

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION



**Disability Rating Standards
Oregon Administrative Rules
Chapter 436, Division 035**

Effective March 1, 2015

TABLE OF CONTENTS

Rule		Page
436-035-0001	Authority for Rules	1
436-035-0002	Purpose of Rules	1
436-035-0003	Applicability of Rules	1
436-035-0005	Definitions.....	1
436-035-0006	Determination of Benefits for Disability Caused by the Compensable Injury	5
436-035-0007	General Principles.....	5
436-035-0008	Calculating Disability Benefits (Dates of Injury prior to 1/1/2005).....	9
436-035-0009	Calculating Disability Benefits (Date of Injury on or after 1/1/2005).....	11
436-035-0011	Determining Percent of Impairment	13
436-035-0012	Social-Vocational Factors (Age/Education/Adaptability) and the Calculation of Work Disability	18
436-035-0013	Findings of Impairment.....	24
436-035-0014	Preexisting Conditions and Combined Conditions	30
436-035-0015	Offsetting Prior Awards.....	33
436-035-0016	Reopened Claim for Aggravation/Worsening	34
436-035-0017	Authorized Training Program (ATP).....	35
436-035-0018	Death	35
436-035-0019	Chronic Condition.....	37
436-035-0020	Parts of the Upper Extremities.....	38
436-035-0030	Amputations in the Upper Extremities	39
436-035-0040	Loss of Opposition in Thumb/Finger Amputations	41
436-035-0050	Thumb	42
436-035-0060	Fingers.....	45
436-035-0070	Conversion of Thumb/Finger Values to Hand Value	50
436-035-0075	Hand.....	51
436-035-0080	Wrist.....	52
436-035-0090	Conversion of Hand/Forearm Values to Arm Values.....	55
436-035-0100	Arm	56
436-035-0110	Other Upper Extremity Findings	60
436-035-0115	Conversion of Upper Extremity Values to Whole Person Values	68
436-035-0130	Parts of the Lower Extremities	69
436-035-0140	Amputations in the Lower Extremities	70
436-035-0150	Great Toe	71

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION**

436-035-0160	Second Through Fifth Toes	72
436-035-0180	Conversion of Toe Values to Foot Value	74
436-035-0190	Foot	75
436-035-0210	Conversion of Foot Value to Leg Value	78
436-035-0220	Leg	79
436-035-0230	Other Lower Extremity Findings	83
436-035-0235	Conversion of Lower Extremity Values to Whole Person Values	89
436-035-0250	Hearing Loss	90
436-035-0255	Conversion of Hearing Loss Values to Whole Person Values	95
436-035-0260	Visual Loss.....	96
436-035-0265	Conversion of Vision Loss Values to Whole Person Values.....	103
436-035-0330	Shoulder Joint	105
436-035-0340	Hip.....	110
436-035-0350	General Spinal Findings.....	114
436-035-0360	Spinal Ranges of Motion	115
436-035-0370	Pelvis.....	119
436-035-0375	Abdomen.....	119
436-035-0380	Cardiovascular System.....	119
436-035-0385	Respiratory System	126
436-035-0390	Cranial Nerves/Brain	129
436-035-0395	Spinal Cord	134
436-035-0400	Mental Illness.....	135
436-035-0410	Hematopoietic System	139
436-035-0420	Gastrointestinal and Genitourinary Systems.....	140
436-035-0430	Endocrine System	147
436-035-0440	Integument and Lacrimal System	150
436-035-0450	Immune System	151
436-035-0500	Rating Standard for Individual Claims	151
	ORDER OF ADOPTION	152

NOTE: Revisions are marked as follows:

Deleted text has a strike-through style, as in ~~deleted~~.

Added text is underlined, as in Added.

HISTORY LINES: These rules include only the most recent “History” lines. The history line shows when the rule was last revised (or “filed” if the rule has never been revised) and its effective date. To obtain a comprehensive history for OAR chapter 436, please call the Workers’ Compensation Division, 503-947-7627, or visit the division’s Web site:

http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

**OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 035**

436-035-0001 Authority for Rules

These rules are promulgated under the Director's authority contained in ORS 656.726(4).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 1-14-03 as WCD Admin. Order 03-050, eff. 2-1-03

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 are applied consistently at all levels of the workers' compensation award and appeal process.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.012, 656.210, 656.212, 656.214, 656.222, 656.225, 656.245, 656.262, 656.267, 656.268, 656.273, 656.726, 656.790
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0003 Applicability of Rules

- (1) These rules apply to the rating of permanent disability under ORS chapter 656 and to all claims closed on or after the effective date of these rules for workers medically stationary on or after June 7, 1995.
- (2) The rules adopted by WCD Administrative Order 93-056 apply to the rating of permanent disability for workers medically stationary on or after July 1, 1990 but before June 7, 1995, except as otherwise provided in 1995 Oregon Laws, chapter 332.
- (3) The rules adopted by WCD Administrative Order 6-1988 apply to the rating of permanent disability for workers medically stationary before July 1, 1990, except as otherwise provided in 1995 Oregon Laws, chapter 332.
- (4) For the purpose of reconsideration of claim closure under ORS 656.268, the rules in effect on the date of issuance of the appealed notice of closure apply to the rating of permanent disability for workers medically stationary after July 1, 1990, except as otherwise provided in 1995 Oregon Laws, chapter 332.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.273, 656.726
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 pre-existing condition and a compensable condition contribute to the worker's overall disability or need for treatment.~~

~~(34)~~ "Date of issuance" means the mailing date of a notice of closure or Order on Reconsideration under ORS 656.268 and ORS 656.283(6).

~~(45)~~ "Dictionary of Occupational Titles" or (DOT) means the publication of the same name by the U.S. Department of Labor, Fourth Edition Revised 1991.

~~(56)~~ "Direct medical sequela" means a condition that is clearly established medically and which originates or stems from an accepted condition that is clearly established medically. ~~Disability from direct medical sequelae is rated under these rules and ORS 656.268(15).~~ 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 the accepted conditions. The weakness is considered a "direct medical sequela" ~~of the herniated disc.~~

~~(67)~~ "Earning capacity" means impairment as modified by age, education, and adaptability.

~~(8) "Impairment" means a compensable, permanent loss of use or function of a body part or system related to the compensable condition, determined under these rules, OAR 436-010-0280, and ORS 656.726(4)(f).~~

~~(79)~~ "Irreversible findings" for the purposes of these rules are:

(a) Arm

(A) - Arm angulation

(B) - Radial head resection

(C) - Shortening

(b) Eye

(A) - Enucleation

(B) - Lens implant

(C) - Lensectomy

(c) Gonadal: -Loss of gonads resulting in absence of, or an abnormally high, hormone level.

(d) Hand

(A) -Carpal bone fusion

(B) -Carpal bone removal

(e) -Kidney: -Nephrectomy

(f) Leg

(A) -Knee angulation

(B) -Length discrepancy

(C) -Meniscectomy

- (D) –Patellectomy
- (g) Lung: –Lobectomy
- (h) Shoulder
 - (A) –Acromioclavicular joint resection
 - (B) –Clavicle resection
- (i) Spine
 - (A) –Compression, spinous process, pedicle, laminae, articular process, odontoid process, and transverse process fractures
 - (B) –Diskectomy
 - (C) –Laminectomy
- (j) Spleen: –Splenectomy
- (k) Urinary tract diversion
 - (A) –Cutaneous ureterostomy without intubation
 - (B) –Nephrostomy or intubated ureterostomy
 - (C) –Uretero-Intestinal
- (L) Other
 - (A) –Amputations/resections
 - (B) –Ankylosed/fused joints
 - (C) –Displaced pelvic fracture (“healed” with displacement)
 - (D) –Loss of opposition
 - (E) –Organ transplants (heart, lung, liver, kidney)
 - (F) –Prosthetic joint replacements

(814) “Medical arbiter” means a physician under ORS 656.005(12)(b)(A) appointed by the director under OAR 436-010-0330.

(914) “Offset” means to reduce a current permanent partial disability award, or portions of the award, by a prior Oregon workers’ compensation permanent partial disability award from a different claim.

(1012) “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) “Preexisting condition”

(a) Injury claims. For all industrial injury claims with a date of injury on or after Jan. 1, 2002, “preexisting condition” means a condition that:

- (A) Is arthritis or an arthritic condition; or

(B) Was treated or diagnosed before:

(i) The initial injury in a claim for an initial injury or omitted condition;

(ii) The onset of the new medical condition in a claim for a new medical condition; or

(iii) The onset of the worsened condition in a claim for an aggravation under ORS 656.273 or 656.278.

(b) Occupational disease claims. For all occupational disease claims with a date of injury on or after Jan. 1, 2002, "preexisting condition" means a condition that precedes the onset of the claimed occupational disease, or precedes a claim for worsening under ORS 656.273 or 656.278.

~~(12)~~⁽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.

~~(13)~~⁽¹⁴⁾ "Redetermination" means a re-evaluation of disability under ORS 656.267, 656.268(10), 656.273, and 656.325.

~~(14)~~⁽¹⁵⁾ "Regular work" means the job the worker held at the time of injury.

~~(15)~~⁽¹⁶⁾ "Scheduled disability" means a compensable permanent loss of use or function that results from injuries to those body parts listed in ORS 656.214(3)(a) through (5).

~~(16)~~⁽¹⁷⁾ "Social-vocational factors" means age, education, and adaptability factors under ORS 656.726(4)(f).

~~(17)~~⁽¹⁸⁾ "Superimposed condition" means a condition that arises after the compensable injury or disease that 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 compensable injury ~~accepted condition is~~ results in a low back strain. Two months after the injury, the worker becomes pregnant (non-work related). The pregnancy is considered a "superimposed condition."

~~(18)~~⁽¹⁹⁾ "Unscheduled disability" means ~~a compensable condition that results in a permanent loss of earning capacity as~~ a result of a compensable injury, as described in these rules and arising from those losses under OAR 436-035-0330 through 436-035-0450.

~~(19)~~⁽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.

Stat. Auth.: ORS 656.726; Stats. Impltd.: ORS 656.005, 656.214, 656.267, 656.268, 656.273, 656.325, 656.726
Hist: Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13
Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15

436-035-0006 **Determination of Benefits for Disability Caused by the Compensable Injury**

(1) In injury claims. In an injury claim, permanent disability caused by the compensable injury includes disability caused by:

- (a) An accepted condition;
- (b) A direct medical sequela of an accepted condition; or
- (c) A condition directly resulting from the work injury, except that disability caused by a consequential condition under ORS 656.005(7)(a)(A), a combined condition under 656.005(7)(a)(B), or a preexisting condition under 656.225 is only awarded if the consequential, combined, or preexisting condition is accepted.

(2) In new or omitted condition claims. In a new or omitted condition claim, permanent disability caused by the compensable injury includes disability caused by:

- (a) An accepted new or omitted condition; or
- (b) A direct medical sequela of an accepted new or omitted condition.

(3) In aggravation claims. In an aggravation claim, permanent disability caused by the compensable injury includes disability caused by:

- (a) An accepted worsened condition; or
- (b) A direct medical sequela of an accepted worsened condition.

(4) In occupational disease claims. In an occupational disease claim, permanent disability caused by the compensable injury includes disability caused by:

- (a) An accepted occupational disease; or
- (b) A direct medical sequela of an accepted occupational disease.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.225, 656.268, 656.726, 656.802

Hist: Adopted 1/29/15 as WCD Admin. Order 15-053, eff. 3/1/15

436-035-0007 **General Principles**

(1) **Eligibility for impairment.** ~~Except for OAR 436-035-0014, a~~

(a) Eligibility, generally. ~~A worker is eligible for~~ entitled to a ~~an award for value under these rules only for those findings of impairment if:~~

(A) The worker suffers permanent loss of use or function of a body part or system; ~~that~~

(B) The loss is established by a preponderance of medical evidence based upon objective findings of impairment; and

(C) are permanent and ~~The loss is caused in any part by~~ ~~were caused by the compensable injury.~~ ~~accepted compensable condition and direct medical sequela.~~

~~Unrelated or noncompensable impairment findings are excluded and are not valued under these rules. Permanent total disability is determined under OAR 436-030-0055.~~

(b) Apportionment. A worker's award for impairment is limited to the amount of impairment caused by the compensable injury.

(A) If loss of use or function of a body part or system is entirely caused by the compensable injury, the worker is eligible for the full award provided for the loss under the rating standards in this division of rules.

