OF FISCAL IMPACT

1. Citation of Statutory Authority. These rules are promulgated under the Statutory Authority found in ORS 656.726.
2. Need for Rules. Such rules are needed to carry out the statutory requirement that the Director promulgate Standards for the Rating of Permanent Disability.
3. Principal Documents Relied Upon. The principal documents relied on for promulgating these rules were Chapter 656, Oregon Laws 1987, and The American Medical Association Guides to the Rating of Permanent Impairment.
4. Fiscal and Economic Impact. No fiscal impact is expected for the Workers' Compensation Division or for any other state agency or unit of local government. No fiscal impact should be felt by employers as a direct result of these Standards. Awards for permanent partial disability will be calculated differently under these rules than in the past. Some injured workers may be affected by receiving a different award than they would have in the past.

DATED THIS 19 DAY OF AUGUST, 1988

DEPARTMENT OF INSURANCE AND FINANCE

*Theodore R. Kulongoski*  
Theodore R. Kulongoski, Director *gn*

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