



Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011

Social Security Act 1991

I, JENNY MACKLIN, Minister for Families, Housing, Community Services and Indigenous Affairs, make this Determination under subsection 26(1) of the *Social Security Act 1991*.

Dated

2011

Minister for Families, Housing, Community Services and Indigenous Affairs

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Part 1 – Preliminary

1 Name of Determination

This Determination is the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011*.

2 Commencement

This Determination commences immediately after the commencement of Schedule 3 of the *Social Security and Other Legislation Amendment Act 2011*.

3 Interpretation

In this Determination:

Act means the *Social Security Act 1991*.

allied health practitioner includes, but is not limited to, a person who practises chiropractic, exercise physiology, physiotherapy, psychology, occupational therapy, osteopathy, pharmacy, podiatry or rehabilitation counseling.

appropriately qualified medical practitioner means a medical practitioner whose qualifications and practice are relevant to diagnosing a particular condition.

condition means a medical condition.

descriptor means the information set out under the column headed “Descriptors” in each Table, describing the level of functional impact resulting from a permanent condition.

health professional includes an appropriately qualified medical practitioner and an allied health practitioner.

impairment means a loss of functional capacity affecting a person’s ability to work that results from the person’s condition.

impairment rating is the number in the column in a Table headed “Points” corresponding to a descriptor.

Tables means the tables relating to the assessment of work-related impairment for disability support pension which are set out in Part 3 of this Determination.

treating doctor means the medical practitioner who has or has had the responsibility for the treatment of a person’s condition.

4 Impairment Tables and the rules for applying the Tables

- (1) Part 2 of this Determination specifies rules for applying the Tables for the purposes of subsection 26(3) of the Act.
- (2) Part 3 of this Determination:
 - (a) sets out tables for the assessment of work-related impairment for disability support pension for the purposes of subsection 26(1) of the Act; and
 - (b) specifies rules, in the introduction to each Table, for applying that Table for the purposes of subsection 26(3) of the Act.

Part 2 – Rules for applying the Impairment Tables

5 Purpose and design of the Tables

- (1) In applying the Tables, regard must be had to the principles set out in subsections (2) and (3).

Purpose and general design principles

- (2) The Tables:
 - (a) unless otherwise authorised by law, are only to be applied to assess whether a person satisfies the qualification requirement in paragraph 94(1)(b) of the Act; and
 - (b) are function based rather than diagnosis based; and
 - (c) describe functional activities, abilities, symptoms and limitations; and
 - (d) are designed to assign ratings to determine the level of functional impact of impairment and not to assess conditions.

Note: **impairment** is defined in section 3 to mean a loss of functional capacity affecting a person's ability to work that results from the person's condition.

Scaling system and descriptors

- (3) In the Tables:
 - (a) subject to section 11, where a descriptor applies in relation to an impairment, an impairment rating can be assigned to that impairment; and

Note: For **impairment rating** and **descriptor** see section 3.

 - (b) the first line of each descriptor, which is formatted in italics, describes the level of impact of the impairment to be identified by reference to the particular examples of functional activities, abilities, symptoms and limitations contained in the numbered paragraphs below it, if any; and
 - (c) the introduction to each Table sets out further rules with which to apply the Tables and rate an impairment.

6 Applying the Tables

Assessing functional capacity

- (1) The impairment of a person must be assessed on the basis of what the person can, or could do, not on the basis of what the person chooses to do or what others do for the person.

Applying the Tables

- (2) The Tables may only be applied to a person's impairment after the person's medical history, in relation to the condition causing the impairment, has been considered.

Note: For additional information that must be taken into account in applying the Tables see section 7.

Impairment ratings

- (3) An impairment rating can only be assigned to an impairment if:

- (a) the person's condition causing that impairment is permanent; and

Note: For **permanent** see subsection 6(4).

- (b) the impairment that results from that condition is more likely than not, in light of available evidence, to persist for more than 2 years.

Example: A condition may last for more than 2 years, but the impairment resulting from that condition may be assessed as likely to improve or cease within 2 years – if this is the case, an impairment rating under the Tables cannot be assigned to the impairment.

Permanency of conditions

- (4) For the purposes of paragraph 6(3)(a) a condition is permanent if:

- (a) the condition has been fully diagnosed by an appropriately qualified medical practitioner; and

- (b) the condition has been fully treated; and

Note: For **fully diagnosed** and **fully treated** see subsection 6(5).

- (c) the condition has been fully stabilised; and

Note: For **stabilised** see subsection 6(6).

- (d) the condition is more likely than not, in light of available evidence, to persist for more than 2 years.

Fully diagnosed and fully treated

- (5) In determining whether a condition has been fully diagnosed by an appropriately qualified medical practitioner and whether it has been fully treated for the purposes of paragraphs 6(4)(a) and (b), the following is to be considered:
 - (a) whether there is corroborating evidence of the condition; and
 - (b) what treatment or rehabilitation has occurred in relation to the condition; and
 - (c) whether treatment is continuing or is planned in the next 2 years.

Fully Stabilised

- (6) For the purposes of paragraph 6(4)(c) and subsection 11(4) a condition is fully stabilised if:
 - (a) either the person has undertaken reasonable treatment for the condition and any further reasonable treatment is unlikely to result in significant functional improvement to a level enabling the person to undertake work in the next 2 years; or
 - (b) the person has not undertaken reasonable treatment for the condition and:
 - (i) significant functional improvement to a level enabling the person to undertake work in the next 2 years is not expected to result, even if the person undertakes reasonable treatment; or
 - (ii) there is a medical or other compelling reason for the person not to undertake reasonable treatment.

Note: For **reasonable treatment** see subsection 6(7).

Reasonable treatment

- (7) For the purposes of subsection 6(6), reasonable treatment is treatment that:
 - (a) is available at a location reasonably accessible to the person; and

- (b) is at a reasonable cost; and
- (c) can reliably be expected to result in a substantial improvement in functional capacity; and
- (d) is regularly undertaken or performed; and
- (e) has a high success rate; and
- (f) carries a low risk to the person.

Impairment has no functional impact

- (8) The presence of a diagnosed condition does not necessarily mean that there will be an impairment to which an impairment rating may be assigned.

Example: A person may be diagnosed with hypertension but with appropriate treatment the impairment resulting from this condition may not result in any functional impact.

Assessing functional impact of pain

- (9) There is no Table dealing specifically with pain and when assessing pain the following must be considered:
 - (a) acute pain is a symptom which may result in short term loss of functional capacity in more than one area of the body; and
 - (b) chronic pain is a condition and, where it has been diagnosed, any resulting impairment should be assessed using the Table relevant to the area of function affected; and
 - (c) whether the condition causing pain has been fully diagnosed, fully treated and fully stabilised for the purposes of subsections 6(5) and (6).

7 Information that must be taken into account in applying the Tables

- (1) Subject to subsection (2), in applying the Tables the following information must be taken into account:
 - (a) the information provided by the health professionals specified in the relevant Table; and
 - (b) any additional medical or work capacity information that may be available; and

- (c) any information that is required to be taken into account under the Tables, including as specified in the introduction to each Table.
- (2) A person may be asked to demonstrate abilities described in the Tables.

8 Information that must not be taken into account in applying the Tables

- (1) Symptoms reported by a person in relation to their condition can only be taken into account where there is corroborating evidence.

Note: Examples of the corroborating evidence that may be taken into account are set out in the Introduction of each Table in Part 3 of this Determination.

- (2) Unless required under the Tables, the impact of non-medical factors when assessing a person's impairment must not be taken into account.

Example: Unless specifically referred to by a descriptor in a Table, the following must not be taken into account in assessing an impairment: the availability of suitable work in the person's local community; English language competence; age; gender; level of education; numeracy and literacy skills; level of work skills and experience; social or domestic situation; level of personal motivation; or religious or cultural factors.

9 Use of aids, equipment and assistive technology

A person's impairment is to be assessed when the person is using or wearing any aids, equipment or assistive technology that the person has and usually uses.

10 Selecting the applicable Table and assessing impairments

Selection steps

- (1) Table selection is to be made by applying the following steps:
 - (a) identify the loss of function; then
 - (b) refer to the Table related to the function affected; then
 - (c) identify the correct impairment rating.
- (2) The Table specific to the impairment being rated must always be applied to that impairment unless the instructions in a Table specify otherwise.

Single condition causing multiple impairments

- (3) Where a single condition causes multiple impairments, each impairment should be assessed under the relevant Table.

Example: A stroke may affect different functions, thus resulting in multiple impairments which could be assessed under a number of different Tables including: upper and lower limb function (Tables 2 and 3); brain function (Table 7); communication function (Table 8); and visual function (Table 12).

- (4) When using more than one Table to assess multiple impairments resulting from a single condition, impairment ratings for the same impairment must not be assigned under more than one Table.

Multiple conditions causing a common impairment

- (5) Where two or more conditions cause a common or combined impairment, a single rating should be assigned in relation to that common or combined impairment under a single Table.
- (6) Where a common or combined impairment resulting from two or more conditions is assessed in accordance with subsection 10(5), it is inappropriate to assign a separate impairment rating for each condition as this would result in the same impairment being assessed more than once.

Example: The presence of both heart disease and chronic lung disease may each result in breathing difficulties. The overall impact on function requiring physical exertion and stamina would be a combined or common effect. In this case a single impairment rating should be assigned using Table 1.

