

South Australia

Civil Liability Regulations 2013

under the *Civil Liability Act 1936*

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Legislative history

Part 1—Preliminary

1—Short title

These regulations may be cited as the *Civil Liability Regulations 2013*.

3—Interpretation

In these regulations, unless the contrary intention appears—

accredited health professional means a person who is accredited under a scheme established by the designated Minister under section 76(2) of the Act;

Act means the *Civil Liability Act 1936*;

AMA 5 means the 5th edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association;

consequential mental harm does not include psychiatric impairment;

designated Minister has the same meaning as in section 76 of the Act;

GEPIC means *The guide to the evaluation of Psychiatric Impairment for Clinicians* prepared by MWN Epstein, G Mendelson and NHM Strauss as published in the Victorian Government Gazette on 8 May 2008;

GEPIC rating, in relation to pure mental harm, means a rating in accordance with the GEPIC for the psychiatric impairment caused by the mental harm;

highest range means the range of ISVs having the highest maximum ISV;

injured person means a person who claims damages in respect of personal injury arising from an MVA motor accident;

insurer includes the nominal defendant;

ISV means injury scale value;

Le Fort I fracture means a horizontal segmented fracture of the alveolar process of the maxilla;

Le Fort II fracture means a unilateral or bilateral fracture of the maxilla—

- (a) in which the body of the maxilla is separated from the facial skeleton and pyramidal in shape; and
- (b) that may extend through the body of the maxilla down the midline of the hard palate, through the floor of the orbit and into the nasal cavity;

Le Fort III fracture means a fracture in which the entire maxilla and 1 or more facial bones are completely separated from the brain case;

medical expert, in relation to an assessment of a GEPIC rating, means a person—

- (a) who is registered under the *Health Practitioner Regulation National Law*—

- (i) to practise in the medical profession; and
 - (ii) holding specialist registration as a psychiatrist; and
- (b) who has successfully completed a course of training in the use of the GEPIC under a scheme determined by the Minister for the purposes of these regulations;

permanent impairment, in relation to an injury, means the impairment an injured person has, or is likely to have, after maximal medical improvement within the meaning of AMA 5;

psychiatric impairment means pure mental harm;

range, in relation to an ISV for an injury, means the range of ISVs for the injury set out in Schedule 1;

relevant MVA motor accident means the MVA motor accident that results in the personal injury that is relevant for the purposes of the application of these regulations in relation to a particular person;

whole person impairment, in relation to an injury, means an estimate, expressed as a percentage, of the impact of a permanent impairment caused by the injury on the injured person's overall ability to perform activities of daily living, as described by AMA 5, other than employment.

Part 2—Injury scale values

4—Injury scale value

- (1) If general damages are to be awarded by a court in relation to an injury that results from an MVA motor accident occurring on or after 1 July 2013, the court must in assessing the ISV—
 - (a) assess the ISV under any rules prescribed by these regulations; and
 - (b) have regard to the ISVs given to cases involving the same or similar injuries.
- (2) An ISV assessment must not be undertaken until—
 - (a) the injury has stabilised; and
 - (b) a medical assessment of the injured person has been undertaken by an accredited health professional and a report provided under regulation 23.
- (3) However, a medical assessment by an accredited health professional is not required if—
 - (a) no health professional who is qualified to undertake the assessment has been accredited under the scheme established by the designated Minister under section 76(2) of the Act; or
 - (b) the insurer and the injured person reach an agreement that such an assessment is not required; or
 - (c) a court determines that such an assessment is not required.

5—Medical assessments before injury has stabilised

If a medical assessment of a person is undertaken for the purposes of determining an ISV but the health professional undertaking the assessment is of the opinion that, because the person's injury has not yet stabilised, the ISV is not able to be determined—

- (a) the health professional must provide a report to that effect; and
- (b) the insurer is liable for any costs associated with the assessment and report where the insurer has requested or approved the assessment.

6—Rules for assessing ISV

- (1) This Part and Schedule 1 provide the rules under which a court must assess the ISV for an injury.
- (2) Schedule 1 provides the ranges of ISVs for particular injuries that the court is to consider in assessing the ISV for those injuries.
- (3) For an injury not mentioned in Schedule 1, a court, in assessing an ISV for the injury, may have regard to the ranges prescribed in Schedule 1 for other injuries of comparable severity.

7—ISV must be a whole number

An ISV assessed by a court must be expressed as a whole number (a number having a fraction of half or more being rounded up to the nearest whole number).

8—Injury mentioned in Schedule 1

- (1) In assessing the ISV for an injury mentioned in the injury column in the table in Schedule 1, a court must consider the range of ISVs stated in the Schedule for the injury.
- (2) The range of ISVs for the injury reflects the level of adverse impact of the injury on the injured person.

9—Court to have regard to certain matters

- (1) In addition to providing ranges of ISVs for particular injuries, Schedule 1 sets out provisions relevant to using the Schedule to assess an ISV for particular injuries.

Examples of relevant provisions—

- (a) examples of the injury
 - (b) examples of factors affecting ISV assessment
 - (c) comments about appropriate level of ISV
- (2) In assessing an ISV, a court—
 - (a) must have regard to provisions referred to in subregulation (1) to the extent they are relevant in a particular case; and
 - (b) may have regard to other matters to the extent they are relevant in a particular case.

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- (3) Without limiting subregulation (2), a court may have regard to—
- (a) the injured person's age, life expectancy, pain, suffering and loss of amenities of life; and
 - (b) the effects of a pre-existing condition of the injured person; and
 - (c) difficulties in life likely to have emerged for the injured person whether or not the injury happened; and
 - (d) with respect to assessing an ISV for multiple injuries, the range for, and other provisions of Schedule 1 in relation to, an injury other than the dominant injury of the multiple injuries; and
 - (e) the extent to which the injured person has refused treatment that could lead to a significant improvement in the level of impairment caused by that injury or condition, reasons for any refusal of treatment, and any evidence provided by a health professional as to the likely effect of treatment.

10—Whole person impairment

The extent of whole person impairment is an important consideration, but not the only consideration, affecting the assessment of an ISV.

11—Multiple injuries

- (1) Subject to regulation 12, in assessing the ISV for multiple injuries, a court must consider the range of ISVs for the dominant injury.
- (2) To reflect the level of adverse impact of multiple injuries on an injured person, the court may assess the ISV for the multiple injuries as being higher in the range of ISVs for the dominant injury of the multiple injuries than the ISV the court would assess for the dominant injury only.

Note—

This regulation acknowledges that—

- (a) the effects of multiple injuries commonly overlap, with each injury contributing to the overall level of adverse impact on the injured person; and
- (b) if each of the multiple injuries were assigned an individual ISV and these ISVs were added together, the total ISV would generally be too high.

12—Multiple injuries and maximum dominant ISV inadequate

- (1) This regulation applies if a court considers the level of adverse impact of multiple injuries on an injured person is so severe that the maximum ISV for the dominant injury is inadequate to reflect the level of impact.
- (2) To reflect the level of impact, the court may make an assessment of the ISV for the multiple injuries that is higher than the maximum ISV for the dominant injury.
- (3) However, the ISV for the multiple injuries—
 - (a) must not be more than 100; and
 - (b) should rarely be more than 25% higher than the maximum ISV for the dominant injury.
- (4) If the increase is more than 25% of the maximum dominant ISV, the court must give written reasons for the increase.

13—Consequential mental harm

- (1) This regulation applies if a court is assessing an ISV where an injured person suffers consequential mental harm following a physical injury.
- (2) The court must treat the consequential mental harm merely as a feature of the injury.

14—Pure mental harm

- (1) This regulation applies if—
 - (a) a court is assessing an ISV; and
 - (b) a GEPIC rating for psychiatric impairment of an injured person is relevant under Schedule 1.
- (2) A GEPIC rating may be accepted by the court only if it is—
 - (a) an assessment of pure mental harm; and
 - (b) assessed by a medical expert; and
 - (c) provided to the court in a GEPIC report.

15—Pre-existing conditions

- (1) This regulation applies if an injured person has a pre-existing condition that may be relevant to assessing an ISV.
- (2) In considering the effect of the injury on the pre-existing condition, the court may have regard only to the extent to which the pre-existing condition has been made worse by the injury.

16—Medical report stating whole person impairment percentage

If a medical report states a whole person impairment percentage, it must state how the percentage is calculated, including—

- (a) the clinical findings; and
- (b) how the impairment is calculated; and
- (c) if the percentage is based on criteria provided under AMA 5—
 - (i) an identification of the relevant provisions of AMA 5; and
 - (ii) if a range of percentages is available under AMA 5 for an injury of the type being assessed—the reason for assessing the injury at the selected point in the range.

17—Greater weight to assessments based on AMA 5

- (1) This regulation does not apply to a medical assessment of scarring or of mental harm.
- (2) In assessing an ISV, a court must, unless it considers there is good reason for doing otherwise, give greater weight to a medical assessment of a whole person impairment percentage based on the criteria for the assessment of whole person impairment provided under AMA 5 than to a medical assessment of a whole person impairment percentage not based on the criteria.

Part 3—Damages in respect of gratuitous services

18—Determination of State average weekly earnings (section 58 of Act)

For the purposes of assessing damages to be awarded in respect of gratuitous services under section 58 of the Act in respect of a particular period, *State average weekly earnings* are to be determined by applying the relevant male *Full-time Adult Average Weekly Ordinary Time Earnings* for South Australia as published, from time to time, by the Australian Statistician.

19—Damages in respect of gratuitous services (section 58(4)(b) of Act)

- (1) For the purposes of assessing damages awarded to allow for the recompense of gratuitous services of a parent, spouse, domestic partner or child, the rate prescribed under section 58(4)(b) of the Act is \$25 per hour (indexed).
- (2) The amount applying under subregulation (1) (and followed by the word "(indexed)") is to be adjusted on 1 July of each year, beginning on 1 July 2014, by multiplying the stated amount by a proportion obtained by dividing the Consumer Price Index for the March quarter of that year by the Consumer Price Index for the March quarter 2013.

Part 4—Assessment of motor vehicle injuries

Division 1—Attendance at medical examinations

20—Attendance at medical examinations

- (1) An injured person must—
 - (a) submit himself or herself to any medical examination or assessment by a health professional selected or nominated by the insurer that the insurer may require; and
 - (b) within 21 days of consulting a health professional in relation to the injury to which the claim relates, or such longer period as may be reasonable in the circumstances of the case or as the insurer may allow, inform the insurer, by notice in writing, of—
 - (i) the name of the health professional; and
 - (ii) the day on which the consultation occurred; and
 - (c) within 21 days of receiving a written report from a health professional consulted by the person in relation to the injury, or such longer period as may be reasonable in the circumstances of the case, send a copy of that report to the insurer.
- (4) Where a written report is obtained by the insurer on the findings made, or the opinions formed, by a health professional on the examination or assessment of an injured person under subregulation (1)(a), the insurer must, within 21 days of receiving the report, send a copy of the report to the injured person.

Division 2—Additional provisions relating to accredited health professionals

21—Definition of health professional (section 76(16) of Act)

Neuropsychologists are a class of persons brought within the ambit of the definition of *health professional* under section 76 of the Act.

22—Provision of information to accredited health professionals

A request for an examination or assessment made to an accredited health professional for the purposes of an ISV assessment must be accompanied by a copy of each of the following:

- (a) any relevant medical history, records or notes provided by the injured person's medical practitioner (if available);
- (b) any relevant hospital notes;
- (c) any other medical information so far as it is relevant to the injured person's claim;
- (d) any documents required by rules of court or practice directions.

23—Reports by accredited health professionals

- (1) An accredited health professional who is sent a request for an examination or assessment must provide a written report to the insurer within 30 days of the examination or assessment which gives an opinion with respect to—
 - (a) diagnosis; and
 - (b) prognosis; and
 - (c) injury stability; and
 - (d) whether the injury is consistent with the stated cause; and
 - (e) the effect of the MVA motor accident on any pre-existing injury and the extent to which it has been made worse by the injury; and
 - (f) the effect of the MVA motor accident on any subsequent injury and the extent to which it has been made worse by the injury; and
 - (g) whether the assessment was based on AMA5 or other criteria with detailed reasons; and
 - (h) in a case of pure mental harm—the GEPIC rating with detailed reasons; and
 - (i) if relevant, the whole person impairment; and
 - (j) the ISV item number; and
 - (k) any other relevant matter if the insurer and injured person reach agreement.
- (2) A report provided under subregulation (1) must be in a form determined by the designated Minister (and include any information required by that form).
- (3) The insurer must, on receipt of a report under this Division, provide the injured person to whom the assessment relates with a copy of the report within 21 days.

Division 3—Related matters

24—Court requirements with respect to reports

A medical report prepared under these regulations with respect to a claim in relation to personal injury damages must comply with any relevant rules of court or practice directions.

