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EFFECTIVE JANUARY 1, 2005

**OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 035
DISABILITY RATING STANDARDS**

NOTE: Only adopted, amended, and repealed rules are included in this document:

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EXHIBIT "A"
OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 035

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] **are** 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, 656.225

Hist: Formerly OAR 436-30-002;
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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 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0003 Applicability of Rules

(1) These rules apply to the rating of permanent disability [pursuant to] **under** 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] appl[y] **ies** 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] appl[y] **ies** 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] **under** 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] **under** ORS 656.726(4)(f)[(C)] **(D)** [shall] apply.

[(3) The provisions of OAR 436-035-0007(25)(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

Hist: Formerly OAR 436-30-003;
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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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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) "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] under ORS 656.268 and ORS 656.283(7).

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

[(5)]**(6)** "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 is rated [in accordance with] under these rules and ORS 656.268(14). 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)]**(7)** "Earning Capacity" means impairment as modified by age, education and adaptability.

[(7)]**(8)** "Impairment" means a compensable, permanent loss of use or function of a body part/system related to the compensable condition, determined [in accordance with] under these rules, OAR 436-010-0280 and ORS 656.726(4)(f)[(C)]**(D)**.

[(8)]**(9)** "Irreversible findings" for the purposes of these rules 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

- Acromioclavicular joint resection
- Clavicle resection

SPINE

- Compression fractures
- Discectomy
- 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

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

[(10)](11) "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.

(12) "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.

[(11)](13) "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.

[(12)](14) "Redetermination" means a reevaluation of disability [pursuant to] **under** ORS 656.267, 656.268(9), 656.273 and 656.325.

(15) "Regular work" means the job the worker held at the time of injury.

[(13)](16) "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)](3)(a) through [(4)](5).

[(14)](17) "Social-vocational factors" means age, education and adaptability factors [pursuant to] **under** ORS 656.726(4)(f)[(A)](C).

[(15)](18) "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."

[(16)](19) "Unscheduled disability" means [the] **a compensable condition that results in a permanent loss of earning capacity [due to a compensable condition] as described in these rules[,] and arising from those losses [contemplated by ORS 656.214(5)] under OAR 436-035-0330 through 436-035-0450.**

(20) "Work Disability", for the purposes of determining permanent disability, means the separate factoring of impairment as modified by age, education, and adaptability to perform the job at which the worker was injured.

[(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.]

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-005;
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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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0007 General Principles

(1) Except for [sections (4) and (5) of this rule] **OAR 436-035-0014**, 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 and direct medical sequela. Unrelated or noncompensable impairment findings [shall be] **are** excluded and [shall] **are** not [be] valued under these rules. Permanent total disability [shall be] **is** determined [pursuant to] **under** OAR 436-030-0055.

(2) Permanent disability is rated on the permanent loss of use or function of a body part, area, or system due to a compensable, consequential and/or combined condition and any direct medical sequela, and may be modified by the factors of age, education and adaptability. Except impairment determined under ORS 656.726(4)(f)(D), the losses, as defined and used in these standards, shall be the sole criteria for the rating of permanent disability under these rules.

[(2) Where a worker has a superimposed or unrelated condition, only disability due to the compensable condition shall be rated, provided 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 portion 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%. $10\% \times .60$ 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 portion of impairment due only to the compensable condition.

(d) Workers with an irreversible finding of impairment 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.

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

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%. $10\% \times .60$ equals 6%.

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

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

(3) When newly accepted or omitted conditions have been added to the accepted conditions since the last arrangement of compensation, the extent of permanent disability is to be redetermined. Impairment values for conditions which are not actually worsened, unchanged, or improved are not redetermined and retain the same impairment values established at the last arrangement of compensation.

[(3)](4) Where a worker has a prior award of permanent disability under Oregon workers' compensation law, disability [shall be] **is** determined [pursuant to] **under** OAR 436-035-00[07(6)]**15** (offset), rather than [section (2) of this rule] **OAR 436-035-0013**, for purposes of determining disability only as it pertains to multiple Oregon workers' compensation claims.

(5) Impairment is established based on objective findings of the attending physician under ORS 656.245(2)(b)(B) and OAR 436-010-0280. On reconsideration, where a medical arbiter is used, impairment is established based on objective findings of the medical arbiter, except where a preponderance of the medical evidence demonstrates that different findings by the attending physician are more accurate and should be used.

(6) Objective 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.

[(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 ORS 656.225, 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, e.g., 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 portion 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 accordingly 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 to the shoulder, hip, spine, pelvis or abdomen, the physician shall estimate the worker's future

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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 likely 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 portion 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 portion of those findings that would be due only to the compensable condition. The current overall value of the findings of impairment shall be adjusted accordingly 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 portion of impairment findings anticipated to be evident when the worker becomes medically stationary is 50% of the findings. Then the physician estimates the likely impairment findings that would be due only to the compensable condition as 60% (at the projected time of medically stationary status).

$10\% \text{ (total impairment findings)} \times .5 = 5\% \text{ likely impairment due at anticipated time of medically stationary status.}$
 $5\% \text{ likely impairment (at med. stat.)} \times 0.6 \text{ (due to the compensable injury)} = 3\% \text{ likely impairment due to the compensable condition at the time of medically stationary status.}$

(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 likely 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, due to the compensable condition, shall receive the full value awarded in these rules for the irreversible finding. This value shall then be combined with the portion of impairment findings that are anticipated at the time of medically stationary status and due to the compensable condition which shall be rated in accordance with subsection (2)(d) of this rule.

Example: Compensable Condition: Herniated disk with discectomy 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 portion of the findings due at the anticipated time of medically stationary status is 50%. Then the physician's estimated likely impairment due to the compensable condition is 60%.

$10\% \times .50 = 5\% \text{ likely range of motion loss due at anticipated time of medically stationary status.}$
 $5\% \times .6 = 3\% \text{ likely range of motion loss due to the compensable injury.}$
Irreversible finding value: discectomy 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, an y 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) If there is no measurable impairment under these rules, no award of permanent partial disability is allowed.

(8) 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 permanent disability is allowed for pain. 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 436-035-0012 and is included in the adaptability factor.

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

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

[(8)](11) Range of motion [shall be] **is** measured using the goniometer as described in the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Edition (Revised), 1990**, except when measuring spinal range of motion; then an inclinometer must be used.

(12) Validity is established for findings of impairment according to the criteria noted in the AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed., Rev., 1990, unless the validity criteria 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 under these rules are 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 receive a value of zero. If the validity criteria 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. For purposes of this rule, the straight leg raising validity test (SLR) is not the sole criterion used to invalidate lumbar range of motion findings.

(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 compensable conditions 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) If newly accepted or omitted conditions have been included in the accepted conditions since the last arrangement of compensation, 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 values for those conditions not actually worsened shall continue to be the same impairment values that were established at the last arrangement of compensation.

(11) 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.

(12) 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.

(13) 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.

(14) 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.]

(15) Impairment is established by the attending physician in accordance with ORS 656.245(2)(b)(B) and OAR 436-010-0280. On reconsideration, where a medical arbiter is used, impairment is established by the medical arbiter, except where a preponderance of the medical evidence demonstrates that different findings by the attending physician are more accurate and should be used.

(16) 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 and contralateral comparison degrees of motion 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 36°	=	3.80%
	flexion 63°	=	1.40%
	radial deviation 16°	=	0.80%
	deviation 7°	=	4.30%

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Add range of motion findings in a single joint.	10.30%
(Sum of impairment values)	
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 60°	=	0.00%
	flexion 69°	=	0.20%
	radial deviation 19°	=	0.20%
	ulnar deviation 30°	=	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.	=	1.00%
	(sum of impairment values)		

(17) 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.

(18) 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:	50° = 2%
		flexion:	40° = 5%
		Add	7%
	Elbow	Range of motion	
		flexion:	110° = 10% arm

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

Combine 10% with 6% = 15% arm

(19) 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(16)). 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	

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(20) 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) When a physician reports a loss of strength with muscle action (e.g. flexion, extension, etc.) or when only the affected muscle(s) is identified, current anatomy texts or the **AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed. (Revised), 1990**, the **4th Ed., 1993**, or the 5th Ed., 2001, may be referenced to identify the specific muscle(s), peripheral nerve(s) or spinal nerve root(s) involved.

(21) 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 $45\% \div 3 = 15\%$ impairment to radial nerve

(22) 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.

(23) 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 direction in a single joint are first added, then combined with other impairment findings.

Example: Range of motion of elbow	Arm Impairment
flexion to 120°	8%
extension to 30°	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.

(24) The range of motion or laxity (instability) of an injured joint 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 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.

(25) 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 based on the physician's estimation of those findings regarding impairment due to the worker's compensable condition.

(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, the physician shall estimate the likely residual functional capacity, pursuant to OAR 436-035-0310(3)(c) through (o), due to the compensable condition, if the compensable condition is to the shoulder, hip, spine, pelvis or abdomen. If the compensable condition is other than the shoulder, hip, spine, pelvis or abdomen, adaptability shall be determined pursuant to OAR 436-035-0310(8) and (9) based on the physician's estimated likely impairment.

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

(A) Impairment shall be established based on the physician's estimation of those findings regarding impairment due to the worker's compensable condition that would still be present when the worker's condition would have become medically stationary. Those findings that are anticipated to have remained at the time of medically stationary status [shall] receive a value.

(B) For unscheduled disability, age and education factors shall be determined pursuant to OAR 436-035-0270 through 035-0310. Unless the worker is released to regular work and impairment only is rated pursuant to OAR 436-035-0270(3), the physician [shall] estimate the likely residual functional capacity, pursuant to OAR 436-035-0310(3)(c) through (o), due to the compensable condition, that would remain due to the compensable condition, if the compensable condition is to the shoulder, hip, spine, pelvis or abdomen. The estimated portion due to the

compensable condition shall receive an adaptability value. If the compensable condition is other than the shoulder, hip, spine, pelvis or abdomen, adaptability shall be determined pursuant to OAR 436-035-0310(8) and (9) based on the physician's estimated likely impairment.

(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 conditions shall be rated according to subsections (a) and (b) of this section, respectively. The adaptability factor shall be determined by comparing the adaptability values from subsections (a) and (b) of this section, and using the higher of the values for adaptability.

(d) Note: If the worker dies due to causes related to the accepted compensable conditions of the claim, the death benefits are due pursuant to ORS 656.204 and 656.208.

(26) **(13)** Except for contralateral comparison determinations [pursuant to **under** OAR 436-035-00[07(24)] **11(3)**], loss of opposition determination [pursuant to **under** OAR 436-035-0040, averaging muscle values [pursuant to **under** OAR 436-035-00[07(21)] **11(8)**], and impairment determined under ORS 656.726(4)(f)[(C)] **(D)**, 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] **is** used for rating.

(27) **(14)** 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.

(28) **(15)** 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 **under** ORS 656.273].

(29) 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. For purposes of this rule, the straight leg raising validity test (SLR) shall not be the sole criteria used to invalidate lumbar range of motion findings.

(30) 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

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436-035-0008 Calculating Disability Benefits (Dates of Injury prior to 1/1/2005)

(1) Scheduled disability is rated on the permanent loss of use or function of a body part due to an accepted compensable, consequential and/or combined condition, or any direct medical sequelae. Except impairment determined under ORS 656.726(4)(f)(D), the losses, as defined and used in these standards, are the sole criteria for the rating of permanent scheduled disability. To calculate the scheduled impairment benefit use the following steps.

(a) Determine the percent of scheduled impairment using the impairment values found in OAR 436-035-0019 through 436-035-0260, and the applicable procedures within these rules.

(b) Multiply the result in (a) by the maximum degrees, under ORS 656.214, for the injured body part.

(c) Multiply the result from (b) by the statutory dollar rate under ORS 656.214 and illustrated in Bulletin 111.

(d) The result from (c) is the scheduled impairment benefit. If there are multiple extremities with impairment then each is determined and awarded separately, including hearing and vision loss.

Example: Scheduled Impairment Benefit

	<u>0.12</u>	<u>Scheduled impairment percent (12%)</u>
<u>x</u>	<u>192</u>	<u>Maximum degrees for the body part</u>
<u>=</u>	<u>23.04</u>	<u>Degrees of scheduled disability</u>
<u>x</u>	<u>\$559.00</u>	<u>Statutory dollar rate per degree</u>
<u>=</u>	<u>\$12,879.36</u>	<u>Scheduled impairment benefit</u>

(2) Unscheduled disability is rated on the permanent loss of use or function of a body part, area, or system and due to an accepted compensable, consequential and/or combined condition, and any direct medical sequelae, as modified by the factors of age, education, and adaptability. Except for impairment determined under ORS 656.726(4)(f)(D), the losses, as defined and used in these standards, are the sole criteria for the rating of permanent unscheduled disability.

(a) To calculate the unscheduled impairment benefit when the worker returns or is released to regular work according to OAR 436-035-0009(3), use the following steps.

(A) Determine the percent of unscheduled impairment using the impairment values found in OAR 436-035-0019 and OAR 436-035-0330 through 436-035-0450, and the applicable procedures within these rules.

(B) Multiply the result in (A) by the maximum degrees for unscheduled impairment.

(C) Multiply the result in (B) by the statutory dollar rate under ORS 656.214 and illustrated in Bulletin 111.

(D) The result in (C) is the unscheduled impairment benefit.

Example: Unscheduled Impairment Benefit (worker returns/is released to regular work)

	<u>0.12</u>	<u>Unscheduled impairment percent (12%)</u>
<u>x</u>	<u>320</u>	<u>Maximum degrees for unscheduled impairment</u>
<u>=</u>	<u>38.40</u>	<u>Degrees of unscheduled disability</u>
<u>x</u>	<u>\$184.00</u>	<u>Statutory dollar rate per degree</u>
<u>=</u>	<u>\$7,065.60</u>	<u>Unscheduled impairment benefit</u>

(b) To calculate the unscheduled disability benefit when the worker does not return or is not released to regular work according to OAR 436-035-0009(3), use the following steps.

(A) Determine the percent of unscheduled impairment using the impairment values found in OAR 436-035-0019 and OAR 436-035-0330 through 436-035-0450, and the applicable procedures within these rules.

(B) Determine the social-vocational factor, under OAR 436-035-0012, and add it to (A).

(C) Multiply the result from (B) by the maximum degrees for unscheduled impairment.

(D) Multiply the result from (C) by the statutory dollar rate for unscheduled impairment under ORS 656.214.

(E) The result from (D) is the unscheduled impairment benefit

Example: Unscheduled Impairment Benefit (worker does not return/released to regular work)

	<u>0.12</u>	<u>Unscheduled impairment percentage (12%)</u>
<u>+</u>	<u>6%</u>	<u>Social-Vocational factor</u>
<u>=</u>	<u>18%</u>	<u>Unscheduled impairment</u>
<u>x</u>	<u>320</u>	<u>Maximum degrees for unscheduled impairment</u>
<u>=</u>	<u>57.6</u>	<u>Degrees of unscheduled disability</u>
<u>x</u>	<u>\$184.00</u>	<u>Statutory dollar rate per degree</u>
<u>=</u>	<u>\$10,598.40</u>	<u>Unscheduled impairment benefit</u>

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0009 Calculating Disability Benefits (Date of Injury on or after 1/1/2005)

(1) Permanent impairment is expressed as a percent of the whole person and the impairment value will not exceed 100% of the whole person.

(2) If the impairment results from injury to more than one extremity, area, or system, the whole person values for each are combined (not added) to arrive at a final impairment value.

(3) Only permanent impairment is rated for those workers who:

(a) Return to and are working at their regular work on the date of issuance; 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) To calculate the impairment benefit due the worker use the following steps:

(a) Determine the percent of impairment according to these rules.

(b) Multiply the percent of impairment determined in (a) by 100 per ORS 656.214.

(c) Multiply the result from (b) by the state's average weekly wage at the time of injury as defined by ORS 656.005 and illustrated in Bulletin 111.

(d) The result in (c) is the total impairment benefit, which is paid regardless of the worker's return to work status. In the absence of social-vocational factoring as a result of the worker's return to work status, this is also the permanent partial disability award.

Example: Impairment Benefit (paid regardless of return to work status)

	<u>0.12</u>	<u>Impairment percent (12%)</u>
<u>x</u>	<u>100</u>	
<u>x</u>	<u>\$688.56</u>	<u>State's average weekly wage (SAWW)</u>
<u>=</u>	<u>\$8,262.72</u>	<u>Impairment benefit</u>

(5) If the worker has not met the return or release to regular work criteria in section (3) of this rule, the worker receives both an impairment and work disability benefit, and the total permanent partial disability award is calculated as follows.

(a) Determine the percent of impairment as a whole person (WP) value according to these rules.

(b) Determine the social-vocational factor, under OAR 436-035-0012, and add it to (a).

