



## WorkCover WA Guides for the Evaluation of Permanent Impairment

Third Edition, November 2010

Edit No.	Location in 3rd Edition	Description
1.	Throughout	Renumbering of sections and Table references to account for insertions and deletions
2.	Page 4 para 3.6	<ul style="list-style-type: none"><li>Inserted "clinical assessment" after "Assessing permanent impairment involves..."</li><li>Inserted "in accordance with diagnostic and other objective criteria as detailed in the WorkCover WA Guides" after dot points I–V</li></ul>
3.	Page 5 paras 3.7a–3.7c	Inserted three new paragraphs with general information on impairment assessment
4.	Page 12 para 3.46	Inserted new sentence "When combining more than two impairments, the approved medical specialist should commence with the highest impairment and combine with the next highest and so on." to end of paragraph 3.46
5.	Page 17 para 3.83	Deleted: "examining workers" Replaced with: "assessing (i.e. taking history and examining.)"
6.	Page 19 para 4.13	Inserted new sentence at commencement of paragraph clarifying the use of strength evaluation as a method of upper extremity impairment assessment
7.	Page 20 paras 4.18–4.20	Inserts new heading "Conditions Affecting the Elbow and Forearm" and new paragraphs 4.18–4.20
8.	Page 22 para 5.8	Between "Clinical assessment of leg length discrepancy is an acceptable method but if..." and "... computerised tomography..." inserted "full length"
9.	Page 22 para 5.9	<ul style="list-style-type: none"><li>Range quoted for lower limb impairment changed from "0, 9, 14, 19, or 20" to "0, 8, 13, 18, or 19"</li><li>New Notation and Table (Impairment Due to Limb Length Discrepancy) inserted after paragraph 5.9</li></ul>
10.	Page 22 para 5.10	Deleted: "It should rarely be used..." Replaced with: "It should only be used if there is no other appropriate method of assessment."
11.	Page 22 para 5.14	Deleted: "This section (AMA5 Section 17.2d, p 530 should be used infrequently. It is not applicable if the limb other than that being assessed is abnormal (for example, if varicose veins cause swelling, or if there is other injury)." Replaced with: "AMA5 Section 17.2d (p 530) is not applicable if the limb other than that being assessed is abnormal (eg if varicose veins cause swelling, or if there is another injury or condition which has contributed to the disparity in size)."

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12.	Page 23 para 5.15	Range quoted for lower limb impairment changed from "0, 8, 13, or 13%" to "0, 6, 11, or 12"
13.	Page 24 para 5.20	Inserted new sentence at beginning of paragraph: "Ankylosis is to be regarded as the equivalent to arthrodesis in impairment terms only."
14.	Page 24 Table 5.1a	<ul style="list-style-type: none"> <li>Table title changed from "Table 5.1" to "Table 5.1(a)"</li> <li>Figures in Table for "Ankle changed from "4%, 10% and 14%" to "15%, 37% and 53%</li> <li>New notation inserted following Table 5.1 (a): "Note that the figures in Table 5.1 (a) suggested for ankle impairment are greater than those suggested in AMA5"</li> </ul>
15.	Page 24 para 5.21	Additional advice provided regarding assessment of ankylosis of the ankle when not in the optimum position
16.	Page 24 Table 5.1 (b)	New Table inserted: "Table 5.1 (b) Impairment for ankylosis in variation from the optimum position"
17.	Page 26 para 5.26	After paragraph "Patello-femoral joint" inserted new Footnote regarding Table 17-31 (p 544 AMA5)
18.	Page 27 para 5.29	Inserted two new sentences at the end of the paragraph regarding category of mild cruciate and collateral ligament laxity
19.	Page 27 para 5.31	New Table Notation and Table 5.2 (Impairment for Loss of the Tibia-Os Calcis Angle) inserted after paragraph 5.31
20.	Pages 27-28 para 5.33	New Table Notation and Table 17-35 (Rating Knee Replacement Results) inserted after paragraph 5.33
21.	Page 29 para 5.40	New Title and paragraph inserted: "Measurement of selected joint motion"
22.	Page 31 para 6.1	Between "Evaluation of impairment of the spine is..." and "... to be done using..." inserted "only"
23.	Page 31 para 6.5	<p>Deleted: "If a person has spinal cord damage, he or she is assessed according to the method described in Chapter 7 of the WorkCover WA Guides. AMA5 Sections 15.2 (pp 379-381), and 15.7-15.12 (pp 395-426) are not used for assessing impairments of the spinal cord."</p> <p>Replaced with: "If a person has spinal cord or cauda equina damage, including bowel, bladder and/or sexual dysfunction, he or she is assessed according to the method described in AMA5 Section 15.7 and Table 15.6 (a) to (g) (pp 395-398)."</p>
24.	Page 32 para 6.11	<p>Deleted: "Approved medical specialists should state the method they have used to measure the percentage compression of a vertebral body from relevant x-rays. The loss of vertebral height should be measured at the most compressed part and must be documented in the impairment evaluation report. The estimated normal height of the compressed vertebra should be determined where possible by averaging the height of the two adjacent (unaffected and normal) vertebra."</p> <p>Replaced with: "The optimal method to measure the percentage compression of a vertebral body is a well centred plain x-ray. Approved medical specialists should state the method they have used. The loss of vertebral height should be measured at the most compressed part and must be documented in the impairment evaluation report. The estimated normal height of the compressed vertebrae should be determined where possible by averaging the heights of the two adjacent (unaffected and normal) vertebra."</p>
25.	Page 32 para 6.16	New paragraph inserted regarding DRE definitions of clinical findings

