BEFORE THE DIRECTOR OF THE
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
OF THE STATE OF OREGON

In the Matter of the Amendment of Oregon Administrative Rule (OAR) Chapter 436, Division 035, Disability Rating Standards	))))	ORDER OF ADOPTION

The Director of the Department of Consumer and Business Services, pursuant to the general rule making authority under ORS 656.726(3) and in accordance with the procedure provided by ORS 183.335, amends OAR Chapter 436, Department of Consumer and Business Services, Division 035, Disability Rating Standards.

On December 11, 1997, the Workers' Compensation Division filed Notice of Public Hearing with the Secretary of State to amend rules governing Disability Rating Standards. The Statement of Need and Fiscal Impact were also filed with the Secretary of State.

Copies of the notice were mailed to interested persons in accordance with ORS 183.335(7) and OAR 436-001-0000 and to those on the Division's distribution mailing list as their interest indicated. The notice was published in the January 2, 1998, Secretary of State's Administrative Rule Bulletin.

On January 21, 1998, a public hearing was held as announced. In addition, the hearing record was held open for written testimony through 5:00 p.m. January 30, 1998. A written summary of the testimony and agency responses thereto is contained in Exhibit "C." This summary, as well as principal documents relied upon, is on file and available for the public inspection between the hours of 8:00 a.m. and 5:00 p.m., normal working days Monday through Friday in the Administrator's Office, Workers' Compensation Division, Labor & Industries Building, 350 Winter Street NE, Salem, Oregon 97310.

EXPLANATION: The Disability Rating Standards, Oregon Administrative Rules 436, Division 035, have been amended in response to 1997 amendments to ORS Chapter 656, and input from Division staff and the Division 035 Advisory Committee. Throughout the rules general revisions have been made reflecting changes in rule references, clarifying rule intent with punctuation and grammar changes, correcting tables and reordering of the rules in order to improve functional use. This is the final phase of a 3-part revision of Division 035.

OAR 436-035-0005: Revises definitions of activities of daily living, direct medical sequelae, time of closure and globally modifies "compensable condition" with "accepted.

OAR 436-035-0007: Renumbers sub-sections from 035-0007(3) to end of section; globally modifies "compensable condition" with "accepted". Clarifies grading for strength loss; clarifies contralateral comparison.

OAR 436-035-0230: Clarifies rating of knee instability.

OAR 436-035-0270: Clarifies standards for the rating of unscheduled permanent disability.

OAR 436-035-0300: Changes "time of closure" to "date of issuance" per revisions to OAR 436-035-0005.

OAR 436-035-0330: Deleted range of motion tables for rating impairment in the shoulder joint; replaced with more current tables based on AMA Guidelines, 3rd Edition Revised.

OAR 436-035-0400: Revised mental illness rating standards to reflect current diagnostic language and protocols.

VERTICAL BARS IN THE RIGHT MARGIN INDICATE SIGNIFICANT CHANGES.

Having reviewed and considered the record of public hearing and being fully advised, I make the following findings:

a. The applicable rule making procedures have been followed.
b. The rules are within the Director's authority.
c. The rules being adopted are a reasonable administrative interpretation of the statutes and are required to carry out statutory responsibilities.

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT GUIDELINES, ALTERNATE FORMAT COPIES OF THE RULES WILL BE MADE AVAILABLE TO QUALIFIED INDIVIDUALS UPON REQUEST TO THE DIVISION

If you have questions about these rules or need them in an alternate format, contact the Workers' Compensation Division at (503) 947-7810.

IT IS THEREFORE ORDERED THAT:

(1) OAR Chapter 436, Division 035, Disability Rating Standards, as set forth in Exhibit "A" attached hereto, is certified a true copy and hereby made part of this Order, are adopted effective July 1, 1998.

(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, Principal Documents Relied On and Statement of Fiscal Impact, attached hereto and hereby made a part of this Order, be filed with the Secretary of State.

(3) A copy of the rules 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 13th day of May, 1998.

DEPARTMENT OF CONSUMER
AND BUSINESS SERVICES

Deborah Lincoln

Deborah Lincoln, Deputy Director

Attachments

Distribution: WCD-ID, S, T, U, AT, CE, IA, LU, EG, CI, DD, ML, NM

EXHIBIT "A"

CHAPTER 436
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
DIVISION 35

DISABILITY RATING STANDARDS

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EXHIBIT "A"

CHAPTER 436
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION

DIVISION 035
DISABILITY RATING STANDARDS

436-035-0001 Authority for Rules

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-001;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;

436-035-0002 Purpose of Rules

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 ORS Chapter 656 and assign values for disabilities that shall be applied consistently at all levels of the Workers' Compensation award and appeal process.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.007, 656.012, 656.210, 656.212, 656.214, 656.245, 656.262, 656.268, 656. 273, 656.726, 656.790, Section 3, Section 18, Section 66
Hist: Formerly OAR 436-30-002;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.

436-035-0003 Applicability of Rules

(1) These rules apply to the rating of permanent disability pursuant to Chapter 656 and shall be applied to all claims closed on or after the effective date of these rules for workers medically stationary on or after June 7, 1995. Except for provisions in 1995 Or. Law, Chapter 332, for workers medically stationary prior to June 7, 1995, but on or after July 1, 1990, Administrative Order 93-056 shall apply to the rating of permanent disability. Except for provisions in 1995 Or. Law, Chapter 332, for workers medically stationary prior to July 1, 1990, Administrative Order 6-1988 shall apply to the rating of permanent disability.

(2) Except for provisions in 1995 Or. Law, Chapter 332, for workers medically stationary after July 1, 1990 and a request for reconsideration has been made pursuant to ORS 656.268, disability rating standards in effect on the date of issuance of the Determination Order or Notice of Closure and any relevant temporary rules adopted pursuant to ORS 656.726(3)(f)(C) shall apply.

(3) The provisions of OAR 436-035-0007(24)(b)(B), 436-035-0270(4) and 436-035-0310(6) and (8) apply to all claims closed on or after March 13, 1992, for workers medically stationary on or after June 1, 1990, where the rating for permanent disability is not final by operation of law.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.273, 656.726, Section 66
Hist: Formerly OAR 436-30-003;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 eff. 11-20-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 9-13-91 (temp) as WCD Admin. Order 7-1991, eff. 10-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 6-1-92 as WCD Admin. Order 14-1992, eff. 6-1-92 (Temp).
Amended 11-20-92 as WCD Admin. Order 17-1992, eff. 11-27-92
Amended 6-17-93 as WCD Admin. Order 93-052, eff. 6-17-93 (Temp).
Amended 12-14-93 as WCD Admin. Order 93-056, eff. 12-14-93
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 8-19-96 as WCD Admin. Order 96-068, eff. 8-19-96 (Temp)
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0005 Definitions

As used in OAR 436-035-0001 through 436-035-0500, unless the context requires otherwise:

(1) "Activities of Daily Living (ADL)" include, but are not limited to, the following personal activities required by an individual for continued well-being: eating/nutrition; self-care and personal hygiene; communication and cognitive functions; and physical activity, e.g., standing, walking, kneeling, hand functions, etc.

(2) "Ankylosis" means a bony fusion, fibrous union or arthrodesis of a joint. Ankylosis does not include pseudarthrosis or articular arthropathies.

(3) "Combined condition" means a preexisting condition and a compensable condition contribute to the worker's overall disability or need for treatment.

(4) "Consequential condition" means a condition that arises after the compensable injury or disease which contributes to the worker's overall disability or need for treatment and is the result of the original injury or disease. Disability from an accepted consequential condition is rated in accordance with these rules. For example: The accepted condition is low back strain. Due to a reaction to the anti-inflammatory medication prescribed, the worker develops gastritis with a resulting gastrectomy. The gastritis and gastrectomy are considered "consequential conditions".

(5) "Direct medical sequela" means a condition which originates or stems from the compensable injury or disease that is clearly established medically. Disability from direct medical sequelae, whether due to the original or consequential compensable condition, is rated in accordance with these rules and ORS 656.268(16). For example: The accepted condition is low back strain with herniated disc at L4-5. The worker develops permanent weakness in the leg and foot due to radiculopathy. The weakness is considered a "direct medical sequela" of the herniated disc.

(6) "Earning Capacity" means impairment as modified by age, education and adaptability.

(7) "Impairment" means a compensable, permanent loss of use or function of a body part/system related to the compensable condition, determined in accordance with these rules, OAR 436-010-0280 and ORS 656.726(3)(f)(C).

(8) "Medical arbiter" means a physician(s) pursuant to ORS 656.005(12)(b)(A) appointed by the Director pursuant to OAR 436-010-0330.

(9) "Offset" means to reduce a current permanent partial disability award, or portions thereof, by a prior Oregon workers' compensation permanent partial disability award from a different claim.

(10) "Preponderance of medical evidence" or "opinion" does not necessarily mean the opinion supported by the greater number of documents or greater number of concurrences; rather it means the more probative and more reliable medical opinion based upon factors including, but not limited to, one or more of the following:

(a) the most accurate history,

(b) the most objective findings,

(c) sound medical principles or

(d) clear and concise reasoning.

(11) "Redetermination" means a reevaluation of disability pursuant to ORS 656.268(9), 656.273 and 656.325.

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

(13) "Social-vocational factors" means age, education and adaptability factors pursuant to ORS 656.726(3)(f)(A).

(14) "Superimposed condition" means a condition that arises after the compensable injury or disease which contributes to the worker's overall disability or need for treatment but is not the result of the original injury or disease. Disability from a superimposed condition is not rated. For example: The accepted condition is a low back strain. Two months after the injury, the worker becomes pregnant (non-work related). The pregnancy is considered a "superimposed condition."

(15) "Date of Issuance", for purposes of these rules, means the mailing date of a Notice of Closure, Determination Order or Order on Reconsideration pursuant to ORS 656.268 and ORS 656.283(7).

(16) "Unscheduled disability" means the permanent loss of earning capacity due to a compensable condition as described in these rules, arising from those losses contemplated by ORS 656.214(5).

(17) As used in OAR 436-035-0270 through 436-035-0310, the following definitions shall apply unless the context requires otherwise:

(a) "**Dictionary of Occupational Titles**" or (DOT) means the publication of the same name by the **U.S. Department of Labor, Fourth Edition Revised 1991**.

(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.

(c) "Regular work" means the job the worker held at the time of injury or employment substantially similar in nature, duties, responsibilities, knowledge, skills and abilities.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-005;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 11-20-90 (temp.) as WCD Admin. Order 20-1990 eff. 11-20-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0007 General Principles

(1) Except for sections (4) and (5) of this rule, 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 compensable condition, an accepted consequential condition and direct medical sequelea. Unrelated or noncompensable impairment findings shall be excluded and shall not be valued under these rules. Permanent total disability shall be determined pursuant to OAR 436-030-0055.

(2) Where a worker has a superimposed condition, only disability due to the compensable condition shall be rated as long as the compensable condition is medically stationary and remains the major contributing cause of the overall condition. Then, apportionment is appropriate. Disability shall be determined as follows:

(a) The physician shall describe the current total overall findings of impairment. The physician shall describe the percentage of those findings that are due to the compensable condition. Only the portion of those impairment findings that are due to the compensable condition shall receive a value.

Example: Compensable condition: Low back strain

Noncompensable condition: pregnancy (mid-term)

The worker is released to regular work. In the closing examination, the physician describes range of motion findings and states that 60% of the range of motion loss is due to the compensable condition. Pursuant to these rules, the range of motion loss is valued at 10%. 10% x .60 equals 6% impairment due to the compensable condition.

(b) In claims for the hip, shoulder, spine, pelvis or abdomen, where a worker's adaptability factor (residual functional capacity) is affected by the compensable condition, the physician shall describe any loss of residual functional capacity due only to the compensable condition and only that portion shall receive a value.

(c) For unscheduled conditions other than those noted in subsection (2)(b) of this rule, adaptability shall be determined pursuant to OAR 436-035-0310(8) and (9) based on the physician's description of the percentage of impairment due only to the compensable condition.

(d) Workers with an irreversible finding of impairment as noted in this subsection, due to the compensable condition, shall receive the full value awarded in these rules for the irreversible finding. This value is combined with impairment noted in subsection (a) of this section. For purposes of this subsection, irreversible findings are:

ARM
Arm angulation

Radial head resection
Shortening

EYE
Enucleation
Lens implant
Lensectomy

GONADAL
Loss of gonads resulting in absence of, or an abnormally high, hormone level

HAND
Carpal bone fusion
Carpal bone removal

KIDNEY
Nephrectomy

LEG
Knee angulation
Length discrepancy
Meniscectomy
Patellectomy

LUNG
Lobectomy

SHOULDER
Acromionectomy
Clavicle resection

SPINE
Compression fractures
Diskectomy
Laminectomy

SPLEEN
Splenectomy

URINARY TRACT DIVERSION
Cutaneous ureterostomy without intubation
Nephrostomy or intubated ureterostomy
Uretero-Intestinal

OTHER
Amputations/resections
Ankylosed/fused joints
Displaced pelvic fracture ("healed" with displacement)
Loss of opposition
Organ transplants (heart, lung, liver, kidney)
Prosthetic joint replacements

Example: Compensable condition: Low back strain with herniated disk at L5-S1 and diskectomy.

Noncompensable condition: pregnancy (mid-term)

The worker is released to regular work. In the closing examination, the physician describes range of motion findings and states that 60% of the range of motion loss is due to the compensable condition. Pursuant to these rules, the range of motion loss is valued at 10%. 10% x .60 equals 6%.

Diskectomy at L5-S1 (irreversible finding) = 9% per these rules.

Combine 9% with 6% for a value of 14% impairment for the compensable condition.

(3) Where a worker has a prior award of permanent disability under Oregon workers' compensation law, disability shall be determined pursuant to OAR 436-035-0007(6) (offset), rather than section (2) of this rule, for purposes of determining disability only as it pertains to multiple Oregon workers' compensation claims.

(4) Where a worker has a preexisting condition, the following applies:

(a) For purposes of these rules only, a prior Oregon workers' compensation claim is not considered a preexisting condition.

(b) In accordance with 1995 Or. Laws Chapter 332, section 3, disability caused solely by a worker's preexisting condition shall be rated completely if work conditions or events were the major contributing cause of a pathological worsening of the preexisting physical condition or an actual worsening of the preexisting mental disorder. Apportionment of disability is not appropriate.

(c) Where a worker's compensable condition combines with a preexisting condition, pursuant to ORS 656.005(7) , the current disability resulting from the total accepted combined condition shall be rated in accordance with these rules as long as the compensable condition remains the major contributing cause of the accepted combined condition, i.e., a major contributing cause denial has not been issued pursuant to ORS 656.262(7)(b). Apportionment of disability is not appropriate.

Example: (No apportionment):
Compensable condition (remains major contributing cause): Herniated disk L5-S1/diskectomy.
Preexisting condition: degenerative joint disease (spine).

Closing Exam ROM = 10%, (pursuant to these rules).

Surgery (Lumbar diskectomy) = 9%

Combine: 10% and 9% which equals 18% low back impairment due to this injury.
The worker is released to regular work. (Social/Vocational factoring equals zero.)

(5) If the compensable condition is no longer the major contributing cause of the combined or superimposed condition, and a major contributing cause denial has been issued, the following applies:

(a) When the worker's compensable condition is medically stationary and, upon examination, the findings of impairment related to the compensable condition would not overlap the findings of impairment related to the combined or superimposed condition, impairment shall be determined pursuant to the method in section (1) of this rule.

(b) When the worker's compensable and overall conditions are medically stationary, and upon examination, the findings of impairment related to the compensable condition would overlap the findings of impairment related to the combined or superimposed conditions, impairment shall be determined pursuant to the apportionment method in section (2) of this rule.

(c) When the worker's compensable condition is not medically stationary and, upon examination, the findings of impairment related to the compensable condition would not overlap the findings of impairment related to the combined or superimposed condition, the following applies:

(A) Impairment shall be established based on an examination in which the physician first describes the current findings regarding impairment due to the worker's compensable condition. Then the physician shall estimate the future likely percentage of those findings that would be present at the anticipated time the worker's condition would become medically stationary. The value of the current findings shall be adjusted according to the estimated percentage and only the portion of those current findings that are anticipated at the time of medically stationary status shall receive a value.

(B) When the compensable condition is the shoulder, hip, spine, pelvis or abdomen, the physician shall estimate the worker's future likely residual functional capacity, pursuant to OAR 436-035-0310(3)(c) through (o), that would be due only to the compensable condition at the anticipated time the condition would become medically stationary. Only the portion due to the compensable condition at the time of medically stationary status shall receive a value.

(C) For an unscheduled compensable condition, other than those noted in paragraph (5)(c)(B) of this rule, adaptability shall be determined pursuant to OAR 436-035-0310(8) and (9) based on the physician's estimated percentage of impairment.

(d) When the worker's overall condition is not medically stationary and, upon examination, the findings of impairment related to the compensable condition would overlap the findings of impairment related to the combined or superimposed condition, the following applies:

(A) Impairment shall be established based on an examination in which the physician describes current overall findings regarding impairment considering the worker's overall condition. The physician

shall then estimate the future likely percentage of those findings that would be present at the anticipated time the worker's condition would become medically stationary. Next, the physician shall estimate the percentage of those findings that would be due only to the compensable condition. The current overall value of the findings of impairment shall be adjusted according to the estimated percentages and only the portion of those impairment findings that are anticipated at the time of medically stationary status and are due to the compensable condition shall receive a value.

Example: Accepted condition: Chronic lumbar strain.
Preexisting condition: Degenerative lumbar disk disease.

Major contributing cause denial has been issued for the pre-existing condition.

The compensable condition is not yet medically stationary.

In the closing examination, the physician describes the overall range of motion findings for the lumbar spine considering compensable and noncompensable conditions. Pursuant to these rules, the overall range of motion loss is valued at 10%. The physician estimates the percentage of impairment findings anticipated to be evident when the worker becomes medically stationary is 50% of the findings. Then the physician estimates the percentage of impairment findings that would be due only to the compensable condition as 60% (at the projected time of medically stationary status).
10% (total impairment findings) x .5 = 5% likely impairment due at anticipated time of medically stationary status. 5% likely impairment (at med. stat.) x 0.6 (due to the compensable injury) = 3% likely impairment due to the compensable condition at the time of medically stationary status.

(B) To estimate an adaptability factor when the unscheduled compensable condition is to the shoulder, hip, spine, pelvis or abdomen, the physician shall estimate the worker's future likely residual functional capacity pursuant to OAR 436-035-0310 (3)(c) through (o), that would be due only to the compensable condition at the anticipated time of medically stationary status. Only the portion due to the compensable condition at the time of medically stationary status shall receive a value.

(C) For an unscheduled condition, other than those noted in paragraph (5)(d)(B) of this rule, adaptability shall be determined pursuant to OAR 436-035-0310(8) and (9) based on the physician's estimated percentage of impairment.

Example: The physician describes the impairment findings at the closing examination. The impairment findings are determined to equal an impairment value of 31% pursuant to paragraph (5)(d)(A) of this rule. A corresponding adaptability factor of 4 is determined in accordance with OAR 436-035-0310(8).

(e) Workers with an irreversible finding of impairment pursuant to subsection (2)(d) of this rule, due to the compensable condition, shall be rated in accordance with subsection (2)(d) of this rule and combined with other applicable impairment findings.

Example: Compensable Condition: Herniated disk with diskectomy L5-S1
Preexisting/noncompensable condition: Degenerative lumbar disk disease and chronic lumbar strain.
A major contributing cause denial has been issued for the preexisting conditions. The compensable condition is not yet medically stationary.
In the closing examination, the physician describes range of motion findings for the lumbar spine considering the compensable and noncompensable conditions. Pursuant to these rules, the range of motion loss is valued at 10%. The

physician's estimated percentage of the findings due at the anticipated time of medically stationary status is 50%. Then the physician's estimated percentage of impairment due to the compensable condition is 60%.
10% x .50 = 5% likely range of motion loss due at anticipated time of medically stationary status. 5% x .6 = 3% likely range of motion loss due to the compensable injury. Irreversible finding value: diskectomy L5-S1 = 9% (per these rules). Combine 9% and 3% = 12% likely permanent impairment due to the compensable condition at anticipated time of medically stationary status.

(6) 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 and ORS 656.214. For purposes of these rules only, a prior Oregon workers' compensation claim is not considered a preexisting condition.

(a) Before actually offsetting the prior award, a determination shall be made as to whether or not there is a preponderance of medical evidence or opinion establishing that disability from the prior injury or disease was still present on the date of the injury or disease of the claim being determined.

(A) If disability from the prior injury or disease was still present, an offset shall be applied consistent with subsections (b) and/or (c) of this section.

(B) If disability from the prior injury or disease was not still present, an offset shall not be applied.

(b) 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 or disease but which has already been produced by an earlier injury or disease and had been compensated by a prior award. Only like body parts are to be offset, e.g., left leg to left leg, etc. A more distal body part award may be offset against a more proximal body part award (or vice versa) if there is a combined effect of impairment, e.g., a right forearm award may be offset against a right arm award. Only that portion of such loss which was not present prior to the current injury or disease shall be awarded. The following factors shall be considered when determining the extent of the current disability award:

(A) The worker's loss of use or function for the current disability under the standards;

(B) The conditions or findings of impairment from the prior awards which were still present just prior to the current claim; and

(C) The combined effect of the prior and current injuries (the overall impairment to a given body part).

(D) The prior disability award as compared to the current disability award.

(E) The award cannot exceed the amount due to the current injury prior to offset consideration.

(c) For unscheduled disability, 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 or disease but which had already been produced by an earlier injury or disease and had been compensated by a prior award. When considering impairment, awards for like body parts, systems or medical conditions are to be offset, e.g., low back to low back, psychological to psychological, etc. Social-vocational factors may be offset for different unscheduled body parts, systems or conditions. Only that portion of lost earning capacity not present prior to the current injury or disease shall be awarded. The following factors shall be considered when determining the extent of the current disability award:

(A) The worker's total loss of earning capacity for the current disability under the standards;

(B) The conditions or findings of impairment from prior awards which were still present just prior to the current claim;

(C) The worker's social-vocational factors which were still present just prior to the current claim; and

(D) The extent to which the current loss of earning capacity includes impairment and social-vocational factors from a prior injury or disease which were still present at the time of the current injury or disease. After considering and comparing the claims, any ratable permanent partial disability in the current claim for loss of earning capacity caused by the current injury or disease, (which would not have been present at the time of the current injury or disease) shall be granted.

(7) Except as otherwise required by these rules, methods used by the examiner for making findings of impairment shall be the methods described in the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed., Rev. 1990,** and shall be reported by the physician in the form and format required by these rules.

(8) Range of motion shall be measured using the goniometer as described in the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Edition (Revised), 1990,** except that the goniometric method for measuring spinal range of motion may be used until September 30, 1991, while the utilization of an inclinometer to measure spinal range of motion is mandatory on or after October 1, 1991.

(9) When a claim has been reopened pursuant to ORS 656.273, the worker's compensable condition at the time of claim closure or reconsideration is compared with the worker's compensable condition as it existed at the time of the last award or arrangement of compensation for the compensable condition as it existed at the time of the last closure or reconsideration, whichever occurred most recently, to determine if there is an actual worsening of the worker's compensable condition.

(a) For purposes of this section, actual worsening shall be established by physician opinion substantiated by objective clinical findings, demonstrating a worsened medical condition at the time of the current claim closure compared with the worker's medical condition at the last award or arrangement of compensation for the compensable condition as it existed at the last claim closure or reconsideration, whichever occurred most recently.

(b) When an actual worsening of the worker's compensable condition occurs, the extent of permanent disability shall be redetermined. When an actual worsening of the worker's compensable condition does not occur, the extent of permanent disability shall not be redetermined, but shall remain unchanged.

(c) If a claim has multiple compensable conditions which are either newly accepted since the last arrangement of compensation and/or which have actually 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 actually worsened shall continue to be the same impairment values that were established at the last arrangement of compensation.

(10) When a worker ceases to be enrolled and actively engaged in training pursuant to ORS 656.268(9) and there is no accepted aggravation in the current open period, the worker is entitled to have the amount of unscheduled permanent disability for a compensable condition reevaluated under these rules. The reevaluation may increase, decrease or affirm the worker's unscheduled permanent disability award.

(11) When a worker ceases to be enrolled and actively engaged in training pursuant to ORS 656.268(9) and there is an accepted aggravation in the same open period, actual worsening shall be considered pursuant to these rules. If there is no actual worsening, the prior award may be reduced or affirmed.

(12) Except as provided by ORS 656.325 and 656.268(9), 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.

(13) Impairment findings made by a consulting physician or other medical providers (e.g. occupational or physical therapists) at the time of closure may be used to determine impairment if the worker's attending physician concurs with the findings as prescribed in OAR 436-010-0280. If an attending physician's findings or comments are unavailable or incomplete, impairment may be established by the preponderance of medical evidence.

(14) Impairment is established by the attending physician in accordance with ORS 656.245(2)(b)(B) and OAR 436-010-0280 except where a preponderance of medical opinion establishes a different level of impairment pursuant to ORS 656.726(3)(f)(B). On reconsideration, where a medical arbiter is used, impairment is established by the medical arbiter, except where a preponderance of medical opinion establishes a different level of impairment. Where a preponderance establishes a different level of impairment, the impairment is established by the preponderance of evidence.

(15) When rating disability, specific impairment findings, e.g., weakness, reduced range of motion, etc., are awarded in whole number increments. This may require rounding non-whole number percentages for given impairment findings before combining with any other applicable impairment value. The exception is for hearing and vision. Hearing and vision values are awarded in increments of hundredths.

(a) Except for subsection (b) of this section, before combining, the sum of the impairment values is rounded to the nearest whole number. For the decimal portion of the number, point 5 and above is rounded up, below point 5 is rounded down.

Example:	Range of Motion of the Wrist		Impairment
	dorsiflexion 36º	=	3.80%
	flexion 63º	=	1.40%
	radial deviation 16º	=	0.80%
	deviation 7º	=	4.30%
	Add range of motion findings in a single joint. (Sum of impairment values)		10.30%
	Round to Nearest Whole Number		10%

(b) When the sum of impairment values is greater than zero and less than 0.5, a value of 1% will be granted.

Example: Range of Motion of the Wrist		Impairment
dorsiflexion 60º	=	0.00%
flexion 69º	=	0.20%
radial deviation 19º	=	0.20%
ulnar deviation 30º	=	0.00%
Add range of motion findings in a single joint.	=	0.40%
Since the value is greater than zero and less than 0.5%, the award is 1% of wrist. (sum of impairment values)	=	1.00%

(16) When a joint is ankylosed in more than one direction or plane, use only the largest ankylosis value for rating the loss or only one of the values if they are identical. This value shall be granted in lieu of all other range of motion or ankylosis values for that joint.

(17) If there are impairment findings in two or more body parts in an extremity, the total impairment findings in the distal body part shall be converted to a value in the most proximal body part pursuant to the applicable conversion chart in these rules. This conversion shall be done prior to combining impairment values for the most proximal body part.

Example:	Wrist	Range of motion	
		extension:	50º = 2%
		flexion:	40º = 5%
		Add	7%
Elbow	Range of motion		
		flexion:	110º = 10% arm

Convert (wrist) to arm per OAR 436-035-0090(1): 7% wrist = 6% arm

Combine 10% with 6% = 15% arm

(18) Except as otherwise noted in these rules, impairment values to a given body part, area or system are combined according to the method outlined on pages 254-256 by the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed. (Revised), 1990**, as follows:

(a) 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 436-035-0007(15). 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.

Example:	Impairment of the Wrist/Hand	Impairment
	loss of range of motion	= 6% of the wrist/hand
	weakness of wrist	= 9% of the wrist/hand
	carpal bone surgery	= 5% of the wrist/hand

Combine 9 and 6 = 14; then combine 14 and 5 = 18% total impairment wrist/hand

(b) For unscheduled values, combining impairment values for a given body part, area or system must be done before combining with other unscheduled values.

Example:	Low Back	Impairment
	range of motion	10 %
	surgery	9%
	fractured vertebrae	7%

Combine 10 and 9 = 18;

Then combine 18 and 7 = 24% low back (combined value)

Neck:

range of motion	5%
surgery	8%

Combine 8 and 5 = 13% neck (combined value)

Overall unscheduled impairment:

Combined 24% (low back) with 13% (neck) = 34% impairment

(19) To determine impairment due to loss of strength, the 0 to 5 international grading system and 0 to 5 method as noted in the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed. Revised, 1990** shall be used. The grade of strength shall be reported by the physician and assigned a percentage value from the table in subsection (a) of this section. The impairment value of the involved nerve shall be multiplied by this value. Grades identified as "++" or "--" shall be considered either a "+" or "-", respectively.

(a) The grading shall be valued as follows:

Grade	Description	Percent
5/5:	The worker retains range of motion against gravity with full resistance applied.	0%
5-/5		5%
4+/5		10%
4/5:	The worker retains range of motion against gravity with some resistance applied.	20%

4-/5		30%
3+/5		40%
3/5:	The worker retains range of motion against gravity without resistance applied	50%
3-/5		60%
2+/5		70%
2/5:	The worker retains range of motion with gravity eliminated.	75%
2-/5		80%
1+/5		85%
1/5:	The worker has evidence of slight muscle contractility; no joint motion.	90%
1-/5		95%
0/5:	The worker has no evidence of muscle contractility	100%

(b) The peripheral nerve or spinal nerve root which supplies (innervates) certain muscles may be identified by referencing current anatomy texts or the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed. (Revised), 1990 or 4th Ed., 1993**.

(20) For muscles supplied (innervated) by the same nerve, the loss of strength shall be determined by averaging the percentages of impairment for each involved muscle to arrive at a single percentage of impairment for the involved nerve.

Example: Forearm

Radial nerve (50%) supplies (innervates):

Muscles	(grade)	(%)		(nerve)	
Supinator	4/5 =	20%	x	.50	= 10%
Extensor carpi radialis	3/5 =	50%	x	.50	= 25%
Extensor carpi ulnaris	4/5 =	20%	x	.50	= 10%
	Add				45%

Average 45% ÷ 3 = 15% impairment to radial nerve

(21) When multiple nerves have impairment findings found pursuant to these rules, these impairment values shall first be combined for an overall loss of strength value before combining with other impairment values.

(22) The movement in a joint is measured in active degrees of motion. Impairment findings describing ranges of motion shall describe the maximum degree of motion for each direction of movement.

(a) Range of motion values for each applicable direction in a single joint are first added, then combined with other impairment findings.

Example: Range of motion of elbow	Arm Impairment
flexion to 120º	8%
extension to 30º	6%
Add	14%
Other Impairment Values	
Weakness	7%
Prosthetic radial head replacement	10%

Combine 14 and 10 = 23

23 and 7 = 28% total Arm Impairment

(b) Range of motion values for multiple joints in a single body part (e.g. of a finger) are determined by finding the range of motion values for each joint (e.g. MCP, PIP, DIP) and combining those values for an overall loss of range of motion value. This value is then combined with other impairment values. Converting impairment values of digits to hand values shall be calculated in accordance with OAR 436-035-0070.

