Draft Regulations

Draft Regulation

Automobile Insurance Act
(R.S.Q., c. A-25)

Lump-sum compensation for non-pecuniary damage

Notice is hereby, in accordance with sections 10 and 11 of the Regulation Act (R.S.Q., c. R-18.1), that the Regulation respecting lump-sum compensation for non-pecuniary damage, adopted by the Société de l'assurance automobile du Québec and whose text appears below, may be approved by the Government upon the expiry of 45 days following this publication.

The purpose of the draft Regulation is to determine the lump-sum compensation to which is entitled any victim of an automobile accident occuring from 1 January 2000, for loss of enjoyment of life, pain, mental suffering and other consequences of the temporary or permanent injuries or functional or cosmetic impairment that a victim may suffer.

Firstly, the draft Regulation provides the rules applicable to the compensation of victims sustaining permanent damage due to functional or cosmetic impairment when the severity correspond or is comparable to a situation described in one of the categories of severity set out in the Appendix I. Then, the draft Regulation provides the rules applicable to the compensation of victims for injuries without any permanent impairment or when the severity of the impairments is insufficient to entitle the victim to lump-sum compensation determined under the criteria applicable to the evaluation of permanent impairments. Finally, the draft Regulation provides the rules applicable to the lump-sum compensation of the deceased victims.

Further information may be obtained by contacting Mr. Daniel Roberge, at the Société de l'assurance automobile du Québec, 333, boulevard Jean-Lesage, S-4-25, C.P. 19600, Québec (Québec) G1K 8J6 (tel. (418) 528-3872, fax. (418) 528-1223, E-mail: Daniel.Roberge@saaq.gouv.qc.ca).

Any person having comments to make on the draft Regulation is asked to send them in writing, before the expiry of the 45 day period, to the Chairman and Chief Executive Officer of the Société de l'assurance automobile du Québec, 333, boulevard Jean-Lesage, N-6-2, C.P. 19600, Québec (Québec) G1K 8J6 (fax: (418) 528-0339).

JEAN-YVES GAGNON,
Chairman and Chief Executive Officer

Regulation respecting lump-sum compensation for non-pecuniary damage

Automobile Insurance Act
(R.S.Q., c. A-25, s. 195, par. 12; 1999, c. 22, s. 38, par. 1 and s. 44)

DIVISION I
GENERAL PROVISIONS

1. This regulation applies to victims of automobile accidents that have occurred since January 1, 2000.

2. Lump-sum compensation for non-pecuniary damage is determined in accordance with:

(1) The provisions of Division II when the severity of the permanent functional or esthetic impairments affecting a victim correspond or is comparable to a situation described in one of the categories of severity sà[out in the Schedule of Permanent Functional and Esthetic Impairments (Appendix I);

(2) The provisions of Division III when the victim has no permanent impairments or the severity of the impairments is insufficient to entitle the victim to lump-sum compensation under the provisions of Division II;

(3) The provisions of Division IV when the victim dies.

DIVISION II
NON-PECUNIARY DAMAGE IN THE EVENT OF PERMANENT IMPAIRMENTS

3. Any functional or esthetic impairment is considered permanent when examinations and accepted medical knowledge do not point to any significant foreseeable improvement or deterioration in the victim's condition in the short or medium term.

4. The evaluation of permanent impairments to functional or esthetic units must allow for the determination as warranted of functional limitations, functional restrictions, and esthetic changes affecting the victim as well as the importance of these impairments in relation to the situations described in the categories of severity provided in Appendix I. Deterioration that may occur in the long term must not be taken into consideration. In the event of such deterioration, a new evaluation will determine any increase in impairment.

The evaluation of permanent impairments must be performed in accordance with the guidelines provided in Appendix I and the result must be explainable by accepted medical knowledge supported by the objective findings found on clinical examination.

5. The category of severity of an esthetic or functional unit impairment is determined by the situation having the maximum impact among the situations that correspond to the result of the evaluation of the permanent impairments.

When the evaluation of permanent impairments reveals situations that are not described in any of the categories of severity, they are compared to similar situations listed therein whose severity is equivalent in terms of the after-effects experienced in daily life such as loss of enjoyment of life, mental suffering, pain, and other consequences.

Only one category of severity may be assigned for each unit impairment and the percentage corresponding to that category may only be awarded once.

6. Non-pecuniary damage is evaluated as follows:

(1) In the event of functional impairments

(a) Identify the functional units listed in Appendix I that are permanently impaired;

(b) Determine for each functional unit identified the category of severity that best represents the victim's situation and the corresponding percentage. Any injury or illness that occurs subsequent to the accident and that is unrelated thereto is not taken into consideration;

(c) If the case arises, determine a percentage for a bilateral impairment of the upper limbs:

i. Identify the right and left functional units that are permanently impaired. Only the functional units "Ability to Move and Maintain the Position of Upper Limbs" and "Manual Dexterity" are taken into consideration. There must be at least one permanent impairment that is related to the accident and that is sufficiently serious to correspond to a category of severity;

ii. Determine for each functional unit identified the category of severity that best represents the victim's situation and the corresponding percentage. Any functional unit impairments related to the accident or present prior to the accident and sufficiently serious to correspond to a category of severity are taken into consideration. Impairments that occur subsequent to the accident and that are unrelated thereto are not taken into consideration;

iii. Apply the following calculation method:

$$\frac{\text{Sum of the \% of the two functional units on the left side} + \text{Sum of the \% of the two functional units on the right side}}{8} = \text{Retained percentage for a bilateral impairment}$$

The minimum is 0.5 % and the maximum is the sum of the percentages of the two functional units on the least-impaired side. When the retained percentage includes decimals, only the first is kept. When the decimal is between 1 and 4, it is increased to 5; when it is between 6 and 9, the result is rounded up to the next full percentage.

(d) In cases where the victim was impaired prior to the accident

i. Determine for each functional unit identified the category of severity that best represents the situation prior to the accident and the corresponding percentage;

ii. Determine the percentage for the bilateral impairment to the upper limbs prior to the accident;

In each case, the retained percentage in relation to the accident is the difference between the percentage corresponding to the victim's situation as determined by the evaluation and the percentage corresponding to the victim's situation prior to the accident.

(2) In the event of esthetic impairments:

(a) Identify the esthetic units listed in Appendix I that are permanently impaired;

(b) Determine for each esthetic unit identified the category of severity that best represents the victim's situation in relation to the accident and the corresponding percentage.

In cases where several percentages have been calculated, an overall percentage is determined using the following method:

(1) The highest percentage is applied to 100 %:

[100 %] x [the highest %] = A %;

(2) The second highest percentage is applied to the remainder, which is the difference between 100 % and the highest percentage:

[100 % – A %] x [the second highest %] = B %. (If the percentage obtained has more than two decimals, only the first two are retained and the second decimal is rounded up one unit when the third is greater than 4.)

(3) The other percentages are applied in the same way to the successive remainders, beginning with the highest:

[100 % – (A % + B %)] x [the third highest %] = C %. (If the percentage obtained has more than two decimals, only the first two are retained and the second decimal is rounded up one unit when the third is greater than 4.)

(4) The resulting percentages are then added up:

Overall % = A % + B % + C % + (…). When the result includes decimals, it is rounded up to the next full percentage.

7. The lump-sum compensation awarded to the victim for all non-pecuniary damage is the amount obtained by multiplying the percentage calculated in accordance with Section 6 by the amount of $175 000 prescribed in section 73 of the Automobile Insurance Act, enacted by Section 15 of Chapter 22 of the Statutes of 1999.