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26.	Page 33 para 6.17	<p>Deleted: "The clinical findings used to place an individual in a DRE category are described in AMA5 Box 15–1 (pp 382-383). The reference to 'Electrodiagnostic Verification of Radiculopathy' should be disregarded.</p> <p>Replaced with: "The clinical findings used to place an individual in a DRE category are described in AMA5 Box 15–1 (pp 382-383). The reference to 'Electrodiagnostic Verification of Radiculopathy' should be disregarded.</p> <p>(The use of electrodiagnostic procedures such as electromyography is generally unnecessary as an assessment aid for decisions about the category of impairment into which a person should be placed. It is considered that competent assessors can make decisions about which DRE category a person should be placed in from the clinical features alone. The use of electrodiagnostic differentiators is generally unnecessary)."</p>
27.	Page 33 para 6.19	<p>Deleted: "Cauda equina syndrome and neurogenic bladder disorder are to be assessed by the method prescribed in the nervous system Chapter of AMA5 (pp 305-356)"</p> <p>Replaced with: "Cauda equina syndrome and neurogenic bladder disorders are to be assessed by the method prescribed in the spine Chapter of AMA5 Section 15.7 (pp 395-398). For an assessment of neurological impairment of bowel or bladder there must be objective evidence of spinal cord, or cauda equina, injury.</p>
28.	Page 34 para 6.22	<p>Deleted: "Loss of sexual function should only be assessed as an impairment related to spinal injury where there is other objective evidence of relevant spinal cord, cauda equina or bilateral nerve root dysfunction. The ratings described in Table 13–21 on p 342 of AMA5 are used in this instance. There is no additional impairment rating system for impotence in the absence of objective clinical findings."</p> <p>Replaced with: "<b>Loss of sexual function</b> should only be assessed where there is other objective evidence of spinal cord, cauda equina or bilateral nerve root dysfunction. The ratings are described in AMA5 Table 15–6 (pp 396-397). There is no additional impairment rating system for loss of sexual function in the absence of objective neurological findings. Loss of sexual function is <b>not</b> assessed as an activity of daily living."</p>