(23) The range of motion or laxity (instability) of an injured joint shall be compared to and valued proportionately to the contralateral joint except when the contralateral joint has a history of injury or disease or when either joint's range of motion is zero degrees or is ankylosed. The strength of an injured extremity, shoulder or hip shall be compared to and valued proportionately to the contralateral body part except when the contralateral body part has a history of injury or disease.

Instability Example:

The injured knee is reported to have severe instability of the anterior cruciate ligament. The standards grant an impairment value of 15% for severe instability of the anterior cruciate ligament.
The contralateral knee is reported to have mild instability of the anterior cruciate ligament. The standards grant an impairment value of 5% for mild instability of the anterior cruciate ligament.
A proportion is established by subtracting the contralateral instability of 5% from the 15% for the injured joint which = 10% impairment for the instability.

Strength Example:

The injured deltoid muscle is reported to have 3/5 strength. The Standards note 3/5 strength = 50%.
The contralateral deltoid muscle is reported to have 4+/5 strength. The standards note 4+/5 strength = 10%.
A proportion is established by subtracting the contralateral strength of 10% from the 50% for the injured arm which =

40%. This percentage is then used to determine the loss of strength for the injured deltoid.

Range of Motion Examples:

Flexion (knee): 80° retained on injured side, the contralateral joint flexes to 140°. A proportion is established to determine the expected degrees of flexion since 140° has been established as normal for this worker.

One method of determining this proportion is: 80/140 = X/150.

X = expected retained range of motion compared to the established norm of 150° upon which flexion is determined under these rules. X, in this case, equals 86°.

86° of retained flexion of the knee is calculated under these rules, after rounding, to 23% impairment.

Extension (knee): 35° retained on injured side, the contralateral joint extends to 15°. First, find the complement, i.e., 150 - 15 =135 (uninjured) and 150 - 35 = 115 (injured). Next, using the same method as for flexion, 115/135 = X/150, or, X = 127.77. Then, revert back, so, 150 - 127.77 = 22.23 rounded to 22° for an impairment value of 9%.

(a) If the motion of the injured or contralateral joint exceeds the values for ranges of motion established under these rules, the values established under these rules shall be used to establish impairment.

(b) When the contralateral joint has a history of injury or disease, the findings of the injured joint shall be valued based upon the values established under these rules.

(24) If the worker dies due to causes unrelated to the accepted compensable conditions of the claim, the following applies:

(a) When all compensable conditions are medically stationary pursuant to OAR 436-030-0035 at the time of death, the following applies:

(A) Impairment findings, reported in accordance with OAR 436-010-0280, shall be rated pursuant to these rules.

(B) Impairment findings not reported according to the OAR 436-010-0280 shall be determined by rating only those findings that are irreversible and are addressed by these rules.

(C) For unscheduled disability, age, education and adaptability shall be determined pursuant to OAR 436-035-0270 through 035-0310 if the findings are documented. If findings for determining adaptability are not documented, a value of +1 shall be granted for adaptability.

(b) When all compensable conditions are not medically stationary pursuant to OAR 436-030-0035 at the time of death, the following applies:

(A) Only those impairment findings that are irreversible and are addressed by these rules shall be rated;

(B) For unscheduled disability, age and education factors shall be determined pursuant to OAR 436-035-0270 through 035-0300. Unless the worker is released to regular work and impairment only is rated pursuant to OAR 436-035-0270(3), adaptability shall be valued at +1.

(c) In claims where there is a compensable unscheduled condition that is medically stationary

AND a compensable unscheduled condition that is not medically stationary, the adaptability factor for the medically stationary condition shall be determined by applying subsections (a) and (b) of this section, respectively, to the conditions and using the higher of the values for adaptability.

(d) For purposes of this section "irreversible findings" are defined in subsection (2)(d) of this rule.

(25) Except for contralateral comparison determinations pursuant to OAR 436-035-0007(23), loss of opposition determination pursuant to OAR 436-035-0040, averaging muscle values pursuant to OAR 436-035-0007(20), and impairment determined under ORS 656.726(3)(f)(C), only impairment values listed in these rules are to be used in determining impairment. Prorating or interpolating between the listed values is not allowed. For findings that fall between the listed impairment values, the next higher appropriate value shall be used for rating.

(26) Values found in these rules consider the loss of use or function and/or loss of earning capacity directly associated with the compensable condition. When a worker's impairment findings do not meet the threshold (minimum) findings established in these rules, no value is granted.

(a) Not all surgical procedures result in loss of use or function and/or loss of earning capacity. Some surgical procedures improve the use and function of body parts, areas or systems or ultimately may contribute to an increase in earning capacity. Accordingly, not all surgical procedures receive a value under these rules.

(b) Not all medical conditions or diagnoses result in loss of use or function and/or loss of earning capacity. Accordingly, not all medical conditions or diagnoses receive a value under these rules.

(27) Waxing and waning of signs and/or symptoms related to a worker's compensable medical condition is already contemplated in the values provided in these rules. There is no additional value granted for the varying extent of waxing and waning of the condition. Waxing and waning means there is not an actual worsening of the condition pursuant to ORS 656.273.

(28) Validity shall be established for findings of impairment according to the criterion noted in the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed., Rev., 1990**, unless the validity criterion for a particular finding is not addressed in this reference, is not pertinent to these rules, or is determined by physician opinion to be medically inappropriate for a particular worker. Upon examination, findings of impairment which are determined to be ratable pursuant to these rules shall be rated unless the physician determines the findings are invalid and provides a written opinion, based on sound medical principles, explaining why the findings are invalid. When findings are determined invalid, the findings shall receive a value of zero. If the validity criterion are not met but the physician determines the findings are valid, the physician must provide a written rationale, based on sound medical principles, explaining why the findings are valid.

(29) ORS 656.214 provides the degree values to be given for permanent partial disability awarded pursuant to ORS 656.268. For injuries sustained prior to January 1, 1992, the dollar values per degree established in ORS 656.214, Section 17, Chapter 332, Oregon Laws 1995 shall apply to any

initial or additional permanent partial disability awarded on or after June 7, 1995. The dollar values per degree do not apply to any portion of a permanent partial disability award that is final by operation of law.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.273, 656.726, Sect. 3
Hist: Filed 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 11-20-90 (temp) as WCD Admin. Order 20-1990 eff. 11-20-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 9-13-91 (temp) as WCD Admin. Order 7-1991, eff. 10-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 9-21-95 as WCD Admin. Order 95-063, eff. 9-21-95. (Temp)
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 8-19-96 as WCD Admin. Order 96-068, eff. 8-19-96 (Temp)
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0010 Standards for Rating Scheduled Permanent Disability

(1) OAR 436-035-0010 through 436-035-0260 describe the rating of permanent scheduled disability. All 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 436-035-0007.

(2) Scheduled disability is rated on the permanent loss of use or function of a body part due to an accepted compensable, consequential, combined condition (pursuant to these rules) and any direct medical sequelae. Except for impairment determined pursuant to ORS 656.726(3)(f)(C), these losses, as defined and used in these standards, shall be the sole criteria for the rating of permanent scheduled disability under these rules.

(3) Pain is valued 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) The total disability rating for a body part cannot be more than 100% of the body part which has impairment.

(5) A worker is entitled to a 5% scheduled chronic condition impairment value for each applicable body part, stated in this section, when a preponderance of medical opinion establishes that, due to a chronic and permanent medical condition, the worker is significantly limited in the repetitive use of one or more of the following four body parts:

(a) Lower leg (below knee/foot/ankle);

(b) Upper leg (knee and above);

(c) Forearm (below elbow/hand/wrist); and/or

(d) Arm (elbow and above).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-120;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Renumbered from 436-30-050,
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 11-20-90 (temp) as WCD Admin. Order 20-1990 eff. 11-20-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0020 Parts of the Hand and Arm

(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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-130;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.

436-035-0030 Amputations Involving the Thumb, Fingers, Hand, or Arm

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

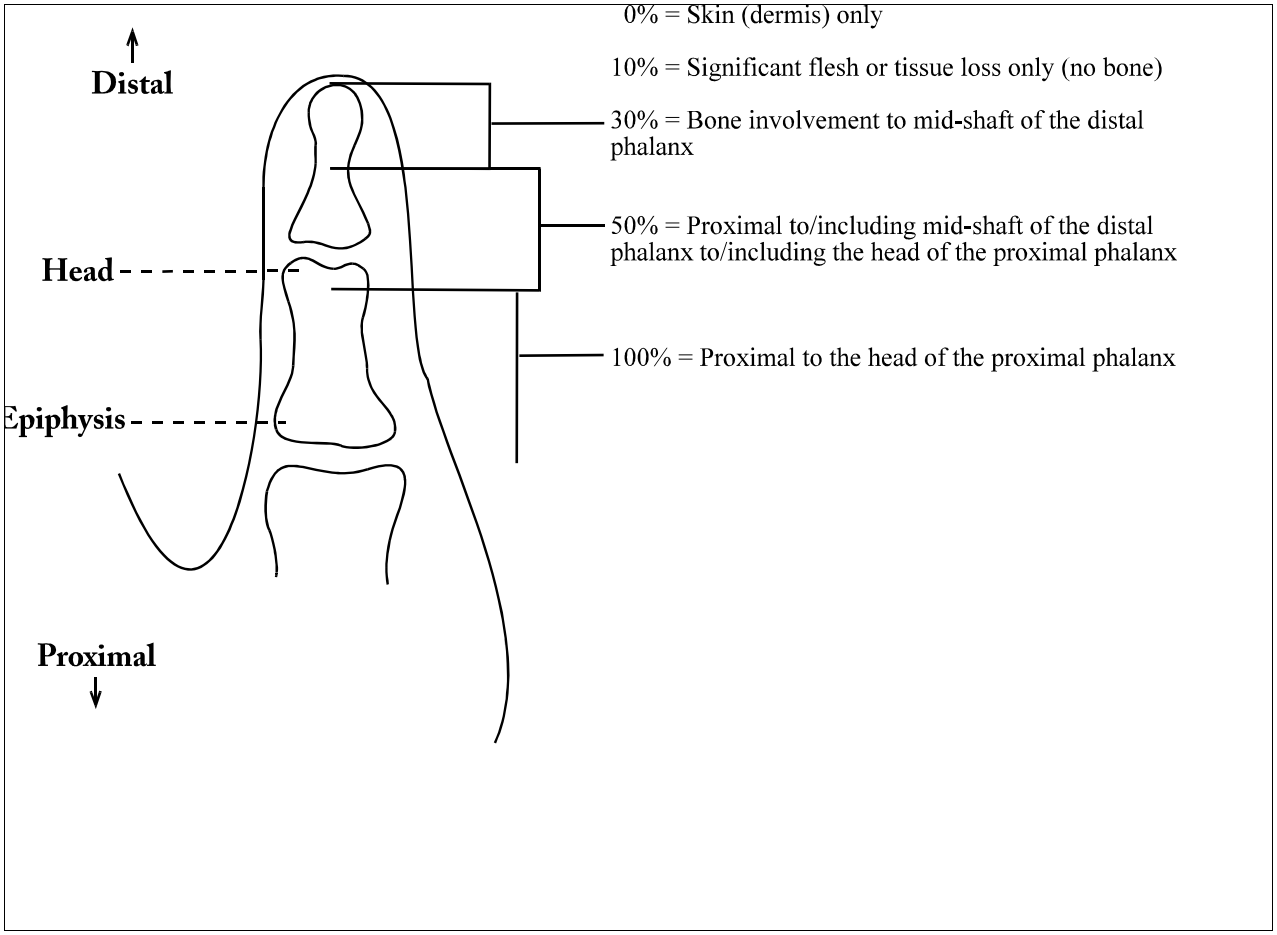
(2) Loss of the forearm at or proximal to the wrist joint is 100% loss of the forearm.

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

(4) Loss of all or part of a metacarpal is rated at 10% of the hand

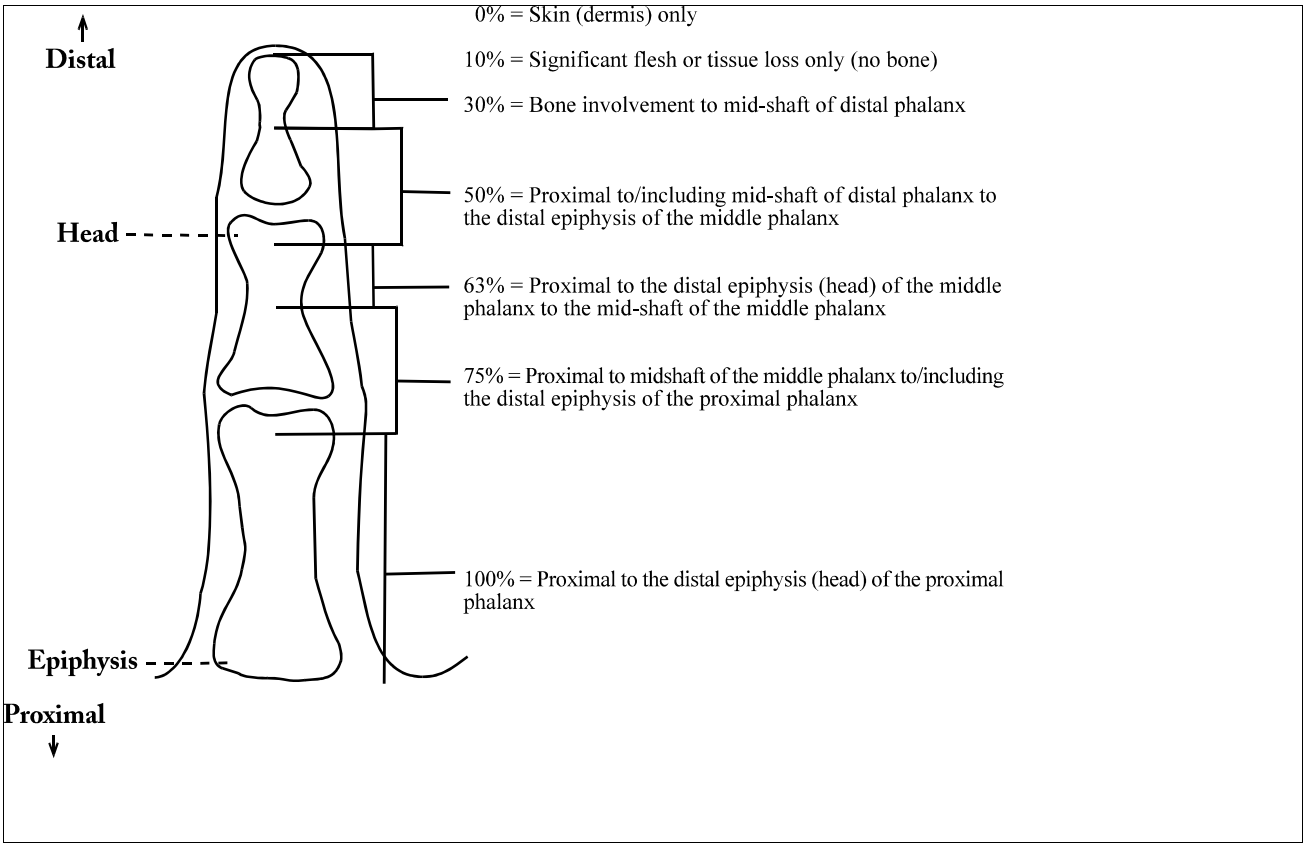
(5) Amputation or resection (without reattachment) proximal to the head of the proximal phalanx is 100% loss of the thumb. The ratings for other amputation(s) or resection(s) (without reattachment) of the thumb are as follows:

THUMB



(6) Amputation or resection (without reattachment) proximal to the head of the proximal phalanx is 100% loss of the finger. The ratings for other amputation(s) or resection(s) (without reattachment) of the finger are as follows:

FINGER



(7) Oblique (angled) amputations shall be rated at the most proximal loss of bone.

(8) Digits that are resected other than at the distal end of the digit, and reattached, shall be rated by comparing the remaining overall length of the digit to the applicable amputation chart pursuant to these rules and rating the overall length equivalency.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-140;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0040 Loss of Opposition in Thumb/Finger Amputations

(1) Loss of opposition is rated as a proportionate loss of use of the uninjured digits which can no longer be effectively opposed.

(a) 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 to zero as it gets closer to the tip.

(b) When the value for loss of opposition is less than 5%, no value is granted.

(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%

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

For finger amputations at the distal interphalangeal joint:

	Thumb
index finger	10%
middle finger	10%
ring finger	5%
little finger	5%

For finger amputations at the proximal interphalangeal joint:

	Thumb
index finger	25%
middle finger	25%
ring finger	10%
little finger	10%

For finger amputations at the metacarpophalangeal joint:

	Thumb
index finger	30%
middle finger	30%
ring finger	20%
little finger	20%

(4) When determining loss of opposition for a digit opposing a reattached digit, the value shall be established by comparing the remaining overall length of the reattached digit to the applicable amputation chart pursuant to these rules and rated according to the overall length equivalency.

(5) 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-150;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0050 Thumb

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

Position of Maximum Flexion in the Thumb/Percentage of Impairment

80° = 0.0%	64° = 9.0%	48° = 18.2%	32° = 27.0%	16° = 36.0%
79° = 0.6%	63° = 9.5%	47° = 18.8%	31° = 27.5%	15° = 36.5%
78° = 1.2%	62° = 10.0%	46° = 19.4%	30° = 28.0%	14° = 37.0%
77° = 1.8%	61° = 10.5%	45° = 20.0%	29° = 28.6%	13° = 37.5%
76° = 2.4%	60° = 11.0%	44° = 20.6%	28° = 29.2%	12° = 38.0%
75° = 3.0%	59° = 11.6%	43° = 21.2%	27° = 29.8%	11° = 38.5%
74° = 3.6%	58° = 12.2%	42° = 21.8%	26° = 30.4%	10° = 39.0%
73° = 4.2%	57° = 12.8%	41° = 22.4%	25° = 31.0%	9° = 39.6%
72° = 4.8%	56° = 13.4%	40° = 23.0%	24° = 31.6%	8° = 40.2%
71° = 5.4%	55° = 14%	39° = 23.5%	23° = 32.2%	7° = 40.8%
70° = 6.0%	54° = 14.6%	38° = 24.0%	22° = 32.8%	6° = 41.4%
69° = 6.5%	53° = 15.2%	37° = 24.5%	21° = 33.4%	5° = 42.0%
68° = 7.0%	52° = 15.8%	36° = 25.0%	20° = 34.0%	4° = 42.6%
67° = 7.5%	51° = 16.4%	35° = 25.5%	19° = 34.5%	3° = 43.2%
66° = 8.0%	50° = 17.0%	34° = 26.0%	18° = 35.0%	2° = 43.8%
65° = 8.5%	49° = 17.6%	33° = 26.5%	17° = 35.5%	1° = 44.4%
				0° = 45.0%

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

Position of Maximum Extension in the Thumb/Percentage of Impairment

80° = 45.0%	64° = 32.2%	48° = 19.2%	32° = 10.4%	16° = 5.2%
79° = 44.2%	63° = 31.4%	47° = 18.3%	31° = 10.2%	15° = 5.0%
78° = 43.4%	62° = 30.6%	46° = 17.4%	30° = 10.0%	14° = 4.8%
77° = 42.6%	61° = 29.8%	45° = 16.5%	29° = 9.6%	13° = 4.6%
76° = 41.8%	60° = 29.0%	44° = 15.6%	28° = 9.2%	12° = 4.4%
75° = 41.0%	59° = 28.2%	43° = 14.7%	27° = 8.8%	11° = 4.2%
74° = 40.2%	58° = 27.4%	42° = 13.8%	26° = 8.4%	10° = 4.0%
73° = 39.4%	57° = 26.6%	41° = 12.9%	25° = 8.0%	9° = 3.6%
72° = 38.6%	56° = 25.8%	40° = 12.0%	24° = 7.6%	8° = 3.2%
71° = 37.8%	55° = 25.0%	39° = 11.8%	23° = 7.2%	7° = 2.8%
70° = 37.0%	54° = 24.2%	38° = 11.6%	22° = 6.8%	6° = 2.4%
69° = 36.2%	53° = 23.4%	37° = 11.4%	21° = 6.4%	5° = 2.0%
68° = 35.4%	52° = 22.6%	36° = 11.2%	20° = 6.0%	4° = 1.6%
67° = 34.6%	51° = 21.8%	35° = 11.0%	19° = 5.8%	3° = 1.2%
66° = 33.8%	50° = 21.0%	34° = 10.8%	18° = 5.6%	2° = 0.8%
65° = 33.0%	49° = 20.1%	33° = 10.6%	17° = 5.4%	1° = 0.4%
				0° = 0.0%

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

Joint Ankylosed at/Percentage of Impairment

80° = 45.0%	64° = 41.2%	48° = 37.4%	32° = 37.4%	16° = 41.2%
79° = 44.8%	63° = 40.9%	47° = 37.1%	31° = 37.7%	15° = 41.5%
78° = 44.6%	62° = 40.6%	46° = 36.8%	30° = 38.0%	14° = 41.8%
77° = 44.4%	61° = 40.3%	45° = 36.5%	29° = 38.2%	13° = 42.1%
76° = 44.2%	60° = 40.0%	44° = 36.2%	28° = 38.4%	12° = 42.4%
75° = 44.0%	59° = 39.8%	43° = 35.9%	27° = 38.6%	11° = 42.7%
74° = 43.8%	58° = 39.6%	42° = 35.6%	26° = 38.8%	10° = 43.0%
73° = 43.6%	57° = 39.4%	41° = 35.3%	25° = 39.0%	9° = 43.2%
72° = 43.4%	56° = 39.2%	40° = 35.0%	24° = 39.2%	8° = 43.4%
71° = 43.2%	55° = 39.0%	39° = 35.3%	23° = 39.4%	7° = 43.6%
70° = 43.0%	54° = 38.8%	38° = 35.6%	22° = 39.6%	6° = 43.8%
69° = 42.7%	53° = 38.6%	37° = 35.9%	21° = 39.8%	5° = 44.0%
68° = 42.4%	52° = 38.4%	36° = 36.2%	20° = 40.0%	4° = 44.2%
67° = 42.1%	51° = 38.2%	35° = 36.5%	19° = 40.3%	3° = 44.4%
66° = 41.8%	50° = 38.0%	34° = 36.8%	18° = 40.6%	2° = 44.6%
65° = 41.5%	49° = 37.7%	33° = 37.1%	17° = 40.9%	1° = 44.8%
				0° = 45.0%

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

Position of Maximum Flexion in the Thumb/Percentage of Impairment

60° = 0.0%	48° = 10.8%	36° = 21.6%	24° = 33.0%	12° = 44.2%
59° = 0.9%	47° = 11.7%	35° = 22.5%	23° = 34.0%	11° = 45.1%
58° = 1.8%	46° = 12.6%	34° = 23.4%	22° = 35.0%	10° = 46.0%
57° = 2.7%	45° = 13.5%	33° = 24.3%	21° = 36.0%	9° = 46.9%
56° = 3.6%	44° = 14.4%	32° = 25.2%	20° = 37.0%	8° = 47.8%
55° = 4.5%	43° = 15.3%	31° = 26.1%	19° = 37.9%	7° = 48.7%
54° = 5.4%	42° = 16.2%	30° = 27.0%	18° = 38.8%	6° = 49.6%
53° = 6.3%	41° = 17.1%	29° = 28.0%	17° = 39.7%	5° = 50.5%
52° = 7.2%	40° = 18.0%	28° = 29.0%	16° = 40.6%	4° = 51.4%
51° = 8.1%	39° = 18.9%	27° = 30.0%	15° = 41.5%	3° = 52.3%
50° = 9.0%	38° = 19.8%	26° = 31.0%	14° = 42.4%	2° = 53.2%
49° = 9.9%	37° = 20.7%	25° = 32.0%	13° = 43.3%	1° = 54.1%
				0° = 55.0%

(5) The following ratings are for loss of extension at the metacarpophalangeal joint of the thumb:

Position of Maximum Extension in the Thumb/Percentage of Impairment

60° = 80.0%	48° = 57.4%	36° = 35.8%	24° = 13.6%	12° = 3.6%
59° = 78.1%	47° = 55.6%	35° = 34.0%	23° = 11.7%	11° = 3.3%
58° = 76.2%	46° = 53.8%	34° = 32.2%	22° = 9.8%	10° = 3.0%
57° = 74.3%	45° = 52.0%	33° = 30.4%	21° = 7.9%	9° = 2.7%
56° = 72.4%	44° = 50.2%	32° = 28.6%	20° = 6.0%	8° = 2.4%
55° = 70.5%	43° = 48.4%	31° = 26.8%	19° = 5.7%	7° = 2.1%
54° = 68.6%	42° = 46.6%	30° = 25.0%	18° = 5.4%	6° = 1.8%
53° = 66.7%	41° = 44.8%	29° = 23.1%	17° = 5.1%	5° = 1.5%
52° = 64.8%	40° = 43.0%	28° = 21.2%	16° = 4.8%	4° = 1.2%
51° = 62.9%	39° = 41.2%	27° = 19.3%	15° = 4.5%	3° = 0.9%
50° = 61.0%	38° = 39.4%	26° = 17.4%	14° = 4.2%	2° = 0.6%
49° = 59.2%	37° = 37.6%	25° = 15.5%	13° = 3.9%	1° = 0.3%
				0° = 0.0%

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

Joint Ankylosed at/Percentage of Impairment

60° = 80%	48° = 68.2%	36° = 57.4%	24° = 46.6%	12° = 47.8%
59° = 79%	47° = 67.3%	35° = 56.5%	23° = 45.7%	11° = 48.4%
58° = 78%	46° = 66.4%	34° = 55.6%	22° = 44.8%	10° = 49.0%
57° = 77%	45° = 65.5%	33° = 54.7%	21° = 43.9%	9° = 49.6%
56° = 76%	44° = 64.6%	32° = 53.8%	20° = 43.0%	8° = 50.2%
55° = 75%	43° = 63.7%	31° = 52.9%	19° = 43.6%	7° = 50.8%
54° = 74%	42° = 62.8%	30° = 52.0%	18° = 44.2%	6° = 51.4%
53° = 73%	41° = 61.9%	29° = 51.1%	17° = 44.8%	5° = 52.0%
52° = 72%	40° = 61.0%	28° = 50.2%	16° = 45.4%	4° = 52.6%
51° = 71%	39° = 60.1%	27° = 49.3%	15° = 46.0%	3° = 53.2%
50° = 70%	38° = 59.2%	26° = 48.4%	14° = 46.6%	2° = 53.8%
49° = 69.1%	37° = 58.3%	25° = 47.5%	13° = 47.2%	1° = 54.4%
				0° = 55.0%

(7) Rotational deformity or lateral deviation of the thumb shall receive a value of 10% of the thumb.