(B) If loss of use or function of a body part or system is partly caused by the compensable injury, the following provisions apply:

(i) The worker is eligible for an award for impairment for:

(I) The portion of the loss caused by the compensable injury; and

(II) The portion of the loss caused by a condition that does not qualify as a preexisting condition but that existed before the initial injury in an initial injury or omitted condition claim, before the onset of the accepted new medical condition in a new condition claim, or before the onset of the accepted worsened condition in an aggravation claim.

(ii) The worker is not eligible for an award for impairment for the portion of the loss caused by:

(I) A denied condition;

(II) A superimposed condition; or

(III) A preexisting condition, as defined by OAR 436-035-0005(11) and ORS 656.005(24), unless the preexisting condition is otherwise compensable.

(C) If loss of use or function of a body part or system is not caused in any part by the compensable injury, the loss is not due to the compensable injury and the worker is not eligible for an award for impairment.

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

(a) The worker is eligible for an award for impairment;

(b) An attending physician or authorized nurse practitioner has not released the worker to ~~regular work~~the job held at the time of injury;

(c) The worker has not returned to the job held at the time of injury; ~~regular work;~~ and

(d) The worker is unable to return to the job held at the time of injury ~~regular work~~ because the worker has a permanent work restriction that is caused in any part by the compensable injury.

(3) When a new or omitted medical condition has been added to the accepted conditions since the last arrangement of compensation, the extent of permanent disability must be redetermined.

(a) Redetermination includes the rating of the new impairment attributed to the [accepted](#) new or omitted medical condition and the re-evaluation of the worker's social-vocational factors. The following applies to claims with a date of injury on or after Jan. 1, 2005:

(A) When there is a previous work disability award and there is no change in the worker's restrictions but impairment values increase, work disability must be awarded based on the additional impairment.

(B) When there is not a previous work disability award but the [accepted](#) new or omitted medical condition creates restrictions that do not allow the worker to return to regular work, then the work disability must be awarded based on any previous and current impairment values.

(b) ~~Impairment values for~~ [When performing a redetermination of the extent of permanent disability under this section, the amount of impairment caused by a conditions other than the accepted new or omitted condition that are not actually worsened, unchanged, or improved are not reevaluated determined and retain and is given](#) the same impairment value ~~as~~ established at the last arrangement of compensation.

(4) ~~When~~ [if](#) a worker has a prior award of permanent disability under Oregon workers' compensation law, disability is determined under OAR 436-035-0015 (offset), ~~rather than OAR 436-035-0013~~, for purposes of determining disability only as it pertains to multiple Oregon workers' compensation claims.

(5) [Establishing impairment.](#)

[\(a\) Impairment is established based on objective findings of the attending physician under ORS 656.245\(2\)\(b\)\(C\) and OAR 436-010-0280.](#)

[\(b\) On reconsideration, when 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.](#)

[\(c\) A determination that loss of use or function of a body part or system is due to the compensable injury is a finding regarding the worker's impairment.](#)

[\(d\) A determination that loss of use or function of a body part or system is due to the compensable injury must be established by the attending physician or medical arbiter.](#)

(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.~~

(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 valid measurable impairment. For example: The medical provider determines that giveaway weakness is due to pain attributable to the compensable injury~~accepted condition or direct medical sequelae~~. 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 compensable injury~~condition~~, this loss of earning capacity is considered and valued under OAR 436-035-0012 and is included in the adaptability factor.

(9) Methods used by the examiner for making findings of impairment are the methods described in these rules and further outlined in Bulletin 239, and are reported by the physician in the form and format required by these rules.

(10) Range of motion is measured using the goniometer, except when measuring spinal range of motion; then an inclinometer must be used. Reproducibility of abnormal motion is used to validate optimum effort.

(a) For obtaining goniometer measurements, center the goniometer on the joint with the base in the neutral position. Have the worker actively move the joint as far as possible in each motion with the arm of the goniometer following the motion. Measure the angle that subtends the arc of motion. To determine ankylosis, measure the deviation from the neutral position.

(b) There are three acceptable methods for measuring spinal range of motion: the simultaneous application of two inclinometers, the single fluid-filled inclinometer, and an electronic device capable of calculating compound joint motion. The examiner must take at least three consecutive measurements of mobility, which must fall within 10% or 5 degrees (whichever is greater) of each other to be considered consistent. The measurements must be repeated up to six times to obtain consecutive measurements that meet these criteria. Inconsistent measurements may be considered invalid and that portion of the examination disqualified. If acute spasm is noted, the worker should be re-examined after the spasm resolves.

(11) Validity is established for findings of impairment under the criteria noted in these rules and further outlined in Bulletin 239, unless the validity criteria for a particular finding is not addressed, or is determined by physician opinion to be medically inappropriate for a particular worker. Upon examination, findings of impairment that are determined to be ratable under these rules are rated unless the physician determines 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.

(12) Except for contralateral comparison determinations under OAR 436-035-0011(3), loss of opposition determination under OAR 436-035-0040, averaging muscle values under OAR 436-035-0011(8), and impairment determined under ORS 656.726(4)(f), 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 is used for rating.

(13) Values found in these rules consider the loss of use, function, or earning capacity directly associated with the compensable [injury](#) ~~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, function, or 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, function, or earning capacity. Accordingly, not all medical conditions or diagnoses receive a value under these rules.

(14) Waxing and waning of signs or symptoms related to a worker's compensable [injury](#) ~~medical condition~~ are 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~~ [compensable injury](#). Waxing and waning means there is not an actual worsening of the condition under ORS 656.273.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.245, 656.267, 656.268, 656.273, 656.726

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

[Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15](#)

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

(1) Scheduled disability [with a date of injury prior to January 1, 2005](#), is rated on the permanent loss of use or function of a body part [caused by](#) ~~due to an accepted compensable injury, consequential, or combined condition, or any direct medical sequelae. Except impairment determined under ORS 656.726(4)(f), 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

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

(2) ~~Unscheduled disability with a date of injury prior to January 1, 2005, is rated on the permanent loss of use or function of a body part, area, or system and caused by due to an accepted compensable injury, ~~consequential, 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), 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)

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

(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)

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

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

[Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15](#)

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 with a date of injury prior to January 1, 2006, and who:

(a) Return to and are working at their regular work on the date of issuance;

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

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

(4) Only permanent impairment is rated for those workers with a date of injury on or after January 1, 2006, and who have been released or returned to regular work by the attending physician or authorized nurse practitioner.

(5) To calculate the impairment benefit due to the worker, use the following steps:

(a) Determine the percent of impairment under 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)

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

(6) If the worker has not met the return or release to regular work criteria in section (3) or (4) 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 under 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.

(A) Supplemental disability is not considered in the determination of the worker's average weekly wage when calculating work disability.

(B) 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)

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

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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.

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 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 may 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 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.

(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%
	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)	

(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.

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: 7% wrist = 6% arm

Combine 10% with 6% = 15% arm

(6) Except as otherwise noted in these rules, impairment values to a given body part, area, or system are combined 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: $.12 + .03(1.0 - .12) = .12 + .03(.88) = .12 + .0264 = .1464 = 14.6 = 15$.

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) 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 Jan. 1, 2005.

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)	
	Arm	
	Range of motion	5%
	Surgery	8%
	Combine 8 and 5 =	13% arm (combined value)
	Convert 13% arm to 8% whole person	
	Overall impairment:	
	Combined 24% (low back) with 8% (arm) = 30% impairment	

(7) Loss of strength is determined using the modified 0 to 5 international grading system described below. 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, which supplies (innervates) the weakened muscle, is multiplied by this value. Grades identified as "++" or "--" are considered either a "+" or "-", respectively.

(a) The grading is 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, anatomy texts or the *AMA Guides to the Evaluation of Permanent Impairment* may be referenced to identify the specific muscle(s), peripheral nerve(s) or spinal nerve root(s) involved. A copy of the standards referenced in this rule is available for review during regular business hours at the Workers' Compensation Division, 350 Winter Street NE, Salem OR 97301, 503-947-7810.

(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):

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

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

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

(10) 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.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0012 Social-Vocational Factors (Age/Education/Adaptability) and the Calculation of Work Disability

(1) Social-vocational factors.

(a) When a worker does not meet the return/release to regular work requirements under ORS 656.726(4), if a worker is eligible for an award for work disability, the factors of age, education, and adaptability are determined under this rule and used to calculate the final result is the worker's social-vocational factor. The social-vocational factor is determined according to the steps described in section (15) of this rule and is used factor which is used in the calculation of permanent disability benefits.

(b) When the date of injury is prior to Jan. 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 determined by sections (4) and (5) of this rule, and 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:

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 copy of the [*Dictionary of Occupational Titles*](#) standards referenced in this rule is available for review during regular business hours at the Workers' Compensation Division, 350 Winter Street NE, Salem OR 97301, 503-947-7810.

- (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), one of the following may be substituted for the DOT description(s) if it more accurately describes the job:
 - (A) A specific job analysis as described under OAR 436-120-0410, which includes the SVP time requirement; or
 - (B) A job description that the parties agree is an accurate representation of the physical requirements, as well as the tasks and duties, of the worker's regular job-at-injury.
- (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 an evaluation of the extent to which the compensable injury has permanently restricted the worker's ability to perform work activities. The adaptability factor is determined by performing is a comparison of the worker's base functional capacity (BFC) to the worker's ~~their maximum~~ residual functional capacity (RFC). ~~The adaptability factor is determined by~~ under subsections (8) ~~through~~ to (14~~2~~) of this ~~rule~~ section, and is given has a value from +1 to +7.

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

(a) "Base functional capacity" (BFC) is established under section (9) of this rule and means an individual's demonstrated ability to perform work-related activities ~~physical capacity~~ before the date of injury or disease.

(b) "Residual functional capacity" (RFC) is established under section (10) of this rule and means an individual's remaining ability to perform work-related activities at the time the worker is medically stationary ~~despite medically determinable impairment resulting only from the accepted compensable condition and any direct medical sequela.~~

~~The worker's lifting capacity is based on the whole person, not an individual body part, as related to the accepted condition and any direct medical sequela.~~

(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 (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 from:

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

(B) Working the same number of hours as were worked at the time of injury, including any regularly worked overtime hours; or

(C) Frequently performing at least one of the following activities: stooping, ~~b~~bending, crouching, crawling, kneeling, twisting, climbing, balancing, reaching, ~~or~~pushing, or ~~pulling~~; or

(D) Frequently performing at least one of the following activities involving the hand: fine manipulation, squeezing, or grasping.

(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.** Base functional capacity (BFC) is established by using the following classifications: sedentary (S), light (L), medium (M), heavy (H), and very heavy (VH) as defined in section (8) of this rule. The strength classifications are found in the *Dictionary of Occupational Titles* (DOT). Apply the subsection in this section that most accurately describes the worker's base functional capacity.

(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.

(A) A combination of DOT codes when they describe the worker's job more accurately.

(B) 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.

(C) A job description that the parties agree is an accurate representation of the physical requirements, as well as the tasks and duties, of the worker's regular job-at-injury. If the job description determines that the strength requirements are in between strength categories then use the higher strength category.

(b) A second-level physical capacity evaluation as defined in OAR 436-010-0005 and 436-009-0060(2) performed prior to the date of the work~~on the job~~ injury.

(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

~~work on the job~~ injury or disease, their prior strength is based on the worker's job at the time of injury.

(d) ~~When~~ 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 436-009-0060(2) 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.** Residual functional capacity (RFC) is established by using 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) **Medical findings.** Residual functional capacity is evidenced by the attending physician's release unless a preponderance of medical opinion describes a different RFC.

(b) **Other medical opinions.** For the purposes of ~~this rule~~ subsection (a) of this section, 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 436-009-0060(2) or a medical evaluation ~~that~~ which addresses the worker's capability for lifting, carrying, pushing, ~~/~~pulling, standing, walking, sitting, climbing, balancing, stooping, bending, 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. When the worker fails to cooperate or complete a residual functional capacity (RFC) evaluation, the evaluation must be rescheduled or the evaluator must estimate the worker's RFC as if the worker had cooperated and used maximal effort.

(c) Work capacity diminished by a superimposed, preexisting, or denied condition. Residual functional capacity is a measure of the extent to which the worker's capacity to perform work is diminished by the compensable injury. If the worker's capacity to perform work is diminished by a superimposed, preexisting, or denied condition, the worker's residual functional capacity must be adjusted based on an estimate of what the worker's capacity to perform work would be if it had not been diminished by the superimposed, preexisting, or denied condition.

(d) When the worker is not medically stationary. Except for a claim closed under ORS 656.268(1)(c), if a worker is not medically stationary, residual functional capacity is determined based on an estimate of what the worker's capacity to perform work would be if measured at the time the worker is likely to become medically stationary.

