



Queensland

Civil Liability Amendment Regulation (No. 1) 2008

Subordinate Legislation 2008 No. 264

made under the

Civil Liability Act 2003

Contents

		Page
1	Short title	2
2	Commencement	2
3	Regulation amended	2
4	Insertion of new s 7	2
	7 Transitional provision for Civil Liability Amendment Regulation (No. 1) 2008	2
5	Amendment of sch 3, s 11 (Medical report stating whole person percentage impairment)	2
6	Amendment of sch 4 (Ranges of injury scale values)	3
7	Amendment of sch 7 (Dictionary)	98

1 Short title

This regulation may be cited as the *Civil Liability Amendment Regulation (No. 1) 2008*.

2 Commencement

This regulation commences on 1 July 2009.

3 Regulation amended

This regulation amends the *Civil Liability Regulation 2003*.

4 Insertion of new s 7

After section 6—

insert—

‘7 Transitional provision for Civil Liability Amendment Regulation (No. 1) 2008

‘(1) This regulation as in force immediately before the commencement continues to apply to injuries arising before the commencement.

‘(2) This regulation as in force at the commencement applies to injuries arising on or after the commencement.

‘(3) In this section—

commencement means the commencement of this section.’

5 Amendment of sch 3, s 11 (Medical report stating whole person percentage impairment)

Schedule 3, section 11, note—

omit, insert—

‘Notes—

1 It is not a function of a doctor to identify—

- (a) the item in schedule 4 to which an injury belongs; or
- (b) the appropriate ISV for an injury.

- 2 A medical report tended in evidence in a proceeding for a claim for personal injury damages must comply with the *Uniform Civil Procedure Rules 1999*, chapter 11, part 5.’.

6 Amendment of sch 4 (Ranges of injury scale values)

- (1) Schedule 4, items 3, 4, 5.2, 7, 8 and 9—

omit, insert—

<p>‘3</p> <p>Hemiplegia or severe paralysis of more than 1 limb</p>	<p>Comment for item 3</p> <p>Incomplete paralysis causing whole person impairment of less than 40% must be assessed under part 6 if it is the only injury or the dominant injury of multiple injuries.</p> <p>Examples of factors affecting ISV assessment for item 3</p> <p>The same examples apply as for item 2</p>	
<p>4</p> <p>Monoplegia</p>	<p>Comment</p> <p>See items 5, 6 and 7 and part 6.</p>	
<p>5.2</p>	<p><i>Substantially reduced insight</i></p> <p>Comment for items 5.2.1 and 5.2.2</p> <ul style="list-style-type: none"> • The injured person will have major trauma to the brain with severe permanent impairment. • The injured person’s insight of his or her condition may change. 	

[s 6]

	<ul style="list-style-type: none"> Insight may be impaired in the degree, or continuity of, appreciation of the injured person's condition. <p>Examples of factors affecting ISV assessment for items 5.2.1 and 5.2.2</p> <p>The same examples apply as for an item 5.1 injury, but reducing levels of insight progressively reduce the level of suffering and the appropriate level of ISV.</p>	
5.2.1	<i>The injured person will have partial or complete insight (as evidenced by appropriate responses to physical or emotional stimuli) for not more than half of the person's waking hours.</i>	36 to 70
5.2.2	<i>The injured person will have infrequent periods of partial insight and will show unreliable, rare or limited responses to physical or emotional stimuli.</i>	16 to 35
7	<p>Moderate brain injury</p> <p>Comment</p> <p>The injured person will be seriously disabled, but the degree of the injured person's dependence on others, although still present, is lower than for an item 6 injury.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Degree of insight Life expectancy Extent of physical limitations Extent of cognitive limitations 	21 to 55

	<ul style="list-style-type: none"> • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy • Presence of, and extent of, secondary medical complications <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV of 21 to 25 will be appropriate if there is reduced concentration and memory, or reduced mood control, and either or both— <ul style="list-style-type: none"> • reduced capacity for employment • a noticeable interference with lifestyle and leisure. • An ISV of 26 to 40 will be appropriate if there is an increased risk of epilepsy and either or both— <ul style="list-style-type: none"> • a moderate cognitive impairment • loss of, or greatly reduced capacity for, employment. 	
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	<ul style="list-style-type: none"> An ISV of 41 to 55 will be appropriate if there is no capacity for employment, and 1 or more of the following— <ul style="list-style-type: none"> moderate to severe cognitive impairment marked personality change dramatic effect on speech, sight or other senses epilepsy or a high risk of epilepsy. 	
8	<p>Minor brain injury</p> <p>Comment</p> <p>The injured person will make a good recovery and be able to take part in normal social life and to return to work. There may be minor problems persisting that prevent a restoration of normal function.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Severity of any physical injury causing the brain damage, having regard to— <ul style="list-style-type: none"> (a) any medical assessment made immediately after the injury was caused, for example, CT or MRI scans, an ambulance officer's assessment or hospital emergency unit assessment; and (b) any post-traumatic amnesia. 	6 to 20

	<ul style="list-style-type: none"> • Extent of any ongoing, and possibly permanent, disability • Extent of any personality change • Depression • Degree of insight • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy • Presence of, and extent of, secondary medical complications <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if the injured person has—</p> <ul style="list-style-type: none"> • an increased risk of epilepsy; and 	
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	<ul style="list-style-type: none"> ongoing reduced concentration and memory, or reduced mood control, that does not significantly interfere with the person's ability to take part in normal social life or return to work. 	
9 Minor head Injury, other than an injury mentioned in part 3	<p>Comment</p> <p>Brain damage, if any, is minimal.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Uncomplicated skull fracture Concussion with transitory loss of consciousness and no residual effects <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Severity of any physical injury causing brain damage Length of time to recover from any symptoms Extent of ongoing symptoms Presence, or absence of, headaches <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate for an injury from which the injured person fully recovers within a few weeks. 	0 to 5

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is an uncomplicated skull fracture and there are associated concussive symptoms of dizziness, headache and memory loss persisting for less than 6 months.’ 	
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(2) Schedule 4, part 3, division 1 and division 2, heading—
omit, insert—

‘Division 1	Skeletal injuries of the facial area	
	Examples of factors affecting ISV assessment for items 14 to 22 <ul style="list-style-type: none"> Extent of skeletal or functional damage Degree of cosmetic damage or disfigurement Adverse psychological reaction Availability of cosmetic repair’. 	

(3) Schedule 4, items 15, 16 and 17—
omit, insert—

‘15 Serious facial injury	Comment The injury will involve serious traumatic injury to the face requiring reconstructive surgery that is not substantial.	14 to 25
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[s 6]

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will not be very severe • A Le Fort III fracture if no serious deformity will remain after reconstructive surgery • A serious or multiple fracture of the nasal complex either or both— <ul style="list-style-type: none"> (a) requiring more than 1 operation; and (b) causing 1 or more of the following— <ul style="list-style-type: none"> • permanent damage to the airway • permanent damage to nerves or tear ducts • facial deformity. • A serious cheekbone fracture that will require surgery and cause serious disfigurement and permanent effects despite reconstructive surgery, for example, hyperaesthesia or paraesthesia • A very serious multiple jaw fracture that will— <ul style="list-style-type: none"> (a) require prolonged treatment; and 	
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	<p>(b) despite reconstructive surgery, cause permanent effects, for example, severe pain, restriction in eating, paraesthesia or a risk of arthritis in the joints.</p> <ul style="list-style-type: none"> • A severed trunk of the facial nerve (7th cranial nerve), causing total paralysis of facial muscles on 1 side of the face <p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Any neurological impairment or effect on the airway • Permanent cosmetic deformity <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes permanent cosmetic deformity, asymmetry of 1 side of the face and limited adverse psychological reaction. • An ISV at or near the top of the range will be appropriate if the injury causes serious bilateral deformity and significant adverse psychological reaction. 	
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16 Moderate facial injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, requiring minor reconstructive surgery, from which the injured person will fully recover with little or no cosmetic damage • A fracture of the jaw causing— <ul style="list-style-type: none"> (a) permanent effects, for example, difficulty in opening the mouth or in eating; or (b) hyperaesthesia or paraesthesia in the area of the fracture. • A displaced fracture of the nasal complex from which the injured person will almost fully recover after surgery • Severed branches of the facial nerve (7th cranial nerve) with paralysis of some of the facial muscles • A severed sensory nerve of the face with minor permanent paraesthesia 	6 to 13
17 Minor facial injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, for which surgery is not required and from which the injured person will recover fully 	0 to 5