(c) Multiply the result from (b) by 150 per ORS 656.214.

(d) Multiply the result from (c) by worker's average weekly wage as calculated under ORS 656.210(2). The worker's average weekly wage can be no less than 50% and no more than 133% of the state's average weekly wage at the time of injury when determining work disability benefits.

(e) Add the result from (d) to the impairment benefit value, which would be calculated using the method in section (4) of this rule.

(f) The result from (e) is the permanent partial disability award that would be due the worker.

Example: Work Disability Benefit and PPD Award (no return to work)

	<u>0.12</u>	<u>Impairment percentage – WP percentage (12%)</u>
+	<u>0.06</u>	<u>Social-Vocational factor (6%)</u>
=	<u>0.18</u>	<u>Work disability percentage (18%)</u>
x	<u>150</u>	
x	<u>\$410.00</u>	<u>Worker's average weekly wage at injury</u>
=	<u>\$11,070.00</u>	<u>Work disability benefit</u>
+	<u>\$8,262.72</u>	<u>Impairment benefit</u>
=	<u>\$19,332.72</u>	<u>PPD award</u>

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist.: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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(4)(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

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Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0011 Determining Percent of Impairment

(1) The total impairment rating for a body part cannot be more than 100% of the body part.

(2) When rating disability the movement in a joint is measured in active degrees of motion. Impairment findings describing lost ranges of motion are converted to retained ranges of motion by subtracting the measured loss from the normal of full ranges

established in these rules.

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

<u>Example: Range of motion of elbow</u>	<u>Arm Impairment</u>
<u>flexion to 120°</u>	<u>8%</u>
<u>extension to 30°</u>	<u>6%</u>
<u>Add</u>	<u>14%</u>
<u>Other Impairment Values</u>	
<u>Weakness</u>	<u>7%</u>
<u>Prosthetic radial head replacement</u>	<u>10%</u>
<u>Combine 14 and 10 = 23</u>	
<u>23 and 7 = 28% total Arm Impairment</u>	

(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 for that body part. This value is then combined with other impairment values.

(3) The range of motion or laxity (instability) of an injured joint is 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 is 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 are maximums used to establish impairment.

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

(4) 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 and contralateral comparison degrees of motion for given impairment findings before combining with any other applicable impairment value. The exception is for hearing and vision values which 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.

<u>Example:</u>	<u>Range of Motion of the Wrist</u>		<u>Impairment</u>
	<u>Dorsiflexion 36°</u>	=	<u>3.80%</u>
	<u>Flexion 63°</u>	=	<u>1.40%</u>
	<u>Radial deviation 16°</u>	=	<u>0.80%</u>
	<u>Deviation 7°</u>	=	<u>4.30%</u>
	<u>Add range of motion findings in a single joint.</u>		<u>10.30%</u>
	<u>(Sum of impairment values)</u>		

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.

<u>Example:</u>	<u>Range of Motion of the Wrist</u>		<u>Impairment</u>
	<u>Dorsiflexion 60°</u>	=	<u>0.00%</u>
	<u>Flexion 69°</u>	=	<u>0.20%</u>
	<u>Radial deviation 19°</u>	=	<u>0.20%</u>
	<u>Ulnar deviation 30°</u>	=	<u>0.00%</u>
	<u>Add range of motion findings in a single joint.</u>	=	<u>0.40%</u>
	<u>Since the value is greater than zero and less than 0.5%, the award is 1% of wrist.</u>	=	<u>1.00%</u>
	<u>(sum of impairment values)</u>		

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

<u>Example:</u>	<u>Wrist</u>	<u>Range of motion</u>
		<u>Extension: 50° = 2%</u>
		<u>Flexion: 40° = 5%</u>
		<u>Add 7%</u>
	<u>Elbow</u>	<u>Range of motion</u>
		<u>Flexion: 110° = 10% arm</u>
		<u>Convert (wrist) to arm per OAR 436-035-0090: 7% wrist = 6% arm</u>
		<u>Combine 10% with 6% = 15% arm</u>

(6) 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 as determined in section (1) of this rule. 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: $.12 + .03*(1.0 - .12) = .12 + .03*(.88) = .12 + .0264 = .1464 = 14.6 = 15$.

<u>Example:</u>	<u>Impairment of the Wrist/Hand</u>	<u>Impairment</u>
	<u>Loss of range of motion</u>	<u>= 6% of the wrist/hand</u>
	<u>Weakness of wrist</u>	<u>= 9% of the wrist/hand</u>
	<u>Carpal bone surgery</u>	<u>= 5% of the wrist/hand</u>
	<u>Combine 9 and 6 = 14; then combine 14 and 5 = 18% total impairment wrist/hand</u>	

(b) Impairment values for a given body part, area, or system must be combined before combining with other impairment values. If the given body part is an upper or lower extremity, ear(s), or eye(s) then the impairment value is to be converted to a whole person value before combining with other impairment values, except when the date of injury for the claim is prior to January 1, 2005.

<u>Example:</u>	<u>Low Back</u>	<u>Impairment</u>
	<u>Range of motion</u>	<u>10%</u>
	<u>Surgery</u>	<u>9%</u>
	<u>Fractured vertebrae</u>	<u>7%</u>
	<u>Combine 10 and 9 = 18;</u>	
	<u>Then combine 18 and 7 = 24% low back (combined value)</u>	
	<u>Arm</u>	
	<u>Range of motion</u>	<u>5%</u>
	<u>Surgery</u>	<u>8%</u>
	<u>Combine 8 and 5 =</u>	<u>13% arm (combined value)</u>
	<u>Convert 13% arm to 8% whole person</u>	
	<u>Overall impairment:</u>	
	<u>Combined 24% (low back) with 8% (arm) = 30% impairment</u>	

(7) 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 are used. The grade of strength is 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 is multiplied by this value. Grades identified as "++" or "--" are considered either a "+" or "-", respectively.

(a) The grading is valued as follows:

<u>Grade</u>	<u>Description</u>	<u>Percent</u>
<u>5/5:</u>	<u>The worker retains range of motion against gravity with full resistance applied.</u>	<u>0%</u>
<u>5-/5</u>		<u>5%</u>
<u>4+/5</u>		<u>10%</u>
<u>4/5:</u>	<u>The worker retains range of motion against gravity with some resistance applied.</u>	<u>20%</u>
<u>4-/5</u>		<u>30%</u>
<u>3+/5</u>		<u>40%</u>
<u>3/5:</u>	<u>The worker retains range of motion against gravity without resistance applied</u>	<u>50%</u>
<u>3-/5</u>		<u>60%</u>
<u>2+/5</u>		<u>70%</u>
<u>2/5:</u>	<u>The worker retains range of motion with gravity eliminated.</u>	<u>75%</u>
<u>2-/5</u>		<u>80%</u>
<u>1+/5</u>		<u>85%</u>
<u>1/5:</u>	<u>The worker has evidence of slight muscle contractility; no joint motion.</u>	<u>90%</u>
<u>1-/5</u>		<u>95%</u>
<u>0/5:</u>	<u>The worker has no evidence of muscle contractility</u>	<u>100%</u>

(b) When a physician reports a loss of strength with muscle action (e.g. flexion, extension, etc.) or when only the affected muscle(s) is identified, current anatomy texts or the AMA Guides to the Evaluation of Permanent Impairment, 3rd Ed. (Revised), 1990, the 4th Ed., 1993, or the 5th Ed., 2001, may be referenced to identify the specific muscle(s), peripheral nerve(s) or spinal nerve root(s) involved.

(8) For muscles supplied (innervated) by the same nerve, the loss of strength is 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):

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

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

(9) When multiple nerves have impairment findings found under these rules, these impairment values are first combined for an overall loss of strength value before combining with other impairment values.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0012 Social-Vocational Factors (Age/Education/Adaptability)

(1) When a worker is unable to return to regular work, under ORS 656.726(4), the factors of age, education, and adaptability are determined under this rule and the final result is the social-vocational factor which is used in the calculation of permanent disability benefits. When the date of injury is prior to January 1, 2005, the worker must have ratable unscheduled impairment under OAR 436-035-0019 or OAR 436-035-0330 through 436-035-0450.

(2) The age factor is based on the worker's age at the date of issuance and has a value of 0 or +1.

(a) Workers age 40 and above receive a value of + 1.

(b) Workers less than 40 years old receive a value of 0.

(3) The education factor is based on the worker's formal education and Specific Vocational Preparation (SVP) time at the date of issuance. These two values are added to give a value from 0 to +5.

(4) A value of a worker's formal education is given as follows:

(a) Workers who have earned or acquired a high school diploma or general equivalency diploma (GED) are given a neutral value of 0. For purposes of this section, a GED is a certificate issued by any certifying authority or its equivalent.

(b) Workers who have not earned or acquired a high school diploma or a GED certificate are given a value of +1.

(5) A value for a worker's Specific Vocational Preparation (SVP) time is given based on the job(s) successfully performed by the worker in the five (5) years prior to the date of issuance. The SVP value is determined by identifying these jobs and locating their SVP in the Dictionary of Occupational Titles (DOT) or a specific job analysis. The job with the

highest SVP the worker has met is used to assign a value according to the following table:

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

(a) For the purposes of this rule, SVP is defined as the amount of time required by a typical worker to acquire the knowledge, skills and abilities needed to perform a specific job.

(b) When a job is most accurately described by a combination of DOT codes, use all applicable DOT codes. If a preponderance of evidence establishes that the requirements of a specific job differ from the DOT description(s), a specific job analysis which includes the SVP time requirement may be substituted for the DOT description(s) if it more accurately describes the job.

(c) 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.

(d) A worker meets 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.

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

(6) The values obtained in sections (4) and (5) of this rule are added to arrive at a final value for the education factor.

(7) The adaptability factor is a comparison of the worker's Base Functional Capacity (BFC) to their maximum Residual Functional Capacity (RFC). The adaptability factor has a value from +1 to +7.

(8) For purposes of determining adaptability the following definitions apply:

(a) "Base Functional Capacity" (BFC) means an individual's demonstrated physical capacity before the date of 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.

(9) Base Functional Capacity (BFC) is established by utilizing the following classifications: sedentary (S), light (L), medium (M), heavy (H), and very heavy (VH) as defined in section (8) of this rule. Base Functional Capacity is the most current of:

(a) The highest strength category of the job(s) successfully performed by the worker in the five (5) years prior to the date of injury. The strength categories are found in the Dictionary of Occupational Titles (DOT). When a job is most accurately described by a combination of DOT codes, use all applicable DOT codes. If a preponderance of evidence establishes that the requirements of a specific job differ from the DOT descriptions, a specific job analysis which includes the strength requirements may be substituted for the DOT description(s) if it most accurately describes the job. If a job analysis determines that the strength requirements are in between strength categories then use the higher strength category; or

(b) A second-level physical capacity evaluation as defined in OAR 436-010-0005 and 436-009-0070(4)(b) performed prior to the date of the on-the-job injury; or

(c) For those workers who do not meet the requirements under section (5) of this rule, and who have not had a second-level physical capacity evaluation performed prior to the on-the-job injury or disease, their prior strength is 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 is the highest of:

(A) The job at injury; or

(B) A second-level physical capacities evaluation as defined in OAR 436-010-0005 and 436-009-0070(4)(b) performed after the injury or condition which was not an accepted Oregon workers' compensation claim but before the current work related injury.

(10) Residual functional capacity (RFC) is established by utilizing the following classifications: 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 (8) of this rule.

(a) Residual functional capacity is evidenced by the attending physician's release unless a preponderance of medical opinion describes a different RFC.

(b) For the purposes of this rule, the other medical opinion must include at least a second-level physical capacity evaluation (PCE) or work capacity evaluation (WCE) as defined in OAR 436-010-0005 and 436-009-0070(4) or a medical evaluation which addresses 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.

(11) 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) (physical demand)		<u>RS</u>	<u>S</u>	<u>S/L</u>	<u>L</u>	<u>M/L</u>	<u>M</u>	<u>M/H</u>	<u>H</u>	<u>V/H</u>
	<u>S</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	<u>L</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	<u>M</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	<u>H</u>	<u>7</u>	<u>6</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>1</u>
	<u>V/H</u>	<u>7</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>1</u>

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

(13) When the date of injury is on or after January 1, 2005, adaptability is determined by applying the worker's extent of total impairment to the following adaptability scale and comparing the value from the residual functional capacity scale in section (11) of this rule and using the higher of the two values for adaptability.

Adaptability Scale:

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

(14) When the date of injury is prior to January 1, 2005, for those workers who have ratable unscheduled impairment found in rules OAR 436-035-0019 and OAR 436-035-0330 through 436-035-0450, adaptability is determined by applying the extent of total unscheduled impairment to the adaptability scale in section (13) of this rule and the residual functional capacity scale in section (11) of this rule and using the higher of the two values for adaptability.

(15) To determine the social-vocational factor value, which represents the total calculation of age, education, and adaptability complete the following steps.

- (a) Determine the appropriate value for the age factor using section (2) of this rule.
- (b) Determine the appropriate value for the education factor using sections (4) and

(5) of this rule.

(c) Add age and education values together.

(d) Determine the appropriate value for the adaptability factor using sections (7) through (14) of this rule.

(e) Multiply the result from step (c) by the value from step (d) for the social-vocational factor value.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0013 Apportionment

Except as provided in section (4) of this section, where a worker has a superimposed or unrelated condition, only disability due to the compensable condition is rated, provided the compensable condition is medically stationary. Then, apportionment is appropriate. Disability is determined as follows:

(1) The physician describes the current total overall findings of impairment. The physician describes the portion of those findings that are due to the compensable condition. Only the portion of those impairment findings that are due to the compensable condition 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. Under these rules, the range of motion loss is valued at 10%. $10\% \times .60$ equals 6% impairment due to the compensable condition.

(2) In claims where a worker's adaptability factor is determined under OAR 436-035-0012 and is affected by the compensable condition, the physician describes any loss of residual functional capacity due only to the compensable condition and only that portion receives a value.

(3) For conditions other than those noted in section (2) of this rule, adaptability is determined under OAR 436-035-0012 based on the physician's description of the portion of impairment due only to the compensable condition.

(4) Workers with an irreversible finding of impairment due to the compensable condition receive the full value awarded in these rules for the irreversible finding. This value is combined with impairment noted in section (1) of this section.

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.
Under these rules, the range of motion loss is valued at 10%. $10\% \times .60$ 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.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0014 Preexisting Condition/Major Contributing Cause

(1) 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) Under ORS 656.225, disability caused solely by a worker's preexisting condition is 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, under ORS 656.005(7), the current disability resulting from the total accepted combined condition is rated under these rules as long as the compensable condition remains the major contributing cause of the accepted combined condition (e.g., a major contributing cause denial has not been issued under 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% (under 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.)

(2) If the worker is not medically stationary, but otherwise qualifies for closure under ORS 656.268 (e.g., when a major contributing cause denial has been issued), the

following applies:

(a) 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 any combined or superimposed condition, the following applies:

(A) Impairment is 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 estimates the likely future portion of those findings that would be present at the time the worker's condition is anticipated to become medically stationary. The value of the current findings is adjusted accordingly and only the portion of those current findings that are anticipated at the time of medically stationary status receives a value.

(B) The physician will estimate the worker's likely future residual functional capacity that would be due only to the compensable condition at the time the condition is anticipated to become medically stationary. Only the portion due to the compensable condition at the time of medically stationary status receives a value.

(C) For dates of injury prior to January 1, 2005, when the compensable condition is to the shoulder, hip, head, neck, or torso, the physician estimates the worker's likely future residual functional capacity, under OAR 436-035-0012(8)(c) through (o), that would be due only to the compensable condition at the time the condition is anticipated to become medically stationary. Only the portion due to the compensable condition at the time of medically stationary status receives a value. For other unscheduled compensable conditions, adaptability is determined under OAR 436-035-0012 based on the physician's estimate of likely impairment.

(b) 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 any combined or superimposed condition, the following applies:

(A) Impairment is established based on an examination in which the physician describes current overall findings regarding impairment considering the worker's overall condition. The physician then estimates the likely future portion of those findings that would be present at the time the worker's condition is anticipated to become medically stationary. Next, the physician estimates the portion of those findings that would be due only to the compensable condition. The current overall value of the findings of impairment is adjusted accordingly 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 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. Under these rules, the overall range of motion loss is valued at 10%. The physician estimates the portion of impairment findings anticipated to be evident when the worker becomes medically stationary is 50% of the findings. Then the physician estimates the likely 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 medically stationary) x 0.6 (due to the compensable injury) = 3% likely impairment due to the compensable condition at the time of medically stationary status.

(B) The physician will estimate the worker's likely future residual functional capacity under OAR 436-035-0012(8)(c) through (o), that would be due only to the compensable condition at the time medically stationary status is anticipated. Only the portion due to the compensable condition at the time of medically stationary status will receive a value.

