

## **1.1 AUTHORITY AND ADMINISTRATION**

The Table of Disabilities is the instrument used by Veterans Affairs Canada to assess the degree of medical impairment caused by an entitled disability. The Table of Disabilities has been revised using the concept of medical impairment based on a per condition methodology. The relative importance of that body part/body system has been a consideration in the development of criteria to assess the medical impairment resulting from the entitled disability. The Disability Assessment will be established based on the medical impairment rating, in conjunction with quality of life indicators which assess the impact of the medical impairment on the individual's lifestyle.

### **(I) - Authority**

This publication is issued under the authority of the Minister of Veterans Affairs Canada in compliance with subsection 35(2) of the *Pension Act* R.S.C. 1985, c. P-6 and subsection 51(1) of the *Veterans Well-being Act*, which reads as follows:

"The assessment of the extent of a disability shall be based on the instructions and a Table of Disabilities to be made by the Minister for the guidance of persons making those assessments."

The provisions of the Table of Disabilities are for the guidance of the Department and the Veterans Review and Appeal Board.

### **(II) - Title and Short Title**

1. The full title of this publication is "Instructions and Table of Disabilities for the Guidance of persons making assessments of the extent of disabilities."
2. For ease of reference this publication may be referred to by the short title of "Table of Disabilities".

### **(III) - Effective Date and Application**

The 2006 edition of the Table of Disabilities will replace the 1995 edition of the Table of Disabilities on the date that it is implemented. The 1995 edition of the Table of Disabilities will still apply to certain proceedings initiated prior to, on or after the date of implementation, as directed by Departmental Transition Protocols.

#### **(IV) - Revocation of former Table of Disabilities**

The 1995 Edition of the Table of Disabilities will be replaced by the 2006 edition of the Table of Disabilities.

#### **(V) - Grandfathering Provision**

Aside from exceptions stated in this provision, in accordance with a “grandfathering provision” of this Table of Disabilities, assessments for entitled individuals or bracketed conditions, will be “grandfathered” and protected from any reduction to assessment resulting from the implementation of the 2006 edition of the Table of Disabilities. Please refer to Article 35(1) Section 4 of the *Policy Manual* for further information.

**Exception:** Interim assessments and temporary high assessments will not be protected by this “grandfathering provision”. These assessments are provisional in nature and have been rendered due to either insufficient medical documentation to assign a final assessment or to the presence of an unstable medical condition. In these specific situations, the assessment in effect **prior** to this award will be the assessment protected by this “grandfathering provision”.

Following the implementation of the 2006 edition of the Table of Disabilities, an assessment resulting from a new entitlement award or an increase in a reassessment will be paid when the assessment exceeds the “grandfathered” rate.

## **1.2 ACKNOWLEDGEMENTS**

A broad range of reference sources have been used in the development of the Table of Disabilities and these have been cited accordingly.

The Minister gratefully acknowledges the permission and contribution granted by the American Medical Association and the Veterans Affairs Australia for usage of the *AMA Guides to the Evaluation of Permanent Impairment* and the *Guide to Assessment of Rates of Veterans' Pension (Australia)* as primary references.

## **1.3 DEFINITIONS**

For the purposes of this Table of Disabilities and unless a contrary intention appears:

**“Activities of daily living”** (ADLs) are defined as a set of activities necessary for normal self-care including personal hygiene, feeding, dressing, movement in bed, bowel

and bladder control, transfers and locomotion activities performed in the home and/or community.

**“Activities of independent living”** (IADLs) are defined as usual and customary activities in a domestic and/or work environment which enables self-sufficiency. Such activities include shopping, meal preparation, housework, using forms of private or public transportation and gardening.

**“Medical Impairment”** is the physical loss of, or disturbance to, any body part or body system, and the resultant loss of function.

**“Loss of Function”** is the disturbance of or deviation of in, the normal functioning of a particular body system, measured by comparing an individual’s performance efficiency with that of a normal, healthy person of the same age and sex, in a set of defined vital functions.

**“Other impairment”** is the physical loss of, or disturbance to, any body part or body system, including discomfort, pain, prognosis, and other, less tangible consequences.