(e) When the worker is not medically stationary and work capacity is diminished by a superimposed, preexisting, or denied condition. Except for a claim closed under ORS 656.268(1)(c), if a worker is not medically stationary and the worker's capacity to perform work is diminished by a superimposed, preexisting, or denied condition, residual

functional capacity is determined based on an estimate of what the worker's capacity to perform work would be if measured at the time the worker is likely to become medically stationary and if the worker's capacity to perform work had not been diminished by the superimposed, preexisting, or denied condition.

(f) **Lifting capacity.** For the purposes of the determination of residual functional capacity, the worker's lifting capacity is based on the whole person, not an individual body part.

(g) **Injuries before Jan. 1, 2005.** If the date of injury is before Jan. 1, 2005, residual functional capacity is determined under this section and is further adjusted based on an estimate of what the worker's capacity to perform work would be if it had only been diminished by a compensable injury to the hip, shoulder, head, neck, or torso.

(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)		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

(12) For those workers who have an RFC between two categories and who also have restrictions, the next lower classification is used. (For example, if a worker's RFC is S/L and the worker has restrictions, use S).

(13) When the date of injury is on or after Jan. 1, 2005, determine adaptability by finding the adaptability value for the worker's extent of total impairment on the adaptability scale below; compare this value with the residual functional capacity scale in section (11) of this rule and use the higher of the two values for adaptability.

Adaptability Scale:

Total 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

(14) When the date of injury is before Jan. 1, 2005, for those workers who have ratable unscheduled impairment found in rules OAR 436-035-0019 or OAR 436-035-0330 through 436-035-0450, determine adaptability 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 use 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.

(16) Prorating or interpolating between social-vocational values is not allowed. All values must be expressed as whole numbers.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

[Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15](#)

436-035-0013 ~~Apportionment~~ Findings of Impairment

~~Except as provided in section (5) of this rule, 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) Findings of impairment, generally. Findings of impairment are objective medical findings that measure the extent to which a worker has suffered permanent loss of use or function of a body part or system. ~~The physician describes the current total overall findings of impairment, then describes those findings that are due to the compensable condition. In cases where a physician determines a specific finding (e.g., range of motion, strength, instability, etc.) is partially attributable to the accepted condition, only the portion of those impairment findings that is due to the compensable condition receives a value. When apportioning impairment findings, the physician must identify any applicable superimposed or unrelated conditions.~~

Example: ~~Compensable condition~~injury: ~~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~~injury. Under these rules, the range of motion loss is valued at 10%. $10\% \times .60$ equals ~~6%~~6% impairment due to the compensable conditioninjury.

(2) When determining the worker's RFC adaptability factor under OAR 436-035-0012, the physician describes the worker's RFC for lifting, carrying, and any other restrictions or limitations defined in OAR 436-035-0012(8) that are due only to the compensable condition. Limitations in the worker's RFC due to superimposed or unrelated conditions are excluded, and only the RFC value attributable to the compensable condition is given. Findings of impairment when the worker is medically stationary. If the worker is medically stationary, findings of impairment are determined by performing the following steps:

(a) In injury claims.

(A) Identify each body part or system in which use or function is permanently lost as a result of an accepted condition, a direct medical sequela of an accepted condition, or a condition directly resulting from the work injury.

(B) For each body part or system identified in paragraph (A) of this subsection, establish the extent to which use or function of the body part or system is permanently lost; and

(C) Establish the portion of the loss caused by:

(i) Any accepted condition;

(ii) Any direct medical sequela of an accepted condition;

(iii) Any condition directly resulting from the work injury;

(iv) Any condition that existed before the initial injury incident but does not qualify as a preexisting condition;

(v) Any preexisting condition that is not otherwise compensable;

(vi) Any denied condition; and

(vii) Any superimposed condition.

Example: **Accepted condition: Low back strain**

Superimposed condition: pregnancy (mid-term)

In the closing examination, the attending physician describes range of motion findings and states that 10% of the range of motion loss is due to the accepted condition, 50% of the loss is due to a lumbar disc herniation that the attending physician determines directly results from the work injury, and 40% of the loss is due to the pregnancy. The worker is eligible for an impairment award for the 60% of the range of motion loss that is due to the low back strain and disc herniation. Under these rules, the range of motion loss is valued at 10%. $10\% \times .60$ equals 6% impairment.

(b) In new or omitted condition claims.

(A) Identify each body part or system in which use or function is permanently lost as a result of an accepted new or omitted condition or a direct medical sequela of an accepted new or omitted condition.

(B) For each body part or system identified in paragraph (A) of this subsection, establish the extent to which use or function of the body part or system is permanently lost; and

(C) Establish the portion of the loss caused by:

(i) Any accepted new or omitted condition;

(ii) Any direct medical sequela of an accepted new or omitted condition;

(iii) In a new condition claim, any condition that existed before the onset of the accepted new medical condition but does not qualify as a preexisting condition;

(iv) In an omitted condition claim, any condition that existed before the initial injury incident but does not qualify as a preexisting condition;

(v) Any preexisting condition that is not otherwise compensable;

(vi) Any denied condition; and

(vii) Any superimposed condition.

(c) In aggravation claims.

(A) Identify each body part or system in which use or function is permanently lost as a result of an accepted worsened condition or a direct medical sequela of an accepted worsened condition.

(B) For each body part or system identified in paragraph (A) of this subsection, establish the extent to which use or function of the body part or system is permanently lost; and

(C) Establish the portion of the loss caused by:

- (i) Any accepted worsened condition;
- (ii) Any direct medical sequela of an accepted worsened condition;
- (iii) Any condition that existed before the onset of the accepted worsened condition but does not qualify as a preexisting condition;
- (iv) Any preexisting condition that is not otherwise compensable;
- (v) Any denied condition; and
- (vi) Any superimposed condition.

(d) In occupational disease claims.

(A) Identify each body part or system in which use or function is permanently lost as a result of an accepted occupational disease or a direct medical sequela of an accepted occupational disease.

(B) For each body part or system identified in paragraph (A) of this subsection, establish the extent to which use or function of the body part or system is permanently lost; and

(C) Establish the portion of the loss caused by:

- (i) Any accepted occupational disease;
- (ii) Any direct medical sequela of an accepted occupational disease;
- (iii) Any preexisting condition that is not otherwise compensable;
- (iv) Any denied condition; and
- (v) Any superimposed condition.

~~(3) When determining the adaptability factor using the adaptability scale in OAR 436-035-0012, which is based on the value of the worker's total impairment for the compensable condition, do not apportion the adaptability value.~~ **Findings of impairment when the worker is not medically stationary.** Except for a claim closed under ORS 656.268(1)(c), if the worker is not medically stationary, findings of impairment are determined by performing the following steps:

(a) In injury claims.

(A) Identify each body part or system in which use or function is likely to be permanently lost as a result of an accepted condition, a direct medical sequela of an accepted condition, or a condition directly resulting from the work injury at the time the worker is likely to become medically stationary;

(B) For each body part or system identified in paragraph (A) of this subsection, estimate the extent to which the use or function of the body part or system is likely to be permanently lost at the time the worker is likely to become medically stationary; and

(C) Estimate the portion of the loss that is likely to be caused by:

- (i) Any accepted condition;

- (ii) Any direct medical sequela of an accepted condition;
- (iii) Any condition directly resulting from the work injury;
- (iv) Any condition that existed before the initial injury incident but does not qualify as a preexisting condition;
- (v) Any preexisting condition that is not otherwise compensable;
- (vi) Any denied condition; and
- (vii) Any superimposed condition.

(b) In new or omitted condition claims.

(A) Identify each body part or system in which use or function is likely to be permanently lost as a result of an accepted new or omitted condition or a direct medical sequela of an accepted new or omitted condition at the time the worker is likely to become medically stationary;

(B) For each body part or system identified in paragraph (A) of this subsection, estimate the extent to which the use or function of the body part or system is likely to be permanently lost at the time the worker is likely to become medically stationary; and

(C) Estimate the portion of the loss that is likely to be caused by:

- (i) Any accepted new or omitted condition;
- (ii) Any direct medical sequela of an accepted new or omitted condition;
- (iii) In a new condition claim, any condition that existed before the onset of the accepted new medical condition but does not qualify as a preexisting condition;
- (iv) In an omitted condition claim, any condition that existed before the initial injury incident but does not qualify as a preexisting condition;
- (v) Any preexisting condition that is not otherwise compensable;
- (vi) Any denied condition; and
- (vii) Any superimposed condition.

(c) In aggravation claims.

(A) Identify each body part or system in which use or function is likely to be permanently lost as a result of an accepted worsened condition or a direct medical sequela of an accepted worsened condition at the time the worker is likely to become medically stationary;

(B) For each body part or system identified in paragraph (A) of this subsection, estimate the extent to which the use or function of the body part or system is likely to be permanently lost at the time the worker is likely to become medically stationary; and

(C) Estimate the portion of the loss that is likely to be caused by:

- (i) Any accepted worsened condition;

- (ii) Any direct medical sequela of an accepted worsened condition;
- (iii) Any condition that existed before the onset of the accepted worsened condition but does not qualify as a preexisting condition;
- (iv) Any preexisting condition that is not otherwise compensable;
- (v) Any denied condition; and
- (vi) Any superimposed condition.

(d) In occupational disease claims.

(A) Identify each body part or system in which use or function is likely to be permanently lost as a result of an accepted occupational disease or a direct medical sequela of an accepted occupational disease at the time the worker is likely to become medically stationary;

(B) For each body part or system identified in paragraph (A) of this subsection, estimate the extent to which the use or function of the body part or system is likely to be permanently lost at the time the worker is likely to become medically stationary; and

(C) Estimate the portion of the loss that is likely to be caused by:

- (i) Any accepted occupational disease;
- (ii) Any direct medical sequela of an accepted occupational disease;
- (iii) Any preexisting condition that is not otherwise compensable;
- (iv) Any denied condition; and
- (v) Any superimposed condition.

(4) **Age and education.** The social-vocational factors of age and education (including SVP) are not apportioned, but are determined as of the date of issuance.

(5) **Irreversible findings of impairment or surgical value.** Workers with an irreversible finding of impairment or surgical value due to the compensable ~~injury condition~~ receive the full value awarded in these rules for the irreversible finding or surgical value. ~~This value is combined with impairment noted in section (1) of this rule.~~

Example: ~~Compensable condition~~ **injury**: **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~~ **injury**. Under these rules, the range of motion loss is valued at 10%. 10% x .60 equals 6%.

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

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

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
Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
[Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15](#)

436-035-0014 **Pre-existing Conditions/~~Major Contributing Cause~~ and Combined Conditions**

(1) ~~Where a worker has a pre-existing condition, the following applies:~~ **Preexisting conditions, generally. A worker is not eligible for an award for permanent disability caused by a preexisting condition, unless the preexisting condition is otherwise compensable.**

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

~~(2b) **Worsened preexisting conditions. If a worsened preexisting condition is compensable**~~
~~Under ORS 656.225, a worker is eligible for an award for permanent disability caused by the worsened preexisting condition.~~ **disability caused solely by a worker's pre-existing condition is rated completely if work conditions or events were the major contributing cause of a pathological worsening of the pre-existing physical condition or an actual worsening of the pre-existing mental disorder. Disability is rated without apportioning.**

Example: (No apportionment):

Compensable ~~condition~~ **injury** (remains major contributing cause): Herniated disk L5-S1/diskectomy.

Pre-existing condition: ~~degenerative joint disease~~ **arthritis** (spine).

Closing ~~E~~ **exam** ROM = 10% (under these rules).

Surgery (~~L~~ **lumbar** diskectomy) = 9%

Combine: 10% and 9% which equals 18% low back impairment due to this **compensable** injury.

The worker is released to regular work. (Social-~~V~~ **y**ocational 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 Jan. 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.

~~Pre-existing 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 Jan. 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 is 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

(e) 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(5).

Example: 1: Herniated disk with diskectomy L5-S1

~~Pre-existing/noncompensable condition: Degenerative lumbar disk disease and chronic lumbar strain.~~

~~A major contributing cause denial has been issued for the pre-existing 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%.~~

~~$10\% \times .50 = 5\%$ likely range of motion loss due at anticipated time of medically stationary status.~~

~~$5\% \times .6 = 3\%$ 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.~~

~~(3e) **Combined conditions.** If~~ Where a worker's compensable ~~injury condition~~ combines with a pre-existing condition, under ORS 656.005(7), to cause or prolong disability or a need for treatment, the worker has a combined condition~~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)). Disability is rated without apportioning.~~ If a combined condition is compensable, a worker is eligible for an award for permanent disability caused by the combined condition.