	<ul style="list-style-type: none"> • A simple jaw fracture, requiring immobilisation and from which the injured person will fully recover • A stable fracture of the joint process of the jaw • A displaced fracture of the nasal complex requiring only manipulation • A simple undisplaced fracture of the nasal complex, from which the injured person will fully recover • A severed sensory nerve of the face, with good repair causing minimal or no paraesthesia’. 	
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(4) Schedule 4, part 3, division 3, heading—

omit, insert—

‘Division 2	Scarring to the face’.
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(5) Schedule 4, items 37, 38, 39, 41, 42, 45, 48, 55 to 58 and part 5, divisions 7 and 8—

omit, insert—

‘37	Serious chest injury	<p>Comment</p> <p>The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing serious disability and ongoing medical problems.</p>	21 to 45
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[s 6]

		<p>Examples of the injury</p> <ul style="list-style-type: none"> • A trauma to 1 or more of the following, causing permanent damage, physical disability and impairment of function— <ul style="list-style-type: none"> • the chest • the heart • 1 or both of the lungs • the diaphragm. • An injury that causes the need for oxygen therapy for about 16 to 18 hours a day <p>Example of factors affecting ISV assessment</p> <p>The need for a permanent tracheostomy</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if, after recovery, there are both of the following—</p> <ol style="list-style-type: none"> (a) serious impairment to cardio-pulmonary function; (b) whole person impairment for the injury of, or of nearly, 40%. 	
38	Moderate chest injury	<p>Example of the injury</p> <p>The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing moderate disability and ongoing medical problems</p>	11 to 20

	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Duration and intensity of pain and suffering • The degree of permanent impairment of lung or cardiac function, as evidenced by objective test results • The need for a temporary tracheostomy for short-term airway management <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there will be the loss of a breast without significant adverse psychological reaction.</p> <p>An ISV in the lower half of the range will be appropriate if there was a pneumothorax, or haemothorax, requiring intercostal catheter insertion.</p> <p>An ISV at or near the top of the range will be appropriate if there are multiple rib fractures causing—</p> <ul style="list-style-type: none"> (a) a flail segment (flail chest) requiring mechanical ventilation in the acute stage; and (b) moderate permanent impairment of cardio-pulmonary function. 	
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39 Minor chest injury	<p>Examples of factors affecting ISV assessment for items 39.1 and 39.2</p> <ul style="list-style-type: none"> • complexity of any fractures • extent of injury to underlying organs • extent of any disability • duration and intensity of pain and suffering 	
39.1	<p><i>Complicated or significant fracture, or internal organ injury, that substantially resolves</i></p> <p>Comment</p> <p>The injury will involve significant or complicated fractures, or internal injuries, that cause some tissue damage but no significant long-term effect on organ function.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Multiple fractures of the ribs or sternum, or both, that may cause cardio-pulmonary contusion • Internal injuries that cause some tissue damage but no significant long-term effect on organ function 	5 to 10

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a fractured sternum that substantially resolves, and there is some ongoing pain and activity restriction. • An ISV at or near the top of the range will be appropriate if the injury causes significant persisting pain and significant activity restriction. 	
39.2	<p><i>Soft tissue injury, minor fracture or minor internal organ injury</i></p> <p>Comment</p> <ul style="list-style-type: none"> • The injury will involve a soft tissue injury, minor fracture, or minor and non-permanent injury to internal organs. • There may be persistent pain from the chest, for example, from the chest wall or sternocostal or costochondral joints. <p>Examples of the injury</p> <ul style="list-style-type: none"> • A single penetrating wound, causing some tissue damage but no long-term effect on lung function • An injury to the lungs caused by the inhalation of toxic fumes or smoke that will not permanently interfere with lung function 	0 to 4

[s 6]

	<ul style="list-style-type: none"> • A soft tissue injury to the chest wall, for example, a laceration or serious seat-belt bruising • Fractured ribs or a minor fracture of the sternum causing serious pain and disability for weeks, without internal organ damage or permanent disability <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person will fully recover. • An ISV at or near the top of the range will be appropriate if there is an injury causing a small pneumothorax that does not require intercostal catheter insertion, and from which the injured person will fully recover. 	
41	Serious lung injury	
41.1	<p><i>Serious lung injury if progressive worsening of lung function</i></p> <p>Example of item 41.1</p> <p>Lung disease, for example, emphysema, causing—</p> <ul style="list-style-type: none"> • significantly reduced and worsening lung function • prolonged and frequent coughing • disturbance of sleep 	25 to 45

	<ul style="list-style-type: none"> • restriction of physical activity, employment and enjoyment of life. <p>Additional examples of factors affecting ISV assessment for item 41.1</p> <ul style="list-style-type: none"> • The possibility of lung cancer developing may increase the level of ISV • The need for continuous oxygen therapy 	
41.2	<p><i>Serious lung injury if no progressive worsening of lung function</i></p> <p>Examples of item 41.2</p> <ul style="list-style-type: none"> • Lung disease causing breathing difficulties, short of disabling breathlessness, requiring frequent use of an inhaler • Lung disease causing a significant effect on employment and social life, including inability to tolerate a smoky environment, with an uncertain prognosis • A recurrent pulmonary embolism causing pulmonary hypertension and cor pulmonale 	11 to 24

[s 6]

42	Moderate lung injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Bronchitis that does not cause serious symptoms, with little or no serious or permanent effect on employment or social life • A pulmonary embolism requiring anticoagulant therapy for at least 1 year or pulmonary endarterectomy 	6 to 10
45	Severe asthma	<p>Example of the injury</p> <p>Chronic asthma, with a poor prognosis, causing—</p> <ul style="list-style-type: none"> • breathing difficulties • the need to frequently use an inhaler • significantly reduced capacity for employment. 	11 to 30
55	Extreme injury to the digestive system caused by trauma	<p>Examples of the injury</p> <p>Severe permanent damage to the digestive system, with ongoing debilitating pain and discomfort, diarrhoea, nausea and vomiting that—</p> <p>(a) are not controllable by drugs; and</p>	19 to 40

	<p>(b) causes weight loss of at least 20%.</p> <p><i>Note—</i></p> <p><i>Digestive system</i> is defined in schedule 7 (Dictionary).</p> <ul style="list-style-type: none"> • An injury to the throat requiring a permanent gastrostomy <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an injury to the throat requiring a temporary gastrostomy for more than 1 year and permanent dietary changes, for example, a requirement for a soft food diet. • An ISV at or near the top of the range will be appropriate if there is an injury to the throat requiring a permanent gastrostomy, with significant ongoing symptoms. <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • the extent of any voice or speech impairment • need for ongoing endoscopic procedures 	
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56 Serious injury to the digestive system caused by trauma	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious injury causing long-term complications aggravated by physical strain • An injury requiring a feeding tube for between 3 and 12 months <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The extent of any ongoing voice or speech impairment • Whether a feeding tube was required, and if so, for how long it was required 	11 to 18
57 Moderate injury to the digestive system caused by trauma	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple penetrating stab wound, causing some permanent tissue damage, but with no significant long-term effect on digestive function • An injury requiring a feeding tube for less than 3 months 	6 to 10