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29.	Page 34 para 6.23	<p data-bbox="480 190 1461 347">Deleted: "Radiculopathy is the impairment caused by malfunction of a spinal nerve root or nerve roots. Assigning of a DRE for spinal injury includes the presence or absence of radiculopathy (Category III in the lumbo-sacral region). In general, in order to conclude that a radiculopathy is present two or more of the following signs should be found:</p> <ul data-bbox="480 365 1461 689" style="list-style-type: none"> <li>• Positive root tension sign ( ) some examples are given at p 375, AMA5);</li> <li>• Loss or asymmetry of reflexes;</li> <li>• Muscle wasting/atrophy (Box 15–1, p 382, AMA5);</li> <li>• Muscle weakness that is anatomically localised to an appropriate spinal nerve root distribution;</li> <li>• Reproducible impairment of sensation that is anatomically localised to an appropriate spinal nerve root distribution;</li> <li>• Findings on an imaging study consistent with the clinical signs (AMA5, p 382)."</li> </ul> <p data-bbox="480 703 1430 831">Replaced with: "Radiculopathy is the impairment caused by malfunction of a spinal nerve root or nerve roots. In general, in order to conclude that radiculopathy is present, two or more of the following criteria should be found, one of which must be major (major criteria in bold):</p> <ul data-bbox="480 846 1481 1171" style="list-style-type: none"> <li>• <b>Loss or asymmetry of reflexes</b></li> <li>• <b>Muscle weakness that is anatomically localised to an appropriate spinal nerve root distribution</b></li> <li>• <b>Reproducible impairment of sensation that is anatomically localised to an appropriate spinal nerve root distribution</b></li> <li>• Positive nerve root tension - AMA5 Box 15–1 (p 382)</li> <li>• Muscle wasting-atrophy - AMA5 Box 15–1 (p 382)</li> <li>• Findings on an imaging study consistent with the clinical signs (AMA5, p 382)."</li> </ul>
30.	Page 34 para 6.27	<p data-bbox="480 1182 1461 1339">Deleted: "Multilevel structural compromise implies spinal fractures and/or dislocations at more than one spinal level, without spinal cord compromise. If there is no radiculopathy, the individual is assigned to DRE category IV; if radiculopathy is present, then the person is assigned to category DRE category V."</p> <p data-bbox="480 1355 1449 1417">Replaced with: "Vertebral body fractures and/or dislocations at more than one vertebral level are to be assessed as follows:</p> <ul data-bbox="480 1435 1477 1720" style="list-style-type: none"> <li>• Measure the percentage loss of vertebral height at the most compressed part of each vertebra, and</li> <li>• Add the percentage loss at each level: <ul data-bbox="523 1547 1031 1641" style="list-style-type: none"> <li>– Total loss of more than 50% = DRE IV</li> <li>– Total loss of 25% to 50% = DRE III</li> <li>– Total loss of less than 25% = DRE III</li> </ul> </li> <li>• If radiculopathy is present then the person is assigned one DRE category higher.</li> </ul> <p data-bbox="480 1736 1477 1798">One or more end plate fractures in a single spinal region without measurable compression of the vertebral body are assessed as DRE category II.</p> <p data-bbox="480 1814 1449 1877">Posterior element fractures (excludes fractures of transverse processes and spinous processes) at multiple levels are assessed as DRE III."</p> <p data-bbox="480 1892 1382 1955">Moved: Notation regarding multilevel structural compromise to follow paragraph 6.28 on page 35.</p>