DIVISION III
NON-PECUNIARY DAMAGE IN THE EVENT OF INJURIES

8. When the victim does not suffer any permanent functional or esthetic impairment or the severity of the impairments is insufficient to entitle the victim to lump-sum compensation under the provisions of Division II, non-pecuniary damage is evaluated as follows:

(1) Identify the injuries listed in Appendix II that the victim sustained in the accident and determine their corresponding severity rating. For any injury not listed, assign the severity rating corresponding to a similar injury of equivalent severity;

(2) Determine the injury with the highest severity rating for each of the titles indicated in Appendix II;

(3) Add the square of the highest severity ratings among those previously identified up to a maximum of three ratings;

(4) Determine the category of severity using Table I;

The amount of lump-sum compensation awarded to the victim is the sum indicated in Table I for the corresponding category of severity determined. Category of severity b is the minimum required for compensation.

Table I

Result of Addition	Category of Severity	Amount of Compensation
1 to 8	a	$0
9 to 15	b	$300
16 to 24	c	$500
25 to 35	d	$800
36 and over	e	$1,000

DIVISION IV
NON-PECUNIARY DAMAGE IN THE EVENT OF DEATH

9. In the event of the death of the victim, lump-sum compensation for non-pecuniary damage is determined in accordance with:

(1) The provisions of Division II when the victim dies more than 12 months after the accident and permanent impairments sufficiently serious to correspond to a category of severity were medically foreseeable. Compensation is calculated on the basis of the impairments that the victim would have probably suffered on a permanent basis;

(2) The provisions of Division III:

(a) When the victim dies more than 24 hours after the accident but within 12 months thereof;

(b) When the victim dies more than 12 months after the accident and it was medically foreseeable that no permanent functional or esthetic impairment would have been suffered or that the severity of the impairments would have been insufficient to entitle the victim to lump-sum compensation under the provisions of Division II.

DIVISION V
FINAL PROVISIONS

10. This regulation replaces the Regulation respecting lump-sum compensation for non-pecuniary damage made by Order in Council number 1333-99 dated 1 December 1999.

11. This regulation comes into force on the fifteenth day following its publication in the *Gazette officielle du Québec*.

APPENDIX I

SCHEDULE OF PERMANENT FUNCTIONAL AND ESTHETIC IMPAIRMENTS

Functional units

1. Mental function

2. State of consciousness

3. Cognitive aspect of language

4. The functions of the visual system are composed of two units:

   4.1. Vision
   4.2. Ancillary functions of the visual system

5. The functions of the auditory system are composed of two units:

   5.1. Hearing
   5.2. Ancillary functions of the auditory system

6. Taste and smell

7. Skin sensitivity is composed of seven units:

   7.1. Skin sensitivity of the skull and face
   7.2. Skin sensitivity of the neck
   7.3. Skin sensitivity of the trunk and genital organs
   7.4. Skin sensitivity of the right upper limb
   7.5. Skin sensitivity of the left upper limb
   7.6. Skin sensitivity of the right lower limb
   7.7. Skin sensitivity of the left lower limb

8. Clinical pictures of balance disorders

9. Phonation

10. Mimic

11. Ability to move and maintain the position of head

12. Ability to move and maintain the position of trunk

13. Ability to move and maintain the position of upper limbs is composed of two units:

   13.1. Ability to move and maintain the position of right upper limb
   13.2. Ability to move and maintain the position of left upper limb

14. Manual dexterity (prehension and manipulation) is composed of two units:

   14.1. Right manual dexterity
   14.2. Left manual dexterity

15. Locomotion

16. Protection provided by the skull

17. Protection provided by the rib cage and abdominal wall

18. Nasopharyngeal respiration

19. The digestive functions are composed of four units:

19.1. Ingestion (chewing, swallowing)
19.2. Digestion and absorption
19.3. Excretion
19.4. Hepatic and biliary functions

20. Cardio-respiratory function

21. The urinary functions are composed of two units:

21.1. The renal function
21.2. Micturition

22. The genito-sexual functions are composed of three units:

22.1. Sexual genital activity
22.2. Procreation
22.3. Termination of pregnancy

23. Endocrine, hematological, immune, and metabolic functions

24. Clinical pictures of paraplegia and quadriplegia

Esthetic units

25. There are eight esthetic units:

25.1. Esthetic of the skull and scalp
25.2. Esthetic of the face
25.3. Esthetic of the neck
25.4. Esthetic of the trunk and genital organs
25.5. Esthetic of the right upper limb
25.6. Esthetic of the left upper limb
25.7. Esthetic of the right lower limb
25.8. Esthetic of the left lower limb

1. THE MENTAL FUNCTION

The various dimensions of the mental function have an impact on all activities of daily living.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Evaluation must take into account the following criteria for determining the overall impact of an impairment of the mental function on daily life:

— The degree of independence and social functioning evaluated on the basis of the need to turn to compensating strategies, technical aids, or human surveillance and/or assistance

— The importance of the impact of a cognitive disorder on the performance of activities of daily living

— The importance of the impact of affective or mental disorders on the performance of activities of daily living evaluated using the “Global Assessment of Functioning Scale” proposed by the American Psychiatric Association.

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)*

100

Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

91

90

Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

81

80

If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

71

70

Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

61

60

Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

51

50

Serious symptoms (e.g., suicidal ideation, several obsessional rituals, frequent shoplifting) OR any serious impairment to social, occupational, or school functioning (e.g., no friends, unable to keep a job).

41

40

Some impairment in reality testing or communication (e.g., speech is sometimes illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

31

30

Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).

21

20

Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

11

10

Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

1

* American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), 4th Edition, Washington, DC, 1994, p. 32

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	If symptoms are present, they have no significant impact on personal and social functioning. The after-effects of the permanent impairment are less than those that would result from the situations described for category of severity 1.
SEVERITY 1 2 %	Affective or mental disorders that affect personal and social functioning and that are between 71 and 80 on the "Global Assessment of Functioning Scale"; **or** Regular and permanent need to take prescription medication that may cause side effects.
SEVERITY 2 5 %	Affective or mental disorders that affect personal and social functioning and that are between 61 and 70 on the "Global Assessment of Functioning Scale"; **or** Minor cognitive impairment such as shorter attention span while performing complex tasks, occasionally combined with fatigability. The difficulties experienced require slight changes in the organization of activities.
SEVERITY 3 15 %	Affective or mental disorders that affect personal and social functioning and that are between 51 and 60 on the "Global Assessment of Functioning Scale"; **or** Slight cognitive impairment such as attention, memory, or learning difficulties, occasionally combined with fatigability. The impairment is severe enough to affect the organization and performance of complex tasks such as making important decisions. The difficulties experienced require significant changes in the organization of activities and may necessitate human surveillance or assistance.
SEVERITY 4 35 %	Affective or mental disorders that affect personal and social functioning and that are between 41 and 50 on the "Global Assessment of Functioning Scale"; **or** Moderate cognitive impairment such as attention, memory or learning difficulties, or reduced judgment, often combined with fatigability. The impairment is severe enough to affect the performance of routine tasks such as the planning of daily domestic activities (meals, housework, purchases). The difficulties experienced require a reorganization in the organization of activities and necessitate human surveillance or assistance.
SEVERITY 5 70 %	Affective or mental disorders with major disruption of personal and social functioning, altered sense of reality; **or** Cognitive impairment severe enough to prevent the performance of simple routine tasks. The person can only be left alone for short periods.
SEVERITY 6 100 %	The person is totally or almost totally dependent on human assistance for the performance of most activities of daily living. Protective measures may be necessary such as a protected environment, confinement, restraint.

