Permanent Impairment Assessment Report

Date

Requestor's name

Company

Address

Address

Dear

**Permanent impairment assessment report**

**Name of injured worker**

**Date of birth**  **xx/****xx/****xxxx**

**Claim number** **/**

**Date of injury/disease**

Further to your letter of xx **month xxxx** I saw ***worker's name*** on xx**month** **xxxx** at location for a permanent impairment assessment and report.

You have requested an assessment of permanent impairment for the following work-related injuries/diseases:

*
*
*

I confirm that my speciality is appropriate for the conduct of this assessment.

The worker attended unaccompanied/with {name of support person}.

An interpreter was not present at the consultation/An official interpreter {name and NAATI number} was present and assisted throughout the consultation.

I explained my role as an accredited assessor of permanent impairment, and also that my report from this assessment would be sent to you.

**DOCUMENT REVIEW (available medical reports and special investigations eg, imaging studies)**

I confirm I reviewed the following documents provided (and the actual studies, if available):

1.
2.
3.
4.
5.

**HISTORY**

**(Relevant history including:**

* **details of any previous similar injury/disease**
* **educational and occupational history**
* **mechanisms of alleged injury/sequence of events**
* **initial/early treatment received**
* **subsequent progress/specialist management**
* **current status**
* **current work status**
* **current functional capacity**
* **social and personal history, noting such factors as activities of daily living and any alteration in such activities as a result of the injury(ies) being assessed**
* **past medical history**
* **history of present medical condition(s) i.e. the history of each injury/disease that has been referred for assessment**
* **current treatment**
* **current medications**
* **anticipated/future further treatment**
* **present symptoms).**

**REVIEW**

**Clinical review should ensure that all clinical findings that are essential in providing an impairment rating are recorded. It is important also to record negative finding as well to provide support for the ultimate impairment rating that the examiner decides upon. The examiner should explain how they have arrived at a value (e.g. *active range of movement was measured with a goniometer*)**

Relevant tables as those below can be used to record review findings. Those that are not relevant to the assessment can be deleted.

You can cut and paste such items as the PIRS Assessment Form from the Guidelines into this section.

***CERVICAL SPINE***

Include comments on:

* Neck posture
* Findings on palpation
* Muscle guarding/spasm
* Dysmetria(see table below)
* Neurological review of both upper limbs.

|  |  |
| --- | --- |
| **Cervical spine movements** | **Active ROM Measured** |
| Flexion | ° |
| Extension | ° |
| Rotation to the right | ° |
| Rotation to the left | ° |
| Lateral bending to the right | ° |
| Lateral bending to the left | ° |

***THORACIC SPINE***

Include comments on:

* Alignment and curvature
* Posture
* Findings on palpation
* Muscle guarding/spasm
* Dysmetria (see table below)
* Neurological findings

|  |  |
| --- | --- |
| **Thoracic spine movements** | **Active ROM Measured** |
| Flexion | ° |
| Extension | ° |
| Rotation to the right | ° |
| Rotation to the left | ° |
| Lateral bending to the right | ° |
| Lateral bending to the left | ° |

***LUMBAR SPINE***

Include comments on:

* Alignment and curvature
* posture
* Findings on palpation
* Spasm/guarding
* Dysmetria (see table below)
* Neurological review of both lower limbs

|  |  |
| --- | --- |
| **Lumbar Spine Movements** | **Active ROM Measured** |
| Flexion | ° |
| Extension | ° |
| Rotation to the right | ° |
| Rotation to the left | ° |
| Lateral bending to the right | ° |
| Lateral bending to the left | ° |

***UPPER EXTREMITY***

You may like to attach your own upper extremity worksheet when you are assessing hand and fingers (e.g. photocopy figure 1 pages 16-17 from AMA4).

Refer to paragraph 2.8 p10 of WorkCover Tasmania Guidelines

|  |  |  |
| --- | --- | --- |
| **Shoulder Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Flexion* | ° | ° |
| Extension | ° | ° |
| Adduction | ° | ° |
| Abduction  | ° | ° |
| Internal Rotation | ° | ° |
| External Rotation | ° | ° |

|  |  |  |
| --- | --- | --- |
| **Elbow Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Flexion* | ° | ° |
| Extension | ° | ° |
| Pronation | ° | ° |
| Supination | ° | ° |

|  |  |  |
| --- | --- | --- |
| **Wrist Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Flexion* | ° | ° |
| Extension | ° | ° |
| Radial Deviation | ° | ° |
| Ulnar Deviation | ° | ° |

***LOWER EXTREMITY***

Refer to paragraph 3.17 p17 of WorkCover Tasmania Guidelines

|  |  |  |
| --- | --- | --- |
| **Hip Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Flexion* | ° | ° |
| Extension | ° | ° |
| Adduction | ° | ° |
| Abduction  | ° | ° |
| Internal Rotation | ° | ° |
| External Rotation | ° | ° |

|  |  |  |
| --- | --- | --- |
| **Knee Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Flexion* | ° | ° |
| Extension | ° | ° |

|  |  |  |
| --- | --- | --- |
| **Ankle Movements** | **Active ROM Measured****RIGHT** | **Active ROM Measured****LEFT** |
| *Dorsiflexion* | ° | ° |
| Plantarflexion | ° | ° |
| Inversion | ° | ° |
| Eversion  | ° | ° |