(8) For losses in the carpometacarpal joint refer to OAR 436-035-0075.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-160;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0060 Finger

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

Position of Maximum Flexion in the Finger/Percentage of Impairment

70° = 0.0%	56° = 8.8%	42° = 17.8%	28° = 27.2%	14° = 35.6%
69° = 0.6%	55° = 9.5%	41° = 18.4%	27° = 27.8%	13° = 36.2%
68° = 1.2%	54° = 10.2%	40° = 19.0%	26° = 28.4%	12° = 36.8%
67° = 1.8%	53° = 10.9%	39° = 19.7%	25° = 29.0%	11° = 37.4%
66° = 2.4%	52° = 11.6%	38° = 20.4%	24° = 29.6%	10° = 38.0%
65° = 3.0%	51° = 12.3%	37° = 21.1%	23° = 30.2%	9° = 38.7%
64° = 3.6%	50° = 13.0%	36° = 21.8%	22° = 30.8%	8° = 39.4%
63° = 4.2%	49° = 13.6%	35° = 22.5%	21° = 31.4%	7° = 40.1%

62° = 4.8%	48° = 14.2%	34° = 23.2%	20° = 32.0%	6° = 40.8%
61° = 5.4%	47° = 14.8%	33° = 23.9%	19° = 32.6%	5° = 41.5%
60° = 6.0%	46° = 15.4%	32° = 24.6%	18° = 33.2%	4° = 42.2%
59° = 6.7%	45° = 16.0%	31° = 25.3%	17° = 33.8%	3° = 42.9%
58° = 7.4%	44° = 16.6%	30° = 26.0%	16° = 34.4%	2° = 43.6%
57° = 8.1%	43° = 17.2%	29° = 26.6%	15° = 35.0%	1° = 44.3%
				0° = 45.0%

(2) The following ratings are for loss of extension at the distal interphalangeal joint of any finger:

Position of Maximum Extension in the Finger/Percentage of Impairment

70° = 45.0%	52° = 24.4%	34° = 9.2%	16° = 4.8%
69° = 43.9%	51° = 23.2%	33° = 8.9%	15° = 4.5%
68° = 42.8%	50° = 22.0%	32° = 8.6%	14° = 4.2%
67° = 41.7%	49° = 20.9%	31° = 8.3%	13° = 3.9%
66° = 40.6%	48° = 19.8%	30° = 8.0%	12° = 3.6%
65° = 39.5%	47° = 18.7%	29° = 7.8%	11° = 3.3%
64° = 38.4%	46° = 17.6%	28° = 7.6%	10° = 3.0%
63° = 37.3%	45° = 16.5%	27° = 7.4%	9° = 2.7%
62° = 36.2%	44° = 15.4%	26° = 7.2%	8° = 2.4%
61° = 35.1%	43° = 14.3%	25° = 7.0%	7° = 2.1%
60° = 34.0%	42° = 13.2%	24° = 6.8%	6° = 1.8%
59° = 32.8%	41° = 12.1%	23° = 6.6%	5° = 1.5%
58° = 31.6%	40° = 11.0%	22° = 6.4%	4° = 1.2%
57° = 30.4%	39° = 10.7%	21° = 6.2%	3° = 0.9%
56° = 29.2%	38° = 10.4%	20° = 6.0%	2° = 0.6%
55° = 28.0%	37° = 10.1%	19° = 5.7%	1° = 0.3%
54° = 26.8%	36° = 9.8%	18° = 5.4%	0° = 0.0%
53° = 25.6%	35° = 9.5%	17° = 5.1%	

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

Joint Ankylosed at/Percentage of Impairment

70° = 45.0%	56° = 38.0%	42° = 31.0%	28° = 34.8%	14° = 39.8%
69° = 44.5%	55° = 37.5%	41° = 30.5%	27° = 35.2%	13° = 40.1%
68° = 44.0%	54° = 37.0%	40° = 30.0%	26° = 35.6%	12° = 40.4%

67° = 43.5%	53° = 36.5%	39° = 30.4%	25° = 36.0%	11° = 40.7%
66° = 43.0%	52° = 36.0%	38° = 30.8%	24° = 36.4%	10° = 41.0%
65° = 42.5%	51° = 35.5%	37° = 31.2%	23° = 36.8%	9° = 41.4%
64° = 42.0%	50° = 35.0%	36° = 31.6%	22° = 37.2%	8° = 41.8%
63° = 41.5%	49° = 34.5%	35° = 32.0%	21° = 37.6%	7° = 42.2%
62° = 41.0%	48° = 34.0%	34° = 32.4%	20° = 38.0%	6° = 42.6%
61° = 40.5%	47° = 33.5%	33° = 32.8%	19° = 38.3%	5° = 43.0%
60° = 40.0%	46° = 33.0%	32° = 33.2%	18° = 38.6%	4° = 43.4%
59° = 39.5%	45° = 32.5%	31° = 33.6%	17° = 38.9%	3° = 43.8%
58° = 39.0%	44° = 32.0%	30° = 34.0%	16° = 39.2%	2° = 44.2%
57° = 38.5%	43° = 31.5%	29° = 34.4%	15° = 39.5%	1° = 44.6%
				0° = 45.0%

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

Position of Maximum Flexion in the Finger/Percentage of Impairment

100° = 0.0%	80° = 12.0%	60° = 24.0%	40° = 36.0%	20° = 48.0%
99° = 0.6%	79° = 12.6%	59° = 24.6%	39° = 36.6%	19° = 48.6%
98° = 1.2%	78° = 13.2%	58° = 25.2%	38° = 37.2%	18° = 49.2%
97° = 1.8%	77° = 13.8%	57° = 25.8%	37° = 37.8%	17° = 49.8%
96° = 2.4%	76° = 14.4%	56° = 26.4%	36° = 38.4%	16° = 50.4%
95° = 3.0%	75° = 15.0%	55° = 27.0%	35° = 39.0%	15° = 51.0%
94° = 3.6%	74° = 15.6%	54° = 27.6%	34° = 39.6%	14° = 51.6%
93° = 4.2%	73° = 16.2%	53° = 28.2%	33° = 40.2%	13° = 52.2%
92° = 4.8%	72° = 16.8%	52° = 28.8%	32° = 40.8%	12° = 52.8%
91° = 5.4%	71° = 17.4%	51° = 29.4%	31° = 41.4%	11° = 53.4%
90° = 6.0%	70° = 18.0%	50° = 30.0%	30° = 42.0%	10° = 54.0%
89° = 6.6%	69° = 18.6%	49° = 30.6%	29° = 42.6%	9° = 54.6%
88° = 7.2%	68° = 19.2%	48° = 31.2%	28° = 43.2%	8° = 55.2%
87° = 7.8%	67° = 19.8%	47° = 31.8%	27° = 43.8%	7° = 55.8%
86° = 8.4%	66° = 20.4%	46° = 32.4%	26° = 44.4%	6° = 56.4%
85° = 9.0%	65° = 21.0%	45° = 33.0%	25° = 45.0%	5° = 57.0%
84° = 9.6%	64° = 21.6%	44° = 33.6%	24° = 45.6%	4° = 57.6%
83° = 10.2%	63° = 22.2%	43° = 34.2%	23° = 46.2%	3° = 58.2%
82° = 10.8%	62° = 22.8%	42° = 34.8%	22° = 46.8%	2° = 58.8%
81° = 11.4%	61° = 23.4%	41° = 35.4%	21° = 47.4%	1° = 59.4%
				0° = 60.0%

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

Position of Maximum Extension in the Finger/Percentage of Impairment

100° = 70.0%	80° = 51.0%	60° = 33.0%	40° = 14.0%	20° = 7.0%
99° = 69.1%	79° = 50.1%	59° = 32.0%	39° = 13.7%	19° = 6.6%
98° = 68.2%	78° = 49.2%	58° = 31.0%	38° = 13.4%	18° = 6.2%
97° = 67.3%	77° = 48.3%	57° = 30.0%	37° = 13.1%	17° = 5.8%
96° = 66.4%	76° = 47.4%	56° = 29.0%	36° = 12.8%	16° = 5.4%
95° = 65.5%	75° = 46.5%	55° = 28.0%	35° = 12.5%	15° = 5.0%
94° = 64.6%	74° = 45.6%	54° = 27.0%	34° = 12.2%	14° = 4.6%
93° = 63.7%	73° = 44.7%	53° = 26.0%	33° = 11.9%	13° = 4.2%
92° = 62.8%	72° = 43.8%	52° = 25.0%	32° = 11.6%	12° = 3.8%
91° = 61.9%	71° = 42.9%	51° = 24.0%	31° = 11.3%	11° = 3.4%
90° = 61.0%	70° = 42.0%	50° = 23.0%	30° = 11.0%	10° = 3.0%
89° = 60.0%	69° = 41.1%	49° = 22.1%	29° = 10.6%	9° = 2.7%
88° = 59.0%	68° = 40.2%	48° = 21.2%	28° = 10.2%	8° = 2.4%
87° = 58.0%	67° = 39.3%	47° = 20.3%	27° = 9.8%	7° = 2.1%
86° = 57.0%	66° = 38.4%	46° = 19.4%	26° = 9.4%	6° = 1.8%
85° = 56.0%	65° = 37.5%	45° = 18.5%	25° = 9.0%	5° = 1.5%
84° = 55.0%	64° = 36.6%	44° = 17.6%	24° = 8.6%	4° = 1.2%
83° = 54.0%	63° = 35.7%	43° = 16.7%	23° = 8.2%	3° = 0.9%
82° = 53.0%	62° = 34.8%	42° = 15.8%	22° = 7.8%	2° = 0.6%
81° = 52.0%	61° = 33.9%	41° = 14.9%	21° = 7.4%	1° = 0.3%
				0° = 0.0%

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

Joint Ankylosed at/Percentage of Impairment

100° = 70.0%	80° = 63.0%	60° = 57.0%	40° = 50.0%	20° = 55.0%
99° = 69.7%	79° = 62.7%	59° = 56.6%	39° = 50.3%	19° = 55.2%
98° = 69.4%	78° = 62.4%	58° = 56.2%	38° = 50.6%	18° = 55.4%
97° = 69.1%	77° = 62.1%	57° = 55.8%	37° = 50.9%	17° = 55.6%
96° = 68.8%	76° = 61.8%	56° = 55.4%	36° = 51.2%	16° = 55.8%
95° = 68.5%	75° = 61.5%	55° = 55.0%	35° = 51.5%	15° = 56.0%
94° = 68.2%	74° = 61.2%	54° = 54.6%	34° = 51.8%	14° = 56.2%
93° = 67.9%	73° = 60.9%	53° = 54.2%	33° = 52.1%	13° = 56.4%
92° = 67.6%	72° = 60.6%	52° = 53.8%	32° = 52.4%	12° = 56.6%
91° = 67.3%	71° = 60.3%	51° = 53.4%	31° = 52.7%	11° = 56.8%
90° = 67.0%	70° = 60.0%	50° = 53.0%	30° = 53.0%	10° = 57.0%
89° = 66.6%	69° = 59.7%	49° = 52.7%	29° = 53.2%	9° = 57.3%
88° = 66.2%	68° = 59.4%	48° = 52.4%	28° = 53.4%	8° = 57.6%
87° = 65.8%	67° = 59.1%	47° = 52.1%	27° = 53.6%	7° = 57.9%
86° = 65.4%	66° = 58.8%	46° = 51.8%	26° = 53.8%	6° = 58.2%
85° = 65.0%	65° = 58.5%	45° = 51.5%	25° = 54.0%	5° = 58.5%
84° = 64.6%	64° = 58.2%	44° = 51.2%	24° = 54.2%	4° = 58.8%
83° = 64.2%	63° = 57.9%	43° = 50.9%	23° = 54.4%	3° = 59.1%
82° = 63.8%	62° = 57.6%	42° = 50.6%	22° = 54.6%	2° = 59.4%
81° = 63.4%	61° = 57.3%	41° = 50.3%	21° = 54.8%	1° = 59.7%
				0° = 60.0%

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

Position of Maximum Flexion in the Finger/Percentage of Impairment

90° = 0.0%	72° = 10.8%	54° = 21.6%	36° = 33.4%	18° = 44.2%
89° = 0.6%	71° = 11.4%	53° = 22.2%	35° = 34.0%	17° = 44.8%
88° = 1.2%	70° = 12.0%	52° = 22.8%	34° = 34.6%	16° = 45.4%
87° = 1.8%	69° = 12.6%	51° = 23.4%	33° = 35.2%	15° = 46.0%
86° = 2.4%	68° = 13.2%	50° = 24.0%	32° = 35.8%	14° = 46.6%
85° = 3.0%	67° = 13.8%	49° = 24.7%	31° = 36.4%	13° = 47.2%
84° = 3.6%	66° = 14.4%	48° = 25.4%	30° = 37.0%	12° = 47.8%

83° = 4.2%	65° = 15.0%	47° = 26.1%	29° = 37.6%	11° = 48.4%
82° = 4.8%	64° = 15.6%	46° = 26.8%	28° = 38.2%	10° = 49.0%
81° = 5.4%	63° = 16.2%	45° = 27.5%	27° = 38.8%	9° = 49.6%
80° = 6.0%	62° = 16.8%	44° = 28.2%	26° = 39.4%	8° = 50.2%
79° = 6.6%	61° = 17.4%	43° = 28.9%	25° = 40.0%	7° = 50.8%
78° = 7.2%	60° = 18.0%	42° = 29.6%	24° = 40.6%	6° = 51.4%
77° = 7.8%	59° = 18.6%	41° = 30.3%	23° = 41.2%	5° = 52.0%
76° = 8.4%	58° = 19.2%	40° = 31.0%	22° = 41.8%	4° = 52.6%
75° = 9.0%	57° = 19.8%	39° = 31.6%	21° = 42.4%	3° = 53.2%
74° = 9.6%	56° = 20.4%	38° = 32.2%	20° = 43.0%	2° = 53.8%
73° = 10.2%	55° = 21.0%	37° = 32.8%	19° = 43.6%	1° = 54.4%
				0° = 55.0%

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

Position of Maximum Extension in the Finger/Percentage of Impairment

90° = 100.0%	72° = 73.0%	54° = 45.0%	36° = 17.0%	18° = 4.6%
89° = 98.5%	71° = 71.5%	53° = 43.5%	35° = 15.5%	17° = 4.4%
88° = 97.0%	70° = 70.0%	52° = 42.0%	34° = 14.0%	16° = 4.2%
87° = 95.5%	69° = 68.4%	51° = 40.5%	33° = 12.5%	15° = 4.0%
86° = 94.0%	68° = 66.8%	50° = 39.0%	32° = 11.0%	14° = 3.8%
85° = 92.5%	67° = 65.2%	49° = 37.4%	31° = 9.5%	13° = 3.6%
84° = 91.0%	66° = 63.6%	48° = 35.8%	30° = 8.0%	12° = 3.4%
83° = 89.5%	65° = 62.0%	47° = 34.2%	29° = 7.7%	11° = 3.2%
82° = 88.0%	64° = 60.4%	46° = 32.6%	28° = 7.4%	10° = 3.0%
81° = 86.5%	63° = 58.8%	45° = 31.0%	27° = 7.1%	9° = 2.7%
80° = 85.0%	62° = 57.2%	44° = 29.4%	26° = 6.8%	8° = 2.4%
79° = 83.5%	61° = 55.6%	43° = 27.8%	25° = 6.5%	7° = 2.1%
78° = 82.0%	60° = 54.0%	42° = 26.2%	24° = 6.2%	6° = 1.8%
77° = 80.5%	59° = 52.5%	41° = 24.6%	23° = 5.9%	5° = 1.5%
76° = 79.0%	58° = 51.0%	40° = 23.0%	22° = 5.6%	4° = 1.2%
75° = 77.5%	57° = 49.5%	39° = 21.5%	21° = 5.3%	3° = 0.9%
74° = 76.0%	56° = 48.0%	38° = 20.0%	20° = 5.0%	2° = 0.6%
73° = 74.5%	55° = 46.5%	37° = 18.5%	19° = 4.8%	1° = 0.3%

0° = 0.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 55.0%	18° = 48.8%	36° = 50.4%	54° = 66.6%	72° = 83.8%
1° = 54.7%	19° = 48.4%	37° = 51.3%	55° = 67.5%	73° = 84.7%
2° = 54.4%	20° = 48.0%	38° = 52.2%	56° = 68.4%	74° = 85.6%
3° = 54.1%	21° = 47.7%	39° = 53.1%	57° = 69.3%	75° = 86.5%
4° = 53.8%	22° = 47.4%	40° = 54.0%	58° = 70.2%	76° = 87.4%
5° = 53.5%	23° = 47.1%	41° = 54.9%	59° = 71.1%	77° = 88.3%
6° = 53.2%	24° = 46.8%	42° = 55.8%	60° = 72.0%	78° = 89.2%
7° = 52.9%	25° = 46.5%	43° = 56.7%	61° = 73.0%	79° = 90.1%
8° = 52.6%	26° = 46.2%	44° = 57.6%	62° = 74.0%	80° = 91.0%
9° = 52.3%	27° = 45.9%	45° = 58.5%	63° = 75.0%	81° = 91.9%
10° = 52.0%	28° = 45.6%	46° = 59.4%	64° = 76.0%	82° = 92.8%
11° = 51.6%	29° = 45.3%	47° = 60.3%	65° = 77.0%	83° = 93.7%
12° = 51.2%	30° = 45.0%	48° = 61.2%	66° = 78.0%	84° = 94.6%
13° = 50.8%	31° = 45.9%	49° = 62.1%	67° = 79.0%	85° = 95.5%
14° = 50.4%	32° = 46.8%	50° = 63.0%	68° = 80.0%	86° = 96.4%
15° = 50.0%	33° = 47.7%	51° = 63.9%	69° = 81.0%	87° = 97.3%
16° = 49.6%	34° = 48.6%	52° = 64.8%	70° = 82.0%	88° = 98.2%
17° = 49.2%	35° = 49.5%	53° = 65.7%	71° = 82.9%	89° = 99.1%
				90° = 100.0%

(10) Rotational deformity or lateral deviation in a finger shall receive a value of 10% for the finger.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-170;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0070 Conversion of Thumb/Finger Values to Hand Value

(1) 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. At least two digits must have impairment other than loss of opposition to qualify for conversion to hand.

(2) When converting impairment values of digits to hand values, the applicable hand impairment is determined by rating the total impairment value in each digit in accordance with OAR 436-035-0007(22)(b), then converting the digit values to hand values, and then adding the converted values.

(3) The following table shall be used 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%

(4) The following table shall be used 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%				

(5) The following table shall be used 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%

(6) The following table shall be used 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%

(7) The following table shall be used 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%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-180;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0075 Hand

(1) Pursuant to OAR 436-035-0020(3), the ratings in this section are hand values. Abduction and adduction of the carpometacarpal joint of the thumb are associated with the ability to extend and flex. This association has been taken into consideration in establishing the percentages of impairment.

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

Position of Maximum Flexion in the Hand/Percentage of Impairment

15° = 0.0%	11° = 1.6%	7° = 3.2%	3° = 4.8%
14° = 0.4%	10° = 2.0%	6° = 3.6%	2° = 5.2%
13° = 0.8%	9° = 2.4%	5° = 4.0%	1° = 5.6%
12° = 1.2%	8° = 2.8%	4° = 4.4%	0° = 6.0%

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

Position of Maximum Extension in the Hand/Percentage of Impairment

30° = 0.0%	24° = 1.2%	18° = 2.4%	12° = 3.6%	6° = 4.8%
29° = 0.2%	23° = 1.4%	17° = 2.6%	11° = 3.8%	5° = 5.0%
28° = 0.4%	22° = 1.6%	16° = 2.8%	10° = 4.0%	4° = 5.2%
27° = 0.6%	21° = 1.8%	15° = 3.0%	9° = 4.2%	3° = 5.4%
26° = 0.8%	20° = 2.0%	14° = 3.2%	8° = 4.4%	2° = 5.6%
25° = 1.0%	19° = 2.2%	13° = 3.4%	7° = 4.6%	1° = 5.8%
				0° = 6.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 12%	4° = 16%	8° = 20%	12° = 26%
1° = 13%	5° = 17%	9° = 21%	13° = 28%
2° = 14%	6° = 18%	10° = 22%	14° = 30%
3° = 15%	7° = 19%	11° = 24%	15° = 32%

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

Joint Ankylosed at/Percentage of Impairment

0° = 12.0%	6° = 16.2%	12° = 20.2%	18° = 23.8%	24° = 27.8%
1° = 12.7%	7° = 16.9%	13° = 20.8%	19° = 24.4%	25° = 28.5%
2° = 13.4%	8° = 17.6%	14° = 21.4%	20° = 25.0%	26° = 29.2%
3° = 14.1%	9° = 18.3%	15° = 22.0%	21° = 25.7%	27° = 29.9%
4° = 14.8%	10° = 19.0%	16° = 22.6%	22° = 26.4%	28° = 30.6%
5° = 15.5%	11° = 19.6%	17° = 23.2%	23° = 27.1%	29° = 31.3%
				30° = 32.0%

Stat. Auth.: ORS 656.726
Stats. Impltd.:
Hist: Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0080 Wrist

(1) The following ratings are for loss of (dorsiflexion) extension at the wrist joint:

Position of Maximum Extension in the Wrist/Percentage of Impairment

60° = 0.0%	48° = 2.2%	36° = 3.8%	24° = 5.6%	12° = 7.6%
59° = 0.2%	47° = 2.3%	35° = 4.0%	23° = 5.7%	11° = 7.8%
58° = 0.4%	46° = 2.4%	34° = 4.2%	22° = 5.8%	10° = 8.0%
57° = 0.6%	45° = 2.5%	33° = 4.4%	21° = 5.9%	9° = 8.2%
56° = 0.8%	44° = 2.6%	32° = 4.6%	20° = 6.0%	8° = 8.4%
55° = 1.0%	43° = 2.7%	31° = 4.8%	19° = 6.2%	7° = 8.6%
54° = 1.2%	42° = 2.8%	30° = 5.0%	18° = 6.4%	6° = 8.8%
53° = 1.4%	41° = 2.9%	29° = 5.1%	17° = 6.6%	5° = 9.0%
52° = 1.6%	40° = 3.0%	28° = 5.2%	16° = 6.8%	4° = 9.2%
51° = 1.8%	39° = 3.2%	27° = 5.3%	15° = 7.0%	3° = 9.4%
50° = 2.0%	38° = 3.4%	26° = 5.4%	14° = 7.2%	2° = 9.6%
49° = 2.1%	37° = 3.6%	25° = 5.5%	13° = 7.4%	1° = 9.8%
				0° = 10.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30.0%	12° = 27.8%	24° = 26.2%	36° = 38.2%	48° = 63.8%
1° = 29.8%	13° = 27.7%	25° = 26.0%	37° = 40.4%	49° = 65.9%
2° = 29.6%	14° = 27.6%	26° = 25.8%	38° = 42.6%	50° = 68.0%
3° = 29.4%	15° = 27.5%	27° = 25.6%	39° = 44.8%	51° = 70.2%
4° = 29.2%	16° = 27.4%	28° = 25.4%	40° = 47.0%	52° = 72.4%
5° = 29.0%	17° = 27.3%	29° = 25.2%	41° = 49.1%	53° = 74.6%
6° = 28.8%	18° = 27.2%	30° = 25.0%	42° = 51.2%	54° = 76.8%
7° = 28.6%	19° = 27.1%	31° = 27.2%	43° = 53.3%	55° = 79.0%
8° = 28.4%	20° = 27.0%	32° = 29.4%	44° = 55.4%	56° = 81.2%
9° = 28.2%	21° = 26.8%	33° = 31.6%	45° = 57.5%	57° = 83.4%
10° = 28.0%	22° = 26.6%	34° = 33.8%	46° = 59.6%	58° = 85.6%
11° = 27.9%	23° = 26.4%	35° = 36.0%	47° = 61.7%	59° = 87.8%
				60° = 90.0%

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

Position of Maximum Flexion in the Wrist/Percentage of Impairment

70° = 0.0%	56° = 2.4%	42° = 4.6%	28° = 6.4%	14° = 9.2%
69° = 0.2%	55° = 2.5%	41° = 4.8%	27° = 6.6%	13° = 9.4%
68° = 0.4%	54° = 2.6%	40° = 5.0%	26° = 6.8%	12° = 9.6%
67° = 0.6%	53° = 2.7%	39° = 5.1%	25° = 7.0%	11° = 9.8%
66° = 0.8%	52° = 2.8%	38° = 5.2%	24° = 7.2%	10° = 10.0%
65° = 1.0%	51° = 2.9%	37° = 5.3%	23° = 7.4%	9° = 10.1%
64° = 1.2%	50° = 3.0%	36° = 5.4%	22° = 7.6%	8° = 10.2%
63° = 1.4%	49° = 3.2%	35° = 5.5%	21° = 7.8%	7° = 10.3%
62° = 1.6%	48° = 3.4%	34° = 5.6%	20° = 8.0%	6° = 10.4%
61° = 1.8%	47° = 3.6%	33° = 5.7%	19° = 8.2%	5° = 10.5%
60° = 2.0%	46° = 3.8%	32° = 5.8%	18° = 8.4%	4° = 10.6%
59° = 2.1%	45° = 4.0%	31° = 5.9%	17° = 8.6%	3° = 10.7%
58° = 2.2%	44° = 4.2%	30° = 6.0%	16° = 8.8%	2° = 10.8%
57° = 2.3%	43° = 4.4%	29° = 6.2%	15° = 9.0%	1° = 10.9%

0° = 11.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30.0%	14° = 42.2%	28° = 54.2%	42° = 65.8%	56° = 77.8%
1° = 30.9%	15° = 43.0%	29° = 55.1%	43° = 66.7%	57° = 78.6%
2° = 31.8%	16° = 43.8%	30° = 56.0%	44° = 67.6%	58° = 79.4%
3° = 32.7%	17° = 44.6%	31° = 56.8%	45° = 68.5%	59° = 80.2%
4° = 33.6%	18° = 45.4%	32° = 57.6%	46° = 69.4%	60° = 81.0%
5° = 34.5%	19° = 46.2%	33° = 58.4%	47° = 70.3%	61° = 81.9%
6° = 35.4%	20° = 47.0%	34° = 59.2%	48° = 71.2%	62° = 82.8%
7° = 36.3%	21° = 47.9%	35° = 60.0%	49° = 72.1%	63° = 83.7%
8° = 37.2%	22° = 48.8%	36° = 60.8%	50° = 73.0%	64° = 84.6%
9° = 38.1%	23° = 49.7%	37° = 61.6%	51° = 73.8%	65° = 85.5%
10° = 39.0%	24° = 50.6%	38° = 62.4%	52° = 74.6%	66° = 86.4%
11° = 39.8%	25° = 51.5%	39° = 63.2%	53° = 75.4%	67° = 87.3%
12° = 40.6%	26° = 52.4%	40° = 64.0%	54° = 76.2%	68° = 88.2%
13° = 41.4%	27° = 53.3%	41° = 64.9%	55° = 77.0%	69° = 89.1%
				70° = 90.0%

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

Position of Maximum Radial Deviation in the Wrist/Percentage of Impairment

20° = 0.0%	15° = 1.0%	10° = 2.0%	5° = 3.0%
19° = 0.2%	14° = 1.2%	9° = 2.2%	4° = 3.2%
18° = 0.4%	13° = 1.4%	8° = 2.4%	3° = 3.4%
17° = 0.6%	12° = 1.6%	7° = 2.6%	2° = 3.6%
16° = 0.8%	11° = 1.8%	6° = 2.8%	1° = 3.8%
			0° = 4.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30%	5° = 45%	10° = 60%	15° = 75%
1° = 33%	6° = 48%	11° = 63%	16° = 78%
2° = 36%	7° = 51%	12° = 66%	17° = 81%
3° = 39%	8° = 54%	13° = 69%	18° = 84%
4° = 42%	9° = 57%	14° = 72%	19° = 87%
			20° = 90%

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

Position of Maximum Ulnar Deviation in the Wrist/Percentage of Impairment

30° = 0.0%	24° = 1.2%	18° = 2.4%	12° = 3.6%	6° = 4.4%
29° = 0.2%	23° = 1.4%	17° = 2.6%	11° = 3.8%	5° = 4.5%
28° = 0.4%	22° = 1.6%	16° = 2.8%	10° = 4.0%	4° = 4.6%
27° = 0.6%	21° = 1.8%	15° = 3.0%	9° = 4.1%	3° = 4.7%
26° = 0.8%	20° = 2.0%	14° = 3.2%	8° = 4.2%	2° = 4.8%
25° = 1.0%	19° = 2.2%	13° = 3.4%	7° = 4.3%	1° = 4.9%
				0° = 5.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30%	6° = 42%	12° = 54%	18° = 66%	24° = 78%
1° = 32%	7° = 44%	13° = 56%	19° = 68%	25° = 80%
2° = 34%	8° = 46%	14° = 58%	20° = 70%	26° = 82%
3° = 36%	9° = 48%	15° = 60%	21° = 72%	27° = 84%
4° = 38%	10° = 50%	16° = 62%	22° = 74%	28° = 86%
5° = 40%	11° = 52%	17° = 64%	23° = 76%	29° = 88%
				30° = 90%

(9) Injuries which result in a loss of pronation or supination in the wrist joint shall be valued pursuant to OAR 436-035-0100(4).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-190;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0090 Conversion of Hand/Forearm Values to Arm Values

The following table shall be used to convert 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%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-200;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0100 Arm

(1) The following ratings are for loss of flexion in the elbow joint (150° describes the arm in full flexion):

Position of Maximum Flexion in the Arm/Percentage of Impairment

150° = 0.0%	120° = 8.0%	90° = 16.0%	60° = 23.0%	30° = 31.0%
149° = 0.3%	119° = 8.2%	89° = 16.2%	59° = 23.3%	29° = 31.3%
148° = 0.6%	118° = 8.4%	88° = 16.4%	58° = 23.6%	28° = 31.6%
147° = 0.9%	117° = 8.6%	87° = 16.6%	57° = 23.9%	27° = 31.9%
146° = 1.2%	116° = 8.8%	86° = 16.8%	56° = 24.2%	26° = 32.2%
145° = 1.5%	115° = 9.0%	85° = 17.0%	55° = 24.5%	25° = 32.5%
144° = 1.8%	114° = 9.2%	84° = 17.2%	54° = 24.8%	24° = 32.8%
143° = 2.1%	113° = 9.4%	83° = 17.4%	53° = 25.1%	23° = 33.1%
142° = 2.4%	112° = 9.6%	82° = 17.6%	52° = 25.4%	22° = 33.4%
141° = 2.7%	111° = 9.8%	81° = 17.8%	51° = 25.7%	21° = 33.7%
140° = 3.0%	110° = 10.0%	80° = 18.0%	50° = 26.0%	20° = 34.0%
139° = 3.2%	109° = 10.3%	79° = 18.3%	49° = 26.3%	19° = 34.2%
138° = 3.4%	108° = 10.6%	78° = 18.6%	48° = 26.6%	18° = 34.4%
137° = 3.6%	107° = 10.9%	77° = 18.9%	47° = 26.9%	17° = 34.6%
136° = 3.8%	106° = 11.2%	76° = 19.2%	46° = 27.2%	16° = 34.8%
135° = 4.0%	105° = 11.5%	75° = 19.5%	45° = 27.5%	15° = 35.0%
134° = 4.2%	104° = 11.8%	74° = 19.8%	44° = 27.8%	14° = 35.2%
133° = 4.4%	103° = 12.1%	73° = 20.1%	43° = 28.1%	13° = 35.4%
132° = 4.6%	102° = 12.4%	72° = 20.4%	42° = 28.4%	12° = 35.6%
131° = 4.8%	101° = 12.7%	71° = 20.7%	41° = 28.7%	11° = 35.8%
130° = 5.0%	100° = 13%	70° = 21.0%	40° = 29.0%	10° = 36.0%
129° = 5.3%	99° = 13.3%	69° = 21.2%	39° = 29.2%	9° = 36.3%
128° = 5.6%	98° = 13.6%	68° = 21.4%	38° = 29.4%	8° = 36.6%
127° = 5.9%	97° = 13.9%	67° = 21.6%	37° = 29.6%	7° = 36.9%
126° = 6.2%	96° = 14.2%	66° = 21.8%	36° = 29.8%	6° = 37.2%
125° = 6.5%	95° = 14.5%	65° = 22.0%	35° = 30.0%	5° = 37.5%
124° = 6.8%	94° = 14.8%	64° = 22.2%	34° = 30.2%	4° = 37.8%
123° = 7.1%	93° = 15.1%	63° = 22.4%	33° = 30.4%	3° = 38.1%
122° = 7.4%	92° = 15.4%	62° = 22.6%	32° = 30.6%	2° = 38.4%

121° = 7.7%	91° = 15.7%	61° = 22.8%	31° = 30.8%	1° = 38.7%
				0° = 39.0%

(2) The following ratings are for loss of extension in the elbow joint (0° describes the arm in full extension):

Position of Maximum Extension in the Elbow/Percentage of Impairment

150° = 30.0%	120° = 24.0%	90° = 18.0%	60° = 12.0%	30° = 6.0%
149° = 29.8%	119° = 23.8%	89° = 17.8%	59° = 11.8%	29° = 5.8%
148° = 29.6%	118° = 23.6%	88° = 17.6%	58° = 11.6%	28° = 5.6%
147° = 29.4%	117° = 23.4%	87° = 17.4%	57° = 11.4%	27° = 5.4%
146° = 29.2%	116° = 23.2%	86° = 17.2%	56° = 11.2%	26° = 5.2%
145° = 29.0%	115° = 23.0%	85° = 17.0%	55° = 11.0%	25° = 5.0%
144° = 28.8%	114° = 22.8%	84° = 16.8%	54° = 10.8%	24° = 4.8%
143° = 28.6%	113° = 22.6%	83° = 16.6%	53° = 10.6%	23° = 4.6%
142° = 28.4%	112° = 22.4%	82° = 16.4%	52° = 10.4%	22° = 4.4%
141° = 28.2%	111° = 22.2%	81° = 16.2%	51° = 10.2%	21° = 4.2%
140° = 28.0%	110° = 22.0%	80° = 16.0%	50° = 10.0%	20° = 4.0%
139° = 27.8%	109° = 21.8%	79° = 15.8%	49° = 9.8%	19° = 3.8%
138° = 27.6%	108° = 21.6%	78° = 15.6%	48° = 9.6%	18° = 3.6%
137° = 27.4%	107° = 21.4%	77° = 15.4%	47° = 9.4%	17° = 3.4%
136° = 27.2%	106° = 21.2%	76° = 15.2%	46° = 9.2%	16° = 3.2%
135° = 27.0%	105° = 21.0%	75° = 15.0%	45° = 9.0%	15° = 3.0%
134° = 26.8%	104° = 20.8%	74° = 14.8%	44° = 8.8%	14° = 2.8%
133° = 26.6%	103° = 20.6%	73° = 14.6%	43° = 8.6%	13° = 2.6%
132° = 26.4%	102° = 20.4%	72° = 14.4%	42° = 8.4%	12° = 2.4%
131° = 26.2%	101° = 20.2%	71° = 14.2%	41° = 8.2%	11° = 2.2%
130° = 26.0%	100° = 20.0%	70° = 14.0%	40° = 8.0%	10° = 2.0%
129° = 25.8%	99° = 19.8%	69° = 13.8%	39° = 7.8%	9° = 1.8%
128° = 25.6%	98° = 19.6%	68° = 13.6%	38° = 7.6%	8° = 1.6%
127° = 25.4%	97° = 19.4%	67° = 13.4%	37° = 7.4%	7° = 1.4%
126° = 25.2%	96° = 19.2%	66° = 13.2%	36° = 7.2%	6° = 1.2%
125° = 25.0%	95° = 19.0%	65° = 13.0%	35° = 7.0%	5° = 1.0%
124° = 24.8%	94° = 18.8%	64° = 12.8%	34° = 6.8%	4° = 0.8%