**“Medical Impairment rating”** is a measure of the degree of impairment due to an entitled condition or bracketed entitled conditions which reflects the severity of the medical condition and/or the degree to which it decreases an individual’s ability to perform normal everyday activities, as measured by criteria in the specific Medical Impairment chapters in this Table of Disabilities.

**“Quality of Life” (QOL)** is the ability to perform activities of independent living, to participate and maintain appropriate and customary personal relationships, and to take part in recreational and community activities.

**“Quality of Life level”** is a measure of the effects of the entitled condition(s) by comparing the existing Quality of Life with what might have been expected in the absence of the entitled condition(s), on a level of 1 to 3, as measured by criteria in the Quality of Life chapter in this Table of Disabilities.

**“Quality of Life rating”** is the result of applying the Quality of Life level and the Medical Impairment rating to the Quality of Life Conversion Table (**Table 2.2**). The Quality of Life rating is then added to the Medical Impairment rating to determine the Disability Assessment.

**“Disability Assessment”** is the sum of the Medical Impairment rating and the Quality of Life rating.

**“Bracketed Conditions”** are entitled conditions which affect the same body area or result in a similar loss of function and cannot be separated for medical assessment purposes, that are grouped or “bracketed” together to arrive at the Disability Assessment.

**“Rate of Pension”** is the amount of pension payable, expressed in percentage, and converted to a lump sum payment or a monthly rate in dollars in accordance with the Schedules of the *Pension Act*.

**“Extent of Disability (Disability Award)”** is the amount of benefits payable expressed in percentage and paid in a lump sum amount in dollars in accordance with schedule 3 of the *Veterans Well-being Act*.

**“Medical Stability”**: For pension/award purposes, an entitled disability is considered to be medically stabilized when it is unlikely to change substantially in the next 12 months, with or without medical treatment. Over time there may be some change, however, no further recovery is anticipated. When the prognosis is for early improvement, as after remedial surgery, the Department will determine when the condition is considered to be stabilized for assessment purposes.

**“Regular”**: Recurring at fixed intervals.

**“Majority”**: For pension/award purposes majority is a number greater than half or 50% of the total number of criteria listed at an impairment level. If only two criteria are present at a particular level both criteria must be met.

**“Dominant Hand”**: For pension/award purposes dominant hand is the hand that the Member/Veteran/Client normally writes with.

## **1.4 PRINCIPLES OF ASSESSMENT**

This Table of Disabilities is to be used to assess service related disability for disability pension/award purposes.

In accordance with the *Pension Act* and the *Veterans Well-being Act*, disability is defined as “... *the loss or lessening of the power to will and to do any normal physical or mental act.*” As impairment refers to a loss of function that can be measured and documented objectively, disability, as defined in the *Pension Act* and the *Veterans Well-being Act*, exceeds the physical limitations of impairment and thus requires both medical (impairment) and non-medical (quality of life) information to determine the final assessment of a disability.

Assessments are provided when entitled conditions are considered medically stable.

## **(I) - Medical Impairment Assessment Chapters**

Impairment consists of the following two components:

- the physical loss of, or alteration to, any body part or system, **and**
- the functional loss to which the physical loss or alteration may give rise.

The Medical Impairment rating chapters are divided using major groups of vital function or organs which are referred to as body systems for the purposes of this Table of Disabilities. Each chapter includes an introductory section which describes the disabilities assessed within that chapter in addition to specific instructions on how an entitled individual condition or bracketed conditions will be assessed.

For the purposes of assessing disability, Medical Impairment represents the alteration of an individual's health status resulting from the entitled condition or bracketed conditions. Medical Impairment is rated in accordance with the *relative* importance of the affected body part or body system.

**Exception:** If a chapter/table does not cover a condition, the condition will be then dealt with on a case-by-case basis. This scenario should be fairly rare.

## **(II) - Quality of Life Chapter**

The Quality of Life (QOL) chapter rates the effects of the entitled disability(ies) on the following components:

- The ability to participate in activities of independent living;
- The ability to take part in recreational and community activities;
- The ability to initiate and take part in personal relationships.

The QOL chapter measures the disadvantage caused by the entitled condition or bracketed entitled conditions, by comparing the existing quality of life with what might have been expected in the absence of the entitled condition or bracketed entitled conditions.