(4) **Permanent partial disability awarded after a major contributing cause denial.** If a claim is closed under ORS 656.268(1)(b), because the compensable injury is no longer the major contributing cause of the disability of the combined condition or the major contributing cause of the need for treatment of the combined condition, the likely permanent disability that would have been due to the current accepted condition must be estimated. The current accepted condition is the component of the otherwise denied combined condition that remains related to the compensable injury.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.225, 656.268, 656.726

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

Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15

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.

(1) A prior award can be used to offset an award for a subsequent claim when all the following are true:

- (a) The prior claim is closed under Oregon Workers' Compensation Law;
- (b) The prior claim has an award of permanent disability;
- (c) The disability in the prior claim has not fully dissipated as outlined in section (2) of this rule; and
- (d) Both claims have similar disabilities as outlined in sections (3) and (4) of this rule.

(2) A disability from a prior claim is considered to have fully dissipated if there is not 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.

(3) The following are considered when determining what impairment findings can be offset from a prior claim:

- (a) Only identical impairment findings of like body parts or systems are to be offset (e.g., left leg sensation loss to left leg sensation loss, chronic low back to chronic low back, psychological to psychological, etc.).
- (b) A more distal body part impairment finding may be offset against a more proximal body part impairment finding (or vice versa) if there is a combined effect of impairment

(e.g., a right forearm impairment finding may be offset against a right arm impairment finding).

(c) Irreversible findings and surgical values are not offset.

(4) The following are considered when determining what disability findings can be offset from a prior claim:

(a) When a worker successfully returns to work in a position requiring greater physical capacity than the RFC established at the time of claim closure in a prior claim, an offset is not applied. The BFC for the current claim closure is established under OAR 436-035-0012, without offsetting the RFC from the prior claim.

(b) The social-vocational factors of age and education (including SVP) are not offset, but are redetermined as of the date of issuance.

(5) The following are considered when calculating the current disability award and applying an offset:

(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 adaptability 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.

(e) When there is measurable impairment in the current claim and the worker has not returned to regular work but the offset applied reduces the impairment award to zero, the worker is entitled to a work disability award. The work disability calculation must include the percentage of measurable impairment from the current claim.

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.005, 656.214, 656.222, 656.268, 656.726

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

Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

436-035-0016 Reopened Claim for Aggravation/Worsening

(1) **Worsened conditions.** When an aggravation claim has been reopened under ORS 656.273 and is then closed, the extent of permanent disability caused by any worsened condition accepted under the aggravation claim is compared to the extent of disability that at the time of the current 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, ~~to determine if there is a change in the worker's overall permanent partial disability award.~~

(2) **Conditions not actually worsened.** ~~There is no redetermination for those compensable conditions which are not included in the accepted aggravation claim.~~ Permanent disability impairment values for caused by these conditions not actually worsened continues to be the same as impairment values that were established at the last arrangement of compensation.

(3) **Redetermination of permanent disability.** Except as provided by ORS 656.325 and 656.268(10), where a redetermination of permanent disability under ORS 656.273 results in an award that is less than the 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: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15

436-035-0017 Authorized Training Program (ATP)

(1) When a worker ceases to be enrolled and actively engaged in training under ORS 656.268(10) 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 re-evaluation 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's work disability is re-evaluated under these rules. Impairment is not re-evaluated. The re-evaluation of the work disability may increase, decrease, or affirm the worker's permanent disability award.

(2) When a worker ceases to be enrolled and actively engaged in training under ORS 656.268(10) and there is an accepted aggravation in the same open period, permanent partial disability is redetermined under OAR 436-035-0016.

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 under OAR 436-010-0280 are determined based on the physician's estimate of those findings regarding impairment due to the worker's compensable condition.~~

~~(e) 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.~~

(1) **If a closing report has been completed.** If the worker dies due to causes unrelated to the compensable injury and a closing report has been completed, the worker's permanent disability must be determined based on the closing report.

(2) **If a closing report has not been completed.** If the worker dies due to causes unrelated to the compensable injury and a closing report has not been completed, findings of impairment and permanent work restrictions must be estimated.

(a) The estimate must qualify as either a statement of no permanent disability under OAR 436-030-0020(2)(a) or a closing report under OAR 436-030-0020(2)(b).

(b) If the worker was medically stationary at the time of death, the following applies:

(A) Findings of impairment and permanent work restrictions are determined based on an estimate of the permanent disability that existed at the time the worker was medically stationary; and

(B) The worker's residual functional capacity is determined based on an estimate of the worker's ability to perform work-related activities at the time the worker was medically stationary.

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

(A) Findings of impairment and permanent work restrictions are determined based on an estimate of the permanent disability that would have existed at the time the worker would have likely become medically stationary; and

(B) The worker's residual functional capacity is determined based on an estimate of the worker's ability to perform work-related activities at the time the worker would have likely become medically stationary.

~~(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, at the time of death, there is a compensable condition that is medically stationary and a compensable condition that is not medically stationary, the conditions are rated under 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 compensable injury, ~~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

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15

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;
- (i) Hip; or
- (j) Chest.

(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: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06
Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

436-035-0020 Parts of the 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.

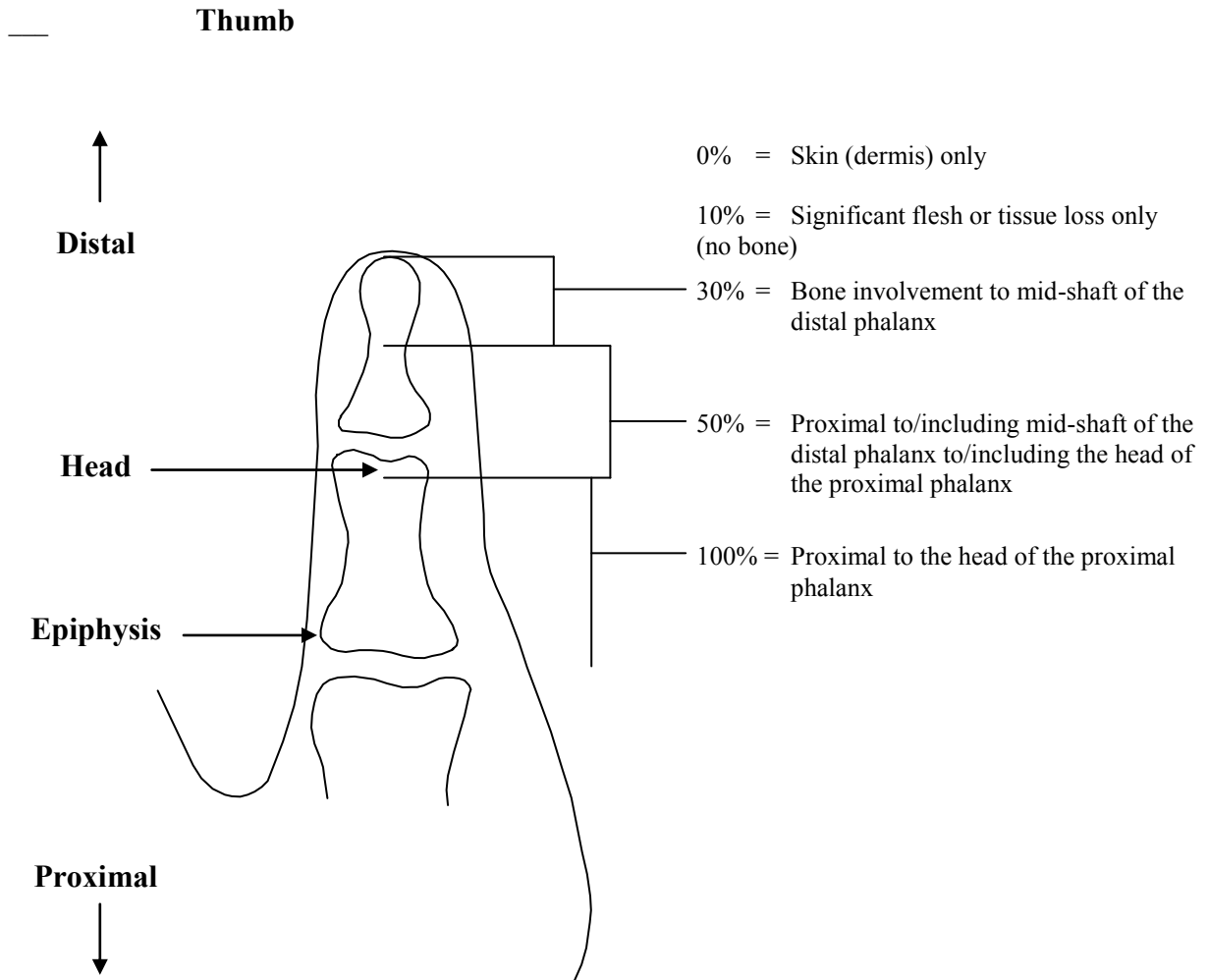
Stat. Auth.: ORS 656.726

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

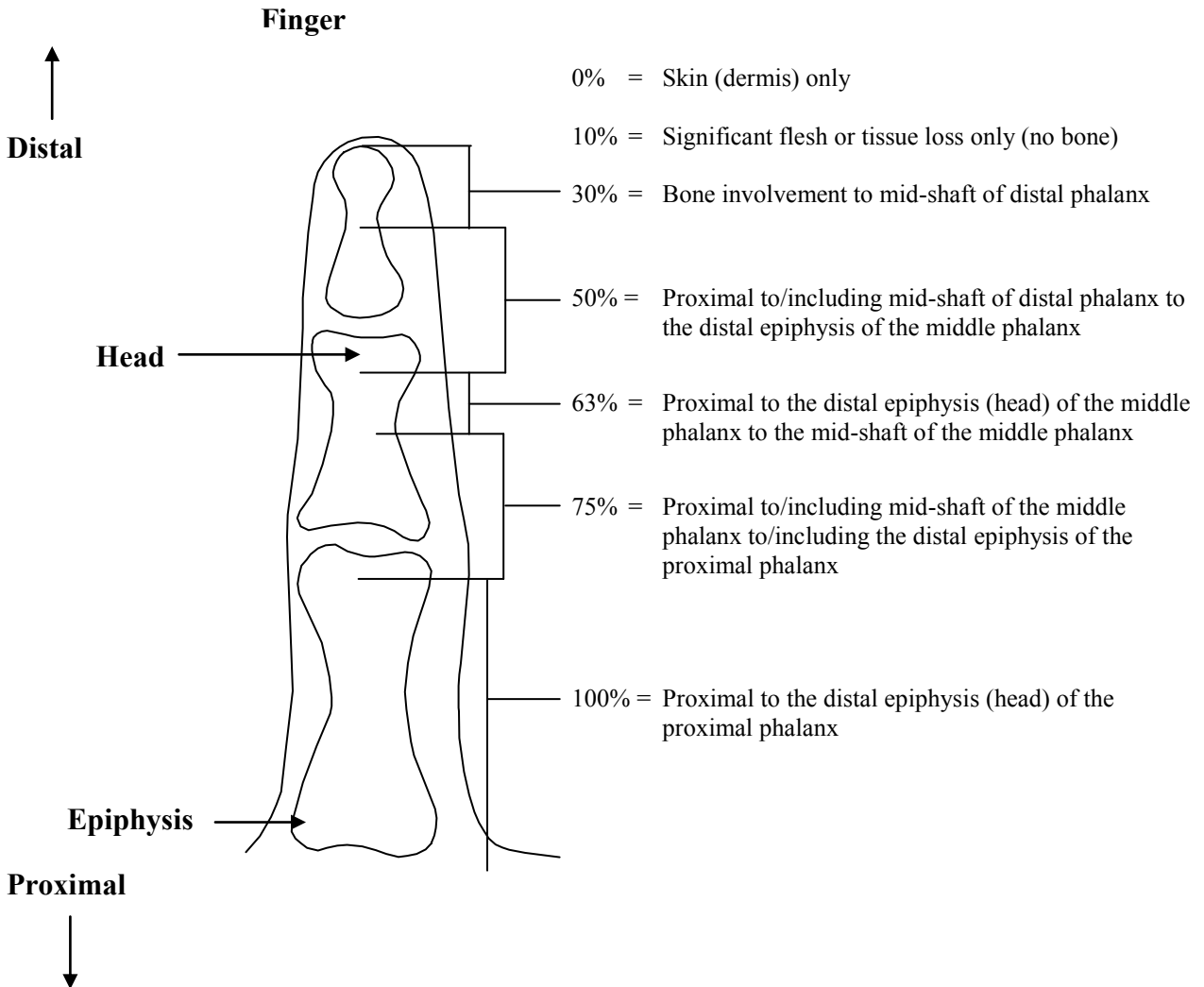
Hist: Amended 10-26-04 as WCD Admin. Order 04-063, eff. 1-1-05

436-035-0030 Amputations 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:



(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 are rated at the most proximal loss of bone.