11 Assigning an impairment rating

- (1) In assigning an impairment rating:
 - (a) an impairment rating can only be assigned in accordance with the rating points in each Table; and
 - (b) a rating cannot be assigned between consecutive impairment ratings; and

Example: A rating of 15 cannot be assigned between 10 and 20.

- (c) if an impairment is considered as falling between 2 impairment ratings, the lower of the 2 ratings is to be assigned and the higher rating must not be assigned unless all the descriptors for that level of impairment are satisfied; and
- (d) a rating cannot be assigned in excess of the maximum rating specified in each Table.

- (2) In deciding whether an impairment has no, mild, moderate, severe or extreme functional impact upon a person, the relative descriptors for each impairment rating in a Table should be compared to determine which impairment rating is to be applied.

Descriptors involving performing activities

- (3) When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity normally and on a repetitive or habitual basis and not only once or rarely.

Example: If, under Table 2, a person is being assessed as to whether they can unscrew a lid of a soft drink bottle, the relevant impairment rating can only be assigned where the person is generally able to do that activity whenever they attempt it.

Episodic and fluctuating conditions

- (4) When assessing impairments caused by conditions that have stabilised as episodic or fluctuating a rating must be assigned, which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

No impairment resulting from a condition

- (5) To avoid doubt, where a person's diagnosed condition results in no impairment, the impairment should be assessed as having no functional impact and a zero rating must be assigned.

Part 3 – The Tables

Table 1 - Functions requiring Physical Exertion and Stamina

Introduction to Table 1	
<ul style="list-style-type: none"> • Table 1 is to be used where the person has a permanent condition resulting in functional impairment when performing activities requiring physical exertion or stamina. • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist confirming diagnosis of conditions commonly associated with cardiac or respiratory impairment (e.g. cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis, mesothelioma, lung cancer, chronic pain); ○ a report from a medical specialist confirming diagnosis of conditions commonly associated with extreme fatigue or exhaustion or other conditions affecting physical exertion or stamina (e.g. end stage organ failure, widespread/metastatic cancer, chronic pain, or other long-term conditions where treatment cannot sufficiently control symptoms); ○ results of exercise, cardiac stress or treadmill testing. 	

Points	Descriptors
0	<p><i>There is no functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <p>(a) is able to undertake exercise appropriate to their age for at least 30 minutes at a time; and</p> <p>(b) has no difficulty completing physically active tasks around their home and community.</p>

5	<p><i>There is a mild functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <p>(a) experiences occasional symptoms (e.g. mild shortness of breath, fatigue, cardiac pain) when performing physically demanding activities and, due to these symptoms, the person has occasional difficulty:</p> <p>(i) walking (or mobilising in a wheelchair) to local facilities (e.g. a corner shop or around a shopping mall, larger workplace or education or training campus), without stopping to rest; or</p> <p>(ii) performing physically active tasks (e.g. climbing a flight of stairs or mobilising up a long, sloping pathway or ramp if in a wheelchair) or heavier household activities (e.g. vacuuming floors or mowing the lawn); and</p> <p>(b) is able to perform most work-related tasks, other than tasks involving heavy manual labour (e.g. digging, carrying or moving heavy objects, concreting, bricklaying, laying pavers).</p>
10	<p><i>There is a moderate functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <p>(a) experiences frequent symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing day to day activities around the home and community and, due to these symptoms, the person:</p> <p>(i) is unable to walk (or mobilise in a wheelchair) far outside the home and needs to drive or get other transport to local shops or community facilities; or</p> <p>(ii) has difficulty performing day to day household activities (e.g. changing the sheets on a bed or sweeping paths); and</p> <p>(b) is able to:</p> <p>(i) use public transport and walk (or mobilise in a wheelchair) around a shopping centre or supermarket; and</p> <p>(ii) perform work-related tasks of a clerical, sedentary or stationary nature (i.e. tasks not requiring a high level of physical exertion).</p>

20	<p><i>There is a severe functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <p>(a) usually experiences symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing light physical activities and, due to these symptoms, the person is unable to:</p> <p>(i) walk (or mobilise in a wheelchair) around a shopping centre or supermarket without assistance; or</p> <p>(ii) walk (or mobilise in a wheelchair) from the carpark into a shopping centre or supermarket without assistance; or</p> <p>(iii) use public transport without assistance; or</p> <p>(iv) perform light day to day household activities (e.g. folding and putting away laundry or light gardening); and</p> <p>(b) has or is likely to have difficulty sustaining work-related tasks of a clerical, sedentary or stationary nature for a continuous shift of at least 3 hours.</p>
30	<p><i>There is an extreme functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <p>(a) is completely unable to perform activities requiring physical exertion or stamina; or</p> <p>(b) experiences symptoms (e.g. shortness of breath, fatigue, cardiac pain) when performing any activities requiring physical exertion or stamina and, due to these symptoms, the person is unable to move around inside the home without assistance.</p> <p>(2) This impairment rating level includes people who require Oxygen treatment (e.g. the use of an Oxygen concentrator during the day or to move around).</p>

Table 2 – Upper Limb Function

Introduction to Table 2	
<ul style="list-style-type: none"> • Table 2 is to be used where the person has a permanent condition resulting in functional impairment when performing activities requiring the use of hands or arms. • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist confirming diagnosis of conditions associated with upper limb impairment (e.g. arthritis or other condition affecting upper limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting upper limb coordination, inflammation or injury of the muscles or tendons of the upper limbs, amputation or absence of whole or part of upper limb); ○ a report from an allied health practitioner (e.g. physiotherapist, occupational therapist or exercise physiologist) confirming the functional impact; ○ results of diagnostic tests (e.g. X-Rays or other imagery); ○ results of physical tests or assessments. • For the purposes of this Table upper limbs extend from the shoulder to the fingers. 	

Points	Descriptors
0	<p><i>There is no functional impact on activities using hands or arms.</i></p> <p>(1) The person can pick up, handle, manipulate and use most objects encountered on a daily basis without difficulty.</p>

5	<p><i>There is a mild functional impact on activities using hands or arms.</i></p> <p>(1) The person can manage most daily activities requiring the use of the hands and arms, but has some difficulty with most of the following:</p> <ul style="list-style-type: none"> (a) picking up heavier objects (e.g. a 2 litre carton of liquid or carrying a full shopping bag); (b) handling very small objects (e.g. coins); (c) doing up buttons; (d) reaching up or out to pick up objects.
10	<p><i>There is a moderate functional impact on activities using hands or arms.</i></p> <p>(1) The person has difficulty with most of the following:</p> <ul style="list-style-type: none"> (a) picking up a 1 litre carton full of liquid; (b) picking up a light but bulky object requiring the use of 2 hands together (e.g. a cardboard box); (c) holding and using a pen or pencil; (d) doing up buttons or tying shoelaces; (e) using a standard computer keyboard; (f) unscrewing a lid on a soft-drink bottle.
20	<p><i>There is a severe functional impact on activities using hands or arms.</i></p> <p>(1) Most of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person has limited movement or coordination in both arms or both hands, or has an amputation rendering a hand or arm non-functional; (b) the person has severe difficulty handling, moving or carrying most objects even when using or wearing any prosthesis or assistive device that they have and usually use; (c) the person has difficulty using a computer keyboard despite appropriate adaptations; (d) the person has severe difficulty using a pen or pencil; (e) the person has severe difficulty turning the pages of a book without assistance.
30	<p><i>There is an extreme functional impact on activities using hands or arms.</i></p> <p>(1) The person is unable to perform any activities requiring the use of both hands or both arms.</p>

Table 3 – Lower Limb Function

Introduction to Table 3

- Table 3 is to be used where the person has a permanent condition resulting in functional impairment when performing activities requiring the use of legs or feet.
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a report from a medical specialist confirming diagnosis of conditions associated with lower limb impairment (e.g. arthritis or other condition affecting lower limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting lower limb coordination, inflammation or injury of the muscles or tendons of the lower limbs, amputation or absence of whole or part of lower limb);
 - a report from an allied health practitioner (e.g. physiotherapist, occupational therapist or exercise physiologist) confirming the functional impairment;
 - results of diagnostic tests (e.g. X-Rays or other imagery);
 - results of physical tests or assessments showing impaired function of the lower limbs.
- For the purposes of this Table lower limbs extend from the hips to the toes.

Points	Descriptors
0	<p><i>There is no functional impact on activities requiring use of the lower limbs.</i></p> <p>(1) The person can:</p> <ul style="list-style-type: none"> (a) walk without difficulty on a variety of different terrains and at varying speeds; and (b) walk without difficulty around the home and community; and (c) kneel or squat and rise back to a standing position without difficulty; and (d) stand unaided for at least 10 minutes; and (e) use stairs without difficulty.
5	<p><i>There is a mild functional impact on activities using lower limbs.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has some difficulty walking to local facilities (e.g. shops or bus-stop); or (b) the person has some difficulty walking around a shopping mall or supermarket without a rest; or (c) the person has some difficulty climbing stairs; and <p>(2) At least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person is unable to stand for more than 10 minutes; (b) the person can mobilise effectively but needs to use a lower limb prosthesis or a walking stick.

