



Australian Government

Seafarers Safety, Rehabilitation  
and Compensation Authority

# GUIDE TO THE ASSESSMENT OF THE DEGREE OF PERMANENT IMPAIRMENT EDITION 3.0 – INFORMATION SHEET

## PURPOSE

To provide a summary of the changes made from the Seacare *Guide to the Assessment of the Degree of Permanent Impairment – Edition 2.1* to the Guide to the Assessment of Permanent Impairment – Edition 3.0 (Guide).

## BACKGROUND

The Guide provides for the assessment of the degree of permanent impairment (PI) and non-economic loss (NEL) as a result of an injury under the *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act) and is a legislative instrument prepared by the Seafarers Safety, Rehabilitation and Compensation Authority and approved by the Minister.

The Guide and Explanatory Statement are published on the Federal Register of Legislation. The Explanatory Statement provides further information about the legislative authority to make the Guide as a legislative instrument, the intent of the changes made, and the stakeholder consultation undertaken.

## COMMENCEMENT

Edition 3.0 of the Guide commences on 1 April 2023 and applies to PI and NEL claims received on or after then.

Edition 2.1 of the Guide applies to PI and NEL claims received between 1 December 2011 to 31 March 2023, and requests for reconsiderations and Administrative Appeal Tribunal reviews in relation to a PI and/or NEL determination made in that period.

## SUMMARY OF CHANGES

Content
<p><b>Commencement</b></p> <p>&gt; 1 April 2023.</p>
<p><b>Application of the approved Guide</b></p> <p>&gt; Simplified application provisions – Edition 3.0 of the Guide applies to PI and NEL claims received on or after 1 April 2023 (other than requests for reconsideration and/or Administrative Appeal Tribunal reviews in relation to a determination made before then).</p>
<p><b>Global changes:</b></p> <ul style="list-style-type: none"> <li>&gt; Internal consistency edits (text and formatting).</li> <li>&gt; Improved consistency with text of enabling legislation.</li> <li>&gt; Typographical and transcription errors corrected.</li> <li>&gt; Clarification regarding when criteria are cumulative (e.g., ‘and’, ‘or’ ‘and/or’).</li> <li>&gt; Consistent use of new defined term ‘assessor’.</li> <li>&gt; Replaces ‘radiographically’ and ‘radiologically’ with ‘objectively’.</li> <li>&gt; Reinstated text emphasis that appeared in Edition 2.0.</li> <li>&gt; Gender neutral language adopted, where possible.</li> <li>&gt; Updated and corrected references to entities.</li> <li>&gt; Numbered paragraphs to assist referencing.</li> <li>&gt; Hyperlinking to assist online navigation.</li> <li>&gt; Simplification of some tables to assist online presentation.</li> </ul>
<p><b>Structure of this Guide</b></p> <p><i>Whole person impairment (WPI)</i></p> <ul style="list-style-type: none"> <li>&gt; Clarifies WPI methodology and possibility of 0% rating.</li> </ul> <p><i>Entitlements under the Seafarers Act</i></p> <ul style="list-style-type: none"> <li>&gt; Clarifies threshold for fingers, toes and taste (at least 1%).</li> </ul> <p><i>Survival of claims</i></p> <ul style="list-style-type: none"> <li>&gt; New content that summarises the provisions concerning the survival of claims in circumstances where an employee suffers an injury resulting in permanent impairment, and the employee dies (before or after a claim for permanent impairment has been made).</li> </ul>
<p><b>Principles of Assessment</b></p> <p><i>Pre-existing conditions and aggravation</i></p> <ul style="list-style-type: none"> <li>&gt; Clarifies methodology in light of judicial authority.</li> </ul> <p><i>Pre-existing conditions and injury other than aggravation, to same body part, system or function</i></p> <ul style="list-style-type: none"> <li>&gt; Revised content to clarify methodology in light of judicial authority; previously covered by the combined values principles of assessment in Edition 2.1 of the Guide.</li> </ul> <p><i>Exceptions to use of this Guide</i></p> <ul style="list-style-type: none"> <li>&gt; Replaces ‘complex regional pain syndrome’ with ‘chronic pain conditions’ – chronic pain conditions are now assessable under Edition 3.0.</li> <li>&gt; New content to clarify where an assessment may be made by reference to clinical judgement.</li> </ul>

**Glossary**

- > *Added terms:* aggravation, AMA4, AMA5, commencement date, medical treatment, permanent and Seafarers.
- > *Updated terms:* disease, injury, WPI.
- > *New terms:* assessor, binaural hearing loss.

**Chapter 3 – The endocrine system***Introduction*

- > Clarifies where an impairment resulting from an endocrine system condition must also be assessed under the relevant tables in other chapters of the Guide.

*Table 3.3*

- > Replaces references to insulin dependent diabetes mellitus (IDDM) and non-insulin dependent diabetes mellitus (NIDDM) with Type 1 and Type 2 diabetes, and further defines Type 1 diabetes to include 'other forms of diabetes requiring insulin, such as Cystic Fibrosis related diabetes and Type 3c diabetes.'

**Chapter 4 – Disfigurement and skin disorders***Introduction*

- > Clarifies the introduction to provide for combining WPI ratings where disfigurement and skin disorders result from an endocrine system condition and where more than one disfigurement and skin disorder (that is permanent) results from a single injury.

**Chapter 6 – The visual system***Introduction*

- > Clarifies the introduction to provide for combining WPI ratings where the visual system impairment results from an endocrine system condition.

**Chapter 7 – Ear, nose and throat disorders***Table 7.1 Hearing loss*

- > Clarifies the method for the assessment for hearing loss by adding a reference to Hearing Australia and replacing the phrase 'percentage loss of (binaural) hearing' with 'percentage of binaural hearing loss'.