2. STATE OF CONSCIOUSNESS

Consciousness is the faculty that makes a person aware and able to judge his or her own reality. Permanent impairments to the state of consciousness can show up as episodic disorders such as epilepsy, lipothymia, or fainting, or as ongoing disorders such as stupor, coma, or a chronic vegetative state.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on other functional units, such as incontinence during an epileptic seizure, are taken into account in this unit.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 5 %	Disturbances to the state of consciousness that slightly interfere with daily activities Medication, which may have possible side effects, is necessary to keep conditions such as epilepsy under control. Response to medical treatment is adequate and sufficient to allow the patient to drive a car.
SEVERITY 2 15 %	Disturbances to the state of consciousness that moderately interfere with daily activities. Response to medical treatment is sufficient to allow the patient to remain independent but not to perform tasks that could endanger his or her safety or that of others, such as driving a car.
SEVERITY 3 30 %	Disturbances to the state of consciousness that significantly interfere with daily activities. The severity of the seizures in terms of their intensity (type), frequency despite medication, and circumstances (trigger, timing) justifies the regular intervention of another person (surveillance or assistance). However, the patient remains sufficiently independent to retain a certain level of social interaction.
SEVERITY 4 60 %	Impairments to the state of consciousness that severely interfere with daily activities. Autonomy and social interactions are reduced to a minimum.
SEVERITY 5 100 %	Total absence of interpersonal relationships, such as in a chronic vegetative state, making the person completely dependent on another person and on medical support.

3. COGNITIVE ASPECT OF LANGUAGE

The cognitive aspect of language refers to the mental ability to understand and produce oral and written language. Examples of impairments include dysphasia, aphasia, alexia, agraphia, and acalculia.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. The evaluation must take into account the following abilities in order to determine the overall impact on daily life:

— Expressing oneself in speech
— Expressing oneself in writing
— Expressing oneself with gestures orexpressions
— Naming or describing objects
— Spelling
— Understanding verbal and nonverbal language
— Reading with understanding
— Understanding spoken or written directions
— Repeating

Depending on the circumstances, the evaluation of functional impairments may be documented using any other relevant examination.

3. Peripheral sensory or motor impairments that may interfere with understanding and/or the mechanical expression of language must not be evaluated using the rules provided under this unit but using the rules provided in the functional units that specifically deal with the observed impacts.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 5 %	Impairments to the cognitive aspect of language that slightly interfere with daily activities, such as occasional trouble with word recall in written or spoken language.
SEVERITY 2 15 %	Impairments to the cognitive aspect of language that moderately interfere with daily activities, such as frequent word substitutions or deformations (paraphasia), or difficulty in understanding long, complex sentences or abstract or figurative language.
SEVERITY 3 40 %	Impairments to the cognitive aspect of language that significantly interfere with daily activities, such as serious difficulty with writing (dysgraphia).
SEVERITY 4 70 %	Impairments to the cognitive aspect of language that severely interfere with daily activities, such as major problems in understanding combined with difficulties with expression that make conversation very arduous.
SEVERITY 5 100 %	Understanding is virtually or totally nonexistent and the person is completely incapable of expressing thoughts in language.

4. FUNCTIONS OF THE VISUAL SYSTEM

The function of the visual system is to put people in contact with the outside world by means of light.

The functions of the visual system are composed of two functional units.

4.1. Vision

4.2. Ancillary Functions of the Visual System

— Protection
— Eye lubrication
— Light sensitivity, photophobia, accommodation, convergence, color perception, etc

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Reading difficulties related to a cognitive impairment must not be evaluated using to the rules provided in this unit but using the rules provided in the functional unit “Cognitive Aspect of Language”.

3. Specific guidelines are given at the beginning of each functional unit.

4.1. VISION

Specific Guidelines

The evaluation is conducted in four steps.

Step 1: Evaluation of the three components required for optimal vision

(A) Procedure to determine the retained percentages of central visual acuity for distance and close-up vision

• Central visual acuity is measured for each eye using the best optical correction that can be comfortably tolerated and that is acceptable for distance and close-up vision.

• The retained percentage of visual acuity for each eye, which is entered on the form for calculating the efficiency percentage for each eye in Step 2, is obtained using the following table:

RETAINED PERCENTAGE OF CENTRAL VISUAL ACUITY

Distance Vision (meters)	Close-up Vision	0.4 M	0.5 M	0.6 M	0.8 M	1 M	1.25 M	1.6 M	2 M	2.5 M	3.2 M	4 M
6 / 4.5		100*	100	97	95	75	70	60	57	55	52	51
		50**	50	48	47	37	35	30	28	27	26	25
6 / 6		100	100	97	95	75	70	60	57	54	52	51
		50	50	48	47	37	35	30	28	27	26	25
6 / 7.5		97	97	95	92	72	67	57	55	52	50	48
		48	48	47	46	36	33	28	27	26	25	24
6 / 9		95	95	92	90	70	65	55	52	50	47	46
		47	47	46	45	35	32	27	26	25	24	23
6 / 12		92	92	90	87	67	62	52	50	47	45	43
		46	46	45	43	33	31	26	25	23	22	21
6 / 15		87	87	85	82	62	57	47	45	42	40	38
		43	43	42	41	31	28	23	22	21	20	19
6 / 18		84	84	82	78	59	54	44	41	39	36	35
		42	42	41	39	30	27	22	21	19	18	17
6 / 21		82	82	79	77	57	52	42	39	37	35	33
		41	41	39	38	28	26	21	21	18	17	16
6 / 24		80	80	77	75	55	50	40	37	35	32	31
		40	40	38	37	27	25	20	18	17	16	15
6 / 30		75	75	72	70	50	45	35	32	30	27	26
		37	37	36	35	25	22	17	16	15	13	13
6 / 36		70	70	67	65	45	40	30	27	25	22	21
		35	35	33	32	22	20	15	13	12	11	10

* Upper value: retained percentage of central visual acuity in the absence of monocular aphakia
** Lower value: retained percentage of central visual acuity with allowance for monocular aphakia

Distance Vision (meters)	Close-up Vision	0.4 M	0.5 M	0.6 M	0.8 M	1 M	1.25 M	1.6 M	2 M	2.5 M	3.2 M	4 M
6 / 45		66	66	63	61	41	36	26	23	21	18	17
		33	33	32	30	20	18	13	12	10	9	8
6 / 60		60	60	57	55	35	30	20	17	15	12	11
		30	30	28	27	17	15	10	9	7	6	5
6 / 90		57	57	55	52	32	27	17	15	12	10	8
		38	38	27	26	16	13	9	7	6	5	4
6 / 120		55	55	52	50	30	25	15	12	10	7	6
		27	27	26	25	15	12	7	6	5	3	3
6 / 240		52	52	50	47	27	22	12	10	7	5	3
		26	26	25	23	13	11	6	5	3	2	1

(B) Procedure to determine the retained percentage of the visual field for each eye

• The extent of the visual field is determined using the usual perimetric methods. The conventional standard is the III-4e kinetic stimulus of the Goldman perimeter. The IV-4e stimulus should be used with a person with an aphakic eye corrected with prescription glasses and not contact lenses.

• The index finger or target is brought from the periphery to the visual field, i.e., from the unseen to the seen. The peripheral field is measured for each meridian. If the measurement differs from the clinical result, a second measurement that agrees with the first within 15° should be obtained. The result is recorded on an ordinary visual field chart for each of the eight principal meridians separated from one another by 45°. The meridians and the normal extent of the visual field from the point of fixation are recorded on the visual field chart shown in Diagram 1.