10	<p><i>There is a moderate functional impact on activities using lower limbs.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person is unable to walk far outside their home and needs to drive or get other transport to local shops or community facilities; or</p> <p>(b) the person is unable to use stairs or steps without assistance; or</p> <p>(c) the person is unable to stand for more than 5 minutes; and</p> <p>(2) The person is able to use public transport or a motor vehicle and walk around in a shopping centre or supermarket.</p> <p>(3) This impairment rating level includes a person who can:</p> <p>(a) move around independently using a wheelchair and can independently transfer to and from a wheelchair (e.g. can use a wheelchair accessible toilet independently); or</p> <p>(b) move around independently using walking aids (e.g. quad stick, crutches or walking frame).</p> <p><i>Note:</i> The person may require additional time and effort to move around a workplace, may need to use disabled access entries, lifts and toilets, and may not be able to access some areas of a workplace or training facility.</p>
20	<p><i>There is a severe functional impact on activities using lower limbs.</i></p> <p>(1) The person:</p> <p>(a) is unable to do any of the following:</p> <p>(i) walk around a shopping centre or supermarket without assistance;</p> <p>(ii) walk from the carpark into a shopping centre or supermarket without assistance;</p> <p>(iii) stand up from a sitting position without assistance; and</p> <p>(b) requires assistance to use public transport.</p> <p>(2) This impairment rating level includes a person who requires assistance to:</p> <p>(a) move around in, or transfer to and from a wheelchair (e.g. the person needs personal care assistance to use a toilet); or</p> <p>(b) move around using walking aids (e.g. a quad stick, crutches or walking frame) i.e. the person needs assistance from another person to walk on some surfaces and could not move independently around a workplace or training facility, even when using a walking aid.</p>
30	<p><i>There is an extreme functional impact on activities using lower limbs.</i></p> <p>(1) The person is unable to mobilise independently.</p>

Table 4 – Spinal Function

Introduction to Table 4	
<ul style="list-style-type: none"> • Table 4 is to be used where the person has a permanent condition resulting in functional impairment when performing activities involving spinal function, that is, bending or turning the back, trunk or neck. • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purpose of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ◦ a report from the person’s treating doctor; ◦ a report from a medical specialist confirming diagnosis of conditions commonly associated with spinal function impairment (e.g. spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, arthritis or osteoporosis involving the spine); ◦ a report from a physiotherapist or other rehabilitation practitioner confirming loss of range of movement in the spine or other effects of spinal disease or injury. • In using Table 4, descriptors are to be met only from spinal conditions. Restrictions on overhead tasks resulting from shoulder conditions should be rated under Table 2. 	

Points	Descriptors
0	<p><i>There is no functional impact on activities involving spinal function.</i></p> <p>(1) The person can:</p> <ul style="list-style-type: none"> (a) bend down to pick a light object off the floor (e.g. a piece of paper); and (b) turn their trunk from side to side; and (c) turn their head to look to the sides or upwards.

5	<p><i>There is a mild functional impact on activities involving spinal function.</i></p> <p>(1) The person has some difficulty in:</p> <ul style="list-style-type: none"> (a) activities over head height (e.g. activities requiring the person to look upwards); or (b) bending to knee level and straightening up again without difficulty; or (c) turning their trunk or moving their head (e.g. to look to the sides or upwards).
10	<p><i>There is a moderate functional impact on activities involving spinal function.</i></p> <p>(1) The person is able to sit in or drive a car for at least 30 minutes, and at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person is unable to sustain overhead activities (e.g. accessing items over head height); or (b) the person has difficulty moving their head to look in all directions (e.g. turning their head to look over their shoulder); or (c) the person is unable to bend forward to pick up a light object placed at knee height; or (d) the person needs assistance to get up out of a chair (if not independently mobile in a wheelchair).
20	<p><i>There is a severe functional impact on activities involving spinal function.</i></p> <p>(1) The person is unable to:</p> <ul style="list-style-type: none"> (a) perform any overhead activities; or (b) turn their head, or bend their neck, without moving their trunk; or (c) bend forward to pick up a light object from a desk or table; or (d) remain seated for at least 10 minutes.
30	<p><i>There is an extreme functional impact on activities involving spinal function.</i></p> <p>(1) The person is:</p> <ul style="list-style-type: none"> (a) completely unable to perform activities involving spinal function; or (b) unable to bend or turn their trunk or their neck to complete the most basic of daily activities (e.g. dressing, bathing, showering or light housework).

Table 5 – Mental Health Function

Introduction to Table 5

- Table 5 is to be used where the person has a permanent condition resulting in functional impairment due to a mental health condition (including recurring episodes of mental health impairment).
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner (this includes a psychiatrist) with evidence from a clinical psychologist (if the diagnosis has not been made by a psychiatrist).
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - supporting letters, reports or assessments relating to the person's mental health or psychiatric illness;
 - interviews with the person and those providing care or support to the person.
- In using Table 5 evidence from a range of sources should be considered in determining which rating applies to the person being assessed.
- The person may not have good self-awareness of their mental health impairment or may not be able to accurately describe its effects. This is to be kept in mind when discussing issues with the person and reading supporting evidence.
- The signs and symptoms of mental health impairment may vary over time. The person's presentation on the day of the assessment should not solely be relied upon.
- For mental health conditions that are episodic or fluctuate, the rating that best reflects the person's overall functional ability must be applied, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

Points	Descriptors
0	<p><i>There is no functional impact on activities involving mental health function.</i></p> <p>(1) The person has no difficulties with most of the following:</p> <p>(a) self care and independent living;</p> <p><i>Example:</i> The person lives independently and attends to all self care needs without support.</p> <p>(b) social/recreational activities and travel;</p> <p><i>Example 1:</i> The person goes out regularly to social and recreational events without support.</p> <p><i>Example 2:</i> The person is able to travel to and from unfamiliar environments independently.</p> <p>(c) interpersonal relationships;</p> <p><i>Example:</i> The person has no difficulty forming and sustaining relationships.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> The person has no difficulties concentrating on most tasks.</p> <p><i>Example 2:</i> The person is able to complete a training or educational course or qualification in the normal timeframe.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example:</i> There is no evidence of significant difficulties in behaviour, planning or decision-making.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> The person is able to cope with the normal demands of a job which is consistent with their education and training.</p>

5	<p><i>There is a mild functional impact on activities involving mental health function.</i></p> <p>(1) The person has mild difficulties with most of the following:</p> <p>(a) self care and independent living;</p> <p><i>Example:</i> The person lives independently but may sometimes neglect self-care, grooming or meals.</p> <p>(b) social/recreational activities and travel;</p> <p><i>Example 1:</i> The person is not actively involved when attending social or recreational activities.</p> <p><i>Example 2:</i> The person sometimes is reluctant to travel alone to unfamiliar environments.</p> <p>(c) interpersonal relationships;</p> <p><i>Example:</i> The person has interpersonal relationships that are strained with occasional tension or arguments.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> The person has difficulty focusing on complex tasks for more than 1 hour.</p> <p><i>Example 2:</i> The person has some difficulties completing education or training.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example 1:</i> The person has unusual behaviours that may disturb other people or attract negative attention and may sometimes be more effusive, demanding or obsessive than is appropriate to the situation.</p> <p><i>Example 2:</i> The person has slight difficulties in planning and organising more complex activities.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> The person has occasional interpersonal conflicts at work, education or training that requires intervention by a supervisor, manager or teacher or changes in placement or groupings.</p>
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There is a **moderate** functional impact on activities involving mental health function.

(1) The person has moderate difficulties with most of the following:

(a) self care and independent living;

Example: The person needs some support (that is, an occasional visit by or assistance from a family member or support worker) to live independently and maintain adequate hygiene and nutrition.

(b) social/recreational activities and travel;

Example 1: The person goes out alone infrequently and is not actively involved in social events.

Example 2: The person will often refuse to travel alone to unfamiliar environments.

(c) interpersonal relationships;

Example: The person has difficulty making and keeping friends or sustaining relationships.

(d) concentration and task completion;

Example 1: The person finds it very difficult to concentrate on longer tasks for more than 30 minutes (such as reading a chapter from a book).

Example 2: The person finds it difficult to follow complex instructions (such as from an operating manual, recipe or assembly instructions).

(e) behaviour, planning and decision-making;

Example 1: The person has difficulty coping with situations involving stress, pressure or performance demands.

Example 2: The person has occasional behavioural or mood difficulties (such as temper outbursts, depression, withdrawal or poor judgement).

Example 3: The person's activity levels are noticeably increased or reduced.

(f) work/training capacity.

Example: The person often has interpersonal conflicts at work, education or training that require intervention by supervisors, managers or teachers or changes in placement or groupings.

