

Introduction

Purpose

This *Guide* is to be applied to assess the extent of incapacity from war-caused or defence-caused injury or disease. Its provisions are binding on the Repatriation Commission, the Veterans' Review Board, and the Administrative Appeals Tribunal.

Legal background

The *Veterans' Entitlements Act 1986* (the Act) provides for pensions to veterans for incapacity resulting from war or defence-caused injuries and diseases (sections 13 and 70).

The terms "injury" and "disease" are defined in subsection 5D(1) of the Act. A veteran's incapacity is defined by subsection 5D(2) as the effects of that injury or disease.

The Act provides three fundamental rates of pension: a general rate, an intermediate rate, and a special rate.

Section 22 of the Act provides that the percentage of general rate of pension payable is to be determined by reference to the extent of the veteran's incapacity as assessed in accordance with this *Guide*. Section 29 of the Act provides that the Repatriation Commission prepare the *Guide*, setting out:

- “(a) criteria by reference to which the extent of the incapacity of a veteran resulting from war-caused injury or war-caused disease, or both, shall be assessed; and
- (b) methods by which the extent of that incapacity, as assessed in accordance with those criteria, shall be expressed as a percentage of incapacity from that injury or disease, or both, being a percentage not exceeding one hundred per centum.”

Subsection 22(4) of the Act sets out the criteria in accordance with this *Guide* that must be met in order to qualify for the extreme disablement adjustment.

Definitions

For the purposes of this *Guide*, and unless a contrary intention appears:

“Act” means the *Veterans' Entitlements Act 1986* as amended from time to time;

“accepted condition” means an injury or disease that has been determined under the Act to be war-caused or defence-caused;

“add” means find the arithmetic sum of two or more numbers;

“clinical features” includes signs and symptoms;

“combine” means produce a result by combining two or more numbers by applying Table 18.1 (Combined Values Chart) in Chapter 18 in accordance with that chapter;

“condition” means an injury or a disease;

“defence-caused injury” and “defence-caused disease” have the meaning given in section 70 of the Act;

“disease” has the meaning given by section 5D of the Act;

“Guide” means this *Guide to the Assessment of Rates of Veterans’ Pensions*;

“impairment rating” means a measure of the degree of medical impairment due to accepted conditions, on a scale of 0 to 100;

“incapacity” has the meaning given in subsection 5D(2) of the Act;

“injury” has the meaning given by section 5D of the Act;

“non-accepted condition” means an injury or disease that:

- ◆ has not been determined under the Act to be war-caused or defence-caused;
or
- ◆ has been determined under the Act not to be war-caused or defence-caused;

“Statement of Principles” means:

- ◆ a Statement of Principles determined by the Repatriation Medical Authority under section 196B of the Act; or
- ◆ a determination made by the Repatriation Commission under section 180A of the Act; or
- ◆ a statement of principles concerning a particular kind of injury or disease made available to the Veterans’ Review Board by the Repatriation Commission under paragraph 138(2)(a) of the Act;

“veteran” means a person (including a deceased person) in respect of whom an injury or disease has been determined under the Act to be war-caused or defence-caused;

“war-caused injury” and “war-caused disease” have the meaning given in section 9 of the Act;

“worksheet” means a page or pages of this *Guide*, identified as a “worksheet”;

that gives a structure by which certain calculations may be set out to assist in determining an impairment rating.

Definitions of words and phrases that are used in only one chapter are to be found in that chapter.

Acknowledgment of sources

The following published works were found to be useful in the preparation of this edition of the *Guide*:

Guides to the Evaluation of Permanent Impairment, 4th edition, American Medical Association, 1993;

International Classification of Impairments, Conditions, and Handicaps, World Health Organisation, Geneva, 1980; and

Publication No 118 of the National Acoustic Laboratories, *Improved Procedure for Determining Percentage Loss of Hearing*, by J. Macrae, Australian Government Publishing Service, Canberra, 1988.

How to Use this Guide

The subject of assessment

This *Guide* is to be applied to assess the degree of incapacity from injuries or diseases or both that have been determined to be war-caused or defence-caused.