Where there is a deficit in a quadrant or a half field, or any other anomaly, the measurement will be the average of the values for the two adjacent meridians.

• The retained percentage of the visual field, which is entered on the form for calculating the percentage of visual efficiency of each eye in Step 2, is obtained using the following formula:

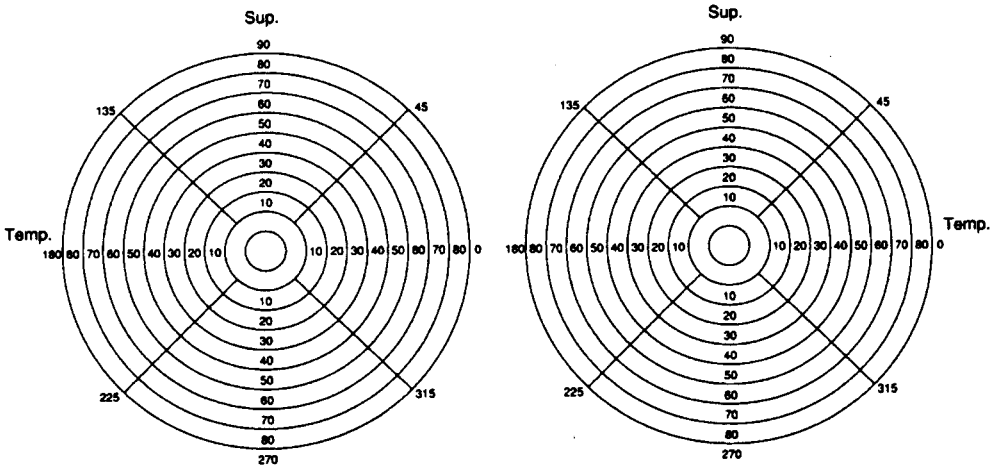
$$\frac{\text{Total retained degrees } ^{*}}{\text{Number of degrees prior to the accident } ^{**}} \times 100 = \text{retained \% of visual field}$$

* Sum of retained degrees for the eight principal meridians shown in Diagram 1 (for the III-4e isopter)

** The extent of the visual field prior to the accident can vary depending on the person and on age. For the impaired eye, the extent of the visual field prior to the accident is determined by comparison with the other eye, if it is healthy. Where the contra lateral eye is not healthy, the normal value is presumed to be 500.

DIAGRAM 1

VISUAL FIELDS



LEFT EYE **RIGHT EYE**

(C) Procedure to determine the retained percentage of ocular motility

• The extent of the diplopia when the person looks in various directions is determined using the best correction possible (prism) comfortably tolerated and that is acceptable, but without colored lenses.

• The evaluation is conducted using a small test light or Goldman perimeter III-4e stimulus at 330 mm or any campimeter at 1 meter from the eye of the person.

• Results for image separation when the person looks in various directions are recorded on a visual field chart (Diagram 2) for each of the eight principal meridians.

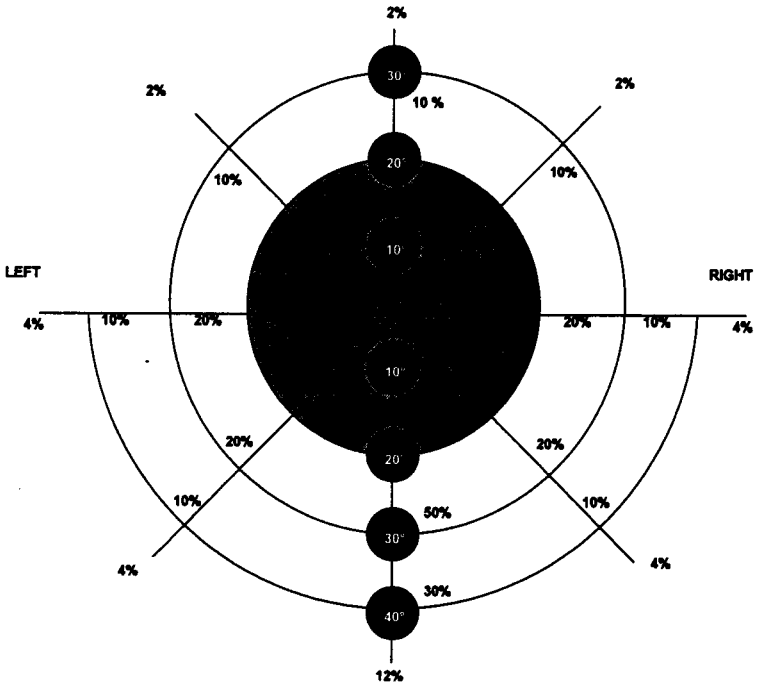
• In the case of an impairment outside the central 20°, total percentage loss of ocular motility is calculated by adding the percentages of loss indicated in Diagram 2 corresponding to the separation of the two images as evaluated by the examination, up to a maximum of 92 %.

• In the case of an impairment inside the central 20°, total percentage loss of ocular motility corresponds to the maximum of 92 %.

• The retained percentage of ocular motility entered on the form to calculate the efficiency percentage of each eye in Step 2 is obtained by subtracting the percentage of loss from 100 %. The result is applied to the eye with the greatest impairment. The other eye is attributed a normal value, i.e., 100 %.

DIAGRAM 2

PERCENTAGE LOSS OF OCULAR MOTILITY



Loss of ocular motility
• Inside the central 20° equals 92 %
• Outside the central 20° equals the sum of the percentages up to a maximum of 92 % for the meridians where a separation of images has been noted

Step 2: Determination of the Percentage of Efficiency of Each Eye

	Retained % of Visual Acuity*		*Retained %* of Visual Field*		*Retained %* of Ocular Motility***		*% of Efficiency of Eye*
Right Eye	_____	*X*	_____	*X*	_____	=	_____
Left Eye	_____	*X*	_____	*X*	_____	=	_____

** The retained percentages are those noted in the examination of the three components and calculated in Step1.*
*** For calculation purposes, the retained percentage of ocular motility calculated in Step 1 is only applied to the most seriously impaired eye. The other eye is assigned an ocular motility value of 100 %.*

Step 3: Determination of the Percentage of Visual Efficiency

% of Efficiency of Better Eye*		*% of Efficiency* of Other Eye*		*% of Efficiency of Vision*
(X 3)	+		=	
4				

** The efficiency percentages for each eye are those obtained in Step 2.*

Step 4: Determination of the Percentage of Functional Loss of Vision

Normal Vision		*% of Efficiency of Vision**		*% of Functional Loss of Vision*
100 %	**–**	_____	**=**	_____

* *The vision efficiency percentage is that obtained in Step 3.*

For compensation purposes, the category of severity corresponds to the percentage of functional loss of vision. The result is rounded up to the nearest 0.5 % or higher unit, with a maximum of 85 %.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 0.5.
SEVERITY 0.5 0.5 %	Inconvenience due to wearing a corrective device to provide normal vision Compensation in this category of severity is only awarded if the person was not wearing a corrective device prior to the accident.
SEVERITY 1 TO 85	Inconvenience due to a permanent impairment to vision that cannot be fully corrected with a corrective device (glasses, prisms, contact lenses).
1 TO 85 %	The category of severity corresponds to the extent of functional loss of vision as determined by an ophthalmologic evaluation. It varies from 1 to a maximum of 85.

4.2. ANCILLARY FUNCTIONS OF THE VISUAL SYSTEM

Specific Guidelines

1. Loss of accommodation and photophobia experienced by a person with an aphakic eye are already included in the visual acuity calculation in Step 1A of 4.1. (see RETAINED PERCENTAGE OF CENTRAL VISUAL ACUITY) and are not eligible for a category of severity in this section.