20	<p><i>There is a severe functional impact on activities involving mental health function.</i></p> <p>(1) The person has severe difficulties with most of the following:</p> <p>(a) self care and independent living;</p> <p><i>Example:</i> The person needs regular support to live independently, that is, needs visits or assistance at least twice a week from a family member, friend, health worker or support worker.</p> <p>(b) social/recreational activities and travel;</p> <p><i>Example:</i> The person travels alone only in familiar areas (such as the local shops or other familiar venues).</p> <p>(c) interpersonal relationships;</p> <p><i>Example 1:</i> The person has very limited social contacts and involvement unless these are organised for the person.</p> <p><i>Example 2:</i> The person often has difficulty interacting with other people and may need assistance or support from a companion to engage in social interactions.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> The person has difficulty concentrating on any task or conversation for more than 10 minutes.</p> <p><i>Example 2:</i> The person has slowed movements or reaction time due to psychiatric illness or treatment effects.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example:</i> The person's behaviour, thoughts and conversation are significantly and frequently disturbed.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> The person is unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness.</p>
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30	<p>There is an extreme functional impact on activities involving mental health function.</p> <p>(1) The person has extreme difficulties with most of the following:</p> <p>(a) self care and independent living;</p> <p><i>Example 1:</i> The person needs continual support with daily activities and self care.</p> <p><i>Example 2:</i> The person is unable to live on their own and lives with family or in a supported residential facility or similar, or in a secure facility.</p> <p>(b) social/recreational activities and travel;</p> <p><i>Example:</i> The person is unable to travel away from own residence without a support person.</p> <p>(c) interpersonal relationships;</p> <p><i>Example:</i> The person has extreme difficulty interacting with other people and is socially isolated.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> The person has extreme difficulty in concentrating on any productive task for more than a few minutes.</p> <p><i>Example 2:</i> The person has extreme difficulty in completing tasks or following instructions.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example 1:</i> The person has severely disturbed behaviour which may include self harm, suicide attempts, unprovoked aggression towards others or manic excitement.</p> <p><i>Example 2:</i> The person's judgement, decision-making, planning and organisation functions are severely disturbed.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> The person is unable to attend work, education or training sessions other than for short periods of time.</p>
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Table 6 – Functioning related to Alcohol, Drug and Other Substance Use

Introduction to Table 6

- Table 6 is to be used where the person has a permanent condition resulting in functional impairment due to excessive use of alcohol, drugs or other harmful substances (e.g. glue or petrol) or the misuse of prescription drugs.
- This Table applies to people who have current, continuing alcohol, drug or other harmful substance use disorders and those in active treatment.
- Former users with resulting long-term impairments should be assessed under the relevant Table(s).

Example: Table 7 (Brain Function) should be used where the person has permanent neurological impairment resulting from previous alcohol, drug or other harmful substance use.
- The diagnosis of this condition must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a report from a medical specialist (e.g. addiction medicine specialist or psychiatrist with experience in diagnosis or treatment of substance use disorders) confirming diagnosis of substance use disorder and resulting impairment of other body systems or functions;
 - results of investigations (e.g. liver function tests, alcohol and substance use assessment scales);
 - reports or other records of participation in treatment or rehabilitation programs;
 - work or training attendance records.
- The use of drugs or alcohol does not in itself constitute or necessarily indicate permanent impairment.

Points	Descriptors
0	<p><i>There is no functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is able to reliably attend and effectively participate in work, education or training activities; and (b) attends to all aspects of personal care and daily living tasks.
5	<p><i>There is mild functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person engages in alcohol or illicit drug use and experiences some physical or cognitive effects that carry over into working hours (e.g. poor concentration, lethargy, irritability); or (b) the person has occasional difficulties in reliably attending work, education or training sessions or appointments or completing duties or assigned tasks; or (c) the person is sometimes absent from work, education or training activities due to the effects of alcohol, drugs or other harmful substance use.
10	<p><i>There is moderate functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) Most of the following apply:</p> <ul style="list-style-type: none"> (a) the person regularly uses alcohol, drugs or other harmful substances and as a result experiences difficulties performing physical or cognitive tasks; (b) the person often has difficulty completing daily tasks and responsibilities due to the short term or long term effects of alcohol, drugs or other harmful substances; (c) the person's use of alcohol, drugs or other harmful substances is having a detrimental effect on family or social relationships and activities; (d) the person has more frequent difficulties in reliably attending appointments or completing duties or assigned tasks; (e) the person is often absent from work, education or training activities due to the effects of alcohol, drugs or other harmful substance use. <p>(2) This impairment rating level includes a person in receipt of treatment and in sustained remission (e.g. a person who is receiving Methadone treatment or other opiate replacement therapy) and who is able to complete most activities of daily living.</p>

20	<p><i>There is severe functional impact from alcohol, drug or other harmful substance use.</i></p> <p>(1) Most of the following apply:</p> <ul style="list-style-type: none"> (a) the person neglects personal care, hygiene, nutrition and general health; (b) the person spends most of the time using, procuring or recovering from the effects of, alcohol, drugs or other harmful substance use; (c) there is medical or psychological evidence that the person has physical or cognitive impairment resulting from excessive use of alcohol, drugs or other harmful substances (e.g. diagnosed end organ damage, psychological or psychiatric assessment showing sustained and significant impairment or behavioural dysfunction linked to brain damage resulting from substance use); (d) remission is only very brief if it occurs; (e) the person is frequently absent from work, education or training activities due to the effects of alcohol, drugs or other harmful substance use.
30	<p><i>There is an extreme functional impact from alcohol, drug or other harmful substance use.</i></p> <p>(1) Most of the following apply:</p> <ul style="list-style-type: none"> (a) the person has a long-term, entrenched and diagnosed alcohol, drug or other harmful substance use disorder and has engaged in multiple attempts at various treatment programs without any significant periods of sustained remission or sustained improvement; (b) the person neglects most aspects of self care, family relationships, social interaction and community involvement; (c) there is well-documented medical evidence of significant and permanent damage to physical health (e.g. failure of the liver or other organs) or diagnosed brain injury with severely impaired cognitive function resulting from alcohol, drugs or other harmful substance use; (d) the person is rarely able to attend work, education, or training activities due to the effects of alcohol, drugs or other harmful substance use.

Table 7 – Brain Function

Introduction to Table 7
<ul style="list-style-type: none">• Table 7 is to be used where the person has a permanent condition resulting in functional impairment related to neurological or cognitive function.• The diagnosis of the condition must be made by an appropriately qualified medical practitioner.• Self-report of symptoms alone is insufficient.• There must be corroborating evidence of the person’s impairment.• Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:<ul style="list-style-type: none">○ a report from the person’s treating doctor;○ a report from a specialist health practitioner (e.g. neurologist, rehabilitation physician, psychiatrist or neuropsychologist) supporting the diagnosis of conditions associated with neurological or cognitive impairment (e.g. acquired brain injury, stroke (cerebrovascular accident (CVA)), conditions resulting in dementia, tumour in the brain, some neurodegenerative disorders, chronic pain);○ results of diagnostic tests (e.g. Magnetic Resonance Imagery (MRI), Computerised (Axial) Tomography (CT) scans, Electroencephalograph (EEG));○ results of cognitive function assessments.• The signs and symptoms of neurological or cognitive impairment may vary over time. The person’s presentation on the day of the assessment should not solely be relied upon.• For neurological or cognitive conditions that are episodic or fluctuate, the rating that best reflects the person’s overall functional ability must be applied, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.• A person with Autism Spectrum Disorder who does not have a low IQ should be assessed under this Table.• Table 7 should not be used when a person has an impairment of intellectual function already assessed under Table 9, unless the person has an additional condition affecting neurological or cognitive function.

Points	Descriptors
0	<p><i>There is no functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person has no significant problems with memory, attention, concentration, problem solving, visuo-spatial function, planning, decision making, comprehension, self awareness or behavioural regulation.</p>
5	<p><i>There is a mild functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person is able to complete most day to day activities without assistance and has mild difficulties in at least one of the following:</p> <p>(a) memory;</p> <p><i>Example:</i> The person occasionally forgets to complete a regular task or sometimes misplaces important items.</p> <p>(b) attention and concentration;</p> <p><i>Example 1:</i> The person has some difficulty concentrating on complex tasks for more than 1 hour.</p> <p><i>Example 2:</i> The person has some difficulty focusing on a task if there are other activities occurring nearby.</p> <p>(c) problem solving;</p> <p><i>Example 1:</i> The person has difficulty solving complex problems that may involve multiple factors or abstract concepts.</p> <p><i>Example 2:</i> The person shows a lack of awareness of problems in some situations.</p> <p>(d) planning;</p> <p><i>Example:</i> The person has some difficulty planning and organising complex activities (such as arranging travel and accommodation for an interstate or overseas holiday).</p> <p>(e) decision making;</p> <p><i>Example:</i> The person has some difficulty in prioritising and complex decision making when there are several options to choose from.</p> <p>(f) comprehension.</p> <p><i>Example:</i> The person has some difficulty in understanding complex instructions involving multiple steps.</p>

10	<p><i>There is a moderate functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person needs occasional (less than once a day) assistance with day to day activities and has moderate difficulties in at least one of the following:</p> <p>(a) memory;</p> <p><i>Example 1:</i> The person often forgets to complete regular tasks of minor consequence such as putting the bin out on rubbish night.</p> <p><i>Example 2:</i> The person often misplaces items.</p> <p><i>Example 3:</i> The person needs to use memory aids (such as shopping lists) to remember any more than 3 or 4 items.</p> <p>(b) attention and concentration;</p> <p><i>Example 1:</i> The person has difficulty concentrating on complex tasks for more than 30 minutes.</p> <p><i>Example 2:</i> The person has significant difficulty focusing on a task if there are other activities occurring nearby.</p> <p>(c) problem solving;</p> <p><i>Example:</i> The person has difficulty solving some day to day problems or problems not previously encountered and may need assistance or advice from time to time.</p> <p>(d) planning;</p> <p><i>Example:</i> The person has difficulty planning and organising new or special activities (such as planning and organising a large birthday party).</p> <p>(e) decision making;</p> <p><i>Example:</i> The person has some difficulty in prioritising and decision making and displays poor judgement at times, resulting in negative outcomes for self or others.</p> <p>(f) comprehension;</p> <p><i>Example:</i> The person has difficulty understanding complex instructions involving multiple steps and may need more prompts, written instructions or repeated demonstrations than peers to complete tasks.</p> <p>(g) visuo-spatial function;</p> <p><i>Example:</i> The person has some difficulty with visuo-spatial functions (such as difficulty reading maps, giving directions or judging distance or depth) but this does not result in major limitations in day to day activities.</p> <p>(h) behavioural regulation;</p> <p><i>Example:</i> The person occasionally (less than once a week) has difficulty controlling behaviour in routine situations (such as showing frustration or anger or losing temper for minor reasons but displays no physical aggression).</p> <p>(j) self awareness.</p> <p><i>Example:</i> The person lacks awareness of own limitations, resulting in mild difficulties in social interactions or problems arising in day to day activities.</p>
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There is a **severe** functional impact resulting from a neurological or cognitive condition.