In making an assessment the clinical features of war-caused or defence-caused injuries or diseases are to be taken into account. Clinical features of sequelae of accepted conditions can only be assessed after the sequelae have been determined to be war-caused or defence-caused.

The elements of assessment

The two elements of the assessment of degree of incapacity are *medical impairment* and *lifestyle effects*. Lifestyle effects are dealt with in Chapter 22. Other chapters address medical impairment.

Medical impairment

Medical impairment has two components:

- ◆ physical loss of, or disturbance to, any body part or system; and
- ◆ the resultant functional loss.

Chapters 1 to 16 of the *Guide* contain two principal types of tables. Physical loss is to be rated against criteria in “Other Impairment” tables. Functional loss is to be rated against criteria in “Functional Loss” tables.

Greater emphasis has been given throughout this *Guide* to functional loss as a basis for assessment. It is measured by reference to an individual’s performance efficiency compared with that of an average, healthy person of the same age and sex, in a set of defined vital functions. This is a means of compensating for the loss of ability to perform everyday functions.

Each table contains benchmark values, generally at intervals of five points. In some cases the range between nil and five includes a rating of two points. In some other cases intervals are greater than five points because lesser increments of impairment cannot be distinguished.

Each benchmark is a threshold value, that is, the rating applies only if the threshold is achieved or exceeded. Ratings are not to be rounded up to the next benchmark. Similarly, ratings between benchmark values contained in the tables are not to be interpolated.

In some tables more than one criterion is stated opposite a benchmark value. The different criteria are marked by dot points. Where more than one criterion is stated for a particular value, the condition being assessed only has to satisfy one of the criteria in order to attract the impairment rating of that value.

Each chapter contains step-by-step instructions to be followed in the use and application of the tables.

Whole person impairment

Medical impairment is expressed in impairment points, out of a maximum rating of 100. On this scale, zero points corresponds to no or negligible impairment from accepted conditions, and 100 points corresponds to death. Effectively, impairment points are percentages of the impairment of the whole person.

Functional loss

Medical impairment is measured chiefly by loss of vital functions, addressed in twelve system specific chapters, as follows:

- ◆ Cardiorespiratory Impairment
- ◆ Hypertension and Non-Cardiac Vascular Conditions
- ◆ Impairment of Spine and Limbs
- ◆ Emotional and Behavioural
- ◆ Neurological Impairment
- ◆ Gastrointestinal Impairment
- ◆ Ear, Nose, and Throat Impairment
- ◆ Visual Impairment
- ◆ Renal and Urinary Tract Function
- ◆ Sexual Function, Reproduction, and Breasts
- ◆ Skin Impairment
- ◆ Endocrine and Haemopoietic Impairment

Functional loss is to be rated against criteria in Functional Loss tables. Each functional loss associated with an accepted condition is to be identified and rated individually. In most cases a single condition gives rise to a single functional loss.

If there is a multisystem condition in which a single condition gives rise to multiple functional losses, then such a single condition is to be rated using several Functional Loss tables. The separate ratings are only to be combined with each other in the final combining of all ratings from all accepted conditions. If two or more conditions contribute to the same functional loss, a single rating only is to be given for that functional loss.

Other Impairment

Other Impairment is the physical loss of, or disturbance to, any body part or system. This concept is extended in some chapters to include discomfort, pain, poor prognosis and other, less tangible, effects of accepted conditions. It is to be rated against criteria in Other Impairment tables.

As a general rule, ratings from Other Impairment and Functional Loss tables are not to be combined for the same condition. Exceptions to this rule are expressly indicated in particular chapters. When ratings from both types of table can be applied, the higher rating is to be chosen.

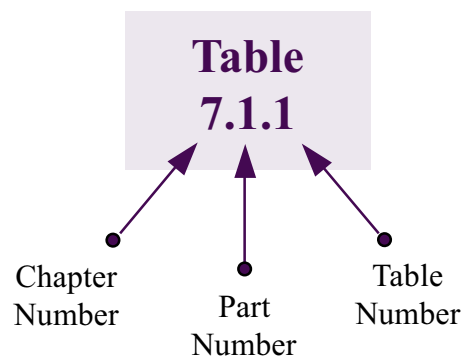
Lifestyle effects

Lifestyle effects are to be assessed by applying Tables 22.1 to 22.5 in Chapter 22 in accordance with that chapter.