	Example of factors affecting ISV assessment <ul style="list-style-type: none"> • Whether a feeding tube was required, and if so, for how long it was required • Whether dietary changes are required to reduce the risk of aspiration because of impaired swallowing 	
58	Minor injury to the digestive system caused by trauma <p>Examples of the injury</p> <ul style="list-style-type: none"> • A soft tissue injury to the abdomen wall, for example, a laceration or serious seat-belt bruising to the abdomen or flank, or both • A minor injury to the throat or tongue causing temporary difficulties with swallowing or speech • A laceration of the tongue requiring suturing 	0 to 5
Division 7 Kidney or ureter injuries		
	General comment for items 63 to 66 <p>An injury to a ureter or the ureters alone, without loss of, or serious damage to, a kidney will generally be assessed under item 65 or 66.</p> Examples of factor affecting ISV assessment for items 63 to 66 <ul style="list-style-type: none"> • Age 	

[s 6]

	<ul style="list-style-type: none"> • Risk of ongoing kidney or ureter problems, complications or symptoms • Need for future medical procedures 	
63	Extreme injury to kidneys or ureters	
63.1	<i>Loss of both kidneys causing loss of renal function and requiring permanent dialysis or transplant</i>	56 to 75
63.2	<p><i>Serious damage to both kidneys, requiring temporary or intermittent dialysis</i></p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The effect of dialysis and loss of kidney function on activities of daily living • The length of time for which dialysis was required or the frequency of intermittent dialysis • Ongoing requirement for medication, for example, to control blood pressure • Whether the injury caused the need for dietary changes, and if so, for how long 	31 to 55

		<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if dialysis was required for an initial 3 months period, with intermittent dialysis required after that. • An ISV at or near the top of the range will be appropriate if the injury required dialysis for about 1 year and ongoing dietary changes and medication. 	
64	Serious injury to kidneys or ureters	<p>Comment</p> <p>The injury may require temporary dialysis for less than 3 months.</p> <p>Example of the injury</p> <p>Loss of 1 kidney if there is severe damage to, and a risk of loss of function of, the other kidney</p> <p>Comment about appropriate level of ISV</p> <p>The higher the risk of loss of function of the other kidney, the higher the ISV.</p>	19 to 30
65	Moderate injury to kidneys or ureters	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Loss of 1 kidney, with no damage to the other kidney 	11 to 18

[s 6]

	<ul style="list-style-type: none"> An injury to a ureter or the ureters that requires surgery or placement of stents 	
66	<p>Minor injury to kidneys or ureters</p> <p>Example of the injury</p> <p>A laceration or contusion to 1 or both of the kidneys</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is an injury to a kidney causing a contusion. An ISV at or near the top of the range will be appropriate if a partial removal of a kidney is required. 	0 to 10
Division 8	Liver, gall bladder or biliary tract injuries	
	<p>Examples of factors affecting ISV assessment for items 67 to 70</p> <ul style="list-style-type: none"> Whether there are recurrent episodes of infection or obstruction Whether there is a risk of developing biliary cirrhosis 	

67	Extreme injury to liver, gall bladder or biliary tract	<p>Example of the injury</p> <p>Loss, or injury causing effective loss, of liver function, requiring constant substitutional therapy</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are recurrent episodes of liver failure that require hospital admission and medical management but do not require liver transplantation. • An ISV at or near the top of the range will be appropriate if the injury requires liver transplantation. 	51 to 70
68	Serious injury to liver, gall bladder or biliary tract	<p>Example of the injury</p> <p>Serious damage causing loss of over 30% of the tissue of the liver, but with some functional capacity of the liver remaining</p>	36 to 50

[s 6]

<p>69</p> <p>Moderate injury to liver, gall bladder or biliary tract</p>	<p>Example of the injury</p> <p>A laceration or contusion to the liver, with a moderate effect on liver function</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes impaired liver function with symptoms of intermittent nausea and vomiting. • An ISV at or near the bottom of the range will also be appropriate if there is a gall bladder injury with recurrent infection or symptomatic stone disease, the symptoms of which may include, for example, pain or jaundice. • An ISV at or near the middle of the range will be appropriate if the injury involves removal of the gall bladder causing a bile duct injury. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) surgery is required to remove not more than 30% of the liver; or 	<p>16 to 35</p>
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		<p>(b) bile ducts require repair, for example, placement of stents.</p> <ul style="list-style-type: none"> An ISV at or near the top of the range will also be appropriate if there is an injury to the gall bladder, that despite biliary surgery, causes ongoing symptoms, infection or the need for further endoscopic surgery. 	
70	Minor injury to liver, gall bladder or biliary duct	<p>Comment</p> <p>An injury within this item should not require surgery to the liver.</p> <p>Example of the injury</p> <p>A laceration or contusion to the liver, with a minor effect on liver function</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the lower half of the range will be appropriate if there is an uncomplicated removal of the gall bladder with no ongoing symptoms.’.</p>	3 to 15

[s 6]

- (6) Schedule 4, part 5, division 9, entry headed ‘Examples of factors affecting ISV assessment for items 71 to 74’—

omit, insert—

‘Division 9	Bowel injuries	
	<p>Examples of factors affecting ISV assessment for items 71 to 74</p> <ul style="list-style-type: none"> • Age • Risk of ongoing bowel problems, complications or symptoms • Need for future surgery • The degree to which dietary changes are required to manage chronic pain or diarrhoea caused by the injury’. 	

- (7) Schedule 4, item 73, part 5, divisions 10 and 11 and item 84—

omit, insert—

<p>‘73 Moderate bowel injury</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury requires an ileostomy or colostomy for less than 3 months; and (b) bowel function returns to normal; and (c) there are no ongoing symptoms. 	<p>7 to 18</p>
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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury requires temporary surgical diversion of the bowel, for example, an ileostomy or colostomy; and (b) there is ongoing intermittent abnormal bowel function requiring medication. 	
Division 10	Bladder, prostate or urethra injuries	
	Examples of factors affecting ISV assessment for items 75 to 78 <ul style="list-style-type: none"> Age Risk of ongoing bladder, prostate or urethra problems, complications or symptoms Need for future surgery 	
75	Extreme bladder, prostate or urethra injury <p>Example of the injury</p> <p>An injury causing a complete loss of bladder function and control, with permanent dependence on urostomy</p>	40 to 60

[s 6]

<p>76</p> <p>Serious bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>An injury causing serious impairment of bladder control, with some incontinence</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the upper half of the range will be appropriate if there is serious ongoing pain.</p>	<p>19 to 39</p>
<p>77</p> <p>Moderate bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>An injury causing continued impairment of bladder control, with minimal incontinence and minimal pain</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a laceration of the urethra, that required surgical repair and caused intermittent infection or bladder dysfunction. • An ISV at or near the top of the range will be appropriate if there is— 	<p>7 to 18</p>

		<p>(a) increased urinary frequency of more than once every 2 hours throughout the day and more than 3 times at night that is unresponsive to treatment; or</p> <p>(b) an ongoing requirement for minor surgery, for example, cystoscopy or urethral dilation.</p>	
78	Minor bladder, prostate or urethra injury	<p>Example of the injury</p> <p>A bladder injury, from which the injured person will fully recover, with some relatively long-term interference with natural bladder function</p>	3 to 6
Division 11		Spleen and pancreas injuries	
79	Injuries to the pancreas	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is a contusion to the pancreas that heals. An ISV at or near the middle of the range will be appropriate if there are chronic symptoms, for example, pain or diarrhoea. 	10 to 35

[s 6]

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there are chronic symptoms with significant weight loss of between 10% and 20% of body weight, and pancreatic enzyme replacement is required; or (b) an injury to the pancreas causes diabetes. <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> The extent of any ongoing risk of internal infection and disorders, for example, diabetes The need for, and outcome of, further surgery, for example, surgery to manage pain caused by stone disease, infection or an expanding pseudocyst 	
80	<p>Loss of spleen (complicated)</p> <p>Example of the injury</p> <p>Loss of spleen if there will be a risk, that is not minor, of ongoing internal infection and disorders caused by the loss</p>	8 to 20

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury leads to a splenectomy, with intermittent symptoms of pain, nausea and vomiting that settle. • An ISV at or near the middle of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury leads to a splenectomy, with serious infection after the splenectomy; and (b) the infection requires surgical or radiological intervention. • An ISV at or near the top of the range will be appropriate if the injury leads to a splenectomy, with portal vein thrombosis after the splenectomy. 	
<p>81 Injury to the spleen or uncomplicated loss of spleen</p>	<p>Example of the injury</p> <p>Laceration or contusion to the spleen that—</p> <ul style="list-style-type: none"> (a) has been radiologically confirmed; and (b) has no ongoing bleeding; and (c) is managed conservatively; and (d) resolves fully. 	0 to 7

[s 6]

	Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there has been removal of the spleen (splenectomy), with little or no risk of ongoing infections and disorders caused by the loss of the spleen.	
84 Minor hernia	Example of the injury An uncomplicated inguinal hernia, whether or not repaired'.	0 to 5

- (8) Schedule 4, part 6, division 1, heading and entry headed 'General comment for items 85 to 89'—

omit, insert—

'Division 1	Cervical spine injuries
	General comment for items 85 to 89 <ul style="list-style-type: none"> • This division does not apply to the following injuries (that are dealt with in items 1 to 3)— <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. • Cervical spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms only suffered for 2 or 3 weeks.