25—Liability of insurer for certain costs (section 76(9) of Act)

- (1) Subject to subregulation (2), the insurer is liable for the payment of—
 - (a) the cost of an examination or assessment required under regulation 20(1)(a) and the report to the insurer on the examination or assessment; and
 - (b) the cost of any other examination or assessment conducted by a health professional, and the report to the insurer on the examination or assessment, where the insurer authorised or approved the examination or assessment before it was conducted.
- (2) If an injured person fails, without reasonable cause, to attend an examination as required under this Part—
 - (a) the insurer may request that the injured person makes payment of any cancellation fees incurred because of the injured person's non attendance; and
 - (b) if a request is made, the injured person is liable to pay for any fees incurred by the insurer (and the insurer may set this off against any liability for payment of damages or compensation).

Part 5—Miscellaneous

26—Prescribed information (section 75A of Act)

- (1) For the purposes of section 75A of the Act, the following information is prescribed:
 - (a) information (other than information relating to the personal affairs of a person) contained in a document to which access has been granted pursuant to an application under the *Freedom of Information Act 1991*;
 - (b) information contained in a document of a kind to which access would (having regard to any policy document applicable to the relevant agency) be likely to be granted pursuant to an application under the *Freedom of Information Act 1991*;
 - (c) information contained in contracts or other documents disclosed pursuant to a policy document;
 - (d) information released pursuant to a disclosure policy (however described) that applies to the whole of Government;
 - (e) information released in accordance with the Declaration of Open Data;
 - (f) information consisting of submissions from members of the public made in the course of consultation undertaken by the Government.

(2) In this regulation—

Declaration of Open Data means the *Declaration of Open Data* made by the Premier in September 2013, as in force from time to time;

personal affairs has the same meaning as in the *Freedom of Information Act 1991*;

policy document means—

- (a) a document containing interpretations, rules, guidelines, statements of policy, practices or precedents; or
- (b) a document containing particulars of any administrative scheme; or
- (c) a document containing a statement of the manner, or intended manner, of administration of any legislative instrument or administrative scheme; or
- (d) any other document of a similar kind,

applicable to a public sector agency and relating to the disclosure of information held by the agency.

Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
Part 1—Central nervous system and head injuries			
1	Quadriplegia		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Presence and extent of pain • Extent of any residual movement • Consequential mental harm • Level of function and pre-injury function • Degree of independence • Ability to participate in daily activities, including employment • Presence and extent of secondary medical complications • Loss of reproductive or sexual function • Bowel or bladder incontinence <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate only if the injured person has assisted ventilation, extreme physical limitation and gross impairment of ability to communicate.</p>	80	100
2	Paraplegia		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Presence and extent of pain • Extent of any residual movement • Consequential mental harm • Level of function and pre-injury function • Degree of independence 	60	80

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Ability to participate in daily activities, including employment • Loss of reproductive or sexual function • Bowel or bladder incontinence • Presence and extent of secondary medical complications 		
3	Hemiplegia or severe paralysis of more than 1 limb		
	<p>Examples of factors affecting ISV scale for item 3 The same examples apply as for item 2.</p> <p>Additional comment for item 3 Incomplete paralysees causing whole person impairment of less than 40% must be assessed under orthopaedic injuries if it is the only injury or the dominant injury of multiple injuries.</p>		
3.1	<i>Complete or nearly complete paralysis</i>	60	80
3.2	<i>Other paralysis, causing whole person impairment of at least 40%</i>	45	60
4	Monoplegia		
	<p>Comment See items 5, 6 and 7 and orthopaedic injuries section.</p>		
5	Extreme brain injury		
	<p>Comment The injury will involve major trauma to the brain with severe permanent impairment for which there is radiological evidence</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate only if the injured person needs full-time nursing care and has the following— <ul style="list-style-type: none"> • gross disturbance of brain function • significant physical limitation and destruction of pre-existing lifestyle • epileptic seizures • double incontinence • little or no language function • little or no meaningful response to environment • An injured person with an injury for which an ISV at or near the top of the range is appropriate may have some ability to follow basic commands, recovery of eye opening, return of postural reflex movement and return to pre-existing sleep patterns. <p>Examples of factors affecting ISV assessment for item 5:</p> <ul style="list-style-type: none"> • Degree of insight • Life expectancy • Extent of bodily impairment 	71	100

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
6	<p>Serious brain injury</p> <p>Comment The injured person will be very seriously disabled and substantially depends on others for professional and other care</p> <p>Example of the injury Serious brain damage causing—</p> <ul style="list-style-type: none"> (a) physical impairment, for example, limb paralysis; or (b) cognitive impairment with marked impairment of intellect and personality <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory impairment, for example, loss of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy confirmed by EEG or evidenced through a requirement for prophylactic medication for 6 months • Presence of and extent of secondary medical complications <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate only if the injured person substantially depends on others and needs professional and other care, that is, passive overnight care and more than 6 hours of care per day</p>	56	70
7	<p>Moderate brain injury</p> <p>Comment The injured person will be seriously disabled, but the degree of the injured person's dependence on others, although still present, is lower than for an item 6 injury.</p>		

Item No	Injury	Range	
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy confirmed by EEG or requiring prophylactic medication for 6 months • Presence of, and extent of, secondary medical complications 		
7.1	<p>An ISV in this item will be applicable if there is no capacity for employment, and 1 or more of the following:</p> <ul style="list-style-type: none"> • moderate to severe cognitive impairment • marked personality change • dramatic effect on speech, sight or other senses • epilepsy or a high risk of epilepsy confirmed by EEG or evidenced through a requirement for prophylactic medication for 6 months. 	41	55
7.2	<p>An ISV in this item will be applicable if there is an increased risk of epilepsy confirmed by EEG requiring prophylactic medication for 6 months and—</p> <ul style="list-style-type: none"> • a moderate cognitive impairment • loss of, or greatly reduced capacity for, employment • noticeable interference with lifestyle 	21	40
8	Minor brain injury		
	<p>Comment An ISV under this item will be applicable if there is evidence of physical injury causing the brain damage. The injured person will make a good recovery and be able to take part in normal social life and to return to work. There may be minor problems persisting that prevent a restoration of normal function</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Severity of any physical injury causing the brain damage, having regard to— <ul style="list-style-type: none"> (a) any medical assessment made immediately after the injury was caused, for example, CT or MRI scans, an ambulance officer's assessment or hospital emergency unit assessment; and (b) significant post-traumatic amnesia. • Extent of any ongoing, and possibly permanent, disability • Extent of any personality change • Depression 	6	20

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Presence of, and extent of, secondary medical complications <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if:</p> <ul style="list-style-type: none"> • the injured person has epilepsy or an increased risk of epilepsy confirmed by EEG and the use of prophylactic medication; and • there is on-going reduced concentration and memory, or reduced mood control, that does not significantly interfere with the person's ability to take part in normal social life or return to work. 		
9	Minor head injury, other than a skeletal injury of the facial area		
	<p>Comment Brain damage, if any, is minimal.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Uncomplicated skull fracture • Concussion with transitory loss of consciousness and no residual effects <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Severity of any physical injury causing brain damage • Length of time to recover from any symptoms • Extent of ongoing symptoms • Presence, or absence of, headaches <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at the bottom of the range will be applicable for an injury from which the injured person fully recovers within a few weeks • An ISV at or near the top of the range will be appropriate if there is an uncomplicated skull fracture and/or there are associated concussive symptoms of dizziness, headache and memory loss (usually persisting for less than 6 months) 	0	5
Part 2—Pure mental harm			
	<p>General comment This Part includes references to ratings on the psychiatric impairment scale, <i>Guide to the Evaluation of Psychiatric Impairment for Clinicians (GEPIC)</i>.</p>		

Item No	Injury	Range	
10	Extreme psychiatric impairment		
	<p>Example of the injury An ISV score in the lower part of the range will be appropriate if psychiatric impairment is assessed with a GEPIC rating of Class 5.</p>	41	65
11	Serious psychiatric impairment		
	<p>Comment about appropriate level of ISV An ISV under this item will be applicable if psychiatric impairment is assessed with a GEPIC rating of Class 4.</p>	26	40
12	Moderate psychiatric impairment		
	<p>Comment There is generally only moderate impairment.</p> <p>Example of the injury An ISV score in this range will be appropriate if psychiatric impairment is assessed with a moderate GEPIC rating of Class 3</p>	8	25
13	Minor psychiatric impairment		
	<p>Comment There is generally only mild impairment.</p> <p>Comment about appropriate level of ISV An ISV near the top of the range will be applicable if psychiatric impairment is assessed with a mild GEPIC rating of Class 2. An ISV near the bottom of the range will be applicable if psychiatric impairment is assessed with a GEPIC rating of Class 1.</p>	0	7
Part 3—Facial injuries			
Division 1—Skeletal injuries of the facial area			
	<p>Examples of factors affecting ISV assessment for items 14 to 22</p> <ul style="list-style-type: none"> • Extent of skeletal or functional damage • Degree of cosmetic damage or disfigurement • Consequential mental harm • Availability of cosmetic repair 		
14	Extreme facial injury		
	<p>Comment The injury will involve severe traumatic injury to the face requiring substantial reconstructive surgery.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will be very severe • A Le Fort III fracture causing incapacity in daily activities <p>Additional example of factor affecting ISV scale The extent of any neurological impairment or effect on the airway</p> <p>Note— Le Fort I fracture, Le Fort II fracture and Le Fort III fracture are defined in regulation 3.</p>	26	45

Item No	Injury	Range	
15	Serious facial injury	14	25
<p>Comment The injury will involve serious traumatic injury to the face requiring reconstructive surgery that is not substantial.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will not be very severe • A Le Fort III fracture if no serious deformity will remain after reconstructive surgery • A serious or multiple fracture of the nasal complex either or both— <ul style="list-style-type: none"> (a) requiring more than 1 operation; and (b) causing 1 or more of the following— <ul style="list-style-type: none"> • permanent damage to the airway • permanent damage to nerves or tear ducts • facial deformity. • A serious cheekbone fracture that will require surgery and cause serious disfigurement and permanent effects despite reconstructive surgery, for example, hyperaesthesia or paraesthesia • A very serious multiple jaw fracture that will— <ul style="list-style-type: none"> (a) require prolonged treatment; and (b) despite reconstructive surgery, cause permanent effects, for example, severe pain, restriction in eating, paraesthesia or a risk of arthritis in the joints. • A severed trunk of the facial nerve (7th cranial nerve), causing total paralysis of facial muscles on 1 side of the face <p>Additional examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Any neurological impairment or effect on the airway • Permanent cosmetic deformity <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes permanent cosmetic deformity, asymmetry of 1 side of the face and limited consequential mental harm. • An ISV at or near the top of the range will be appropriate if the injury causes serious bilateral deformity and significant consequential mental harm. 			
16	Moderate facial injury	6	13
<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, requiring minor reconstructive surgery, from which the injured person will fully recover with little cosmetic damage • A fracture of the jaw causing— <ul style="list-style-type: none"> (a) permanent effects, for example, difficulty in opening the mouth 			

Item No	Injury	Range	
	<p>or in eating; or</p> <p>(b) hyperaesthesia or paraesthesia in the area of the fracture.</p> <ul style="list-style-type: none"> • Damaged branches of the facial nerve (7th cranial nerve) with permanent paralysis of some of the facial muscles • A displaced fracture of the nasal complex from which the injured person will almost fully recover after surgery • A severed sensory nerve of the face with minor permanent paraesthesia 		
17	Minor facial injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, for which surgery is not required and from which the injured person will recover fully • A simple jaw fracture, requiring immobilisation and from which the injured person will recover • A stable fracture of the joint process of the jaw • A displaced fracture of the nasal complex requiring only manipulation • A simple undisplaced fracture of the nasal complex, from which the injured person will fully recover • A severed sensory nerve of the face, with good repair causing minimal or no paraesthesia 	0	5
18	Injury to teeth or gums		
	<p>Comment There will generally have been a course of treatment as a result of the injury.</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Extent and degree of discomfort during treatment • Difficulty with eating <p>Comment about appropriate level of ISV If protracted dentistry causes the injury, the ISV may be higher than the ISV for the same injury caused by something else.</p>		
18.1	<i>Loss of or serious damage to more than 3 teeth, serious gum injury or serious gum infection</i>	6	12
18.2	<i>Loss of or serious damage to 2 or 3 teeth, moderate gum injury or moderate gum infection</i>	3	5
18.3	<i>Loss of or serious damage to 1 tooth, minor gum injury or minor gum infection</i>	0	2
Division 2—Scarring to the face			
	<p>General comments This Division will usually apply to an injury involving skeletal damage only if the skeletal damage is minor</p>		
19	Extreme facial scarring		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Widespread area scarring, for example, over the side of the face or another whole area • Severe contour deformity 	21	50