123° = 24.6%	93° = 18.6%	63° = 12.6%	33° = 6.6%	3° = 0.6%
122° = 24.4%	92° = 18.4%	62° = 12.4%	32° = 6.4%	2° = 0.4%
121° = 24.2%	91° = 18.2%	61° = 12.2%	31° = 6.2%	1° = 0.2%
				0° = 0.0%

(3) Ankylosis of the elbow in flexion or extension shall be rated as follows:

Joint Ankylosed at/Percentage of Impairment

0° = 65.0%	30° = 61.0%	60° = 56.0%	90° = 52.0%	120° = 68.0%
1° = 64.9%	31° = 60.8%	61° = 55.9%	91° = 51.8%	121° = 68.9%
2° = 64.8%	32° = 60.6%	62° = 55.8%	92° = 51.6%	122° = 79.8%
3° = 64.7%	33° = 60.4%	63° = 55.7%	93° = 51.4%	123° = 70.7%
4° = 64.6%	34° = 60.2%	64° = 55.6%	94° = 51.2%	124° = 71.6%
5° = 64.5%	35° = 60.0%	65° = 55.5%	95° = 51.0%	125° = 72.5%
6° = 64.4%	36° = 59.8%	66° = 55.4%	96° = 50.8%	126° = 73.4%
7° = 64.3%	37° = 59.6%	67° = 55.3%	97° = 50.6%	127° = 74.3%
8° = 64.2%	38° = 59.4%	68° = 55.2%	98° = 50.4%	128° = 75.2%
9° = 64.1%	39° = 59.2%	69° = 55.1%	99° = 50.2%	129° = 76.1%
10° = 64.0%	40° = 59.0%	70° = 55.0%	100° = 50.0%	130° = 77.0%
11° = 63.8%	41° = 58.9%	71° = 54.8%	101° = 50.9%	131° = 77.9%
12° = 63.6%	42° = 58.8%	72° = 54.6%	102° = 51.8%	132° = 78.8%
13° = 63.4%	43° = 58.7%	73° = 54.4%	103° = 52.7%	133° = 79.7%
14° = 63.2%	44° = 58.6%	74° = 54.2%	104° = 53.6%	134° = 80.6%
15° = 63.0%	45° = 58.5%	75° = 54.0%	105° = 54.5%	135° = 81.5%
16° = 62.8%	46° = 58.4%	76° = 53.8%	106° = 55.4%	136° = 82.4%
17° = 62.6%	47° = 58.3%	77° = 53.6%	107° = 56.3%	137° = 83.3%
18° = 62.4%	48° = 58.2%	78° = 53.4%	108° = 57.2%	138° = 84.2%
19° = 62.2%	49° = 58.1%	79° = 53.2%	109° = 58.1%	139° = 85.1%
20° = 62.0%	50° = 58.0%	80° = 53.0%	110° = 59.0%	140° = 86.0%
21° = 61.9%	51° = 57.8%	81° = 52.9%	111° = 59.9%	141° = 86.9%
22° = 61.8%	52° = 57.6%	82° = 52.8%	112° = 60.8%	142° = 87.8%
23° = 61.7%	53° = 57.4%	83° = 52.7%	113° = 61.7%	143° = 88.7%
24° = 61.6%	54° = 57.2%	84° = 52.6%	114° = 62.6%	144° = 89.6%
25° = 61.5%	55° = 57.0%	85° = 52.5%	115° = 63.5%	145° = 90.5%
26° = 61.4%	56° = 56.8%	86° = 52.4%	116° = 64.4%	146° = 91.4%
27° = 61.3%	57° = 56.6%	87° = 52.3%	117° = 65.3%	147° = 92.3%
28° = 61.2%	58° = 56.4%	88° = 52.2%	118° = 66.2%	148° = 93.2%
29° = 61.1%	59° = 56.2%	89° = 52.1%	119° = 67.1%	149° = 94.1%
				150° = 95.0%

(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:

Position of Maximum Pronation/Supination in the Arm/Percentage of Impairment

80° = 0.0%	64° = 2.6%	48° = 5.4%	32° = 7.8%	16° = 10.4%
79° = 0.2%	63° = 2.7%	47° = 5.6%	31° = 7.9%	15° = 10.5%
78° = 0.4%	62° = 2.8%	46° = 5.8%	30° = 8.0%	14° = 10.6%
77° = 0.6%	61° = 2.9%	45° = 6.0%	29° = 8.2%	13° = 10.7%
76° = 0.8%	60° = 3.0%	44° = 6.2%	28° = 8.4%	12° = 10.8%
75° = 1.0%	59° = 3.2%	43° = 6.4%	27° = 8.6%	11° = 10.9%
74° = 1.2%	58° = 3.4%	42° = 6.6%	26° = 8.8%	10° = 11.0%
73° = 1.4%	57° = 3.6%	41° = 6.8%	25° = 9.0%	9° = 11.2%
72° = 1.6%	56° = 3.8%	40° = 7.0%	24° = 9.2%	8° = 11.4%
71° = 1.8%	55° = 4.0%	39° = 7.1%	23° = 9.4%	7° = 11.6%
70° = 2.0%	54° = 4.2%	38° = 7.2%	22° = 9.6%	6° = 11.8%
69° = 2.1%	53° = 4.4%	37° = 7.3%	21° = 9.8%	5° = 12.0%
68° = 2.2%	52° = 4.6%	36° = 7.4%	20° = 10.0%	4° = 12.2%
67° = 2.3%	51° = 4.8%	35° = 7.5%	19° = 10.1%	3° = 12.4%
66° = 2.4%	50° = 5.0%	34° = 7.6%	18° = 10.2%	2° = 12.6%
65° = 2.5%	49° = 5.2%	33° = 7.7%	17° = 10.3%	1° = 12.8%
				0° = 13.0%

(5) Ankylosis of the elbow in pronation or supination will be rated as follows:
Joint Ankylosed at/Percentage of Impairment

0° = 65.0%	16° = 71.4%	32° = 76.8%	48° = 83.2%	64° = 89.2%
1° = 65.4%	17° = 71.8%	33° = 77.2%	49° = 83.6%	65° = 89.5%
2° = 65.8%	18° = 72.2%	34° = 77.6%	50° = 84.0%	66° = 89.8%
3° = 66.2%	19° = 72.6%	35° = 78.0%	51° = 84.4%	67° = 90.1%
4° = 66.6%	20° = 73.0%	36° = 78.4%	52° = 84.8%	68° = 90.4%
5° = 67.0%	21° = 73.3%	37° = 78.8%	53° = 85.2%	69° = 90.7%
6° = 67.4%	22° = 73.6%	38° = 79.2%	54° = 85.6%	70° = 91.0%
7° = 67.8%	23° = 73.9%	39° = 79.6%	55° = 86.0%	71° = 91.4%
8° = 68.2%	24° = 74.2%	40° = 80.0%	56° = 86.4%	72° = 91.8%
9° = 68.6%	25° = 74.5%	41° = 80.4%	57° = 86.8%	73° = 92.2%
10° = 69.0%	26° = 74.8%	42° = 80.8%	58° = 87.2%	74° = 92.6%
11° = 69.4%	27° = 75.1%	43° = 81.2%	59° = 87.6%	75° = 93.0%
12° = 69.8%	28° = 75.4%	44° = 81.6%	60° = 88.0%	76° = 93.4%
13° = 70.2%	29° = 75.7%	45° = 82.0%	61° = 88.3%	77° = 93.8%
14° = 70.6%	30° = 76.0%	46° = 82.4%	62° = 88.6%	78° = 94.2%
15° = 71.0%	31° = 76.4%	47° = 82.8%	63° = 88.9%	79° = 94.6%
				80° = 95.0%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-210;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0110 Other Upper Extremity Findings

(1) Loss of palmar sensation in the hand, finger(s), or thumb is rated according to the location and quality of the loss, and shall be measured by the two point discrimination method, as noted by the **AMA Guides, 3rd Ed. Rev., 1990**.

(a) If enough sensitivity remains to distinguish two pin pricks applied at the same time (two point), the following shall apply:

FINDING	GRADE OF SENSATION
6 millimeters apart or less:	normal
7-10 millimeters:	less than normal
11-15 millimeters:	protective sensation
Greater than 15 millimeters:	total loss

(b) In determining sensation findings for a digit which has been resected or amputated, the value shall be established by comparing the remaining overall length of the digit to the table in subsection (1)(c) of this rule and rating the length equivalency.

For Example: Amputation of 1/2 the middle phalanx of the index finger with total sensory loss extending from the level of amputation to the metacarpophalangeal joint, results in a value for 1/2 the digit or 33%.

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

Level of Loss and Percentage of Impairment	Level of Loss					
	Whole digit MP Joint	1/2 Proximal Phalanx	PIP Joint	1/2 Digit or IP Joint of the Thumb	DIP Joint	1/2 Distal Phalanx
THUMB						
Less than normal:	25	19	NA	12	NA	8
Radial side only:	10	8	NA	5	NA	3
Ulnar side only:	17	12	NA	7	NA	5
Protective sensation:	38	28	NA	17	NA	12
Radial side only:	17	12	NA	7	NA	5
Ulnar side only:	25	18	NA	11	NA	7
Total loss of sensation:	50	37	NA	23	NA	15
Radial side only:	23	16	NA	9	NA	6
Ulnar side only:	35	25	NA	15	NA	10
INDEX Finger						
Less than normal:	25	23	20	17	13	8
Radial side only:	17	15	13	11	8	5
Ulnar side only:	10	9	8	7	5	3

Protective sensation:	38	35	30	25	19	12
Radial side only:	25	23	20	17	12	7
Ulnar side only:	17	15	13	10	8	5
Total loss of sensation:	50	45	39	33	24	15
Radial side only:	35	31	27	22	16	10
Ulnar side only:	23	20	17	14	10	6

MIDDLE Finger

Less than normal:	25	23	20	17	13	8
Radial side only:	17	15	13	11	8	5
Ulnar side only:	10	9	8	7	5	3
Protective sensation:	38	35	30	25	19	12
Radial side only:	25	23	20	17	12	7
Ulnar side only:	17	15	13	10	8	5
Total loss of sensation:	50	45	39	33	24	15
Radial side only:	35	31	27	22	16	10
Ulnar side only:	23	20	17	14	10	6

Level of Loss and Percentage of Impairment	Level of Loss					
	Whole digit MP Joint	1/2 Proximal Phalanx	PIP Joint	1/2 Digit or IP Joint of the Thumb	DIP Joint	1/2 Distal Phalanx
RING Finger						
Less than normal:	25	23	20	17	13	8
Radial side only:	17	15	13	11	8	5
Ulnar side only:	10	9	8	7	5	3
Protective sensation:	38	35	30	25	19	12
Radial side only:	25	23	20	17	12	7
Ulnar side only:	17	15	13	10	8	5
Total loss of sensation:	50	45	39	33	24	15
Radial side only:	35	31	27	22	16	10
Ulnar side only:	23	20	17	14	10	6
LITTLE Finger						
Less than normal:	25	23	20	17	13	8
Radial side only:	10	9	8	7	5	3

Ulnar side only:	17	15	13	11	8	5
Protective sensation:	38	35	30	25	19	12
Radial side only:	17	15	13	10	8	5
Ulnar side only:	25	23	20	17	12	7
Total loss of sensation:	50	45	39	33	24	15
Radial side only:	23	20	17	14	10	6
Ulnar side only:	35	31	27	22	16	10
(NA = Not Applicable)						

(d) If the level of the loss is less than 1/2 the distal phalanx or falls between the levels in subsection (c) of this section, rate at the next highest (or more proximal) level.

(e) Any portion of palmar sensation loss is rated as follows:

	Total Loss of Sensation	Protective Sensation
Palmar Median Nerve	15% hand	11% hand
Palmar Ulnar Nerve	7% hand	5% 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) When surgery or an injury results in arm length discrepancies involving the injured arm, the following values shall be allowed on the affected arm for the length discrepancy:

Discrepancy in Inches	Arm Impairment
Less than 1 inch	0%
1 inch or more, but less than 2 inches	5%
2 inches or more but less than 3 inches	10%
3 inches or more but less than 4 inches	15%
4 inches or more	20%

(3) Increased lateral deviation occurring at the elbow shall be determined according to the following table:

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

(4) Surgery on the upper extremity is valued as follows:

(a) Finger/Thumb Surgery	Finger Impairment
Prosthetic joint replacement	1/2 the lowest ankylosis value for the involved joint

(b) Forearm/Hand Surgery	Forearm/Hand Impairment
Carpal bone fusion (each different bone)	5% each, to 30% maximum
Prosthetic carpal bone replacement	5%
Carpal bone removal, (any portion) without replacement	5% maximum for each carpal bone
Prosthetic distal ulnar replacement	5%
Distal ulnar resection, without replacement	10%

(c) Arm Surgery	Arm Impairment
Prosthetic radial head replacement	10%
Radial head resection, without replacement	15%
Prosthetic elbow joint replacement	35%
Humeral head replacement	15%

(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 section unless it is an allergic systemic reaction, which is rated pursuant to OAR 436-035-0450. Contact dermatitis for an unscheduled body part is rated pursuant to OAR 436-035-0440. 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 the worker has some limitations 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 treatments are required and the worker has many limitations in the performance of 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 the worker has many limitations in the performance of 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 has severe limitations in the performance of 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.

(7) Injuries to unilateral spinal nerve roots with resultant loss of strength in the arm, forearm or hand shall be determined according to the specific nerve root which supplies (innervates) the weakened muscle(s), as described in the following table and modified pursuant to OAR 436-035-0007(19):

(a) SPINAL NERVE ROOT Arm Impairment

C-5 ..... 30%
C-6 ..... 35%
C-7 ..... 35%
C-8 ..... 45%
T-1 ..... 20%

(b) For loss of strength in bilateral extremities, each extremity shall be rated separately.

(8) Loss of strength in the arm, forearm or hand due to a peripheral nerve injury is rated based upon the specific peripheral nerve, which supplies (innervates) the weakened muscle(s), as described in the following table and as modified pursuant to OAR 436-035-0007(19).

Peripheral Nerve	Forearm Impairment
Median (above mid-forearm below elbow)	69%
Median (below mid-forearm)	44%
Radial (Musculospiral) (forearm with sparing of triceps)	50%
Ulnar (above mid-forearm)	44%
Ulnar (below mid-forearm)	31%
	Arm Impairment
Radial (upper arm with loss of triceps)	55%
Radial (triceps only)	25%
Musculocutaneous	25%

E XAMPLE 1: 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 OAR 436-035-0007(19), is 20%. Final impairment is determined by multiplying 25% by 20% for a final value of 5% impairment of the arm.

Example 2: A 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 OAR 436-035-0007(19), is 50%. Final impairment is determined by multiplying 44% by 50% for a final value of 22% impairment of the forearm.

(a) Valid loss of strength in the arm, forearm or hand, substantiated by clinical findings, shall be valued as if the peripheral nerve supplying (innervating) the weakened muscle(s) was impaired, pursuant

to this section. Loss of strength in a finger or thumb receives a value of zero.

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

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

(9) Injuries to the brachial plexus which result in loss of strength in the upper extremity shall be determined according to the specific spinal nerve root supplying (innervating) the weakened muscle(s) as described in OAR 436-035-0110(7) and as modified pursuant to OAR 436-035-0007(19).

(10) When loss of strength is present in an unscheduled body part, e.g. shoulder, refer to OAR 436-035-0330 for determination of the impairment of the unscheduled body part.

(11) For motor loss in any part of an arm which is due to brain or spinal cord damage, impairment shall be valued as follows:

(a)

Severity of Motor Loss	Arm Impairment
Can use the involved extremity for self care, grasping, and holding but has difficulty with digital dexterity.	14%
Can use the involved extremity for self care, can grasp and hold objects with difficulty, but has no digital dexterity.	34%
Can use the involved extremity but has difficulty with self care activities.	55%
Cannot use the involved extremity for self care.	100%

(b) When a value is granted pursuant to subsection (a) of this section, additional impairment values are not allowed for weakness or reduced range of motion in the same extremity.

(c) For bilateral extremity loss, each extremity shall be rated separately.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-220;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 8-19-88 as WCD Admin. Order 5-1988 (temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0120 Multiple Losses in the Arm/Forearrm/Hand/Fingers/Thumb

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-230;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Repealed 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0130 Leg, Foot, and Toes

(1) The leg begins with the femoral head and includes the knee joint.

(2) The foot begins just distal to the knee joint and extends just proximal 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-240;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.

436-035-0140 Amputations in the Leg, Foot, and Toes

(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) Loss 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-250;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0150 Great Toe

(1) The following ratings are for loss of plantarflexion in the interphalangeal joint of the great toe:

Position of Maximum Flexion in the Great Toe/Percentage of Impairment

30° = 0.0%	24° = 9.0%	18° = 18.0%	12° = 27.0%	6° = 36.0%
29° = 1.5%	23° = 10.5%	17° = 19.5%	11° = 28.5%	5° = 37.5%
28° = 3.0%	22° = 12.0%	16° = 21.0%	10° = 30.0%	4° = 39.0%
27° = 4.5%	21° = 13.5%	15° = 22.5%	9° = 31.5%	3° = 40.5%
26° = 6.0%	20° = 15.0%	14° = 24.0%	8° = 33.0%	2° = 42.0%
25° = 7.5%	19° = 16.5%	13° = 25.5%	7° = 34.5%	1° = 43.5%
				0° = 45.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 45%	6° = 51%	12° = 57%	18° = 63%	24° = 69%
1° = 46%	7° = 52%	13° = 58%	19° = 64%	25° = 70%
2° = 47%	8° = 53%	14° = 59%	20° = 65%	26° = 71%
3° = 48%	9° = 54%	15° = 60%	21° = 66%	27° = 72%
4° = 49%	10° = 55%	16° = 61%	22° = 67%	28° = 73%
5° = 50%	11° = 56%	17° = 62%	23° = 68%	29° = 74%
				30° = 75%

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

Position of Maximum Extension in the Great Toe/Percentage of Impairment

50° = 0.0%	40° = 7.0%	30° = 14.0%	20° = 21.0%	10° = 28.0%
49° = 0.7%	39° = 7.7%	29° = 14.7%	19° = 21.7%	9° = 28.6%
48° = 1.4%	38° = 8.4%	28° = 15.4%	18° = 22.4%	8° = 29.2%
47° = 2.1%	37° = 9.1%	27° = 16.1%	17° = 23.1%	7° = 29.8%
46° = 2.8%	36° = 9.8%	26° = 16.8%	16° = 23.8%	6° = 30.4%
45° = 3.5%	35° = 10.5%	25° = 17.5%	15° = 24.5%	5° = 31.0%
44° = 4.2%	34° = 11.2%	24° = 18.2%	14° = 25.2%	4° = 31.6%
43° = 4.9%	33° = 11.9%	23° = 18.9%	13° = 25.9%	3° = 32.2%
42° = 5.6%	32° = 12.6%	22° = 19.6%	12° = 26.6%	2° = 32.8%
41° = 6.3%	31° = 13.3%	21° = 20.3%	11° = 27.3%	1° = 33.4%
				0° = 34.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 55.0%	10° = 49.0%	20° = 62.0%	30° = 74.0%	40° = 87.0%
1° = 54.4%	11° = 50.3%	21° = 63.2%	31° = 75.3%	41° = 88.3%
2° = 53.8%	12° = 51.6%	22° = 64.4%	32° = 76.6%	42° = 89.6%
3° = 53.2%	13° = 52.9%	23° = 65.6%	33° = 77.9%	43° = 90.9%
4° = 52.6%	14° = 54.2%	24° = 66.8%	34° = 79.2%	44° = 92.2%
5° = 52.0%	15° = 55.5%	25° = 67.0%	35° = 80.5%	45° = 93.5%
6° = 51.4%	16° = 56.8%	26° = 69.2%	36° = 81.8%	46° = 94.8%
7° = 50.8%	17° = 58.1%	27° = 70.4%	37° = 83.1%	47° = 96.1%
8° = 50.2%	18° = 59.4%	28° = 71.6%	38° = 84.4%	48° = 97.4%
9° = 49.6%	19° = 60.7%	29° = 72.8%	39° = 85.7%	49° = 98.7%
				50° = 100.0%

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

Position of Maximum Flexion in the Great Toe/Percentage of Impairment

30° = 0.0%	24° = 4.2%	18° = 8.4%	12° = 12.6%	6° = 16.8%
29° = 0.7%	23° = 4.9%	17° = 9.1%	11° = 13.3%	5° = 17.5%
28° = 1.4%	22° = 5.6%	16° = 9.8%	10° = 14.0%	4° = 18.2%
27° = 2.1%	21° = 6.3%	15° = 10.5%	9° = 14.7%	3° = 18.9%
26° = 2.8%	20° = 7.0%	14° = 11.2%	8° = 15.4%	2° = 19.6%
25° = 3.5%	19° = 7.7%	13° = 11.9%	7° = 16.1%	1° = 20.3%
				0° = 21.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 55.5%	6° = 64.0%	12° = 73.0%	18° = 82.0%	24° = 91.0%
1° = 56.5%	7° = 65.5%	13° = 74.5%	19° = 83.5%	25° = 92.5%
2° = 58.0%	8° = 67.0%	14° = 76.0%	20° = 85.0%	26° = 94.0%
3° = 59.5%	9° = 68.5%	15° = 77.5%	21° = 86.5%	27° = 95.5%
4° = 61.0%	10° = 70.0%	16° = 79.0%	22° = 88.0%	28° = 97.0%
5° = 62.5%	11° = 71.5%	17° = 80.5%	23° = 89.5%	29° = 98.5%
				30° = 100.0%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-260;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0160 Second Through Fifth Toes

(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 Impairment
ankylosed in dorsiflexion	45%
ankylosed at 0°	30%
ankylosed in plantarflexion	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 Impairment
ankylosed in dorsiflexion	80%
ankylosed at 0°	45%
ankylosed in plantarflexion	80%

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

Position of Maximum Extension in the Toe/Percentage of Impairment

40° = 0.0%	32° = 5.6%	24° = 11.2%	16° = 16.8%	8° = 22.6%
39° = 0.7%	31° = 6.3%	23° = 11.9%	15° = 17.5%	7° = 23.4%
38° = 1.4%	30° = 7.0%	22° = 12.6%	14° = 18.2%	6° = 24.2%
37° = 2.1%	29° = 7.7%	21° = 13.3%	13° = 18.9%	5° = 25.0%
36° = 2.8%	28° = 8.4%	20° = 14.0%	12° = 19.6%	4° = 25.8%
35° = 3.5%	27° = 9.1%	19° = 14.7%	11° = 20.3%	3° = 26.6%
34° = 4.2%	26° = 9.8%	18° = 15.4%	10° = 21.0%	2° = 27.4%
33° = 4.9%	25° = 10.5%	17° = 16.1%	9° = 21.8%	1° = 28.2%
				0° = 29.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 50.0%	8° = 60.4%	16° = 70.2%	24° = 80.2%	32° = 90.4%
1° = 51.3%	9° = 61.7%	17° = 71.4%	25° = 81.5%	33° = 91.6%
2° = 52.6%	10° = 63.0%	18° = 72.6%	26° = 82.8%	34° = 92.8%
3° = 53.9%	11° = 64.2%	19° = 73.8%	27° = 84.1%	35° = 94.0%
4° = 55.2%	12° = 65.4%	20° = 75.0%	28° = 85.4%	36° = 95.2%
5° = 56.5%	13° = 66.6%	21° = 76.3%	29° = 86.7%	37° = 96.4%
6° = 57.8%	14° = 67.8%	22° = 77.6%	30° = 88.0%	38° = 97.6%
7° = 59.1%	15° = 69.0%	23° = 78.9%	31° = 89.2%	39° = 98.8%

40° = 100.0%

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

Position of Maximum Flexion in the Toe/Percentage of Impairment

30° = 0.0%	24° = 4.2%	18° = 8.4%	12° = 12.6%	6° = 16.8%
29° = 0.7%	23° = 4.9%	17° = 9.1%	11° = 13.3%	5° = 17.5%
28° = 1.4%	22° = 5.6%	16° = 9.8%	10° = 14.0%	4° = 18.2%
27° = 2.1%	21° = 6.3%	15° = 10.5%	9° = 14.7%	3° = 18.9%
26° = 2.8%	20° = 7.0%	14° = 11.2%	8° = 15.4%	2° = 19.6%
25° = 3.5%	19° = 7.7%	13° = 11.9%	7° = 16.1%	1° = 20.3%
				0° = 21.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 50.0%	6° = 60.2%	12° = 70.2%	18° = 79.8%	24° = 89.8%
1° = 51.7%	7° = 61.9%	13° = 71.8%	19° = 81.4%	25° = 91.5%
2° = 53.4%	8° = 63.6%	14° = 73.4%	20° = 83.0%	26° = 93.2%
3° = 55.1%	9° = 65.3%	15° = 75.0%	21° = 84.7%	27° = 94.9%
4° = 56.8%	10° = 67.0%	16° = 76.6%	22° = 86.4%	28° = 96.6%
5° = 58.5%	11° = 68.6%	17° = 78.2%	23° = 88.1%	29° = 98.3%
				30° = 100.0%

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-270;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0170 Other Toe Findings

(1) Loss of plantar sensation in the toes, including the great toe, is rated as follows:

(a)

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

(b) Loss of sensation in the toes in addition to loss of sensation in the foot is rated for the foot only, under OAR 436-035-0200(1); no additional value is allowed for loss of sensation in the toes.

(2) Toe joint surgery is rated as follows:

(a) In the great toe:

Toe Impairment

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

(b) In the second through fifth toes:

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-280;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0180 Conversion of Toe Values to Food Value

(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 impairment findings in the foot. Each toe must be converted to the foot separately. After converting to the foot, each converted value is added.

(2) If there are impairment findings in the foot and impairment findings in the great toe, the following table is used to convert losses in the great 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 impairment findings in the foot and impairment findings in the second through the fifth toes, the following table is used to convert losses in the toes to losses in the foot:

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-290;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0190 Foot

(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 in the foot:

Position of Maximum Inversion in the Foot/Percentage of Impairment

30° = 0.0%	22° = 1.6%	14° = 3.2%	6° = 4.4%
29° = 0.2%	21° = 1.8%	13° = 3.4%	5° = 4.5%
28° = 0.4%	20° = 2.0%	12° = 3.6%	4° = 4.6%
27° = 0.6%	19° = 2.2%	11° = 3.8%	3° = 4.7%
26° = 0.8%	18° = 2.4%	10° = 4.0%	2° = 4.8%
25° = 1.0%	17° = 2.6%	9° = 4.1%	1° = 4.9%
24° = 1.2%	16° = 2.8%	8° = 4.2%	0° = 5.0%
23° = 1.4%	15° = 3.0%	7° = 4.3%	

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

Joint Ankylosed at/Percentage of Impairment

0° = 10.0%	8° = 36.4%	16° = 51.4%	24° = 62.2%
1° = 13.3%	9° = 39.7%	17° = 52.8%	25° = 63.5%
2° = 16.6%	10° = 43.0%	18° = 54.2%	26° = 64.8%
3° = 19.9%	11° = 44.4%	19° = 55.6%	27° = 66.1%
4° = 23.2%	12° = 45.8%	20° = 57.0%	28° = 67.4%
5° = 26.5%	13° = 47.2%	21° = 58.3%	29° = 68.7%
6° = 29.8%	14° = 48.6%	22° = 59.6%	30° = 70.0%
7° = 33.1%	15° = 50.0%	23° = 60.9%	

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

Position of Maximum Eversion in the Foot/Percentage of Impairment

20° = 0.0%	15° = 1.0%	10° = 2.0%	5° = 3.0%
19° = 0.2%	14° = 1.2%	9° = 2.2%	4° = 3.2%
18° = 0.4%	13° = 1.4%	8° = 2.4%	3° = 3.4%
17° = 0.6%	12° = 1.6%	7° = 2.6%	2° = 3.6%
16° = 0.8%	11° = 1.8%	6° = 2.8%	1° = 3.8%
			0° = 4.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 10%	5° = 30%	10° = 50%	15° = 55%
1° = 14%	6° = 34%	11° = 51%	16° = 56%
2° = 18%	7° = 38%	12° = 52%	17° = 57%
3° = 22%	8° = 42%	13° = 53%	18° = 58%
4° = 26%	9° = 46%	14° = 54%	19° = 59%
			20° = 60%

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

Position of Maximum Dorsiflexion in the Ankle/Percentage of Impairment

20° = 0.0%	15° = 2.0%	10° = 4.0%	5° = 5.5%
19° = 0.4%	14° = 2.4%	9° = 4.3%	4° = 5.8%
18° = 0.8%	13° = 2.8%	8° = 4.6%	3° = 6.1%
17° = 1.2%	12° = 3.2%	7° = 4.9%	2° = 6.4%
16° = 1.6%	11° = 3.6%	6° = 5.2%	1° = 6.7%
			0° = 7.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30%	5° = 40%	10° = 50%	15° = 60%
1° = 32%	6° = 42%	11° = 52%	16° = 62%
2° = 34%	7° = 44%	12° = 54%	17° = 64%
3° = 36%	8° = 46%	13° = 56%	18° = 66%
4° = 38%	9° = 48%	14° = 58%	19° = 68%
			20° = 70%

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

Position of Maximum Flexion in the Ankle/Percentage of Impairment

40° = 0.0%	30° = 4.0%	20° = 7.0%	10° = 11.0%
39° = 0.4%	29° = 4.3%	19° = 7.4%	9° = 11.3%
38° = 0.8%	28° = 4.6%	18° = 7.8%	8° = 11.6%
37° = 1.2%	27° = 4.9%	17° = 8.2%	7° = 11.9%
36° = 1.6%	26° = 5.2%	16° = 8.6%	6° = 12.2%
35° = 2.0%	25° = 5.5%	15° = 9.0%	5° = 12.5%
34° = 2.4%	24° = 5.8%	14° = 9.4%	4° = 12.8%
33° = 2.8%	23° = 6.1%	13° = 9.8%	3° = 13.1%
32° = 3.2%	22° = 6.4%	12° = 10.2%	2° = 13.4%
31° = 3.6%	21° = 6.7%	11° = 10.6%	1° = 13.7%
			0° = 14.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 30%	8° = 38%	16° = 46%	24° = 54%	32° = 62%
1° = 31%	9° = 39%	17° = 47%	25° = 55%	33° = 63%
2° = 32%	10° = 40%	18° = 48%	26° = 56%	34° = 64%
3° = 33%	11° = 41%	19° = 49%	27° = 57%	35° = 65%
4° = 34%	12° = 42%	20° = 50%	28° = 58%	36° = 66%
5° = 35%	13° = 43%	21° = 51%	29° = 59%	37° = 67%
6° = 36%	14° = 44%	22° = 52%	30° = 60%	38° = 68%
7° = 37%	15° = 45%	23° = 53%	31° = 61%	39° = 69%
				40° = 70%

(10) The following applies to determining impairment for loss of motion and/or ankylosis in the ankle and/or subtalar joint:

(a) If there is loss of motion only (no ankylosis in either joint) in the subtalar joint and/or the ankle joint, the following applies:

(A) the values for loss of motion in the subtalar joint are added;

(B) the values for loss of motion in the ankle joint are added;

(C) the value for loss of motion in the subtalar joint is added to the value for loss of motion in the ankle joint.