2. Fusion anomalies and convergence insufficiencies experienced by a person diagnosed with ocular motility impairments are already included in the visual acuity calculation in Step 1C of 4.1. and are not eligible for a category of severity in this section.

CATEGORIES OF SEVERITY

		After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD		After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %		Slight photosensitivity or photophobia requiring, among other things, the wearing of sunglasses, such as with maculopathy, or corneal, pupillary or ocular media impairment,
	or	Slight loss of accommodation;
	or	Color vision disorder;
	or	Slight fusion anomaly or slight paralysis of convergence, such as with decompensated, nonreducible, and occasionally symptomatic anterior heterophoria;
	or	Slight unilateral or bilateral intermittent lacrimation;
	or	Slight palpebral ptosis;
	or	Justification for therapeutic measures resulting in minor inconvenience such as having to take regular medication.
SEVERITY 2 3 %		Moderate photophobia that requires, among other things, the wearing of sunglasses, such as with maculopathy, or corneal, pupillary, or ocular media impairment;
	or	Moderate or significant loss of unilateral or bilateral accommodation;
	or	Moderate fusion anomaly or moderate paralysis of convergence, such as with decompensated, nonreducible, and daily symptomatic anterior heterophoria;
	or	Paralysis of conjugate upward gaze;
	or	Frequent unilateral or bilateral lacrimation;
	or	Marked palpebral ptosis;
	or	Superficial punctate keratitis.
SEVERITY 3 5 %		Significant photophobia, such as with nonreactive mydriasis;
	or	Complete paralysis of accommodation in one eye, such as with pseudophakia;
	or	Lacrimation caused by complete stenosis of one inferior caniculus;
	or	Moderate keratitis requiring frequent lubrication.
SEVERITY 4 10 %		Maximum photophobia, such as with the loss of the iris;
	or	Complete paralysis of accommodation in both eyes;
	or	Complete paralysis of convergence;
	or	Paralysis of conjugate downward or lateral gaze;
	or	Severe and persistent unilateral or bilateral keratitis despite treatment;
	or	Lacrimation caused by complete stenosis of the inferior caniculi of both eyes.

5. FUNCTIONS OF THE AUDITORY SYSTEM

The function of the auditory system is to put people in contact with the outside world by means of sound (words, music, background noise, etc.).

The functions of the auditory system are composed of two functional units.

5.1. Hearing
5.2. Ancillary Functions of the Auditory System

Evaluation rules

1. See the provisions of DIVISION II of the Regulation.

2. Balance disorders and understanding difficulties related to a cognitive disorder must not be evaluated using the rules provided in this unit but using the rules provided in the functional units "Clinical Pictures of Balance Disorders" and "Cognitive Aspect of Language".

3. Specific guidelines for evaluating auditory impairments are given at the beginning of 5.1.

5.1. HEARING

Specific Guidelines

The evaluation is conducted in three steps:

Step 1: Determination of the average hearing threshold for each ear (tonal audiometry) and of the factor of severity of the binaural impairment

(A) Determination of the average hearing threshold for each ear (tonal audiometry)

The hearing threshold for each ear is evaluated by tonal audiometry <u>without a hearing aid</u>. The frequencies used are 500, 1,000, 2,000, and 4,000 hertz (Hz).

For calculation purposes, the maximum hearing threshold for a given frequency is set at 100 dB.

The average hearing threshold for each ear is obtained using the calculation method given below. For results above 25 dB, the average hearing threshold is rounded up or down to the nearest multiple of 5.

CALCULATION OF AVERAGE HEARING THRESHOLDS

	500 Hz	1,000 Hz	2,000 Hz	4,000 Hz		Average Hearing Threshold		Rounded Average (dB)
Right Ear	_____	+ _____	+ _____	+ _____	=	_____ ÷ 4	= _____	→ _____
Left Ear	_____	+ _____	+ _____	+ _____	=	_____ ÷ 4	= _____	→ _____

(B) Determination of the factor of severity of the binaural impairment

The rounded averages obtained for each ear are entered in the table below to obtain the factor of severity.

The rounded average for a given ear must be 25 dB or more to entitle a person to compensation.

FACTORS OF SEVERITY FOR BINAURAL IMPAIRMENT

Rounded Average (dB) for Each Ear	< 25	25	30	35	40	45	50	55	60	65	≥ 70
< 25	NA	0.5	0.5	1	1.5	2.5	4.5	6.5	8	8.5	9
25	0.5	1.5	1.5	2	2.5	3.5	5.5	7.5	9	9.5	10
30	0.5	1.5	3	3.5	4	5	7	9	10.5	11	11.5
35	1	2	3.5	6	6.5	7.5	9.5	11.5	13	13.5	14
40	1.5	2.5	4	6.5	9	10	12	14	15.5	16	16.5
45	2.5	3.5	5	7.5	10	15	17	19	20.5	21	21.5
50	4.5	5.5	7	9.5	12	17	27	29	30.5	31	31.5
55	6.5	7.5	9	11.5	14	19	29	39	40.5	41	41.5
60	8	9	10.5	13	15.5	20.5	30.5	40.5	48	48.5	49
65	8.5	9.5	11	13.5	16	21	31	41	48.5	51	51.5
≥ 70	9	10	11.5	14	16.5	21.5	31.5	41.5	49	51.5	54

Step 2: Determination of auditory discrimination for each ear (vocal audiometry) and of the adjustment factor

The percentages of auditory discrimination for each ear are obtained by vocal audiometry and entered in the table below to obtain the adjustment factor.

ADJUSTMENT FACTOR

% of Auditory Discrimination for Each Ear	90 to 100	70 to 89	50 to 69	< 50
90 to 100	0	1	2	3
70 to 89	1	2	3	4
50 to 69	2	3	4	5
< 50	3	4	5	6

Step 3: Determination of the category of severity

The category of severity for auditory impairment is the sum of the factor of severity from Step 1 and the adjustment factor from Step 2.

Factor of Severity (Step 1)		Adjustment Factor (Step 2)		Category of Severity
_____	+	_____	=	_____

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 0,5.
SEVERITY 0.5 TO 60	Inconvenience due to a permanent hearing loss.
0.5 TO 60 %	The category of severity corresponds to the extent of functional hearing loss determined by an audiological evaluation. It varies from 0.5 to a maximum of 60.

5.2. ANCILLARY FUNCTIONS OF THE AUDITORY SYSTEM

CATEGORIES OF SEVERITY

	Inconveniences experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
SEVERITY 1 2 %	Frequent or intense tinnitus but with no effect on sleep; **or** Medical necessity for preventive, palliative, or therapeutic measures that cause inconvenience, such as swimming forbidden because of a tympanic perforation.
SEVERITY 2 3 %	Recurring otorrhea due to tympanic perforation; **or** Frequent irritation and infections, such as with external auditory canal stenosis; **or** Frequent, episodic exacerbations, such as with cholesteatoma.
SEVERITY 3 5 %	Tinnitus sufficiently frequent and intense to affect sleep on a regular basis.

6. TASTE AND SMELL

Taste is the sensory function that provides people with information on the physical and chemical characteristics of food. It allows them to determine what is sweet, salty, bitter, or sour.

Smell is the sensory function that lets people distinguish odors. It determines whether odors are pleasant or unpleasant and helps people appreciate the flavor of food. In conjunction with the trigeminal system, it also provides a protection function by detecting potentially dangerous chemical substances.

Since they are closely related, taste and smell are considered as a single functional unit.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Evaluating taste includes semi-objective chemical testing of the four basic sensations: sweet, salty, bitter, and sour.