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
	<ul style="list-style-type: none"> Significant deformity of the mouth or eyelids with muscle paralysis or tic <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV in the upper half of the range may be appropriate if the injured person is relatively young, the cosmetic damage is very disfiguring and the consequential mental harm is severe An ISV at or near the top of the range will be appropriate if the injury is caused by burns that resulted in loss of the entire nose, eyelids or ears. 		
20	Serious facial scarring		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> Substantial disfigurement and significant consequential mental harm Discoloured hypertrophic or keloid scarring Serious contour defects Severe linear scarring Extensive atrophic scarring 	11	20
21	Moderate facial scarring		
	<p>Comment Any consequential mental harm is minor, or having been considerable at the outset, has greatly diminished.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Scarring, the worst effects of which will be reduced by plastic surgery that will leave minor cosmetic damage Scars crossing lines of election with discoloured, indurated, hypertrophic or atrophic scarring, of moderate severity 	6	10
22	Minor facial scarring		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> A single scar able to be camouflaged More than 1 very small scar if the overall effect of the scars is to mar, but not markedly to affect, appearance and consequential mental harm is minor Almost invisible linear scarring, in lines of election, with normal texture and elevation 	0	5
Part 4—Injuries affecting the senses			
Division 1—General comment			
	Injuries mentioned in this Part are commonly symptoms of brain and nervous system injury		
Division 2—Injuries affecting the eyes			
23	Total sight and hearing impairment		
	<p>Comment The injury ranks with the most devastating injuries.</p>	90	100

Item No	Injury	Range	
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> Degree of insight Age and life expectancy 		
24	Total sight impairment		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> Degree of insight Age and life expectancy 	50	80
25	Complete sight impairment in 1 eye with reduced vision in the other eye		
	<p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is serious risk of further significant deterioration in the remaining eye.</p>	25	50
26	Complete sight impairment in 1 eye or total loss of 1 eye		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> The extent to which the injured person's activities are adversely affected by the impairment or loss Associated scarring or cosmetic damage <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is a minor risk of sympathetic ophthalmia.</p>	26	30
27	Serious eye injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> A serious but incomplete loss of vision in 1 eye without significant risk of loss or reduction of vision in the other eye An injury causing double vision that is not minor and intermittent 	11	25
28	Moderate eye injury		
	<p>Example of the injury Minor but permanent impairment of vision in one eye, including if there is double vision that is minor and intermittent</p>	6	10
29	Minor eye injury		
	<p>Examples of the injury</p> <p>A minor injury, for example, from being struck in the eye, exposed to smoke or other fumes or being splashed by liquids—</p> <ol style="list-style-type: none"> causing initial pain and temporary interference with vision; and from which the injured person will fully recover within a relatively short time 	0	5
Division 3—Injuries affecting the ears			
30	Extreme ear injury		
	<p>Definition of injury The injury involves a binaural hearing loss of at least 80%.</p> <p>Additional examples of factors affecting ISV scale</p>	36	55

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Associated problems, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches • Availability of hearing aids or other devices that may reduce the hearing loss <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if the injury happened at an early age so as to prevent or to seriously affect the development of normal speech</p>		
31	Serious ear injury		
	<p>Definition of injury The injury involves—</p> <ul style="list-style-type: none"> (a) a binaural hearing loss of at least 50% but less than 80%; or (b) severe permanent vestibular disturbance. <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV in the lower half of the range will be appropriate if there is no speech impairment or tinnitus • An ISV in the upper half of the range will be appropriate if there is speech impairment and tinnitus. 	26	35
32	Moderate ear injury		
	<p>Definition of injury The injury involves—</p> <ul style="list-style-type: none"> (a) a binaural hearing loss of at least 20% but less than 50%; or (b) significant permanent vestibular disturbance. <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there are problems associated with the injury, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches.</p>	11	25
33	Minor ear injury		
	<p>Definition of injury The injury involves a binaural hearing loss of less than 20%.</p> <p>Comment</p> <ul style="list-style-type: none"> • This item covers the bulk of hearing impairment cases • The injury is not to be judged simply by the degree of hearing loss • There will often be a degree of tinnitus present • There may also be minor vertigo or a minor vestibular disturbance causing loss of balance • A vestibular disturbance may increase the level of ISV. 		
33.1	<i>Moderate tinnitus and hearing loss</i>	6	11
33.2	<i>Mild tinnitus with some hearing loss</i>	4	5
33.3	<i>Slight or occasional tinnitus with slight hearing loss or an occasional vestibular disturbance, or both</i>	0	3

Item No	Injury	Range	
Division 4—Impairment of taste or smell			
34	Total loss of taste or smell, or both		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there will be a total loss of either taste or smell An ISV at or near the top of the range will be appropriate if there will be a total loss of both taste and smell. 	6	9
35	Partial loss of smell or taste, or both		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there will be a partial loss of either taste or smell An ISV at or near the top of the range will be appropriate if there will be a partial loss of both taste and smell. 	0	5
Part 5—Injuries to internal organs			
Division 1—Chest injuries			
	<p>Example of factors affecting ISV assessment for items 36 to 39</p> <p>The level of any reduction in the capacity for employment and enjoyment of life</p>		
36	Extreme chest injury		
	<p>Comment</p> <p>The injury will involve severe traumatic injury to the chest, or a large majority of the organs in the chest cavity, causing a high level of disability and ongoing medical problems.</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there will be total removal of 1 lung or serious heart damage, or both, with serious and prolonged pain and suffering and significant permanent scarring.</p>	46	65
37	Serious chest injury		
	<p>Comment</p> <p>The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing serious disability and ongoing medical problems.</p> <p>Examples of the injury</p> <p>A trauma to 1 or more of the following, causing permanent damage, physical disability and impairment of function—</p> <ul style="list-style-type: none"> the chest (eg the chest wall mechanics with consequent restrictive ventilatory impairment) the heart 1 or both of the lungs (eg scarring or restrictive pleural disease) the diaphragm (eg rupture or phrenic nerve injury) an injury that causes the need for oxygen therapy for about 16 to 18 hours a day <p>Example of factors affecting ISV scale</p> <p>The need for a permanent tracheostomy</p>	21	45

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
	<p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if, after recovery, there are both of the following—</p> <ul style="list-style-type: none"> (a) serious impairment to cardio-pulmonary function; (b) whole person impairment for the injury of, or of nearly, 40%. 		
38	Moderate chest injury		
	<p>Example of the injury The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing moderate disability and ongoing medical problems</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Duration and intensity of pain and suffering (eg chronic inter costal neuralgia) • The degree of permanent impairment of lung or cardiac function, as evidenced by objective test results • The need for a temporary tracheostomy for short-term airway management <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be applicable if there are multiple rib fractures causing—</p> <ul style="list-style-type: none"> (a) a flail segment (flail chest) requiring mechanical ventilation in the acute stage; and (b) moderate permanent impairment of cardio-pulmonary function. <p>An ISV at near the bottom of the range will be appropriate if there will be a partial loss of a breast without significant consequential mental harm.</p> <p>An ISV in the lower half of the range will be appropriate if there was a pneumothorax, or haemothorax, requiring intercostal catheter insertion.</p>	11	20
39	Minor chest injury		
	<p>Examples of factors affecting ISV scale for items 39.1 and 39.2</p> <ul style="list-style-type: none"> • complexity of any fractures • extent of injury to underlying organs • extent of any disability • duration and intensity of pain and suffering 		
39.1	<i>Complicated or significant fracture, or internal organ injury, that substantially resolves</i>		
	<p>Comment The injury will involve significant or complicated fractures, or internal injuries, that cause some tissue damage but no significant long-term effect on organ function.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Multiple fractures of the ribs or sternum, or both, that may cause cardio-pulmonary contusion • Internal injuries that cause some tissue damage but no significant long-term effect on organ function 	5	10

Item No	Injury	Range	
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is a fractured sternum that substantially resolves, and there is some ongoing pain and activity restriction An ISV at or near the top of the range will be appropriate if the injury causes significant persisting pain and significant activity restriction. 		
39.2	<i>Soft tissue injury, minor fracture or minor internal organ injury</i>		
	<p>Comment</p> <ul style="list-style-type: none"> The injury will involve a soft tissue injury, minor fracture, or minor and non-permanent injury to internal organs There may be persistent pain from the chest, for example, from the chest wall or sternochondral or costochondral joints. <p>Examples of the injury</p> <ul style="list-style-type: none"> A single penetrating wound, causing some tissue damage but no long-term effect on lung function An injury to the lungs caused by the inhalation of toxic fumes or smoke that will not permanently interfere with lung function A soft tissue injury to the chest wall, for example, a laceration or serious seatbelt bruising Fractured ribs or a minor fracture of the sternum causing serious pain and disability for weeks, without internal organ damage or permanent disability <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person will fully recover.</p>	0	4
Division 2—Lung injury other than asthma			
	<p>General comments</p> <p>The level of an ISV for lung disease often reflects the fact that the disease is worsening and there is a risk of the development of secondary medical conditions.</p> <p>Examples of factors affecting ISV assessment for items 40 to 43</p> <p>Consequential mental harm may increase the level of ISV</p>		
40	Extreme lung injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> Lung disease involving serious disability causing severe pain and dramatic impairment of function and quality of life A recurrent pulmonary embolism resulting in failure of the right side of the heart requiring a lung transplant, heart transplant or both <p>Additional examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> Age Likelihood of progressive worsening Duration and intensity of pain and suffering 	46	65

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Item No	Injury	Range	
41	Serious lung injury		
41.1	<i>Serious lung injury if progressive worsening of lung function</i>		
	<p>Example of item 41.1 Lung disease, causing—</p> <ul style="list-style-type: none"> • significantly reduced and worsening lung function • prolonged and frequent coughing • restriction of physical activity, employment and enjoyment of life. <p>Additional examples of factors affecting ISV scale for item 41.1</p> <ul style="list-style-type: none"> • The possibility of lung cancer developing may increase the level of ISV • The need for continuous oxygen therapy 	25	45
41.2	<i>Serious lung injury if no progressive worsening of lung function</i>		
	<p>Examples of item 41.2</p> <ul style="list-style-type: none"> • Lung disease causing breathing difficulties, short disabling breathlessness, requiring frequent use of inhaler • Lung disease causing a significant effect on employment and social life, including inability to tolerate a smoky environment, with an uncertain prognosis • A recurrent pulmonary embolism causing pulmonary hypertension and cor pulmonale 	11	24
42	Moderate lung injury		
	<p>Example of the injury A pulmonary embolism requiring anticoagulant therapy for at least 1 year or pulmonary endarterectomy</p>	6	11
43	Minor lung injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Lung disease causing slight breathlessness, with— <ul style="list-style-type: none"> (a) no effect on employment; and (b) the likelihood of substantial and permanent recovery within a few years after the injury is caused • A pulmonary embolism requiring anticoagulant therapy for less than 1 year <p>Comment about appropriate level of ISV An ISV under this item will also will be appropriate if there is lung disease causing temporary aggravation of bronchitis, or other chest problems, that will resolve within a few months.</p>	0	5
Division 4—Injuries to male reproductive system			
	<p>General comment</p> <ul style="list-style-type: none"> • This Division applies to injuries caused by physical trauma rather than as a secondary result of psychiatric impairment • For psychiatric impairment that causes loss of reproductive system function, (see psychiatric impairment) 		

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Sterility is usually either— <ul style="list-style-type: none"> (a) caused by surgery, chemicals or disease; or (b) caused by a traumatic injury that is often aggravated by scarring. <p>Examples of factors affecting ISV assessment for items 44 to 47</p> <ul style="list-style-type: none"> • Consequential mental harm • Effect on social and domestic life 		
44	Impotence and sterility		
	<p>Additional examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Age • Whether the injured person has children • Whether the injured person intended to have children or more children <p>44.1 Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if a young injured person has total impotence and loss of sexual function and sterility • An ISV in the upper half of the range will be appropriate if a young injured person without children has uncomplicated sterility, without impotence or any aggravating features • An ISV near the middle of the range will be appropriate if a middle-aged injured person with children has sterility and permanent impotence • An ISV in lower half of the range will be appropriate if an injured person with children may have intended to have more children and has uncomplicated sterility, without impotence or any aggravating features • An ISV at or near the bottom of the range will be applicable if the sterility has little impact. 	5	37
45	Loss of part or all of the penis		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • Extent of penis remaining • Availability of prosthesis • Extent to which sexual activity will be possible 	5	25
46	<p>Loss of both testicles See item 44 where sterility results</p>	5	37
47	Loss of 1 testicle		
	<p>Additional example of factors affecting ISV scale Age, cosmetic damage or scarring</p> <p>Comment about appropriate level of ISV An ISV at or near the bottom of the range will be appropriate if the injury does not reduce reproductive capacity.</p>	2	11
Division 5—Injuries to female reproductive system			
	General comment		