(1) The person needs frequent (at least once a day) assistance and supervision and has severe difficulties in at least one of the following:

(a) memory;

Example 1: The person is unable to remember routines, regular tasks and instructions.

Example 2: The person has difficulty recalling events of the past few days.

Example 3: The person gets easily lost in unfamiliar places.

(b) attention and concentration;

Example 1: The person is unable to concentrate on any task, even a task that interests the person, for more than 10 minutes.

Example 2: The person is easily distracted from any task.

(c) problem solving;

Example: The person is unable to solve routine day to day problems (such as what to do if a household appliance breaks down) and needs regular assistance and advice.

(d) planning;

Example: The person is unable to plan and organise routine daily activities (such as an outing to the movies or a supermarket shopping trip).

(e) decision making;

Example: The person is unable to prioritise and make complex decisions and often displays poor judgement, resulting in negative outcomes for self or others.

(f) comprehension;

Example: The person is unable to understand basic instructions and needs regular prompts to complete tasks.

(g) visuo-spatial function;

Example: The person is unable to perform many visuo-spatial functions, such as reading maps, giving directions (including to the person's house) or judging distance or depth (resulting in stumbling on steps or bumping into objects).

(h) behavioural regulation;

Example: The person is often (more than once a week) unable to control behaviour even in routine, day to day situations and may be verbally abusive to others or threaten physical aggression.

(j) self awareness.

Example: The person lacks awareness of own limitations, resulting in significant difficulties in social interactions or problems arising in day to day activities.

30	<p><i>There is an extreme functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person needs continual assistance and supervision and has extreme difficulties in at least one of the following:</p> <p>(a) memory;</p> <p><i>Example 1:</i> The person needs constant prompts and reminders to remember routine tasks, familiar people and places and may get lost even in familiar places if not accompanied.</p> <p><i>Example 2:</i> The person has difficulties remembering events that happened earlier in the day (such as what the person ate for breakfast).</p> <p>(b) attention and concentration;</p> <p><i>Example:</i> The person is unable to concentrate on any task for more than a few minutes.</p> <p>(c) problem solving;</p> <p><i>Example:</i> The person is unable to solve even the most basic problems (such as what to do if the kettle is empty) and needs complete assistance with problem solving.</p> <p>(d) planning;</p> <p><i>Example:</i> The person is unable to plan and organise daily activities and needs complete assistance to organise daily routine.</p> <p>(e) decision making;</p> <p><i>Example:</i> The person is unable to prioritise and make simple decisions and needs a guardian or other delegate to make decisions or give consent on the person's behalf.</p> <p>(f) comprehension;</p> <p><i>Example:</i> The person is unable to understand even simple, single step instructions and needs assistance to complete most tasks.</p> <p>(g) visuo-spatial function;</p> <p><i>Example 1:</i> The person is unable to perform even basic visuo-spatial functions, is unable to follow spatial directions (such as 'turn left at the corner'), or is unable to judge distance or depth which severely limits mobility.</p> <p><i>Example 2:</i> The person has left or right-sided neglect, that is, they are not aware of objects, people or body parts in the left or right field of vision. This means that even though the person's eyes can see an object, the person's brain does not register its presence.</p> <p>(h) behavioural regulation;</p> <p><i>Example:</i> The person is frequently (every day) unable to control behaviour in a range of day to day situations and this interferes with participation in activities outside the home and requires supervision and possibly restriction to a home or institutional environment.</p> <p>(j) self awareness.</p> <p><i>Example:</i> The person has very poor or no awareness of own limitations resulting in frequent and serious risks to self or others.</p>
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Table 8 – Communication Function

Introduction to Table 8

- Table 8 is to be used where the person has a permanent condition resulting in functional impairment affecting communication functions.
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner.
- The person must be assessed on their independent communication abilities using any aids or equipment (assistive technology) that they have and usually use and without physical assistance from a support person.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a specialist assessment by a speech pathologist, neurologist or psychologist;
 - a report from a medical specialist confirming diagnosis of conditions associated with communication impairment (e.g. stroke (cerebrovascular accident (CVA)), other acquired brain injury, cerebral palsy, neurodegenerative conditions, damage to the speech-related structures of the mouth, vocal cords or larynx);
 - results of diagnostic tests (e.g. X-Rays or other imagery);
 - results of functional assessments.
- If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11.
- If the impairment affecting communication function is due to impairment in intellectual function, only Table 9 must be used.
- In this Table, **main language** means the language that the person most commonly uses.
- In this Table, **communication** or **communication functions** means receptive communication (understanding language) or expressive communication (producing speech).

Points	Descriptors
0	<p><i>There is no functional impact on communication in the person's main language.</i></p> <p>(1) The person's speech is usually understood by those who speak the same language and allows for meaningful conversation.</p>
5	<p><i>There is a mild functional impact on communication in the person's main language.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person has some difficulty understanding complex words and long sentences (e.g. a complex newspaper article); or</p> <p>(b) the person has mild difficulty in producing speech and has minor difficulty with being understood due to speech production or content.</p>
10	<p><i>There is a moderate functional impact on communication in the person's main language.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person;</p> <p>(i) has some difficulty understanding day to day language, particularly where a sentence or instruction includes multiple steps or concepts (e.g. 'Please take this book out to Jane at the front desk and ask her to give you some paper clips and bring them back in here'); or</p> <p>(ii) may need instructions repeated or broken down into shorter sentences; or</p> <p>(b) the person has moderate difficulty in producing speech (e.g. a stutter or stammer), difficulty coordinating speech movements or damage to speech structures (e.g. vocal cords, larynx) which makes speech effortful, slow or sometimes difficult for strangers to understand; or</p> <p>(c) the person uses alternative or augmentative communication (e.g. sign language, technology that produces electronic speech, use of symbols to communicate) and is unable to speak clearly and may be partially reliant on a recognised sign language (e.g. Auslan or signed English) or other non-verbal communication methods.</p>

*There is a **severe** functional impact on communication in the person's main language.*

(1) Either:

- (a) the person has severe difficulty understanding day to day language in unfamiliar environments or relating to non-routine tasks, even where a sentence or instruction includes only a single step (e.g. 'put the book next to the pencils') and needs instructions repeated or gestures or physical demonstration in order to understand; or
- (b) at least one of the following applies:
 - (i) the person has severe difficulty in producing speech (e.g. a severe stutter or stammer), difficulty coordinating speech movements or damage to speech structures (e.g. vocal cords, larynx) which makes speech very effortful or very slow;
 - (ii) the person's speech is difficult for strangers to understand;
 - (iii) the person uses a limited vocabulary of words in speech (e.g. fewer than 50 words);
 - (iv) the person's speech is clear but is not used appropriately, (e.g. has frequent echolalia - compulsively repeats words or what the other person says), frequently swears or uses abusive language as a result of a condition (e.g. Tourette's syndrome) and is unable to sustain a normal conversation for even a few minutes; or

(2) The person uses alternative or augmentative communication (e.g. sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to assist in communication); and

- (a) the person is unable to speak clearly and is completely reliant on a recognised sign language (e.g. Auslan or signed English); or
- (b) the person needs to use an electronic communication device to communicate with others in places such as shops, workplace, education or training facility and is unable to be understood without this device; or
- (c) the person is unable to speak and uses handwriting or typing to communicate; or
- (d) the person is unable to speak and uses the assistance of a note taker to communicate.

There is **extreme** functional impact on communication in the person's main language.

- (1) Either:
- (a) the person:
 - (i) has extreme difficulty understanding even simple day to day language in familiar environments; or
 - (ii) may understand only a few single words or simple phrases that are used on a regular basis (e.g. 'drink', 'toilet', 'bed-time', 'go in the car'); or
 - (iii) needs additional gestures, pictures, symbols or physical demonstration in order to understand what is said; or
 - (b) at least one of the following applies;
 - (i) the person has extreme difficulty in producing any clear speech or is unable to speak at all;
 - (ii) the person's speech is difficult to understand even for family members and others who have regular contact with the person;
 - (iii) the person uses a limited vocabulary of words in speech (e.g. fewer than 20 words);
 - (iv) the person is only able to indicate yes or no, pleasure or displeasure through facial expressions, head movements or hand or body gestures; or
- (2) The person uses alternative or augmentative communication (e.g. sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to communicate); and
- (a) the person uses a limited number of symbols (e.g. Compics) or pictures or photos to communicate basic needs and feelings; or
 - (b) the person needs to use an electronic communication device to communicate with others but has difficulty using this and is very slow in preparing communications; or
 - (c) the person is unable to speak or use an electronic communication device and uses a note taker to communicate with others.