3. Evaluating smell includes subjective sniff tests complemented by the following semi-objective methods:

— Verification of the olfacto-respiratory reflex by testing the reaction to strong odors that normally cause reflex blockage of inhalation

— Verification of trigeminal sensitivity by testing the reaction to irritating substances (vinegar, ammonia)

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following situations:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as partial loss of taste or smell, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 3 %	Perception of unpleasant odors (parosmia) that may interfere with daily activities.
SEVERITY 2 5 %	Total loss of one of both functions with partial or total retention of the other.
SEVERITY 3 10 %	Total loss of both functions: taste and smell.

7. SKIN SENSITIVITY

Skin sensitivity is the sensory function that puts people in contact with the outside world through skin contact. It allows them to explore the outside world and react to changes in the environment (warning and protection function).

Skin sensitivity is composed of seven functional units, each representing a separate region of the body:

7.1. Skin Sensitivity of Skull and Face
7.2. Skin Sensitivity of Neck
7.3 Skin Sensitivity of Trunk and Genital Organs
7.4. Skin Sensitivity of Right Upper Limb
7.5. Skin Sensitivity of Left Upper Limb
7.6. Skin Sensitivity of Right Lower Limb
7.7. Skin Sensitivity of Left Lower Limb

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Skin sensitivity impairment resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using to the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

3. In the event of impacts on the manual dexterity, function must also be evaluated using to the rules provided in the functional unit " Manual Dexterity."

4. In the event of a sensitivity impairment of cortical origin, like an agnosia of the hand or of the foot, use the same evaluation procedure as for a skin sensitivity impairment of similar severity.

5. The anatomical boundaries used to separate contiguous parts of the body are the following:

➤➤ **Skull and Face**

Region defined by the upper anatomical boundary of the neck

➤➤ **Neck**

Upper boundary: line following the lower part of the body of the mandible, continuing along the vertical rami to the temporomandibular joints and then along the normal usual hairline

Lower boundary: line beginning at the jugular notch, continuing along the upper edge of the clavicle to the mid-point and then to the C7 spinous process

➤➤ **Trunk and Genital Organs**

Region defined by the anatomical boundaries of the neck, upper limbs, and lower limbs

➤➤ **Upper Limb** (upper boundary)

Circular line beginning at the apex of the armpit, extending backwards and forwards, and ending at the mid-point of the clavicle

➤➤ **Lower Limb** (upper boundary)

Line beginning at the median upper edge of the pubic symphysis, continuing obliquely to the antero-superior iliac spine, then along the upper edge of the iliac crest, and ending at the upper vertical boundary of the gluteal fold

7.1. SKIN SENSITIVITY OF SKULL AND FACE

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 1 cm^2, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 1 %	Sensitivity impairment affecting an area of skin equal to a subdivision of one of the three principal branches* of a trigeminal nerve, such as impairment to a supraorbital, suborbital, or mental nerve, OR sensitivity impairment affecting an equivalent area of skin (cicatricial plaques)

SEVERITY 2 **3 %**	Sensitivity impairment affecting an area of skin equal to more than a subdivision of the principal branches* of a trigeminal nerve, such as impairment to both a supraorbital and mental nerve, impairment to an entire principal branch of a trigeminal nerve, OR sensitivity impairment affecting an equivalent area of skin (cicatricial plaques)
SEVERITY 3 **8 %**	Sensitivity impairment affecting an area of skin equal to the unilateral impairment of an entire trigeminal nerve.
SEVERITY 4 **20 %**	Sensitivity impairment affecting almost the entire surface of the scalp and face.

* The three principal branches of the trigeminal nerve are the ophthalmic, maxillary, and mandibular divisions.

7.2. SKIN SENSITIVITY OF NECK

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 2 cm^2, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 **1 %**	Sensitivity impairment affecting an area of skin equal to approximately 2 cm^2 to 10 cm^2.
SEVERITY 2 **2 %**	Sensitivity impairment affecting an area of skin equal to approximately 10 cm^2 to 25 cm^2.
SEVERITY 3 **3 %**	Sensitivity impairment affecting an area of skin equal to approximately 25 cm^2 or more up to 50 % of the entire neck surface.
SEVERITY 4 **5 %**	Sensitivity impairment affecting an area of skin greater than 50 % of the entire neck surface.

7.3. SKIN SENSITIVITY OF TRUNK AND GENITAL ORGANS

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 5 cm^2 on the trunk or under 2 cm^2 on the breasts (only applies to women) or genital organs, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 **1 %**	Sensitivity impairment affecting an area of skin approximately equal to 5 cm^2 to 25 cm^2 on the trunk, not including the breasts (only applies to women) and genital organs; or 2 cm^2 to 5 cm^2 on the breasts (only applies to women) or genital organs.

SEVERITY 2 **2 %**	Sensitivity impairment affecting an area of skin approximately equal to 25 cm^2 to 100 cm^2 on the trunk, not including the breasts (only applies to women) and genital organs; or 5 cm^2 to 25 cm^2 on the breasts (only applies to women) or genital organs.
SEVERITY 3 **4 %**	Sensitivity impairment affecting an area of skin approximately equal to 100 cm^2 or more up to to 25 % of the entire surface of the trunk, not including the breasts (only applies to women) and genital organs; or greater than 25 cm^2 on the breasts (only applies to women) or genital organs.
SEVERITY 4 **7 %**	Sensitivity impairment affecting an area of skin approximately equal to 25 % to 50 % of the entire surface of the trunk.
SEVERITY 5 **10 %**	Sensitivity impairment affecting an area of skin greater than 50 % of the entire surface of the trunk.

7.4. SKIN SENSITIVITY OF RIGHT UPPER LIMB

7.5. SKIN SENSITIVITY OF LEFT UPPER LIMB

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 5 cm^2 on the upper limb or under 1 cm^2 on the hand, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 **1 %**	Sensitivity impairment affecting an area of skin approximately equal to 5 cm^2 to 25 cm^2 on the upper limb, not including the hand; or 1 cm^2 to 5 cm^2 on the hand.
SEVERITY 2 **3 %**	Sensitivity impairment affecting an area of skin approximately equal to 25 cm^2 or more up to 25 % of the entire surface of the upper limb, not including the hand; or 5 cm^2 or more up to 25 % of the entire surface of the hand.
SEVERITY 3 **5 %**	Sensitivity impairment affecting an area of skin approximately equal to 25 % to 50 % of the entire surface of the upper limb, not including the hand; or 25 % to 50 % of the entire surface of the hand.
SEVERITY 4 **8 %**	Sensitivity impairment affecting an area of skin greater than 50 % of the entire surface of the upper limb, not including the hand; or greater than 50 % of the entire surface of the hand.
SEVERITY 5 **10 %**	Sensitivity impairment affecting an area of skin greater than 50 % of the entire surface of the palm.

7.6. SKIN SENSITIVITY OF RIGHT LOWER LIMB

7.7. SKIN SENSITIVITY OF LEFT LOWER LIMB

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 5 cm^2 on the lower limb or under 2 cm^2 on the sole of the foot, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %	Sensitivity impairment affecting an area of skin approximately equal to 5 cm^2 to 25 cm^2 on the lower limb, not including the sole of the foot; or 2 cm^2 to 5 cm^2 on the sole of the foot.
SEVERITY 2 2 %	Sensitivity impairment affecting an area of skin approximately equal to 25 cm^2 to 100 cm^2 on the lower limb, not including the sole of the foot; or 5 cm^2 to 10 cm^2 on the sole of the foot.
SEVERITY 3 4 %	Sensitivity impairment affecting an area of skin greater than 100 cm^2 but less than 25 % of the entire surface of the lower limb, not including the sole of the foot; or greater than 10 cm^2 but less than 50 % of the entire surface of the sole of the foot.
SEVERITY 4 6 %	Sensitivity impairment affecting an area of skin approximately equal to 25 % to 50 % of the entire surface of the lower limb, not including the sole of the foot; or 50 % or more of the entire surface of the sole of the foot.
SEVERITY 5 8 %	Sensitivity impairment affecting an area of skin greater than 50 % of the entire surface of a lower limb.