Item No	Injury	Range	
	<ul style="list-style-type: none"> This Division applies to injuries caused by physical trauma rather than as a secondary result of psychiatric impairment For psychiatric impairment that causes loss of reproductive system function, (see psychiatric impairment). <p>Examples of factors affecting ISV assessment for items 48 to 49</p> <ul style="list-style-type: none"> Extent of any physical trauma Whether the injured person has children Whether the injured person intended to have children or more children Age Scarring Depression or consequential mental harm Effect on social and domestic life 		
48	Infertility		
48.1	<i>Infertility causing severe effects</i>		
	<p>Example Infertility with severe depression, anxiety and pain</p>	16	35
48.2	<i>Infertility causing moderate effects</i>		
	<p>Example Infertility without any medical complication if the injured person has children</p> <p>Comment about appropriate level of ISV An injury under this item is applicable even if there is consequential mental harm</p>	9	15
48.3	<i>Infertility causing minor effects</i>		
	<p>Example Infertility if—</p> <p>(a) the injured person was unlikely to have had children, for example, because of age; and</p> <p>(b) there is little or no consequential mental harm</p>	0	8
49	Any other injury to the female reproductive system		
49.1	<i>Injury to female genitalia or reproductive organs, or both</i>		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if the injury causes the early onset of menopause or irregular hormonal activity An ISV at or near the middle of the range will be appropriate if the injury causes: <ul style="list-style-type: none"> development of a prolapse or fistula a laceration or tear with good repair. 	3	25
49.2	<i>Female impotence</i>		
	<p>Comment The injury may be correctable by surgery.</p>	5	15

Item No	Injury	Range	
	Additional examples of factors affecting ISV scale The level of sexual function or the extent of any corrective surgery		
49.3	<i>An injury causing an inability to give birth by normal vaginal delivery, for example, because of pelvic ring disruption or deformity</i>		
	Comment The injury may be correctable by surgery.	4	15
49.4	<i>Reduced fertility, caused by, for example, trauma to ovaries or fallopian tubes</i>	2	11
Division 6—Injuries to digestive system			
Subdivision 1—Upper digestive tract			
50	Extreme injury to the digestive system caused by trauma		
	Examples of the injury <ul style="list-style-type: none"> Severe permanent damage to the upper digestive system, with ongoing debilitating pain and discomfort, diarrhoea, nausea and vomiting that— <ul style="list-style-type: none"> (a) are not controllable by drugs; and (b) causes weight loss of at least 15%. An injury to the throat requiring a permanent gastrostomy Comment about appropriate level of ISV <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is an injury to the oropharynx/oesophagus (throat) requiring a temporary gastrostomy for more than 1 year and permanent dietary changes, for example, a requirement for a soft food diet An ISV at or near the top of the range will be appropriate if there is an injury to the oropharynx/oesophagus (throat) requiring a permanent gastrostomy, with significant ongoing symptoms. Examples of factors affecting ISV scale <ul style="list-style-type: none"> the extent of any voice or speech impairment need for ongoing endoscopic procedure 	19	40
51	Serious injury to the digestive system caused by trauma		
	Examples of the injury A serious injury causing long-term complications and requiring continuous medication	11	18
	Examples of factors affecting ISV scale <ul style="list-style-type: none"> The extent of any ongoing voice or speech impairment Whether a feeding tube was required, and if so, for how long it was required Urgent and/or uncontrolled bowel use An ISV under this item is applicable if a feeding tube is required for between 3 and 12 months		
52	Moderate injury to the digestive system caused by trauma		
	Examples of the injury <ul style="list-style-type: none"> A blunt trauma or a penetrating stab wound, causing some permanent 	6	10

Item No	Injury	Range	
	tissue damage, but with no significant long-term effect on digestive function <ul style="list-style-type: none"> • An injury requiring a feeding tube for less than 3 months Example of factors affecting ISV scale <ul style="list-style-type: none"> • Whether a feeding tube was required, and if so, for how long it was required • Whether dietary changes are required to reduce the risk of aspiration because of impaired swallowing 		
53	Minor injury to the digestive system caused by trauma		
	Examples of the injury <ul style="list-style-type: none"> • A soft tissue injury to the abdomen wall, for example, a laceration or serious seatbelt bruising to the abdomen or flank, or both • A minor injury to the throat or tongue causing temporary difficulties with swallowing or speech • A laceration of the tongue requiring suturing 	0	5
Subdivision 2—Injuries to the digestive system not caused by trauma			
	General comments There is a marked difference between those comparatively rare cases having a long term or even permanent effect on quality of life and cases in which the only ongoing symptom is an allergy, for example, to specific foods, that may cause short-term illness.		
54	Extreme injury to the digestive system not caused by trauma		
	Example of the injury Severe toxicosis— <ol style="list-style-type: none"> (a) causing serious acute pain, vomiting, diarrhoea and fever, requiring hospitalisation for days or weeks; and (b) also causing 1 or more of the following: <ul style="list-style-type: none"> • ongoing incontinence • haemorrhoids • irritable bowel syndrome; and (c) having a significant impact on the capacity for employment and enjoyment of life. Comment about appropriate level of ISV An ISV in the lower half of the range will be appropriate if the injury causes a chronic infection that requires prolonged hospitalisation that will not resolve after antibiotic treatment for a year.	13	35
55	Serious injury to the digestive system not caused by trauma		
	Examples of the injury Constant abdominal pain, causing significant discomfort, for up to 18 months caused by a delay in diagnosis of an injury to the digestive system Comment about appropriate level of ISV <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if there is an adverse response to the administration of a drug that— 	6	12

Item No	Injury	Range	
	<ul style="list-style-type: none"> (a) requires admission to an intensive care unit; and (b) does not cause any permanent impairment; and (c) causes the need for ongoing drug therapy for life. <ul style="list-style-type: none"> • An ISV in the upper half of the range will be appropriate if a chronic infection— <ul style="list-style-type: none"> (a) requires prolonged hospitalisation and additional treatment; and (b) will be resolved by antibiotic treatment within 1 year. • An ISV at or near the bottom of the range will be appropriate if there is an adverse response to the administration of a drug that— <ul style="list-style-type: none"> (a) requires admission to an intensive care unit; and (b) does not cause any permanent impairment; and (c) does not cause the need for ongoing drug therapy for life. 		
56	Moderate injury to the digestive system not caused by trauma		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An infection that is resolved by antibiotic treatment, with or without additional treatment in hospital, within 3 months after the injury is caused • An adverse response to the administration of a drug, causing any of the following continuing over a period of more than 7 days, and requiring hospitalisation: <ul style="list-style-type: none"> (a) vomiting; (b) shortness of breath; (c) hypertension; (d) skin irritation 	3	5
57	Minor injury to the digestive system not caused by trauma		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Disabling pain, cramps and diarrhoea, ongoing for days or weeks • A localised infection, requiring antibiotic treatment, that heals within 6 weeks after the start of treatment • An adverse response to the administration of a drug, causing any of the following continuing over a period of not more than 7 days, and not requiring hospitalisation: <ul style="list-style-type: none"> (a) vomiting; (b) shortness of breath; (c) hypertension; (d) skin irritation • Intermittent abdominal pain for up to 6 months caused by a delay in diagnosis of an injury to the digestive system 	0	2

Item No	Injury	Range	
Division 7—Kidney or ureter injuries			
	<p>General comment An injury to a ureter or the ureters alone, without loss of, or serious damage to, a kidney will generally be assessed under items 60 or 61.</p> <p>Examples of factor affecting ISV assessment for items 58 to 61</p> <ul style="list-style-type: none"> • Age • Risk of ongoing kidney or ureter problems, complications or symptoms • Need for future medical procedures 		
58	Extreme injury to kidneys or ureters		
58.1	<i>Loss of both kidneys causing loss of renal function and requiring permanent dialysis or transplant</i>	56	75
58.2	<i>Serious damage to both kidneys, requiring temporary or intermittent dialysis</i>	31	55
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • The effect of dialysis and loss of kidney function on activities of daily living • The length of time for which dialysis was required or the frequency of intermittent dialysis • Ongoing requirement for medication, for example, to control blood pressure • Whether the injury caused the need for dietary changes <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if dialysis was required for an initial 3 months period, with intermittent dialysis required after that • An ISV at or near the top of the range will be appropriate if the injury required dialysis for about 1 year and ongoing dietary changes and medication. 		
59	Serious injury to kidneys or ureters		
	<p>Comment The injury may require temporary dialysis for less than 3 months.</p> <p>Example of the injury Loss of 1 kidney if there is severe damage to, and a risk of loss of function of, the other kidney</p> <p>Comment about appropriate level of ISV The higher the risk of loss of function of the other kidney, the higher the ISV.</p>	19	30
60	Moderate injury to kidneys or ureters		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Loss of 1 kidney, with no damage to the other kidney • An injury to a ureter or the ureters that requires surgery or placement of stents 	12	18

Item No	Injury	Range	
61	Minor injury to kidneys or ureters		
	<p>Example of the injury A laceration or contusion to 1 or both of the kidneys confirmed by imaging</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an injury to a kidney causing a contusion • An ISV at or near the top of the range will be appropriate if a partial removal of a kidney is required 	0	11
Division 8—Liver, gall bladder or biliary tract injuries			
	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether there are recurrent episodes of infection or obstruction • Whether there is a risk of developing biliary cirrhosis 		
62	Extreme injury to liver, gall bladder or biliary tract		
	<p>Example of the injury Loss, or injury causing effective loss of liver function</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are recurrent episodes of liver failure that require hospital admission and medical management but do not require liver transplantation • An ISV at or near the top of the range will be appropriate if the injury requires liver transplantation 	51	70
63	Serious injury to liver, gall bladder or biliary tract		
	<p>Example of the injury Serious damage causing physical loss of over 30% of the tissue of the liver, but with some functional capacity of the liver remaining</p>	36	50
64	Moderate injury to liver, gall bladder or biliary tract		
	<p>Example of the injury A laceration, contusion or trauma damage to the liver, with a moderate permanent effect on liver function, confirmed from imaging</p> <p>The removal of the gall bladder that causes ongoing symptoms</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes impaired liver function with symptoms of intermittent nausea and vomiting and weight loss • An ISV at or near the bottom of the range will also be appropriate if there is a gall bladder injury with recurrent infection or symptomatic stone disease, the symptoms of which may include, for example, pain or jaundice • An ISV at or near the middle of the range will be appropriate if the injury involves removal of the gall bladder causing a bile duct injury • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) surgery is required to remove not more than 30% of the liver; or 	11	35

Item No	Injury	Range	
	<p>(b) bile ducts require repair, for example, placement of stents.</p> <ul style="list-style-type: none"> An ISV at or near the top of the range will also be appropriate if there is an injury to the gall bladder, that despite biliary surgery, causes ongoing symptoms, infection or the need for further endoscopic surgery 		
65	Minor injury to liver, gall bladder or biliary duct		
	<p>Comment An injury within this item should not require surgery to the liver.</p> <p>Example of the injury A laceration or contusion to the liver, with a minor effect on liver function and confirmed from imaging</p> <p>Comment about appropriate level of ISV An ISV in the lower half of the range will be appropriate if there is an uncomplicated removal of the gall bladder with no ongoing symptoms.</p>	3	10
Division 9—Bowel injuries			
	<p>Examples of factors affecting ISV assessment for items 66 to 69</p> <ul style="list-style-type: none"> Age Risk of ongoing bowel problems, complications or symptoms Need for future surgery The degree to which dietary changes are required to manage chronic pain or diarrhoea caused by the injury 		
66	Extreme bowel injury		
	<p>Example of the injury An injury causing a total loss of natural bowel function and dependence on colostomy</p>	41	60
67	Serious bowel injury		
	<p>Example of the injury A serious abdominal injury causing either or both of the following:</p> <p>(a) impairment of bowel function (which often requires permanent or long-term colostomy, leaving disfiguring scars);</p> <p>(b) permanent restrictions on employment and diet and/or requiring nutritional supplements</p>	19	40
68	Moderate bowel injury		
	<p>Example of the injury</p> <p>(a) the injury requires temporary surgical diversion of the bowel, for example, an ileostomy or colostomy; and</p> <p>(b) there is ongoing intermittent abnormal bowel function requiring medication; and</p> <p>(c) some loss of bowel, weight loss and permanent restriction on diet and/or requiring nutritional supplements</p>	7	18
69	Minor bowel injury		
	<p>Example of the injury An injury causing tears to the bowel, with minimal ongoing bowel problems</p>	3	6