Table 9 – Intellectual Function

Introduction to Table 9
<ul style="list-style-type: none">• Table 9 is to be used where the person has a permanent condition resulting in low intellectual function (IQ score of 70 to 85) resulting in functional impairment, which originated before the person turned 18 years of age.• An assessment of the condition must be made by an appropriately qualified psychologist.• An assessment of intellectual function is to be undertaken in the form of a Wechsler Adult Intelligence Scale IV (WAIS IV) or equivalent contemporary assessment. This assessment should be conducted after the person turns 16 years of age. A Wechsler Intelligence Scale for Children (WISC) assessment completed between the ages of 12 and 16 years is also acceptable for people aged 18 years or under at the time of assessment.• An assessment of adaptive behaviour is to be undertaken in the form of either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R), the Vineland Adaptive Behaviour Scales (Vineland-II) or any other standardised assessment of adaptive behaviour that:<ul style="list-style-type: none">○ provides robust standardised scores across the three domains of adaptive behaviour (conceptual, social and practical adaptive skills);○ has current norms developed on a representative sample of the general population;○ demonstrates test validity and reliability; and○ provides a percentile ranking.• Consideration of the adaptation of recognised assessments of intellectual function for use with Aboriginal and Torres Strait Islander peoples is required.• There must be corroborating evidence of the person’s impairment.• Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:<ul style="list-style-type: none">○ a report from the person’s treating doctor;○ supporting letters, reports or assessments relating to the person’s development, intellectual function, adaptive behaviour or participation in programs;○ interviews with the person and those providing care, support or treatment to the person.• Diagnosis of a learning disorder such as dyslexia does not equate to a diagnosis of intellectual disability.• A person with Autism Spectrum Disorder, Fragile X Syndrome or Foetal Alcohol Spectrum Disorder who also has a low IQ should be assessed

under this Table.

Points	Descriptors
0	<p><i>There is no impact on intellectual function.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person is assessed as having a score of adaptive behaviour of 90 or above, on either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-II); or(b) the person is assessed as being within the percentile rank of 24 or above on a standardised assessment of adaptive behaviour.
5	<p><i>There is mild impact on intellectual function.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person is assessed as having a score of adaptive behaviour of between 80 to 89, on either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-II); or(b) the person is assessed as being within the percentile rank of 9 to 23 on a standardised assessment of adaptive behaviour.
10	<p><i>There is moderate impact on intellectual function.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person is assessed as having a score of adaptive behaviour of between 71 to 79, on either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-II); or(b) the person is assessed as being within the percentile rank of 3 to 8 on a standardised assessment of adaptive behaviour.
20	<p><i>There is severe impact on intellectual function.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person is assessed as having a score of adaptive behaviour of between 50 to 70, on either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-II); or(b) the person is assessed as being within the percentile rank of 2 on a standardised assessment of adaptive behaviour.

30	<p><i>There is an extreme impact on intellectual function.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person is assessed as having a score of adaptive behaviour of less than 50, on either the Adaptive Behaviour Assessment System (ABAS-II), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-II); or</p> <p>(b) the person is assessed as being within the percentile rank of less than 2 on a standardised assessment of adaptive behaviour.</p>
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Table 10 – Digestive and Reproductive Function

Introduction to Table 10
<ul style="list-style-type: none">• Table 10 is to be used where the person has a permanent condition resulting in functional impairment related to digestive or reproductive system functions.• Digestive conditions may include diseases that affect the mouth, salivary glands, oesophagus, stomach, intestines (small or large intestine), pancreas, liver, gall bladder, bile ducts, rectum or anus.• Reproductive system conditions may include gynaecological diseases (e.g. severe and intractable endometriosis, ovarian cancer) and conditions of the male reproductive system (e.g. testicular cancer).• Table 13 (Continence Function) is to be used for a person who requires continence and ostomy care (that is, a person with an ileostomy or colostomy).• The diagnosis of the condition must be made by an appropriately qualified medical practitioner.• Self-report of symptoms alone is insufficient.• There must be corroborating evidence of the person's impairment.• Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:<ul style="list-style-type: none">○ a report from the person's treating doctor;○ a report from a medical specialist (such as a gastroenterologist, a gynaecologist, an urologist or an oncologist) confirming diagnosis of a digestive or reproductive system condition;○ results of investigations (such as X-Rays or other imagery, endoscopy or colonoscopy).• Symptoms of digestive conditions include, but are not limited to, pain, discomfort, nausea, vomiting, diarrhoea, constipation, reflux, heartburn, indigestion or fatigue.• Personal care needs associated with digestive conditions include, but are not limited to, the need to take medications when symptoms occur, care of special feeding equipment (e.g. Percutaneous Endoscopic Gastrostomy (PEG) button or special feeding tube), special diets or feeding solutions, strategies to relieve pain, additional toileting and personal hygiene needs.• Symptoms associated with reproductive system conditions include, but are not limited to, pain, fatigue, menorrhagia or dysmenorrhea.• Personal care needs associated with reproductive system conditions include, but are not limited to, strategies to relieve pain or more frequent menstrual care.

Points	Descriptors
0	<p><i>There is no functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) The person is not usually interrupted at work or other activity by symptoms or personal care needs associated with a digestive or reproductive system condition.</p>
5	<p><i>There is a mild functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person's attention and concentration at a task are sometimes (on most days) interrupted or reduced by pain or other symptoms or personal care needs associated with the digestive or reproductive system condition; or</p> <p>(b) the person is sometimes (i.e. less than once per month) absent from work, education or training activities due to the digestive or reproductive system condition.</p>
10	<p><i>There is a moderate functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least two of the following apply to the person:</p> <p>(a) the person's attention and concentration on a task are often (at least once a day but not every hour) interrupted or reduced by pain or other symptoms or personal care needs associated with the digestive or reproductive system condition;</p> <p>(b) the person is unable to sustain work activity or other tasks for more than 2 hours without a break due to symptoms of the digestive or reproductive system condition;</p> <p>(c) the person is often (once per month) absent from work, education or training activities due to the digestive or reproductive system condition.</p>

20	<p><i>There is a severe functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least two of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person's attention and concentration at a task is frequently (at least once every hour) interrupted or reduced by pain or other symptoms or personal care needs associated with the digestive or reproductive system condition; (b) the person is unable to sustain work activity or other tasks for a total of more than 3 hours a day, even with regular breaks, due to symptoms of the digestive or reproductive system condition; (c) the person's condition may affect the comfort or attention of co-workers; (d) the person is frequently (twice or more per month) absent from work, education or training activities due to the digestive or reproductive system condition.
30	<p><i>There is an extreme functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least two of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person's attention and concentration at a task are continually interrupted or reduced by pain or other symptoms or care needs associated with the digestive or reproductive system condition (e.g. pain or other symptoms are present all or most of the time); (b) the person is unable to sustain work activity or other task for more than 1 hour without a break due to symptoms of the digestive or reproductive system condition; (c) the nature of the person's condition is likely to affect co-workers adversely; (d) the person is rarely able to attend work, education or training activities due to the digestive or reproductive system condition.

Table 11 – Hearing and other Functions of the Ear

Introduction to Table 11

- Table 11 is to be used where the person has a permanent condition resulting in functional impairment when performing activities involving hearing (communication) function or other functions of the ear (e.g. balance).
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner with supporting evidence from an audiologist or Ear, Nose and Throat (ENT) specialist.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a report from a medical specialist (e.g. an ENT specialist or neurologist) confirming diagnosis of conditions associated with hearing impairment or other impaired function of the ear (e.g. congenital deafness, presbycusis, acoustic neuroma, side-effects of medication, Meniere's disease or neurological conditions including Multiple Sclerosis);
 - results of audiological assessment undertaken by a fully qualified audiologist or ENT specialist.
- Table 11 should be applied with the person using any prescribed hearing aid, cochlear implant or other assistive listening device that they usually use.
- If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person's hearing and communication function should be assessed using Table 11.

Points	Descriptors
0	<p><i>There is no functional impact on activities involving hearing (communication) function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) can hear a conversation at average volume in a room with an average level of background noise (e.g. other people talking quietly in the background); and (b) does not have to turn the television volume up louder than others in the household to hear clearly; and (c) the person does not need to use a hearing aid, cochlear implant or other assistive listening device.
5	<p><i>There is mild functional impact on activities involving hearing (communication) function or other functions of the ear.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has some difficulty hearing a conversation at an average volume in a room with background noise (e.g. other people talking quietly in the background); and (b) may use a hearing aid, cochlear implant or other device; and (c) has difficulty hearing conversations when using a standard telephone, particularly in a room with background noise; or <p>(2) The person has occasional difficulty with balance (e.g. occasional dizziness) or ringing in the ears which occasionally interferes with communication ability or routine activities due to a medically diagnosed disorder of the inner ear (e.g. Meniere's disease, or tinnitus).</p>
10	<p><i>There is a moderate functional impact on activities involving hearing (communication) function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device; or sign language interpreting is required.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has difficulty hearing a conversation at average volume in a room with no background noise; and (b) the person has to use a telephone with a T switch and has occasional difficulty with some words ; and (c) is partially reliant on lip-reading or a recognised sign language (e.g. Auslan), that is, the person needs to lip-read or watch a sign language interpreter in some situations where background noise is present or needs to have parts of conversations clarified or repeated using lip-reading or recognised sign language; or <p>(2) The person has more frequent difficulty with balance (e.g. has to sit down or hold on to a solid object) or ringing in the ears which interferes with communication ability or routine activities, due to a medically diagnosed disorder of the inner ear (e.g. Meniere's disease or tinnitus).</p>

20	<p><i>There is a severe functional impact on activities involving hearing (communication) function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device or technology or sign language interpreting.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has severe difficulty hearing any conversation even at raised volume in a room with no background noise (that is, is unable to hear someone speaking to them in a loud voice, or is not able to hear someone shouting a warning (e.g. 'Look out!')); and (b) is unable to hear sounds needed for personal or workplace safety (e.g. a smoke alarm, fire evacuation siren, or car or truck horn); and (c) is reliant on captions to follow a television program or movie; and (d) needs to use a captioned telephone; and (e) is completely reliant in all situations on a recognised sign language (e.g. Auslan), lip reading, other non verbal communication method (e.g. note taking) to converse with others; or <p>(2) The person has continual difficulty with balance (e.g. the person has continual dizziness or has to sit down or hold on to a solid object) or continual ringing in the ears that interferes with hearing, due to a medically diagnosed disorder of the inner ear (e.g. Meniere's disease or tinnitus).</p>
30	<p><i>There is an extreme functional impact on activities involving hearing (communication) function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is unable to hear anything at all; and (b) has limited or no ability to understand a recognised sign language (e.g. Auslan).