(C) For dates of injury prior to January 1, 2005, to estimate an adaptability factor when the compensable condition is to the shoulder, hip, head, neck, or torso, the physician estimates the worker's likely future residual functional capacity under OAR 436-035-0012(8)(c) through (o), that would be due only to the compensable condition at the time medically stationary status is anticipated. Only the portion due to the compensable condition at the time of medically stationary status receives a value. For other unscheduled compensable conditions, adaptability shall be determined under OAR 436-035-0012 based on the physician's estimated likely impairment.

Example: The physician describes the impairment findings at the closing examination. The impairment findings are determined to equal an impairment value of 31%. A corresponding adaptability factor of 4 is determined under OAR 436-035-0012

(c) Workers with an irreversible finding of impairment due to the compensable condition receive the full value awarded in these rules for the irreversible finding. This value is then combined with the portion of impairment findings that are anticipated at the time of medically stationary status and due to the compensable condition which are rated under OAR 436-035-0013(4).

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. Under these rules, the range of motion loss is valued at 10%. The physician's estimated portion of the findings due at the anticipated time of medically stationary status is 50%. Then the physician's estimated likely 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.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0015 Offsetting Prior Awards

If a worker has a prior award of permanent disability under Oregon Workers' Compensation Law, the award is considered in subsequent claims under 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.

(1) Before actually offsetting the prior award, a determination is 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. If disability from the prior injury or disease was not still present, an offset is not applied.

(2) If disability from the prior injury or disease was still present, an offset is applied. A worker is not entitled to be doubly compensated for a permanent loss of use or function or loss of earning capacity for a 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. Therefore, only like body parts are to be offset (e.g., left leg to left leg, low back to low back, psychological to psychological, 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). Where appropriate, social-vocational factors may be offset for different body parts, systems, or conditions. Only that portion of such loss which was not present prior to the current injury or disease is awarded. The following factors are

considered when determining the extent of the current disability award:

(a) The worker's loss of use or function or loss of earning capacity 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;

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

(d) The combined effect of the prior and current injuries (the overall disability to a given body part), including the extent to which the current loss of use or function or loss of earning capacity (impairment and social-vocational factors) from a prior injury or disease was still present at the time of the current injury or disease. After considering and comparing the claims, any award of compensation in the current claim for loss of use or function or loss of earning capacity caused by the current injury or disease (which did not exist at the time of the current injury or disease and for which the worker was not previously compensated) is granted. When comparing the current disability award to the prior disability award, the current award cannot exceed the amount of compensation due the current injury or disease prior to the offset consideration.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0016 Reopened Claim for Aggravation/Worsening

(1) When a claim has been reopened under 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 is 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 is redetermined. When an actual worsening of the worker's compensable condition does not occur, the extent of permanent disability is not redetermined, but remains unchanged.

(c) If a claim has compensable conditions which have actually worsened, the extent of permanent disability is redetermined. There is no redetermination for those conditions which are either unchanged or improved. In any case, the impairment values for those conditions not actually worsened continue to be the same impairment values that were established at the last arrangement of compensation.

(2) Except as provided by ORS 656.325 and 656.268(9), where a redetermination of

permanent disability under 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 is not reduced.

Stat. Auth.: ORS 656.726, 656.273
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0017 Authorized Training Program (ATP)

(1) When a worker ceases to be enrolled and actively engaged in training under ORS 656.268(9) and there is no accepted aggravation in the current open period, one of the following applies:

(a) When the date of injury is prior to January 1, 2005, the worker is entitled to have the amount of unscheduled permanent disability for a compensable condition reevaluated under these rules. The reevaluation includes impairment, which may increase, decrease, or affirm the worker's permanent disability award; or

(b) When the date of injury is on or after January 1, 2005, the worker is entitled to have the amount of work disability reevaluated under these rules, which does not include impairment.

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

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0018 Death

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

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

(a) Impairment findings, reported under OAR 436-010-0280, are rated under these rules.

(b) Impairment findings not reported according to OAR 436-010-0280 are determined based on the physician's estimate of those findings regarding impairment due to the worker's compensable condition.

(c) For unscheduled disability with a date of injury prior to January 1, 2005, age, education, and adaptability are determined under OAR 436-035-0012 if the findings are documented. If findings for determining adaptability are not documented, the physician estimates the likely residual functional capacity, under OAR 436-035-0012(8)(c) through (o), due to the compensable condition, if the compensable condition is to the hip, shoulder, head, neck, or torso. If the compensable condition is other than the shoulder, hip, head, neck, or torso, adaptability is determined under OAR 436-035-0012 based on the physician's estimated likely impairment.

(d) For disability with a date of injury on or after January 1, 2005, age, education, and adaptability are determined under OAR 436-035-0012 if the findings are documented. If findings for determining adaptability are not documented, the physician estimates the likely residual functional capacity that is due to the compensable condition under OAR 436-035-0012(8)(c) through (o). Using the physician's estimated likely impairment, adaptability is determined under OAR 436-035-0012.

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

(a) Impairment is established based on the physician's estimate of those findings regarding impairment due to the worker's compensable condition that would still be present when the worker's condition would have become medically stationary. Those findings that are anticipated to have remained at the time of medically stationary status receive a value.

(b) For unscheduled disability with a date of injury prior to January 1, 2005, age, education, and adaptability factors are determined under OAR 436-035-0012. Unless the worker is released to regular work and impairment only is rated, the physician estimates the likely residual functional capacity, under OAR 436-035-0012(8)(c) through (o), due to the compensable condition, that would remain due to the compensable condition, if the compensable condition is to the shoulder, hip, head, neck, or torso. The estimated portion due to the compensable condition receives an adaptability value. If the compensable condition is other than the shoulder, hip, head, neck, or torso, adaptability is determined under OAR 436-035-0012 based on the physician's estimated likely impairment.

(3) In claims where there is a compensable condition that is medically stationary and a compensable condition that is not medically stationary, the conditions are rated according to sections (1) and (2) of this rule, respectively. The adaptability factor is determined by comparing the adaptability values from sections (1) and (2) of this rule, and using the higher of the values for adaptability.

(4) If the worker dies due to causes related to the accepted compensable conditions of the claim, death benefits are due under ORS 656.204 and 656.208.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0019 Chronic Condition

(1) A worker is entitled to a 5% chronic condition impairment value for each applicable body part, 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 body parts:

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

(b) Upper leg (knee and above);

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

(d) Arm (elbow and above);

(e) Cervical;

(f) Thoracic spine;

(g) Shoulder;

(h) Low back; and/or

(i) Hip.

(2) Chronic condition impairments are to be combined with other impairment values, not added.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0020 Parts of the [Hand and Arm] Upper Extremities

(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

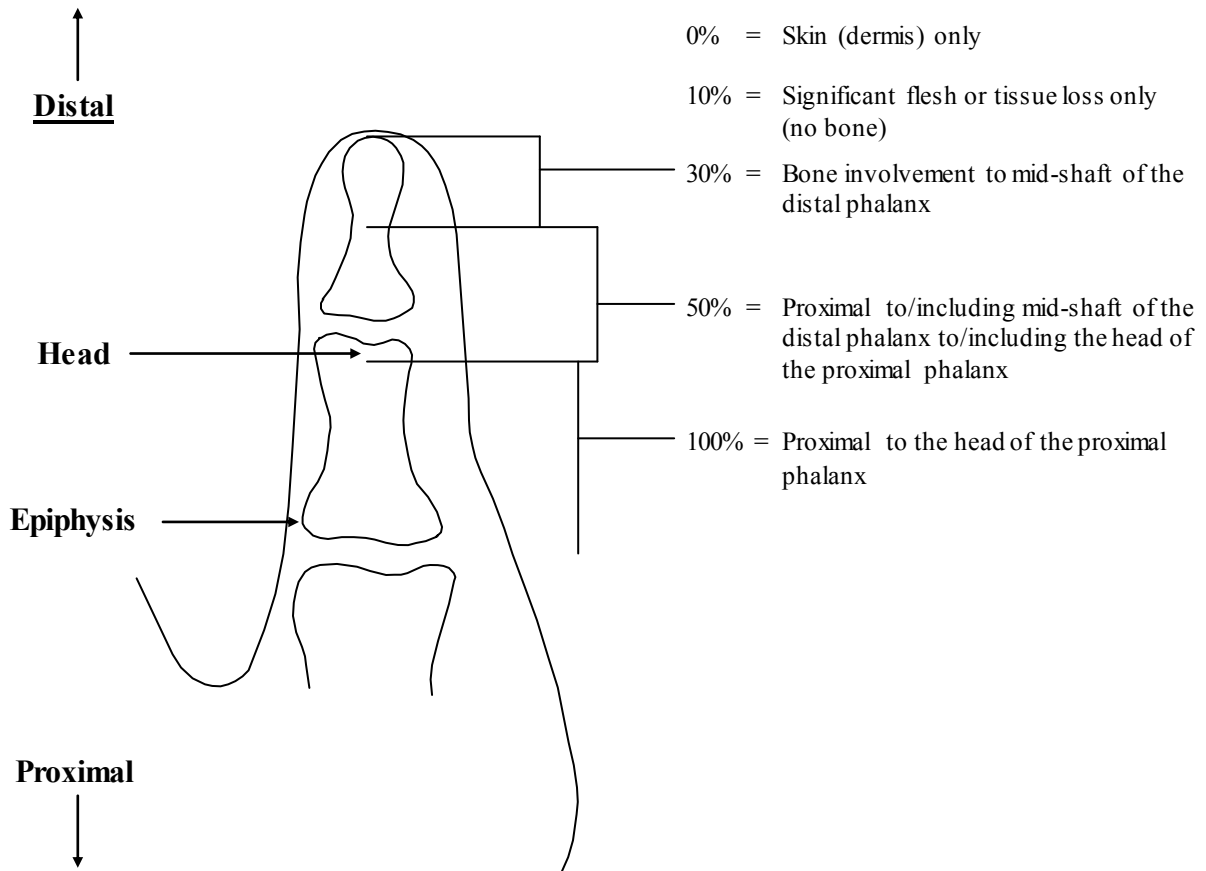
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-130;
Filed 6-3-87 as WCD Admin. Order 3-1988, eff. 7-1-88;
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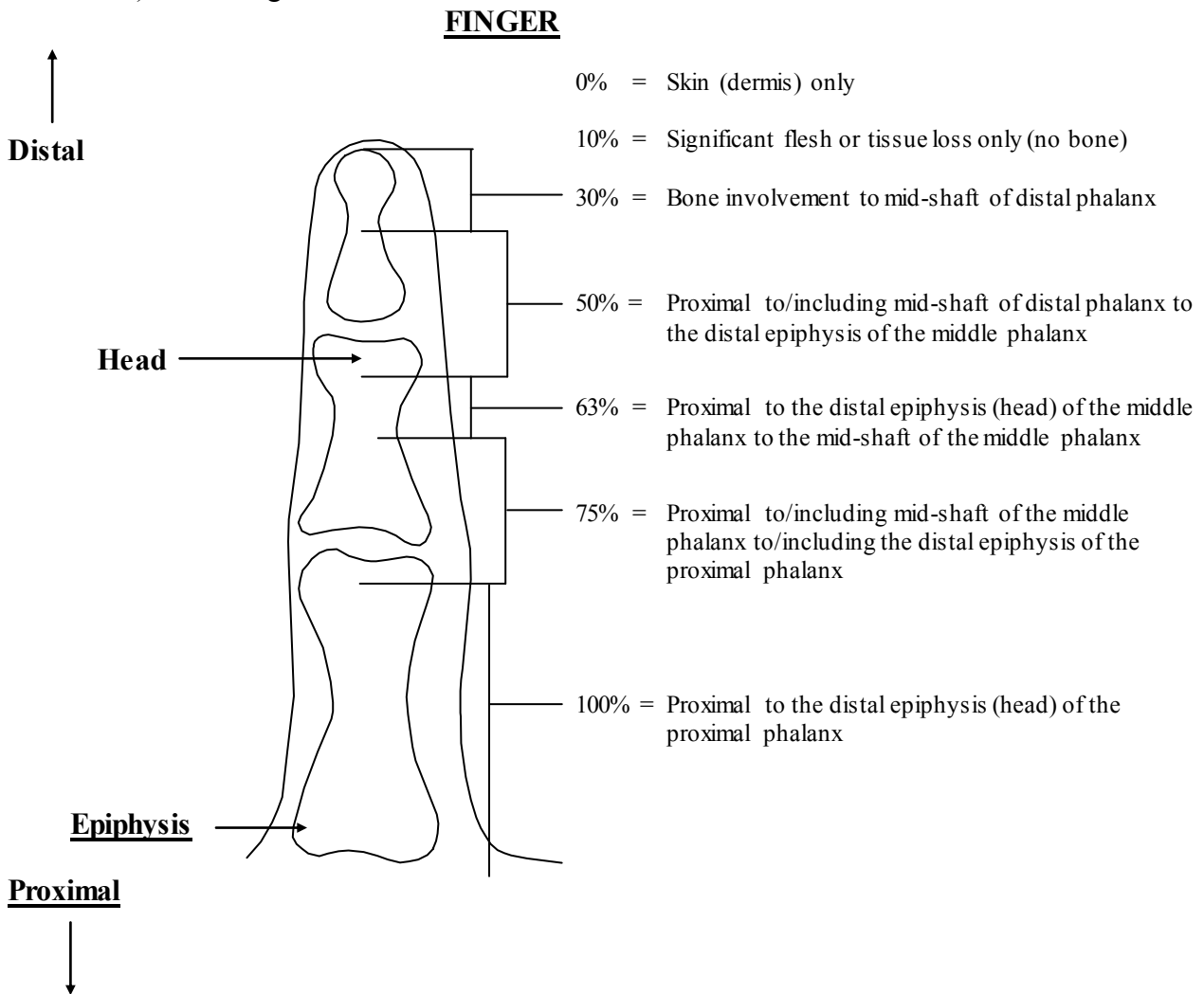
436-035-0030 Amputations [Involving the Thumb, Fingers, Hand, or Arm] in the Upper Extremities

- (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:



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

(8) When a value is granted [pursuant to] **under** sections (5) and (6) of this rule which includes a joint, no value for range of motion of this joint is granted in addition to the amputation value.

(9) Loss of length in a digit other than amputation or resection without reattachment (e.g. fractures, loss of soft tissue from infection, amputation or resection with reattachment, etc.) [shall be] **is** rated by comparing the remaining overall length of the digit to the applicable amputation chart [pursuant to] **under** 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;

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Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96;

Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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 due to loss of length in a digit, other than amputation or resection without reattachment, the value [shall be] **is** established by comparing the remaining overall length of the digit to the applicable amputation chart [pursuant to] **under** 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;
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 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff. 1-1-05

436-035-0050 Thumb

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

Retained Motion/Percentage of Impairment

0° = 45.0%	16° = 36.0%	32° = 27.0%	48° = 18.2%	64° = 9.0%
1° = 44.4%	17° = 35.5%	33° = 26.5%	49° = 17.6%	65° = 8.5%
2° = 43.8%	18° = 35.0%	34° = 26.0%	50° = 17.0%	66° = 8.0%
3° = 43.2%	19° = 34.5%	35° = 25.5%	51° = 16.4%	67° = 7.5%
4° = 42.6%	20° = 34.0%	36° = 25.0%	52° = 15.8%	68° = 7.0%
5° = 42.0%	21° = 33.4%	37° = 24.5%	53° = 15.2%	69° = 6.5%
6° = 41.4%	22° = 32.8%	38° = 24.0%	54° = 14.6%	70° = 6.0%
7° = 40.8%	23° = 32.2%	39° = 23.5%	55° = 14.0%	71° = 5.4%
8° = 40.2%	24° = 31.6%	40° = 23.0%	56° = 13.4%	72° = 4.8%
9° = 39.6%	25° = 31.0%	41° = 22.4%	57° = 12.8%	73° = 4.2%
10° = 39.0%	26° = 30.4%	42° = 21.8%	58° = 12.2%	74° = 3.6%
11° = 38.5%	27° = 29.8%	43° = 21.2%	59° = 11.6%	75° = 3.0%
12° = 38.0%	28° = 29.2%	44° = 20.6%	60° = 11.0%	76° = 2.4%
13° = 37.5%	29° = 28.6%	45° = 20.0%	61° = 10.5%	77° = 1.8%
14° = 37.0%	30° = 28.0%	46° = 19.4%	62° = 10.0%	78° = 1.2%
15° = 36.5%	31° = 27.5%	47° = 18.8%	63° = 9.5%	79° = 0.6%
				80° = 0.0%