Item No	Injury	Range	
Division 10—Bladder, prostate or urethra injuries			
	<p>Examples of factors affecting ISV assessment for items 70 to 73</p> <ul style="list-style-type: none"> • Age • Risk of ongoing bladder, prostate or urethra problems, complications or symptoms • Need for future surgery 		
70	Extreme bladder, prostate or urethra injury		
	<p>Example of the injury An injury causing a complete loss of bladder function and control, with permanent dependence on urostomy</p>	40	60
71	Serious bladder, prostate or urethra injury		
	<p>Example of the injury An injury causing serious impairment of bladder control, with some incontinence</p> <p>Comment about appropriate level of ISV An ISV in the upper half of the range will be appropriate if there is serious ongoing pain.</p>	19	39
72	Moderate bladder, prostate or urethra injury		
	<p>Example of the injury An injury causing continued impairment of bladder control, with minimal incontinence and minimal pain</p> <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be applicable if—</p> <ul style="list-style-type: none"> • an ongoing requirement for minor surgery, for example, cystoscopy or urethral dilation; or • other surgery due to being unresponsive to treatment 	7	18
73	Minor bladder, prostate or urethra injury		
	<p>Example of the injury A bladder injury that may require conservative intermittent medical treatment for which surgery is not required and from which the injured person will fully recover</p>	3	6
Division 11—Spleen and pancreas injuries			
74	Injuries to the pancreas		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • The extent of any ongoing risk of internal infection and disorders, for example, diabetes • The need for, and outcome of, further surgery, for example, surgery to manage pain caused by stone disease, infection or an expanding pseudocyst • An ISV at or near the middle of the range will be appropriate if there are chronic symptoms, for example, pain or diarrhoea, and weight loss • An ISV at or near the top of the range will be appropriate if— <ol style="list-style-type: none"> (a) there are chronic symptoms with significant weight loss of between 10% and 20% of body weight, and pancreatic enzyme replacement is required; or 	11	35

Item No	Injury	Range	
	(b) an injury to the pancreas causes diabetes.		
75	Loss of spleen (complicated)		
	<p>Example of the injury Loss of spleen if there will be a risk, that is not minor, of ongoing internal infection and disorders caused by the loss</p> <p>Comment</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if the injury leads to a splenectomy, with portal vein thrombosis after the splenectomy • An ISV at or near the middle of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury leads to a splenectomy, with serious infection after the splenectomy; and (b) the infection requires surgical or radiological intervention 	8	20
76	Injury to the spleen or uncomplicated loss of spleen		
	<p>Example of the injury Laceration or contusion to the spleen that—</p> <ul style="list-style-type: none"> (a) has been radiologically confirmed; (b) has no ongoing bleeding; (c) is managed conservatively; and (d) resolves fully <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there has been removal of the spleen (splenectomy), with little or no risk of ongoing infections and disorders caused by the loss of the spleen.</p>	0	7
Division 12—Hernia injuries			
77	Severe hernia		
	<p>Example of the injury An incisional hernia if after repair there is either or both—</p> <ul style="list-style-type: none"> (a) ongoing pain; and (b) a restriction on physical activities, sport or employment <p>Comment about appropriate level of ISV An ISV at the top of the range will be appropriate if—</p> <ul style="list-style-type: none"> (a) the incisional hernia is reoccurring; and (b) has a whole of person impairment of 10% or more 	11	20
78	Moderate hernia		
	<p>Example of the injury An incisional hernia that after repair has some real risk of recurring in the short-term</p>	6	10
79	Minor hernia		
	<p>Example of the injury An uncomplicated incisional hernia, whether or not repaired</p>	0	5

Item No	Injury	Range	
Part 6—Orthopaedic injuries			
Division 1—Cervical spine injuries			
<p>General comment for items 80 to 84 This Division does not apply to the following injuries (that are dealt with in items 1 to 3):</p> <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. <p>There must be clinical findings present at the time of examination.</p> <p>Clinical findings must be consistent with radiological objective evidence where present.</p> <ul style="list-style-type: none"> • Cervical spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms only suffered for 2 or 3 weeks • Symptoms associated with nerve root compression or damage cannot be taken into account in assessing an ISV under items 80 to 82 unless objective signs are present of a permanent nerve root compression or damage, or other specific imaging findings as defined— <ul style="list-style-type: none"> • CT and/or MRI scans or other appropriate imaging evidence of disc herniation (as distinct from merely a disc bulge and/or annular tear), and residual and corresponding objective neurological impairment, for example— <ul style="list-style-type: none"> • sensory loss • loss of muscle strength and/or corresponding atrophy • impaired reflexes 			
80	Extreme cervical spine injury		
<p>Comment These are extremely severe injuries that cause gross limitation of movement and serious interference with performance of daily activities. The injury will involve significant upper or lower extremity impairment and may require the use of an adaptive device or prosthesis</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A total neurological loss at a single level • Severe multilevel neurological dysfunction • Structural compromise of the spinal canal with extreme upper or lower extremity motor and sensory impairments • Fractures involving more than 50% compression of a vertebral body with neural compromise <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment of about 35% • An ISV at or near the top of the range will be appropriate if there is a cervical spine injury causing monoplegia of the dominant upper limb and whole person impairment of at least 60%. 		41	75

Item No	Injury	Range	
81	Serious cervical spine injury	16	40
	<p>Comment</p> <ul style="list-style-type: none"> • The injury of the cervical spine will cause serious neurological upper extremity impairment or serious permanent impairment of the cervical spine for which there is radiological evidence • The injury may involve— <ul style="list-style-type: none"> (a) a change of motion segment integrity; or (b) bilateral or multilevel nerve root compression or damage; or (c) a fracture involving more than 25% compression of 1 vertebral body or a fusion (either traumatic or post-surgical); or (d) an injury showing objective signs of nerve root damage after surgery. <p>Examples of the injury Loss of motion in a motion segment because of a surgical or post-traumatic fusion</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured person has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. • An ISV in the middle of the range will be appropriate if there is a fracture involving about 50% compression of a vertebral body, with ongoing pain • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured person has had a fusion of vertebral bodies that has failed, leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and (b) there is whole person impairment of about 28%. 		
82	Moderate cervical spine injury—fracture, disc prolapse (herniated disc) or nerveroot compression or damage	5	15
	<p>Comment An ISV for this item will be appropriate if—</p> <ul style="list-style-type: none"> (a) there is a herniated disc for which there is radiological evidence corresponding to an anatomically correct level of objective neurological impairment; and (b) there are symptoms of pain and 3 or more of the following objective signs that are anatomically localised to an appropriate spinal nerve root distribution: <ul style="list-style-type: none"> (i) sensory loss; (ii) loss of muscle strength and/or corresponding atrophy; (iii) impaired reflexes; (iv) unilateral atrophy; and (c) the impairment has not improved after non-operative treatment 		

Item No	Injury	Range	
83	Moderate cervical spine injury—soft tissue injury	5	10
<p>Comment The injury will cause moderate permanent impairment, for which there is a clinical history and examination findings that are compatible with a specific injury for which there will be 2 or more objective signs.</p> <p>Comment about appropriate level of ISV An ISV at the top half of the range is appropriate if there is a whole of person impairment of 8% caused by a traumatic soft tissue injury</p>			
84	Minor cervical spine injury	0	4
<p>Comment</p> <ul style="list-style-type: none"> • Injuries within this item include a whiplash injury with minor ongoing symptoms, and/or dysfunction including symptoms, remaining for more or expected to remain more than 18 months after the injury is caused; and • There are no objective signs of a neurological impairment (for example, a radiculopathy) at the time of assessment. <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • A low range ISV under this item will be applicable if the injury will resolve within months after the injury is caused; and • A high range ISV under this item will be applicable if, the injury causes persistent headaches, significant neck stiffness and some ongoing pain and/or dysfunction 			
Division 2—Thoracic spine or lumbar spine injuries			
<p>General comments</p> <ul style="list-style-type: none"> • This Division does not apply to the following injuries (that are dealt with in items 1 to 3): <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. • Thoracic or lumbar spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms suffered only for 2 or 3 weeks • Symptoms associated with nerve root compression or damage cannot be taken into account in assessing an ISV under item 85 to 87 unless objective signs are present of nerve root compression or damage, for example— <ul style="list-style-type: none"> • CT or MRI scans or other radiological evidence • muscle wasting • clinical findings of deep tendon reflex loss, motor weakness and loss of sensation. <p>There must be clinical findings present at the time of examination.</p> <p>Clinical findings must be consistent with radiological objective evidence where present.</p>			

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
85	Extreme thoracic or lumbar spine injury	36	60
	<p>Comment These are extremely severe injuries causing gross limitation of movement and serious interference with performance of daily activities. There may be some motor or sensory loss, and some impairment of bladder, ano-rectal or sexual function.</p> <p>Example of the injury A fracture involving compression of a thoracic or lumbar vertebral body of more than 50%, with neurological impairment</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 25% • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of at least 45%. 		
86	Serious thoracic or lumbar spine injury	16	35
	<p>Comment</p> <ul style="list-style-type: none"> • The injury will cause serious permanent impairment in the thoracic or lumbar spine • The injury may involve— <ul style="list-style-type: none"> (a) bilateral or multilevel nerve root damage; or (b) a change in motion segment integrity, for example, because of surgery. <p>Example of the injury A fracture involving at least 25% compression of 1 thoracic or lumbar vertebral body</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured person has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. • An ISV in the middle of the range will be appropriate if there is a fracture involving 50% compression of a vertebral body, with ongoing pain • An ISV at or near the top of the range will be appropriate if the injured person has had a fusion of vertebral bodies that has failed— <ul style="list-style-type: none"> (a) leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and (b) causing whole person impairment of 24%. 		
87	Moderate thoracic or lumbar spine injury—fracture, disc prolapse or nerve root compression or damage	5	15
	<p>Comment An ISV for this item will be appropriate if—</p> <ul style="list-style-type: none"> (a) there is a herniated disc for which there is radiological evidence corresponding to an anatomically correct level of objective neurological impairment; and 		

Item No	Injury	Range	
	<p>(b) there are symptoms of pain and 3 or more of the following objective signs that are anatomically localised to an appropriate spinal nerve root distribution—</p> <ul style="list-style-type: none"> (i) sensory loss; (ii) loss of muscle strength, and/or corresponding atrophy; (iii) impaired reflexes; (iv) unilateral atrophy; and <p>(c) the impairment has not improved after non-operative treatment.</p>		
88	Moderate thoracic or lumbar spine injury—soft tissue injury		
	<p>Comment The injury will cause moderate permanent impairment, for which there is a clinical history and examination findings that are compatible with a specific injury for which there will be 2 or more objective signs.</p> <p>Comment about appropriate level of ISV An ISV at the top half of the range is appropriate if there is a whole of person impairment of 8% caused by a traumatic soft tissue injury</p>	5	10
89	Minor thoracic or lumbar spine injury		
	<p>Example of the injury A soft tissue injury of the thoracic or lumbar spine with no—</p> <ul style="list-style-type: none"> • significant clinical findings • fractures • documented neurological impairment • significant loss of motion segment integrity • other objective signs of impairment relating to the injury <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate, whether or not the injured person continues to suffer some ongoing pain, if the injury will substantially reach maximum medical improvement, with only minor symptoms, within about 18 months after the injury is caused • An ISV at or near the bottom of the range will be appropriate if the injury will resolve without any ongoing symptoms within months after the injury is caused 	0	4
Division 3—Shoulder injuries			
	<p>General comments Injuries under items 90 to 93 include subluxations or dislocations of the sternoclavicular joint, acromioclavicular joint or glenohumeral joint.</p> <ul style="list-style-type: none"> • Soft tissue injuries may involve the musculoligamentous supporting structures of the joints • Fractures may involve the clavicle, the scapula (shoulder blade) and the humerus <p>Comment about appropriate level of ISV for items 90 to 93 An ISV at or near the top of the range will generally only be appropriate if the injury is to the shoulder of the dominant upper limb.</p>		

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
90	Extreme shoulder injury	31	50
<p>Comment These are the most severe traumatic injuries causing gross permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation, with secondary medical complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies <p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment of 45% and complete loss of all shoulder function of the dominant upper limb.</p>			
91	Serious shoulder injury	16	30
<p>Comment The injury will involve serious trauma to the shoulder causing serious permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A crush injury • A serious fracture with secondary arthritis • Nerve palsies from which the injured person will partially recover • Established non-union of a clavicular or scapular fracture despite open reduction and internal fixation (ORIF) • Established non-union of a clavicular or scapular fracture if surgery is not appropriate or not possible, and there is significant functional impairment <p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25% and the injury is to the dominant upper limb.</p>			
92	Moderate shoulder injury	11	15
92.1	<p>Comment An ISV under this item will be applicable if there is a whole of person impairment of 10—12%</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Traumatic adhesive capsulitis with discomfort, limitation of movement and symptoms persisting or expected to persist for about 2 years • Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears • A fracture, from which the injured person has made a reasonable recovery, requiring open reduction and internal fixation • Nerve palsies from which the injured person has made a good recovery • Painful persisting dislocation of the acromioclavicular joint • An injury to the sternoclavicular joint causing permanent, painful instability 		