(8) When a value is granted 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.) is rated by comparing the remaining overall length of the digit to the applicable amputation chart 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: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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

(1) Loss of opposition is rated as a proportionate loss of use of the 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 is established by comparing the remaining overall length of the digit to the applicable amputation chart under these rules and rated based on 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: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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

Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

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%

(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%

Stat. Auth.: ORS 656.726
 Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
 Hist: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
 Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

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

(1) Loss of use of two or more digits 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 under OAR 436-035-0011(2)(b), then converting the digit values to hand values, and then adding the converted values. Digit values between zero and one are rounded to one prior to conversion.

(3) The following table 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 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 is used to convert loss in the middle finger to loss in the hand:

Impairment of Middle	Impairment of Hand	Impairment of Middle	Impairment of Hand	Impairment of Middle	Impairment of 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 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 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.: ORS 656.726

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

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

436-035-0075 Hand

(1) 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.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: 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 are valued under OAR 436-035-0100(4).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: 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 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.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: 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 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° = 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.: ORS 656.726

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

Hist: 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 based on the location and quality of the loss, and is measured by the two-point discrimination method.

(a) Sensation is determined by using any instrumentation that allows for measuring the distance between two pin pricks applied at the same time (two-point) and using the following procedure:

(A) With the worker's eyes closed, the examiner touches the tip of the instrument to the digit in the longitudinal axis on the radial or ulnar side.

(B) The worker indicates whether one or two points are felt.

(C) A varied series of one or two points are applied.

(D) Testing is started distally and proceeds proximally to determine the longitudinal level of involvement.

(E) The ends of the testing device are set first at 15 mm apart and the distance is progressively decreased as accurate responses are obtained.

(F) The minimum distance at which the individual can accurately discriminate between one and two point tests in two out of three applications is recorded for each area.

(b) If enough sensitivity remains to distinguish two pin pricks applied at the same time (two point), the following 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

(c) In determining sensation findings for a digit that has been resected or amputated, the value is established by comparing the remaining overall length of the digit to the table in subsection (1)(d) 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%.

(d) 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)

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

(f) 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:

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

(g) Sensation loss on the palmar side of the hand is rated as follows:

	Total loss of sensation	Protective sensation
Palmar median nerve	15%	11%
Palmar ulnar nerve	7%	5%

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

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

(j) When there are multiple losses of palmar sensation in a single body part (e.g., hand, finger(s), or thumb), the impairment values are first 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.

(k) Hypersensitivity is valued using the above loss of sensation tables. Mild hypersensitivity 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.

(l) When there is a loss of use or function due to hypersensitivity and decreased two-point discrimination (i.e., sensation loss), both conditions are rated.

(2) When surgery or an injury results in arm length discrepancies involving the injured arm, the following values 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, hand, or wrist is rated based on the body part affected:

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

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

(a) Increased lateral deviation at the elbow 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 the elbow, is determined as follows:

Deformity	Impairment
Radius or ulna	10% forearm
Humerus	25% arm

(c) Rotational, lateral, dorsal, or palmar deformity of the thumb receives a value of 10% of the thumb for each type of deformity.

(d) Rotational, lateral, dorsal, or palmar deformity of a finger receives a value of 10% for the finger for each type of deformity.

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

<p>(a) Finger/thumb surgery</p> <p style="padding-left: 20px;">Arthroplasty</p>	<p>Finger impairment</p> <p>1/2 the lowest ankylosis value for the involved joint</p>
<p>(b) Forearm/hand surgery</p> <p style="padding-left: 20px;">Carpometacarpal arthroplasty</p> <p style="padding-left: 20px;">Carpal bone fusion</p> <p style="padding-left: 20px;">Loss of all or part of a metacarpal</p> <p style="padding-left: 20px;">Prosthetic carpal bone replacement</p> <p style="padding-left: 20px;">Carpal bone removal, (any portion) without replacement</p> <p style="padding-left: 20px;">Prosthetic distal ulnar replacement</p> <p style="padding-left: 20px;">Distal ulnar resection, without replacement</p>	<p>Forearm/hand impairment</p> <p>1/2 the lowest ankylosis value for the involved joint</p> <p>5% each (Add values up to 30% maximum)</p> <p>10%</p> <p>5%</p> <p>5% maximum for each carpal bone</p> <p>5%</p> <p>10%</p>
<p>(c) Arm surgery</p> <p style="padding-left: 20px;">Prosthetic radial head replacement</p> <p style="padding-left: 20px;">Radial head resection, without replacement</p> <p style="padding-left: 20px;">Prosthetic elbow joint replacement</p> <p style="padding-left: 20px;">Humeral head replacement</p>	<p>Arm impairment</p> <p>10%</p> <p>15%</p> <p>35%</p> <p>15%</p>

(6) Dermatological conditions, including burns, which are limited to the arm, forearm, hand, fingers, or thumb are rated based on 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 under OAR 436-035-0450. Contact dermatitis for a body part other than the upper or lower extremities is rated under OAR 436-035-0440. Impairments may or may not show signs or symptoms of skin disorder upon examination but are rated under the following classes:

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

(b) **Class 2:** 15% for the affected body part if intermittent treatments and prescribed examinations are required, and the worker has some limitations in the performance of ADL.

(c) **Class 3:** 38% for the affected body part if regularly prescribed examinations and continuous treatments are required, and the worker has many limitations in the performance of ADL.

(d) **Class 4:** 68% for the affected body part if 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 ADL.

(e) **Class 5:** 90% for the affected body part if 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 ADL.

(7) Vascular dysfunction of the upper extremity is valued based on 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 are rated separately.

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

(9) Injuries to unilateral spinal nerve roots or brachial plexus with resultant loss of strength in the arm, forearm or hand are rated based on the specific nerve root which supplies (innervates) the weakened muscle(s), as described in the following table and modified under OAR 436-035-0011(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 is rated separately.

(10) When a spinal nerve root or brachial plexus are not injured, valid loss of strength in the arm, forearm or hand is valued as if the peripheral nerve supplying (innervating) the muscle(s) demonstrating the decreased strength was impaired, as described in the following table and as modified under OAR 436-035-0011(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, under OAR 436-035-0011(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, under OAR 436-035-0011(7), is 50%. Final impairment is determined by multiplying 44% by 50% for a final value of 22% impairment of the forearm.

- (a) Loss of strength due to an injury in a single finger or thumb receives a value of zero, unless the strength loss is due to a compensable condition that is proximal to the digit.
- (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.
- (d) When loss of strength is present in the shoulder, refer to OAR 436-035-0330 for determination of the impairment.

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

- (a) **Class 1:** 14% when the involved extremity can be used for self care, grasping, and holding but has difficulty with digital dexterity.
- (b) **Class 2:** 34% when the involved extremity can be used for self care, grasping and holding objects with difficulty, but has no digital dexterity.
- (c) **Class 3:** 55% when the involved extremity can be used but has difficulty with self care activities.

- (d) **Class 4:** 100% when the involved extremity cannot be used for self care.
- (e) When a value is granted under this section, additional impairment values are not allowed for strength loss, chronic condition, or reduced range of motion in the same extremity because they are included in the impairment values shown in this section.
- (f) For bilateral extremity loss, each extremity is rated separately.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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.

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

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

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

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

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

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

436-035-0130 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: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0140 Amputations in the 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: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

436-035-0150 Great Toe

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

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Joint Ankylosed at/Percentage of Impairment

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

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

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%

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

Joint Ankylosed at/Percentage of Impairment

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

Stat. Auth.: ORS 656.726

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

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

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%

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

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

(1) If the only findings are in the toes, it is not possible to convert the toe findings to a loss in the foot unless there are impairment findings in the foot. Each toe must be converted to the foot separately. After converting to the foot, each converted value is added.

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

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

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

<u>Toe</u>	<u>Foot</u>
1-33%	= 1%
34-67%	= 2%
68-100%	= 3%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 1-8-97 as WCD Admin. Order 96-072, eff. 2-15-97

436-035-0190 Foot

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

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

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%
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 when determining impairment for loss of motion or ankylosis in the ankle or subtalar joint:

(a) If there is loss of motion only (no ankylosis in either joint) in the subtalar joint 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 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. Under OAR 436-035-0011(10), this ankylosis value 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. Under OAR 436-035-0011(10), this ankylosis value 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: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06
Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

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

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

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

Stat. Auth.: ORS 656.726

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

Hist: Amended 3-26-91 as WCD Admin. Order 2-1991, eff. 4-1-91

436-035-0220 Leg

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

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 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 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) Ankylosis in the hip joint is rated under OAR 436-035-0340.

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

436-035-0230 Other Lower Extremity Findings

(1) Loss of sensation or hypersensitivity 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:

(a)	Toe (in any toe)	Foot
partial loss of sensation or hypersensitivity	5%	5%
total loss of sensation or hypersensitivity	10%	10%

(b) Partial is part of the toe or foot. Total means the entire toe or foot.

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

(d) When there are hypersensitivity and sensation loss, both conditions are rated.

(2) The following ratings are for length discrepancies of the injured leg. However, loss of length due to flexion/extension deformities is 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 knee substantiated by clinical findings is valued based on the ligament demonstrating the laxity, as described in the table below. The instability value is given even if the ligament itself has not been injured.

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

(a) For ankle joint instability to be rated as severe there must be a complete disruption of two or more ligaments. Following are examples of ankle ligaments that may contribute to joint instability:

(A) The lateral collateral ligaments including the anterior talofibular, calcaneofibular, talocalcaneal, posterior talocalcaneal, and the posterior talofibular.

- (B) The medial collateral ligaments, or deltoid ligament, including the tibionavicular, calcaneotibial, anterior talotibial, and the posterior talotibial.
- (b) 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) Ankle joint instability with additional anterior or posterior instability receives an additional 10%.
- (d) When there is a prosthetic knee replacement, instability of the knee is not 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 are determined under the following:
- (a) Varus deformity 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 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	Leg impairment
Mild: 10°– 14°	17%
Moderate: 15°– 19°	26%
Severe: 20°+	26% plus 1% for each additional degree, to 43% maximum

(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:

(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%

(c)	Foot surgery	Foot/ankle impairment
	Resection of any part of a metatarsal	10%
	Ankylosed tarsometatarsal joint	10%
	Prosthetic ankle replacement	25%
(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%

(e) When rating a prosthetic knee replacement, a separate value for meniscectomy(s) or patellectomy for the same knee is not granted.

(f) A meniscectomy is rated as a complete loss unless the record indicates that more than the rim of the meniscus remains.

(6) Dermatological conditions including burns which are limited to the leg, foot, or toes are rated based on 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 a body part other than the upper or lower extremities is rated under OAR 436-035-0440. Impairments may or may not show signs or symptoms of skin disorder upon examination but are rated according to the following classes:

(a) **Class 1:** 3% for the leg, foot, or toe if treatment results in no more than minimal limitations in the performance of the activities of daily living (ADL), although exposure to physical or chemical agents may temporarily increase limitations.

(b) **Class 2:** 15% for the leg, foot, or toe if intermittent treatments and prescribed examinations are required, and the worker has some limitations in the performance of ADL.

(c) **Class 3:** 38% for the leg, foot, or toe if regularly prescribed examinations and continuous treatments are required, and the worker has many limitations in the performance of ADL.

(d) **Class 4:** 68% for the leg, foot, or toe if 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 ADL.

(e) **Class 5:** 90% for the leg, foot, or toe if 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 ADL.

(f) Full thickness skin loss of the heel 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% 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% when any of the following exist:

- (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% when any of the following exist:

- (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% when any of the following exist:

- (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% when either of the following exists:

- (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 are rated separately. The amputation value is then 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 are rated based on the specific nerve root supplying (innervating) the weakened muscle(s), as described in the following table and modified under OAR 436-035-0011(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 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 is valued as if the peripheral nerve supplying (innervating) the muscle(s) demonstrating the decreased strength was impaired, as described in the following table and as modified under OAR 436-035-0011(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 muscle/nerve to superior gemellus muscle/obturator	10%
Superior gluteal	20%
Inferior gluteal	25%
Sciatic (above hamstring innervation)	75%
Sciatic (hamstring loss only)	40%
Tibial nerve (medial popliteal or internal popliteal above knee)	35%

Example 1: A worker suffers a knee injury requiring surgery. Upon recovery, the attending physician reports 4/5 strength of the quadriceps femoris. The quadriceps femoris is innervated by the femoral nerve which has a 30% impairment value. 4/5 strength, under OAR 436-035-0011(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. Under OAR 436-035-0011(7), 3/5 strength is 50%. Impairment is determined by multiplying 28% by 50% for a final value of 14% impairment of the foot.