***RESPIRATORY SYSTEM***

Refer to Chapter 8 of the WorkCover Tasmanian Guidelines

**Height: cm**

**Age: yrs**

**Sex:**

**Respiratory Function Test Results:**

|  |  |  |
| --- | --- | --- |
| **FVC (measured)** | **FVC (predicted normal)** | **FVC (Predicted Lower Limit of Normal)** |

|  |  |  |
| --- | --- | --- |
| **FEV1 (measured)** | **FEV1(predicted normal )** | **FEV1 (Predicted Lower Limit of Normal)** |

|  |  |  |
| --- | --- | --- |
| **Dco (measured)** | **Dco (predicted normal)** | **Dco (Predicted Lower limit of Normal)** |

|  |  |
| --- | --- |
| **FVC (measured)/FVC(predicted) expressed as %** |  **%** |

|  |  |
| --- | --- |
| **FEV1(measured)/FEV1(predicted) expressed as %** |  **%** |

|  |  |
| --- | --- |
| **Dco(measured)/Dco(predicted) expressed as %** |  **%** |

|  |  |
| --- | --- |
| **VO2max ml/kg** |  **METS** |

**Classification of Respiratory Impairment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class 1 (0%WPI)** | **Class 2(10-25%WPI)** | **Class 3(26-50%WPI)** | **Class 4(51-100%WPI)** |

**FOR OCCUPATIONAL ASTHMA:**

|  |  |  |
| --- | --- | --- |
| **Postbronchodilator FEV1** | **> or = lower limit of normal****Or % of predicted**

|  |
| --- |
| **\* Score (see Table 5-9 p104 AMA5)** |

 |

|  |  |  |
| --- | --- | --- |
| **%FEV1 change (reversibility)** |  **%**

|  |
| --- |
| **\* Score (see Table 5-9 p104 AMA5)** |

 |

|  |  |  |
| --- | --- | --- |
| **Minimum Medication (as per Table 5-9 AMA5 p104)** |

|  |
| --- |
| **\* Score (see Table 5-9 p104 AMA5)** |

 |

**Total Asthma Score (Sum of Scores in above Tables as per Table 5-10 p104 AMA5) =**

**Classification of Occupational Asthma impairment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class 1 (0%WPI)** | **Class 2(10-25%WPI)** | **Class 3(26-50%WPI)** | **Class 4(51-100%WPI)** |

**Consistency of Presentation (investigations)**

Here the assessor can make a commentary on the consistency of presentation and whether he/she accepts the clinical finings, or if not, why not.

**Psychological Aspects (if relevant)**

If relevant the assessor can make a commentary on psychological aspects of the injury/disease including attitude to injury/disease.

**Diagnosis/Diagnoses: (with reasons)**

The diagnosis of each disease/injury that has been referred for assessment should be discussed here, with confirmation of the diagnosis(es) or, if not found to be present, reasons should be given.

**Determination of maximum medical improvement for each work-related injury/disease assessed:**

**Rateable impairments:**

Here, for each injury/disease that the assessor has determined, the rateable impairments need to be listed. Note that for some conditions, e.g. in the lower extremity, several valid potential impairment ratings might have been determined.

**Impairment assessment for each work related injury/disease listed**

**(Detail methodology and calculations, providing relevant references to AMA4 (or AMA5 in the case of respiratory assessments) and *WorkCover Tasmania Guidelines for the assessment of permanent impairment Version 3*)**

**1.**

**2.**

**3.**

**Apportionment**

Refer to paragraphs 1.30-1.32 p 6 of the WorkCover Tasmania Guidelines.

For each injury/disease referred for assessment, the assessor must make a determination (with reasons) regarding pre-existing impairment to which part or all of the current assessed impairment might be attributed, in keeping with the provisions described in the WorkCover Tasmania Guidelines.

**Combination of Impairment Ratings**

In the event that the various impairments that have been assessed have arisen from the one work related incident, combination of the % whole person impairment values is done by using the Combined Values Chart at p322 AMA4.

Please note that when undertaking respiratory assessments, the combination tables for AMA4 and AMA5 are the same.

**Summary table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Body part or system** | **WorkCover Guidelines****Chapter, page, table/figure** | **AMA****Version, chapter, page, table/figure** | **% WPI** | **Pre-existing % WPI** | **% WPI due to the injury or disease** |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |
| (add extra rows if necessary) |

**Assessment**

**In response to the specific questions raised in your letter of**

**1.**

**2.**

**3.**

The contents of this report are true to the best of my knowledge and belief. This report has been written in accordance with the current edition of the WorkCover *Guidelines for the assessment* of *permanent impairment*.

Please do not hesitate to contact me if I can be of further assistance.

Yours sincerely

Your name