**Chapter 8 – The digestive system***Table 8.3 Lower gastrointestinal tract – anus*

- > Amends the first criterion for a rating of 20% and 30% by including the word 'continual' before 'treatment, to align with the corresponding table in the *American Medical Association Guides to the Evaluation of Permanent Impairment – fifth edition* (AMA5).

**Chapter 9 – The musculoskeletal system***Part I – The lower extremities – feet and toes, ankles, knees and hips**Part I – Introduction*

- > Clarifies the method for hip or knee arthroplasty procedure assessment by reference to the AMA5: 'Where a hip or knee arthroplasty procedure has been undertaken, assess the lower extremity impairment rating for arthroplasty in accordance with the AMA5.'
- > Replaces the reference to chronic regional pain syndrome with chronic pain conditions.

*Table 9.6 Spinal nerve root impairments and peripheral nerve injuries affecting the lower extremities*

- > Adds paragraph to clarify the use of the grading system set out in Figure 9-C: 'Grading system is to be used with Table 9.6.1: Spinal nerve root impairment affecting the lower extremity, Table 9.6.2a: Sensory impairment due to peripheral nerve injuries affecting the lower extremities and Table 9.6.2b: Motor impairment due to peripheral nerve injuries affecting the lower extremities.'

*Table 9.7 Lower extremity function*

- > Clarifies the use of the lower extremity function table to provide for the assessment of:
  - secondary disfunction (that is an impairment) and the use of the combined values table for impairments that are assessed in this way; and
  - subsequent injury resulting in permanent impairment to the same lower extremity function by reference to the functional capacity of a normal healthy person.

*Part II – The upper extremities – hands and fingers, wrists, elbows and shoulders**Part II – Introduction*

*Replaces the terms 'radiographically demonstrated' with 'objectively demonstrated' to clarify and expand the circumstances where Table 9.14 (upper extremity function) can be used.*

*Table 9.9 Wrists*

- > Clarifies the method for wrist arthroplasty procedure assessment by reference to the AMA5 and Edition 3.0: 'Assess the upper extremity impairment rating for abnormal motion and the upper extremity impairment rating for arthroplasty in accordance with the AMA5, then convert each of those ratings into WPI ratings using Table 16-3 of the AMA5. Combine those WPI ratings obtained from the AMA5 using the combined values chart (see Appendix 1 in the Guide).'

*Table 9.10 Elbows*

- > Clarifies the method for elbow arthroplasty procedure assessment by reference to the AMA5 and Edition 3.0: 'Assess the upper extremity impairment rating for abnormal motion and the upper extremity impairment rating for arthroplasty in accordance with AMA5, then convert each of those ratings into WPI ratings using Table 16-3 of the AMA5. Combine those WPI ratings obtained from the AMA5 using the combined values chart (see Appendix 1 in the Guide).'

*Table 9.11 Shoulders*

- > Clarifies the method for shoulder arthroplasty procedure assessment by reference to the AMA5 and Edition 3.0: 'Where an arthroplasty procedure has been undertaken, refer to the AMA5. Assess the upper extremity impairment rating for abnormal motion and the upper extremity impairment rating for arthroplasty in accordance with the AMA5, then convert each of those ratings into WPI ratings using Table 16-3 of the AMA5. Combine those WPI ratings obtained from the AMA5 using the combined values chart (see Appendix 1 in the Guide).'

*Table 9.13.3 Chronic pain conditions*

- > Amends section 9.13.3 to provide a new methodology for the assessment of chronic pain conditions (however described) where no other diagnosis better explains the signs and symptoms of the condition and the condition is an injury:
  - a chronic pain condition affecting the upper or lower extremities is assessable under Section 9.13.3; and
- > the degree of impairment is 5% for a chronic pain condition that does not affect the upper or lower extremities and cannot be assessed under any other chapter of the Guide.

*Part III – The spine**Table 9.15 Cervical spine – diagnosis-related estimates*

- > Replaces the terms 'radiologically demonstrated' or 'radiographically verified' disc herniation with 'objectively demonstrated' and 'objectively verified' to clarify and expand the circumstances where this table can be used.

*Table 9.16 Thoracic spine – diagnosis-related estimates*

- > Replaces the terms 'radiologically demonstrated' or 'radiographically verified' disc herniation with 'objectively demonstrated' and 'objectively verified' to clarify and expand the circumstances where this table can be used.
- > Amends the criteria for a rating of 10% and 18% by replacing the term 'or verified by' 'electrodiagnostic testing' with 'may be verified by electrodiagnostic testing'.
- > Amends criteria for rating of 23% and 28% by replacing the words 'at least' 2.5mm translation of one vertebra on another with 'more than' 2.55 translation of one vertebra on another to align with the corresponding AMA5 table.

*Table 9.17 Lumbar spine – diagnosis-related estimates*

- > Replaces the term 'radiologically demonstrated' disc herniation with 'objectively demonstrated' disc herniation to clarify and expand the circumstances in which this table can be used.
- > Amends the criteria for a rating of 28% by adding the words 'loss of motion segment integrity' to align with the corresponding AMA5 table.

**Division 2 – Assessment of the Degree of non-economic loss suffered by an employee as a result of an injury or impairment**

*Introduction*

- > Adds new content to clarify the use of the Guide: 'In conducting an assessment, the assessor must have regard to the Principles of Assessment and the definitions contained in the Glossary.'

## MORE INFORMATION

More information about the operation of the permanent impairment and non-economic loss provisions of the Seafarers Act is available [here](#).

If you have any questions or would like to know more about the provisions of Edition 3.0 of the Guide, please email [seacare@comcare.gov.au](mailto:seacare@comcare.gov.au).