- (a) Loss of strength due to an injury in a single toe receives a value of zero, unless the strength loss is due to a compensable condition that is proximal to the digit.
- (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) For motor loss to any part of a leg which is due to brain or spinal cord damage, impairment is valued as follows:

- (a) **Class 1:** 23% when the worker can rise to a standing position and can walk but has difficulty with elevations, grades, steps, and distances.
- (b) **Class 2:** 48% when the 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.
- (c) **Class 3:** 76% when the worker can rise to a standing position and can maintain it with difficulty but cannot walk without assistance.
- (d) **Class 4:** 100% when the worker cannot stand without a prosthesis, the help of others, or mechanical support.
- (e) When a value is granted under this section, additional impairment values in the same extremity are not allowed for strength loss, chronic condition, reduced range of motion, or limited ability to walk/stand for two hours or less because they have been included in the impairment values shown in this section.
- (f) For bilateral extremity loss, each extremity is rated separately.

(11) 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) 5% of the foot for the ankle joint; or
- (b) 5% of the leg for the knee joint.

(12) For a diagnosis of degenerative joint disease, chondromalacia, or arthritis which does not meet the criteria noted in section (11) of this rule, the impairment is determined under the chronic condition rule (OAR 436-035-0019) if the criteria in that rule is met.

(13) Other impairment values, e.g., weakness, chronic condition, reduced range of motion, etc., are combined with the value granted in section (11) of this rule.

(14) When the worker cannot be on his or her feet for more than two hours in an 8-hour period, the award is 15% of the leg.

Stat. Auth.: ORS 656.726; **Stats. Impltd.:** ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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
1-24% = 1%	42-58% = 3%	75-91% = 5%
25-41% = 2%	59-74% = 4%	92-100% = 6%

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

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

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

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

Stat. Auth.: ORS 656.726; **Stats. Impltd.:** ORS 656.214
Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0250 Hearing Loss

(1) The following information is provided by the attending physician or reviewed and commented on by the attending physician, under OAR 436-035-0007(5) and (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) A worker is eligible for an award for impairment ~~Compensation may be given only for any loss of normal hearing that which results from the compensable injury from an on-the-job injury or exposure. Any~~ Unless the conditions have combined under OAR 436-035-0014(1), hearing loss that which existed before the compensable injury and that does not result from a compensable preexisting condition this injury or exposure will must be offset against hearing loss in the claim, ~~if the hearing loss that existed before the compensable injury is~~ adequately documented by a baseline audiogram that was 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 under section (4) of this rule.

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

(3) Hearing loss is based on 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 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~~ caused by presbycusis is based on the worker's age at the time of the audiogram, except that, in an injury claim, an impairment award for hearing loss caused by presbycusis is reduced only if the presbycusis qualifies as a preexisting condition.

To determine the reduction to be applied for hearing loss caused by presbycusis, cConsult 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. 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.)

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

ORDER NO. 15-053

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

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

ORDER NO. 15-053

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

db	%LOSS	db	%LOSS	db	%LOSS	db	%LOSS
150.00	0.00	201.00	12.75	252.00	25.50	303.00	38.25
151.00	0.25	202.00	13.00	253.00	25.75	304.00	38.50
152.00	0.50	203.00	13.25	254.00	26.00	305.00	38.75
153.00	0.75	204.00	13.50	255.00	26.25	306.00	39.00
154.00	1.00	205.00	13.75	256.00	26.50	307.00	39.25
155.00	1.25	206.00	14.00	257.00	26.75	308.00	39.50
156.00	1.50	207.00	14.25	258.00	27.00	309.00	39.75
157.00	1.75	208.00	14.50	259.00	27.25	310.00	40.00
158.00	2.00	209.00	14.75	260.00	27.50	311.00	40.25
159.00	2.25	210.00	15.00	261.00	27.75	312.00	40.50
160.00	2.50	211.00	15.25	262.00	28.00	313.00	40.75
161.00	2.75	212.00	15.50	263.00	28.25	314.00	41.00
162.00	3.00	213.00	15.75	264.00	28.50	315.00	41.25
163.00	3.25	214.00	16.00	265.00	28.75	316.00	41.50
164.00	3.50	215.00	16.25	266.00	29.00	317.00	41.75
165.00	3.75	216.00	16.50	267.00	29.25	318.00	42.00
166.00	4.00	217.00	16.75	268.00	29.50	319.00	42.25
167.00	4.25	218.00	17.00	269.00	29.75	320.00	42.50
168.00	4.50	219.00	17.25	270.00	30.00	321.00	42.75
169.00	4.75	220.00	17.50	271.00	30.25	322.00	43.00
170.00	5.00	221.00	17.75	272.00	30.50	323.00	43.25
171.00	5.25	222.00	18.00	273.00	30.75	324.00	43.50
172.00	5.50	223.00	18.25	274.00	31.00	325.00	43.75
173.00	5.75	224.00	18.50	275.00	31.25	326.00	44.00
174.00	6.00	225.00	18.75	276.00	31.50	327.00	44.25
175.00	6.25	226.00	19.00	277.00	31.75	328.00	44.50
176.00	6.50	227.00	19.25	278.00	32.00	329.00	44.75
177.00	6.75	228.00	19.50	279.00	32.25	330.00	45.00
178.00	7.00	229.00	19.75	280.00	32.50	331.00	45.25
179.00	7.25	230.00	20.00	281.00	32.75	332.00	45.50
180.00	7.50	231.00	20.25	282.00	33.00	333.00	45.75
181.00	7.75	232.00	20.50	283.00	33.25	334.00	46.00
182.00	8.00	233.00	20.75	284.00	33.50	335.00	46.25
183.00	8.25	234.00	21.00	285.00	33.75	336.00	46.50
184.00	8.50	235.00	21.25	286.00	34.00	337.00	46.75
185.00	8.75	236.00	21.50	287.00	34.25	338.00	47.00
186.00	9.00	237.00	21.75	288.00	34.50	339.00	47.25
187.00	9.25	238.00	22.00	289.00	34.75	340.00	47.50
188.00	9.50	239.00	22.25	290.00	35.00	341.00	47.75
189.00	9.75	240.00	22.50	291.00	35.25	342.00	48.00
190.00	10.00	241.00	22.75	292.00	35.50	343.00	48.25
191.00	10.25	242.00	23.00	293.00	35.75	344.00	48.50
192.00	10.50	243.00	23.25	294.00	36.00	345.00	48.75
193.00	10.75	244.00	23.50	295.00	36.25	346.00	49.00
194.00	11.00	245.00	23.75	296.00	36.50	347.00	49.25
195.00	11.25	246.00	24.00	297.00	36.75	348.00	49.50
196.00	11.50	247.00	24.25	298.00	37.00	349.00	49.75
197.00	11.75	248.00	24.50	299.00	37.25	350.00	50.00
198.00	12.00	249.00	24.75	300.00	37.50	351.00	50.25
199.00	12.25	250.00	25.00	301.00	37.75	352.00	50.50
200.00	12.50	251.00	25.25	302.00	38.00	353.00	50.75

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

ORDER NO. 15-053

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: $\frac{7(A) + B}{8}$

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 impairment.
- (7) Tinnitus and other auditory losses may be determined as losses under OAR 436-035-0390.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
[Amended 1/29/15 as Admin. Order 15-053, eff. 3/1/15](#)

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:

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

(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:

Ears _ WP	Ears _ WP	Ears _ WP	Ears _ WP
1-2% = 1%	26-27% = 16%	51-52% = 31%	76-77% = 46%
3-4% = 2%	28-29% = 17%	53-54% = 32%	78-79% = 47%
5% = 3%	30% = 18%	55% = 33%	80% = 48%
6-7% = 4%	31-32% = 19%	56-57% = 34%	81-82% = 49%
8-9% = 5%	33-34% = 20%	58-59% = 35%	83-84% = 50%
10% = 6%	35% = 21%	60% = 36%	85% = 51%
11-12% = 7%	36-37% = 22%	61-62% = 37%	86-87% = 52%
13-14% = 8%	38-39% = 23%	63-64% = 38%	88-89% = 53%
15% = 9%	40% = 24%	65% = 39%	90% = 54%

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

ORDER NO. 15-053

16-17% = 10%	41-42% = 25%	66-67% = 40%	91-92% = 55%
18-19% = 11%	43-44% = 26%	68-69% = 41%	93-94% = 56%
20% = 12%	45% = 27%	70% = 42%	95% = 57%
21-22% = 13%	46-47% = 28%	71-72% = 43%	96-97% = 58%
23-24% = 14%	48-49% = 29%	73-74% = 44%	98-99% = 59%
25% = 15%	50% = 30%	75% = 45%	100% = 60%

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.214
Hist: Filed 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 that cause visual impairment that is not reflected in visual acuity, visual fields or ocular motility refer to section (5) of this rule. Visual loss is measured with best correction, using the lenses recommended by the worker's physician. 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.

(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 under (2)(c) of this rule when using this table.

**Rating for
 distance
 in feet**

Near Snellen rating inches (under (c))

	$\frac{14}{14}$	$\frac{14}{18}$	$\frac{14}{21}$	$\frac{14}{24}$	$\frac{14}{28}$	$\frac{14}{35}$	$\frac{14}{40}$	$\frac{14}{45}$	$\frac{14}{60}$	$\frac{14}{70}$	$\frac{14}{80}$	$\frac{14}{88}$	$\frac{14}{112}$	$\frac{14}{140}$
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 (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 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.

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

ORDER NO. 15-053

Total degrees retained	% of loss	Total degrees retained	% of loss	Total degrees retained	% of loss	Total degrees retained	% of loss	Total degrees retained	% of 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 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 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 impairment rating.

(9) Enucleation of an eye is rated at 100% of an eye.

Stat. Auth.: ORS 656.726

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

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

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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:

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

(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:

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

Stat. Auth.: ORS 656.726

Stats. Impltd.: ORS 656.214

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

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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%

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

Joint Ankylosed at/Percentage of Impairment

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

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

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%

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

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	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% impairment when a preponderance of medical opinion places permanent new restrictions on the worker which necessitate a reduction in the strength lifting category under OAR 436-035-0012.

(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) Valid losses of strength in the shoulder or back, substantiated by clinical findings, are valued based on the peripheral nerve supplying (innervating) the muscle(s) demonstrating the decreased strength, as described in the following table and as modified under OAR 436-035-0011(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, under OAR 436-035-0011(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, under OAR 436-035-0011(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 findings are determined by combining the values in section (17) of this rule.

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

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 or acetabulum, the impairment determination is valued under OAR 436-035-0220. If the reduced ranges of motion are a residual of pelvic or acetabular involvement, the impairment is determined 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% is determined for a total hip replacement (both femoral and acetabular resurfacing or components involved). If a total hip replacement surgery occurs following an earlier femoral head replacement surgery under OAR 436-035-0230(5), both impairment values are rated.

(16) A value of 5% 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 is determined under OAR 436-035-0230.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 compression fracture followed by a corpectomy receives both the surgical value and the maximum compression fracture value.

(c) A fracture of one or more of the posterior elements of a vertebra (spinous process, pedicles, laminae, articular process, odontoid process, or transverse process) 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 1 disc, 1 or 2 vertebrae, or any combination	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) and (18).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 11/1/07 as WCD Admin. Order 07-060, eff. 1/1/08
 Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0360 Spinal Ranges of Motion

(1) For the purpose of determining impairment due to loss of spinal range of motion, sections (2) through (12) of this rule apply when the physician uses an inclinometer to measure impairment.

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

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%

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

True Lumbar Flexion Angle	Spine
Retained Motion	
0° - 14°	10%
15° - 29°	7%
30° - 44°	4%
45° - 59°	2%
60° +	0%

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

Retained Motion/Percentage of Impairment

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

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

Retained Motion/Percentage of Impairment

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

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

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

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

436-035-0370 Pelvis

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

In the symphysis pubis	15%
In the sacroiliac joint, with diastasis	10%
In the sacrum	10%
In the ischium	10%
In the coccyx, with nonunion or excision	5%
In each inferior or superior ramus	2%
In the ilium	2%

In the acetabulum.....Rate only loss of hip motion as in OAR 436-035-0340

(2) A hemipelvectomy receives 25% for the pelvis, and the accompanying loss of the leg is determined under OAR 436-035-0140(1).

