

CHAPTER 11

CHEST - NON-TUBERCULOUS

11.01 - Non-Tuberculous Chest Disease

1. Non-tuberculous chest disease shall be assessed in accordance with the Tables 1 and 2 to Article 11.01.
2. For pension purposes entitlement for any one of bronchitis, bronchiectasis, asthma or emphysema is assumed to include entitlement for the others, when present.
3. Tuberculosis, neoplasm of lung, sarcoidosis, pneumoconiosis and pulmonary fibrosis require separate adjudication.
4. The assessment is based on an over-all appraisal of the implications of the disabilities as compared with the status of an average healthy person of similar age and physique.
5. The effects of non-pensioned conditions must be excluded.
6. Factors to be taken into consideration in assessing the disability include the symptoms and physical signs of disease resulting from the pensioned condition from time to time, the treatment required, interference with employment and other normal activities.
7. Clinical examination by a Consultant is required for assessment purposes whenever this is practicable. Pulmonary function tests are not done routinely, but on the initiative or advice of the Consultant.
8. When entitlement is held for both nasal and chest disease, separate assessments for these two conditions may not be necessary.
9. When entitlement is held for pulmonary tuberculosis, the assessment of consequential non-tuberculous chest disease is subject to Veterans Affairs Canada policy directives.

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TABLE 1 TO ARTICLE 11.01		
Assessment for Chronic Non-Tuberculous Chest Disease		
Grade 1 <u>Minimal</u>	Symptoms minimal or infrequent. Physical findings absent or inconstant.	0% - 10%
Grade 2 <u>Mild</u>	Symptoms minimal to mild. Exercise tolerance only slightly impaired. Physical findings obvious during exacerbations.	10% - 20%
Grade 3 <u>Moderate</u>	The evidence is compatible with moderate interference with work or other activities. Symptoms are continuous and moderate to moderately severe. Physical findings are obvious with or without exacerbations.	25% -50%
Grade 4 <u>Severe</u>	Symptoms are continuous and severe with marked restriction of activity.	55% - 75%
Grade 5 <u>Very Severe</u>	Very severe restriction of activities. Physical findings indicate severe pulmonary insufficiency. Cor pulmonale may be present. Poor response to treatment.	80% - 100%

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TABLE 2 TO ARTICLE 11.01

Post Operative Assessments

1. **Pneumonectomy**

- (a) following treatment 100%
(mandatory review in six months)
- (b) subsequent six months . . not less than 75%
- (c) ultimate minimum 50%

2. **Lobectomy**

- (a) following treatment 100%
(mandatory review in six months)
- (b) subsequent six months not less than 50%
- (c) ultimate minimum 20%

3. **Segmental Resection of Lung**

- (a) following treatment 100%
(mandatory review in six months)
- (b) subsequently graded reductions, based
on facts of the individual case.