8. CLINICAL PICTURES OF BALANCE DISORDERS

Balance is the sensory function that enables a person to keep his or her body in a stable position when in motion or at rest and to maintain a steady gaze with respect to head movements. It is controlled by the central nervous system, which combines and processes the visual, vestibular, and proprioceptive information required for appropriate motor responses.

For compensation purposes, all impacts related to balance disorders are presented under this single functional unit.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on other functional units, such as locomotion impairments due to a balance disorder, are included in the categories of severity of this unit.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	Regular but brief bouts of unsteadiness, dizziness, or vertigo that occur mainly during abrupt movements or changes of position but do not affect the ability to perform tasks of daily living. Regular therapeutic measures that may cause side effects are justified.
SEVERITY 2 5 %	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures, such as difficulty walking (sensation of drunkenness), feeling of insecurity on uneven ground, in a crowd, or in the dark. The person can perform tasks of daily living but cannot take part in activities that could endanger his or her safety or that of others such as activities involving heights or ladders.
SEVERITY 3 15 %	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures and whose severity makes it impossible to drive a car safely.
SEVERITY 4 30 %	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures and whose severity makes the surveillance or assistance of another person necessary to perform many tasks of daily living. The person is still capable of independently performing simple tasks of daily living such as doing household chores or taking care of personal hygiene.
SEVERITY 5 60 %	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures and whose severity makes the surveillance or assistance of another person necessary to perform most tasks of daily living. The person is still capable of taking care of personal hygiene.
SEVERITY 6 100 %	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures and whose severity makes it impossible to stay upright. The person is confined to bed or a wheelchair, either at home or in an institution.

9. PHONATION

Phonation refers to the ability of mechanically producing vocal sounds that can be heard and understood and whose rate and flow can be maintained.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. The evaluation must take into account audibility, intelligibility, and flow quality.

Audibility: Intensity of the voice
Intelligibility: Quality of articulation and phonetic links
Flow: Maintenance of rate and rhythm

3. Language disorders related to a cognitive impairment must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Cognitive Aspect of Language".

CATEGORIES OF SEVERITY

	Inconveniences experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:		
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.		
SEVERITY 1 **1 %**		Minor but perceptible impairment to audibility, intelligibility, or flow;	
	or	Change in speech timbre.	
SEVERITY 2 **5 %**		Audibility:	Voice intensity is diminished but is sufficient to allow normal conversation;
	or	Intelligibility:	Some difficulties and inaccuracies but articulation is adequate for understanding;
	or	Fluidity:	Verbal flow is slow, hesitant, or interrupted but is adequate for normal conversation.
SEVERITY 3 **10 %**		Audibility:	Voice intensity quickly weakens. Close-up conversations are possible but difficult in noisy settings;
	or	Intelligibility:	Family and friends understand, but strangers find it difficult to understand and often ask the person to repeat;
	or	Fluidity:	Verbal flow is slow and hesitant enough to limit continuous speech to short periods.
SEVERITY 4 **20 %**		Audibility:	Voice intensity is very weak, like whispering. Telephone conversations are impossible;
	or	Intelligibility:	Articulation is limited to pronouncing short, familiar words;
	or	Fluidity:	Verbal flow is very slow and arduous. Isolated words and short sentences can be spoken but continuous speech cannot be maintained.
SEVERITY 5 **30 %**		Absence or almost total absence of vocal function. Speech is inaudible or incomprehensible.	

10. MIMIC

Mimic refers to the ability to produce facial expressions using neuromusculoskeletal structures.

Evaluation rules

1. See the provisions of Division II of the Regulation.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %	Ability to produce facial expressions is slightly impaired such as with a partial and minor impairment to a branch of the facial nerve, or an equivalent impairment resulting from the loss of mimic muscle tissue; or Occasional involuntary movements, such as facial synkinesia.
SEVERITY 2 3 %	Ability to produce facial expressions is impaired over an area equal to approximately one-quarter of the face such with a total impairment to a frontal or mandibular branch of the facial nerve, or with an equivalent impairment resulting from the loss of mimic muscle tissue; or Frequent involuntary movements, such as facial synkinesia; or Facial spasms.
SEVERITY 3 7 %	Ability to produce facial expressions is impaired over an area equal to approximately one-half of the face such as with a total unilateral impairment to a facial nerve or a partial bilateral impairment of the facial nerves, or an equivalent impairment resulting from the loss of mimic muscle tissue.
SEVERITY 4 12 %	Ability to produce facial expressions is impaired over an area equal to approximately three-quarters of the face such with a complete unilateral impairment to the facial nerve combined to a partial contra lateral impairment, or an equivalent impairment resulting from the loss of mimic muscle tissue.
SEVERITY 5 15 %	The ability to produce facial expressions is nonexistent or virtually nonexistent.

11. ABILITY TO MOVE AND MAINTAIN POSITION OF HEAD

The synergistic actions of anterior flexion, extension, lateral flexion and rotation of the neck make it possible to move and maintain the head in a stable position while performing numerous daily activities.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.

3. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

(a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

(b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement, as required. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

(c) For each movement, the importance of the loss is entered in the table. When, for a given movement, a result falls between two values, the closest value is used.

OVERALL WEIGHTED EVALUATION

	Active Mobilization of the Cervical Region					
	Anterior Flexion	**Extension**	**Flexion to Left**	**Flexion to Right**	**Rotation to Left**	**Rotation to Right**
Normal Limits (Normal ± a few degrees)	0	0	0	0	0	0
Loss of approximately 25 %	2	2	1	1	4	4
Loss of approximately 50 %	6	6	3	3	8	8
Loss of approximately 75 %	10	10	5	5	20	20
Loss of 90 % or more	15	15	10	10	25	25

Total Overall Weighted Evaluation = _____ Points

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as the loss of a few degrees in the amplitude of movements without significant functional impact, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	The result of the overall evaluation of active mobilization capacity is between 1 and 10, indicating a slight difficulty with activities requiring moving and maintaining the position of the head.

SEVERITY 2 **4 %**	The result of the overall evaluation of active mobilization capacity is between 11 and 20, indicating a moderate difficulty with activities requiring moving and maintaining the position of the head; or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring — Extended periods of immobilization of the head and neck; or — Repetitive or frequent efforts that place significant strain on the neck.
SEVERITY 3 **8 %**	The result of the overall evaluation of active mobilization capacity is between 21 and 40, indicating a significant difficulty with activities requiring moving and maintaining the position of the head; or Regular and permanent inconveniences due to a medical necessity — To avoid activities requiring repetitive or frequent efforts equivalent to handling loads of 5 to 10 kg.
SEVERITY 4 **15 %**	The result of the overall evaluation of active mobilization capacity is between 41 and 60, indicating a severe difficulty with activities requiring moving and maintaining the position of the head.
SEVERITY 5 **30 %**	The result of the overall evaluation of active mobilization capacity is greater than 60. Capacity to move or maintain the position of the head is nonexistent or virtually nonexistent.