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0375 Abdomen

Use the following classifications when impairment has resulted from a permanent and palpable defect in the supporting structures of the abdominal wall:

- (1) **Class 1:** 5% for a slight protrusion at the site of the defect with increased abdominal pressure that is readily reducible; or occasional mild discomfort at the site of the defect, which limits the worker in one or more activities of daily living (ADL).
- (2) **Class 2:** 15% for frequent or persistent protrusion at the site of the defect with increased pressure that is manually reducible; or frequent discomfort, which limits the worker from heavy lifting, but does not hamper some ADL.
- (3) **Class 3:** 25% for persistent, irreducible, or irreparable protrusion at the site of the defect and there is a limitation in the worker's ADL.

Stat. Auth.: ORS 656.726
Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726
Hist: Amended 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05
Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

436-035-0380 Cardiovascular System

(1) Impairments of the cardiovascular system 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 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 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 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 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 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 used 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, 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 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 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 based on 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 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 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) Arrhythmias: Impairment resulting from work related cardiac arrhythmias* 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% is given. This value is combined with any other findings of impairment of the heart.

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 is rated according to the following classes:

- (a) **Class 1:** 0% for 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).
- (b) **Class 2:** 18% for 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).
- (c) **Class 3:** 38% for 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).

(d) **Class 4:** 75% for 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 under 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 is rated under the classes of respiratory impairment described in section (2) of this rule. The impairment 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 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 is determined according to the following classes:

**Class 1
(5% Impairment)**

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, or 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)**

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)**

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)**

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 is valued based on the physiological parameters found under section (2) of this rule.

(8) For injuries that result in impaired ability to speak, the following classes are used to 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% when speech can be produced with 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% when speech can be produced with 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 many inaccuracies; may have difficulty being heard in loud places.

(c) **Class 3:** 18% when speech can be produced with 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% when speech can be produced with 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% for complete inability to meet the needs of everyday speech communication.

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

Stat. Auth.: ORS 656.726

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

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

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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% impairment.

(2) Ratings given for impairment of the second cranial nerve (optic) are rated based on their effects on vision 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 rated based on their effects on ocular motility 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 for each trigeminal Nerve is 5%.

(c) The rating given for loss of motor function of both trigeminal Nerves is determined 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 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 is rated under the following:

(A) **Class 1:** 8% when signs of disequilibrium are present with supporting objective findings and the usual activities of daily living (ADL) are performed without assistance.

-
- (B) **Class 2:** 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) **Class 3:** 48% when signs of disequilibrium are present with supporting objective findings and the usual ADL cannot be performed without assistance.
- (D) **Class 4:** 80% when signs of disequilibrium are present with supporting objective findings and the usual ADL 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, or eleventh cranial nerve is determined under OAR 436-035-0420.
- (b) Speech impairment due to damage to the ninth, tenth, or eleventh cranial nerve is rated under 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 to the brain or head is determined based upon a preponderance of medical opinion which applies 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) Emotional disturbances which are reactive to other residuals, but which are not directly related to the brain or head injury, 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 ADL, and impairment of employment capacity.
- (d) Where the residuals from the 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 or sensorimotor integration;
- (C) Neuro-ophthalmologic or oculomotor visual disorder, such as diplopia;
- (D) Headaches.

CLASS 1
(10% Impairment)

Cognition: The worker functions at the equivalent of Rancho Los Amigos Scale-Revised level of 9 or 10; (e.g., the worker is alert and oriented; behavior is appropriate and the worker is able to recall and integrate past and recent events). The worker is independent in ADL. If there are cognitive or memory deficits, they are no more than minimal or “nuisance” level, and do not materially impair ADL, 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, 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: The worker has “nuisance” level residual effects of head injury, which may slightly impact the manner in which ADL are performed, or the subjective ease of performance, but the worker remains fully independent in all ADL; (2) Work capacity: The “nuisance” level residuals may impact the manner in which the worker performs work tasks, 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 2
(30% Impairment)

Cognition: The worker functions at 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). The worker can perform all ADL 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 ADL; 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. 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, 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 and is employable. For example, headaches may intermittently interfere with daily living; diplopia which worsens with fatigue may cause the worker to have driving restrictions; vestibular symptoms may limit the worker's ability to operate industrial machinery or cause the worker to avoid heights.

The fundamental intent of this class is as follows: (1) ADL: The worker is independent in all ADL, but may require significant adaptations or modifications in normal patterns or means of ADL 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 3
(50% Impairment)

Cognition: The worker functions at 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 or mild to moderate, functionally significant cognitive or memory deficits). The judgment, cognitive, or memory deficits result in impairment sufficient that the worker regularly requires assistance or supervision in order to perform some ADL. 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 to moderate (e.g., language comprehension or production deficits frequently interfere with ADL 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, or lethargy are moderate. 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: The worker is not completely independent in all ADL, and requires some type of supervision, assistance, or guidance from another person at some times for some aspects of ADL; (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 4
(75% Impairment)

Cognition: The worker functions at the equivalent of Rancho Los Amigos Scale-Revised level of 6 (e.g., the worker has impaired judgment or significant memory deficit, such that the worker needs assistance and supervision to perform most ADL 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, or seriously limit 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, 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 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: The worker is basically dependent on others for most aspects of ADL, 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 5
(85% Impairment)

The worker functions at 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 ADL. Total supervision is required. The worker is incapable of any employment.

CLASS 6
(95% Impairment)

The worker functions at 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) For brain or head injuries that have resulted in the loss of use or function of any 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.

(13) Headaches that are not a direct result of a brain or head injury (e.g., cervicogenic, sensory input issues, etc.) are given a value of 10% when they interfere with the activities of daily living, affect the worker's ability to regularly perform work, and require continued prescription medication or therapy. If a value for headaches is granted under section (10) of this rule, the value in this section is not granted because it is included in the impairment value for the episodic neurological disorder.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10
Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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. Spinal cord impairment is determined under the following classes:

(a) **Class 1:** 15% when the worker has spinal cord damage but is able to carry out the activities of daily living independently.

(b) **Class 2:** 35% when the worker is a paraplegic and requires assistive measures or devices for any of the activities of daily living.

(c) **Class 3:** 50% when the worker is a quadriplegic and requires assistive measures or devices for any of the activities of daily living.

(d) **Class 4:** 75% when the worker is a paraplegic or quadriplegic and requires the assistance of another person for any of the activities of daily living.

(e) **Class 5:** 95% when the worker is a paraplegic or quadriplegic and is dependent in all of the activities of daily living.

(f) When a value is granted under section (1) of this rule, no additional impairment value is allowed for reduced range of motion in the spine because it is included in the impairment values shown in this section.

(2) For spinal cord damage that has resulted in the loss of use or function of body part(s) other than upper and lower extremities, a value 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 upper or lower extremities, a value 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 under OAR 436-035-0390(10).

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0400 Mental Illness

(1) Accepted mental disorders resulting in impairment must be diagnosed by a psychiatrist or other mental health professional as provided for in a managed care organization certified under OAR chapter 436, Division 015.

(2) Diagnoses of mental disorders for the purposes of these rules follow the guidelines of the *Diagnostic and Statistical Manual of Mental Disorders DSM-IV (1994)*, published by the American Psychiatric Association. A copy of the standards referenced in this rule is available for review during regular business hours at the Workers' Compensation Division, 350 Winter Street NE, Salem OR 97301, 503-947-7810.

(3) The physician 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 describes the affect on social functioning and deterioration or decompensation in work or work-like settings.

(a) Social functioning refers to an individual's capacity to interact appropriately, communicate effectively, and get along with other individuals.

(b) Deterioration or decompensation in work or work-like settings refers to repeated failure to adapt to stressful circumstances, which causes the individual either to withdraw from that situation or to experience exacerbations with accompanying difficulty in maintaining ADL, social relationships, concentration, persistence, pace, or adaptive behaviors.

(4) Loss of function attributable to permanent worsening of personality disorders may be stated as 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%) when the worker shows little self-understanding or awareness of the mental illness; some problems with judgment; some problems with controlling personal behavior; some ability to avoid serious problems with social and personal relationships; and some ability to avoid self-harm.

(b) **Class 2:** minimal (20%), mild (29%), or moderate (38%) when the worker shows considerable loss of self control; an inability to learn from experience; and 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 is rated under the following classes, with gradations within each class based on the severity of the symptoms/loss of function:

(a) **Class 1:** 0% when one or more of the following residual symptoms are noted:

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.

Depressive symptoms: The ADL 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.

Phobic symptoms: Phobias the worker already suffers from may come into play, or new phobias may appear in a mild form.

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%) when one or more of the following residual symptoms/loss of functions are noted:

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.

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.

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.

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 or the legs. These problems continue to return.

(c) **Class 3:** Minimal (50%), mild (66%), or moderate (81%) when one or more of the following residual symptoms/loss of functions are noted:

Anxiety symptoms: Fear, tension, and apprehension interfere with work or the ADL. 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.

Depressive symptoms: Include an obvious loss of interest in the usual ADL, 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.

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.

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 are rated based on perception, thinking process, social behavior, and emotional control. Variations in these aspects of mental function are rated under the following classifications with gradations within each class based on severity:

(a) **Class 1:** minimal (0%), mild (6%), or moderate (11%) when one or more of the following is established:

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.

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.

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.

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%) when one or more of the following is established:

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.

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.

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 or gestures which neither make sense nor fit the situation.

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%) when one or more of the following is established:

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.

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.

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.

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% for workers who usually need to be placed in a hospital or institution. Medication may help them to a certain extent and the following is established:

Perception: Workers become so obsessed with hallucinations, illusions, and delusions that normal self-care is not possible. Bursts of violence may occur.

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.

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.

Emotional control: The worker may have either a severe emotional disturbance in which the worker is delirious and uncontrolled or extreme depression in which the worker is silent, hostile, and self-destructive. In either case, lack of control over anger and rage might result in homicidal behavior.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0410 Hematopoietic System

(1) Anemia can be impairing when the cardiovascular system cannot compensate for the effects of the anemia. The following values are given for workers who become anemic:

(a) **Class 1:** 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) **Class 2:** 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) **Class 3:** 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) **Class 4:** 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 are rated under the following classes:

(a) **Class 1:** 5% 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.

(b) **Class 2:** 20% 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% 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% 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) Splenectomy is given an impairment value of 5%.

(4) Hemorrhagic disorders receive 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 are not rated under this section but are rated based on the impairment of the other organ or body system.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0420 **Gastrointestinal and Genitourinary Systems**

(1) Impairments in mastication (chewing) and deglutition (swallowing) 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) is valued under 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 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, 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 5 lb clothing for men, 3 lb clothing for women, and shoes with 1” heels for both.

Men

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

Women

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

(3) Colonic and rectal impairment is rated under 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, or anemia) present.

(4) Anal impairment is rated under 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 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 is determined under 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 is given. This is combined with any other impairments of the digestive system.

(6) Biliary tract impairment is determined under the following classes:

- (a) **Class 1:** 5% for an occasional episode of biliary tract dysfunction.
- (b) **Class 2:** 20% for recurrent biliary tract impairment irrespective of treatment.
- (c) **Class 3:** 40% for irreparable obstruction of the bile tract with recurrent cholangitis.
- (d) **Class 4:** 75% for persistent jaundice and progressive liver disease due to obstruction of the common bile duct.

(7) Impairment of the upper urinary tract is determined under 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 are combined under OAR 436-035-0011(5). Impairment of the bladder is determined under the following classes:

(a) **Class 1:** 5% when the patient has symptoms and signs of bladder disorder requiring intermittent treatment with normal function between episodes of malfunction.

(b) **Class 2:** 18% when (a) there are symptoms or signs of bladder disorder requiring continuous treatment; OR (b) there is good bladder reflex activity, but no voluntary control.

(c) **Class 3:** 30% when the bladder has poor reflex activity, that is, there is intermittent dribbling, and no voluntary control.

(d) **Class 4:** 50% 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 are combined under OAR 436-035-0011(5). Impairment of the urethra is determined under the following classes:

(a) **Class 1:** 3% when symptoms and signs of urethral disorder are present that require intermittent therapy for control.