(b) If there is ankylosis in the ankle and/or subtalar joint, the following applies:

(A) When there is ankylosis in one joint only with no loss of motion or ankylosis in the other joint, that ankylosis value is granted.

(B) When there is loss of motion in one joint and ankylosis in the other joint, add the ankylosis value to the value for loss of motion in the non-ankylosed joint.

(C) When both joints are ankylosed, only the greater impairment value is granted.

(D) When both joints are ankylosed and the ankylosis value is the same for both joints, only one value is granted.

(E) When an ankylosis value is granted in plantarflexion, no range of motion or ankylosis value is allowed for dorsiflexion, and vice versa. When an ankylosis value is granted for inversion, no range of motion or ankylosis value is allowed for eversion, and vice versa.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-300;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0200 Other Foot Findings

(1) Loss of plantar sensation in the foot is rated as follows:

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

(2) Loss of plantar sensation in the toes is rated pursuant to OAR 436-035-0170(1).

(3) Ankle joint instability due to a ligamentous injury shall be valued as follows:

(a) Ankle joint instability due to lateral collateral ligament damage:

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

(b) Ankle joint instability due to medial collateral ligament damage:

	Ankle Impairment
Mild	6%
Moderate	11%
Severe (complete disruption of two/three ligament)	17%

(c) Ankle joint instability with additional anterior and/or posterior instability shall receive an additional 10%.

(4) Where the objective medical evidence indicates severe injury to the foot/ankle has occurred (e.g. severe soft tissue crush injuries, calcaneal fractures, or post-traumatic avascular necrosis), the following applies:

(a) When objective medical evidence establishes the worker cannot walk and/or stand for a cumulative total of more than two hours in an 8-hour period, the award shall be 15% of the foot/ankle, except for (b) of this section.

(b) A worker who has a dermatological or vascular impairment value, Class II or higher, pursuant to OAR 436-035-0230(6) or (7) shall not be allowed an additional value pursuant to this section.

(c) When a worker qualifies to receive a value pursuant to OAR 436-035-0230(16) and a value pursuant to this section, only one of the two values is granted; the higher monetary value.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-310;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0210 Conversion of Foot Value to Leg Value

(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%				

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-320;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.

436-035-0220 Leg

(1) The following ratings are for loss of flexion in the knee (150° describes the knee in full flexion):

Position of Maximum Flexion in the Knee/Percentage of Impairment

0° = 53.0%	30° = 42.0%	60° = 32.0%	90° = 21.0%	120° = 11.0%
1° = 52.6%	31° = 41.7%	61° = 31.6%	91° = 20.7%	121° = 10.6%
2° = 52.2%	32° = 41.4%	62° = 31.2%	92° = 20.4%	122° = 10.2%
3° = 51.8%	33° = 41.1%	63° = 30.8%	93° = 20.1%	123° = 9.8%
4° = 51.4%	34° = 40.8%	64° = 30.4%	94° = 19.8%	124° = 9.4%
5° = 51.0%	35° = 40.5%	65° = 30.0%	95° = 19.5%	125° = 9.0%
6° = 50.6%	36° = 40.2%	66° = 29.6%	96° = 19.2%	126° = 8.6%
7° = 50.2%	37° = 39.9%	67° = 29.2%	97° = 18.9%	127° = 8.2%
8° = 49.8%	38° = 39.6%	68° = 28.8%	98° = 18.6%	128° = 7.8%
9° = 49.4%	39° = 39.3%	69° = 28.4%	99° = 18.3%	129° = 7.4%
10° = 49.0%	40° = 39.0%	70° = 28.0%	100° = 18.0%	130° = 7.0%
11° = 48.7%	41° = 38.6%	71° = 27.7%	101° = 17.6%	131° = 6.7%
12° = 48.4%	42° = 38.2%	72° = 27.4%	102° = 17.2%	132° = 6.4%
13° = 48.1%	43° = 37.8%	73° = 27.1%	103° = 16.8%	133° = 6.1%
14° = 47.8%	44° = 37.4%	74° = 26.8%	104° = 16.4%	134° = 5.8%
15° = 47.5%	45° = 37.0%	75° = 26.5%	105° = 16.0%	135° = 5.5%
16° = 47.2%	46° = 36.6%	76° = 26.2%	106° = 15.6%	136° = 5.2%
17° = 46.9%	47° = 36.2%	77° = 25.9%	107° = 15.2%	137° = 4.9%
18° = 46.6%	48° = 35.8%	78° = 25.6%	108° = 14.8%	138° = 4.6%
19° = 46.3%	49° = 35.4%	79° = 25.3%	109° = 14.4%	139° = 4.3%
20° = 46.0%	50° = 35.0%	80° = 25.0%	110° = 14.0%	140° = 4.0%
21° = 45.6%	51° = 34.7%	81° = 24.6%	111° = 13.7%	141° = 3.6%
22° = 45.2%	52° = 34.4%	82° = 24.2%	112° = 13.4%	142° = 3.2%
23° = 44.8%	53° = 34.1%	83° = 23.8%	113° = 13.1%	143° = 2.8%
24° = 44.4%	54° = 33.8%	84° = 23.4%	114° = 12.8%	144° = 2.4%
25° = 44.0%	55° = 33.5%	85° = 23.0%	115° = 12.5%	145° = 2.0%
26° = 43.6%	56° = 33.2%	86° = 22.6%	116° = 12.2%	146° = 1.6%
27° = 43.2%	57° = 32.9%	87° = 22.2%	117° = 11.9%	147° = 1.2%
28° = 42.8%	58° = 32.6%	88° = 21.8%	118° = 11.6%	148° = 0.8%
29° = 42.4%	59° = 32.3%	89° = 21.4%	119° = 11.3%	149° = 0.4%
				150° = 0.0%

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

Position of Maximum Extension in the Knee/Percentage of Impairment

50 -150° = 90.0%	37° = 24.0%	24° = 11.0%	11° = 1.6%
49° = 83.7%	36° = 23.0%	23° = 10.0%	10° = 1.0%
48° = 77.4%	35° = 22.0%	22° = 9.0%	9° = 0.9%
47° = 71.1%	34° = 21.0%	21° = 8.0%	8° = 0.8%
46° = 64.8%	33° = 20.0%	20° = 7.0%	7° = 0.7%
45° = 58.5%	32° = 19.0%	19° = 6.4%	6° = 0.6%
44° = 52.2%	31° = 18.0%	18° = 5.8%	5° = 0.5%
43° = 45.9%	30° = 17.0%	17° = 5.2%	4° = 0.4%
42° = 39.6%	29° = 16.0%	16° = 4.6%	3° = 0.3%
41° = 33.3%	28° = 15.0%	15° = 4.0%	2° = 0.2%
40° = 27.0%	27° = 14.0%	14° = 3.4%	1° = 0.1%
39° = 26.0%	26° = 13.0%	13° = 2.8%	0° = 0.0%
38° = 25.0%	25° = 12.0%	12° = 2.2%	

(3) Ankylosis of the knee in flexion or extension shall be rated as follows:

Joint Ankylosed at/Percentage of Impairment

0° = 53.0%	13° = 53%	26° = 66%	39° = 79%
1° = 52.7%	14° = 54%	27° = 67%	40° = 80%
2° = 52.4%	15° = 55%	28° = 68%	41° = 81%
3° = 52.1%	16° = 56%	29° = 69%	42° = 82%
4° = 51.8%	17° = 57%	30° = 70%	43° = 83%
5° = 51.5%	18° = 58%	31° = 71%	44° = 84%
6° = 51.2%	19° = 59%	32° = 72%	45° = 85%
7° = 50.9%	20° = 60%	33° = 73%	46° = 86%
8° = 50.6%	21° = 61%	34° = 74%	47° = 87%
9° = 50.3%	22° = 62%	35° = 75%	48° = 88%
10° = 50.0%	23° = 63%	36° = 76%	49° = 89%
11° = 51.0%	24° = 64%	37° = 77%	50-150° = 90%
12° = 52.0%	25° = 65%	38° = 78%	

(4) The determination of loss of range of motion in the hip is valued in this section when there is

no pelvic bone involvement. Loss associated with pelvic bone involvement is determined pursuant to OAR 436-035-0340.

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

Position of Maximum Flexion in the Hip/Percentage of Impairment

0° = 18.0%	26° = 12.8%	51° = 8.8%	76° = 4.4%
1° = 17.8%	27° = 12.6%	52° = 8.6%	77° = 4.3%
2° = 17.6%	28° = 12.4%	53° = 8.4%	78° = 4.2%
3° = 17.4%	29° = 12.2%	54° = 8.2%	79° = 4.1%
4° = 17.2%	30° = 12.0%	55° = 8.0%	80° = 4.0%
5° = 17.0%	31° = 11.9%	56° = 7.8%	81° = 3.8%
6° = 16.8%	32° = 11.8%	57° = 7.6%	82° = 3.6%
7° = 16.6%	33° = 11.7%	58° = 7.4%	83° = 3.4%
8° = 16.4%	34° = 11.6%	59° = 7.2%	84° = 3.2%
9° = 16.2%	35° = 11.5%	60° = 7.0%	85° = 3.0%
10° = 16.0%	36° = 11.4%	61° = 6.8%	86° = 2.8%
11° = 15.8%	37° = 11.3%	62° = 6.6%	87° = 2.6%
12° = 15.6%	38° = 11.2%	63° = 6.4%	88° = 2.4%
13° = 15.4%	39° = 11.1%	64° = 6.2%	89° = 2.2%
14° = 15.2%	40° = 11.0%	65° = 6.0%	90° = 2.0%
15° = 15.0%	41° = 10.8%	66° = 5.8%	91° = 1.8%
16° = 14.8%	42° = 10.6%	67° = 5.6%	92° = 1.6%
17° = 14.6%	43° = 10.4%	68° = 5.4%	93° = 1.4%
18° = 14.4%	44° = 10.2%	69° = 5.2%	94° = 1.2%
19° = 14.2%	45° = 10.0%	70° = 5.0%	95° = 1.0%
20° = 14.0%	46° = 9.8%	71° = 4.9%	96° = 0.8%
21° = 13.8%	47° = 9.6%	72° = 4.8%	97° = 0.6%
22° = 13.6%	48° = 9.4%	73° = 4.7%	98° = 0.4%
23° = 13.4%	49° = 9.2%	74° = 4.6%	99° = 0.2%
24° = 13.2%	50° = 9.0%	75° = 4.5%	100° = 0.0%
25° = 13.0%			

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

Position of Maximum Extension in the Hip/Percentage of Impairment

0° = 5.0%	6° = 4.4%	12° = 3.6%	18° = 2.4%	24° = 1.2%
1° = 4.9%	7° = 4.3%	13° = 3.4%	19° = 2.2%	25° = 1.0%
2° = 4.8%	8° = 4.2%	14° = 3.2%	20° = 2.0%	26° = 0.8%
3° = 4.7%	9° = 4.1%	15° = 3.0%	21° = 1.8%	27° = 0.6%
4° = 4.6%	10° = 4.0%	16° = 2.8%	22° = 1.6%	28° = 0.4%
5° = 4.5%	11° = 3.8%	17° = 2.6%	23° = 1.4%	29° = 0.2%
				30° = 0.0%

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

Position of Maximum Abduction in the Hip/Percentage of Impairment

0° = 16.0%	8° = 12.8%	16° = 9.6%	24° = 6.4%	32° = 3.2%
1° = 15.6%	9° = 12.4%	17° = 9.2%	25° = 6.0%	33° = 2.8%
2° = 15.2%	10° = 12.0%	18° = 8.8%	26° = 5.6%	34° = 2.4%
3° = 14.8%	11° = 11.6%	19° = 8.4%	27° = 5.2%	35° = 2.0%
4° = 14.4%	12° = 11.2%	20° = 8.0%	28° = 4.8%	36° = 1.6%
5° = 14.0%	13° = 10.8%	21° = 7.6%	29° = 4.4%	37° = 1.2%
6° = 13.6%	14° = 10.4%	22° = 7.2%	30° = 4.0%	38° = 0.8%
7° = 13.2%	15° = 10.0%	23° = 6.8%	31° = 3.6%	39° = 0.4%
				40° = 0.0%

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

Position of Maximum Adduction in the Hip/Percentage of Impairment

0° = 8.0%	5° = 6.0%	10° = 4.0%	15° = 2.0%
1° = 7.6%	6° = 5.6%	11° = 3.6%	16° = 1.6%
2° = 7.2%	7° = 5.2%	12° = 3.2%	17° = 1.2%
3° = 6.8%	8° = 4.8%	13° = 2.8%	18° = 0.8%
4° = 6.4%	9° = 4.4%	14° = 2.4%	19° = 0.4%
			20° = 0.0%

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

Position of Maximum Internal Rotation in the Hip/Percentage of Impairment

0° = 10.0%	8° = 8.4%	16° = 6.2%	24° = 4.2%	32° = 2.4%
1° = 9.8%	9° = 8.2%	17° = 5.9%	25° = 4.0%	33° = 2.1%
2° = 9.6%	10° = 8.0%	18° = 5.6%	26° = 3.8%	34° = 1.8%
3° = 9.4%	11° = 7.7%	19° = 5.3%	27° = 3.6%	35° = 1.5%
4° = 9.2%	12° = 7.4%	20° = 5.0%	28° = 3.4%	36° = 1.2%
5° = 9.0%	13° = 7.1%	21° = 4.8%	29° = 3.2%	37° = 0.9%
6° = 8.8%	14° = 6.8%	22° = 4.6%	30° = 3.0%	38° = 0.6%
7° = 8.6%	15° = 6.5%	23° = 4.4%	31° = 2.7%	39° = 0.3%
				40° = 0.0%

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

Position of Maximum External Rotation in the Hip/Percentage of Impairment

0° = 13.0%	10° = 10.0%	20° = 8.0%	30° = 5.0%	40° = 3.0%

1° = 12.7%	11° = 9.8%	21° = 7.7%	31° = 4.8%	41° = 2.7%
2° = 12.4%	12° = 9.6%	22° = 7.4%	32° = 4.6%	42° = 2.4%
3° = 12.1%	13° = 9.4%	23° = 7.1%	33° = 4.4%	43° = 2.1%
4° = 11.8%	14° = 9.2%	24° = 6.8%	34° = 4.2%	44° = 1.8%
5° = 11.5%	15° = 9.0%	25° = 6.5%	35° = 4.0%	45° = 1.5%
6° = 11.2%	16° = 8.8%	26° = 6.2%	36° = 3.8%	46° = 1.2%
7° = 10.9%	17° = 8.6%	27° = 5.9%	37° = 3.6%	47° = 0.9%
8° = 10.6%	18° = 8.4%	28° = 5.6%	38° = 3.4%	48° = 0.6%
9° = 10.3%	19° = 8.2%	29° = 5.3%	39° = 3.2%	49° = 0.3%
				50° = 0.0%

(11) If there is an ankylosis in the hip joint, it must be rated as an unscheduled impairment, refer to 436-035-0340.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-330;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0230 Other Losses in the Leg or Foot

(1) Loss of sensation in the leg is not considered disabling except for the plantar surface of the foot. To determine this impairment value, refer to OAR 436-035-0200(1).

(2) The following ratings are for length discrepancies of the injured leg. However, loss of length due to flexion/extension deformities are excluded. 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%
1/4 to 1/2 inch	5%

(3) Knee joint instability is valued utilizing the following table:

Severity of Joint Opening:

	Grade 1 or 1+	Grade 2 or 2+	Grade 3 or 3+
	Mild	Moderate	Severe
	1-5mm	6-10mm	>10mm
Ligament			
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) Valid instability in the knee substantiated by clinical findings shall be valued pursuant to this section as if the ligament stabilizing the knee were injured.

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

(c) Rotary instability is included in the impairment value(s) of this section.

(d) When there is a prosthetic knee replacement, instability of the knee shall not be rated unless the severity of the instability is equivalent to Grade 2 or greater.

(4) When injury in the knee results in angulation, impairment values shall be determined according to the following:

(a) Varus deformity of the knee greater than 15° is rated at 10% of the leg.

(b) Valgus deformity of the knee greater than 20° is rated at 10% of the leg.

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

(a) Foot Surgery	Foot/Ankle Impairment
Resection of any part of a metatarsal	10%
Prosthetic ankle replacement	25%

(b) Leg Surgery	Leg Impairment
Less than complete loss of one meniscus (no additional value is allowed for multiple partial resections of a single meniscus)	5%
Complete loss of one meniscus	10%
Complete loss of one meniscus with less than complete loss of the other	15%
Complete loss of both menisci	25%
Each 1/4 of patella removed	5%

Prosthetic femoral head replacement	15%
Total or partial prosthetic knee replacement (no additional value is allowed for multiple, partial or total, replacements).	20%

(c) When rating a prosthetic knee replacement, a separate value for meniscectomy(s) and/or patellectomy for the same knee shall not be granted.

(d) In a meniscectomy where only the meniscal "rim" remains, the value shall be the same as a total meniscectomy.

(6) Dermatological conditions including burns which are limited to the leg or foot are rated according to the body part affected. The percentages indicated in the classes below are applied to the affected body part(s), e.g. a Class 1 dermatological condition of the foot is 3% of the foot, or a Class 1 dermatological condition of the leg is 3% of the leg. Contact dermatitis is determined under this section unless it is caused by an allergic systemic reaction which is determined under OAR 436-035-0450. Contact dermatitis for an unscheduled body part is rated pursuant to OAR 436-035-0440. 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 has some limitations in the performance of 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 has many limitations in the performance of 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 has many limitations in the performance of 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 has severe limitations in the performance of activities of daily living.

(7) The following ratings are for peripheral vascular disease of the leg. The impairment values are determined according to the following classifications:

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

(A) Loss of pulses in the foot.

(B) Minimal loss of subcutaneous tissue.

(C) Calcification of the arteries (as revealed by x-ray).

(D) Transient edema.

(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 leg. 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 lower extremity occurs as a result of vascular disease, the impairment values shall be rated separately. The amputation value shall then be combined with the impairment value for the vascular disease.

(8) Injuries to unilateral spinal nerve roots with resultant loss of strength in the leg or foot shall be determined according to the specific nerve root supplying (innervating) the weakened muscle(s), as described in the following table and modified pursuant to OAR 436-035-0007(19).

(a)

SPINAL NERVE ROOT	LEG IMPAIRMENT
L-3	20%
L-4	34%
L-5	37%
S-1	20%

(b) Loss of strength in bilateral extremities shall result in each extremity being rated separately.

(9) Loss of strength in the leg or foot due to peripheral nerve injury is determined according to

the specific peripheral nerve supplying (innervating) the weakened muscle(s) as described in the following table and as modified pursuant to OAR 436-035-0007(19).

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

Example 1: 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 OAR 436-035-0007(19), is 20%. Final impairment is determined by multiplying 30% by 20% for a final value of 6% impairment of the leg.

Example 2: A worker 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 OAR 436-035-0007(19), 3/5 strength is 50%. Impairment is determined by multiplying 28% by 50% for a final value of 14% impairment of the foot.

(10) Valid loss of strength in the leg or foot, substantiated by clinical findings, shall be valued pursuant to section (9) of this rule as if the nerve supplying (innervating) the weakened muscle(s) was

impaired. Loss of strength in a toe receives a value of zero.

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

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

(11) Injuries to the lumbosacral plexus resulting in loss of strength shall be determined according to the specific spinal nerve root supplying (innervating) the weakened muscle as described in section (8) of this rule and as modified pursuant to OAR 436-035-0007(19).

(12) For motor loss to any part of a leg which is due to brain or spinal cord damage, impairment shall be valued as follows:

(a)

Severity of Motor Loss	Leg Impairment
Worker can rise to a standing position and can walk but has difficulty with elevations, grades, steps and distances.	23%
Worker can rise to a standing position and can walk with difficulty but is limited to level surfaces. There is variability as to the distance the worker can walk.	48%
Worker can rise to a standing position and can maintain it with difficulty but cannot walk without assistance.	76%
Worker cannot stand without a prosthesis , the help of others, or mechanical support.	100%

(b) When a value is granted pursuant to subsection (a) of this section, additional impairment values in the same extremity are not allowed for weakness, reduced range of motion or limited ability to walk/stand for two hours or less.

(c) For bilateral extremity loss, each extremity shall be rated separately.

(13) A value of 5% of the leg shall be granted if there is a diagnosis of Grade IV chondromalacia, extensive arthritis or extensive degenerative joint disease and one or more of the following:

(a) Secondary strength loss;

(b) Chronic effusion;

(c) Varus or valgus deformity less than that specified in section (4) of this rule.

(14) For a diagnosis of degenerative joint disease, chondromalacia, or arthritis which does not meet the criteria noted in section (13) of this rule, the impairment shall be determined pursuant to the chronic condition rule (OAR 436-035-0010(5)) if the criteria in that rule is met.

(15) Other impairment values, e.g., weakness, chronic condition, reduced range of motion, etc., shall be combined with the value granted in section (13) of this rule.

(16) When there is an injury to the knee/leg and objective medical evidence establishes the worker cannot walk and/or stand for a cumulative total of more than two hours in an 8-hour period, the award shall be 15% of the knee/leg, except for:

(a) A worker who is entitled to receive an impairment value under section (13) of this rule (degenerative joint disease, arthritis or chondromalacia) shall be awarded 10% of the knee/leg, in lieu of the 15%.

(b) A worker who is entitled to receive a dermatological or vascular impairment value, Class II

or higher, under section (6) or (7) of this rule shall not be allowed an additional value pursuant to this section.

(c) When a worker qualifies to receive a value pursuant to OAR 436-035-0200(4) and a value pursuant to this section, only one of the values is granted for limited standing or walking; the higher monetary value.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-340;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 6-1-92 as WCD Admin. Order 11-1992, eff. 6-1-92 (Temp).
Amended 11-20-92 as WCD Admin. Order 17-1992, eff. 11-27-92
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0240 Multiple Losses in the Leg/Foot/Toes

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-350;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Repealed 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0250 Hearing Loss

(1) The following information shall be provided by the attending physician or reviewed and commented on by the attending physician, pursuant to OAR 436-035-0007(13) and (14), to value work-related hearing loss:

(a) A written record, history, examination, diagnosis, opinion, interpretation and a statement noting if further material improvement would reasonably be expected from medical treatment or the passage of time by a medical provider with specialty training or experience in evaluating hearing loss.

(b) The complete audiometric testing.

(2) Compensation may be given only for loss of normal hearing which results from an on-the-job injury or exposure. Unless the conditions have combined pursuant to OAR 436-035-0007(4), hearing loss which existed before this injury or exposure will be offset against hearing loss in the claim, 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 section (4) of this rule.

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

(3) Hearing loss shall be based on an audiogram which 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) Hearing loss due to presbycusis shall be based on the worker's age at the time of the audiogram. 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	AGE	MEN	WOMEN
20 or younger	0	0	41	37	28
21	0	2	42	41	30
22	0	3	43	43	31
23	2	5	44	45	33
24	3	5	45	48	36
25	6	6	46	51	37
26	7	8	47	52	39
27	8	10	48	56	41
28	11	10	49	60	42
29	12	11	50	63	45
30	13	12	51	65	46
31	16	13	52	69	47
32	19	16	53	73	50
33	19	17	54	76	53
34	22	17	55	80	55
35	23	20	56	84	57
36	26	21	57	87	58
37	29	22	58	93	62
38	30	23	59	96	63

39 ----------33 ----------26 60 or older------100 ----------66

40 ----------34 ----------27

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

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
150.00	0.00	201.00	12.75	252.00	25.50	303.00	38.25
151.00	0.25	202.00	13.00	253.00	25.75	304.00	38.50
152.00	0.50	203.00	13.25	254.00	26.00	305.00	38.75
153.00	0.75	204.00	13.50	255.00	26.25	306.00	39.00
154.00	1.00	205.00	13.75	256.00	26.50	307.00	39.25
155.00	1.25	206.00	14.00	257.00	26.75	308.00	39.50
156.00	1.50	207.00	14.25	258.00	27.00	309.00	39.75
157.00	1.75	208.00	14.50	259.00	27.25	310.00	40.00
158.00	2.00	209.00	14.75	260.00	27.50	311.00	40.25
159.00	2.25	210.00	15.00	261.00	27.75	312.00	40.50
160.00	2.50	211.00	15.25	262.00	28.00	313.00	40.75
161.00	2.75	212.00	15.50	263.00	28.25	314.00	41.00
162.00	3.00	213.00	15.75	264.00	28.50	315.00	41.25
163.00	3.25	214.00	16.00	265.00	28.75	316.00	41.50
164.00	3.50	215.00	16.25	266.00	29.00	317.00	41.75
165.00	3.75	216.00	16.50	267.00	29.25	318.00	42.00
166.00	4.00	217.00	16.75	268.00	29.50	319.00	42.25
167.00	4.25	218.00	17.00	269.00	29.75	320.00	42.50
168.00	4.50	219.00	17.25	270.00	30.00	321.00	42.75
169.00	4.75	220.00	17.50	271.00	30.25	322.00	43.00
170.00	5.00	221.00	17.75	272.00	30.50	323.00	43.25
171.00	5.25	222.00	18.00	273.00	30.75	324.00	43.50
172.00	5.50	223.00	18.25	274.00	31.00	325.00	43.75
173.00	5.75	224.00	18.50	275.00	31.25	326.00	44.00
174.00	6.00	225.00	18.75	276.00	31.50	327.00	44.25
175.00	6.25	226.00	19.00	277.00	31.75	328.00	44.50
176.00	6.50	227.00	19.25	278.00	32.00	329.00	44.75

177.00	6.75	228.00	19.50	279.00	32.25	330.00	45.00
178.00	7.00	229.00	19.75	280.00	32.50	331.00	45.25
179.00	7.25	230.00	20.00	281.00	32.75	332.00	45.50
180.00	7.50	231.00	20.25	282.00	33.00	333.00	45.75
181.00	7.75	232.00	20.50	283.00	33.25	334.00	46.00
182.00	8.00	233.00	20.75	284.00	33.50	335.00	46.25
183.00	8.25	234.00	21.00	285.00	33.75	336.00	46.50
184.00	8.50	235.00	21.25	286.00	34.00	337.00	46.75
185.00	8.75	236.00	21.50	287.00	34.25	338.00	47.00
186.00	9.00	237.00	21.75	288.00	34.50	339.00	47.25
187.00	9.25	238.00	22.00	289.00	34.75	340.00	47.50
188.00	9.50	239.00	22.25	290.00	35.00	341.00	47.75
189.00	9.75	240.00	22.50	291.00	35.25	342.00	48.00
190.00	10.00	241.00	22.75	292.00	35.50	343.00	48.25
191.00	10.25	242.00	23.00	293.00	35.75	344.00	48.50
192.00	10.50	243.00	23.25	294.00	36.00	345.00	48.75
193.00	10.75	244.00	23.50	295.00	36.25	346.00	49.00
194.00	11.00	245.00	23.75	296.00	36.50	347.00	49.25
195.00	11.25	246.00	24.00	297.00	36.75	348.00	49.50
196.00	11.50	247.00	24.25	298.00	37.00	349.00	49.75
197.00	11.75	248.00	24.50	299.00	37.25	350.00	50.00
198.00	12.00	249.00	24.75	300.00	37.50	351.00	50.25
199.00	12.25	250.00	25.00	301.00	37.75	352.00	50.50
200.00	12.50	251.00	25.25	302.00	38.00	353.00	50.75

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
354.00	51.00	404.00	63.50	454.00	76.00	504.00	88.50
355.00	51.25	405.00	63.75	455.00	76.25	505.00	88.75
356.00	51.50	406.00	64.00	456.00	76.50	506.00	89.00
357.00	51.75	407.00	64.25	457.00	76.75	507.00	89.25
358.00	52.00	408.00	64.50	458.00	77.00	508.00	89.50
359.00	52.25	409.00	64.75	459.00	77.25	509.00	89.75
360.00	52.50	410.00	65.00	460.00	77.50	510.00	90.00
361.00	52.75	411.00	65.25	461.00	77.75	511.00	90.25
362.00	53.00	412.00	65.50	462.00	78.00	512.00	90.50
363.00	53.25	413.00	65.75	463.00	78.25	513.00	90.75
364.00	53.50	414.00	66.00	464.00	78.50	514.00	91.00
365.00	53.75	415.00	66.25	465.00	78.75	515.00	91.25
366.00	54.00	416.00	66.50	466.00	79.00	516.00	91.50
367.00	54.25	417.00	66.75	467.00	79.25	517.00	91.75
368.00	54.50	418.00	67.00	468.00	79.50	518.00	92.00
369.00	54.75	419.00	67.25	469.00	79.75	519.00	92.25
370.00	55.00	420.00	67.50	470.00	80.00	520.00	92.50
371.00	55.25	421.00	67.75	471.00	80.25	521.00	92.75
372.00	55.50	422.00	68.00	472.00	80.50	522.00	93.00
373.00	55.75	423.00	68.25	473.00	80.75	523.00	93.25
374.00	56.00	424.00	68.50	474.00	81.00	524.00	93.50
375.00	56.25	425.00	68.75	475.00	81.25	525.00	93.75
376.00	56.50	426.00	69.00	476.00	81.50	526.00	94.00
377.00	56.75	427.00	69.25	477.00	81.75	527.00	94.25
378.00	57.00	428.00	69.50	478.00	82.00	528.00	94.50
379.00	57.25	429.00	69.75	479.00	82.25	529.00	94.75
380.00	57.50	430.00	70.00	480.00	82.50	530.00	95.00
381.00	57.75	431.00	70.25	481.00	82.75	531.00	95.25
382.00	58.00	432.00	70.50	482.00	83.00	532.00	95.50
383.00	58.25	433.00	70.75	483.00	83.25	533.00	95.75

384.00	58.50	434.00	71.00	484.00	83.50	534.00	96.00
385.00	58.75	435.00	71.25	485.00	83.75	535.00	96.25
386.00	59.00	436.00	71.50	486.00	84.00	536.00	96.50
387.00	59.25	437.00	71.75	487.00	84.25	537.00	96.75
388.00	59.50	438.00	72.00	488.00	84.50	538.00	97.00
389.00	59.75	439.00	72.25	489.00	84.75	539.00	97.25
390.00	60.00	440.00	72.50	490.00	85.00	540.00	97.50
391.00	60.25	441.00	72.75	491.00	85.25	541.00	97.75
392.00	60.50	442.00	73.00	492.00	85.50	542.00	98.00
393.00	60.75	443.00	73.25	493.00	85.75	543.00	98.25
394.00	61.00	444.00	73.50	494.00	86.00	544.00	98.50
395.00	61.25	445.00	73.75	495.00	86.25	545.00	98.75
396.00	61.50	446.00	74.00	496.00	86.50	546.00	99.00
397.00	61.75	447.00	74.25	497.00	86.75	547.00	99.25
398.00	62.00	448.00	74.50	498.00	87.00	548.00	99.50
399.00	62.25	449.00	74.75	499.00	87.25	549.00	99.75
400.00	62.50	450.00	75.00	500.00	87.50	550.00	100.00
401.00	62.75	451.00	75.25	501.00	87.75		
402.00	63.00	452.00	75.50	502.00	88.00		
403.00	63.25	453.00	75.75	503.00	88.25		

(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 436-035-0390.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-360;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0260 Visual Loss

(1) Visual loss due to a work-related illness or injury is rated for central visual acuity, integrity of the peripheral visual fields, and ocular motility. For ocular disturbances which cause visual impairment that is not reflected in visual acuity, visual fields or ocular motility refer to section (5) of this rule. For lacrimal system disturbances refer to OAR 436-035-0440.