	<ul style="list-style-type: none"> • Symptoms associated with nerve root compression or damage can not be taken into account in assessing an ISV under item 85, 86 or 87 unless objective signs are present of nerve root compression or damage, for example— <ul style="list-style-type: none"> • CT or MRI scans or other radiological evidence • muscle wasting • clinical findings of deep tendon reflex loss, motor weakness and loss of sensation.’. 	
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(9) Schedule 4, items 85 to 87—

omit, insert—

‘85	Extreme cervical spine injury	<p>Comment</p> <p>These are extremely severe injuries that cause gross limitation of movement and serious interference with performance of daily activities. The injury will involve significant upper or lower extremity impairment and may require the use of an adaptive device or prosthesis.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A total neurological loss at a single level • Severe multilevel neurological dysfunction 	41 to 75
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[s 6]

	<ul style="list-style-type: none"> • Structural compromise of the spinal canal with extreme upper or lower extremity motor and sensory impairments • Fractures involving more than 50% compression of a vertebral body with neural compromise <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment of about 29%. • An ISV at or near the top of the range will be appropriate if there is a cervical spine injury causing monoplegia of the dominant upper limb and whole person impairment of at least 60%. 	
86	<p>Serious cervical spine injury</p> <p>Comment</p> <ul style="list-style-type: none"> • The injury will cause serious upper extremity impairment or serious permanent impairment of the cervical spine. • The injury may involve— <ul style="list-style-type: none"> (a) a change of motion segment integrity; or (b) bilateral or multilevel nerve root compression or damage. 	16 to 40

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Loss of motion in a motion segment because of a surgical or post-traumatic fusion • A fracture involving more than 25% compression of 1 vertebral body • An injury showing objective signs of nerve root damage after surgery <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured person has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. • An ISV in the middle of the range will be appropriate if there is a fracture involving about 50% compression of a vertebral body, with ongoing pain. • An ISV at or near the top of the range will be appropriate if— 	
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[s 6]

	<p>(a) the injured person has had a fusion of vertebral bodies that has failed, leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and</p> <p>(b) there is whole person impairment of about 28%.</p>	
<p>87 Moderate cervical spine injury—fracture, disc prolapse or nerve root compression or damage</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if — <ul style="list-style-type: none"> (a) there is a disc prolapse for which there is radiological evidence at an anatomically correct level; and (b) there are symptoms of pain and 3 or more of the following objective signs that are anatomically localised to an appropriate spinal nerve root distribution— <ul style="list-style-type: none"> (i) sensory loss; (ii) loss of muscle strength; (iii) loss of reflexes; 	5 to 15

	<p>(iv) unilateral atrophy; and</p> <p>(c) the impairment has not improved after non-operative treatment.</p> <ul style="list-style-type: none"> • An ISV of about 10 will be appropriate if there is a fracture of a vertebral body with up to 25% compression, and ongoing pain. • An ISV at or near the bottom of the range will be appropriate for an uncomplicated fracture of a posterior element of 1 or more of the vertebral segments, for example, spinous or transverse processes, without neurological impairment.’. 	
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(10) Schedule 4, part 6, division 2, heading and entry headed ‘General comment for items 90 to 94’—

‘Division 2	Thoracic spine or lumbar spine injuries	
	<p>General comment for items 90 to 94</p> <ul style="list-style-type: none"> • This division does not apply to the following injuries (that are dealt with in items 1 to 3)— <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. 	

[s 6]

	<ul style="list-style-type: none">• Thoracic or lumbar spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms suffered only for 2 or 3 weeks.• Symptoms associated with nerve root compression or damage can not be taken into account in assessing an ISV under item 90, 91 or 92 unless objective signs are present of nerve root compression or damage, for example—<ul style="list-style-type: none">• CT or MRI scans or other radiological evidence• muscle wasting• clinical findings of deep tendon reflex loss, motor weakness and loss of sensation.’.	
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(11) Schedule 4, items 90 to 92—

omit, insert—

'90	Extreme thoracic or lumbar spine injury	Comment These are extremely severe injuries causing gross limitation of movement and serious interference with performance of daily activities. There may be some motor or sensory loss, and some impairment of bladder, ano-rectal or sexual function. Example of the injury A fracture involving compression of a thoracic or lumbar vertebral body of more than 50%, with neurological impairment Comment about appropriate level of ISV <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 25%. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of at least 45%. 	36 to 60
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[s 6]

91 Serious thoracic or lumbar spine injury	<p>Comment</p> <ul style="list-style-type: none"> • The injury will cause serious permanent impairment in the thoracic or lumbar spine. • The injury may involve— <ul style="list-style-type: none"> (a) bilateral or multilevel nerve root damage; or (b) a change in motion segment integrity, for example, because of surgery. <p>Example of the injury</p> <p>A fracture involving at least 25% compression of 1 thoracic or lumbar vertebral body</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured person has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. 	16 to 35
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	<ul style="list-style-type: none"> • An ISV in the middle of the range will be appropriate if there is a fracture involving 50% compression of a vertebral body, with ongoing pain. • An ISV at or near the top of the range will be appropriate if the injured person has had a fusion of vertebral bodies that has failed— <ul style="list-style-type: none"> (a) leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and (b) causing whole person impairment of 24%. 	
92 Moderate thoracic or lumbar spine injury—fracture, disc prolapse or nerve root compression or damage	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a disc prolapse for which there is radiological evidence at an anatomically correct level; and 	5 to 15

[s 6]

	<p>(b) there are symptoms of pain and 3 or more of the following objective signs, that are anatomically localised to an appropriate spinal nerve root distribution—</p> <ul style="list-style-type: none"> (i) sensory loss; (ii) loss of muscle strength; (iii) loss of reflexes; (iv) unilateral atrophy; and <p>(c) the impairment has not improved after non-operative treatment.</p> <ul style="list-style-type: none"> • An ISV of about 10 will be appropriate if there is a fracture of a vertebral body with up to 25% compression, and ongoing pain. • An ISV at or near the bottom of the range will be appropriate for an uncomplicated fracture of a posterior element of 1 or more of the vertebral segments, for example spinous or transverse processes, without neurological impairment.’. 	
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(12) Schedule 4, part 6, division 3—

omit, insert—

‘Division 3		Shoulder injuries	
		<p>General comment for items 95 to 98</p> <ul style="list-style-type: none"> • Injuries under items 95 to 98 include subluxations or dislocations of the sternoclavicular joint, acromioclavicular joint or glenohumeral joint. • Soft tissue injuries may involve the musculoligamentous supporting structures of the joints. • Fractures may involve the clavicle, the scapula (shoulder blade) and the humerus. <p>Comment about appropriate level of ISV for items 95 to 98</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the shoulder of the dominant upper limb.</p>	
95	Extreme shoulder injury	<p>Comment</p> <p>These are the most severe traumatic injuries causing gross permanent impairment.</p>	31 to 50