(b) **Class 2:** 15% 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 are combined under OAR 436-035-0011(6). Loss or alteration of the gonads is valued under OAR 436-035-0430. Impairment due to sexual dysfunction of the penis is determined under the following classes:

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/vagina: When evaluating permanent impairment of the cervix/uterus/vagina, one must also consider the status of the urethra, upper urinary tract and bladder. The values for all parts of the system are combined under OAR 436-035-0011(5). Loss or alteration of the gonads is valued under OAR 436-035-0430. Impairment of the cervix/uterus/vagina is determined under the following classes:

Class 1

(8% Impairment)

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

Cervical stenosis, if present, requires no treatment; or

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

Class 2

(20% Impairment)

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

Cervical stenosis is complete; or

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

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 is determined under the following classes:

- (a) **Class 1:** 5% when controlled effectively with continuous treatment.
- (b) **Class 2:** 18% when inadequately controlled by treatment.
- (c) **Class 3:** 38% when there are 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 is determined under the following classes:

- (a) **Class 1:** 5% when (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.
- (b) **Class 2:** 18% when (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.

(a) 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 under 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 under the following:

- (A) **Class 1:** 5% when symptoms and signs are controlled with medical therapy.
- (B) **Class 2:** 18% when there is persistent mild hypercalcemia, with mild nausea and polyuria.
- (C) **Class 3:** 78% when there is severe hypercalcemia, with nausea and lethargy.

(b) 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 under the following:

(A) **Class 1:** 3% when symptoms and signs controlled with medical therapy.

(B) **Class 2:** 15% when intermittent hypercalcemia or hypocalcemia, and more frequent symptoms in spite of careful medical attention.

(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 or mineralocorticoids for proven hormonal deficiencies.

Impairments are rated as follows:

(A) **Class 1:** 5% when symptoms and signs are controlled with medical therapy.

(B) **Class 2:** 33% when symptoms and signs are controlled inadequately, usually during the course of acute illnesses.

(C) **Class 3:** 78% when severe symptoms of adrenal crisis during major illness, usually due to severe glucocorticoid deficiency or sodium depletion.

(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 based on severity:

(A) **Class 1:** 5% when minimal, as with hyperadrenocorticism that is surgically correctable by removal of a pituitary or adrenal adenoma.

(B) **Class 2:** 33% when moderate, as with bilateral hyperplasia that is treated with medical therapy or adrenalectomy.

(C) **Class 3:** 78% when severe, as with aggressively metastasizing adrenal carcinoma.

(5) Adrenal medulla: Impairment of the adrenal medulla results from pheochromocytoma and is classified as follows:

(a) **Class 1:** 5% when the duration of hypertension has not led to cardiovascular disease and a benign tumor can be removed surgically.

(b) **Class 2:** 33% when there is inoperable malignant pheochromocytomas, if signs and symptoms of catecholamine excess can be controlled with blocking agents.

(c) **Class 3:** 78% when there is wide metastatic malignant pheochromocytomas, in which symptoms of catecholamine excess cannot be controlled.

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

(a) Diabetes mellitus is rated under the following classes:

(A) **Class 1:** 3% when non-insulin dependent (Type II) diabetes mellitus can be controlled by diet; there may or may not be evidence of diabetic microangiopathy, as indicated by the presence of retinopathy or albuminuria greater than 30 mg/100 ml.

(B) **Class 2:** 8% when non-insulin dependent (Type II) diabetes mellitus; and 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.

(C) **Class 3:** 18% when insulin dependent (Type I) diabetes mellitus is present with or without evidence of microangiopathy.

(D) **Class 4:** 33% when insulin dependent (Type I) diabetes mellitus, and hyperglycemic or hypoglycemic episodes occur frequently in spite of conscientious efforts of both the patient and the attending physician.

(b) Hypoglycemia is rated under the following classes:

(A) **Class 1:** 0% when 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.

(B) **Class 2:** 28% when 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 is valued under OAR 436-035-0420.

Stat. Auth.: ORS 656.726

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

Hist: Amended 12/5/05 as WCD Admin. Order 05-074, eff. 1/1/06

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 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 are rated under the following classes:

(a) **Class 1:** 3% when 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.

(b) **Class 2:** 15% when intermittent treatment is required and there is mild limitation in the performance of some work related activities.

(c) **Class 3:** 38% when continuous treatment is required and there is moderate limitation in the performance of many work related activities.

(d) **Class 4:** 68% when 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.

(e) **Class 5:** 90% when 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 is assigned as follows:

(a) **Class 1:** 3% when the reaction is a nuisance but does not prevent most regular work-related activities; or

(b) **Class 2:** 8% when the reaction prevents some regular work-related activities; or

(c) **Class 3:** 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 10-26-04 as WCD Admin. Order 04-063, eff 1-1-05

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

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 is valued as follows:

(a) **Class 1:** 3% when the reaction is a nuisance but does not prevent most regular work related activities.

(b) **Class 2:** 8% when the reaction prevents some regular work related activities.

(c) **Class 3:** 13% when the reaction prevents most regular work related activities.

(2) An allergy is considered to be an immunologic state and is ratable under this rule.

Stat. Auth.: ORS 656.726

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

Hist: Amended 5/5/10 as WCD Admin. Order 10-051, eff. 6/1/10

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

436-035-0500 Rating Standard for Individual Claims

(1) This rule applies to the rating of permanent disability under ORS chapter 656 in individual cases under ORS 656.726(4)(f) which requires the director to determine the rating standard in cases where the director finds that the worker's impairment is not addressed in the disability standards.

(2) Rating standards determined under ORS 656.726(4)(f) will be written into the director's order on reconsideration and will apply solely to the rating of that claim.

Stat Auth: ORS 656.726(4)

Stats. Impltd.: ORS 656.005, 656.214, 656.268, 656.726, (§7, ch. 270, OL 2007)

Hist: Amended 11/1/07 as WCD Admin. Order 07-060, eff. 1/1/08

Amended 11/21/12 as WCD Admin. Order 12-061, eff. 1/1/13

**BEFORE THE DIRECTOR
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION**

In the Matter of the Amendment of Oregon Administrative Rules (OAR) chapter 436,	ORDERS OF ADOPTION
Division 009, Oregon Medical Fee and Payment Rules	No. 15-050
Division 010, Medical Services	No. 15-051
Division 030, Claim Closure and Reconsideration	No. 15-052
Division 035, Disability Rating Standards.....	No. 15-053
Division 105, Employer-at-Injury Program	No. 15-054
Division 110 Preferred Worker Program.....	No. 15-055
Division 120, Vocational Assistance to Injured Workers.....	No. 15-056

The Director of the Department of Consumer and Business Services, under the general rulemaking authority in ORS 656.726(4), and in accordance with the procedures in ORS 183.335, amends OAR chapter 436.

On Nov. 12, 2014, the Workers' Compensation Division filed with the Secretary of State a *Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact*. The division mailed copies of the *Notice* and *Statement* to interested persons and legislators in accordance with ORS 183.335 and OAR 436-001-0009, and posted copies to its website. The Secretary of State included notice of the public hearing in its December, 2014, *Oregon Bulletin*. On Dec. 19, 2014, a public hearing was held as announced. The record remained open for written testimony through Dec. 29, 2014.

SUMMARY OF RULE AMENDMENTS

- The Workers' Compensation Division has amended OAR 436-030, Claim Closure and Reconsideration, and OAR 436-035, Disability Rating Standards, to reflect the decision of the Oregon Supreme Court in *Schleiss v. SAIF* (364 Or. 637 (2013)). A contributing cause to impairment must be a statutorily recognized preexisting condition to qualify for apportionment. In injury claims, to be recognized as a preexisting condition, a condition must be (1) arthritis or an arthritic condition, or (2) diagnosed or treated prior to the compensable injury. In an occupational disease claim, to be recognized as a preexisting condition, a condition must precede the onset of the claimed occupational disease. Revised rules limit apportionment to those losses that existed before the compensable injury and that qualify as preexisting conditions.
- The division has amended OAR 436-009, Oregon Medical Fee and Payment Rules, 436-010, Medical Services, 436-030, Claim Closure and Reconsideration, 436-035, Disability Rating Standards, 436-105, Employer-at-Injury Program, 436-110 Preferred Worker Program, and 436-120, Vocational Assistance to Injured Workers, to reflect the decision of the Oregon Court of Appeals in *Brown v. SAIF* (262 Or. App. 640 (2014)). The court found that the legislative history established that an insurer's obligation to specify the accepted conditions for a claim was not intended to have a negative impact on the injured worker's right to benefits resulting from the compensable injury; specifically, the

legislature did not mean to equate "compensable injury" with an "accepted condition."
Revised rules distinguish definitions and actions that are relevant to compensable injuries from those definitions and actions that are relevant to accepted conditions.

FINDINGS

Having reviewed and considered the record and being fully informed, I make the following findings:

- a) The applicable rulemaking procedures have been followed.
- b) These rules are within the director's authority.
- c) The rules being adopted are a reasonable administrative interpretation of the statutes and are required to carry out statutory responsibilities.

IT IS THEREFORE ORDERED THAT

- 1) Amendments to OAR chapter 436 are adopted on this 29th day of January, 2015, **to be effective March 1, 2015.**
- 2) A certified copy of the adopted rules will be filed with the Secretary of State.
- 3) A copy of the adopted rules with revision marks will be filed with the Legislative Counsel under ORS 183.715 within ten days after filing with the Secretary of State.

DATED this 29th day of January, 2015.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Under the Americans with Disabilities Act guidelines, alternative format copies of the rules will be made available to qualified individuals upon request.

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

Distribution: Workers' Compensation Division e-mail distribution lists, including advisory committee members and testifiers

Secretary of State
Certificate and Order for Filing
PERMANENT ADMINISTRATIVE RULES

FILED
1-29-15 4:20 PM
ARCHIVES DIVISION
SECRETARY OF STATE

I certify that the attached copies are true, full and correct copies of the PERMANENT Rule(s) adopted on Upon filing, by the
Department of Consumer and Business Services, Workers' Compensation Division 438

Agency and Division Administrative Rules Chapter Number

Fred Bruyns (503) 947-7717

Rules Coordinator Telephone

PO Box 14480, Salem, OR 97309-0405

Address

To become effective 03/01/2015 Rulemaking Notice was published in the December 2014 Oregon Bulletin.

RULE CAPTION

Recognition of preexisting conditions; effects of compensable injury versus accepted conditions

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

438-035-0008

AMEND:

438-009-0005, 438-010-0005, 438-010-0280, 438-030-0005, 438-030-0020, 438-030-0034, 438-030-0035, 438-030-0065, 438-030-0135, 438-030-0165, 438-035-0005, 438-035-0007, 438-035-0008, 438-035-0012, 438-035-0013, 438-035-0014, 438-035-0016, 438-035-0018, 438-035-0250, 438-105-0500, 438-105-0520, 438-110-0350, 438-120-0005

REPEAL:

RENUMBER:

AMEND AND RENUMBER:

Statutory Authority:

ORS chapter 656, primarily 656.726(4)

Other Authority:

Statutes Implemented:

ORS ch. 656, primarily 656.005, 656.214, 656.262, 656.266, 656.268, 656.273, 656.340, 656.622, 656.802

RULE SUMMARY

The agency has amended OAR 438-030, Claim Closure and Reconsideration, and OAR 438-035, Disability Rating Standards, to reflect the decision of the Oregon Supreme Court in *Schleiss v. SAIF* (364 Or. 637 (2013)). A contributing cause to impairment must be a statutorily recognized preexisting condition to qualify for apportionment. In injury claims, to be recognized as a preexisting condition, a condition must be (1) arthritis or an arthritic condition, or (2) diagnosed or treated prior to the compensable injury. In an occupational disease claim, to be recognized as a preexisting condition, a condition must precede the onset of the claimed occupational disease. Revised rules limit apportionment to those losses that existed before the compensable injury and that qualify as preexisting conditions.

The agency has amended OAR 438-009, Oregon Medical Fee and Payment Rules, 438-010, Medical Services, 438-030, Claim Closure and Reconsideration, 438-035, Disability Rating Standards, 438-105, Employer-at-Injury Program, 438-110 Preferred Worker Program, and 438-120, Vocational Assistance to Injured Workers, to reflect the decision of the Oregon Court of Appeals in *Brown v. SAIF* (262 Or. App. 640 (2014)). The court found that the legislative history established that an insurer's obligation to specify the accepted conditions for a claim was not intended to have a negative impact on the injured worker's right to benefits resulting from the compensable injury; specifically, the legislature did not mean to equate "compensable injury" with an "accepted condition." Revised rules distinguish definitions and actions that are relevant to compensable injuries from those definitions and actions that are relevant to accepted conditions.

Fred Bruyns
Rules Coordinator Name

fred.h.bruyns@state.or.us
Email Address