Item No	Injury	Range	
	<p>Comment about the appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury is to the non-dominant upper limb • An ISV at or near the top of the range will be appropriate if the injury is to the dominant upper limb 		
92.2	<p>Comment An ISV under this item will be appropriate if there is a whole person impairment for the injury of less than 10%</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Traumatic adhesive capsulitis with discomfort, limitation of movement and symptoms persisting or expected to persist for about 2 years • Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears • Nerve palsies from which the injured person has made a good recovery • Painful persisting dislocation of the acromioclavicular joint • An injury to the sternoclavicular joint causing permanent, painful instability <p>Comment about this level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury is to the non-dominant upper limb • An ISV at or near the top of the range will be appropriate if the injury is to the dominant upper limb 	6	10
93	Minor shoulder injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Soft tissue injury with considerable pain from which the injured person makes an almost full recovery in less than 18 months • Fracture from which the injured person has made an uncomplicated recovery • Strain injury of the acromioclavicular joint or sternoclavicular joint 	0	5
Division 4—Amputation of upper limbs			
	<p>Comment about appropriate level of ISV for items 94 to 95 An ISV at or near the top of the range will generally only be appropriate if the amputation is of the dominant upper limb</p>		
94	Loss of both upper limbs, or loss of 1 arm and extreme injury to the other arm		
	<p>Comment The effect of the injury is to reduce the injured person to a state of considerable helplessness</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Whether the amputations are above or below the elbow (the loss of the elbow joint adds greatly to the disability) • The length of any stump suitable for use with a prosthesis • Severity of any phantom pains 	55	85

Item No	Injury	Range	
<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV of 70 to 85 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated at the shoulder; or (b) 1 arm is amputated at the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 60%. • An ISV of 65 to 80 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated through the elbow or above the elbow but below the shoulder; or (b) 1 arm is amputated through the elbow or above the elbow but below the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 57%. • An ISV of 55 to 75 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated below the elbow; or (b) 1 arm is amputated below the elbow, and there is a loss of function in the other arm, causing whole person impairment of 54%. 			
95	Loss of 1 upper limb		
<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputation is above or below the elbow (the loss of the elbow joint adds greatly to the disability) • Whether the amputation was of the dominant arm • The length of any stump suitable for use with a prosthesis • Severity of any phantom pains • Extent of any disability in the other arm 			
95.1	<i>An upper limb amputation at the shoulder</i>	50	65
95.2	<i>An upper limb amputation through the elbow or above the elbow but below the shoulder</i>	40	65
<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will generally be appropriate if there is an amputation through the elbow • An ISV at or near the top of the range will be appropriate if there is a short stump because a short stump may create difficulties in the use of a prosthesis 			
95.3	<i>An upper limb amputation below the elbow</i>	35	60
<p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is an amputation through the forearm with residual severe pain in the stump and phantom pains</p>			
Division 5—Elbow injuries			
<p>Comment about appropriate level of ISV for items 96 to 99 An ISV at or near the top of the range will generally only be appropriate if the injury is to the elbow of the dominant upper limb</p>			

Item No	Injury	Range	
96	<p>Extreme elbow injury</p> <p>Comment The injury will involve an extremely severe elbow injury, falling short of amputation, leaving little effective use of the elbow joint</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Whole person impairment for the injury of between 24% and 42% • A complex elbow fracture, or dislocation, with secondary complications • Joint disruption, with poor outcome after surgery • Degloving • Permanent nerve palsies • An injury causing severe limitation of elbow movement with the joint constrained in a non-functional position 	26	50
97	<p>Serious elbow injury</p> <p>Comment The injury will involve significant disability and require major surgery.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious fracture with secondary arthritis • A crush injury • Nerve palsies from which the injured person will partially recover • Permanent, poor restricted range of movement with the elbow constrained in a satisfactory functional position <p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 23% and the injury is to the elbow of the dominant upper limb.</p>	13	25
98	<p>Moderate elbow injury</p> <p>Comment The injury will cause moderate long-term disability but does not require multiple surgeries.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture, from which the injured person has made a reasonable recovery, requiring open reduction and internal fixation • Nerve palsies from which the injured person has made a good recovery <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 5% • An ISV at or near the top of the range will be appropriate if there is a moderately severe injury to the elbow of the dominant upper limb— <ul style="list-style-type: none"> (a) requiring prolonged treatment; and (b) causing whole person impairment of 10%. 	6	12

Item No	Injury	Range	
99	Minor elbow injury		
	<p>Comment The injury will cause no permanent damage and no permanent impairment of function.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture with an uncomplicated recovery • A soft tissue injury with pain, minor tennis elbow syndrome or lacerations 	0	5
Division 6—Wrist injuries			
	<p>Comment about appropriate level of ISV for items 100 to 103 An ISV at or near the top of the range will generally only be appropriate if the injury is to the wrist of the dominant upper limb.</p>		
100	Extreme wrist injury		
	<p>Comment The injury will involve severe fractures, or a dislocation, causing a high level of permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation with secondary joint complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies <p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 36% and the injury is to the wrist of the dominant upper limb.</p>	25	40
101	Serious wrist injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury causing significant permanent loss of wrist function, for example, severe problems with gripping or pushing objects, but with some useful movement remaining • Non-union of a carpal fracture • Severe carpal instability <p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20% and the injury is to the wrist of the dominant upper limb.</p>	16	24
102	Moderate wrist injury		
102.1	<p>Examples of the injury A wrist injury, confirmed from imaging that causes some permanent disability, for example, some persisting pain and stiffness—</p> <ul style="list-style-type: none"> • Persisting radio-ulnar instability • Moderate carpal instability 	11	15

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Recurrent tendon subluxation or entrapment <p>Additional comment about appropriate level of ISV An ISV under this item will be appropriate if there is a whole person impairment for the injury of greater than or equal to 10%</p>		
102.2	<p>Examples of the injury A wrist injury, that is not serious and causes some permanent disability, for example, some persisting pain and stiffness—</p> <ul style="list-style-type: none"> • Persisting radio-ulnar instability • Carpal instability • Recurrent tendon subluxation or entrapment <p>Comment about this level of ISV An ISV under this item will be appropriate if there is a whole person impairment for the injury of less than 10%</p>	6	10
103	<p>Minor wrist injury</p>		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture from which the injured person almost fully recovers • A soft tissue injury, for example, severe bruising • Continued pain following carpal tunnel release 	0	5
Division 7—Hand injuries			
	<p>General comment for items 104 to 115 Hands are cosmetically and functionally the most important part of the upper limbs.</p> <p>Comment about appropriate level of ISV for items 104 to 115</p> <ul style="list-style-type: none"> • The appropriate ISV for loss of a hand is only a little less than the appropriate ISV for the loss of the relevant arm • An ISV at or near the top of the range will generally be appropriate if the injury is to the dominant hand. 		
104	<p>Total or effective loss of both hands</p>		
	<p>Example of the injury A serious injury causing extensive damage to both hands making them little more than useless</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • The level of residual capacity left in either hand • Severity of any phantom pains if there has been an amputation or amputations <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if both hands remain attached to the forearms and are of some cosmetic importance • An ISV at or near the top of the range will be appropriate if both hands are amputated through the wrist. 	51	75

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
105	Serious injury to both hands		
	<p>Comment The injury will involve significant loss of function in both hands, for example, loss of 50% or more of the use of each hand.</p>	40	50
106	Total or effective loss of 1 hand		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A crushed hand that has been surgically amputated or rendered functionally useless • Traumatic amputation of all fingers and most of the palm <p>Example of factor affecting ISV scale Severity of any phantom pain if there has been an amputation</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there has been an amputation of the fingers at the metacarpophalangeal joints, but the thumb remains, and there is whole person impairment for the injury of 32% • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been amputation of the dominant hand at the wrist; and (b) there is residual severe pain in the stump and ongoing complications, for example, chronic regional pain syndrome or neuroma formation. 	35	60
107	Amputation of the thumb or part of the thumb		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • The level of amputation, for example, at carpo metacarpal (CMC) joint, through the distal third of the thumb metacarpal, at the metacarpophalangeal (MCP) joint or thumb interphalangeal (IP) joint • Whether the injury is to the dominant hand • The extent of any damage to the fingers <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation through the interphalangeal joint of the thumb; and (b) there is whole person impairment for the injury of 11%. • An ISV at or near the middle of the range will be appropriate if there has been an amputation through the proximal phalanx • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation at the base of the thumb at the carpometacarpal (CMC) joint level of the dominant hand; and (b) there are ongoing debilitating complications. 	15	28
108	Amputation of index, middle and ring fingers, or any 2 of them		
	Comment	15	30

Item No	Injury	Range	
	<p>The amputation will cause complete loss or nearly complete loss of 2 or all of the following fingers of the hand:</p> <ul style="list-style-type: none"> • index finger • middle finger • ring finger • little finger <p>Example of factor affecting ISV scale The level of the amputation, for example, whether the hand has been made to be of very little use and any remaining grip is very weak</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if 2 fingers, whether index, middle or ring fingers, are amputated at the level of the proximal interphalangeal joints • An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 19% • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the index, middle and ring fingers are amputated at the level of the metacarpophalangeal joint (MCP joint) or there is whole person impairment for the injury of at least 27%; and (b) the injury is to the dominant hand. 		
109	Amputation of individual fingers		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Whether the amputation was of the index or middle finger • The level of the amputation • Any damage to other fingers short of amputation <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be applicable if there is complete loss of the index or middle finger of the dominant hand, and serious impairment of the remaining fingers causing whole person impairment of at least 15% • An ISV of not more than 10 will be applicable if— <ul style="list-style-type: none"> (a) there has been an amputation of the index or middle finger at the proximal interphalangeal joint (PIP joint); or (b) there is whole person impairment for the injury of 8%. • An ISV at or near the bottom of the range will be applicable if— <ul style="list-style-type: none"> (a) there has been an amputation at the level of the distal interphalangeal joint of the little or ring finger; or (b) there is whole person impairment for the injury of 3%. 	5	20
110	Amputation of thumb and all fingers		
	<p>Comment As the injury will cause effective loss of the hand, see item 106.</p>		

Item No	Injury	Range	
111	Any other injury to 1 or more of the fingers or the thumb		
	<p>Comment about appropriate level of ISV for items under 111 An ISV of not more than 5 will be appropriate if substantial function of the hand remains.</p> <p>Examples of factors affecting ISV</p> <ul style="list-style-type: none"> • Whether the injury is to the thumb, or index or middle finger • Any damage to other fingers • Whether the injury is to the dominant hand 		
111.1	<i>Extreme injury to 1 or more of the fingers or the thumb</i>		
	<p>Example of the injury Total loss of function of 1 or more of the fingers, with the joints ankylosed in non-functional positions</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 14% • An ISV at or near the top of the range will be appropriate if there is an injury to the thumb of the dominant hand causing total loss of function of the thumb 	16	25
111.2	<i>Serious injury to 1 or more of the fingers or the thumb</i>		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing ankylosis of the fingers • A bursting wound, or an injury causing severe finger damage, causing residual scarring and dysfunction • An injury leaving a digit that interferes with the remaining function of the hand • Division of 1 or more of the long flexor tendons of the finger, with unsuccessful repair 	12	15
111.3	<i>Moderate injury to 1 or more of the fingers or the thumb</i>		
	<p>Comment There will be permanent discomfort, pain or sensitive scarring</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Moderate injury to the thumb or index finger causing loss of movement or dexterity • A crush injury causing multiple fractures of 2 or more fingers • Division of 1 or more of the long flexor tendons of the finger, with moderately successful repair <p>Additional comment about appropriate level of ISV An ISV under this item will be appropriate if there is whole person impairment for the injury of 8% and the injury is to the dominant hand.</p>	6	11

Item No	Injury	Range	
111.4	<i>Minor injury to 1 or more of the fingers or the thumb</i>		
	<p>Example of the injury An uncomplicated fracture or soft tissue injury that has healed with minimal residual symptoms</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a straight forward fracture of 1 or more of the fingers, with complete resolution within a short time • An ISV at or near the top of the range will be appropriate if there has been— <ul style="list-style-type: none"> (a) a fracture causing minor angular or rotational malunion of the thumb, or index or middle finger, of the dominant hand; or (b) some adherence of a tendon following surgical repair, limiting full function of the digit 	0	5
112	Extreme hand injury		
	<p>Comment</p> <ul style="list-style-type: none"> • The injury will involve a severe traumatic injury to the hand that may include amputation of part of the hand, causing gross impairment of the hand • A hand injury causing whole person impairment for the injury of 35% will generally fall within this item <p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury reducing a hand's capacity to 50% or less • An injury involving the amputation of several fingers that are re-joined to the hand leaving it clawed, clumsy and unsightly • An amputation of some fingers and part of the palm causing grossly reduced grip and dexterity and gross disfigurement <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injured hand has some residual usefulness for performing activities of daily living • An ISV at or near the top of the range will be appropriate if the injured hand— <ul style="list-style-type: none"> (a) has little or no residual usefulness for performing activities of daily living; and (b) is the dominant hand 	31	45
113	Serious hand injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing significantly impaired function despite surgery • Serious permanent tendon damage • Serious nerve damage 	16	30