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

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

0° = 55.0%	12° = 47.8%	24° = 46.6%	36° = 57.4%	48° = 68.2%
1° = 54.4%	13° = 47.2%	25° = 47.5%	37° = 58.3%	49° = 69.1%
2° = 53.8%	14° = 46.6%	26° = 48.4%	38° = 59.2%	50° = 70.0%
3° = 53.2%	15° = 46.0%	27° = 49.3%	39° = 60.1%	51° = 71.0%
4° = 52.6%	16° = 45.4%	28° = 50.2%	40° = 61.0%	52° = 72.0%
5° = 52.0%	17° = 44.8%	29° = 51.1%	41° = 61.9%	53° = 73.0%
6° = 51.4%	18° = 44.2%	30° = 52.0%	42° = 62.8%	54° = 74.0%
7° = 50.8%	19° = 43.6%	31° = 52.9%	43° = 63.7%	55° = 75.0%
8° = 50.2%	20° = 43.0%	32° = 53.8%	44° = 64.6%	56° = 76.0%
9° = 49.6%	21° = 43.9%	33° = 54.7%	45° = 65.5%	57° = 77.0%
10° = 49.0%	22° = 44.8%	34° = 55.6%	46° = 66.4%	58° = 78.0%
11° = 48.4%	23° = 45.7%	35° = 56.5%	47° = 67.3%	59° = 79.0%
				60° = 80.0%

(7) Rotational, lateral, dorsal, or palmar deformity 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;

Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Amended 10-26-04 as WCD Admin. Order 04-063, eff. 1-1-05

436-035-0060 Fingers

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

Retained Motion/Percentage of Impairment

0° = 45.0%	14° = 35.6%	28° = 27.2%	42° = 17.8%	56° = 8.8%
1° = 44.3%	15° = 35.0%	29° = 26.6%	43° = 17.2%	57° = 8.1%
2° = 43.6%	16° = 34.4%	30° = 26.0%	44° = 16.6%	58° = 7.4%
3° = 42.9%	17° = 33.8%	31° = 25.3%	45° = 16.0%	59° = 6.7%
4° = 42.2%	18° = 33.2%	32° = 24.6%	46° = 15.4%	60° = 6.0%
5° = 41.5%	19° = 32.6%	33° = 23.9%	47° = 14.8%	61° = 5.4%
6° = 40.8%	20° = 32.0%	34° = 23.2%	48° = 14.2%	62° = 4.8%
7° = 40.1%	21° = 31.4%	35° = 22.5%	49° = 13.6%	63° = 4.2%
8° = 39.4%	22° = 30.8%	36° = 21.8%	50° = 13.0%	64° = 3.6%
9° = 38.7%	23° = 30.2%	37° = 21.1%	51° = 12.3%	65° = 3.0%
10° = 38.0%	24° = 29.6%	38° = 20.4%	52° = 11.6%	66° = 2.4%
11° = 37.4%	25° = 29.0%	39° = 19.7%	53° = 10.9%	67° = 1.8%
12° = 36.8%	26° = 28.4%	40° = 19.0%	54° = 10.2%	68° = 1.2%
13° = 36.2%	27° = 27.8%	41° = 18.4%	55° = 9.5%	69° = 0.6%
				70° = 0.0%

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

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

0° = 45.0%	14° = 39.8%	28° = 34.8%	42° = 31.0%	56° = 38.0%
1° = 44.6%	15° = 39.5%	29° = 34.4%	43° = 31.5%	57° = 38.5%
2° = 44.2%	16° = 39.2%	30° = 34.0%	44° = 32.0%	58° = 39.0%
3° = 43.8%	17° = 38.9%	31° = 33.6%	45° = 32.5%	59° = 39.5%
4° = 43.4%	18° = 38.6%	32° = 33.2%	46° = 33.0%	60° = 40.0%
5° = 43.0%	19° = 38.3%	33° = 32.8%	47° = 33.5%	61° = 40.5%
6° = 42.6%	20° = 38.0%	34° = 32.4%	48° = 34.0%	62° = 41.0%
7° = 42.2%	21° = 37.6%	35° = 32.0%	49° = 34.5%	63° = 41.5%
8° = 41.8%	22° = 37.2%	36° = 31.6%	50° = 35.0%	64° = 42.0%
9° = 41.4%	23° = 36.8%	37° = 31.2%	51° = 35.5%	65° = 42.5%
10° = 41.0%	24° = 36.4%	38° = 30.8%	52° = 36.0%	66° = 43.0%
11° = 40.7%	25° = 36.0%	39° = 30.4%	53° = 36.5%	67° = 43.5%
12° = 40.4%	26° = 35.6%	40° = 30.0%	54° = 37.0%	68° = 44.0%
13° = 40.1%	27° = 35.2%	41° = 30.5%	55° = 37.5%	69° = 44.5%
				70° = 45.0%

(4) The following ratings are for loss of flexion at the proximal interphalangeal joint of any finger: Retained Motion/Percentage of Impairment

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

(5) The following ratings are for loss of extension at the proximal interphalangeal joint of any finger: Retained Motion/Percentage of Impairment

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

(6) The following ratings are for ankylosis in the proximal interphalangeal joint of any finger: Joint Ankylosed at/Percentage of Impairment

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

(7) The following ratings are for loss of flexion at the metacarpophalangeal joint of any finger: Retained Motion/Percentage of Impairment

0° = 55.0%	18° = 44.2%	36° = 33.4%	54° = 21.6%	72° = 10.8%
1° = 54.4%	19° = 43.6%	37° = 32.8%	55° = 21.0%	73° = 10.2%
2° = 53.8%	20° = 43.0%	38° = 32.2%	56° = 20.4%	74° = 9.6%
3° = 53.2%	21° = 42.4%	39° = 31.6%	57° = 19.8%	75° = 9.0%
4° = 52.6%	22° = 41.8%	40° = 31.0%	58° = 19.2%	76° = 8.4%
5° = 52.0%	23° = 41.2%	41° = 30.3%	59° = 18.6%	77° = 7.8%
6° = 51.4%	24° = 40.6%	42° = 29.6%	60° = 18.0%	78° = 7.2%
7° = 50.8%	25° = 40.0%	43° = 28.9%	61° = 17.4%	79° = 6.6%
8° = 50.2%	26° = 39.4%	44° = 28.2%	62° = 16.8%	80° = 6.0%
9° = 49.6%	27° = 38.8%	45° = 27.5%	63° = 16.2%	81° = 5.4%
10° = 49.0%	28° = 38.2%	46° = 26.8%	64° = 15.6%	82° = 4.8%
11° = 48.4%	29° = 37.6%	47° = 26.1%	65° = 15.0%	83° = 4.2%
12° = 47.8%	30° = 37.0%	48° = 25.4%	66° = 14.4%	84° = 3.6%
13° = 47.2%	31° = 36.4%	49° = 24.7%	67° = 13.8%	85° = 3.0%
14° = 46.6%	32° = 35.8%	50° = 24.0%	68° = 13.2%	86° = 2.4%
15° = 46.0%	33° = 35.2%	51° = 23.4%	69° = 12.6%	87° = 1.8%
16° = 45.4%	34° = 34.6%	52° = 22.8%	70° = 12.0%	88° = 1.2%
17° = 44.8%	35° = 34.0%	53° = 22.2%	71° = 11.4%	89° = 0.6%
				90° = 0.0%

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
DISABILITY RATING STANDARDS

ORDER NO. 04-063

(8) The following ratings are for loss of extension at the metacarpophalangeal joint of any finger: Retained Motion/Percentage of Impairment

0° = 0.0%	18° = 4.6%	36° = 17.0%	54° = 45.0%	72° = 73.0%
1° = 0.3%	19° = 4.8%	37° = 18.5%	55° = 46.5%	73° = 74.5%
2° = 0.6%	20° = 5.0%	38° = 20.0%	56° = 48.0%	74° = 76.0%
3° = 0.9%	21° = 5.3%	39° = 21.5%	57° = 49.5%	75° = 77.5%
4° = 1.2%	22° = 5.6%	40° = 23.0%	58° = 51.0%	76° = 79.0%
5° = 1.5%	23° = 5.9%	41° = 24.6%	59° = 52.5%	77° = 80.5%
6° = 1.8%	24° = 6.2%	42° = 26.2%	60° = 54.0%	78° = 82.0%
7° = 2.1%	25° = 6.5%	43° = 27.8%	61° = 55.6%	79° = 83.5%
8° = 2.4%	26° = 6.8%	44° = 29.4%	62° = 57.2%	80° = 85.0%
9° = 2.7%	27° = 7.1%	45° = 31.0%	63° = 58.8%	81° = 86.5%
10° = 3.0%	28° = 7.4%	46° = 32.6%	64° = 60.4%	82° = 88.0%
11° = 3.2%	29° = 7.7%	47° = 34.2%	65° = 62.0%	83° = 89.5%
12° = 3.4%	30° = 8.0%	48° = 35.8%	66° = 63.6%	84° = 91.0%
13° = 3.6%	31° = 9.5%	49° = 37.4%	67° = 65.2%	85° = 92.5%
14° = 3.8%	32° = 11.0%	50° = 39.0%	68° = 66.8%	86° = 94.0%
15° = 4.0%	33° = 12.5%	51° = 40.5%	69° = 68.4%	87° = 95.5%
16° = 4.2%	34° = 14.0%	52° = 42.0%	70° = 70.0%	88° = 97.0%
17° = 4.4%	35° = 15.5%	53° = 43.5%	71° = 71.5%	89° = 98.5%
				90° = 100.0%

(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, lateral, dorsal, or palmar deformity of a finger [shall] receive a value of 10% for the finger.

Stat. Auth.: ORS656.726

Stats. Implfd.: 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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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

(1) Loss of use of two or more digits [shall be] is 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] under OAR 436-035-00_[07(23)] **11(2)(b)**, then converting the digit values to hand values, and then adding the converted values. Digit values between zero and one [shall be] are rounded to one prior to conversion.

(3) The following table [shall be] is used to convert loss in the thumb to loss in the hand:

Impairment of Thumb	Impairment of Hand	Impairment of Thumb	Impairment of Hand	Impairment of Thumb	Impairment of Hand	Impairment of Thumb	Impairment of Hand
1-3%	= 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] is used to convert loss in the index finger to loss in the hand:

Impairment of Index	Impairment of Hand	Impairment of Index	Impairment of Hand	Impairment of Index	Impairment of Hand
1-6%	= 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] **is** 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
1 - 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] **is** used to convert loss in the ring finger to loss in the hand:

Impairment of Ring Hand
1-15% = 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] **is** used to convert loss in the little finger to loss in the hand:

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

Stat. Auth.: ORS656.726

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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0075 Hand

(1) [Pursuant to] **Under** 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 (adduction) of the carpometacarpal joint of the thumb:

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

(4) The following ratings are for ankylosis of the carpometacarpal joint in flexion (adduction) 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 (abduction) 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.: ORS656.726

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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0080 Wrist

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

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

0° = 11.0%	14° = 9.2%	28° = 6.4%	42° = 4.6%	56° = 2.4%
1° = 10.9%	15° = 9.0%	29° = 6.2%	43° = 4.4%	57° = 2.3%
2° = 10.8%	16° = 8.8%	30° = 6.0%	44° = 4.2%	58° = 2.2%
3° = 10.7%	17° = 8.6%	31° = 5.9%	45° = 4.0%	59° = 2.1%
4° = 10.6%	18° = 8.4%	32° = 5.8%	46° = 3.8%	60° = 2.0%
5° = 10.5%	19° = 8.2%	33° = 5.7%	47° = 3.6%	61° = 1.8%
6° = 10.4%	20° = 8.0%	34° = 5.6%	48° = 3.4%	62° = 1.6%
7° = 10.3%	21° = 7.8%	35° = 5.5%	49° = 3.2%	63° = 1.4%
8° = 10.2%	22° = 7.6%	36° = 5.4%	50° = 3.0%	64° = 1.2%
9° = 10.1%	23° = 7.4%	37° = 5.3%	51° = 2.9%	65° = 1.0%
10° = 10.0%	24° = 7.2%	38° = 5.2%	52° = 2.8%	66° = 0.8%
11° = 9.8%	25° = 7.0%	39° = 5.1%	53° = 2.7%	67° = 0.6%
12° = 9.6%	26° = 6.8%	40° = 5.0%	54° = 2.6%	68° = 0.4%
13° = 9.4%	27° = 6.6%	41° = 4.8%	55° = 2.5%	69° = 0.2%
				70° = 0.0%

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/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%

(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] **are** valued [pursuant to] **under** 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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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

The following table [shall be] **is** 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.: ORS656.726

Stats. Impltd.: ORS656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-200;
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 Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0100 Arm

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

Retained Motion/Percentage of Impairment

0° = 39.0%	30° = 31.0%	60° = 23.0%	90° = 16.0%	120° = 8.0%
1° = 38.7%	31° = 30.8%	61° = 22.8%	91° = 15.7%	121° = 7.7%
2° = 38.4%	32° = 30.6%	62° = 22.6%	92° = 15.4%	122° = 7.4%
3° = 38.1%	33° = 30.4%	63° = 22.4%	93° = 15.1%	123° = 7.1%
4° = 37.8%	34° = 30.2%	64° = 22.2%	94° = 14.8%	124° = 6.8%
5° = 37.5%	35° = 30.0%	65° = 22.0%	95° = 14.5%	125° = 6.5%
6° = 37.2%	36° = 29.8%	66° = 21.8%	96° = 14.2%	126° = 6.2%
7° = 36.9%	37° = 29.6%	67° = 21.6%	97° = 13.9%	127° = 5.9%
8° = 36.6%	38° = 29.4%	68° = 21.4%	98° = 13.6%	128° = 5.6%
9° = 36.3%	39° = 29.2%	69° = 21.2%	99° = 13.3%	129° = 5.3%
10° = 36.0%	40° = 29.0%	70° = 21.0%	100° = 13.0%	130° = 5.0%
11° = 35.8%	41° = 28.7%	71° = 20.7%	101° = 12.7%	131° = 4.8%
12° = 35.6%	42° = 28.4%	72° = 20.4%	102° = 12.4%	132° = 4.6%
13° = 35.4%	43° = 28.1%	73° = 20.1%	103° = 12.1%	133° = 4.4%
14° = 35.2%	44° = 27.8%	74° = 19.8%	104° = 11.8%	134° = 4.2%
15° = 35.0%	45° = 27.5%	75° = 19.5%	105° = 11.5%	135° = 4.0%
16° = 34.8%	46° = 27.2%	76° = 19.2%	106° = 11.2%	136° = 3.8%
17° = 34.6%	47° = 26.9%	77° = 18.9%	107° = 10.9%	137° = 3.6%
18° = 34.4%	48° = 26.6%	78° = 18.6%	108° = 10.6%	138° = 3.4%
19° = 34.2%	49° = 26.3%	79° = 18.3%	109° = 10.3%	139° = 3.2%
20° = 34.0%	50° = 26.0%	80° = 18.0%	110° = 10.0%	140° = 3.0%
21° = 33.7%	51° = 25.7%	81° = 17.8%	111° = 9.8%	141° = 2.7%
22° = 33.4%	52° = 25.4%	82° = 17.6%	112° = 9.6%	142° = 2.4%
23° = 33.1%	53° = 25.1%	83° = 17.4%	113° = 9.4%	143° = 2.1%
24° = 32.8%	54° = 24.8%	84° = 17.2%	114° = 9.2%	144° = 1.8%
25° = 32.5%	55° = 24.5%	85° = 17.0%	115° = 9.0%	145° = 1.5%
26° = 32.2%	56° = 24.2%	86° = 16.8%	116° = 8.8%	146° = 1.2%
27° = 31.9%	57° = 23.9%	87° = 16.6%	117° = 8.6%	147° = 0.9%
28° = 31.6%	58° = 23.6%	88° = 16.4%	118° = 8.4%	148° = 0.6%
29° = 31.3%	59° = 23.3%	89° = 16.2%	119° = 8.2%	149° = 0.3%
				150° = 0.0%