Table 12 – Visual Function

Introduction to Table 12

- Table 12 is to be used where the person has a permanent condition resulting in functional impairment when performing activities involving visual function.
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner with supporting evidence from an ophthalmologist.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a report from a medical specialist (e.g. ophthalmologist, ophthalmic surgeon) confirming diagnosis of conditions associated with vision impairment (e.g. diabetic retinopathy, glaucoma, retinitis pigmentosa, macular degeneration, cataracts, congenital blindness);
 - results of vision assessments (e.g. from an optometrist).
- Table 12 should be applied with the person using any visual aids the person usually uses (e.g. spectacles or contact lenses).
- Where severe or extreme loss of visual function is evident or suspected, it is to be recommended that assessment by a qualified ophthalmologist occur to determine if the person meets the criteria for permanent blindness.

Points	Descriptors
0	<p><i>There is no functional impact on activities involving visual function.</i></p> <p>(1) The person has no difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn and all of the following apply:</p> <ul style="list-style-type: none"> (a) the person has no difficulties seeing the print in a newspaper or magazine; (b) the person has no difficulties seeing road signs, street signs or bus numbers; (c) the person has a full field of vision, that is, they do not have any problems with peripheral vision (being aware of objects or movement to the sides, above or below, when looking straight ahead) and no patches or areas of lost vision; (d) the person can usually perform all day to day functions involving the eyes without discomfort (e.g. no watering of the eyes, difficulty opening the eyes, or difficulty moving the eyes) and is able to tolerate normal light levels.
5	<p><i>There is a mild functional impact on activities involving visual function.</i></p> <p>(1) The person can perform most day to day activities involving vision and has mild difficulties seeing things at a distance or close up when wearing glasses or contact lenses (if these are usually worn), and at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has some difficulty seeing the fine print in newspapers or magazines (e.g. they have to hold the print further away or use brighter light); (b) the person has some difficulty seeing road signs, street signs or bus numbers or has some difficulty reading road signs at night but can still travel around the community and use public transport without assistance; (c) when looking straight ahead, the person has some difficulty seeing objects to the side or in the centre of their field of vision; (d) the person experiences some discomfort when performing day to day activities involving the eyes (e.g. mild occasional watering of the eyes, mild difficulty opening the eyes, or mild difficulty moving or coordinating the eyes, or difficulty tolerating bright lights and sunlight); (e) the person has functional vision in only 1 eye, or only has 1 eye, but has good vision in the remaining eye.

10	<p><i>There is a moderate functional impact on activities involving visual function.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has moderate difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn or the person has very limited vision to the sides when looking straight ahead or the person has other significant loss in their field of vision (e.g. patches where they can see nothing or very little); and (b) needs to use vision aids or assistive devices other than spectacles and contact lenses for some tasks; and (c) has difficulty performing some day to day activities involving vision (e.g. difficulty seeing the print letters, signs or route numbers on approaching buses or at train stations); and (d) has at least one of the following: <ul style="list-style-type: none"> (i) some difficulty seeing routine workplace, educational or training information (e.g. signs, safety information, or manuals) and may need to use alternative formats (e.g. large print), assistive devices or technology for vision in work, training or educational settings; (ii) moderate discomfort when performing day to day activities involving the eyes (e.g. frequent watering of the eyes, frequent difficulty opening the eyes, or moderate difficulty moving or coordinating the eyes, or unable to tolerate normal levels of light indoors or outdoors); (iii) only 1 eye or functional vision in only 1 eye and has mild problems with the vision in their only functioning eye; and <p>(2) The person:</p> <ul style="list-style-type: none"> (a) is able to function independently in familiar environments (that is, without regular assistance from other people); and (b) is able to travel independently using public transport when using any assistive devices that they have and usually use.
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20	<p><i>There is a severe functional impact on activities involving visual function.</i></p> <p>(1) The person:</p> <p>(a) has severe difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn; and</p> <p>(b) needs to use vision aids or assistive devices other than spectacles and contact lenses for many tasks; and</p> <p>(c) has severe difficulty performing many day to day activities involving vision (e.g. difficulty distinguishing between different types of food in tins or packets, seeing the level of fluid in a cup or reading aisle signs in the supermarket even when standing close to these); and</p> <p>(d) either:</p> <p>(i) is unable to see routine workplace, educational or training information (e.g. signs, safety information, or manuals) even when using any assistive devices or technology that they have; or</p> <p>(ii) needs assistance to use public or other means of transport to travel to work, educational or community facilities even when using any assistive devices that they have (e.g. a guide dog or cane); and</p> <p>(e) is unable to move around independently in unfamiliar environments.</p>
30	<p><i>There is an extreme functional impact on activities involving visual function.</i></p> <p>(1) The person is not considered permanently blind and, due to extreme functional impact on vision, the person:</p> <p>(a) needs assistance to move around even in familiar environments; and</p> <p>(b) needs assistance to perform most day to day activities.</p>

Table 13 – Continence Function

Introduction to Table 13	
<ul style="list-style-type: none"> • Table 13 is to be used where the person has a permanent condition resulting in functional impairment related to incontinence of the bladder or bowel. • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist, particularly in cases of moderate or severe incontinence, (e.g. urogynaecologist, gynaecologist, urologist, gastroenterologist) confirming diagnosis of conditions associated with incontinence (e.g. some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions, incontinence resulting from paraplegia, spina bifida, neurodegenerative conditions or severe intellectual disability); ○ assessments and reports from practitioners specialising in the treatment and management of incontinence (e.g. urologists, urogynaecologists, continence nurse advisors, continence physiotherapists). • To avoid doubt, for descriptors in this Table relating to a person’s symptoms affecting co-workers, a descriptor can apply even if the person does not work (that is, where the descriptor is likely to apply if the person did work). 	

Points	Descriptors
0	<p><i>There is no functional impact on maintaining continence of the bladder and bowel.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is always continent of the bladder and bowel; and (b) does not have a stoma (e.g. colostomy, ileostomy) or use a catheter or other collection device to manage continence.

5	<p><i>There is a mild functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least one of the following ((a), (b), (c), (d), (e) or (f)) applies:</p> <p><i>Bladder</i></p> <p>(a) the person has minor leakage from the bladder (e.g. a small amount of urine when coughing or sneezing) at least once a day but not every hour;</p> <p>(b) the person has urgency (e.g. has to get to a toilet very quickly and has difficulty 'holding on' to urine) or has occasional (at least weekly) loss of control of the bladder;</p> <p>(c) the person has difficulty passing urine (e.g. has to strain or has restricted flow of urine or has difficulty emptying the bladder);</p> <p><i>Bowel</i></p> <p>(d) the person has minor leakage from the bowel (e.g. enough faecal matter to soil underwear but not outer clothes) more than once a week but not every day;</p> <p>(e) the person has urgency or occasional (at least monthly) loss of control of bowel;</p> <p><i>Continence aids</i></p> <p>(f) the person has a stoma, or uses a catheter or other collection device to manage their continence independently without any difficulties and does not need any assistance.</p>
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10	<p><i>There is a moderate functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) The person:</p> <p>(a) has minor leakage from the bladder (e.g. a small amount of urine when coughing or sneezing) several times each day; and</p> <p>(b) in respect of continence of the bladder has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Bowel</i></p> <p>(3) The person:</p> <p>(a) has major leakage from the bowel (e.g. enough faecal matter to fully soil underwear and stain outer clothes if a continence pad is not worn) in most weeks; and</p> <p>(b) in respect of continence of the bowel has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Continence aids</i></p> <p>(4) The person:</p> <p>(a) has a stoma, or uses a catheter or other collection device to manage their continence independently but requires frequent bag or catheter changes, or has frequent equipment failure; and</p> <p>(b) in respect of continence aids has difficulties that result in interruption to tasks, work or training on most days.</p>
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20	<p><i>There is a severe functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) In respect of continence of the bladder:</p> <p>(a) the person's condition may affect the comfort or attention of co-workers; or</p> <p>(b) the person has continual dribbling of urine throughout the day; or</p> <p>(c) the person has major leakage from the bladder (e.g. a large amount of urine – enough to soak through a prescribed continence pad and clothes) at least every day but not every hour.</p> <p><i>Bowel</i></p> <p>(3) In respect of continence of the bowel:</p> <p>(a) the person's condition may affect the comfort or attention of co-workers; or</p> <p>(b) the person has minor leakage from the bowel (e.g. enough faecal matter to soil underwear or continence pad but not outer clothes) every day; or</p> <p>(c) the person has major leakage from the bowel (e.g. enough faecal matter to fully soil underwear or a continence pad) at least weekly.</p> <p><i>Continence aids</i></p> <p>(4) In respect of continence aids:</p> <p>(a) the person's condition may affect the comfort or attention of co-workers; or</p> <p>(b) the person has a stoma, or uses a catheter or other collection device to manage their continence and needs some assistance from another person to manage the continence aid; or</p> <p>(c) the person wears continence pads and needs some assistance to change these during the day.</p>
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30	<p><i>There is an extreme functional impact. The person is completely unable to maintain continence of the bladder or bowel.</i></p> <p>(1) The nature of the person's condition is likely to affect co-workers adversely and at least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) In respect of continence of the bladder the person has no control of bladder emptying and is always incontinent of urine.</p> <p><i>Bowel</i></p> <p>(3) In respect of continence of the bowel the person has no control of bowel emptying and is always incontinent of faeces.</p> <p><i>Continence aids</i></p> <p>(4) In respect of continence aids at least one of the following applies:</p> <p>(a) the person has a stoma, or uses a catheter or other collection device to manage their continence and needs complete assistance from another person to manage this; or</p> <p>(b) the person wears continence pads and needs complete assistance to change these during the day.</p>
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Table 14 – Functions of the Skin