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
	<p>Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20%</p>		
114	Moderate hand injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A crush injury, penetrating wound or deep laceration, requiring surgery • Moderately serious tendon or nerve damage • A hand injury causing whole person impairment for the injury of between 5% and 12% 	6	15
115	Minor hand injury		
	<p>Examples of the injury A soft tissue injury, minor fracture or an injury that does not require surgery, with nearly full recovery of hand function</p>	0	5
Division 8—Upper limb injuries other than shoulder, amputation, elbow, wrist or hand injuries			
	<p>Comment about appropriate level of ISV for items 116 to 119 An ISV at or near the top of the range will generally only be appropriate if the injury is to the dominant upper limb.</p>		
116	Extreme upper limb injury, other than an injury mentioned in items 90 to 115		
	<p>Comment The injury will involve an extremely serious upper limb injury, falling short of amputation leaving the injured person little better off than if the whole arm had been lost.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious brachial plexus injury affecting peripheral nerve function • A non-union of a fracture, with peripheral nerve damage to the extent that an arm is nearly useless <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 31% • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a complete brachial plexus lesion shown by a flail arm and paralysis of all muscles of the hand; and (b) the injury is to the dominant limb. • An ISV at or near the top of the range will also be appropriate if there is a serious crush injury that causes whole person impairment for the injury of 55% 	36	65
117	Serious upper limb injury, other than an injury mentioned in items 90 to 115		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, if there is significant permanent residual impairment of function • A brachial plexus injury requiring nerve grafts with partial recovery of shoulder and elbow function and normal hand function 	21	35

Item No	Injury	Range	
	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16% • An ISV at or near the top of the range will be appropriate if there is an injury to the dominant limb causing whole person impairment of 30%. 		
118	Moderate upper limb injury, other than an injury mentioned in items 90 to 115		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture that causes impairment of associated soft tissues, including nerves and blood vessels • A fracture with delayed union or infection • Multiple fractures of the humerus, radius or ulna, or multiple fractures of any combination of the humerus, radius and ulna 		
118.1	<p>Comment about appropriate level of ISV An ISV under this item will be applicable if there is a crush injury causing significant skin or muscle loss with permanent residual impairment, or there is whole person impairment for the injury of 15%</p>	11	20
118.2	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6% • An ISV in the lower half of the range will be appropriate if there is a complicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna— <ul style="list-style-type: none"> (a) requiring open reduction and internal fixation; and (b) from which the injured person has recovered or is expected to recover. 	6	10
119	Minor upper limb injury, other than an injury mentioned in items 90 to 115		
	<p>Example of the injury An uncomplicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, from which the injured person has fully recovered within a short time</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are soft tissue injuries, lacerations, abrasions and contusions, from which the injured person will fully or almost fully recover • An ISV at or near the top of the range will be appropriate if there is a brachial plexus injury from which the injured person has substantially recovered within a few weeks, leaving some minor functional impairment. 	0	5
Division 9—Pelvis or hip injuries			
	<p>General comment for items 120 to 123</p> <ul style="list-style-type: none"> • The most serious injuries to the pelvis or hips can be as devastating as a leg amputation and will have similar ISVs • However, the appropriate ISV for other injuries to the pelvis or hips will generally be no higher than about 20. 		

Item No	Injury	Range	
<p>Examples of factors affecting ISV assessment for items 120 to 123</p> <ul style="list-style-type: none"> • Exceptionally severe specific sequelae will increase the level of ISV • The availability of remedies, for example, a total hip replacement is an important factor in assessing an ISV • Age 			
120	Extreme pelvis or hip injury		
<p>Examples of the injury</p> <ul style="list-style-type: none"> • An extensive pelvis fracture • Degloving • Permanent nerve palsies <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 40% • An ISV at or near the top of the range will be appropriate if the injured person is not able to mobilise without a wheelchair and is relatively young. 		46	65
121	Serious pelvis or hip injury		
<p>Comment There will be substantial residual disability, for example, severe lack of bladder and bowel control, sexual dysfunction, or deformity making the use of 2 canes or crutches routine.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture dislocation of the pelvis involving both ischial and pubic rami • Traumatic myositis ossificans with formation of ectopic bone around the hip • A fracture of the acetabulum leading to degenerative changes and leg instability requiring an osteotomy, with the likelihood of future hip replacement surgery <p>Comment about appropriate level of ISV An ISV at or near the bottom of the range will be appropriate for an injury causing whole person impairment for the injury of 20%.</p>		26	45
122	Moderate pelvis or hip injury		
<p>Examples of the injury</p> <ul style="list-style-type: none"> • A significant pelvis or hip injury, with no major permanent disability • A hip fracture requiring a hip replacement • A fracture of the sacrum extending into the sacro-iliac joint causing ongoing significant symptoms and whole person impairment of at least 10% <p>Comment about appropriate level of ISV An ISV for this item will be appropriate if there is a fracture requiring a hip replacement that is only partially successful, so that there is a clear risk of the need for revision surgery.</p>		11	25

Item No	Injury	Range	
	An ISV in this range will be appropriate if there is whole person impairment for the injury of 10%.		
123	Minor pelvis or hip injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An uncomplicated fracture of 1 or more of the bones of the pelvis or hip that does not require surgery or cause permanent impairment • Undisplaced coccygeal fractures • Undisplaced or healed pubic rami fractures • An injury to the coccyx requiring surgery, that is successful. <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person fully recovers • An ISV of not more than 7 will be appropriate if there is whole person impairment for the injury of 5% • An ISV at or near the top of the range will be appropriate if the person has ongoing coccydynia and difficulties with sitting. 	0	10
Division 10—Amputation of lower limbs			
Subdivision 1—Amputation of both lower limbs			
	<p>Examples of factors affecting ISV assessment for items 124 and 125</p> <ul style="list-style-type: none"> • The level of each amputation • Severity of any phantom pain • Pain in the stumps • Extent of any ongoing symptoms 		
124	Loss of both lower limbs above or through the knee		
	<p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if each amputation is near the hips so neither stump can be used with a prosthesis.</p>	55	70
125	Below the knee amputation of both lower limbs		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 48% • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) both legs are amputated just below the knees leaving little or no stumps for use with prostheses; (b) there is poor quality skin cover; and (c) there is a chronic regional pain syndrome. 	50	65
Subdivision 2—Amputation of 1 lower limb			
	<p>Examples of factors affecting ISV assessment for items 126 and 127</p> <ul style="list-style-type: none"> • The level of the amputation • Severity of any phantom pain 		

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Item No	Injury	Range	
	<ul style="list-style-type: none"> Whether there have been problems with a prosthesis, for example, pain and further damage to the stump 		
126	Above or through the knee amputation of 1 lower limb		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if the amputation is through or just above the knee An ISV at or near the top of the range will be appropriate if the amputation is near the hip and a prosthesis cannot be used. 	35	50
127	Below the knee amputation of 1 lower limb		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate in a straightforward case of a below-knee amputation with no complications An ISV at or near the top of the range will be appropriate if there is an amputation close to the knee joint, leaving little or no stump for use with a prosthesis. 	31	45
Division 11—Lower limb injuries other than items 120 to 127 and 132 to 149			
128	Extreme lower limb injury, other than an injury mentioned in items 120 to 127 and 132 to 149		
	<p>Comment These are the most severe injuries short of amputation; leaving the injured person little better off than if the whole leg had been lost.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Extensive degloving of the lower limb An injury causing gross shortening of the lower limb A fracture that has not united despite extensive bone grafting Serious neurovascular injury A lower limb injury causing whole person impairment of 40% 	31	55
129	Serious lower limb injury, other than an injury mentioned in items 120 to 127 and 132 to 149		
	<p>Comment</p> <ul style="list-style-type: none"> Removal of extensive muscle tissue and extensive scarring may have a significant enough impact to fall within this item An injury to multiple joints or ligaments causing instability, prolonged treatment and a long period of non-weight-bearing may have a significant enough impact to fall within this item, but generally only if those results are combined. <p>Example of the injury Multiple complex fractures of the lower limb that are expected to take years to heal and cause serious deformity and serious limitation of mobility</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16% 	21	30

Item No	Injury	Range	
	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25%. 		
130	Moderate lower limb injury, other than an injury mentioned in items 120 to 127 and 132 to 149		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> A fracture causing impairment of associated soft tissues, including nerves and blood vessels A fracture with delayed union or infection Multiple fractures of the femur, tibia or fibula, or multiple fractures of any combination of the femur, tibia and fibula <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> Period of non-weight-bearing Presence or risk of degenerative change Imperfect union of a fracture Muscle wasting Limited joint movement Unsightly scarring Permanently increased vulnerability to future damage <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be applicable if there is a deep vein thrombosis requiring treatment for life; or if there is whole person impairment for the injury of 15%.</p> <p>An ISV at or near the bottom of the range will be applicable if there is whole person impairment for the injury of 10%.</p>	11	20
131	Minor lower limb injury, other than an injury mentioned in items 120 to 127 and 132 to 149		
	<p>Example of the injury An uncomplicated fracture of the femur, tibia or fibula, from which the injured person has fully recovered</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is a deep vein thrombosis requiring treatment for less than 6 months, from which the injured person will fully recover An ISV at or near the bottom of the range will also be appropriate if— <ol style="list-style-type: none"> there are soft tissue injuries, lacerations, cuts, bruising or contusions, from which the injured person will fully or almost fully recover; and any residual disability will be minor. An ISV at or near the top of the range will be appropriate if there is a deep vein thrombosis requiring treatment for at least 1 year An ISV at or near the top of the range will also be appropriate if the injured person is left with impaired mobility or a defective gait An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 9%. 	0	10

Item No	Injury	Range	
Division 12—Knee injuries			
General comment for items 132 to 135 The availability of remedies, for example, a total knee replacement is an important factor in assessing an ISV under this Division.			
132	Extreme knee injury		
	<p>Example of the injury A severe knee injury if there is a disruption of the joint, gross ligamentous damage, loss of function after unsuccessful surgery, lengthy treatment and considerable pain</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 20% • An ISV at or near the top of the range will be appropriate if a total knee replacement was needed and— <ul style="list-style-type: none"> (a) it is very likely that the knee replacement will need to be repeated; or (b) there are ongoing severe symptoms, poor function and whole person impairment for the injury of more than 30%. 	25	40
133	Serious knee injury		
	<p>Comment The injury may involve—</p> <ul style="list-style-type: none"> (a) ongoing pain, discomfort, limitation of movement, instability or deformity; and (b) a risk, in the long-term, of degenerative changes caused by damage to the joint surfaces, muscular wasting or ligamentous or meniscal injury. <p>Example of the injury A leg fracture extending into the knee joint, causing pain that is constant, permanent and limits movement or impairs agility</p> <p>Comment about appropriate level of ISV An ISV at or near the middle of the range will be appropriate if there is a ligamentous injury, that required surgery and prolonged rehabilitation, causing whole person impairment of 15% and functional limitation.</p>	11	24
134	Moderate knee injury		
	<p>Examples of the injury A dislocation or torn cartilage or meniscus causing ongoing minor instability, wasting and weakness</p> <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 8%</p>	6	10
135	Minor knee injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A partial cartilage, meniscal or ligamentous tear, that recovers with or without surgery • A laceration 	0	5

Item No	Injury	Range	
	<ul style="list-style-type: none"> A twisting or bruising injury 		
Division 13—Ankle injuries			
Comment about appropriate level of ISV for items 136 to 139 The appropriate ISV for the vast majority of ankle injuries is 1 or 2.			
136	Extreme ankle injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> A transmalleolar fracture of the ankle with extensive soft tissue damage causing 1 or more of the following: <ol style="list-style-type: none"> severe deformity with varus or valgus malalignment; a risk that any future injury to the relevant leg may lead to a below-knee amputation of the leg; marked reduction in walking ability with constant dependence on walking aids; inability to place the relevant foot for even load-bearing distribution. An ankylosed ankle in a severely misaligned position with severe ongoing pain and other debilitating complications Whole person impairment for the injury of more than 20% <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> A failed arthrodesis Regular disturbance of sleep Need for an orthosis for load bearing and walking 	21	35
137	Serious ankle injury		
	<p>Example of the injury An injury requiring a long period of treatment, a long time in plaster or insertion of pins and plates, if—</p> <ol style="list-style-type: none"> there is permanent significant ankle instability; or the ability to walk is severely limited on a permanent basis <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> Unsightly scarring The significance of any malunion A requirement for modified footwear Whether, and to what degree, there is swelling following activity <p>Additional comment about appropriate level of ISV An ISV under this item will be applicable if there is whole person impairment for the injury of 10—19%</p>	11	20
138	Moderate ankle injury		
	<p>Examples of the injury A fracture, ligamentous tear or similar injury, as evidenced by imaging and causing moderate disability, for example—</p> <ul style="list-style-type: none"> difficulty in walking on uneven ground 	6	10