[s 6]

		<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation, with secondary medical complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment of 45% and complete loss of all shoulder function of the dominant upper limb.</p>	
96	Serious shoulder injury	<p>Comment</p> <p>The injury will involve serious trauma to the shoulder causing serious permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A crush injury • A serious fracture with secondary arthritis • Nerve palsies from which the injured person will partially recover • Established non-union of a clavicular or scapular fracture despite open reduction and internal fixation (ORIF) 	16 to 30

	<ul style="list-style-type: none"> Established non-union of a clavicular or scapular fracture if surgery is not appropriate or not possible, and there is significant functional impairment <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25% and the injury is to the dominant upper limb.</p>	
97	<p>Moderate shoulder injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Traumatic adhesive capsulitis with discomfort, limitation of movement and symptoms persisting or expected to persist for about 2 years Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears A fracture, from which the injured person has made a reasonable recovery, requiring open reduction and internal fixation Nerve palsies from which the injured person has made a good recovery Painful persisting dislocation of the acromioclavicular joint 	6 to 15

[s 6]

	<ul style="list-style-type: none"> An injury to the sternoclavicular joint causing permanent, painful instability <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%. An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 12% and the injury is to the dominant upper limb. 	
98	<p>Minor shoulder injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Soft tissue injury with considerable pain from which the injured person makes an almost full recovery in less than 18 months Fracture from which the injured person has made an uncomplicated recovery Strain injury of the acromioclavicular joint or sternoclavicular joint’. 	0 to 5

- (13) Schedule 4, part 6, division 4, heading and items 99, 100.1, 100.2 and 100.3—

omit, insert—

‘Division 4		Amputation of upper limbs	
		<p>Comment about appropriate level of ISV for items 99 to 100.3</p> <p>An ISV at or near the top of the range will generally only be appropriate if the amputation is of the dominant upper limb.</p>	
99	Loss of both upper limbs, or loss of 1 arm and extreme injury to the other arm	<p>Comment</p> <p>The effect of the injury is to reduce the injured person to a state of considerable helplessness.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputations are above or below the elbow (the loss of the elbow joint adds greatly to the disability) • The length of any stump suitable for use with a prosthesis • Severity of any phantom pains <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV of 70 to 85 will be appropriate if— 	55 to 85

[s 6]

	<ul style="list-style-type: none">(a) both upper limbs are amputated at the shoulder; or(b) 1 arm is amputated at the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 60%. <ul style="list-style-type: none">• An ISV of 65 to 80 will be appropriate if—<ul style="list-style-type: none">(a) both upper limbs are amputated through the elbow or above the elbow but below the shoulder; or(b) 1 arm is amputated through the elbow or above the elbow but below the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 57%.• An ISV of 55 to 75 will be appropriate if—<ul style="list-style-type: none">(a) both upper limbs are amputated below the elbow; or(b) 1 arm is amputated below the elbow, and there is a loss of function in the other arm, causing whole person impairment of 54%.	
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100.1	<i>An upper limb amputation at the shoulder</i>	50 to 65
100.2	<p><i>An upper limb amputation through the elbow or above the elbow but below the shoulder</i></p> <p>Additional comment about appropriate level of ISV for item 100.2</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will generally be appropriate if there is an amputation through the elbow. • An ISV at or near the top of the range will be appropriate if there is a short stump because a short stump may create difficulties in the use of a prosthesis. 	40 to 65
100.3	<p><i>An upper limb amputation below the elbow</i></p> <p>Additional comment about appropriate level of ISV for item 100.3</p> <p>An ISV at or near the top of the range will be appropriate if there is an amputation through the forearm with residual severe pain in the stump and phantom pains.’.</p>	35 to 60

[s 6]

(14) Schedule 4, part 6, division 5, heading and items 101 to 103—
omit, insert—

‘Division 5		Elbow injuries	
		Comment about appropriate level of ISV for items 101 to 104 An ISV at or near the top of the range will generally only be appropriate if the injury is to the elbow of the dominant upper limb.	
101	Extreme elbow injury	Comment The injury will involve an extremely severe elbow injury, falling short of amputation, leaving little effective use of the elbow joint. Examples of the injury <ul style="list-style-type: none"> • Whole person impairment for the injury of between 24% and 42% • A complex elbow fracture, or dislocation, with secondary complications • Joint disruption, with poor outcome after surgery • Degloving • Permanent nerve palsies • An injury causing severe limitation of elbow movement with the joint constrained in a non-functional position 	26 to 50

102	Serious elbow injury	<p>Comment</p> <p>The injury will involve significant disability and require major surgery.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious fracture with secondary arthritis • A crush injury • Nerve palsies from which the injured person will partially recover • Permanent, poor restriction of range of motion with the elbow constrained in a satisfactory functional position <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 23% and the injury is to the elbow of the dominant upper limb.</p>	13 to 25
103	Moderate elbow injury	<p>Comment</p> <p>The injury will cause moderate long-term disability but does not require protracted surgery.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Soft tissue disruption, for example, a ligament or tendon tear 	6 to 12

[s 6]

	<ul style="list-style-type: none"> • A fracture, from which the injured person has made a reasonable recovery, requiring open reduction and internal fixation • Nerve palsies from which the injured person has made a good recovery <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 5%. • An ISV at or near the top of the range will be appropriate if there is a moderately severe injury to the elbow of the dominant upper limb— <ul style="list-style-type: none"> (a) requiring prolonged treatment; and (b) causing whole person impairment of 10%.’. 	
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(15) Schedule 4, part 6, division 6—

omit, insert—

‘Division 6	Wrist injuries	
	<p>Comment about appropriate level of ISV for items 105 to 108</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the wrist of the dominant upper limb.</p>	

105 Extreme wrist injury	<p>Comment</p> <p>The injury will involve severe fractures, or a dislocation, causing a high level of permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation with secondary joint complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 36% and the injury is to the wrist of the dominant upper limb.</p>	25 to 40
106 Serious wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury causing significant permanent loss of wrist function, for example, severe problems with gripping or pushing objects, but with some useful movement remaining • Non-union of a carpal fracture • Severe carpal instability 	16 to 24

[s 6]

	<p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20% and the injury is to the wrist of the dominant upper limb.</p>	
107 Moderate wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A wrist injury that is not serious and causes some permanent disability, for example, some persisting pain and stiffness • Persisting radio-ulnar instability • Recurrent tendon subluxation or entrapment <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 12%. 	6 to 15

108	Minor wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture from which the injured person almost fully recovers • A soft tissue injury, for example, severe bruising • Continued pain following carpal tunnel release’. 	0 to 5
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(16) Schedule 4, items 109, 111 to 114, 116 to 119—

omit, insert—

‘109	Total or effective loss of both hands	<p>Example of the injury</p> <p>A serious injury causing extensive damage to both hands making them little more than useless</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The level of residual capacity left in either hand • Severity of any phantom pains if there has been an amputation or amputations <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if both hands remain attached to the forearms and are of some cosmetic importance. 	51 to 75
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[s 6]

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if both hands are amputated through the wrist. 	
111 Total or effective loss of 1 hand	<p>Examples of the injury</p> <ul style="list-style-type: none"> A crushed hand that has been surgically amputated Traumatic amputation of all fingers and most of the palm <p>Example of factor affecting ISV assessment</p> <p>Severity of any phantom pain if there has been an amputation</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there has been an amputation of the fingers at the metacarpophalangeal joints, but the thumb remains, and there is whole person impairment for the injury of 32%. An ISV at or near the top of the range will be appropriate if— <ol style="list-style-type: none"> there has been amputation of the dominant hand at the wrist; and 	35 to 60