(2) Ratings for loss in central visual acuity are calculated for each eye as follows:

(a) Reports for central visual acuity must be for distance and near acuity. Both acuities shall be measured with best correction, utilizing the lenses recommended by the worker's physician.

(b) The ratings for loss of 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
Able to count fingers at 4 feet		95
Not able to count fingers at 4 feet		100

(c) The ratings for loss of near acuity are as follows: reported in standard increments of Snellen 14/14 notation, Revised Jaeger Standard, or American Point-type notation:

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.

(e) If a lens has been removed and a prosthetic lens implanted, an additional 25%, is to be combined (not added) with the percent loss for central visual acuity.

(f) If a lens has been removed and there is no prosthetic lens implanted, an additional 50% is to be combined (not added) with the percent loss for central visual acuity.

(g) The table below displays the percent loss of central vision for the range of near and distance acuities, and is to be used only when combining central visual acuity with other visual system impairments, such as lens removal, visual field loss, motility, etc. The values below are rounded to the nearest whole number in order to allow for combining with other findings. If near acuity is reported in Revised Jaeger Standard or American Point-type, convert these findings to Near Snellen for rating purposes pursuant to (2)(c) of this rule when using this table. The upper figure is to be used when the lens is present, the middle figure used when the lens is absent and a prosthetic lens has been implanted, and the lower figure is to be used when the lens is absent.

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	52	52	53	63	64	65	70	72	72	73	74	75
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	52	52	53	63	64	65	70	72	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	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	33	35	45	48	49	50	53	54
30	29	29	31	32	33	48	50	51	59	61	62	63	65	66
	53	53	54	55	55	65	67	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	68	70	72
	57	57	58	58	59	69	70	72	77	78	78	79	80	81
20	18	18	20	21	23	43	45	48	58	60	61	63	65	67
60	39	39	40	41	42	57	59	61	68	70	71	72	74	75
	59	59	60	61	62	72	73	74	79	80	81	82	83	84
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	62	62	63	73	74	75	80	82	82	83	84	85

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	23	23	25	26	28	48	50	53	63	65	66	68	70	72
80	42	42	44	45	46	61	63	65	72	74	75	76	78	79
	62	62	63	63	64	74	75	77	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	47	48	63	65	66	74	76	77	78	80	81
	63	63	64	65	65	75	77	78	83	84	85	85	87	87

20	30	30	33	34	35	55	58	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	35	35	38	39	40	60	63	65	75	78	79	80	83	84
150	51	51	54	54	55	70	72	74	81	84	84	85	87	88
	68	68	69	70	70	80	82	83	88	89	89	90	92	92
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	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	73	75	85	88	89	90	93	94
400	59	59	61	62	63	78	80	81	89	91	91	93	94	96
	73	73	74	75	75	85	87	88	93	94	94	95	97	97
20	48	48	50	51	53	73	75	78	88	90	91	93	95	97
800	61	61	63	63	65	79	81	84	91	93	93	94	96	98
	74	74	75	76	77	87	88	89	94	95	96	97	98	99

(3) Ratings for loss of visual field shall be based upon the results of field measurements of each eye separately using the Goldmann perimeter with a III/4e stimulus. The results may be scored in either one of the two following methods:

(a) Using the monocular Esterman Grid, count all the printed dots 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; or

(b) A perimetric chart may be used which indicates 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

(A) Record the extent of retained peripheral visual field along each of the eight meridians. Add (do not combine) these eight figures. Find the corresponding percentage for the total retained degrees by use of the table below.

(B) 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 extent of each meridian included within the retained field. This results in a figure which may be applied in the chart below.

(C) Visual field loss due to scotoma in areas other than the central visual field is rated by adding the degrees lost within the scotoma along affected meridians and subtracting that amount from the retained peripheral field. That figure is then applied to the chart below.

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

Total Degrees Retained	% of Loss	Total Degrees Retained	% of Loss	Total Degrees Retained	% of Loss
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		

(4) Ratings for ocular motility impairment resulting in binocular diplopia are determined as follows:

(a) Determine the single highest value of loss for diplopia noted on each of the standard 45° meridians as scheduled in the following table.

(b) Add the 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 on looking horizontally off center from 30 degrees in a left direction is valued at 10%. Diplopia in the same eye when looking horizontally off center from 21 to 30 degrees in a right direction is valued at 20%. The impairments for diplopia in both ranges are added, so the impairment rating would be 10% plus 20% resulting in a total loss of ocular motility of 30%.

Direction of gaze	distance from point of fixation	% of loss
central	central vision to 20 degrees	100
down	21 degrees to 30 degrees	50
down	beyond 30 degrees	30
right	21 degrees to 30 degrees	20
right	beyond 30 degrees	10
down right	21 degrees to 30 degrees	20
down right	beyond 30 degrees	10
left	21 degrees to 30 degrees	20
left	beyond 30 degrees	10
down left	21 degrees to 30 degrees	20
down left	beyond 30 degrees	10
up	beyond 20 degrees	10
up right	beyond 20 degrees	10
up left	beyond 20 degrees	10

(5) To the extent that glare disturbances or monocular diplopia causes visual impairment are not reflected in visual acuity, visual field or ocular motility, the losses for visual acuity, visual fields or ocular motility will be combined with an additional 5% when in the opinion of the physician the impairment is moderate, 10% if the impairment is severe.

(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 and loss for other conditions specified in section (5) of this rule.

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-370;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 8-19-88 as WCD Admin. Order 5-1988 (temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0270 Standards For the Rating of Unscheduled Permanent Disability

(1) OAR 436-035-0270 through 436-035-0450 apply to the rating of unscheduled permanent partial disability under the Workers' Compensation Act.

(2) If there is no measurable impairment under these rules, no award of unscheduled permanent partial disability shall be allowed.

(3) In unscheduled claims, only impairment shall be rated for those workers who:

(a) Return to regular work; or

(b) The attending physician releases the worker to regular work and the work is available, but the worker fails or refuses to return to that job; or

(c) The attending physician releases the worker to regular work, but the worker's employment is terminated for cause unrelated to the injury.

(4) The factor for adaptability will be given a value of one when the criteria in (3) above are not met, and:

(a) A worker's residual functional capacity, as determined pursuant to OAR 436-035-0310(5), is equal to or greater than the worker's base functional capacity as determined pursuant to OAR 436-035-0310(4); or

(b) A worker with ratable impairment found in OAR 436-035-0380 through 436-035-0450 is granted one through nine percent impairment.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-380;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 11-29-93 as WCD Admin. Order 93-056, eff. 12-14-93.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 8-19-96 as WCD Admin. Order 96-068, eff. 8-19-96 (Temp)
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0280 Assembling the Factors Relating to Unscheduled Disability

(1) Determine the basic value which represents impairment, using OAR 436-035-0320 through 436-035-0450.

(2) Determine the appropriate value for the age factor using OAR 436-035-0290.

(3) Determine the appropriate value for the education factor using OAR 436-035-0300.

(4) Add age and education values together.

(5) Determine the appropriate value for the adaptability factor using OAR 436-035-0310.

(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 OAR 436-035-0007(15). This represents the percentage of permanent unscheduled disability to be awarded.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-390;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 6-17-93 as WCD Admin. Order 93-052, eff. 6-17-93 (Temp).
Amended 11-29-93 as WCD Admin. Order 93-056, eff. 12-14-93.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0290 Age

(1) The range of impact for the age factor is from 0 to +1. The impact is based on the worker's age on the date of issuance.

(2) For workers, age 40 and above, the factor of age shall be given a value of + 1. For all other workers, a value of 0 shall be given.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-400;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 6-17-93 as WCD Admin. Order 93-052, eff. 6-17-93 (Temp).
Amended 11-29-93 as WCD Admin. Order 93-056, eff. 12-14-93.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0300 Education

(1) The range of impact for the factor of education shall be from 0 to +5.

(2) 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 date of issuance, a neutral value of 0 shall be allowed. For purposes of this section, 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 date of issuance, a value of +1 shall be allowed.

(3) A value for a worker's Specific Vocational Preparation (SVP) time is allowed based on the job(s) the worker has performed during the five (5) years preceding the date of issuance.

(a) SVP is the amount of lapsed time required by a typical worker to learn the techniques, acquire the information and develop the facility needed for average performance in a specific job-worker situation. The SVP range is from 1 (lowest) to 9 (highest) associated with each DOT code. When a combination of DOT codes most accurately describes a worker's duties, the highest SVP shall apply if the worker has met the specific vocational preparation training time for that specific code.

(b) The worker's SVP value is the highest SVP of any job that the worker has met in the five years prior to the date of issuance as follows:

(A) A worker is presumed to have met the SVP training time after completing employment with one or more employers in that job classification for the time period specified in the table in section (4) of this rule.

(B) A worker has also met the SVP for a job after successfully completing an authorized training program, on-the-job training, vocational training or apprentice training for that job classification. College training organized around a specific vocational objective is considered specific vocational training.

(4) 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 those workers who have not met the specific vocational preparation training time for any job, a value of +4 shall be granted.

(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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-410;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 6-17-93 as WCD Admin. Order 93-052, eff. 6-17-93 (Temp).
Amended 11-29-93 as WCD Admin. Order 93-056, eff. 12-14-93.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0310 Adaptability to Perform a Given Job

(1) The range of impact for this factor is from 1 to +7.

(2) For those workers who have ratable unscheduled impairment found in rules OAR 436-035-

0320 through 436-035-0375, the adaptability value is determined according to sections (3) through (7) of this rule. Adaptability is measured by comparing Base Functional Capacity to the worker's maximum Residual Functional Capacity.

(3) For purposes of applying this rule the following definitions shall apply:

(a) "Base Functional Capacity" means an individual's demonstrated physical capacity before the injury or disease.

(b) "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.

(c) "Sedentary restricted" means the worker only has the ability to carry or lift dockets, ledgers, small tools and other items weighing less than 10 pounds. A worker is also sedentary restricted if the worker can perform the full range of sedentary activities, but with restrictions.

(d) "Sedentary (S)" means the worker has the ability to occasionally lift or carry dockets, ledgers, small tools and other items weighing 10 pounds.

(e) "Sedentary/Light (S/L)" means the worker has the ability to do more than sedentary activities, but less than the full range of light activities. A worker is also sedentary/light if the worker can perform the full range of light activities, but with restrictions.

(f) "Light (L)" means the worker has the ability to occasionally lift 20 pounds and can frequently lift or carry objects weighing up to 10 pounds.

(g) "Medium/Light (M/L)" means the worker has the ability to do more than light activities, but less than the full range of medium activities. A worker is also medium/light if the worker can perform the full range of medium activities, but with restrictions.

(h) "Medium (M)" means the worker can occasionally lift 50 pounds and can lift or carry objects weighing up to 25 pounds frequently.

(i) "Medium/Heavy (M/H)" means the worker has the ability to do more than medium activities, but less than the full range of heavy activities. A worker is also medium/heavy if the worker can perform the full range of heavy activities, but with restrictions.

(j) "Heavy (H)" means the worker has the ability to occasionally lift 100 pounds and the ability to frequently lift or carry objects weighing 50 pounds.

(k) "Very Heavy (V/H)" means the worker has the ability to occasionally lift in excess of 100 pounds and the ability to frequently lift or carry objects weighing more than 50 pounds.

(l) "Restrictions" means that, by a preponderance of medical opinion, the worker is permanently limited by:

(A) Sitting, standing, or walking less than two hours at a time; or

(B) Precluded from working the same number of hours as were worked at the time of injury or eight hours per day, whichever is less; or

(C) From frequently performing at least one of the following activities: stooping/bending, crouching, crawling, kneeling, twisting, climbing, balancing, reaching, or pushing/pulling.

(m) "Occasionally" means the activity or condition exists up to 1/3 of the time.

(n) "Frequently" means the activity or condition exists up to 2/3 of the time.

(o) "Constantly" means the activity or condition exists 2/3 or more of the time.

(4) Base Functional Capacity (BFC) shall be established by utilizing the following classifications: sedentary (S), light (L), medium (M), heavy (H) and very heavy (VH) as defined in section (3) of this rule. Base Functional Capacity is the most current of:

(a) The highest strength category assigned in the DOT for the most physically demanding job that the worker has successfully performed in the five (5) years prior to date of issuance. When a combination of DOT codes most accurately describes a worker's duties, the highest strength for the combination of codes shall apply; or

(b) A second-level physical capacity evaluation as defined in OAR 436-010-0005 and 436-009-0020(30) performed prior to the date of the on-the-job injury; or

(c) For those workers who do not meet the requirements pursuant to OAR 436-035-0300(3), and who have not had a second-level physical capacity evaluation performed prior to the on-the-job injury or disease, their prior strength shall be based on the worker's job at the time of injury.

(d) Where a worker's highest prior strength has been reduced as a result of an injury or condition which is not an accepted Oregon workers' compensation claim the Base Functional Capacity shall be the highest of:

(A) The job at injury; or

(B) A second-level physical capacities evaluation as defined in OAR 436-010-0005 and 436-009-0020(27)(a)(b) performed after the injury or condition which was not an accepted Oregon workers' compensation claim but before the current work related injury.

(5) Residual functional capacity shall be established by utilizing the following classification: restricted sedentary (RS), sedentary (S), sedentary/light (S/L), light (L), medium/light (M/L), medium (M), medium/heavy (M/H), heavy (H) and very heavy (VH) and restrictions as defined in section (3) of this rule. Residual functional capacity is the greatest capacity evidenced by:

(a) The attending physician's release; or

(b) A preponderance of medical opinion which includes but is not limited to a second-level PCE or WCE as defined in OAR 436-010-0005 and 436-009-0020(30) or any other medical evaluation which includes but is not limited to the worker's capability for lifting, carrying, pushing/pulling, standing, walking, sitting, climbing, balancing, stooping, kneeling, crouching, crawling and reaching. If multiple levels of lifting and carrying are measured, an overall analysis of the worker's lifting and carrying abilities should be provided in order to allow an accurate determination of these abilities. Where a worker fails to cooperate or use maximal effort in the evaluation, the medical opinion of the evaluator may establish the worker's likely RFC had the worker cooperated and used maximal effort.

(6) In comparing the worker's Base Functional Capacity (BFC) to the Residual Functional Capacity (RFC), the values for adaptability to perform a given job are as follows:

RESIDUAL FUNCTIONAL CAPACITY (RFC)

BASE FUNCTIONAL CAPACITY (BFC)		RS	S	S/L	L	M/L	M	M/H	H	V/H
	S	2	1	1	1	1	1	1	1	1
(physical	L	4	3	2	1	1	1	1	1	1

demand)	M	6	5	4	3	2	1	1	1	1
	H	7	6	6	5	4	3	2	1	1
	V/H	7	7	6	5	4	3	2	1	1

(7) 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).

(8) For those workers who have ratable unscheduled impairment found in rules OAR 436-035-0380 through 436-035-0450, adaptability is determined by comparing the worker's extent of impairment to the following Adaptability Scale:

Total Unscheduled Impairment	Adaptability Value
1-9%	1
10-19%	2
20-29%	3
30-39%	4
40-49%	5
50-59%	6
60% and over	7

(9) For those workers who have ratable unscheduled impairment found in rules OAR 436-035-0320 through 436-035-0375 and also unscheduled impairments in rules OAR 436-035-0380 through 436-035-0450 in the same claim, adaptability shall be determined by comparing both the adaptability scale in section (8) of this rule and the residual functional capacity scale in section (6) of this rule and using the higher of the two values for adaptability.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-430;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 6-17-93 as WCD Admin. Order 93-052, eff. 6-17-93 (Temp).
Amended 11-29-93 as WCD Admin. Order 93-056, eff. 12-14-93.
Amended 8-19-96 as WCD Admin. Order 96-068, eff. 8-19-96 (Temp)
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-315 Discharge after Determination Order

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

436-035-0320 Impairments Rated as Unscheduled Disability

(1) OAR 436-035-0320 through 436-035-0450 give standards for rating permanent unscheduled disability. All 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 436-035-0007(13) and (14).

(2) Unscheduled disability is rated on the permanent loss of use or function of a body part, area

or system and due to a compensable, consequential and/or combined condition and any direct medical sequelae, as modified by age, education and adaptability. Except impairment determined pursuant to ORS 656.726(3)(f)(C), the losses, as defined and used in these standards, shall be the sole criteria for the rating of permanent unscheduled disability under these rules.

(3) 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 436-035-0310 and is included in the adaptability factor.

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

(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 (T1-T6)/shoulders area and the lower thoracic spine (T7-T12) low back/hips area. Chronic conditions in the middle back are considered a part of the low back/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 ratable 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-470;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0330 Shoulder Joint

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

Position of Maximum Forward Elevation in the Shoulder/Percentage of Impairment

180° = 0.0%	142° = 1.8%	94° = 3.6%	46° = 5.4%	18° = 7.6%
179° = 0.1%	141° = 1.9%	93° = 3.7%	45° = 5.5%	17° = 7.9%
178° = 0.2%	130°-140° = 2.0%	92° = 3.8%	44° = 5.6%	16° = 8.2%
177° = 0.3%	129° = 2.1%	91° = 3.9%	43° = 5.7%	15° = 8.5%
176° = 0.4%	128° = 2.2%	70°- 90° = 4.0%	42° = 5.8%	14° = 8.8%
175° = 0.5%	127° = 2.3%	69° = 4.1%	41° = 5.9%	13° = 9.1%
174° = 0.6%	126° = 2.4%	68° = 4.2%	30°- 40° = 6.0%	12° = 9.4%
173° = 0.7%	125° = 2.5%	67° = 4.3%	29° = 6.1%	11° = 9.7%
172° = 0.8%	124° = 2.6%	66° = 4.4%	28° = 6.2%	10° = 10.0%
171° = 0.9%	123° = 2.7%	65° = 4.5%	27° = 6.3%	9° = 10.3%
150°-170° = 1.0%	122° = 2.8%	64° = 4.6%	26° = 6.4%	8° = 10.6%
149° = 1.1%	121° = 2.9%	63° = 4.7%	25° = 6.5%	7° = 10.9%
148° = 1.2%	100°-120° = 3.0%	62° = 4.8%	24° = 6.6%	6° = 11.2%
147° = 1.3%	99° = 3.1%	61° = 4.9%	23° = 6.7%	5° = 11.5%
146° = 1.4%	98° = 3.2%	50°- 60° = 5.0%	22° = 6.8%	4° = 11.8%
145° = 1.5%	97° = 3.3%	49° = 5.1%	21° = 6.9%	3° = 12.1%
144° = 1.6%	96° = 3.4%	48° = 5.2%	20° = 7.0%	2° = 12.4%
143° = 1.7%	95° = 3.5%	47° = 5.3%	19° = 7.3%	1° = 12.7%
				0° = 13.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 15.0%	18° = 9.6%	56° = 11.2%	74° = 13.8%	102° = 16.2%
1° = 14.7%	19° = 9.3%	57° = 11.4%	75° = 14.0%	103° = 16.3%
2° = 14.4%	20°- 40° = 9.0%	58° = 11.6%	76° = 14.2%	104° = 16.4%
3° = 14.1%	41° = 9.1%	59° = 11.8%	77° = 14.4%	105° = 16.5%
4° = 13.8%	42° = 9.2%	60° = 12.0%	78° = 14.6%	106° = 16.6%
5° = 13.5%	43° = 9.3%	61° = 12.1%	79° = 14.8%	107° = 16.7%
6° = 13.2%	44° = 9.4%	62° = 12.2%	80° = 15.0%	108° = 16.8%
7° = 12.9%	45° = 9.5%	63° = 12.3%	81° = 15.1%	109° = 16.9%
8° = 12.6%	46° = 9.6%	64° = 12.4%	82° = 15.2%	110°-150° = 17.0%
9° = 12.3%	47° = 9.7%	65° = 12.5%	83° = 15.3%	151° = 17.1%
10° = 12.0%	48° = 9.8%	66° = 12.6%	84° = 15.4%	152° = 17.2%
11° = 11.7%	49° = 9.9%	67° = 12.7%	85° = 15.5%	153° = 17.3%
12° = 11.4%	50° = 10.0%	68° = 12.8%	86° = 15.6%	154° = 17.4%
13° = 11.1%	51° = 10.2%	69° = 12.9%	87° = 15.7%	155° = 17.5%
14° = 10.8%	52° = 10.4%	70° = 13.0%	88° = 15.8%	156° = 17.6%
15° = 10.5%	53° = 10.6%	71° = 13.2%	89° = 15.9%	157° = 17.7%
16° = 10.2%	54° = 10.8%	72° = 13.4%	90°-100° = 16.0%	158° = 17.8%
17° = 9.9%	55° = 11.0%	73° = 13.6%	101° = 16.1%	159° = 17.9%
				160°-180° = 18.0%

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

Position of Maximum Backward Elevation in the Shoulder/Percentage of Impairment

50° = 0.0%	46° = 0.4%	42° = 0.8%	8° = 1.2%	4° = 1.6%
49° = 0.1%	45° = 0.5%	41° = 0.9%	7° = 1.3%	3° = 1.7%
48° = 0.2%	44° = 0.6%	20°-40° = 1.0%	6° = 1.4%	2° = 1.8%
47° = 0.3%	43° = 0.7%	9° = 1.1%	5° = 1.5%	1° = 1.9%
				0° = 2.0%

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

Joint Ankylosed at/Percentage of Impairment

50° = 18.0%	44° = 17.4%	38° = 16.8%	32° = 16.2%	16° = 15.6%
49° = 17.9%	43° = 17.3%	37° = 16.7%	31° = 16.1%	15° = 15.5%
48° = 17.8%	42° = 17.2%	36° = 16.6%	20°-30° = 16.0%	14° = 15.4%
47° = 17.7%	41° = 17.1%	35° = 16.5%	19° = 15.9%	13° = 15.3%
46° = 17.6%	40° = 17.0%	34° = 16.4%	18° = 15.8%	12° = 15.2%
45° = 17.5%	39° = 16.9%	33° = 16.3%	17° = 15.7%	11° = 15.1%

0°-10° = 15.0%

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

Position of Maximum Abduction in the Shoulder/Percentage of Impairment

170°-180° = 0.0%	128° = 1.2%	86° = 2.4%	64° = 3.6%	12° = 5.6%
169° = 0.1%	127° = 1.3%	85° = 2.5%	63° = 3.7%	11° = 5.8%
168° = 0.2%	126° = 1.4%	84° = 2.6%	62° = 3.8%	10° = 6.0%
167° = 0.3%	125° = 1.5%	83° = 2.7%	61° = 3.9%	9° = 6.1%
166° = 0.4%	124° = 1.6%	82° = 2.8%	20°- 60° = 4.0%	8° = 6.2%
165° = 0.5%	123° = 1.7%	81° = 2.9%	19° = 4.2%	7° = 6.3%
164° = 0.6%	122° = 1.8%	70°- 80° = 3.0%	18° = 4.4%	6° = 6.4%
163° = 0.7%	121° = 1.9%	69° = 3.1%	17° = 4.6%	5° = 6.5%
162° = 0.8%	90°-110° = 2.0%	68° = 3.2%	16° = 4.8%	4° = 6.6%
161° = 0.9%	89° = 2.1%	67° = 3.3%	15° = 5.0%	3° = 6.7%
130°-160° = 1.0%	88° = 2.2%	66° = 3.4%	14° = 5.2%	2° = 6.8%
129° = 1.1%	87° = 2.3%	65° = 3.5%	13° = 5.4%	1° = 6.9%
				0° = 7.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 8.0%	16° = 5.8%	52° = 6.2%	78° = 7.8%	104° = 9.4%
1° = 7.9%	17° = 5.6%	53° = 6.3%	79° = 7.9%	105° = 9.5%
2° = 7.8%	18° = 5.4%	54° = 6.4%	80° = 8.0%	106° = 9.6%
3° = 7.7%	19° = 5.2%	55° = 6.5%	81° = 8.1%	107° = 9.7%
4° = 7.6%	20°-30° = 5.0%	56° = 6.6%	82° = 8.2%	108° = 9.8%
5° = 7.5%	31° = 5.1%	57° = 6.7%	83° = 8.3%	109° = 9.9%
6° = 7.4%	32° = 5.2%	58° = 6.8%	84° = 8.4%	110°-140° = 10.0%
7° = 7.3%	33° = 5.3%	59° = 6.9%	85° = 8.5%	141° = 10.1%
8° = 7.2%	34° = 5.4%	60°-70° = 7.0%	86° = 8.6%	142° = 10.2%
9° = 7.1%	35° = 5.5%	71° = 7.1%	87° = 8.7%	143° = 10.3%
10° = 7.0%	36° = 5.6%	72° = 7.2%	88° = 8.8%	144° = 10.4%
11° = 6.8%	37° = 5.7%	73° = 7.3%	89° = 8.9%	145° = 10.5%
12° = 6.6%	38° = 5.8%	74° = 7.4%	90°-100° = 9.0%	146° = 10.6%

13° = 6.4%	39° = 5.9%	75° = 7.5%	101° = 9.1%	147° = 10.7%
14° = 6.2%	40°-50° = 6.0%	76° = 7.6%	102° = 9.2%	148° = 10.8%
15° = 6.0%	51° = 6.1%	77° = 7.7%	103° = 9.3%	149° = 10.9%
				150°-180° = 11.0%

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

Position of Maximum Adduction in the Shoulder/Percentage of Impairment

40-50° = 0.0%	38° = 0.2%	36° = 0.4%	34° = 0.6%	32° = 0.8%
39° = 0.1%	37° = 0.3%	35° = 0.5%	33° = 0.7%	31° = 0.9%
				0°-30° = 1.0%

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

Joint Ankylosed at/Percentage of Impairment

50° = 11.0%	44° = 10.4%	18° = 9.8%	12° = 9.2%	6° = 8.6%
49° = 10.9%	43° = 10.3%	17° = 9.7%	11° = 9.1%	5° = 8.5%
48° = 10.8%	42° = 10.2%	16° = 9.6%	10° = 9.0%	4° = 8.4%
47° = 10.7%	41° = 10.1%	15° = 9.5%	9° = 8.9%	3° = 8.3%
46° = 10.6%	20°-40° = 10.0%	14° = 9.4%	8° = 8.8%	2° = 8.2%
45° = 10.5%	19° = 9.9%	13° = 9.3%	7° = 8.7%	1° = 8.1%
				0° = 8.0%

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

Position of Maximum Internal Rotation in the Shoulder/Percentage of Impairment

80°- 90° = 0.0%	74° = 0.6%	58° = 1.2%	52° = 1.8%	26° = 2.4%
79° = 0.1%	73° = 0.7%	57° = 1.3%	51° = 1.9%	25° = 2.5%
78° = 0.2%	72° = 0.8%	56° = 1.4%	30°- 50° = 2.0%	24° = 2.6%
77° = 0.3%	71° = 0.9%	55° = 1.5%	29° = 2.1%	23° = 2.7%
76° = 0.4%	60°- 70° = 1.0%	54° = 1.6%	28° = 2.2%	22° = 2.8%
75° = 0.5%	59° = 1.1%	53° = 1.7%	27° = 2.3%	21° = 2.9%
				0°- 20° = 3.0%

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

Joint Ankylosed at/Percentage of Impairment

0°-60° = 4.0%	66° = 4.6%	72° = 5.2%	78° = 5.8%	84° = 6.4%
61° = 4.1%	67° = 4.7%	73° = 5.3%	79° = 5.9%	85° = 6.5%
62° = 4.2%	68° = 4.8%	74° = 5.4%	80° = 6.0%	86° = 6.6%
63° = 4.3%	69° = 4.9%	75° = 5.5%	81° = 6.1%	87° = 6.7%
64° = 4.4%	70° = 5.0%	76° = 5.6%	82° = 6.2%	88° = 6.8%
65° = 4.5%	71° = 5.1%	77° = 5.7%	83° = 6.3%	89° = 6.9%

90° = 7.0%

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

Position of Maximum External Rotation in the Shoulder/Percentage of Impairment

90°- 60° = 0.0%	56° = 0.4%	52° = 0.8%
59° = 0.1%	55° = 0.5%	51° = 0.9%
58° = 0.2%	54° = 0.6%	0° - 40° = 1.0%
57° = 0.3%	53° = 0.7%	

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

Joint Ankylosed at/Percentage of Impairment

0° = 4.0%	6° = 4.6%	32° = 5.2%	38° = 5.8%	64° = 6.4%
1° = 4.1%	7° = 4.7%	33° = 5.3%	39° = 5.9%	65° = 6.5%
2° = 4.2%	8° = 4.8%	34° = 5.4%	40°- 60° = 6.0%	66° = 6.6%
3° = 4.3%	9° = 4.9%	35° = 5.5%	61° = 6.1%	67° = 6.7%
4° = 4.4%	10°- 30° = 5.0%	36° = 5.6%	62° = 6.2%	68° = 6.8%
5° = 4.5%	31° = 5.1%	37° = 5.7%	63° = 6.3%	69° = 6.9%
				70°- 90° = 7.0%

(13) Shoulder surgery is rated as follows:

Shoulder Surgery	Unscheduled Impairment
Partial resection of either clavicle	5%
(no additional value is allowed for multiple partial resections of the clavicle)	
Total removal of either clavicle	15%
Partial resection of the acromion	5%
(no additional value is allowed for multiple partial resections of the acromion)	
Total shoulder arthroplasty	30%

(14) Chronic dislocations of the shoulder joint, are valued at 15% unscheduled impairment when a preponderance of medical opinion places permanent new restrictions on the worker which necessitate a reduction in the strength lifting category pursuant to OAR 436-035-0270 and 436-035-0310.