Where possible, the usual or accustomed activities that the Member/Veteran/Client was engaged in prior to the disability or worsening of the disability should be a major consideration in determining the QOL effects from the entitled condition or bracketed entitled conditions. Additionally, in establishing the QOL effect, it must be established that the inability to perform or to modify usual QOL activities is directly due to the entitled condition or bracketed entitled conditions and not other variables or characteristics such as non-entitled condition(s), lack of skill, motivation, choice,

availability or access to recreational activities, employment, etc.

### **(III) Establishing Assessment**

The medical impairment for each entitled condition or bracketed entitled conditions will be determined by rating the entitled condition or bracketed conditions within the relevant Medical Impairment chapter. Where an entitled condition or a non-entitled condition contributes to the medical impairment associated with a condition being rated, an estimate of the role of the entitled condition or the non-entitled condition may be made by applying the Partially Contributing Table.

The Medical Impairment rating is then added to the Quality of Life rating to arrive at the Disability Assessment, expressed as a percentage. Although the Disability Assessment may exceed 100%, for payment purposes, disability benefits are payable at a maximum of 100% in accordance with schedule I of the *Pension Act* or schedule 3 of the *Veterans Well-being Act*.

## **1.5 USING THE TABLES**

### **(I) - Description of the Impairment Tables**

The concept of medical impairment is the physical loss of, or disturbance to, any body part or body system, and the resultant loss of function.

Ratings are derived from the tables. Generally, a nil rating is defined in each table. This does not deny the presence of a medical condition, but indicates that, at the time of assessment, there was no measurable degree of impairment.

Each table contains benchmark values. Each benchmark is a threshold value, i.e. *the rating is made only if the threshold is achieved or exceeded*.

Each chapter contains instructions on how to determine whether a threshold value has been achieved. A single criterion is sufficient to achieve the rating for some tables, while, in other tables, the majority or all of the criteria must be met. **The assignment of ratings between benchmark values contained in a table is not permitted.**

### **(II) - Choice of Table**

Always use a table specific to the condition(s) being rated unless the instructions in a chapter specify otherwise. To choose the appropriate table, identify the loss of function, refer to the appropriate body system table and identify the rating criteria.

### **(II.1) - Medical Impairment Tables**

The Medical Impairment tables are used to rate the medical impairment resulting from the entitled condition or bracketed entitled conditions. Medical impairment refers to the loss of, or deviation in, the normal functioning of a particular body system. Medical impairment may also relate to the physical loss of, or disturbance to, any body part or system. This concept is extended in some chapters to include pain, discomfort, poor prognosis and other less tangible effects of the entitled condition or bracketed entitled conditions.

### **(II.2) - Partially Contributing Table**

If it is determined that an entitled condition or non-entitled condition(s) has contributed to the medical impairment associated with a currently entitled condition or bracketed entitled conditions, an estimate of the role of the initially entitled condition or non-entitled condition(s) is made by the decision maker by applying the Partially Contributing Table, **unless otherwise stated in the body system/body specific chapter**. The judgement of the relative contributions should be based upon the medical information provided in the form of a medical questionnaire or medical report(s), and in some cases advice from a Departmental Medical Advisor.

There must be supporting medical evidence that clearly demonstrates the contribution that the entitled or non-entitled condition has had upon the entitled condition being rated.

The medical evidence supporting the application of the partially contributing table, should clearly demonstrate the contribution of that condition upon the condition being rated. The medical evidence should be significant and clearly evident as to the extent of contribution.

### **(II.3) - The Quality of Life Conversion Table**

When the Quality of Life level and the Medical Impairment rating for the entitled condition or bracketed entitled conditions have been established, the Quality of Life Conversion Table (**Table 2.2**) will be applied. The result will then be added to the Medical Impairment rating to determine the Disability Assessment.

### **(III) - The Assessment Process**

Determination of assessment should be carried out in accordance with the following steps:

- **Step 1:** Determine the Medical Impairment rating for the entitled condition or bracketed conditions using the relevant Medical Impairment chapter.
- **Step 2:** Determine if the Partially Contributing Table applies.
- **Step 3:** Determine the Quality of Life level using the Quality of Life chapter, **Table 2.1.**
- **Step 4:** Assign a Quality of Life rating using the Quality of Life conversion **Table 2.2.**
- **Step 5:** Add the Medical Impairment rating and the Quality of Life rating to arrive at the Disability Assessment.