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

Retained Motion/Percentage of Impairment

0° = 0.0%	30° = 6.0%	60° = 12.0%	90° = 18.0%	120° = 24.0%
1° = 0.2%	31° = 6.2%	61° = 12.2%	91° = 18.2%	121° = 24.2%
2° = 0.4%	32° = 6.4%	62° = 12.4%	92° = 18.4%	122° = 24.4%
3° = 0.6%	33° = 6.6%	63° = 12.6%	93° = 18.6%	123° = 24.6%
4° = 0.8%	34° = 6.8%	64° = 12.8%	94° = 18.8%	124° = 24.8%
5° = 1.0%	35° = 7.0%	65° = 13.0%	95° = 19.0%	125° = 25.0%
6° = 1.2%	36° = 7.2%	66° = 13.2%	96° = 19.2%	126° = 25.2%
7° = 1.4%	37° = 7.4%	67° = 13.4%	97° = 19.4%	127° = 25.4%
8° = 1.6%	38° = 7.6%	68° = 13.6%	98° = 19.6%	128° = 25.6%
9° = 1.8%	39° = 7.8%	69° = 13.8%	99° = 19.8%	129° = 25.8%
10° = 2.0%	40° = 8.0%	70° = 14.0%	100° = 20.0%	130° = 26.0%
11° = 2.2%	41° = 8.2%	71° = 14.2%	101° = 20.2%	131° = 26.2%
12° = 2.4%	42° = 8.4%	72° = 14.4%	102° = 20.4%	132° = 26.4%
13° = 2.6%	43° = 8.6%	73° = 14.6%	103° = 20.6%	133° = 26.6%
14° = 2.8%	44° = 8.8%	74° = 14.8%	104° = 20.8%	134° = 26.8%
15° = 3.0%	45° = 9.0%	75° = 15.0%	105° = 21.0%	135° = 27.0%
16° = 3.2%	46° = 9.2%	76° = 15.2%	106° = 21.2%	136° = 27.2%
17° = 3.4%	47° = 9.4%	77° = 15.4%	107° = 21.4%	137° = 27.4%
18° = 3.6%	48° = 9.6%	78° = 15.6%	108° = 21.6%	138° = 27.6%
19° = 3.8%	49° = 9.8%	79° = 15.8%	109° = 21.8%	139° = 27.8%
20° = 4.0%	50° = 10.0%	80° = 16.0%	110° = 22.0%	140° = 28.0%
21° = 4.2%	51° = 10.2%	81° = 16.2%	111° = 22.2%	141° = 28.2%
22° = 4.4%	52° = 10.4%	82° = 16.4%	112° = 22.4%	142° = 28.4%
23° = 4.6%	53° = 10.6%	83° = 16.6%	113° = 22.6%	143° = 28.6%
24° = 4.8%	54° = 10.8%	84° = 16.8%	114° = 22.8%	144° = 28.8%
25° = 5.0%	55° = 11.0%	85° = 17.0%	115° = 23.0%	145° = 29.0%
26° = 5.2%	56° = 11.2%	86° = 17.2%	116° = 23.2%	146° = 29.2%
27° = 5.4%	57° = 11.4%	87° = 17.4%	117° = 23.4%	147° = 29.4%
28° = 5.6%	58° = 11.6%	88° = 17.6%	118° = 23.6%	148° = 29.6%
29° = 5.8%	59° = 11.8%	89° = 17.8%	119° = 23.8%	149° = 29.8%
				150° = 30.0%

(3) Ankylosis of the elbow in flexion or extension [shall be] **is** 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° = [7]69.8%
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:

Retained Motion/Percentage of Impairment

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

(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.: ORS656.726

Stats. Impltd.: ORS656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-210;

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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 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **is** 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] **is** 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					
	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

	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) In determining sensation impairment in a digit in which the sensation loss does not extend to the distal end of the digit, the value is established by determining the value for loss from the distal end of the digit to the proximal location of the loss, and subtracting the value for loss from the distal end of the digit to the distal location of the loss.

Example: Grade 2 sensation in the index finger between the PIP joint and the MP joint:

<u>Loss from distal end of the finger to the MP joint (proximal location of loss)</u>	<u>25%</u>
<u>Minus loss from distal end of the finger to the PIP joint (distal location of loss)</u>	<u>20%</u>
<u>Equals loss between MP and PIP</u>	<u>5%</u>

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

[(h)](i) When there are multiple losses of palmar sensation in a single body part (e.g. hand, finger(s), or thumb), the impairment values [shall] **are** first [be] combined for an overall loss of sensation value for the individual digit or hand. This value is then combined with other impairment values for that digit or hand prior to conversion.

[(i)](j) Hypersensitivity resulting in a loss of use in the digits or palm, [shall be] **is** valued utilizing the above loss of sensation tables. Mild hypersensitivity [shall be] **is** valued at the equivalent impairment level as less than normal sensation, moderate hypersensitivity the equivalent of protective sensation loss, and severe hypersensitivity the equivalent of a total loss of sensation.

(2) When surgery or an injury results in arm length discrepancies involving the injured arm, the following values [shall be allowed] **are given** 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) Joint instability in the finger(s), thumb, or hand [shall be] **is** rated according to the body part affected:

	<u>Finger</u>			<u>Thumb</u>		<u>Hand</u>
	MP	PIP	DIP	MP	IP	CMC
Mild: Less than 10°	20%	16%	9%	2%	3%	15%
Moderate: 10° to 20°	40%	32%	18%	4%	6%	30%
Severe: Greater than 20°	60%	48%	27%	6%	9%	45%

(4) Lateral deviation or malalignment of the upper extremity is valued as follows:

(a) Increased lateral deviation at or above the elbow [shall be] **is** determined as follows:

Severity of Deviation Arm Impairment

Mild: less than 20°	7%
Moderate: 20° - 30°	14%
Severe: Greater than 30°	21%

(b) Fracture resulting in **angulation or** malalignment, other than at or above the elbow, [shall be] **is** determined as follows:

Deformity Forearm Impairment

Radius and/or ulna	10%
Humerus	25%

(5) 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	5% each (Add values up 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%

(6) 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 also rated [pursuant to] **under** OAR 436-035-0450. Contact dermatitis for a [n unscheduled] body part **other than the upper or lower extremities** is rated [pursuant to] **under** 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.

(7) Vascular dysfunction 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 cold intolerance (e.g. Raynaud's phenomenon) which results in a loss of use or function that occurs with exposure to temperatures below freezing (0° Centigrade).

(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 cold intolerance (e.g. Raynaud's phenomenon) which results in a loss of use or function that occurs on exposure to temperatures below 4° Centigrade.

(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 cold intolerance (e.g. Raynaud's phenomenon) which results in a loss of use or function that occurs on exposure to temperatures below 10° Centigrade.

(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 cold intolerance (e.g. Raynaud's phenomenon) which results in a loss of use or function that occurs on exposure to temperatures below 15° Centigrade.

(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 cold intolerance such as Raynaud's phenomenon which results in a loss of use or function that occurs on exposure to temperatures below 20° Centigrade.

(f) If partial amputation of the affected body part occurs as a result of vascular disease, the impairment values [shall be] **are** rated separately.

(8) Injuries to unilateral spinal nerve roots **or brachial plexus** with resultant loss of strength in the arm, forearm or hand [shall be] **are** determined according to the specific nerve root which supplies (innervates) the weakened muscle(s), as described in the following table and modified [pursuant to] **under** OAR 436-035-00[07(20)]**11(7)**:

(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] **is** rated separately.

(9) **When a spinal nerve root or brachial plexus are not injured, valid [L]oss of strength in the arm, forearm or hand, substantiated by clinical findings, is valued based on the [due to a peripheral nerve injury is rated based upon the specific] peripheral nerve[, which supplies (innervates)] supplying (innervating) the [weakened] muscle(s) demonstrating the decreased strength,** as described in the following table and as modified [pursuant to] **under** OAR 436-035-00[07(20)]**11(7)**.

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%

Example 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] under OAR 436-035-00[07(20)]**11(7)**, 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] under OAR 436-035-00[07(20)]**11(7)**, 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 affected muscle(s) was impaired, pursuant to this section.] Loss of strength due to an injury in a single 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.

[(10) 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(8) and as modified pursuant to OAR 436-035-0007(20).

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

[(12)](10) For motor loss in any part of an arm which is due to brain or spinal cord damage, impairment [shall be] is 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] under subsection (a) of this section, additional impairment values are not allowed for weakness, chronic condition, or reduced range of motion in the same extremity.

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

(11) Neurological dysfunction resulting in cold intolerance in the upper extremity is valued according to the affected body part utilizing the same classifications for cold intolerance due to vascular dysfunction in section (7) of this rule.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-220;

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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;
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Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0115 Conversion of Upper Extremity Values to Whole Person Values

(1) The tables in this rule are used to convert losses in the upper extremity to a whole person (WP) value for claims with a date of injury on or after January 1, 2005.

(2) The following table is used to convert losses in the thumb and fingers to a whole person (WP) value.

<u>Thumb WP</u>	<u>Index WP</u>	<u>Middle WP</u>	<u>Ring WP</u>	<u>Little WP</u>
<u>1-9% = 1%</u>	<u>1-18% = 1%</u>	<u>1-21% = 1%</u>	<u>1-49% = 1%</u>	<u>1-74% = 1%</u>
<u>10-16% = 2%</u>	<u>19-31% = 2%</u>	<u>22-35% = 2%</u>	<u>50-83% = 2%</u>	<u>75-100% = 2%</u>
<u>17-23% = 3%</u>	<u>32-43% = 3%</u>	<u>36-49% = 3%</u>	<u>84-100% = 3%</u>	
<u>24-29% = 4%</u>	<u>44-56% = 4%</u>	<u>50-64% = 4%</u>		
<u>30-36% = 5%</u>	<u>57-68% = 5%</u>	<u>65-78% = 5%</u>		
<u>37-43% = 6%</u>	<u>69-81% = 6%</u>	<u>79-92% = 6%</u>		
<u>44-49% = 7%</u>	<u>82-93% = 7%</u>	<u>93-100% = 7%</u>		
<u>50-56% = 8%</u>	<u>94-100% = 8%</u>			
<u>57-63% = 9%</u>				
<u>64-69% = 10%</u>				
<u>70-76% = 11%</u>				
<u>77-83% = 12%</u>				
<u>84-89% = 13%</u>				
<u>90-96% = 14%</u>				
<u>97-100% = 15%</u>				

(3) The following table is used to convert a loss in a hand/forearm to a whole person (WP) value.

<u>Hand WP</u>	<u>Hand WP</u>	<u>Hand WP</u>	<u>Hand WP</u>
<u>1-3% = 1%</u>	<u>27-28% = 13%</u>	<u>53-54% = 25%</u>	<u>78-79% = 37%</u>
<u>4-5% = 2%</u>	<u>29-30% = 14%</u>	<u>55-56% = 26%</u>	<u>80-81% = 38%</u>
<u>6-7% = 3%</u>	<u>31-32% = 15%</u>	<u>57-58% = 27%</u>	<u>82-84% = 39%</u>
<u>8-9% = 4%</u>	<u>33-35% = 16%</u>	<u>59-60% = 28%</u>	<u>85-86% = 40%</u>
<u>10-11% = 5%</u>	<u>36-37% = 17%</u>	<u>61-62% = 29%</u>	<u>87-88% = 41%</u>
<u>12-13% = 6%</u>	<u>38-39% = 18%</u>	<u>63-64% = 30%</u>	<u>89-90% = 42%</u>
<u>14-15% = 7%</u>	<u>40-41% = 19%</u>	<u>65-67% = 31%</u>	<u>91-92% = 43%</u>

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<u>16-18% = 8%</u>	<u>42-43% = 20%</u>	<u>68-69% = 32%</u>	<u>93-94% = 44%</u>
<u>19-20% = 9%</u>	<u>44-45% = 21%</u>	<u>70-71% = 33%</u>	<u>95-96% = 45%</u>
<u>21-22% = 10%</u>	<u>46-47% = 22%</u>	<u>72-73% = 34%</u>	<u>97-98% = 46%</u>
<u>23-24% = 11%</u>	<u>48-49% = 23%</u>	<u>74-75% = 35%</u>	<u>99-100% = 47%</u>
<u>25-26% = 12%</u>	<u>50-52% = 24%</u>	<u>76-77% = 36%</u>	

(4) The following table is used to convert a loss in the arm to a whole person (WP) value.

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

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0130 [Leg, Foot, and Toes] **Parts of the Lower Extremities**

- (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;
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 Amended 2-14-92 as WCD Admin. Order 6-1992, eff. 3-13-92;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0140 Amputations in the [Leg, Foot, and Toes] Lower Extremities

(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;
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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 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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 plantar flexion	45%

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

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

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

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

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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.: ORS656.726

Stats. Implfd.: ORS656.005, 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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[436-035-0170 Other Toe Findings

(1) Loss or alteration (e.g. hypersensitivity) of plantar sensation in the toes, including the great toe, is rated as follows:

	Toe Impairment
(a) partial loss or alteration of sensation in any toe	5%
total loss or severe alteration of sensation in any toe	10%

(b) Loss or alteration of sensation in the toes in addition to loss or alteration of sensation in the foot is rated for the foot only, under OAR 436-035-0200(1); no additional value is allowed for loss or alteration 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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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 plantar flexion in the ankle joint:

Retained Motion/Percentage of Impairment

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

(9) The following ratings are for plantar flexion 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%

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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 the ankle joint is ankylosed in plantar flexion and dorsiflexion, use only the largest ankylosis value for rating the loss or only one of the values if they are identical. [Pursuant to **Under** OAR 436-035-0007⁽¹⁷⁾9), this ankylosis value [shall be] **is** granted in lieu of all other range of motion or ankylosis values for the ankle joint.

(D) When the subtalar joint is ankylosed in inversion and eversion, use only the largest ankylosis value for rating the loss or only one of the values if they are identical. [Pursuant to] **Under** OAR 436-035-0007⁽¹⁷⁾9), this ankylosis value [shall be] **is** granted in lieu of all other range of motion or ankylosis values for the subtalar joint.

(E) When both joints are ankylosed, add the ankle joint value to the subtalar joint value.

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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[436-035-0200] **Other Foot Findings**

(1) Loss or alteration (e.g. hypersensitivity) of plantar sensation in the foot is rated as follows:

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	Foot
partial loss or alteration of sensation	5%
total loss or severe alteration of sensation	10%

(2) Loss or alteration 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) When injury in the ankle results in angulation, impairment values shall be determined according to the following:

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

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

(5) A value of 5% of the foot 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.

(6) Injury resulting in a rocker bottom deformity of the foot shall be valued at 14%.

(7) 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;

Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0220 Leg

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

Retained Motion/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):

Retained Motion/Percentage of Impairment

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

(3) Ankylosis of the knee in flexion or extension [shall be] **is** 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] **under** OAR 436-035-0340.

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

Retained Motion/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:

Retained Motion/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:

Retained Motion/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:

Retained Motion/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:

Retained Motion/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:

Retained Motion/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 is rated [as an unscheduled impairment, refer to] under OAR 436-035-0340.

Stat. Auth.: ORS 656.726

Stats. Implfd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-330;
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436-035-0230 Other [Losses in the Leg or Foot] Lower Extremity Findings

(1) Loss or alteration (e.g. hypersensitivity) of sensation in the leg is not considered disabling except for the plantar surface of the foot and toes, including the great toe, where it is rated as follows: [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).]

<u>(a)</u>	<u>Toe (in any toe)</u>	<u>Foot</u>
<u>partial loss or alteration of sensation</u>	<u>5%</u>	<u>5%</u>
<u>total loss or severe alteration of sensation</u>	<u>10%</u>	<u>10%</u>

(b) Loss or alteration of sensation in the toes in addition to loss or alteration of sensation in the foot is rated for the foot only. No additional value is allowed for loss or alteration of sensation in the toes.

(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
1/4 to 1/2 inch	5%
More than 1/2 inch up to and including 1 inch	10%
More than 1 inch up to and including 1-1/2 inches	15%
More than 1-1/2 inches	20%

(3) Valid instability in the ankle or [K]knee substantiated by clinical findings [joint instability] is valued [utilizing] based on the [following] ligament demonstrating the laxity, as described in the following table:

<u>Ligament</u>	<u>Mild</u>		<u>Moderate</u>		<u>Severe</u>	
	<u>Ankle</u>	<u>Leg</u>	<u>Ankle</u>	<u>Leg</u>	<u>Ankle</u>	<u>Leg</u>
<u>Collateral (medial)</u>	<u>6%</u>	<u>10%</u>	<u>11%</u>	<u>15%</u>	<u>17%</u>	<u>20%</u>
<u>Collateral (lateral)</u>	<u>9%</u>	<u>10%</u>	<u>18%</u>	<u>15%</u>	<u>28%</u>	<u>20%</u>
<u>Anterior cruciate</u>		<u>5%</u>		<u>10%</u>		<u>15%</u>
<u>Posterior cruciate</u>		<u>5%</u>		<u>10%</u>		<u>15%</u>

(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.] **For ankle joint instability to be rated as severe there must be a complete disruption of two or more ligaments.**

(b) [Values for more than one ligamentous injury are combined.] **For knee joint instability the severity of joint opening is mild at a grade 1 or 1+ (1-5mm), moderate at a grade 2 or 2+ (6-10mm), and severe at a grade 3 or 3+ (>10mm).**

(c) [Rotary instability is included in the impairment value(s) of this section.] **Ankle joint instability with additional anterior and/or posterior instability receives an additional 10%.**

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

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

(f) Multiple instability values in a single joint are combined.