(15) When two or more ranges of motion are restricted, add the impairment values for decreased range of motion.

(16) When two or more ankylosis positions are documented, select the one direction representing the largest impairment. That will be the impairment value for the shoulder represented by ankylosis.

(17) Injuries to a unilateral specific named peripheral nerve with resultant loss of strength in the shoulder or back shall be determined based upon a preponderance of medical opinion that reports loss of strength pursuant to OAR 436-035-0007(19) and establishes which specific named peripheral nerve is involved. Impairment shall be described pursuant to OAR 436-035-0007(19) using the following table:

Unilateral	% Impairment

Nerve	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%

Example 1: A worker suffers a dislocation of the shoulder. Upon recovery, the attending physician reports 4/5 strength of the deltoid muscle. The axillary nerve innervates the deltoid muscle. Complete loss of the axillary nerve is a 21% impairment value. 4/5 strength, pursuant to OAR 436-035-0007(19), 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.

Example 2: A worker 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 OAR 436-035-0007(19), 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.

(18) Multiple or bilateral impairment of specific named nerves shall be determined by combining the values in OAR 436-035-0330(17).

(19) Valid loss of strength to an unscheduled body part or area, substantiated by clinical findings shall be valued pursuant to section (17) of this rule as if the nerve supplying (innervating) the weakened muscle was impaired.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-480;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 8-19-88 as WCD Admin. Order 5-1988 (temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0340 Hip

(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 OAR 436-035-0220. 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:

Position of Maximum Flexion in the Hip/Percentage of Impairment

100° = 0.0%	82° = 1.8%	64° = 3.6%	46° = 5.4%	18° = 7.2%
99° = 0.1%	81° = 1.9%	63° = 3.7%	45° = 5.5%	17° = 7.3%
98° = 0.2%	80° = 2.0%	62° = 3.8%	44° = 5.6%	16° = 7.4%
97° = 0.3%	79° = 2.1%	61° = 3.9%	43° = 5.7%	15° = 7.5%
96° = 0.4%	78° = 2.2%	60° = 4.0%	42° = 5.8%	14° = 7.6%
95° = 0.5%	77° = 2.3%	59° = 4.1%	41° = 5.9%	13° = 7.7%
94° = 0.6%	76° = 2.4%	58° = 4.2%	30°-40° = 6.0%	12° = 7.8%
93° = 0.7%	75° = 2.5%	57° = 4.3%	29° = 6.1%	11° = 7.9%
92° = 0.8%	74° = 2.6%	56° = 4.4%	28° = 6.2%	10° = 8.0%
91° = 0.9%	73° = 2.7%	55° = 4.5%	27° = 6.3%	9° = 8.1%
90° = 1.0%	72° = 2.8%	54° = 4.6%	26° = 6.4%	8° = 8.2%
89° = 1.1%	71° = 2.9%	53° = 4.7%	25° = 6.5%	7° = 8.3%
88° = 1.2%	70° = 3.0%	52° = 4.8%	24° = 6.6%	6° = 8.4%
87° = 1.3%	69° = 3.1%	51° = 4.9%	23° = 6.7%	5° = 8.5%
86° = 1.4%	68° = 3.2%	50° = 5.0%	22° = 6.8%	4° = 8.6%
85° = 1.5%	67° = 3.3%	49° = 5.1%	21° = 6.9%	3° = 8.7%
84° = 1.6%	66° = 3.4%	48° = 5.2%	20° = 7.0%	2° = 8.8%
83° = 1.7%	65° = 3.5%	47° = 5.3%	19° = 7.1%	1° = 8.9%
				0° = 9.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	20° = 26.0%	40° = 29.0%	60° = 35.0%	80° = 41.0%
1° = 32.7%	21° = 25.6%	41° = 29.3%	61° = 35.3%	81° = 41.3%
2° = 32.4%	22° = 25.2%	42° = 29.6%	62° = 35.6%	82° = 41.6%
3° = 32.1%	23° = 24.8%	43° = 29.9%	63° = 35.9%	83° = 41.9%
4° = 31.8%	24° = 24.4%	44° = 30.2%	64° = 36.2%	84° = 42.2%
5° = 31.5%	25° = 24.0%	45° = 30.5%	65° = 36.5%	85° = 42.5%
6° = 31.2%	26° = 24.4%	46° = 30.8%	66° = 36.8%	86° = 42.8%
7° = 30.9%	27° = 24.8%	47° = 31.1%	67° = 37.1%	87° = 43.1%
8° = 30.6%	28° = 25.2%	48° = 31.4%	68° = 37.4%	88° = 43.4%
9° = 30.3%	29° = 25.6%	49° = 31.7%	69° = 37.7%	89° = 43.7%
10° = 30.0%	30° = 26.0%	50° = 32.0%	70° = 38.0%	90° = 44.0%
11° = 29.6%	31° = 26.3%	51° = 32.3%	71° = 38.3%	91° = 44.3%
12° = 29.2%	32° = 26.6%	52° = 32.6%	72° = 38.6%	92° = 44.6%
13° = 28.8%	33° = 26.9%	53° = 32.9%	73° = 38.9%	93° = 44.9%
14° = 28.4%	34° = 27.2%	54° = 33.2%	74° = 39.2%	94° = 45.2%
15° = 28.0%	35° = 27.5%	55° = 33.5%	75° = 39.5%	95° = 45.5%
16° = 27.6%	36° = 27.8%	56° = 33.8%	76° = 39.8%	96° = 45.8%
17° = 27.2%	37° = 28.1%	57° = 34.1%	77° = 40.1%	97° = 46.1%
18° = 26.8%	38° = 28.4%	58° = 34.4%	78° = 40.4%	98° = 46.4%
19° = 26.4%	39° = 28.7%	59° = 34.7%	79° = 40.7%	99° = 46.7%
				100° = 47.0%

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

Position of Maximum Extension in the Hip/Percentage of Impairment

30° = 0.0%	24° = 0.6%	18° = 1.2%	12° = 1.8%	6° = 2.4%
29° = 0.1%	23° = 0.7%	17° = 1.3%	11° = 1.9%	5° = 2.5%
28° = 0.2%	22° = 0.8%	16° = 1.4%	10° = 2.0%	4° = 2.6%
27° = 0.3%	21° = 0.9%	15° = 1.5%	9° = 2.1%	3° = 2.7%
26° = 0.4%	20° = 1.0%	14° = 1.6%	8° = 2.2%	2° = 2.8%
25° = 0.5%	19° = 1.1%	13° = 1.7%	7° = 2.3%	1° = 2.9%
				0° = 3.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	6° = 36.0%	12° = 39.0%	18° = 42.0%	24° = 44.6%
1° = 33.5%	7° = 36.5%	13° = 39.5%	19° = 42.5%	25° = 45.0%
2° = 34.0%	8° = 37.0%	14° = 40.0%	20° = 43.0%	26° = 45.4%
3° = 34.5%	9° = 37.5%	15° = 40.5%	21° = 43.4%	27° = 45.8%
4° = 35.0%	10° = 38.0%	16° = 41.0%	22° = 43.8%	28° = 46.2%
5° = 35.5%	11° = 38.5%	17° = 41.5%	23° = 44.2%	29° = 46.6%
				30° = 47.0%

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

Position of Maximum Abduction in the Hip/Percentage of Impairment

40° = 0.0%	32° = 1.6%	24° = 3.2%	16° = 4.8%	8° = 6.4%
39° = 0.2%	31° = 1.8%	23° = 3.4%	15° = 5.0%	7° = 6.6%
38° = 0.4%	30° = 2.0%	22° = 3.6%	14° = 5.2%	6° = 6.8%
37° = 0.6%	29° = 2.2%	21° = 3.8%	13° = 5.4%	5° = 7.0%
36° = 0.8%	28° = 2.4%	20° = 4.0%	12° = 5.6%	4° = 7.2%
35° = 1.0%	27° = 2.6%	19° = 4.2%	11° = 5.8%	3° = 7.4%
34° = 1.2%	26° = 2.8%	18° = 4.4%	10° = 6.0%	2° = 7.6%
33° = 1.4%	25° = 3.0%	17° = 4.6%	9° = 6.2%	1° = 7.8%
				0° = 8.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	8° = 36.2%	16° = 38.8%	24° = 41.6%	32° = 44.6%
1° = 33.4%	9° = 36.6%	17° = 39.1%	25° = 42.0%	33° = 44.9%
2° = 33.8%	10° = 37.0%	18° = 39.4%	26° = 42.4%	34° = 45.2%
3° = 34.2%	11° = 37.3%	19° = 39.7%	27° = 42.8%	35° = 45.5%
4° = 34.6%	12° = 37.6%	20° = 40.0%	28° = 43.2%	36° = 45.8%
5° = 35.0%	13° = 37.9%	21° = 40.4%	29° = 43.6%	37° = 46.1%
6° = 35.4%	14° = 38.2%	22° = 40.8%	30° = 44.0%	38° = 46.4%
7° = 35.8%	15° = 38.5%	23° = 41.2%	31° = 44.3%	39° = 46.7%
				40° = 47.0%

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

Position of Maximum Adduction in the Hip/Percentage of Impairment

20° = 0.0%	15° = 1.0%	10° = 2.0%	5° = 3.0%
19° = 0.2%	14° = 1.2%	9° = 2.2%	4° = 3.2%
18° = 0.4%	13° = 1.4%	8° = 2.4%	3° = 3.4%
17° = 0.6%	12° = 1.6%	7° = 2.6%	2° = 3.6%
16° = 0.8%	11° = 1.8%	6° = 2.8%	1° = 3.8%
			0° = 4.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	5° = 36.5%	10° = 40.0%	15° = 43.5%
1° = 33.7%	6° = 37.2%	11° = 40.7%	16° = 44.2%
2° = 34.4%	7° = 37.9%	12° = 41.4%	17° = 44.9%
3° = 35.1%	8° = 38.6%	13° = 42.1%	18° = 45.6%
4° = 35.8%	9° = 39.3%	14° = 42.8%	19° = 46.3%
			20° = 47.0%

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

Position of Maximum Internal Rotation in the Hip/Percentage of Impairment

40° = 0.0%	32° = 1.6%	24° = 2.6%	16° = 3.4%	8° = 4.2%
39° = 0.2%	31° = 1.8%	23° = 2.7%	15° = 3.5%	7° = 4.3%
38° = 0.4%	30° = 2.0%	22° = 2.8%	14° = 3.6%	6° = 4.4%
37° = 0.6%	29° = 2.1%	21° = 2.9%	13° = 3.7%	5° = 4.5%
36° = 0.8%	28° = 2.2%	20° = 3.0%	12° = 3.8%	4° = 4.6%
35° = 1.0%	27° = 2.3%	19° = 3.1%	11° = 3.9%	3° = 4.7%
34° = 1.2%	26° = 2.4%	18° = 3.2%	10° = 4.0%	2° = 4.8%
33° = 1.4%	25° = 2.5%	17° = 3.3%	9° = 4.1%	1° = 4.9%
				0° = 5.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	8° = 36.2%	16° = 38.8%	24° = 41.6%	32° = 44.6%
1° = 33.4%	9° = 36.6%	17° = 39.1%	25° = 42.0%	33° = 44.9%
2° = 33.8%	10° = 37.0%	18° = 39.4%	26° = 42.4%	34° = 45.2%
3° = 34.2%	11° = 37.3%	19° = 39.7%	27° = 42.8%	35° = 45.5%
4° = 34.6%	12° = 37.6%	20° = 40.0%	28° = 43.2%	36° = 45.8%
5° = 35.0%	13° = 37.9%	21° = 40.4%	29° = 43.6%	37° = 46.1%
6° = 35.4%	14° = 38.2%	22° = 40.8%	30° = 44.0%	38° = 46.4%
7° = 35.8%	15° = 38.5%	23° = 41.2%	31° = 44.3%	39° = 46.7%
				40° = 47.0%

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

Position of Maximum External Rotation in the Hip/Percentage of Impairment

50° = 0.0%	40° = 2.0%	30° = 3.0%	20° = 4.0%	10° = 5.0%
49° = 0.2%	39° = 2.1%	29° = 3.1%	19° = 4.1%	9° = 5.2%
48° = 0.4%	38° = 2.2%	28° = 3.2%	18° = 4.2%	8° = 5.4%
47° = 0.6%	37° = 2.3%	27° = 3.3%	17° = 4.3%	7° = 5.6%
46° = 0.8%	36° = 2.4%	26° = 3.4%	16° = 4.4%	6° = 5.8%
45° = 1.0%	35° = 2.5%	25° = 3.5%	15° = 4.5%	5° = 6.0%
44° = 1.2%	34° = 2.6%	24° = 3.6%	14° = 4.6%	4° = 6.2%
43° = 1.4%	33° = 2.7%	23° = 3.7%	13° = 4.7%	3° = 6.4%
42° = 1.6%	32° = 2.8%	22° = 3.8%	12° = 4.8%	2° = 6.6%
41° = 1.8%	31° = 2.9%	21° = 3.9%	11° = 4.9%	1° = 6.8%
				0° = 7.0%

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

Joint Ankylosed at/Percentage of Impairment

0° = 33.0%	10° = 36.0%	20° = 39.0%	30° = 41.0%	40° = 44.0%
1° = 33.3%	11° = 36.3%	21° = 39.2%	31° = 41.3%	41° = 44.3%
2° = 33.6%	12° = 36.6%	22° = 39.4%	32° = 41.6%	42° = 44.6%
3° = 33.9%	13° = 36.9%	23° = 39.6%	33° = 41.9%	43° = 44.9%
4° = 34.2%	14° = 37.2%	24° = 39.8%	34° = 42.2%	44° = 45.2%
5° = 34.5%	15° = 37.5%	25° = 40.0%	35° = 42.5%	45° = 45.5%
6° = 34.8%	16° = 37.8%	26° = 40.2%	36° = 42.8%	46° = 45.8%
7° = 35.1%	17° = 38.1%	27° = 40.4%	37° = 43.1%	47° = 46.1%
8° = 35.4%	18° = 38.4%	28° = 40.6%	38° = 43.4%	48° = 46.4%
9° = 35.7%	19° = 38.7%	29° = 40.8%	39° = 43.7%	49° = 46.7%
				50° = 47.0%

(14) When two or more ankylosis positions are documented, select the one direction representing the largest impairment. That will be the impairment value for the hip represented by ankylosis.

(15) A value of 13% shall be determined for a total hip replacement (both femoral and acetabular components involved). If a total hip replacement surgery occurs following an earlier femoral head replacement surgery pursuant to 436-035-0230(5), both impairment values shall be rated.

(16) A value of 5% shall be awarded for a repeat total hip replacement surgery.

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

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

(19) Healed displaced fractures in the hip may cause leg length discrepancies. Impairment shall be determined pursuant to OAR 436-035-0230.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-481;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Renumbered 436-035-0370;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0350 General Spinal Findings

(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) For the purposes of this section, 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. The following values are for surgical procedures performed on the spine.

% Impairment

	Cervical	Thoracic	Lumbosacral
1st Surgical Procedure involving one disc and/or up to 2 vertebrae	8%	4%	9%
additional disc(s) or vertebra treated within the same region/body part	Add 1% for each additional disc or vertebra.		
Subsequent Surgical Procedures	Add 1% for each disc or vertebrae treated.		

(3) For injuries that result in loss of strength in the back, refer to OAR 436-035-0330(17) through (19).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-490;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 8-19-88 as WCD Admin. Order 5-1988 (temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0360 Spinal Ranges of Motion

(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:

Position of Maximum Flexion: Cervical/Percentage of Impairment

45° = 0.00%	36° = 0.60%	27° = 1.40%	18° = 2.60%	9° = 3.40%
44° = 0.07%	35° = 0.67%	26° = 1.53%	17° = 2.73%	8° = 3.47%
43° = 0.13%	34° = 0.73%	25° = 1.67%	16° = 2.87%	7° = 3.53%
42° = 0.20%	33° = 0.80%	24° = 1.80%	15° = 3.00%	6° = 3.60%
41° = 0.27%	32° = 0.87%	23° = 1.93%	14° = 3.07%	5° = 3.67%
40° = 0.33%	31° = 0.93%	22° = 2.07%	13° = 3.13%	4° = 3.73%
39° = 0.40%	30° = 1.00%	21° = 2.20%	12° = 3.20%	3° = 3.80%
38° = 0.47%	29° = 1.13%	20° = 2.33%	11° = 3.27%	2° = 3.87%
37° = 0.53%	28° = 1.27%	19° = 2.47%	10° = 3.33%	1° = 3.93%
				0° = 4.00%

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

Position of Maximum Extension: Cervical/Percentage of Impairment

45° = 0.00%	36° = 0.60%	27° = 1.40%	18° = 2.60%	9° = 3.40%
44° = 0.07%	35° = 0.67%	26° = 1.53%	17° = 2.73%	8° = 3.47%
43° = 0.13%	34° = 0.73%	25° = 1.67%	16° = 2.87%	7° = 3.53%
42° = 0.20%	33° = 0.80%	24° = 1.80%	15° = 3.00%	6° = 3.60%
41° = 0.27%	32° = 0.87%	23° = 1.93%	14° = 3.07%	5° = 3.67%
40° = 0.33%	31° = 0.93%	22° = 2.07%	13° = 3.13%	4° = 3.73%
39° = 0.40%	30° = 1.00%	21° = 2.20%	12° = 3.20%	3° = 3.80%
38° = 0.47%	29° = 1.13%	20° = 2.33%	11° = 3.27%	2° = 3.87%
37° = 0.53%	28° = 1.27%	19° = 2.47%	10° = 3.33%	1° = 3.93%
				0° = 4.00%

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

Position of Maximum Lateral Flexion: Cervical/Percentage of Impairment

45° = 0.00%	36° = 0.60%	27° = 1.20%	18° = 1.80%	9° = 2.40%
44° = 0.07%	35° = 0.67%	26° = 1.27%	17° = 1.87%	8° = 2.47%
43° = 0.13%	34° = 0.73%	25° = 1.33%	16° = 1.93%	7° = 2.53%
42° = 0.20%	33° = 0.80%	24° = 1.40%	15° = 2.00%	6° = 2.60%
41° = 0.27%	32° = 0.87%	23° = 1.47%	14° = 2.07%	5° = 2.67%
40° = 0.33%	31° = 0.93%	22° = 1.53%	13° = 2.13%	4° = 2.73%
39° = 0.40%	30° = 1.00%	21° = 1.60%	12° = 2.20%	3° = 2.80%
38° = 0.47%	29° = 1.07%	20° = 1.67%	11° = 2.27%	2° = 2.87%
37° = 0.53%	28° = 1.13%	19° = 1.73%	10° = 2.33%	1° = 2.93%
				0° = 3.00%

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

Position of Maximum Rotation: Cervical/Percentage of Impairment

80° = 0.00%	64° = 0.80%	48° = 1.60%	32° = 2.40%	16° = 3.20%
79° = 0.05%	63° = 0.85%	47° = 1.65%	31° = 2.45%	15° = 3.25%
78° = 0.10%	62° = 0.90%	46° = 1.70%	30° = 2.50%	14° = 3.30%
77° = 0.15%	61° = 0.95%	45° = 1.75%	29° = 2.55%	13° = 3.35%
76° = 0.20%	60° = 1.00%	44° = 1.80%	28° = 2.60%	12° = 3.40%
75° = 0.25%	59° = 1.05%	43° = 1.85%	27° = 2.65%	11° = 3.45%
74° = 0.30%	58° = 1.10%	42° = 1.90%	26° = 2.70%	10° = 3.50%
73° = 0.35%	57° = 1.15%	41° = 1.95%	25° = 2.75%	9° = 3.55%
72° = 0.40%	56° = 1.20%	40° = 2.00%	24° = 2.80%	8° = 3.60%
71° = 0.45%	55° = 1.25%	39° = 2.05%	23° = 2.85%	7° = 3.65%
70° = 0.50%	54° = 1.30%	38° = 2.10%	22° = 2.90%	6° = 3.70%
69° = 0.55%	53° = 1.35%	37° = 2.15%	21° = 2.95%	5° = 3.75%
68° = 0.60%	52° = 1.40%	36° = 2.20%	20° = 3.00%	4° = 3.80%
67° = 0.65%	51° = 1.45%	35° = 2.25%	19° = 3.05%	3° = 3.85%
66° = 0.70%	50° = 1.50%	34° = 2.30%	18° = 3.10%	2° = 3.90%
65° = 0.75%	49° = 1.55%	33° = 2.35%	17° = 3.15%	1° = 3.95%
				0° = 4.00%

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

Position of Maximum Flexion: Thoracolumbar/Percentage of Impairment

90° = 0.0%	72° = 1.8%	54° = 3.6%	36° = 5.4%	18° = 7.2%
89° = 0.1%	71° = 1.9%	53° = 3.7%	35° = 5.5%	17° = 7.3%
88° = 0.2%	70° = 2.0%	52° = 3.8%	34° = 5.6%	16° = 7.4%
87° = 0.3%	69° = 2.1%	51° = 3.9%	33° = 5.7%	15° = 7.5%
86° = 0.4%	68° = 2.2%	50° = 4.0%	32° = 5.8%	14° = 7.6%
85° = 0.5%	67° = 2.3%	49° = 4.1%	31° = 5.9%	13° = 7.7%
84° = 0.6%	66° = 2.4%	48° = 4.2%	30° = 6.0%	12° = 7.8%
83° = 0.7%	65° = 2.5%	47° = 4.3%	29° = 6.1%	11° = 7.9%
82° = 0.8%	64° = 2.6%	46° = 4.4%	28° = 6.2%	10° = 8.0%
81° = 0.9%	63° = 2.7%	45° = 4.5%	27° = 6.3%	9° = 8.1%
80° = 1.0%	62° = 2.8%	44° = 4.6%	26° = 6.4%	8° = 8.2%
79° = 1.1%	61° = 2.9%	43° = 4.7%	25° = 6.5%	7° = 8.3%
78° = 1.2%	60° = 3.0%	42° = 4.8%	24° = 6.6%	6° = 8.4%
77° = 1.3%	59° = 3.1%	41° = 4.9%	23° = 6.7%	5° = 8.5%
76° = 1.4%	58° = 3.2%	40° = 5.0%	22° = 6.8%	4° = 8.6%
75° = 1.5%	57° = 3.3%	39° = 5.1%	21° = 6.9%	3° = 8.7%
74° = 1.6%	56° = 3.4%	38° = 5.2%	20° = 7.0%	2° = 8.8%
73° = 1.7%	55° = 3.5%	37° = 5.3%	19° = 7.1%	1° = 8.9%
				0° = 9.0%

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

Position of Maximum Extension: Thoracolumbar/Percentage of Impairment

30° = 0.0%	24° = 0.6%	18° = 1.2%	12° = 1.8%	6° = 2.4%
29° = 0.1%	23° = 0.7%	17° = 1.3%	11° = 1.9%	5° = 2.5%
28° = 0.2%	22° = 0.8%	16° = 1.4%	10° = 2.0%	4° = 2.6%
27° = 0.3%	21° = 0.9%	15° = 1.5%	9° = 2.1%	3° = 2.7%
26° = 0.4%	20° = 1.0%	14° = 1.6%	8° = 2.2%	2° = 2.8%
25° = 0.5%	19° = 1.1%	13° = 1.7%	7° = 2.3%	1° = 2.9%
				0° = 3.0%

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

Position of Maximum Lateral Flexion: Thoracolumbar/Percentage of Impairment

30° = 0.0%	24° = 1.2%	18° = 2.4%	12° = 3.6%	6° = 4.8%
29° = 0.2%	23° = 1.4%	17° = 2.6%	11° = 3.8%	5° = 5.0%
28° = 0.4%	22° = 1.6%	16° = 2.8%	10° = 4.0%	4° = 5.2%
27° = 0.6%	21° = 1.8%	15° = 3.0%	9° = 4.2%	3° = 5.4%
26° = 0.8%	20° = 2.0%	14° = 3.2%	8° = 4.4%	2° = 5.6%
25° = 1.0%	19° = 2.2%	13° = 3.4%	7° = 4.6%	1° = 5.8%
				0° = 6.0%

(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:

Position of Maximum Flexion: Cervical/Percentage of Impairment

60° = 0.0%	48° = 1.2%	36° = 2.4%	24° = 3.6%	12° = 4.8%
59° = 0.1%	47° = 1.3%	35° = 2.5%	23° = 3.7%	11° = 4.9%
58° = 0.2%	46° = 1.4%	34° = 2.6%	22° = 3.8%	10° = 5.0%
57° = 0.3%	45° = 1.5%	33° = 2.7%	21° = 3.9%	9° = 5.1%
56° = 0.4%	44° = 1.6%	32° = 2.8%	20° = 4.0%	8° = 5.2%
55° = 0.5%	43° = 1.7%	31° = 2.9%	19° = 4.1%	7° = 5.3%
54° = 0.6%	42° = 1.8%	30° = 3.0%	18° = 4.2%	6° = 5.4%
53° = 0.7%	41° = 1.9%	29° = 3.1%	17° = 4.3%	5° = 5.5%
52° = 0.8%	40° = 2.0%	28° = 3.2%	16° = 4.4%	4° = 5.6%
51° = 0.9%	39° = 2.1%	27° = 3.3%	15° = 4.5%	3° = 5.7%
50° = 1.0%	38° = 2.2%	26° = 3.4%	14° = 4.6%	2° = 5.8%
49° = 1.1%	37° = 2.3%	25° = 3.5%	13° = 4.7%	1° = 5.9%
				0° = 6.0%

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

Position of Maximum Extension: Cervical/Percentage of Impairment

75° = 0.00%	60° = 1.20%	45° = 2.40%	30° = 3.60%	15° = 4.80%
74° = 0.08%	59° = 1.28%	44° = 2.48%	29° = 3.68%	14° = 4.88%
73° = 0.16%	58° = 1.36%	43° = 2.56%	28° = 3.76%	13° = 4.96%
72° = 0.24%	57° = 1.44%	42° = 2.64%	27° = 3.84%	12° = 5.04%
71° = 0.32%	56° = 1.52%	41° = 2.72%	26° = 3.92%	11° = 5.12%
70° = 0.40%	55° = 1.60%	40° = 2.80%	25° = 4.00%	10° = 5.20%
69° = 0.48%	54° = 1.68%	39° = 2.88%	24° = 4.08%	9° = 5.28%
68° = 0.56%	53° = 1.76%	38° = 2.96%	23° = 4.16%	8° = 5.36%
67° = 0.64%	52° = 1.84%	37° = 3.04%	22° = 4.24%	7° = 5.44%
66° = 0.72%	51° = 1.92%	36° = 3.12%	21° = 4.32%	6° = 5.52%
65° = 0.80%	50° = 2.00%	35° = 3.20%	20° = 4.40%	5° = 5.60%
64° = 0.88%	49° = 2.08%	34° = 3.28%	19° = 4.48%	4° = 5.68%
63° = 0.96%	48° = 2.16%	33° = 3.36%	18° = 4.56%	3° = 5.76%
62° = 1.04%	47° = 2.24%	32° = 3.44%	17° = 4.64%	2° = 5.84%
61° = 1.12%	46° = 2.32%	31° = 3.52%	16° = 4.72%	1° = 5.92%
				0° = 6.00%

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

Position of Maximum Lateral Flexion: Cervical/Percentage of Impairment

45° = 0.00%	36° = 0.60%	27° = 1.20%	18° = 1.80%	9° = 2.80%
44° = 0.07%	35° = 0.67%	26° = 1.27%	17° = 1.87%	8° = 2.93%
43° = 0.13%	34° = 0.73%	25° = 1.33%	16° = 1.93%	7° = 3.07%
42° = 0.20%	33° = 0.80%	24° = 1.40%	15° = 2.00%	6° = 3.20%
41° = 0.27%	32° = 0.87%	23° = 1.47%	14° = 2.13%	5° = 3.33%
40° = 0.33%	31° = 0.93%	22° = 1.53%	13° = 2.27%	4° = 3.47%
39° = 0.40%	30° = 1.00%	21° = 1.60%	12° = 2.40%	3° = 3.60%
38° = 0.47%	29° = 1.07%	20° = 1.67%	11° = 2.53%	2° = 3.73%
37° = 0.53%	28° = 1.13%	19° = 1.73%	10° = 2.67%	1° = 3.87%
				0° = 4.00%

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

Position of Maximum Rotation: Cervical/Percentage of Impairment

80° = 0.00%	64° = 0.80%	48° = 1.60%	32° = 2.8%	16° = 4.4%
79° = 0.05%	63° = 0.85%	47° = 1.65%	31° = 2.9%	15° = 4.5%
78° = 0.10%	62° = 0.90%	46° = 1.70%	30° = 3.0%	14° = 4.6%
77° = 0.15%	61° = 0.95%	45° = 1.75%	29° = 3.1%	13° = 4.7%
76° = 0.20%	60° = 1.00%	44° = 1.80%	28° = 3.2%	12° = 4.8%
75° = 0.25%	59° = 1.05%	43° = 1.85%	27° = 3.3%	11° = 4.9%
74° = 0.30%	58° = 1.10%	42° = 1.90%	26° = 3.4%	10° = 5.0%
73° = 0.35%	57° = 1.15%	41° = 1.95%	25° = 3.5%	9° = 5.1%
72° = 0.40%	56° = 1.20%	40° = 2.0%	24° = 3.6%	8° = 5.2%
71° = 0.45%	55° = 1.25%	39° = 2.1%	23° = 3.7%	7° = 5.3%
70° = 0.50%	54° = 1.30%	38° = 2.2%	22° = 3.8%	6° = 5.4%
69° = 0.55%	53° = 1.35%	37° = 2.3%	21° = 3.9%	5° = 5.5%
68° = 0.60%	52° = 1.40%	36° = 2.4%	20° = 4.0%	4° = 5.6%
67° = 0.65%	51° = 1.45%	35° = 2.5%	19° = 4.1%	3° = 5.7%
66° = 0.70%	50° = 1.50%	34° = 2.6%	18° = 4.2%	2° = 5.8%
65° = 0.75%	49° = 1.55%	33° = 2.7%	17° = 4.3%	1° = 5.9%
				0° = 6.0%

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

Position of Maximum Flexion: Thoracic/Percentage of Impairment

50° = 0.00%	40° = 0.50%	30° = 1.00%	20° = 1.67%	10° = 2.67%
49° = 0.05%	39° = 0.55%	29° = 1.07%	19° = 1.73%	9° = 2.80%
48° = 0.10%	38° = 0.60%	28° = 1.13%	18° = 1.80%	8° = 2.93%
47° = 0.15%	37° = 0.65%	27° = 1.20%	17° = 1.87%	7° = 3.07%
46° = 0.20%	36° = 0.70%	26° = 1.27%	16° = 1.93%	6° = 3.20%
45° = 0.25%	35° = 0.75%	25° = 1.33%	15° = 2.00%	5° = 3.33%
44° = 0.30%	34° = 0.80%	24° = 1.40%	14° = 2.13%	4° = 3.47%
43° = 0.35%	33° = 0.85%	23° = 1.47%	13° = 2.27%	3° = 3.60%
42° = 0.40%	32° = 0.90%	22° = 1.53%	12° = 2.40%	2° = 3.73%
41° = 0.45%	31° = 0.95%	21° = 1.60%	11° = 2.53%	1° = 3.87%
				0° = 4.00%

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

Position of Maximum Rotation: Thoracic/Percentage of Impairment

30° = 0.0%	24° = 0.6%	18° = 1.2%	12° = 1.8%	6° = 2.4%
29° = 0.1%	23° = 0.7%	17° = 1.3%	11° = 1.9%	5° = 2.5%
28° = 0.2%	22° = 0.8%	16° = 1.4%	10° = 2.0%	4° = 2.6%
27° = 0.3%	21° = 0.9%	15° = 1.5%	9° = 2.1%	3° = 2.7%
26° = 0.4%	20° = 1.0%	14° = 1.6%	8° = 2.2%	2° = 2.8%
25° = 0.5%	19° = 1.1%	13° = 1.7%	7° = 2.3%	1° = 2.9%
				0° = 3.0%

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

True Lumbar Flexion Angle

Position of Maximum Flexion	Spine
60° +	0%
45° - 59°	2%
30° - 44°	4%
15° - 29°	7%
0° - 14°	10%

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

Position of Maximum Extension: Lumbosacral/Percentage of Impairment

25° = 0.0%	20° = 2.0%	15° = 3.0%	10° = 5.0%	5° = 6.0%
24° = 0.4%	19° = 2.2%	14° = 3.4%	9° = 5.2%	4° = 6.2%
23° = 0.8%	18° = 2.4%	13° = 3.8%	8° = 5.4%	3° = 6.4%
22° = 1.2%	17° = 2.6%	12° = 4.2%	7° = 5.6%	2° = 6.6%
21° = 1.6%	16° = 2.8%	11° = 4.6%	6° = 5.8%	1° = 6.8%
				0° = 7.0%

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

Position of Maximum Lateral Flexion: Lumbosacral/Percentage of Impairment

25° = 0.0%	18° = 1.4%	11° = 2.8%	4° = 4.2%
24° = 0.2%	17° = 1.6%	10° = 3.0%	3° = 4.4%
23° = 0.4%	16° = 1.8%	9° = 3.2%	2° = 4.6%
22° = 0.6%	15° = 2.0%	8° = 3.4%	1° = 4.8%
21° = 0.8%	14° = 2.2%	7° = 3.6%	0° = 5.0%
20° = 1.0%	13° = 2.4%	6° = 3.8%	
19° = 1.2%	12° = 2.6%	5° = 4.0%	

(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 for each region.