#### **(III.1) - Not Possible to Assess Level of Impairment**

If a medical examination is unobtainable due to the exceptional medical circumstances of the Member/Veteran/Client, a Medical Impairment rating will be provided based on all available current medical evidence.

#### **(III.2) - Additional Impairments Included/Excluded in Assessment of Entitled Condition(s)**

The Entitlement Eligibility Guidelines provide useful advice on what condition(s) are already included in the entitlement and assessment of an entitled disability and what condition(s) are not included and will require a separate entitlement.

Where an entitled condition produces another separate and distinct condition, affecting another body part or body system, the signs and symptoms affecting the second body part or body system are not generally taken into account when assessing the original entitled condition or bracketed entitled conditions. Separate entitlement should be sought.

Some conditions may be so closely related to the entitled condition or bracketed entitled conditions that they are included in the assessment of the entitled condition or bracketed entitled conditions without the need for a separate entitlement ruling.

#### **(III.3) - Time Reference**

It is recognized that the severity of many conditions fluctuate. Therefore, some criteria in the Table of Disabilities refer to the occurrence of symptoms over a period of time. In

these cases, assess the average severity during that period. Where no period is provided by the Table of Disabilities, twelve months may generally be considered reasonable, as this time allows for seasonal fluctuation.

## **1.6 PARTIAL ENTITLEMENT**

### **(I) - Background**

In accordance with the *Pension Act* or the *Veterans Well-being Act*, where a member of the forces suffers disability resulting from an injury or disease or an aggravation thereof that arose out of or was directly connected with such military service, a pension/award shall, on application, be awarded to or in respect of the member. Entitlement shall be given as either full or partial.

### **(II) - Partial Entitlement Awards**

#### **Example II(a):**

In cases of partial entitlement, the Medical Impairment rating and the QOL rating are added and the level of entitlement is applied to determine the Disability Assessment.

A Member/Veteran/Client has been awarded partial entitlement for major depressive disorder. The following steps demonstrate how to calculate the Disability Assessment for this partially entitled condition.

- **Step 1:** Determine the Medical Impairment rating for major depressive disorder = **15**.
- **Step 2:** Determine if the Partially Contributing Table applies.
- **Step 3:** It is determined that the QOL level = 1. For the Medical Impairment rating of 15% the Quality of Life rating = **2**.
- **Step 4:** The medical impairment rating and the QOL rating are added together = **17 (15 + 2)**.
- **Step 5:** To determine the Disability Assessment for the major depressive disorder apply the level of entitlement to the resulting rating at Step 4. ( **$4/5 \times 17\% = 14\%$** )

**Example II(b):**

In cases where a combination of partially entitled and fully entitled condition exist in the same body part or body system and the effects of the conditions are overlapping and difficult to separate out for assessment purposes, the entitled conditions will be bracketed together for assessment. The highest degree of entitlement will be used to calculate the Disability Assessment for the bracketed conditions.

A Member/Veteran/Client has been awarded full entitlement for mechanical low back pain and partial entitlement for lumbar disc disease. The following example demonstrates the steps used to calculate the Medical Impairment rating for the bracketed partially entitled conditions.

**Full Entitlement (5/5) for mechanical low back pain****Partial Entitlement (4/5) for lumbar disc disease**

- **Step 1:** Determine the Medical Impairment rating for mechanical low back pain and lumbar disc disease from **Table 17.19** in the Musculoskeletal Chapter. Medical Impairment rating for the two conditions = **13**.
- **Step 2:** Determine the QOL rating = **Level 1 = 2**.
- **Step 3:** The medical impairment rating and the QOL rating are added together = **15 (13 + 2)**.
- **Step 4:** Determine the higher degree of entitlement of the two conditions (5/5 for mechanical low back pain vs. 4/5 for lumbar disc disease). **5/5 = higher degree of entitlement**.
- **Step 5:** To determine the Disability Assessment for mechanical low back pain and the lumbar disc disease apply the highest level of entitlement (5/5ths) to the resulting rating at Step 3. **(5/5 x 15 = 15%)**