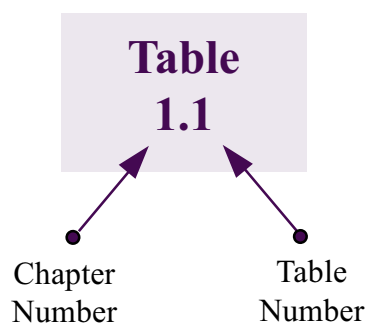
The tables

Types of Tables. There are five types of tables in the *Guide*. They are “Functional Loss”, “Other Impairment”, “Scale”, “Procedural”, and “Lifestyle”. Each table carries its type identification and number in the top left hand corner.




Some chapters are divided into parts. The tables in these chapters carry a number in three segments (separated by full stops):



Tables in chapters not divided into parts carry a number in two segments:



Gender Use. Some tables are for men only, some for women only, and others (the majority) are not gender specific. Each table is clearly marked in the top right hand corner:

- ◆ the symbol  means that the table is only to be used for the assessment of *female* veterans;
- ◆ the symbol  means that the table is only to be used for the assessment of *male* veterans;
- ◆ the symbol  means that the table may be used for *either male or female* veterans.

Age Adjustment. Some tables incorporate age dependent criteria. Some other tables have no such criteria and require subsequent age adjustment by applying tables provided for that purpose.

Each table is clearly marked in the bottom left hand corner with instructions on age adjustment for ratings derived from that table.

Non-system specific assessments

There are five chapters describing alternate methods of assessing certain conditions. They are:

- ◆ Chapter 13 — Negligible Impairment
- ◆ Chapter 14 — Malignant Conditions
- ◆ Chapter 15 — Intermittent Impairment
- ◆ Chapter 16 — Activities of Daily Living
- ◆ Chapter 17 — Disfigurement and Social Impairment

A condition may be assessable under both system specific chapter(s) and non-system specific chapter(s), for example, carcinoma of the lung or epilepsy.

As a general rule, ratings from Chapters 14, 15, and 16 are not to be combined with any impairment ratings for the same condition derived from one or more system specific chapters. The impairment ratings from the the system-specific chapters and the non-system specific chapters are to be compared and the higher impairment rating is to be selected.

Ratings from Chapters 13 and 17 are to be dealt with differently. Any applicable ratings from Chapters 13 and 17 are to be combined with any applicable ratings from other chapters in the final combining of all ratings.

Conditions and their sequelae

Only the clinical features of an accepted condition may be taken into account in making an assessment. If the accepted condition causes some other distinct and diagnosable condition (sequela), the symptoms of the sequela cannot be taken into

account when assessing the original accepted condition. Sequelae can only be assessed when they have themselves been separately determined to be war-caused or defence-caused.

As a general guide, a condition that is the subject of a Statement of Principles in force on 18 April 1998 should be taken as a separate disease entity. For the purposes of the preceding sentence, “Statement of Principles” has the meaning given to it on page 2 of this *Guide*.

Applying the instructions

To the extent of any inconsistency between an instruction in “How to Use this Guide” and a specific instruction concerning a particular matter in another chapter of this *Guide*, the specific instruction in that other chapter is to apply to that particular matter.

If assessment of impairment is not possible

If it is impossible to assess the impairment of an accepted condition that has previously been assessed under this or an earlier edition of the *Guide*, the impairment rating that was last given for that accepted condition (under this or the earlier edition of the *Guide*, as the case may be) is to be taken to be the impairment rating for that condition.

For example, if the veteran has an accepted visual loss, which at the last assessment had been given a rating of 15 impairment points, and is now afflicted with dementia, which prevents the assessment of that visual loss, the impairment rating for that visual loss would be taken to be 15 impairment points for the purposes of the current assessment.

If the impairment from a particular accepted condition has not previously been assessed (under this or an earlier edition of the *Guide*) and it is otherwise impossible to assess the impairment of that condition in accordance with this *Guide*, a best estimate must be made based on what medical and other evidence is available concerning the extent of impairment from that condition. Such assessment of impairment must take into account the contribution to impairment from other conditions and the expected course of the condition, including the effect of aging by reference to age adjustment tables, as appropriate. The impairment rating given by this method must be as consistent as possible with the relevant steps and tables in this *Guide*.