(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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-500;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 9-13-91 (temp) as WCD Admin. Order 7-1991, eff. 10-1-91.
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0370 Pelvis

(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 436-035-0340

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-510;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 8-19-88 as WCD Admin. Order 5-1988 (Temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.

436-035-0375 Abdomen

(1) For injuries that result in permanent damage to the abdominal wall, 5% impairment shall be allowed if the 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 8-19-88 as WCD Admin. Order 5-1988 (Temp), eff. 8-19-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0380 Cardiovascular System

(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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-520;
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Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.

436-035-0385 Respiratory System

(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 OAR 436-035-0385(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 the best of 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 OAR 436-035-0450.

(5) ALLERGIC RESPIRATORY RESPONSES - For workers who have developed an allergic respiratory response to physical, chemical, or biological agents refer to OAR 436-035-0450.

(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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
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Renumbered 436-035-0390;
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436-035-0390 Cranial Nerves/Brain

(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 OAR 436-035-0260.

(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 OAR 436-035-0260.

(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 OAR 436-035-0385 and 436-035-0420.

(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 OAR 436-035-0250. 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 OAR 436-035-0420.

(b) Speech impairment due to damage to the Ninth, Tenth, and/or Eleventh Cranial Nerves shall be rated according to the classifications in OAR 436-035-0385(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 section (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 the worker is independent in activities of daily living. 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 the worker can perform most activities of daily living. 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 the worker may require assistance or supervision in order to perform some activities of daily living. Language 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), and the worker needs assistance and supervision to perform most activities of daily living 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 requires assistance and supervision to perform all activities of daily living. 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.

(13) For brain damage that has resulted in the loss of use or function of any scheduled body part(s), a value may be allowed for the affected body part(s). Refer to the appropriate section of these standards for that determination.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
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Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96

436-035-0395 Spinal Cord

(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.

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 quadriplegic 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 quadriplegic 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 quadriplegic and is dependent in all of the activities of daily living.

(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 scheduled body part(s), a value may be allowed for the affected body part(s). Refer to the appropriate section of these standards for that determination.

(4) Episodic neurological disorders are determined pursuant to OAR 436-035-0390(10).

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Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.
Amended 1-29-96 as WCD Admin. Order 96-051, eff.. 2-17-96

436-035-0400 Mental Illness

(1) Accepted mental disorders resulting in permanent disability 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 015.

(2) Diagnoses of mental disorders for the purposes of these rules shall follow the guidelines of the **Diagnostic and Statistical Manual of Mental Disorders DSM-IV (1994)**, published by the American Psychiatric Association.

(3)The physician shall describe permanent changes in mental function in terms of their affect on the worker's activities of daily living (ADLs), as defined in OAR 436-035-0005(1). Additionally, the physician shall describe the affect on social functioning and deterioration or decompensation in work or work-like settings as outlined in the AMA Guides to Evaluation of Impairment, 3rd Ed., Revised 1990.

(4) Loss of function attributable to permanent worsening of personality disorder**s** 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. 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:

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

(B) Has some problems with judgment;

(C) Has some problems with controlling personal behavior;

(D) Has some ability to avoid serious problems with social and personal relationships; and

(E) Has some ability to avoid self-harm.

(b) Class 2: minimal (20%), mild (29%), or moderate (38%) A worker belongs in class 2 when:

(A) The worker shows considerable loss of self control;

(B) Has an inability to learn from experience; and

(C) Causes harm to the community or to the self.

(5) Loss of function attributable to permanent symptoms of affective disorders, anxiety disorders, somatoform disorders, and chronic adjustment disorders shall be rated according to the following classes, with gradations within each class based on the severity of the symptoms/loss of function:

(a) Class 1: (0%) A worker belongs in Class 1 when one or more of the following residual symptoms are noted:

(A) Anxiety symptoms: 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 symptoms: 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) Phobicsymptoms: Phobias the worker already suffers from may come into play, or new phobias may appear in a mild form.

(D) Psychophysiological symptoms: 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. Any physical pathology is temporary and reversible. Conversion symptoms or hysterical symptoms are brief and do not occur very often. They might include some slight and limited physical problems (such as weakness or hoarseness) that 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 symptoms/loss of functions are noted:

(A) Anxiety symptoms: May require extended treatment. Specific symptoms may include (but are not limited to) startle reactions, indecision because of fear, fear of being alone, and insomnia. There is no loss of intellect or disturbance in thinking, concentration, or memory.

(B) Depressive symptoms: 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 symptoms: 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 that involves a superstition.

(D) Psychophysiological symptoms: 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 no actual pathology in the organs or tissues. Conversion or hysterical symptoms result in periods of loss of physical function that occur more than twice a year, last for several weeks, and need treatment. Symptoms may include (but are not limited to) temporary hoarseness, temporary blindness, temporary weakness in the arms and/or the legs. These problems continue to return.

(c) Class 3: Minimal (50%), mild (66%), or moderate (81%) A worker belongs in Class 3 when one or more of the following residual symtoms/loss of functions are noted:

(A) Anxiety symptoms: Fear, tension, and apprehension interfere with work or the activities of daily living. Memory and concentration decrease or become unreliable. Long-lasting periods of anxiety keep returning and interfere with personal relationships. The worker needs constant reassurance and comfort from family, friends, and coworkers.

(B) Depressive symptoms: 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 symptoms: 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 symptoms: 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 that results in constant digestive and elimination problems. Conversion or hysterical symptoms include loss of physical function that occurs often and lasts for weeks or longer. Evidence of physical change follows such events. A symptomatic period (18 months or more) is associated with advanced negative changes in the tissues and organs. These include (but are not limited to) atrophy of muscles in the legs and arms. A common symptom is general flabbiness.

(6) Psychotic disorders shall be 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 that recur, 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. Because 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 do so. However, if left on their own, their behavior is so bizarre that others may be concerned. Such behavior might include (but is not limited to) over-activity, disarranged clothing, and 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 that are obvious even to a casual observer. These include an inability to communicate clearly because of 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%) Workers who belong in Class 4 usually need to be placed in a hospital or institution. Medication may help them to a certain extent. 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. Evidence of disturbed mental processes may include (but are not limited to) severe confusion, incoherence, irrelevance, refusal to speak, the creation of new words or using existing words in a new manner.

(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 that 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Formerly OAR 436-30-540;
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Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.
Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0410 Hematopoietic System

(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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436-035-0420 Gastrointestinal and Genitourinary Systems

(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)	WEIGHT (pounds)	WEIGHT (pounds)
	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

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 436-035-0007(18). 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 OAR 436-035-0007(18). 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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Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
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Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98

436-035-0430 Endocrine System

(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 gluco-ortocoid 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 pheochromo-cytomas, 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 12-21-88 as WCD Admin. Order 6-1988, eff. 1-1-89;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91.

436-035-0440 Integument and Lacrimal System

(1) If the worker has developed an immunologic reaction to physical, chemical or biological agents, impairment will be valued pursuant to OAR 436-035-0450.

(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.

(3) If either too little or too much tearing results in a worker's being restricted from regular work, and the condition is not an immunological reaction, a value shall be assigned as follows:

(a) 3% when the reaction is a nuisance but does not prevent most regular work-related activities; or

(b) 8% when the reaction prevents some regular work-related activities; or

(c) 13% when the reaction prevents most regular work-related activities.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
Amended 9-14-90 (temp) as WCD Admin. Order 15-1990, eff. 10-1-90;
Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.

436-035-0450 Immune System

(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 regular work related activities; OR,

(b) 8% when the reaction prevents some regular work related activities; OR,

(c) 13% when the reaction prevents most regular work related activities.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91;
Renumbered from 436-035-0430;
Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92.

436-035-0500 Temporary Rule Promulgation for Individual Claims

(1) This rule applies to the rating of permanent disability under Chapter 656 in individual cases pursuant to ORS 656.726(3)(f)(C) which requires the director to stay the reconsideration proceeding and adopt temporary rules in cases where the director finds that the worker's impairment is not adequately addressed in the disability standards.

(2) Temporary rules promulgated pursuant to ORS 656.726(3)(f)(C) will be incorporated by reference to the Workers' Compensation Division claim file number and will be applicable solely to the rating of that claim. The temporary rule will be effective upon filing with the Secretary of State and elapse 180 days thereafter in accordance with ORS 183.335(6)(a).

(3) Notice of adoption of temporary rules will be given by mailing a copy of the temporary rule to the affected parties and to others as provided in OAR 436-001-0000(3).

Stat Auth: ORS 656.726(3)
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 12/31/92 as Admin. Order 18-1992, eff. 12/31/92 (Temp) (A58-7576) (D60-5352)
Amended 4/28/93 as WCD Admin. Order 93-051, eff. 4/28/93 (Temp) (A58-2159) (B59-4533) (E61-4228) (I59-2031)
Filed 6/29/93 as Admin. Order 93-053, eff. 6/29/93
Amended 9/2/93 as WCD Admin. Order 93-054, eff. 9/2/93 (Temp) (I64-3064)
Amended 10/22/93 as WCD Admin. Order 93-055, eff. 10/22/93 (Temp) (A61-7196) (F60-7468)
Amended 5/26/94 as WCD Admin. Order 94-053, eff. 5/26/94 (Temp) (A64-0903) (B33-4465) (B52-7039) (B63-9980) (C64-7847) (D50-0623) (D60-2551) (G45-4281) (I59-4285)
Amended 7/15/94 as WCD Admin. Order 94-056, eff. 7/15/94 (Temp) (C43-2644) (C50-4886) (D61-6586) (E38-6617) (E51-8953) (G37-3015)
Amended 8/31/94 as WCD Admin. Order 94-057, eff. 8/31/94 (Temp) (A66-7148) (C66-9882) (F67-9790) (G37-9847) (G66-0945) (G68-2891) (I66-9214) (I67-8572)
Amended 11/14/94 as WCD Admin. Order 94-061, eff. 11/14/94 (Temp) (A56-6922) (A68-8532) (B67-0517) (B69-2864) (C66-4016) (D69-1873) (D71-7397) (G68-3895)
Amended 01/26/95 as WCD Admin. Order 95-050, eff. 01/26/95 (Temp) (C51-2235) (C51-9086) (D59-9600) (D69-3198) (E74-0161) (F68-5951) (G55-5440) (G69-3682) (I75-8738)
Amended 03/02/95 as WCD Admin. Order 95-051, eff. 03/02/95 (Temp) (A69-9328) (I73-9896)
Amended 04/13/95 as WCD Admin. Order 95-052, eff. 04/13/95 (Temp) (A32-5947) (C54-7329) (F62-2845)
Amended 05/31/95 as WCD Admin. Order 95-053, eff. 05/31/95 (Temp) (A66-7308) (H69-9099)
Amended 07/11/95 as WCD Admin. Order 95-055, eff. 07/11/95 (Temp) (A55-1299) (A68-5802) (B75-0788) (C72-7919) (E47-5755) (F72-6107) (G52-8324)
Amended 10/05/95 as WCD Admin. Order 95-064, eff. 10/05/95 (Temp) (A72-7487) (B67-2012) (B75-5795) (G55-8472) (H77-3065)
Amended 11/02/95 as WCD Admin. Order 95-067, eff. 11/02/95 (Temp) (C77-9244) (F74-8492) (G72-5640) (I59-0763)
Amended 12/07/95 as WCD Admin. Order 95-072, eff. 12/07/95 (Temp) (A79-2845) (B78-6344) (D67-0149) (D75-7661) (F72-4844) (H75-1172)
Amended 02/01/96 as WCD Admin. Order 96-054, eff. 02/01/96 (Temp) (A74-3939) (A79-7277) (C76-4285) (E71-9980) (E74-3188) (F54-7926) (F69-1607) (F70-0225) (F77-9704) (I75-7201)
Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97
Amended 3-12-97 as WCD Admin. Order 97-052, eff. 3-13-97 (Temp) (C84-3004) (D82-9639) (G83-6389)
Amended 5-14-97 as WCD Admin. Order 97-054, eff. 5-14-97 (Temp) (D29-9140)
Amended 9-9-97 as WCD Admin. Order 97-060, eff. 9-9-97 (Temp) (B85-1508) (E84-8454) (H78-6911) (I43-6347) (I82-6879)
Amended 03/31/98 as WCD Admin. Order 98-054, eff. 03/31/98 (Temp) (A83-5359) (A85-2018) (C81-9952) (E55-9496) (E72-7758) (F61-8155) (F83-7544) (F86-6621) (G32-9876) (G60-2516) (G74-2871) (G81-2430) (G83-2249) (G85-5641) (H81-4914) (I86-3008) (I86-9133)
Amended 7/15/98 as WCD Admin. Order 98-056, eff. 7/15/98 (Temp) (A83-5562) (A86-1481) (B86-5204) (E84-8500) (E85-7684) (F79-5346) (G69-1876) (G86-8605)(G87-7426) (G88-7067) (H87-5177) (I82-2391)
Amended 1/15/99 as WCD Admin. Order 99-050, eff. 1/15/99 (Temp) (A81-8005) (A84-0262) (A85-3518) (A86-8939) (B88-3694) (D88-4287) (D89-0679) (F83-8609) (F85-3096) (H91-0152) (I84-4190)
Amended 4/15/99 as WCD Admin. Order 99-053, eff. 4/15/99 (Temp) (B82-5920) (B83-1332)(D87-5966) (D90-9018) (D91-3299) (E89-7114) (F45-1513) (H86-4536) (H91-8266) (I86-3678) (I86-6219)
Amended 7/15/99 as WCD Admin. Order 99-058, eff. 7/15/99 (Temp) (A88-7382) (A89-0780) (A91-0674) (C91-0512) (D81-0814) (D87-3420) (E90-7599) (F87-8389) (G76-8267) (G81-2920) (G89-0989 (I87-8203) (I90-5353) (I90-9959)
Amended 10/15/99 as WCD Admin. Order 99-060, eff. 10/15/99 (Temp) (A84-550) (A89-0685) (A89-6055) (B61-4705) (C87-7555) (C92-3595) (F77-3561) (G84-8924) (G90-0827)
Amended 1/14/00 as WCD Admin. Order 00-050, eff. 1/14/00 (Temp) (A92-9513) (B92-8683) (G91-7494) (G91-9214) (H86-8025)
Amended 4/14/00 as WCD Admin. Order 00-054, eff. 4/14/00 (Temp) (A92-0994) (B84-4216) (D54-6838) (D84-6587) (D87-4580) (E91-0653) (F89-4935) (G85-3029) (G87-5149)(G93-3700) (H88-4596) (H93-6091)
Amended 7/14/00 as WCD Admin. Order 00-056, eff. 7/14/00 (Temp) (A87-9693) (A91-6214) (A94-0992) (B87-3845) (B94-3184) (D87-6070) (D91-9673) (F91-6225) (H87-1056) (H93-2234) (H93-3196) (I41-4835) (I95-6917)
Amended 10/13/00 as WCD Admin. Order 00-057, eff. 10/13/00 (Temp) (A95-0778) (A95-1645) (C92-4439) (C93-6258) (E91-8135) (E94-2036) (F93-6308) (H75-6914) (H92-7893) (H95-0015) (H95-3028)
Amended 1/12/01 as WCD Admin. Order 01-050, eff. 1/12/01(Temp) (A51-3646) (A94-8686) (A96-7137) (E38-6617) (E91-1129) (E97-6899) (F95-1474) (G89-1516) (G91-0652) (H83-2574) (H96-0745) (H97-8463) (I94-6278) (I95-9534)
Amended 4/13/01 as WCD Admin. Order 01-052, eff. 4/13/01 (Temp) (A89-1510) (D98-5601) (E91-8215) (H94-8094) (I82-8270) (I95-4862)
Amended 713/01 as WCD Admin. Order 01-055, eff. 7/13/01 (Temp) (A95-9779) (A97-6962) (A99-7375) (C82-7198) (D78-1251) (D92-8385) (E94-4832) (E95-3421) (G95-9549) (G98-5992) (I94-6363) (I95-4150)
Amended 10/12/01 as WCD Admin. Order 01-059, eff. 10/12/01 (Temp) (A88-3505) (A94-7875) (D96-5976) (H27-1040)
Amended 1/15/02 as WCD Admin. Order 02-050, eff. 1/15/02 (Temp) (A86-5186) (A92-1955) (B92-5284) (B94-5965) (B99-2810) (C94-4437) (C94-6417) (D99-4441) (F91-6956) (F99-6321) (G88-7374) (G90-8668) (G98-7613) (H99-2218) (I90-2482)
Amended 4/15/02 as WCD Admin. Order 02-055, eff. 4/15/02 (Temp) (B98-4396) (C94-4084) (GAB-8958) (H99-4180) (H99-7843) (I95-8643)
Amended 7/15/02 as WCD Admin. Order 02-058, eff. 7/15/02 (Temp) (A98-3699) (A99-4990) (AAA-3578) (BAA-5736) (C98-7653) (CAB-4735) (D95-5595) (FAA-6263) (F98-7538) (HAA-2339) (I98-6486) (IAA-3456)

CERTIFICATE AND ORDER
FOR FILING
PERMANENT
ADMINISTRATIVE RULES WITH THE SECRETARY OF STATE

FILED 5-13
MAY 13 1998
ARCHIVES DIVISION
SECRETARY OF STATE

I HEREBY CERTIFY that the attached copy is a true, full and correct copy of **PERMANENT** rule(s) adopted on May 13, 1998 by the Department of Consumer and Business Services, Workers Compensation Division to become effective July 1, 1998.

The matter having come before the Department of Consumer and Business Services, Workers' Compensation Division after all procedures having been in the required form and conducted in accordance with applicable statutes and rules and being fully advised in the premises:

Notice of Intended Action published in Secretary of State's Bulletin: NO ☐ Yes ☑ Date Published: 1/2/98

NOW THEREFORE, IT IS HEREBY ORDERED THAT the following action be taken:

AMENDED: 436-035-0003, 436-035-0005, 436-035-0007, 436-035-0010, 436-035-0070, 436-035-0110, 436-035-0150, 436-035-0190, 436-035-0230, 436-035-0250, 436-035-0260, 436-035-0270, 436-035-0280, 436-035-0290, 436-035-0300, 436-035-0310, 436-035-0320, 436-035-0330, 436-035-0350, 436-035-0400, 436-035-0420, ~~436-035-0500~~

as Administrative Rules of the Department of Consumer and Business Services, Workers Compensation Division

DATED this 13th day of May, 1998

BY: Deborah Lincoln
Debbie Lincoln, Acting Director DCBS

STATUTORY AUTHORITY: ORS 656.704 and .726

OTHER AUTHORITY: Attorney General's Uniform and Model Rules of Procedure, ORS 183.310 - 183.550

STATUTES BEING IMPLEMENTED: ORS Chapter 656

SUMMARY: The Disability Rating Standards, Oregon Administrative Rules 436, Division 035, have been amended in response to 1997 amendments to ORS Chapter 656, and input from Division staff and the Division 035 Advisory Committee. Throughout the rules general revisions have been made reflecting changes in rule references, clarifying rule intent with punctuation and grammar changes, correcting tables and reordering of the rules in order to improve functional use. This is the final phase of a 3-part revision of Division 035.

OAR 436-035-0005: Revises definitions of activities of daily living, direct medical sequelae, time of closure and globally modifies "compensable condition" with "accepted".

OAR 436-035-0007: Renumbers sub-sections from 035-0007(3) to end of section; globally modifies "compensable condition" with "accepted". Clarifies grading for strength loss; clarifies contralateral comparison; .

OAR 436-035-0230: Clarifies rating of knee instability.

OAR 436-035-0270: Clarifies standards for the rating of unscheduled permanent disability.

OAR 436-035-0300: Changes "time of closure" to "date of issuance" per revisions to OAR 436-035-0005.

OAR 436-035-0330: Deleted range of motion tables for rating impairment in the shoulder joint; replaced with more current tables based on AMA Guidelines, 3rd Edition, Revised.

OAR 436-035-0400: Revised mental illness rating standards to reflect current diagnostic language and protocols.

For Further Information Contact
Rules Coordinator: Marilyn Odell Phone: (503) 945-7717

EXHIBIT "B"
STATEMENT OF NEED AND FISCAL IMPACT
BEFORE THE DIRECTOR OF THE
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
OF THE STATE OF OREGON

Chapter 436-035

In the matter of proposed rule making regarding:	)	Statutory Authority, Statement of Need Principal Documents Relied Upon and Statement of Fiscal Impact
OAR 436-035 Disability Rating Standards	)	

1. Citation of statutory authority: ORS 656.726

2. Need for the rules: Changes are necessary because of enactment of new legislation and need for clarification of principles regarding disability rating standards. This is the third phase of a 3-phase review of OAR 436-035. These revisions are proposed as a result of a review by the Department and the Internal and External Advisory Committees.

3. Documents Relied Upon: ORS Chapter 656

4. Fiscal and economic Impact None

5. Advisory Committee Used: Yes
   If no, why:

Dated this 11th day of December, 1997.

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES

Deborah Lincoln

Kerry Barnett, Director

For WCD Admin. Order No. 98-055

Exhibit "C"

BEFORE THE DIRECTOR OF THE
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
OF THE STATE OF OREGON

In the Matter of the Amendment of	)	
Oregon Administrative Rule (OAR)	)	SUMMARY OF TESTIMONY
Chapter 436, Division 035,	)	AND AGENCY RESPONSES
Disability Rating Standards	)	

This document relates to the Order of Adoption, WCD Administrative Order 98-055. It constitutes and contains a summary of the significant data, views, and arguments contained in the hearing record.

The purpose of this summary is to provide the Director with a record of the agency conclusions about the major issues raised.

The amendment to the rules was announced in the Secretary of State's Administrative Rules Bulletin, January 2, 1998. On January 21, 1998 public hearings were held as announced. Testimony was received from: SAIF.

The major issues raised were:

OAR 436-035-0005(15)

Testimony: The definition of "date of issuance" should be amended to include the date that reconsideration is deemed denied pursuant to ORS 656.268(6)(d).

Response: The proposed language includes reference to Order on Reconsideration. An Order on Reconsideration issues when the reconsideration process is "deemed denied." There is no need to change the proposed language.

OAR 436-035-0007(4)

Testimony: SAIF contends that this rule, in particular subsection (c), conflicts with ORS 656.225. SAIF asserts that the rule permits the Department to award impairment due to preexisting conditions which have not been pathologically worsened by the injury, but which

have only "combined" with the injury. This preexisting impairment is not "due to the injury" and therefore contrary to statute in at least 3 other places. Further, SAIF submits that ORS 656.726(3)(f), 656.214, 656.268(1)(a), 656.005(7)(a)(B) and 656.225, when construed together, require apportionment in combined condition claims just like all other claims for calculating and awarding PPD. SAIF proposes alternative language to OAR 436-035-0007.

Response: OAR 656.225 does not apply when disability is caused by both a compensable condition and a preexisting condition. Rather, ORS 656.214 and 656.262(7) apply in determining what, if any, impairment is due to the accepted combined condition. *See Boyd K. Belden*, 49 Van Natta 59 (1997). All disability is deemed "due to" the combined condition in the absence of a pre-closure major contributing cause denial. If there are non-compensable preexisting or consequential conditions, which are not part of either the accepted condition or the accepted "combined condition," then no pre-closure denial is needed and impairment may be apportioned by the attending physician. However, an insurer must issue a pre-closure denial in order to argue that impairment is due to preexisting, combined or consequential condition(s). This interpretation gives full effect to both ORS 656.214 and 656.262(7)(b). *Id.* The arguments SAIF raises against this rule would be better addressed in the legislative arena.

OAR 436-035-0007(9)

Testimony: Citing *Thomas T. Frank*, 49 Van Natta 238 (1997), SAIF testifies that application of this rule is not contingent on a previous permanent partial disability award, and that the Board has misinterpreted this rule. SAIF would include language to "clearly state that a worker with a non-disabling claim must prove a permanent worsening in order to have the extent of permanent disability determined following acceptance of an aggravation claim. . . the rule should state that the medically stationary date is the last arrangement of compensation in non-disabling claims."

Response: The Board has not misinterpreted this rule. Applicability of this rule is clearly defined in its wording. Although SAIF is correct that the medically stationary date may constitute the last award/arrangement of compensation in nondisabling claims, an accepted disabling claim without permanent partial disability, is not the same as a nondisabling claim. There are no proposed changes to this rule, and no revisions are necessary.

OAR 436-035-0007(9)(c)

Testimony: SAIF wants a new rule on re-opened claims to redetermine the extent of permanent disability for multiple compensable conditions which are either newly accepted and/or which have actually worsened since the last arrangement of compensation. There is no redetermination made for those conditions which are either unchanged or improved, and impairment remains the same.

Response: The current rule, OAR 436-035-0007, adequately addresses closure after claim re-opening. Changes to satisfy SAIF's request would confuse the rating of impairment under the parameters described in current language. Furthermore ORS 656.262(7)(c), regarding the requirments of an updated notice of acceptance at closure requirements, Division policy and Board case law outline how re-openings shall be treated.

OAR 436-035-0007(28)

Testimony: SAIF points to three Board cases in which the medical arbiter's validity findings were questioned, but the Board upheld awards based on invalid findings. SAIF proposes preventing awards based on invalid findings or requiring the medical arbiter to supplement an "incomplete report" before payment can be authorized.

Response: The Board finding in each of the cases cited was reasonable. The rule was written broadly, to acknowledge the attending physician's discretion in determining validity of test findings on a patient-by-patient basis, considering other medical factors which could influence validity findings. The rule was not intended, nor is it used, to give a physician an easy out for "invalid findings." There may be an issue of medical arbiter education, but no rule change is necessary.

OAR 436-035-0007 (proposed new rule)

Testimony: SAIF proposes that when there are closing reports available from more than one doctor, a rule should specify that the most reliable report will control, and all findings of impairment must come from that single report.

Response: The parameters for weighing the preponderance of a variety of medical findings is already established elsewhere in rule. There is no indication that findings which are selected from a collection of reports might be more advantageous to one party to the claim . Rather, there is good justification for maintaining the status quo. Multiple specialties are frequently necessary to determine impairment. For example, findings from specialists such as audiologists, otolaryngologists and opthamologists could become invalid under the proposed rule.

OAR 436-035-0010(5)

Testimony: SAIF proposes that awards for chronic condition should have a reasonable relationship to the actual injured body part.

Response: OAR 436-035-0007provides that awards may be made for direct medical sequelae and accepted consequential conditions, which are related to accepted conditions. If the accepted condition caused impairment in a body part or body system, which itself was not injured, then disability may be rated. No change is needed.

OAR 436-035-0270(3)(b)

Testimony: SAIF wants this rule amended to state affirmatively that the worker must present proof that the job is not available, consistent with the Board's decision in *Arcelia M. Villagomez*, 49 Van Natta 184 (1997).

Response: Under ORS 656.266, claimant has the burden to prove the extent of disability. Whether the burden of proof has been satisfied should be determined on a case-by-case basis. In some cases, the burden of proof shiftsto the insurer or employer. In *Villagomez, supra,* the burden was on the worker to prove she was not released to regular work. If she had proven she was not released, the burden would have shifted to the insurer to determine that the at-injury job was available. No rule change is needed.

OAR 436-035-0400(5)

Testimony: SAIF refers to a footnote in a mental illness case, in which the court noted that claimant's emotional reaction to claims processing was not caused by the injury, but by how the workers' comp system works. *Roseburg Forest Products v. Zimbelman*, 136 Or App 75 (1995). SAIF proposes that a claimant's emotional reaction to claims processing decisions may not become part of the accepted claim. SAIF thus proposes a rule that mental illnesses/impairment that may be attributable to collateral causes (*i.e.,* nonmedical causes) should not be included in rating disability.

Response: There are numerous psycho-social elements to a claimant's response to a biological injury. These elements can constitute a myriad of factors contributing to changes in mental status. OAR 436-035-007 already provides for rating impairment, including mental impairment, caused by direct medical sequela or compensable consequential conditions. In addition, to the extent that compensability issues may be involved, such a proposal would not be appropriate for inclusion in the rule.

Having reviewed and considered all data, views and arguments presented, I hereby submit this report as a summary of statements given and exhibits received, and recommend the adoption of the amendments to the rules to correspond with the above responses to the testimony.

Mary C. Neidig
Administrator, WCD