	(b) there is residual severe pain in the stump and ongoing complications, for example, chronic regional pain syndrome or neuroma formation.	
112 Amputation of the thumb or part of the thumb	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The level of amputation, for example, at carpo metacarpal (CMC) joint, through the distal third of the thumb metacarpal, at the metacarpophalangeal (MCP) joint or thumb interphalangeal (IP) joint • Whether the injury is to the dominant hand • The extent of any damage to the fingers <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation through the interphalangeal joint of the thumb; and (b) there is whole person impairment for the injury of 11%. 	15 to 28

[s 6]

	<ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if there has been an amputation through the proximal phalanx. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation at the base of the thumb at the carpometacarpal (CMC) joint level of the dominant hand; and (b) there are ongoing debilitating complications. 	
113 Amputation of index, middle and ring fingers, or any 2 of them	<p>Comment</p> <p>The amputation will cause complete loss or nearly complete loss of 2 or all of the following fingers of the hand—</p> <ul style="list-style-type: none"> • index finger • middle finger • ring finger. <p>Example of factor affecting ISV assessment</p> <p>The level of the amputation, for example, whether the hand has been made to be of very little use and any remaining grip is very weak</p>	15 to 30

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if 2 fingers, whether index, middle or ring fingers, are amputated at the level of the proximal interphalangeal joints. • An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 19%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the index, middle and ring fingers are amputated at the level of the metacarpophalangeal joint (MCP joint) or there is whole person impairment for the injury of at least 27%; and (b) the injury is to the dominant hand. 	
114 Amputation of individual fingers	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputation was of the index or middle finger • The level of the amputation • Any damage to other fingers short of amputation 	5 to 20

[s 6]

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none">• An ISV at or near the bottom of the range will be appropriate if—<ul style="list-style-type: none">(a) there has been an amputation at the level of the distal interphalangeal joint of the little or ring finger; or(b) there is whole person impairment for the injury of 3%.• An ISV of not more than 11 will be appropriate if—<ul style="list-style-type: none">(a) there has been an amputation of the index or middle finger at the proximal interphalangeal joint (PIP joint); or(b) there is whole person impairment for the injury of 8%.• An ISV at or near the top of the range will be appropriate if there is complete loss of the index or middle finger of the dominant hand, and serious impairment of the remaining fingers causing whole person impairment of at least 15%.	
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116 Any other injury to 1 or more of the fingers or the thumb	<p>Comment about appropriate level of ISV for items 116.1 to 116.4</p> <p>An ISV of not more than 5 will be appropriate if substantial function of the hand remains.</p> <p>Examples of factors affecting ISV</p> <ul style="list-style-type: none"> • Whether the injury is to the thumb, or index or middle finger • Any damage to other fingers • Whether the injury is to the dominant hand 	
116.1	<p><i>Extreme injury to 1 or more of the fingers or the thumb</i></p> <p>Example of the injury</p> <p>Total loss of function of 1 or more of the fingers, with the joints ankylosed in non-functional positions</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 14%. 	16 to 25

[s 6]

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is an injury to the thumb of the dominant hand causing total loss of function of the thumb. 	
116.2	<p><i>Serious injury to 1 or more of the fingers or the thumb</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> A severe crush injury causing ankylosis of the fingers A bursting wound, or an injury causing severe finger damage, causing residual scarring and dysfunction An injury leaving a digit that interferes with the remaining function of the hand Division of 1 or more of the long flexor tendons of the finger, with unsuccessful repair 	11 to 15
116.3	<p><i>Moderate injury to 1 or more of the fingers or the thumb</i></p> <p>Comment</p> <p>There will be permanent discomfort, pain or sensitive scarring</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Moderate injury to the thumb or index finger causing loss of movement or dexterity A crush injury causing multiple fractures of 2 or more fingers 	6 to 10

	<ul style="list-style-type: none"> • Division of 1 or more of the long flexor tendons of the finger, with moderately successful repair <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 8% and the injury is to the dominant hand.</p>	
116.4	<p><i>Minor injury to 1 or more of the fingers or the thumb</i></p> <p>Example of the injury</p> <p>An uncomplicated fracture or soft tissue injury that has healed with minimal residual symptoms</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a straightforward fracture of 1 or more of the fingers, with complete resolution within a short time. • An ISV at or near the top of the range will be appropriate if there has been— <ul style="list-style-type: none"> (a) a fracture causing minor angular or rotational malunion of the thumb, or index or middle finger, of the dominant hand; or (b) some adherence of a tendon following surgical repair, limiting full function of the digit. 	0 to 5

117 Extreme hand injury	<p>Comment</p> <ul style="list-style-type: none"> • The injury will involve a severe traumatic injury to the hand, that may include amputation of part of the hand, causing gross impairment of the hand. • A hand injury causing whole person impairment for the injury of 35% will generally fall within this item. <p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury reducing a hand's capacity to 50% or less • An injury involving the amputation of several fingers that are rejoined to the hand leaving it clawed, clumsy and unsightly • An amputation of some fingers and part of the palm causing grossly reduced grip and dexterity and gross disfigurement <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injured hand has some residual usefulness for performing activities of daily living. 	31 to 45
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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if the injured hand— <ul style="list-style-type: none"> (a) has little or no residual usefulness for performing activities of daily living; and (b) is the dominant hand. 	
118	<p>Serious hand injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> A severe crush injury causing significantly impaired function despite surgery Serious permanent tendon damage <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25% and the injury is to the dominant hand.</p>	16 to 30
119	<p>Moderate hand injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> A crush injury, penetrating wound or deep laceration, requiring surgery Moderately serious tendon damage A hand injury causing whole person impairment for the injury of between 5% and 12%. 	6 to 15

[s 6]

(17) Schedule 4, part 6, division 8—

omit, insert—

‘Division 8		Upper limb injuries, other than injuries mentioned in divisions 3 to 7	
		Comment about appropriate level of ISV for items 121 to 124 An ISV at or near the top of the range will generally only be appropriate if the injury is to the dominant upper limb.	
121	Extreme upper limb injury, other than an injury mentioned in divisions 3 to 7	Comment The injury will involve an extremely serious upper limb injury, falling short of amputation, leaving the injured person little better off than if the whole arm had been lost. Examples of the injury <ul style="list-style-type: none">• A serious brachial plexus injury affecting peripheral nerve function• A non-union of a fracture, with peripheral nerve damage to the extent that an arm is nearly useless	36 to 65

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 31%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a complete brachial plexus lesion shown by a flail arm and paralysis of all muscles of the hand; and (b) the injury is to the dominant limb. • An ISV at or near the top of the range will also be appropriate if there is a serious crush injury that causes whole person impairment for the injury of 55%. 	
<p>122 Serious upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, if there is significant permanent residual impairment of function 	<p>21 to 35</p>

[s 6]

	<ul style="list-style-type: none"> • A brachial plexus injury requiring nerve grafts with partial recovery of shoulder and elbow function and normal hand function <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%. • An ISV at or near the top of the range will be appropriate if there is an injury to the dominant limb causing whole person impairment of 30%. 	
<p>123 Moderate upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture that causes impairment of associated soft tissues, including nerves and blood vessels • A fracture with delayed union or infection • Multiple fractures of the humerus, radius or ulna, or multiple fractures of any combination of the humerus, radius and ulna 	6 to 20

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none">• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%• An ISV in the lower half of the range will be appropriate if there is a complicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna—<ul style="list-style-type: none">(a) requiring open reduction and internal fixation; and(b) from which the injured person has recovered or is expected to recover.• An ISV at or near the top of the range will be appropriate if there is a crush injury causing significant skin or muscle loss with permanent residual impairment.• An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 15%.	
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[s 6]

124	Minor upper limb injury, other than an injury mentioned in divisions 3 to 7	<p>Example of the injury</p> <p>An uncomplicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, from which the injured person has fully recovered within a short time</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are soft tissue injuries, lacerations, abrasions and contusions, from which the injured person will fully or almost fully recover. • An ISV at or near the top of the range will be appropriate if there is a brachial plexus injury from which the injured person has substantially recovered within a few weeks, leaving some minor functional impairment.’. 	0 to 5
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- (18) Schedule 4, part 6, division 9, heading and entries headed ‘General comment for items 125 to 128’ and ‘Examples of factors affecting ISV assessment for items 125 to 128’—

omit, insert—

‘Division 9	Pelvis or hip injuries	
	<p>General comment for items 125 to 128</p> <ul style="list-style-type: none"> • The most serious injuries to the pelvis or hips can be as devastating as a leg amputation and will have similar ISVs. • However, the appropriate ISV for other injuries to the pelvis or hips will generally be no higher than about 20. <p>Examples of factors affecting ISV assessment for items 125 to 128</p> <ul style="list-style-type: none"> • Exceptionally severe specific sequelae will increase the level of ISV • The availability of remedies, for example, a total hip replacement is an important factor in assessing an ISV • Age’. 	