Introduction to Table 14	
<ul style="list-style-type: none"> • Table 14 is to be used where the person has a permanent condition resulting in functional impairment related to disorders of, or injury to, the skin. • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist (e.g. dermatologist or burns specialist) confirming diagnosis of dermatological conditions or burns; ○ assessments or reports from practitioners specialising in the treatment and management of these conditions such as dermatologists, burn specialists, clinical nurse consultants or nurse practitioners. 	

Points	Descriptors
0	<p><i>There is no functional impact on activities requiring healthy, undamaged skin.</i></p> <p>(1) The person is able to perform normal daily activities (e.g. washing dishes, shampooing hair, household cleaning and participating in outdoor activities) with no difficulty.</p>

5	<p><i>There is a mild functional impact on activities requiring healthy, undamaged skin.</i></p> <p>(1) Regarding the minor adaptations to some daily activities that the person has to make, at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has minor difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. mild allodynia) and may need to wear protective gloves for some tasks, apply protective cream to the hands, or limit repetitive tasks involving use of the hands; (b) the person has minor difficulties performing activities involving use of other parts of the body due to minor skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. mild allodynia); (c) the person has minor difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (e.g. as a result of certain medications or past history of skin cancers) and needs to take higher than normal precautions to limit exposure to sunlight.
10	<p><i>There is a moderate functional impact on activities requiring healthy, undamaged skin.</i></p> <p>(1) Regarding the adaptations to several daily activities that the person has to make, at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has moderate difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. moderate allodynia) and needs to wear protective gloves for most tasks, avoid contact with all detergents and soaps, or avoid repetitive tasks involving use of the hands; (b) the person has moderate difficulties performing daily activities due to scarring from burns which restricts movement of limbs or other parts of the body (e.g. may require additional time to perform some tasks, or some tasks may need to be modified); (c) the person has moderate difficulties performing daily activities due to lesions on skin which require creams or dressings and limit movement and comfort (e.g. may require additional time to perform some tasks, or some tasks may need to be modified); (d) the person has moderate difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (e.g. as a result of certain medications, past history of skin cancers, albinism, or other genetic condition) and needs to take higher than normal precautions to avoid exposure to sunlight (e.g. must wear sunscreen at all times, wear hat and other protective clothing at all times outside and has to limit time spent outside in sunlight).

20	<p><i>There is a severe functional impact on activities requiring healthy, undamaged skin.</i></p> <p>(1) Regarding the person's significant modifications to, or inability to perform, daily activities, at least two of the following apply:</p> <ul style="list-style-type: none"> (a) the person has severe difficulties performing activities involving use of their hands due to major skin lesions, dermatitis, skin allergies, scarring or nerve pain (e.g. severe allodynia) and is unable to perform some tasks involving use of the hands; (b) the person has severe difficulties performing daily activities due to scarring from burns which restricts movement of limbs or other parts of the body (e.g. may not be able to perform some tasks, requires additional time to perform some tasks, or some tasks need to be modified); (c) the person has severe difficulties performing daily activities due to extensive or severe lesions on skin which require creams or dressings and limit movement and comfort (e.g. may not be able to perform some tasks, requires additional time to perform some tasks, or some tasks need to be modified); (d) the person has severe difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (e.g. as a result of certain medications, past history of skin cancers, albinism, or other genetic condition) and can spend only a brief period of time in sunlight each day even when wearing sunscreen and protective clothing; (e) the person is not able to wear clothing or footwear likely to be required in their workplace, including items of personal protective equipment (e.g. protective glasses, ear defenders, safety jacket, gloves, safety boots, safe shoes or hard hat).
30	<p><i>There is an extreme functional impact on activities requiring healthy, undamaged skin.</i></p> <p>(1) The person has to make major modifications to most daily activities or is unable to perform most daily activities, requires repeated assistance throughout the day and could not attend a work, education or training session for a continuous period of at least 3 hours as at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has such extensive damage or scarring of their skin that they are unable to perform most daily activities without significant difficulty or discomfort; (b) the person requires continual application or wearing of medically prescribed creams or dressings to most or all of the skin on the body; (c) the person has severe reactions to normal exposure to sunlight or skin contact with routine substances found in most households, requiring repeated urgent medical treatment and frequent hospitalisation.

Table 15 - Functions of Consciousness

Introduction to Table 15	
<ul style="list-style-type: none"> • Table 15 is to be used where the person has a permanent condition resulting in functional impairment due to involuntary loss of consciousness or altered state of consciousness, (e.g. epilepsy, some forms of migraine, or poorly controlled diabetes mellitus, transient ischaemic attacks). • The diagnosis of the condition must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist (e.g. neurologist, endocrinologist or physician) confirming diagnosis of conditions associated with episodes of loss of or altered state of consciousness (e.g. epilepsy, diabetes mellitus, transient ischaemic attacks, some forms of migraine); ○ assessments or reports from practitioners specialising in the treatment and management of these conditions, including neurologists, endocrinologists, clinical nurse consultants or nurse practitioners specialising in diabetes management. 	

Points	Descriptors
0	<p><i>There is no functional impact from loss of consciousness or altered state of consciousness during waking hours when occupied with a task or activity.</i></p> <p>(1) The person does not experience loss of consciousness or an altered state of consciousness during waking hours when occupied with a task or activity.</p>

5	<p><i>There is a mild functional impact from loss of consciousness or altered state of consciousness during waking hours when occupied with a task or activity.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has rare episodes of involuntary loss of consciousness, which:</p> <p>(A) occur no more than twice per year; and</p> <p>(B) do not usually require hospitalisation; or</p> <p>(ii) has episodes of altered state of consciousness, which:</p> <p>(A) occur no more than twice per year; and</p> <p>(B) do not usually requiring hospitalisation; and</p> <p>(b) is able to perform most activities of daily living between episodes; and</p> <p>(c) may have restrictions on a driver's licence due to the medical condition.</p>
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10	<p><i>There is a moderate functional impact from loss of consciousness or altered state of consciousness during waking hours when occupied with a task or activity.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has episodes of involuntary loss of consciousness:</p> <p>(A) which occur more than twice each year but not every month; and</p> <p>(B) which require the person to receive first aid measures and occasionally emergency medication or hospitalisation; or</p> <p>(ii) has episodes of involuntary altered state of consciousness:</p> <p>(A) which occur at least once per month; and</p> <p>(B) which are less than 30 minutes in duration; and</p> <p>(C) during which the person's functional abilities are affected (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode); and</p> <p>(b) is able to perform many activities of daily living between episodes; and</p> <p>(c) is unlikely to be granted a driver's licence and may have other safety-related restrictions on activities; and</p> <p>(d) is not able to attend work, education or training activities on a full-time basis and is restricted due to safety issues in the work-related activities that they can undertake.</p>
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20	<p><i>There is a severe functional impact from loss of consciousness or altered state of consciousness during waking hours when occupied with a task or activity.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has episodes of involuntary loss of consciousness:</p> <p>(A) which occur at least once each month; and</p> <p>(B) which require the person to receive first aid measures and may require emergency medication or hospitalisation; or</p> <p>(ii) has episodes of altered state of consciousness:</p> <p>(A) which occur at least once per week; and</p> <p>(B) during which the person's functional abilities are affected during these episodes (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode); and</p> <p>(b) is unable to perform many activities of daily living between episodes; and</p> <p>(c) cannot obtain a driver's licence on medical grounds and has other safety-related restrictions on activities; and</p> <p>(d) is unable to attend work, education or training activities, for at least 15 hours per week.</p>
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30	<p><i>There is an extreme functional impact from loss of consciousness or altered state of consciousness during waking hours.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has frequent episodes of involuntary loss of consciousness:</p> <p>(A) which occur at least once each week; and</p> <p>(B) which require the person to receive first aid measures emergency medication or hospitalisation; or</p> <p>(ii) has frequent episodes of altered state of consciousness:</p> <p>(A) which occur most days; and</p> <p>(B) during which the person's functional abilities are affected during these episodes (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode); and</p> <p>(b) is unable to perform most activities of daily living between episodes; and</p> <p>(c) cannot obtain a driver's licence on medical grounds and has other safety-related restrictions on activities; and</p> <p>(d) is not able to attend work, education or training activities at all.</p>
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