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Item No	Injury	Range	
	<ul style="list-style-type: none"> • awkwardness on stairs • irritation from metal plates • residual scarring <p>Additional comment about appropriate level of ISV An ISV in this range will be appropriate if there is whole person impairment for the injury of 6—9%</p>		
139	Minor ankle injury		
	<p>Examples of the injury A sprain, ligamentous or soft tissue injury or minor or undisplaced fracture</p> <p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Whether the injured person has fully recovered from the injury, and if not, whether there is any tendency for the ankle to give way • Whether there is scarring, aching or discomfort 	0	5
Division 14—Foot injuries			
Subdivision 1—Amputations			
140	Amputation of both feet		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Severity of any phantom pain • Pain in the stumps • Extent of any ongoing symptoms <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations) • An ISV of about 40 will be appropriate if there are amputations of both feet at the mid foot (tarsometatarsal level or Lisfranc amputations) • An ISV at or near the top of the range will be appropriate if each amputation is at the level of the ankle (Syme's amputation) and the stumps cannot be used with prostheses. 	32	65
141	Amputation of 1 foot		
	<p>Examples of factors affecting ISV scale</p> <ul style="list-style-type: none"> • Severity of any phantom pain • Pain in the stump • Extent of any ongoing symptoms <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the amputation is at the forefoot (transmetatarsal level amputation) • An ISV of about 26 will be appropriate if the amputation is at the mid foot (tarsometatarsal level or Lisfranc amputation) • An ISV at or near the top of the range will be appropriate if the amputation is at the level of the ankle (Syme's amputation) and the stump 	20	35

Item No	Injury	Range	
	cannot be used with a prosthesis.		
Subdivision 2—Other foot injuries			
142	Extreme foot injury		
	<p>Comment There will be permanent and severe pain or very serious permanent disability.</p> <p>Example of the injury An unusually severe foot injury causing whole person impairment of 15% or more, for example, a heel fusion or loss of the tibia-calcaneum angle</p> <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is subtalar fibrous ankylosis in a severely malaligned position, ongoing pain and whole person impairment for the injury of 24%.</p>	13	25
143	Serious foot injury		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe midfoot deformity causing whole person impairment of 8% • A lower level loss of the tibia-calcaneum angle 	8	12
144	Moderate foot injury		
	<p>Example of the injury A displaced metatarsal fracture causing permanent deformity, with ongoing symptoms of minor severity, for example, a limp that does not prevent the injured person engaging in most daily activities</p>	4	7
145	Minor foot injury		
	<p>Examples of the injury A simple metatarsal fracture, ruptured ligament, puncture wound or similar injury</p> <p>Comment about appropriate level of ISV An ISV of 2 or less will be appropriate if there is a straightforward foot injury, for example, a fracture, laceration or contusions, from which the injured person will fully recover.</p>	0	3
Division 15—Toe injuries			
146	Extreme toe injury		
	<p>Examples of factors affecting ISV assessment for items 146 to 149</p> <ul style="list-style-type: none"> • Whether the amputation was traumatic or surgical • Extent of the loss of the forefoot • Residual effects on mobility 		
146.1	<i>Amputation of all toes</i>		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if the amputation is through the metatarsophalangeal joints (MTP joints) of all toes • An ISV at or near the top of the range will be appropriate if there is complete amputation of all toes and amputation of a substantial part of the forefoot. 	8	20

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
146.2	<i>Amputation of the great toe</i>		
	<p>Example of factors affecting ISV The level at which the amputation happens or any ongoing symptoms</p> <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is complete loss of the great toe and ball of the foot caused by an amputation through the first metatarsal bone.</p>	6	12
146.3	<i>Amputation of individual lesser toes</i>		
	<p>Example of factors affecting ISV The level at which the amputation happens or any ongoing symptoms</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an amputation of 1 lesser toe and— <ul style="list-style-type: none"> (a) there is no ongoing pain; and (b) there is little or no loss of function of the foot; and (c) the cosmetic effect of the amputation is minor. • An ISV at or near the top of the range will be appropriate if there is complete amputation of all lesser toes and part of the forefoot. 	3	5
147	Serious toe injury		
	<p>Comment The injury will cause serious and permanent disability.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing ankylosis of the toes • A bursting wound, or an injury causing severe toe damage, with significant symptoms 	8	12
148	Moderate toe injury		
	<p>Comment There will be permanent discomfort, pain or sensitive scarring.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A moderate injury to the great toe • A crush injury causing multiple fractures of 2 or more toes <p>Comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there has been more than 1 unsuccessful operation, or there are persisting stabbing pains, impaired gait or similar effects.</p>	4	7
149	Minor toe injury		
	<p>Examples of the injury A relatively straightforward fracture or soft tissue injury</p> <p>Comment about appropriate level of ISV An ISV of 1 will be appropriate if there is a straightforward fracture of 1 or more toes with complete resolution within a short time.</p>	0	3

Item No	Injury	Range	
Division 16—Limb disorders			
150	<p>General comment</p> <p>The ISV for a limb disorder must be assessed having regard to the item of this Schedule that—</p> <ul style="list-style-type: none"> (a) relates to the part of the body affected by the disorder; and (b) is for an injury that has a similar level of adverse impact to the disorder. <p>Examples of a limb disorder</p> <ul style="list-style-type: none"> • Tenosynovitis (inflammation of synovial sheaths of tendons usually resolving with rest over a short period and sometimes leading to ongoing symptoms of loss of grip and dexterity) • Peripheral nerve injury (the constriction of the motor or sensory nerves or thickening of surrounding tissue, for example, carpal tunnel syndrome or sciatica) • Epicondylitis (inflammation around the elbow joint, for example, medially (golfer's elbow) or laterally (tennis elbow)) • Vascular disorders, for example, deep vein thrombosis <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the disorder is bilateral or one sided • The level of pain, swelling, tenderness or crepitus or other symptoms • The capacity to avoid a recurrence of symptoms • The ability to engage in daily activities • The availability and likely benefit of surgery • Whether the disorder is to a dominant or non-dominant limb 		
Part 7—Scarring to parts of the body other than the face			
	<p>General comment</p> <ul style="list-style-type: none"> • This Part applies to external appearance and physical condition of the skin only, and includes scarring to the scalp, trunk and limbs • Facial scarring must be assessed under Part 3, Division 3 • This Part does not apply to adhesions, or scarring, of internal organs • This Part will usually apply to an injury involving skeletal damage only if the skeletal damage is minor • Many of the physical injuries mentioned in this Schedule involve some scarring from the initial injury and subsequent surgery, including skin grafting, to repair the injury and this has been taken into account in fixing the range of ISVs for the injuries. <p>Example—</p> <p>The ISV range for an injury causing a closed fracture of a limb takes into account the potential need for open reduction and internal fixation of the fracture and the resulting surgical wound and scar.</p> <p>Examples of factors affecting ISV assessment for items 151 to 154</p> <ul style="list-style-type: none"> • Location of a scar • Age 		

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Schedule 1—Ranges of injury scale values

Item No	Injury	Range	
	<ul style="list-style-type: none"> • Consequential mental harm • Likelihood of a scar fading or becoming less noticeable over time 		
151	Extreme scarring to a part of the body other than the face		
	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is— <ul style="list-style-type: none"> (a) extensive scarring to 1 or more of the limbs and significant cosmetic disfigurement; and (b) either— <ul style="list-style-type: none"> (i) the need to keep the limb or limbs covered or wear special clothing; or (ii) ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. • An ISV at or near the top of the range will be appropriate if there is gross permanent scarring over an extensive area or areas of the body, with ongoing pain and other symptoms. 	20	25
152	Serious scarring to a part of the body other than the face		
	<p>Comment There is serious scarring—</p> <ul style="list-style-type: none"> (a) requiring extensive medical treatment or surgery; and (b) causing significant ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. <p>Examples of the injury</p> <ul style="list-style-type: none"> • Significant scarring over the upper and lower arm requiring skin grafting if— <ul style="list-style-type: none"> (a) there are post-operative complications requiring additional medical treatment for up to 18 months; and (b) there is maximum medical improvement within 2 years after the scarring is caused. • Hypertrophic (keloid) scarring caused by a burn to the front of the neck, with an intermittent sensation of burning, itching or irritation. 	12	19
153	Moderate scarring to a part of the body other than the face		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Several noticeable scars that are hypertrophic (keloid) • A significant linear scar in an area of major cosmetic importance, for example, the front of the neck 	8	11
154	Minor scarring to a part of the body other than the face		
	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Scarring caused by a superficial burn that heals within a few weeks and causes some minor change of pigmentation in a noticeable area • A single noticeable scar, or several superficial scars, to 1 or both of the 	0	7

Item No	Injury	Range	
	legs, arms or hands, with some minor cosmetic damage		
Part 8—Injuries affecting the hair			
155	Extreme injury affecting head hair		
	Example of the injury Total permanent loss of head hair	11	15
156	Serious injury affecting head hair		
	Example of the injury Damage to head hair— (a) the physical effect of the damage is— (i) dermatitis; or (ii) tingling or burning of the scalp, causing dry, brittle hair that breaks off or falls out, or both; and (b) the physical effect leads to depression, loss of confidence and inhibited social life Comment about appropriate level of ISV An ISV under this item will be appropriate if— (a) thinning continues and prospects of regrowth are poor; or (b) there is a partial loss of areas of hair and regrowth is slow.	4	10
157	Moderate injury affecting head hair or loss of body hair		
	Examples of the injury <ul style="list-style-type: none"> • Hair that has been pulled out leaving bald patches • The same example applies as for item 156 but with fewer or only moderate symptoms Example of factor affecting ISV scale Length of time before regrowth	0	3
Part 9—Burn injuries			
	Mapped to max body part General comment <ul style="list-style-type: none"> • The ISV for a burn injury must be assessed having regard to the item of this Schedule that— (a) relates to the part of the body affected by the burn injury; and (b) is for an injury that has a similar level of adverse impact to the burn injury. • Burns to the face must be assessed under the section on scarring to the face • In burns cases, the ISV for an injury to a part of the body causing functional impairment will generally be at or near the top of the range for an injury to that part of the body • In serious burns cases, the effects of scarring are more comprehensive and less able to be remedied than the effects of scarring from other causes. 		

Legislative history

Notes

- Please note—References in the legislation to other legislation or instruments or to titles of bodies or offices are not automatically updated as part of the program for the revision and publication of legislation and therefore may be obsolete.
- Earlier versions of these regulations (historical versions) are listed at the end of the legislative history.
- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

Legislation revoked by principal regulations

The *Civil Liability Regulations 2013* revoked the following:

Civil Liability Regulations 2007

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
2013	165	<i>Gazette 20.6.2013 p2636</i>	1.7.2013: r 2
2014	58	<i>Gazette 13.2.2014 p954</i>	1.4.2014: r 2
2015	206	<i>Gazette 10.9.2015 p4226</i>	2.10.2015: r 2

Provisions varied

New entries appear in bold.

Entries that relate to provisions that have been deleted appear in italics.

Provision	How varied	Commencement
Pt 1		
r 2	<i>omitted under Legislation Revision and Publication Act 2002</i>	<i>1.4.2014</i>
r 3		
accredited health professional	inserted by 58/2014 r 4(1)	1.4.2014
designated Minister	inserted by 58/2014 r 4(2)	1.4.2014
injured person	inserted by 58/2014 r 4(3)	1.4.2014
Pt 2		
r 4		
r 4(2)	substituted by 58/2014 r 5	1.4.2014
r 4(3)	inserted by 58/2014 r 5	1.4.2014
r 5	varied by 58/2014 r 6(1), (2)	1.4.2014
Pt 4		

Pt 4 Div 1		
heading	inserted by 58/2014 r 7	1.4.2014
r 20		
r 20(1)	varied by 58/2014 r 8(1), (2)	1.4.2014
r 20(2) and (3)	<i>deleted by 58/2014 r 8(3)</i>	<i>1.4.2014</i>
r 20(4)	varied by 58/2014 r 8(4), (5)	1.4.2014
Pt 4 Divs 2 and 3	inserted by 58/2014 r 9	1.4.2014
Pt 5	inserted by 206/2015 r 4	2.10.2015
<i>Sch 2</i>	<i>omitted under Legislation Revision and Publication Act 2002</i>	<i>1.4.2014</i>

Historical versions

1.4.2014