(4) When injury in the **ankle or knee/leg** results in angulation or malalignment, impairment values [shall be] **are** determined according to the following:

(a) Varus deformity [of the knee] greater than 15° **of the knee/leg** is rated at 10% of the leg **and of the ankle is rated at 10% of the foot.**

(b) Valgus deformity [of the knee] greater than 20° **of the knee/leg** is rated at 10% of the leg **and of the ankle is rated at 10% of the foot.**

(c) Tibial shaft fracture resulting in **angulation or** malalignment (rotational deformity) affects the function of the entire leg and is rated as follows:

Severity [of Malalignment]	Leg Impairment
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Mild: 10°– 14°	17%
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Moderate: 15°– 19°	26%
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Severe: 20°+ 26% plus 1% for each additional degree, to 43% maximum	
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(d) Injury resulting in a rocker bottom deformity of the foot is valued at 14%.

(5) The following values are for surgery of the **toes, foot, or** leg [and/or foot]:

(a) In the great toe:

	<u>Toe Impairment</u>
<u>interphalangeal joint arthroplasty or resection</u>	<u>20%</u>
<u>metatarsophalangeal joint arthroplasty or resection</u>	<u>30%</u>

(b) In the second through fifth toes:

	<u>Toe Impairment</u>
<u>distal interphalangeal joint arthroplasty or resection</u>	<u>15%</u>
<u>proximal interphalangeal joint arthroplasty or resection</u>	<u>25%</u>
<u>metatarsophalangeal joint arthroplasty or resection</u>	<u>25%</u>

[(a)](c) Foot Surgery	Foot/Ankle Impairment
Resection of any part of a metatarsal	10%
Prosthetic ankle replacement	25%
[(b)](d) 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)](e) When rating a prosthetic knee replacement, a separate value for meniscectomy(s) and/or patellectomy for the same knee [shall] **is** not [be] granted.

[(d)](f) In a meniscectomy where only the meniscal “rim” remains, the value [shall be] **is** 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 also determined under OAR 436-035-0450. Contact dermatitis for an [unscheduled] body part is rated [pursuant to] **under** 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.

(f) Full thickness skin loss of the heel [shall be] **is** valued at 10% of the foot, even when the area is successfully covered with an appropriate skin graft.

(7) The following ratings are for vascular dysfunction 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 dysfunction 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 dysfunction 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 dysfunction 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 dysfunction or of persistent, widespread, or deep ulcerations on both legs.

(f) If partial amputation of the lower extremity occurs as a result of vascular dysfunction, the impairment values [shall be] **are** rated separately. The amputation value [shall] **is** then [be] combined with the impairment value for the vascular dysfunction.

(8) Injuries to unilateral spinal nerve roots with resultant loss of strength in the leg or foot [shall be] **is** determined according to the specific nerve root supplying (innervating) the weakened muscle(s), as described in the following table and modified [pursuant to] **under** OAR 436-035-00[07(20)]**11(7)**.

(a)	Spinal nerve root	Leg impairment
	L-2	20%
	L-3	20%
	L-4	34%
	L-5	37%
	S-1	20%

(b) Loss of strength in bilateral extremities [shall] **results** in each extremity being rated separately.

(9) **When a spinal nerve root or lumbosacral plexus are not injured, valid** [LOSS of strength in the leg or foot, **substantiated by clinical findings, is valued based on the** [due to peripheral nerve injury is determined according to the specific] peripheral nerve supplying (innervating) the [weakened] muscle(s) **demonstrating the decreased strength**, as described in the following table and as modified [pursuant to] **under** OAR 436-035-00[07(20)]**11(7)**.

	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	10%
muscle/nerve to superior	
gemellus muscle/obturator	
Superior Gluteal	20%
Inferior Gluteal	25%
Sciatic (above hamstring innervation)	75%
Sciatic (hamstring loss only)	40%
Tibial Nerve (medial popliteal or	35%
internal popliteal above knee)	

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] under OAR 436-035-00[07(20)]**11(7)**, 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] Under OAR 436-035-00[07(20)]**11(7)**, 3/5 strength is 50%. Impairment is determined by multiplying 28% by 50% for a final value of 14% impairment of the foot.

[(10)]**(a)** 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 affected muscle(s) was impaired.] Loss of strength due to an injury in a single toe receives a value of zero.

[(a)]**(b)** Decreased strength due to an amputation receives no rating for weakness in

addition to that given for the amputation.

[(b)](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.

[(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(20).]

[(12)](10) For motor loss to any part of a leg which is due to brain or spinal cord damage, impairment [shall be] **is** 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] **under** 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] **is** rated separately.

[(13)](11) [A value of 5% of the leg shall be granted if] **If there is a diagnosis of Grade IV chondromalacia, extensive arthritis or extensive degenerative joint disease and one or more of the following are present: secondary strength loss; chronic effusion; varus or valgus deformity less than that specified in section (4) of this rule, then one or more of the following rating values apply:**

(a) [Secondary strength loss] **5% of the foot for the ankle joint; and/or**

(b) [Chronic effusion] **5% of the leg for the knee joint.**

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

[(14)](12) For a diagnosis of degenerative joint disease, chondromalacia, or arthritis which does not meet the criteria noted in section (1[3]1) of this rule, the impairment [shall be] **is** determined [pursuant to] **under** the chronic condition rule (OAR 436-035-00[10(5)]19) if the criteria in that rule is met.

[(15)](13) Other impairment values, e.g., weakness, chronic condition, reduced range of motion, etc., [shall be] **are** combined with the value granted in section (1[3]1) of this rule.

[(16)](14) 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] **is** 15% of the knee/leg, except for:

(a) A worker who is entitled to receive an impairment value under section (1[3]1) of this rule (degenerative joint disease, arthritis or chondromalacia) [shall be] **is** 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] **is** not [be] allowed an additional value [pursuant to] **under** this section.

(c) When a worker qualifies to receive a value [pursuant to] **under section (15) of this rule** [OAR 436-035-0200(7)] and a value pursuant to this section, only one of the values is granted for limited standing or walking; the higher monetary value.

(15) Where the objective medical evidence indicates a severe injury to the foot/ankle has occurred (e.g. severe soft tissue crush injuries, trimalleolar fracture, 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 is 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, under section (6) or (7) of this rule, is not allowed an additional value under this section.

(c) When a worker qualifies to receive a value under section (14) of this rule, as well as a value under this section, only the one resulting in the higher monetary value is granted.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

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Amended 6-1-92 as WCD Admin. Order 11-1992, eff. 6-1-92 (Temp);

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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;

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Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0235 Conversion of Lower Extremity Values to Whole Person Values

(1) The tables in this rule are used to convert losses in the lower extremity to a whole person (WP) value for claims with a date of injury on or after January 1, 2005.

(2) The following table is used to convert losses in the great toe to a whole person (WP) value. Impairment in any of the other toes receives a whole person value of 1% for each toe that is injured.

Great Toe	WP	Great Toe	WP	Great Toe	WP
<u>1-24%</u>	= 1%	<u>42-58%</u>	= 3%	<u>75-91%</u>	= 5%
<u>25-41%</u>	= 2%	<u>59-74%</u>	= 4%	<u>92-100%</u>	= 6%

(3) The following table is used to convert a loss in the foot to a whole person (WP) value.

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

(4) The following table is used to convert a loss in the leg to a whole person (WP) value.

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

Stat. Auth.: ORS656.726
 Stats. Impltd.: ORS656
 Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0250 Hearing Loss

(1) The following information [shall be] **is** provided by the attending physician or reviewed and commented on by the attending physician, [pursuant to] **under** OAR 436-035-0007([14]**5**) and ([15]**6**), 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] **under** OAR 436-035-00[07(4)]**14(1)**, 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] **under** 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] **is** based on [an] audiograms 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) **Impairment of hearing is calculated from the number of decibels by which the worker's hearing exceeds 150 decibels (hearing impairment threshold). Compensation for [M]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. **Decibel readings in excess of 100 will be entered into the computations as 100 dB.**

(b) Hearing loss due to presbycusis [shall be] **is** based on the worker's age at the time of the audiogram. Consult the Presbycusis Correction Values Table below. **(These values represent the total decibels of hearing loss in the six standard frequencies which normally results from aging.)** Find the figure for presbycusis hearing loss.[Subtract this figure from the sum of the audiogram entries.]**Take this presbycusis figure and subtract the hearing impairment threshold of 150 decibels. Subtract any positive value from the sum of the audiogram entries. This value represents the total decibels of hearing loss in the six standard frequencies which normally results from aging that exceed the hearing impairment threshold. (If there is no positive value there is no hearing impairment attributable to presbycusis above the hearing impairment threshold.)** [These values represent the total decibels of hearing loss in the six standard frequencies which normally

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results from aging.]

AGE	MEN	WOMEN	AGE	MEN	WOMEN
20 or younger	0	0	53	74	51
21	1	0	54	78	54
22	1	1	55	82	57
23	2	1	56	87	61
24	2	2	57	91	64
25	3	2	58	96	67
26	4	3	59	101	71
27	5	3	60	106	74
28	6	4	61	111	78
29	7	5	62	116	81
30	9	6	63	122	85
31	10	7	64	127	89
32	12	8	65	133	93
33	14	9	66	138	97
34	15	11	67	144	101
35	17	12	68	150	105
36	19	14	69	156	109
37	22	15	70	162	114
38	24	17	71	169	118
39	26	19	72	175	122
40	29	20	73	182	127
41	32	22	74	188	132
42	35	24	75	195	136
43	38	26	76	202	141
44	41	28	77	209	146
45	44	31	78	216	151
46	47	33	79	223	156
47	50	35	80	231	161
48	54	38	81	238	167
49	58	40	82	246	172
50	61	43	83	254	177
51	65	46	84	261	183
52	69	49	85 or older	269	189

(c) Consult the Monaural Hearing Loss Table below, using the figure found in subsection

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(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

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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] **impairment.**

(7) Tinnitus and other auditory losses may be determined as [unscheduled] losses[, refer to] **under** OAR 436-035-0390.

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-360;

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436-035-0255 Conversion of Hearing Loss Values to Whole Person Values

(1) The following table is used to convert a loss of hearing in one ear to a whole person (WP) value for claims with a date of injury on or after January 1, 2005:

<u>Ear</u>	<u>WP</u>	<u>Ear</u>	<u>WP</u>	<u>Ear</u>	<u>WP</u>	<u>Ear</u>	<u>WP</u>
<u>1-7%</u>	<u>= 1%</u>	<u>29-34%</u>	<u>= 6%</u>	<u>56-60%</u>	<u>= 11%</u>	<u>82-86%</u>	<u>= 16%</u>
<u>8-13%</u>	<u>= 2%</u>	<u>35-39%</u>	<u>= 7%</u>	<u>61-65%</u>	<u>= 12%</u>	<u>87-92%</u>	<u>= 17%</u>
<u>14-18%</u>	<u>= 3%</u>	<u>40-44%</u>	<u>= 8%</u>	<u>66-71%</u>	<u>= 13%</u>	<u>93-97%</u>	<u>= 18%</u>
<u>19-23%</u>	<u>= 4%</u>	<u>45-49%</u>	<u>= 9%</u>	<u>72-76%</u>	<u>= 14%</u>	<u>98-100%</u>	<u>= 19%</u>
<u>24-28%</u>	<u>= 5%</u>	<u>50-55%</u>	<u>= 10%</u>	<u>77-81%</u>	<u>= 15%</u>		

(2) The following table is used to convert a loss of hearing in two ears to a whole person (WP) value for claims with a date of injury on or after January 1, 2005:

<u>Ears</u>	<u>WP</u>	<u>Ears</u>	<u>WP</u>	<u>Ears</u>	<u>WP</u>	<u>Ears</u>	<u>WP</u>
<u>1-2%</u>	<u>= 1%</u>	<u>26-27%</u>	<u>= 16%</u>	<u>51-52%</u>	<u>= 31%</u>	<u>76-77%</u>	<u>= 46%</u>
<u>3-4%</u>	<u>= 2%</u>	<u>28-29%</u>	<u>= 17%</u>	<u>53-54%</u>	<u>= 32%</u>	<u>78-79%</u>	<u>= 47%</u>
<u>5%</u>	<u>= 3%</u>	<u>30%</u>	<u>= 18%</u>	<u>55%</u>	<u>= 33%</u>	<u>80%</u>	<u>= 48%</u>
<u>6-7%</u>	<u>= 4%</u>	<u>31-32%</u>	<u>= 19%</u>	<u>56-57%</u>	<u>= 34%</u>	<u>81-82%</u>	<u>= 49%</u>

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

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS656

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **are** 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 to determine total central visual acuity, as shown in table (g).

(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 to determine total central visual acuity, as shown in table (g).

(g) The table below may be substituted for combining central visual acuity and the loss of a lens for a total central visual acuity. The table displays the percent loss of central vision for the range of near and distance acuity combined with lens removal for a total central visual acuity. The upper figure is to be used when the lens is present (as found in (d)), the middle figure is to be used when the lens is absent and a prosthetic lens has been implanted (as found in (e)), and the lower figure is to be used when the lens is absent with no implant (as found in (f)). If near acuity is reported in Revised Jaeger Standard or American Point-type, convert these findings to Near Snellen for rating purposes [pursuant to] **under** (2)(c) of this rule when using this table.

**Rating for
 Distance
 in Feet**

Near Snellen Rating Inches ([pursuant to] under (c))

	<u>14</u> 14	<u>14</u> 18	<u>14</u> 21	<u>14</u> 24	<u>14</u> 28	<u>14</u> 35	<u>14</u> 40	<u>14</u> 45	<u>14</u> 60	<u>14</u> 70	<u>14</u> 80	<u>14</u> 88	<u>14</u> 112	<u>14</u> 140
20/15 (d)	0	0	3	4	5	25	28	30	40	43	44	45	48	49
(e)	25	25	27	28	29	44	46	48	55	57	58	59	61	62
(f)	50	50	52	52	53	63	64	65	70	72	72	73	74	75
20/20 (d)	0	0	3	4	5	25	28	30	40	43	44	45	48	49
(e)	25	25	27	28	29	44	46	48	55	57	58	59	61	62
(f)	50	50	52	52	53	63	64	65	70	72	72	73	74	75
20/25 (d)	3	3	5	6	8	28	30	33	43	45	46	48	50	52
(e)	27	27	29	30	31	46	48	50	57	59	60	61	63	64
(f)	52	52	53	53	54	64	65	67	72	73	73	74	75	76
20/30 (d)	5	5	8	9	10	30	33	35	45	48	49	50	53	54
(e)	29	29	31	32	33	48	50	51	59	61	62	63	65	66
(f)	53	53	54	55	55	65	67	68	73	74	75	75	77	77
20/40 (d)	8	8	10	11	13	33	35	38	48	50	51	53	55	57
(e)	31	31	33	33	35	50	51	54	61	63	63	65	66	68
(f)	54	54	55	56	57	67	68	69	74	75	76	77	78	79
20/50 (d)	13	13	15	16	18	38	40	43	53	55	56	58	60	62
(e)	35	35	36	37	39	54	55	57	65	66	67	68	70	72
(f)	57	57	58	58	59	69	70	72	77	78	78	79	80	81
20/60 (d)	18	18	20	21	23	43	45	48	58	60	61	63	65	67
(e)	39	39	40	41	42	57	59	61	69	70	71	72	74	75
(f)	59	59	60	61	62	72	73	74	79	80	81	82	83	84
20/70 (d)	20	20	23	24	25	45	48	50	60	63	64	65	68	69
(e)	40	40	42	43	44	59	61	63	70	72	73	74	76	77
(f)	60	60	62	62	63	73	74	75	80	82	82	83	84	85

**Rating for
 Distance
 in Feet**

Near Snellen Rating Inches ([pursuant to] under (c))

	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>
	14	18	21	24	28	35	40	45	60	70	80	88	112	140
20/80 (d)	23	23	25	26	28	48	50	53	63	65	66	68	70	72
(e)	42	42	44	45	46	61	63	65	72	74	75	76	78	79
(f)	62	62	63	63	64	74	75	77	81	83	83	84	85	86
20/100 (d)	25	25	28	29	30	50	53	55	65	68	69	70	73	74
(e)	44	44	46	47	48	63	65	66	74	76	77	78	80	81
(f)	63	63	64	65	65	75	77	78	83	84	85	85	87	87
20/125 (d)	30	30	33	34	35	55	58	60	70	73	74	75	78	79
(e)	48	48	50	51	51	66	68	70	78	80	81	81	84	84
(f)	65	65	67	67	68	78	79	80	85	87	87	88	89	90
20/150 (d)	35	35	38	39	40	60	63	65	75	78	79	80	83	84
(e)	51	51	54	54	55	70	72	74	81	84	84	85	87	88
(f)	68	68	69	70	70	80	82	83	88	89	89	90	92	92
20/200 (d)	40	40	43	44	45	65	68	70	80	83	84	85	88	89
(e)	55	55	57	58	59	74	76	78	85	87	88	89	91	92
(f)	70	70	72	72	73	83	84	85	90	92	92	93	94	95
20/300 (d)	43	43	45	46	48	68	70	73	83	85	86	88	90	92
(e)	57	57	59	60	61	76	78	80	87	89	90	91	93	94
(f)	72	72	73	73	74	84	85	87	92	93	93	94	95	96
20/400 (d)	45	45	48	49	50	70	73	75	85	88	89	90	93	94
(e)	59	59	61	62	63	78	80	81	89	91	91	93	94	96
(f)	73	73	74	75	75	85	87	88	93	94	94	95	97	97
20/800 (d)	48	48	50	51	53	73	75	78	88	90	91	93	95	97
(e)	61	61	63	63	65	79	81	84	91	93	93	94	96	98
(f)	74	74	75	76	77	87	88	89	94	95	96	97	98	99

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

(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] **listed** 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] **is** 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 stereopsis (depth perception), 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] **impairment** rating .