- (19) Schedule 4, items 125, 127 and 128, part 6, divisions 10 and 11, items 137, 138, 141, 142, 145 to 147, 149, 151, 151.1, 151.2 and 152 and parts 7 and 8—

omit, insert—

<p>‘125 Extreme pelvis or hip injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An extensive pelvis fracture 	<p>46 to 65</p>
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[s 6]

	<ul style="list-style-type: none"> • Degloving • Permanent nerve palsies <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 40%. • An ISV at or near the top of the range will be appropriate if the injured person is not able to mobilise without a wheelchair and is relatively young. 	
127 Moderate pelvis or hip injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A significant pelvis or hip injury, with no major permanent disability • A hip fracture requiring a hip replacement • A fracture of the sacrum extending into the sacro-iliac joint causing ongoing significant symptoms and whole person impairment of at least 10% <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. 	11 to 25

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is a fracture requiring a hip replacement that is only partially successful, so that there is a clear risk of the need for revision surgery. 	
128	<p>Minor pelvis or hip injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> An uncomplicated fracture of 1 or more of the bones of the pelvis or hip that does not require surgery or cause permanent impairment Undisplaced coccygeal fractures Undisplaced or healed pubic rami fractures An injury to the coccyx requiring surgery, that is successful. <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person fully recovers. An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 5%. 	0 to 10

[s 6]

		<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if the person has ongoing coccydynia and difficulties with sitting. 	
Division 10		Amputation of lower limbs	
Subdivision 1		Amputation of both lower limbs	
		Examples of factors affecting ISV assessment for items 129 and 130 <ul style="list-style-type: none"> The level of each amputation Severity of any phantom pain Pain in the stumps Extent of any ongoing symptoms 	
129	Loss of both lower limbs above or through the knee	Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if each amputation is near the hips so neither stump can be used with a prosthesis.	55 to 70

130 Below the knee amputation of both lower limbs	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 48%. • An ISV at or near the top of the range will be appropriate if <ul style="list-style-type: none"> (a) both legs are amputated just below the knees leaving little or no stumps for use with prostheses; and (b) there is poor quality skin cover; and (c) there is a chronic regional pain syndrome. 	50 to 65
Subdivision 2		
	<p>Amputation of 1 lower limb</p> <p>Examples of factors affecting ISV assessment for items 131 and 132</p> <ul style="list-style-type: none"> • The level of the amputation • Severity of any phantom pain • Whether there have been problems with a prosthesis, for example, pain and further damage to the stump 	

[s 6]

131 Above or through the knee amputation of 1 lower limb	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the amputation is through or just above the knee. • An ISV at or near the top of the range will be appropriate if the amputation is near the hip and a prosthesis can not be used. 	35 to 50
132 Below the knee amputation of 1 lower limb	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate in a straightforward case of a below-knee amputation with no complications. • An ISV at or near the top of the range will be appropriate if there is an amputation close to the knee joint, leaving little or no stump for use with a prosthesis. 	31 to 45

Division 11	Lower limb injuries, other than injuries mentioned in division 9 or 10 or divisions 12 to 15	
133 Extreme lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15	<p>Comment</p> <p>These are the most severe injuries short of amputation, leaving the injured person little better off than if the whole leg had been lost.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Extensive degloving of the lower limb • An injury causing gross shortening of the lower limb • A fracture that has not united despite extensive bone grafting • Serious neurovascular injury • A lower limb injury causing whole person impairment of 40% 	31 to 55

[s 6]

<p>134 Serious lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15</p>	<p>Comment</p> <ul style="list-style-type: none"> • Removal of extensive muscle tissue and extensive scarring may have a significant enough impact to fall within this item. • An injury to multiple joints or ligaments causing instability, prolonged treatment and a long period of non-weight-bearing may have a significant enough impact to fall within this item, but generally only if those results are combined. <p>Example of the injury</p> <p>Multiple complex fractures of the lower limb that are expected to take years to heal and cause serious deformity and serious limitation of mobility</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%. 	<p>21 to 30</p>
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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25%. 	
135 Moderate lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15	<p>Examples of the injury</p> <ul style="list-style-type: none"> A fracture causing impairment of associated soft tissues, including nerves and blood vessels A fracture with delayed union or infection Multiple fractures of the femur, tibia or fibula, or multiple fractures of any combination of the femur, tibia and fibula <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Period of non-weight-bearing Presence or risk of degenerative change Imperfect union of a fracture Muscle wasting Limited joint movement Unsightly scarring Permanently increased vulnerability to future damage 	11 to 20

[s 6]

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. • An ISV at or near the middle of the range will be appropriate if there is a deep vein thrombosis requiring treatment for life. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 15%. 	
<p>136 Minor lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15</p>	<p>Example of the injury</p> <p>An uncomplicated fracture of the femur, tibia or fibula, from which the injured person has fully recovered</p>	<p>0 to 10</p>

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a deep vein thrombosis requiring treatment for less than 6 months, from which the injured person will fully recover. • An ISV at or near the bottom of the range will also be appropriate if— <ul style="list-style-type: none"> (a) there are soft tissue injuries, lacerations, cuts, bruising or contusions, from which the injured person will fully or almost fully recover; and (b) any residual disability will be minor. • An ISV at or near the top of the range will be appropriate if there is a deep vein thrombosis requiring treatment for at least 1 year. • An ISV at or near the top of the range will also be appropriate if the injured person is left with impaired mobility or a defective gait. • An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 9%. 	
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[s 6]

137 Extreme knee injury	<p>Example of the injury</p> <p>A severe knee injury if there is a disruption of the joint, gross ligamentous damage, loss of function after unsuccessful surgery, lengthy treatment and considerable pain</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 20%. • An ISV at or near the top of the range will be appropriate if a total knee replacement was needed and— <ul style="list-style-type: none"> (a) it is very likely that the knee replacement will need to be repeated; or (b) there are ongoing severe symptoms, poor function and whole person impairment for the injury of more than 30%. 	25 to 40
138 Serious knee injury	<p>Comment</p> <p>The injury may involve—</p> <ul style="list-style-type: none"> (a) ongoing pain, discomfort, limitation of movement, instability or deformity; and 	11 to 24

	<p>(b) a risk, in the long-term, of degenerative changes caused by damage to the joint surfaces, muscular wasting or ligamentous or meniscal injury.</p> <p>Example of the injury</p> <p>A leg fracture extending into the knee joint, causing pain that is constant, permanent and limits movement or impairs agility</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the middle of the range will be appropriate if there is a ligamentous injury, that required surgery and prolonged rehabilitation, causing whole person impairment of 15% and functional limitation.</p>	
141	<p>Extreme ankle injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A transmalleolar fracture of the ankle with extensive soft tissue damage causing 1 or more of the following— <ul style="list-style-type: none"> (a) severe deformity with varus or valgus malalignment; (b) a risk that any future injury to the relevant leg may lead to a below-knee amputation of the leg; 	21 to 35

[s 6]