Pain and suffering

Pain and suffering have been taken into account in this *Guide* in the following manner:

- ◆ if pain and suffering restrict everyday activities, the functional loss caused is rated in the appropriate table;
- ◆ if pain and suffering occur without restriction to any activity the appropriate Other Impairment table is used; and
- ◆ allowance for pain and suffering is included in the lifestyle assessment.

Medication or treatment

In some cases, type of medication or treatment has been used as an indicator of the severity of disablement. Such tables contain appropriate criteria about medication. No additional rating is therefore required.

Persistent side effects of long term treatment are to be assessed as part of the condition being treated, using the appropriate system specific tables. Persistent side effects are those side effects of the treatment that persist during therapy but which resolve on (or shortly after) cessation of therapy.

Permanent side effects of long term treatment cannot be assessed as part of the condition being treated. Permanent side effects are those side effects of the treatment that persist during therapy and which do not resolve on (or shortly after) cessation of therapy. Such permanent side effects would generally be covered by a Statement of Principles. The permanent side effects must first be determined to be war-caused or defence-caused, before they can be assessed.

Time reference

The severity of many conditions fluctuates over time and may be better assessed by an averaging process. Therefore, because some criteria refer to the occurrence of symptoms during a period, it will be necessary to assess an averaged severity during that period. Twelve months is usually a suitable period, as it allows any seasonal fluctuation to be observed, but the period may be varied according to circumstances.

For tests done on a particular date, specifically spirometry, audiometry and creatinine clearance calculated from the formula, the veteran's age for the purpose of obtaining an impairment rating shall generally be his or her age on the date of the test.

Duration of assessment period

While the Act requires the assessment of a rate or rates of pension over an "assessment period" (see section 19 of the Act), that assessment can in practice only be made by reference to the available medical and other material that, of necessity, relates to a particular point or period in time. Therefore, the assessment of the impairment and lifestyle ratings during the "assessment period" must be based on the assessor's reasonable satisfaction as to those ratings throughout the assessment period, based on the available material. If there is a significant change in impairment or lifestyle during an assessment period, the assessment period must be divided into appropriate periods to reflect those changes, and separate assessments made of the degree of incapacity.

Apportionment of impairment ratings

It is sometimes necessary, for an accepted condition, to compare an impairment rating derived from one table with an impairment rating derived from another table. When two or more conditions contribute to the impairment ratings from either or

both tables, and comparison is necessary, the method called “apportionment” is to be applied before making the comparison.

Details of the application of apportionment are given in Chapter 20.

Paired organs policy

The paired organs policy is described in Chapter 21.

Combining impairment ratings

If all accepted conditions have been given impairment ratings, the ratings are to be combined by applying Table 18.1 (Combined Values Chart).

Details on how to apply Table 18.1 are given in Chapter 18.

The combined impairment rating obtained by applying Table 18.1 (Combined Values Chart) is to be rounded to the nearest five points. If Table 18.1 is not required to be applied because only one impairment rating has been obtained and that rating is not a multiple of five, that rating is to be rounded to the nearest five points (or to zero) to produce the impairment rating for the purposes of applying Table 23.1 in Chapter 23 (Conversion to Degree of Incapacity), and for the purposes of the extreme disablement adjustment.

Degree of incapacity

The combined impairment rating which is obtained by applying Chapter 18 (Combined Values Chart) is to be combined with the lifestyle rating to determine the degree of incapacity, by applying Table 23.1 (Conversion to Degree of Incapacity) in accordance with Chapter 23.

Degree of incapacity for specific disabilities

If a veteran has one or more accepted conditions that are listed in Column 1 of Table 24.1, then the degree of incapacity of the veteran must be determined in accordance with Chapter 24. The veteran’s degree of incapacity from accepted conditions determined by applying Chapters 1–23 of the *Guide*, is to be compared with the degree of incapacity determined by applying Chapter 24, and the higher degree of incapacity is to be taken. This is the veteran’s final degree of incapacity from all accepted conditions.