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-370;

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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;

Amended 4-26-99 as WCD Admin. Order 99-056, eff. 4-26-99;

Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0265 Conversion of Vision Loss Values to Whole Person Values

(1) The following table is used to convert vision loss in one eye to a whole person (WP) value for claims with a date of injury on or after January 1, 2005:

<u>Eye</u>	<u>WP</u>	<u>Eye</u>	<u>WP</u>	<u>Eye</u>	<u>WP</u>	<u>Eye</u>	<u>WP</u>
<u>1-4%</u>	<u>= 1%</u>	<u>28-30%</u>	<u>= 9%</u>	<u>54-56%</u>	<u>= 17%</u>	<u>80-82%</u>	<u>= 25%</u>
<u>5-8%</u>	<u>= 2%</u>	<u>31-33%</u>	<u>= 10%</u>	<u>57-59%</u>	<u>= 18%</u>	<u>83-85%</u>	<u>= 26%</u>
<u>9-11%</u>	<u>= 3%</u>	<u>34-37%</u>	<u>= 11%</u>	<u>60-62%</u>	<u>= 19%</u>	<u>86-88%</u>	<u>= 27%</u>
<u>12-14%</u>	<u>= 4%</u>	<u>38-40%</u>	<u>= 12%</u>	<u>63-66%</u>	<u>= 20%</u>	<u>89-91%</u>	<u>= 28%</u>
<u>15-17%</u>	<u>= 5%</u>	<u>41-43%</u>	<u>= 13%</u>	<u>67-69%</u>	<u>= 21%</u>	<u>92-95%</u>	<u>= 29%</u>
<u>18-20%</u>	<u>= 6%</u>	<u>44-46%</u>	<u>= 14%</u>	<u>70-72%</u>	<u>= 22%</u>	<u>96-98%</u>	<u>= 30%</u>
<u>21-24%</u>	<u>= 7%</u>	<u>47-49%</u>	<u>= 15%</u>	<u>73-75%</u>	<u>= 23%</u>	<u>99%</u>	<u>= 31%</u>
<u>25-27%</u>	<u>= 8%</u>	<u>50-53%</u>	<u>= 16%</u>	<u>76-79%</u>	<u>= 24%</u>	<u>100%</u>	<u>= 31%</u>

(2) The following table is used to convert vision loss in both eyes to a whole person (WP) value for claims with a date of injury on or after January 1, 2005:

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

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS656

Hist: Filed 10-26-04 as WCD Admin. Order 04-063, cff 1-1-05

[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 and are working at their regular work on the date of issuance; or

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ORDER NO. 04-063

- (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

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Amended 1-29-96 as WCD Admin. Order 96-051, eff. 2-17-96;
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Amended 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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(16). 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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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;

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Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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.
- (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) successfully performed by the worker in the five (5) years prior to the date of issuance. The SVP value is determined by identifying these jobs and locating their SVP in the Dictionary of Occupational Titles (DOT) or a specific job analysis. The job with the highest SVP the worker has met is used to 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

- (a) For the purposes of this rule, SVP is defined as the amount of time required by a typical worker to acquire the knowledge, skills and abilities needed to perform a specific job.
- (b) When a job is most accurately described by a combination of DOT codes, use all applicable DOT codes. If a preponderance of evidence establishes that the requirements of a specific job differ from the DOT description(s), a specific job analysis which includes the SVP time requirement may be substituted for the DOT description(s) if it most accurately describes the job.
- (c) 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.
- (d) 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.
- (e) For those workers who have not met the specific vocational preparation training time for any job, a value of +4 shall be granted.
- (4) The values obtained in sections (2) and (3) 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;
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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" (BFC) 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.

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(c) "Sedentary restricted" means the worker only has the ability to carry or lift docket, 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 docket, ledgers, small tools and other items weighing 10 pounds.

(e) "Sedentary/Light (SL)" 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 (VH)" 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 of the job(s) successfully performed by the worker in the five (5) years prior to the date of injury. The strength categories are found in the Dictionary of Occupational Titles (DOT). When a job is most accurately described by a combination of DOT codes, use all applicable DOT codes. If a preponderance of evidence establishes that the requirements of a specific job differ from the DOT descriptions, a specific job analysis which includes the strength requirements may be substituted for the DOT description(s) if it most accurately describes the job; or

(b) A second-level physical capacity evaluation as defined in OAR 436-010-0005 and 436-009-0070(4)(b) 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 436-009-0070(4)(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(s): restricted sedentary (RS), sedentary (S), sedentary/light (SL), 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 evidenced by the attending physician's release unless a preponderance of medical opinion describes a different RFC. For the purposes of this rule, the other medical opinion must include at least a second-level PCE or WCE as defined in OAR 436-010-0005 and 436-009-0070(4) or a medical evaluation which addresses 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:

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BASEFUNCTIONAL CAPACITY (BFC)		RESIDUAL FUNCTIONAL CAPACITY (RFC)								
		RS	S	S/L	L	M/L	M	M/H	H	V/H
(physical demand)	S	2	1	1	1	1	1	1	1	1
	L	4	3	2	1	1	1	1	1	1
	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 overall unscheduled impairment found in OAR 436-035-0320 through 436-035-0450 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. Implfd.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-430;
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 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;
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

[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(14) and (15).

(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(4)(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

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considered a part of the lowback/hips body area.

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

(b) Where the worker has less than 5% total unscheduled 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;

Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;

Repealed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0330 Shoulder Joint

(1) The following ratings are for loss of forward elevation (flexion) in the shoulder joint:
Retained Motion/Percentage of Impairment

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

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

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%

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

Retained Motion/Percentage of Impairment

0° = 2.0%	4° = 1.6%	8° = 1.2%	42° = 0.8%	46° = 0.4%
1° = 1.9%	5° = 1.5%	9° = 1.1%	43° = 0.7%	47° = 0.3%
2° = 1.8%	6° = 1.4%	10°-40° = 1.0%	44° = 0.6%	48° = 0.2%
3° = 1.7%	7° = 1.3%	41° = 0.9%	45° = 0.5%	49° = 0.1%
				50° = 0.0%

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

Joint Ankylosed at/Percentage of Impairment

0°-10° = 15.0%	16° = 15.6%	32° = 16.2%	38° = 16.8%	44° = 17.4%
11° = 15.1%	17° = 15.7%	33° = 16.3%	39° = 16.9%	45° = 17.5%
12° = 15.2%	18° = 15.8%	34° = 16.4%	40° = 17.0%	46° = 17.6%
13° = 15.3%	19° = 15.9%	35° = 16.5%	41° = 17.1%	47° = 17.7%
14° = 15.4%	20°-30° = 16.0%	36° = 16.6%	42° = 17.2%	48° = 17.8%
15° = 15.5%	31° = 16.1%	37° = 16.7%	43° = 17.3%	49° = 17.9%
				50° = 18.0%

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

Retained Motion/Percentage of Impairment

0° = 7.0%	12° = 5.6%	64° = 3.6%	86° = 2.4%	128° = 1.2%
1° = 6.9%	13° = 5.4%	65° = 3.5%	87° = 2.3%	129° = 1.1%
2° = 6.8%	14° = 5.2%	66° = 3.4%	88° = 2.2%	130°-160° = 1.0%
3° = 6.7%	15° = 5.0%	67° = 3.3%	89° = 2.1%	161° = 0.9%
4° = 6.6%	16° = 4.8%	68° = 3.2%	90°-120° = 2.0%	162° = 0.8%
5° = 6.5%	17° = 4.6%	69° = 3.1%	121° = 1.9%	163° = 0.7%
6° = 6.4%	18° = 4.4%	70°-80° = 3.0%	122° = 1.8%	164° = 0.6%
7° = 6.3%	19° = 4.2%	81° = 2.9%	123° = 1.7%	165° = 0.5%
8° = 6.2%	20°-60° = 4.0%	82° = 2.8%	124° = 1.6%	166° = 0.4%
9° = 6.1%	61° = 3.9%	83° = 2.7%	125° = 1.5%	167° = 0.3%
10° = 6.0%	62° = 3.8%	84° = 2.6%	126° = 1.4%	168° = 0.2%
11° = 5.8%	63° = 3.7%	85° = 2.5%	127° = 1.3%	169° = 0.1%
				170°-180° = 0.0%

(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:

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

0° - 50° = 1.0%	53° = 0.7%	57° = 0.3%
51° = 0.9%	54° = 0.6%	58° = 0.2%
52° = 0.8%	55° = 0.5%	59° = 0.1%
	56° = 0.4%	60° - 90° = 0.0%

(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 (no additional value is allowed for multiple partial resections of the clavicle)	5%
Total removal of either clavicle	15%
Partial resection of the acromion (no additional value is allowed for multiple partial resections of the acromion)	5%
Total shoulder arthroplasty	30%
Repeat total shoulder replacement	10%

(14) Chronic dislocations of the shoulder joint or diastasis of a sternal 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] **under** OAR 436-035-0[270 and 436-035-0310] **012**.

(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) **When a spinal nerve root or brachial plexus are not injured, valid I[L]OSS of strength in the shoulder or back, substantiated by clinical findings, are valued based on the [due to a unilateral peripheral nerve injury is rated based upon the specific] peripheral nerve [involved] supplying (innervating) the muscle(s) demonstrating the decreased strength, as described in the following table and as modified [pursuant to] under OAR 436-035-00[07(20)]11(7):**

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

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 under OAR 436-035-00[07(20)]**11(7)**], 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 under OAR 436-035-00[07(20)]**11(7)**], 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 **decreased strength** impairment [of specific named nerves shall be] **findings are** determined by combining the values in [OAR 436-035-0330]**section (17) of this rule.**

[(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 affected 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
 Filed 10-28-98 as WCD Admin. Order 98-059 (temp), eff. 10-28-98
 Amended 4-26-99 as WCD Admin. Order 99-056, eff. 4-26-99
 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03;
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **is** 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] under this rule.

(2) The following ratings are for loss of forward flexion in the hip joint:
 Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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:

Retained Motion/Percentage of Impairment

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

(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] **is** 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] **under OAR** 436-035-0230(5), both impairment values [shall be] **are** rated.

(16) A value of 5% [shall be] **is** 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] **is** determined [pursuant to] **under** OAR 436-035-0230.

Stat. Auth.: ORS656.726

Stats. Implt.: ORS 656.005, 656.214, 656.268, 656.726

Hist: Formerly OAR 436-30-481;
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 Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **and** (1[9]8).

Stat. Auth.: ORS 656.726

Stats. Implt.: ORS 656.005, 656.214, 656.268, 656.726

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Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0375 Abdomen

(1) For injuries that result in permanent damage to the abdominal wall, 5% impairment [shall be allowed] **is given** 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

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Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0380 Cardiovascular System

(1) Impairments of the cardiovascular system [shall be] **are** 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] **is** 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] **is** 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] is 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] **is** 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] **is** 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] is 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] **is given**. This value [shall be] **is** combined with any other findings of impairment of the heart.

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS656.005, 656.214, 656.268, 656.726

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Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **is** 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] **is** 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] **under** 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. Methacholine inhalation testing is permitted at the discretion of the physician. Where methacholine inhalation testing leaves the worker at risk, level of impairment may be based on review of the medical record.

(6) Impairment from air passage defects [shall be] **is** 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, laryngopharynx, 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] **is** valued based on the physiological parameters found [pursuant to] **under** 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.: ORS656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726

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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 alteration 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] **under** 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] **under** OAR 436-035-0260.

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

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

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

(c) The rating given for loss of motor function of both Trigeminal Nerves is determined [pursuant to] **under** 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 or alteration of the sense of taste, the rating is 3%.

(c) Motor loss on one side of the face due to impairment of the Facial Nerve is rated at 15% for a complete loss, or 5% for a partial loss.

(d) Motor loss on both sides of the face due to impairment of the Facial Nerve is rated at 45% for a complete loss, or 20% for a partial loss.

(7) Ratings given for impairment of the Eighth Cranial Nerve (Auditory) are determined according to their effects on hearing [pursuant to] **under** OAR 436-035-0250. Other ratings for loss of function most commonly associated with this nerve include the following:

(a) For permanent disturbances resulting in disequilibrium which limits activities the impairment [shall be] **is** rated according to the following:

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

(B) 23% when signs of 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 disequilibrium are present with supporting objective findings and the usual activities of daily living cannot be performed without assistance.

(D) 80% when signs of 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] **under** OAR 436-035-0420.

(b) Speech impairment due to damage to the Ninth, Tenth, and/or Eleventh Cranial Nerves [shall be] **is** 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] **is** determined based upon a preponderance of medical opinion which applies and/or describes the following criteria.

(a) The existence and severity of the claimed residuals and impairments must be objectively determined by observation or examination or a preponderance of evidence, and must be within the range reasonably considered to be possible, given the nature of the original injury, based upon a preponderance of medical opinion.

(b) The residuals must be a direct result of organic injury to the brain. For example, emotional or behavioral disturbances must result directly from injury to the brain. Emotional disturbances which are reactive to other residuals, but which are not directly organically based, such as frustration or depressed mood about memory deficits or work limitations, are not included under these criteria and must be addressed separately.

(c) The distinctions between Classes are intended to reflect, at their most fundamental level, the impact of the residuals on two domains: impairment of activities of daily living, and impairment of employment capacity.

(d) Where the residuals from the [industrial accident] **accepted condition and any direct medical sequelae 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.**

(e) As used in these rules, Episodic Neurologic Disorder refers to and includes any of the following:

(A) Any type of seizure disorder;

(B) Vestibular disorder, including disturbances of balance and/or sensorimotor integration;

(C) Neuro-ophthalmologic or oculomotor visual disorder, such as diplopia;

(D) Headaches.

CLASS I

10% Impairment

Cognition: The worker functions at [a] **the equivalent of** Rancho Los Amigos Scale-**Revised level of 9 or 10** [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 t] **The worker is independent in activities of daily living. If there are cognitive or memory deficits, they are no more than minimal or “nuisance” level, and do not materially impair activities of daily living, or the type of work the worker may perform.**

Language: 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).

Emotions/Behavior: If there are emotional disturbances or personality changes, they are minimal and occur only **transiently** during stressful situations and events.

Sleep/Alertness: If there are episodic sleep disturbances, **fatigue**, [and/] or lethargy, they are minimal (e.g. any sleeping irregularity, **fatigue**, or lethargy does not interfere with daily living).

Episodic Neurologic Disorder: If there is an episodic neurologic disorder, it is **completely** controlled and does not interfere with daily living.

The fundamental intent of this Class is as follows: (1) ADL’s: The worker has “nuisance” level residual effects of head injury, which may slightly impact the manner in which ADL’s are performed, and/or the subjective ease of performance, but the worker remains fully independent in all activities of daily living; (2) Work Capacity: The “nuisance” level residuals may impact the manner in which the worker performs work tasks, and/or the subjective ease of performance, but the worker is not materially limited in the types of work which can be performed, as compared with pre-injury abilities.

CLASS II

30% impairment

Cognition: The worker functions at [a] **the equivalent** Rancho Los Amigos Scale-**Revised level** 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 t] **The worker can perform [most] all activities of daily living independently, but due to mild cognitive or memory deficits, may need to use compensatory strategies or devices such as multiple written reminders, alarms, or digital devices; or may sometimes require more time than normal to complete activities of daily living; or may use occasional reminders, prompts, or minor assistance by others as a compensatory strategy, but is not dependent on others. For example, a spouse may be asked to double-check financial transactions for errors, but the worker can manage all transactions independently if necessary, and is not fundamentally dependent on the spouse for this activity. The cognitive or memory deficits limit the worker’s ability to perform some types of jobs, for example, mild attention deficits may preclude work in a busy, multi-taking environment, but the worker is still employable.**

Language: Language deficit is mild (e.g. language comprehension or production might occasionally interfere with daily living **or limit the worker’s ability to perform some types of jobs, but the worker is still employable**).