	<p>(c) marked reduction in walking ability with constant dependence on walking aids;</p> <p>(d) inability to place the relevant foot for even load-bearing distribution.</p> <ul style="list-style-type: none"> • An ankylosed ankle in a severely misaligned position with severe ongoing pain and other debilitating complications • Whole person impairment for the injury of more than 20% <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • A failed arthrodesis • Regular disturbance of sleep • Need for an orthosis for load bearing and walking 	
142 Serious ankle injury	<p>Example of the injury</p> <p>An injury requiring a long period of treatment, a long time in plaster or insertion of pins and plates, if—</p> <p>(a) there is permanent significant ankle instability; or</p> <p>(b) the ability to walk is severely limited on a permanent basis</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Unsightly scarring • The significance of any malunion 	11 to 20

	<ul style="list-style-type: none"> • A requirement for modified footwear • Whether, and to what degree, there is swelling following activity <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. • An ISV at or near the top of the range will be appropriate if a major tendon controlling foot or ankle movement is severed. 	
145 Amputation of both feet	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Severity of any phantom pain • Pain in the stumps • Extent of any ongoing symptoms <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations). 	32 to 65

[s 6]

	<ul style="list-style-type: none"> An ISV of about 40 will be appropriate if there are amputations of both feet at the mid foot (tarsometatarsal level or Lisfranc amputations). An ISV at or near the top of the range will be appropriate if each amputation is at the level of the ankle (Syme's amputation) and the stumps can not be used with prostheses. 	
146 Amputation of 1 foot	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Severity of any phantom pain Pain in the stump Extent of any ongoing symptoms <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if the amputation is at the forefoot (transmetatarsal level amputation). An ISV of about 26 will be appropriate if the amputation is at the mid foot (tarsometatarsal level or Lisfranc amputation). An ISV at or near the top of the range will be appropriate if the amputation is at the level of the ankle (Syme's amputation) and the stump can not be used with a prosthesis. 	20 to 35

147	Extreme foot injury that is not an amputation	<p>Comment</p> <p>There will be permanent and severe pain or very serious permanent disability.</p> <p>Example of the injury</p> <p>An unusually severe foot injury causing whole person impairment of 15% or more, for example, a heel fusion or loss of the tibia-calcaneum angle</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is subtalar fibrous ankylosis in a severely malaligned position, ongoing pain and whole person impairment for the injury of 24%.</p>	13 to 25
149	Moderate foot injury	<p>Example of the injury</p> <p>A displaced metatarsal fracture causing permanent deformity, with ongoing symptoms of minor severity, for example, a limp that does not prevent the injured person engaging in most daily activities</p>	4 to 8

[s 6]

151 Extreme toe injury	<p>Examples of factors affecting ISV assessment for items 151.1 to 151.3</p> <ul style="list-style-type: none"> • Whether the amputation was traumatic or surgical • Extent of the loss of the forefoot • Residual effects on mobility 	
151.1	<p><i>Amputation of all toes</i></p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if the amputation is through the metatarsophalangeal joints (MTP joints) of all toes. • An ISV at or near the top of the range will be appropriate if there is complete amputation of all toes and amputation of a substantial part of the forefoot. 	8 to 20
151.2	<p><i>Amputation of the great toe</i></p> <p>Example of factor affecting ISV assessment for item 151.2</p> <p>The level at which the amputation happens or any ongoing symptoms</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is complete loss of the great toe and ball of the foot caused by an amputation through the first metatarsal bone.</p>	6 to 12

151.3	<p><i>Amputation of individual lesser toes</i></p> <p>Example of factor affecting ISV assessment for item 151.3</p> <p>The level at which the amputation happens or any ongoing symptoms</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an amputation of 1 lesser toe and— <ul style="list-style-type: none"> (a) there is no ongoing pain; and (b) there is little or no loss of function of the foot; and (c) the cosmetic effect of the amputation is minor. • An ISV at or near the top of the range will be appropriate if there is complete amputation of all lesser toes and part of the forefoot. 	3 to 5
152 Serious toe injury	<p>Comment</p> <p>The injury will cause serious and permanent disability.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing ankylosis of the toes • A bursting wound, or an injury causing severe toe damage, with significant symptoms 	8 to 12

Part 7	Scarring to parts of the body other than the face	
	<p>General comment</p> <ul style="list-style-type: none">• This part applies to external appearance and physical condition of the skin only, and includes scarring to the scalp, trunk and limbs.• Facial scarring must be assessed under part 3, division 3.• This part does not apply to adhesions, or scarring, of internal organs.• This part will usually apply to an injury involving skeletal damage only if the skeletal damage is minor.• Many of the physical injuries mentioned in this schedule involve some scarring from the initial injury and subsequent surgery, including skin grafting, to repair the injury and this has been taken into account in fixing the range of ISVs for the injuries. <p><i>Example—</i></p> <p>The ISV range for an injury causing a closed fracture of a limb takes into account the potential need for open reduction and internal fixation of the fracture and the resulting surgical wound and scar.</p> <p>Examples of factors affecting ISV assessment for items 155.1 to 155.4</p> <ul style="list-style-type: none">• Location of a scar	

	<ul style="list-style-type: none"> • Age • Adverse psychological reaction • Likelihood of a scar fading or becoming less noticeable over time 	
155 Scarring to a part of the body other than the face		
155.1	<p><i>Extreme scarring to a part of the body other than the face</i></p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is— <ul style="list-style-type: none"> (a) extensive scarring to 1 or more of the limbs and significant cosmetic disfigurement; and (b) either— <ul style="list-style-type: none"> (i) the need to keep the limb or limbs covered or wear special clothing; or (ii) ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. 	14 to 25

[s 6]

	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is gross permanent scarring over an extensive area or areas of the body, with ongoing pain and other symptoms. 	
155.2	<p><i>Serious scarring to a part of the body other than the face</i></p> <p>Comment</p> <p>There is serious scarring—</p> <ul style="list-style-type: none"> (a) requiring extensive medical treatment or surgery; and (b) causing significant ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. <p>Examples of the injury</p> <ul style="list-style-type: none"> Significant scarring over the upper and lower arm requiring skin grafting if— <ul style="list-style-type: none"> (a) there are post-operative complications requiring additional medical treatment for up to 18 months; and (b) there is maximum medical improvement within 2 years after the scarring is caused. Hypertrophic (keloid) scarring caused by a burn to the front of the neck, with an intermittent sensation of burning, itching or irritation. 	9 to 13

155.3	<p><i>Moderate scarring to a part of the body other than the face</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Several noticeable scars that are hypertrophic (keloid) • A significant linear scar in an area of cosmetic importance, for example, the front of the neck 	4 to 8
155.4	<p><i>Minor scarring to a part of the body other than the face</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Scarring caused by a superficial burn that heals within a few weeks and causes some minor change of pigmentation in a noticeable area. • A single noticeable scar, or several superficial scars, to 1 or both of the legs, arms or hands, with some minor cosmetic damage. 	0 to 3
<p>Part 8 Burn injuries</p>		
	<p>General comment</p> <ul style="list-style-type: none"> • The ISV for a burn injury must be assessed having regard to the item of this schedule that— <ul style="list-style-type: none"> (a) relates to the part of the body affected by the burn injury; and (b) is for an injury that has a similar level of adverse impact to the burn injury. 	

[s 7]

	<ul style="list-style-type: none"> • Burns to the face must be assessed under part 3, division 3. • In burns cases, the ISV for an injury to a part of the body causing functional impairment will generally be at or near the top of the range for an injury to that part of the body. • In serious burns cases, the effects of scarring are more comprehensive and less able to be remedied than the effects of scarring from other causes.’. 	
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7 Amendment of sch 7 (Dictionary)

(1) Schedule 7, definition *digestive system*—
omit.

(2) Schedule 7—
insert—

‘*ankylosis* means fixation of a joint in a specific position.

digestive system—

- (a) means the organs and other parts of the body forming the alimentary tract, and includes the tongue, throat and abdominal wall; but
- (b) does not include an organ or other part of the body mentioned in the injury column of schedule 4.’.

ENDNOTES

- 1 Made by the Governor in Council on 21 August 2008.
- 2 Notified in the gazette on 22 August 2008.
- 3 Laid before the Legislative Assembly on . . .
- 4 The administering agency is the Department of Justice and Attorney-General.

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