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31.	Page 35 para 6.28	<p>Deleted: "Displaced fractures of transverse or spinous processes are assessed as DRE Category II because the fracture does not disrupt the spinal canal (AMA5, p 385) and they do not cause multilevel structural compromise."</p> <p>Replaced with: "Displaced fractures of transverse or spinous processes at one or more levels are assessed as DRE Category II because fractures do not disrupt the spinal canal (AMA5, p 385) and they do not cause multilevel structural compromise."</p>
32.	Page 35 para 6.29	<p>Inserted two new sentences following paragraph 6.29:</p> <p>"If both C7 and T1 are fractured only one region of the spine (the cervical) is assessed for whole person impairment. If both T12 and L1 are fractured, then only one region of the spine (the thoracic) is assessed."</p>
33.	Page 35 para 6.30	<p>Inserted new sentence to end of paragraph 6.30:</p> <p>"The determination of the impact on ADLs is not solely dependent on self reporting, but it is an assessment based on all clinical findings and other reports."</p>
34.	Pages 35-36 para 6.31–6.33	<p>Deleted: "As a guide to determine whether 0, 1, 2, or 3% WPI should be added to the bottom of the appropriate impairment range the following should apply:</p> <p>0% where the activities of daily living has not been impaired, or only minimally impaired.</p> <p>1% if the worker's capacity to undertake tasks related to sport, recreation, gardening, etc, has been impaired.</p> <p>2% if the worker's capacity to undertake household tasks (eg. cooking, climbing stairs (has been affected))."</p> <p>Inserted:</p> <ul style="list-style-type: none"> <li>• New paragraphs 6.31 to 6.32</li> <li>• Inserted new diagram to be used as a guide to assess ADLs (following paragraph 6.31 on page 37)</li> <li>• Revised paragraph 6.33</li> </ul>
35.	Page 36 para 6.34	<p>Inserted two additional dot points following paragraph 6.34 regarding the effect of surgery:</p> <p>Surgical decompression for spinal stenosis is DRE III.</p> <p>Radiculopathy persisting after surgery is not accounted for by AMA5 Table 15–3, and incompletely by AMA5 Tables 15–4 and 15–5, which only refer to radiculopathy which has improved after surgery.</p>
36.	Page 37 para 6.36	<p>Deleted: "Impairment due to pelvic fractures should be evaluated with reference to AMA5 Section 15.14 (pp 427-428). Specific ratings for pelvic fractures are provided in Table 15–19 (AMA5, p 428). Impairment due to disorders of the pelvis, other than those due to specific pelvic fractures, should be estimated using the criteria and categories indicated in Table 17–33 (AMA5, p 546)."</p> <p>Inserted:</p> <ul style="list-style-type: none"> <li>• New paragraph 6.36</li> <li>• New Table 6.3: Pelvic Fractures</li> </ul>
37.	Page 37	<p>Deleted paragraph 6.35 and Notation regarding Arthritis (page 32, paragraph 6.35 of Second Edition of the Guides)</p>
38.	Page 37 para 6.37	<p>New paragraph inserted regarding "Posterior Spacing or Stabilisation Devices"</p>

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39.	Page 38 para 7.7	Deleted: "Impairments due to spinal cord pathology (AMA5, pp 340-342) are to be combined with other neurological impairments indicated in AMA5 Table 13-1 (p 308)."  Replaced with: "It should be noted that AMA5 Sections 13.5 and 13.6 (pp 336-340) should be used for cortical motor or sensory impairments and therefore this section covers hemiplegia due to <b>cortical</b> injury. However, if a person has a <b>spinal</b> injury with spinal cord or cauda equina damage, including bowel, bladder and/or sexual dysfunction, he or she is assessed according to the method described in AMA5 Section 15.7 and Table 15.6(a) to (g) (pp 395-398). See Section 6.19 of these WorkCover WA Guides."
40.	Page 40 para 7.17 & Table 7.1	New paragraph 7.17 and Table inserted: "Criteria for Rating Miscellaneous Peripheral Nerves."
41.	Page 56	New Example 11.2 inserted: "Occupational noise-induced hearing loss with acute occupational hearing loss"
42.	Pages 80-81 paras 16.5-16.9	<ul style="list-style-type: none"> <li>• New paragraphs 16.5-16.9 regarding assessment for skin impairments inserted</li> <li>• New Table 16.1 inserted: "Table for the Evaluation of Minor Skin Impairment (TEMSKI)"</li> <li>• New Notation following Table 16.1 inserted</li> </ul>
43.	Page 88 Chapter 19	Information regarding chronic pain relocated within the Guides from page 95 Appendix 3 (Second Edition of the Guides) to page 88 Chapter 19 (Third Edition of the Guides)
44.	Pages 89 (Appendix 1), 97 & 98	Further clarification and two Worked Examples/Case Studies inserted regarding digit impairment versus impairment of the distal phalanx
45.	Page 99 Appendix 2	Details of NSW Permanent Impairment Co-ordinating Committee (2008) inserted



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