Emotion/Behavior: Emotional **or behavioral** disturbances or personality changes are mild. [(w)]**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[]]. They may limit the worker's ability to perform some types of jobs, for example, irritability may preclude jobs with high public contact; but the worker is still employable.**

Sleep/Alertness: Episodic sleep disturbances, **fatigue,** [and/]or lethargy are mild (e.g. any sleeping irregularity, **fatigue,** or lethargy only occasionally interferes with daily living). **Sleep disturbance, or mild or episodic fatigue or lethargy, may limit the worker's ability to perform some types of jobs, for example, shift work or commercial driving; but the worker is still employable.**

Episodic Neurologic Disorder: Any episodic neurologic disorder is not completely controlled, **and results in limits in ADL performance or types of work that may be performed, but the worker is still independent in ADL's and is employable.** For example, [(it)] **headaches** may **intermittently** interfere with daily living; **diplopia which worsens with fatigue may** [and] cause the worker to have driving restrictions[.]; **vestibular symptoms may** limit the worker's ability to operate industrial machinery and/or cause the worker to avoid heights.

The fundamental intent of this Class is as follows: (1) ADL's: The worker is independent in all activities of daily living, but may require significant adaptations or modifications in normal patterns or means of activities of daily living in order to achieve ADL-independence; (2) Work Capacity: The residuals result in some type of limitation on the worker's employment capacity, restricting the range of employment options that were previously available to the worker, but the worker remains employable in most jobs for which s/he was qualified prior to injury.

**CLASS III
50% impairment**

Cognition: The worker functions at [a] **the equivalent of** Rancho Los Amigos Scale-**Revised level** of 7 (e.g. the worker is alert and oriented, behavior is appropriate but the worker has **mild to moderate** impaired judgment and/or mild **to moderate, functionally significant cognitive or** memory deficits). [and] **The judgment, cognitive, and/or memory deficits result in impairment sufficient that** the worker [may] **regularly** requires assistance or supervision in order to perform some activities of daily living. **The deficits restrict the worker to a limited range of jobs, at a level significantly below the worker's pre-injury employment capacity.**

Language: Language deficit is mild[ly-] **to moderate** (e.g. language comprehension or production **deficits** [is often not adequate for] **frequently interfere with activities of daily living or restrict the worker to a limited range of jobs, at a level significantly below the worker's pre-injury employment capacity.**

Emotions/Behavior: Emotional **or behavioral** 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. **The disturbances restrict the worker to a limited range of jobs, at a level significantly below the worker's pre-injury employment capacity.**

Sleep/Alertness: Episodic sleep disturbances, **fatigue,** [and/]or lethargy are moderate. [(e.g. t)] **They frequently interfere with daily living, or restrict the worker to a limited range of jobs, at**

a level significantly below the worker's pre-injury employment capacity[)].

Episodic Neurologic Disorder: If there is an episodic neurologic disorder, it is not completely controlled. It markedly interferes with daily living. The worker cannot operate industrial machinery, and is restricted to a limited range of jobs, at a level significantly below the worker's pre-injury employment capacity.

The fundamental intent of this Class is as follows: (1) ADL's: The worker is not completely independent in all ADL's, and requires some type of supervision, assistance, or guidance from another person at some times for some aspects of ADL's; (2) Work Capacity: The residuals result in major limitations on the worker's employment capacity with major restrictions or limitations on the worker's range of employment options.

CLASS IV
75% impairment

Cognition: The worker functions at [a] the equivalent of Rancho Los Amigos Scale-Revised level of 6[-7] (e.g. the worker [is consistently oriented to time and place but the worker] has impaired judgment and/or [moderate] significant memory deficit), and] such that the worker needs assistance and supervision to perform most activities of daily living and can work only in a sheltered setting).

Language: Language deficit is moderate (e.g. language comprehension is often impaired or language production is often inappropriate or unintelligible).

Emotions/Behavior: Emotional or behavioral 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/or seriously limit [do not allow] the worker's ability to live with others. The worker can work, if at all, only in a sheltered setting.

Sleep/Alertness: Episodic sleep disturbances, fatigue, [and/or] lethargy are moderate-severe (e.g. they require supervision for daily living). The worker can work, if at all, only in a sheltered setting.

Episodic Neurologic Disorder: 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] live in a supervised setting such as a foster home, care facility, or supervised semi-independent residence.

The fundamental intent of this Class is as follows: (1) ADL's: The worker is basically dependent on others for most aspects of ADL's, although the worker may not need direct supervision at all times. (2) Work Capacity: The worker is incapable of competitive employment and can work, if at all, only in a sheltered setting.

CLASS V
85% impairment

The worker functions at [a] the equivalent of Rancho Los Amigos Scale-Revised level of 4-5 (e.g. the worker's behavior is inappropriate, the worker is confused, not reliably 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. The worker is incapable of any employment.

CLASS VI
95% impairment

The worker functions at [a] the equivalent of Rancho Los Amigos Scale-Revised level 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-Revised levels are based upon the Eight States Levels 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, revised by Chris Hagen, PhD, in 1999 to include ten levels, referred to as Rancho-R.

(12) If a value of impairment is determined [pursuant to] under 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)] upper or lower extremities, a value may be allowed for the affected body part(s). Refer to the appropriate section of these standards for that determination.

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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] are 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.

(a) When a value is granted [pursuant to] **under** section (1) of this rule, no additional impairment value [shall be] **is** allowed for reduced range of motion in the spine.

(2) For spinal cord damage that has resulted in the loss of use or function of [other unscheduled] body part(s) **other than upper and lower extremities**, a value [shall be allowed] **is given** 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) **upper or lower extremities**, a value [may be allowed] **is given** 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] **under** OAR 436-035-0390(10).

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436-035-0400 Mental Illness

(1) Accepted mental disorders resulting in [permanent disability] **impairment** must be diagnosed by a psychiatrist or other mental health professional as provided for in a Managed Care Organization certified [pursuant to] **under** 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] **describes** 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] **describes** 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 disorders may be stated as [a disability] **impairment** 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] **is** 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) Phobic symptoms: 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 symptoms/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] **are** rated based on perception, thinking process, social behavior, and emotional control. Variations in these aspects of mental function ^[shall be] **are** 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.

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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] **given**:

(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] **are** 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] **is given** 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] **are** not [be] rated under this section but [shall be] **are** 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] **are** determined based on the following criteria:

- (a) Diet limited to semi-solid or soft foods8%
- (b) Diet limited to liquid foods25%
- (c) Eating requires tube feeding or gastrostomy50%

(2) Impairment of the upper digestive tract (esophagus, stomach and duodenum, small intestine, pancreas) [shall be] **is** valued according to the following classes:

Class 1

(3% Impairment)

Symptoms or signs of upper digestive tract disease are present or there is anatomic loss or alteration; and

Continuous treatment is not required; and

Weight can be maintained at the desirable level; or

There are no sequelae after surgical procedures.

Class 2

(15% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; and

Appropriate dietary restrictions and drugs are required for control of symptoms, signs and/or nutritional deficiency; and

Loss of weight below the "desirable weight"* does not exceed 10%.

Class 3

(35% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; and

Appropriate dietary restrictions and drugs do not completely control symptoms, signs, and/or nutritional state; or

There is 10-20% loss of weight below the "desirable weight"* which is ascribable to a disorder of the upper digestive tract.

Class 4

(63% Impairment)

Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; and

Symptoms are not controlled by treatment; or

There is greater than a 20% loss of weight below the "desirable weight"* which is ascribable to a disorder of the upper digestive tract.

*Desirable weight Table:

DESIRABLE WEIGHTS BY SEX, HEIGHT AND BODY BUILD
THE WEIGHT CHARTS INCLUDE
(5LB CLOTHING FOR MEN, 3LB FOR WOMEN, SHOES WITH 1 IN HEELS)

MEN

HEIGHT (inches)	WEIGHT (pounds) SMALL FRAME	WEIGHT (pounds) MEDIUM FRAME	WEIGHT (pounds) LARGE FRAME
62	128-134	131-141	138-150
63	130-136	133-143	140-153
64	132-138	135-145	142-156
65	134-140	137-148	144-160
66	136-142	139-151	146-164
67	138-145	142-154	149-168
68	140-148	145-157	152-172
69	142-151	148-160	155-176
70	144-154	151-163	158-180
71	146-157	154-166	161-184
72	149-160	157-170	164-188
73	152-164	160-174	168-192
74	155-168	164-178	172-197
75	158-172	167-182	176-202
76	162-176	171-187	181-207

WOMEN

HEIGHT (inches)	WEIGHT (pounds)		
	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
58	102-111	109-121	118-131
59	103-113	111-123	120-134
60	104-115	113-126	122-137
61	106-118	115-129	125-140
62	108-121	118-132	128-143
63	111-124	121-135	131-147
64	114-127	124-138	134-151
65	117-130	127-141	137-155
66	120-133	130-144	140-159
67	123-136	133-147	143-163
68	126-139	136-150	146-167
69	129-142	139-153	149-170
70	132-145	142-156	152-173
71	135-148	145-159	155-176
72	138-151	148-162	158-179

(3) Colonic and rectal impairment [shall be] **is** 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] **is** 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] **is** 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] **is given**. This [shall be] **is** combined with any other impairments of the digestive system.

(6) Biliary tract impairment [shall be] **is** 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] **is** 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] **are** combined [pursuant to] **under** OAR 436-035-00[07(19)]**11(5)**. Impairment of the bladder [shall be] **is** 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] **are** combined [pursuant to] **under** OAR 436-035-00[07(19)]**11(5)**. Impairment of the urethra [shall be] **is** 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.

(10) Penile Sexual Dysfunction: When evaluating permanent impairment due to sexual dysfunction of the penis, one must also consider the status of the urethra upper urinary tract and bladder. The values for all parts of the system [shall be] **are** combined [pursuant to] **under** OAR 436-035-00[07(19)]**11(6)**. Loss or alteration of the gonads [shall be] **is** valued [pursuant to] **under** OAR 436-035-0430. Impairment due to sexual dysfunction of the penis [shall be] **is** determined according to the following classes for men 40 to 65 years of age.

Class 1

(Under 40 years old = 12% 40-65 years old = 8% Over 65 years old = 4%)

Sexual function is possible, but with varying degrees of difficulty of erection, ejaculation or sensation.

Class 2

(Under 40 years old = 21% 40-65 years old = 14% Over 65 years old = 7%)

Sexual function is possible with sufficient erection, but with impaired ejaculation and sensation.

Class 3

(Under 40 years old = 30% 40-65 years old = 20% Over 65 years old = 10%)

No sexual function is possible.

(11) Cervix/Uterus: When evaluating permanent impairment of the cervix/uterus, one must also consider the status of the urethra, upper urinary tract and bladder. The values for all parts of the system [shall be] **are** combined [pursuant to] **under** OAR 436-035-00[07(19)]**11(5)**. Loss or alteration of the gonads [shall be] **is** valued [pursuant to] **under** OAR 436-035-0430. Impairment of the cervix/uterus [shall be] **is** determined according to the following classes:

Class 1

(8% Impairment)

Symptoms and signs of disease or deformity of the cervix and /or uterus are present that do not require continuous treatment; or

Cervical stenosis, if present, requires no treatment; or

There is anatomic loss of the cervix or uterus in the postmenopausal years.

Class 2

(20% Impairment)

Symptoms and signs of disease or deformity of the cervix and/or uterus are present that require continuous treatment; or

Cervical stenosis, if present, requires periodic treatment.

Class 3

(32% Impairment)

Symptoms and signs of disease or deformity of the cervix and/or uterus are present that are not controlled by treatment; or

Cervical stenosis is complete; or

Anatomic or complete functional loss of the cervix or uterus in premenopausal years.

Stat. Auth.: ORS656.726

Stats. Impltd.: ORS656.005, 656.214, 656.268, 656.726

Hist: 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 5-13-98 as WCD Admin. Order 98-055, eff. 7-1-98
Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **is** 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] **is** 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] **are** 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 glucocorticoid 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] **is** classified as follows:

Severity of Pheochromocytoma	% Impairment
The duration of hypertension has not led to cardiovascular disease and a benign tumor can be removed surgically	5%
Inoperable malignant pheochromocytomas, if signs and symptoms of catecholamine excess can be controlled with blocking agents	33%
Widely metastatic malignant pheochromocytomas, in which symptoms of catecholamine excess cannot be controlled	78%

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

(a) Diabetes mellitus [shall be] **is** 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] **is** 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 a loss or alteration in the ability to produce and regulate the gonadal hormones receives a value of 3% impairment for unilateral loss or alteration and 5% for bilateral loss or alteration. Loss of the cervix/uterus or penile sexual function [shall be] **is** valued [pursuant to] **under** OAR 436-035-0420.

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;
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Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03
Amended 10-26-04 as WCD Admin. Order 04-063, eff. 1-1-05

436-035-0440 Integument and Lacrimal System

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

(2) Impairments of the integumentary system **may or may not show signs or symptoms of skin disorder upon examination but** [shall be] **are** 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] **is** 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;
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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 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **is** 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;
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Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

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] **under** ORS 656.726(4)(f)(C)(D) 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 addressed in the disability standards.

(2) Temporary rules promulgated [pursuant to] **under** ORS 656.726(4)(f)(C)(D) 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] **under** 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)

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
DISABILITY RATING STANDARDS

ORDER NO. 04-063

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 7/13/98 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 10/15/98 as WCD Admin. Order 98-058, eff. 10/15/98 (Temp) (A83-2469) (A83-2921) (A85-8493) (A86-6157) (A86-7591) (A86-7963) (A87-9961) (B89-7196) (D75-3984) (D83-4235) (F87-2368) (I86-0887)
Amended 01/11/99 as WCD Admin. Order 99-050, eff. 01/15/99 (Temp) (A81-8005) (A84-0262) (A85-3518) (A86-8939) (B88-3694) (D88-4287) (D89-0679) (F83-8609) (F85-3096) (H91-0152) (I84-4190)
Amended 04/13/99 as WCD Admin. Order 99-053, eff. 04/15/99 (Temp) (B82-5920) (B83-1332) (D87-5966) (D90-9018) (D91-3299) (E89-7114) (F45-1513) (H86-4536) (H91-8266) (I86-3678) (I86-6219)
Amended 07/15/99 as WCD Admin. Order 99-058, eff. 07/15/99 (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) (A84-7550) (A89-0685) (A89-6055) (B61-4705) (C87-7555) (C92-3595) (F77-3561) (G84-8924) (G90-0827)
Amended 01/14/00 as WCD Admin. Order 00-050, eff. 01/14/00 (Temp) (A92-9513) (B92-8683) (G91-7494) (G91-9214) (H86-8025)
Amended 04/13/00 as WCD Admin. Order 00-054, eff. 04/14/00 (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 07/13/00 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 01/12/01 as WCD Admin. Order 01-050, eff. 01/12/01 (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 04/13/01 as WCD Admin. Order 01-052, eff. 04/13/01 (Temp) (A89-1510) (D98-5601) (E91-8215) (H94-8094) (I82-8270) (I95-4862)
Amended 07/13/01 as WCD Admin. Order 01-055, eff. 07/13/01 (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 1/14/02 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 4/12/02 as WCD Admin. Order 02-055, eff. 4/15/02 (Temp) (B98-4396) (C94-4084) (GAB-8958) (H99-4180) (H99-7843) (I95-8643)
Amended 7/12/02 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)
Amended 10/11/02 as WCD Admin. Order 02-062, eff. 10/15/02 (Temp) (A94-9455) (A98-1082) (BAA-4505) (EAA-6555) (G97-5865) (H98-7207) (I92-7557) (I95-6917)
Amended 1/14/03 as WCD Admin. Order 03-51, eff. 1/15/03 (Temp) (BAD-0991) (DAC-2018) (EAE-0535) (FAA-9983) (G93-5860) (IAC-5199)
Amended 1/14/03 as WCD Admin. Order 03-050, eff. 2-1-03
Amended 4/11/03 as WCD Admin. Order 03-054, eff. 4/15/03 (Temp) (AAB-9871) (BAD-2834) (BAD-5597) (E82-3081) (EAB-6007) (EAD-0843) (F98-7114) (FAA-9841) (G92-9449) (G94-9409) (HAC-1026) (HAD-6042)
Amended 7/14/03 as WCD Admin. Order 03-059, eff. 7/15/03 (Temp) (D90-4836) (FAC-7333)
Amended 1/21/04 as WCD Admin. Order 04-050, eff. 1/21/04 (Temp) (BAC-1977) (GAD-9630) (HAE-2463)
Amended 4/19/04 as WCD Admin. Order 04-058, eff. 4/19/04 (Temp) (AAG-7056) (EAG-5154)
Amended 7/14/04 as WCD Admin. Order 04-061, eff. 7/15/04 (Temp) (GAH-6929) (HAG-9396)
Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05