12. ABILITY TO MOVE AND MAINTAIN POSITION OF TRUNK

The synergistic actions of anterior flexion, extension, lateral flexion, and rotation of the dorsal, lumbar, and sacral regions make it possible to move and maintain the trunk in a stable position while performing numerous daily activities.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on the ability to move and maintain the position of the trunk resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this unit but using the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

3. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.

4. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

(a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

(b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement, as required. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

(c) For each movement, the importance of the loss is entered in the table. When, for a given movement, a result falls between two values, the closest value is used.

OVERALL WEIGHTED EVALUATION

	Active Mobilization of the Trunk					
	Anterior Flexion	**Extension**	**Flexion to Left**	**Flexion to Right**	**Rotation to Left**	**Rotation to Right**
Normal Limits* (Normal ± a few degrees)	0	0	0	0	0	0
Loss of approximately 25 %	5	2	2	2	2	2
Loss of approximately 50 %	10	5	5	5	5	5
Loss of approximately 75 %	15	8	8	8	8	8
Loss of 90 % or more	25	12	12	12	12	12

Total Overall Weighted Evaluation = _____ Points

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as the loss of a few degrees in the amplitude of movements without significant functional impact, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	The result of the overall evaluation of active mobilization capacity is between 1 and 10, indicating a slight difficulty with activities requiring moving and maintaining the position of the trunk.
SEVERITY 2 4 %	The result of the overall evaluation of active mobilization capacity is between 11 and 20, indicating a moderate difficulty with activities requiring moving and maintaining the position of the trunk; or — Regular and permanent inconveniences due to a medical necessity to avoid activities requiring — Extended periods of immobilization of the trunk. Functional restrictions are sufficient to limit periods of uninterrupted driving to one or two hours; or — Repetitive or frequent efforts that place significant strain on the trunk.
SEVERITY 3 8 %	The result of the overall evaluation of active mobilization capacity is between 21 and 40, indicating a significant difficulty with activities requiring moving and maintaining the position of the trunk; or — Regular and permanent inconveniences due to a medical necessity to avoid activities requiring — Extended periods of immobilization of the trunk. Functional restrictions are sufficient to limit periods of uninterrupted driving to less than one hour; or — Repetitive or frequent efforts equivalent to handling loads of 5 to 10 kg.

SEVERITY 4 **15 %**	The result of the overall evaluation of active mobilization capacity is between 41 and 60, indicating a severe difficulty with activities requiring moving and maintaining the position of the trunk; or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring — Extended periods of immobilization of the trunk. Functional restrictions are sufficient to prevent or limit periods of uninterrupted driving to a few minutes.
SEVERITY 5 **30 %**	The result of the overall evaluation of active mobilization capacity is greater than 60. Capacity to move or maintain the position of the trunk is nonexistent or virtually nonexistent.

13. ABILITY TO MOVE AND MAINTAIN POSITION OF UPPER LIMB

The function of moving and maintaining the position of an upper limb, especially an hand*, makes it possible to reach and move objects in the pericorporeal space. It also makes it possible to reach various parts of the body, notably for personal care and hygiene.

This function is composed of two functional units.

13.1. Ability to Move and Maintain Position of Right Upper Limb

13.2. Ability to Move and Maintain Position of Left Upper Limb

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on the ability to move and maintain the position of an upper limb resulting from quadriplegia must not be evaluated using the rules provided in this unit but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

3. In the case of an amputation, "Manuel Dexterity" must also be evaluated.

4. The dominant limb shall be the limb most frequently used for daily activities, notably for writing.

5. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.

6. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

(a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

(b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

(c) For each movement, the importance of the loss is entered in the table.

* In the event of amputations, the distal extremity of the limb

— When the measure of the loss of amplitude of movement falls between two values, the closest value is used.

— When an examination indicates a decrease in both amplitude of the movement and muscle strength, the highest score is used.

OVERALL WEIGHTED EVALUATION

		Active Mobilization							
		Shoulder						Elbow	
	Muscle strength within normal limits (5/5)	**Anterior Elevation**	*Extension*	***Abduction***	***Adduction***	**Internal Rotation**	**External Rotation**	**Flexion**	**Extension**
Loss of Amplitude of Movements	Normal (Normal ± a few degrees)	0	0	0	0	0	0	0	limits 0
	Loss of approximately 10 %	1	0.5	1	0.5	1	0.5	1	1
	Loss of approximately 25 %	4	1	4	1	2	0.5	9	5
	Loss of approximately 50 %	10	2	10	2	4	2	20	10
	Loss of approximately 75 %	15	3	15	3	5	3	30	26
	Loss of 90 % or more	21	5	21	5	8	5	35	35
	Total ankylosis in normal position of function	44				30			
	Total ankylosis in faulty position	65				35			
Muscle Weakness	**Complete active movement against moderate resistance (4/5)**	4	1	4	1	2	0.5	9	5
	Complete active movement against gravity (3/5)	10	2	10	2	4	2	20	10
	Complete active movement with gravity eliminated (2/5)	15	3	15	3	5	3	30	26
	Nonexistent active movement or limited to palpable contractions	21	5	21	5	8	5	35	35

Total of Overall Weighted Evaluation = _____ Points

13.1. ABILITY TO MOVE AND MAINTAIN POSITION OF RIGHT UPPER LIMB

13.2. ABILITY TO MOVE AND MAINTAIN POSITION OF LEFT UPPER LIMB

Non-dominant Limb: (ND) Dominant Limb: (D)

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as the loss of a few degrees in the amplitude of movements without significant functional impact, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 **ND 1 %** **D 1 %**	The result of the overall evaluation of active mobilization capacity is between 0.5 and 3, indicating a very slight difficulty with activities requiring moving and maintaining the position of the upper limb.
SEVERITY 2 **ND 2 %** **D 2.5 %**	The result of the overall evaluation of active mobilization capacity is between 3.5 and 6, indicating a slight difficulty with activities requiring moving and maintaining the position of the upper limb; or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring repetitive or frequent efforts — That place significant strain on the upper limb; or — Requiring the moving of heavy objects.
SEVERITY 3 **ND 4 %** **D 5 %**	The result of the overall evaluation of active mobilization capacity is between 6.5 and 16, indicating a moderate difficulty with activities requiring moving and maintaining the position of the upper limb; or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring repetitive or frequent efforts — Equivalent to moving loads of approximately 5 to 10 kg.
SEVERITY 4 **ND 8 %** **D 10 %**	The result of the overall evaluation of active mobilization capacity is between 16.5 and 36, indicating a significant difficulty with activities requiring moving and maintaining the position of the upper limb.
SEVERITY 5 **ND 15 %** **D 18 %**	The result of the overall evaluation of active mobilization capacity is between 36.5 and 59, indicating a very significant difficulty with activities requiring moving and maintaining the position of the upper limb.
SEVERITY 6 **ND 20 %** **D 24 %**	The result of the overall evaluation of active mobilization capacity is between 60 and 89, indicating a severe difficulty with activities requiring moving and maintaining the position of the upper limb.
SEVERITY 7 **ND 24 %** **D 30 %**	Active mobilization capacity of the upper limb is nonexistent or virtually nonexistent. The result of the overall evaluation of active mobilization capacity is 90 or more.

14. MANUAL DEXTERITY (prehension and manipulation)

The manual dexterity function refers to the prehension, manipulation, and release of objects. Fine dexterity allows for the quick or precise manipulation of small objects with the fingers while gross dexterity allows for the manipulation of larger objects with the whole hand.

Manual dexterity is composed of two functional units:

14.1. Right Manual Dexterity

14.2. Left Manual Dexterity

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on manual dexterity resulting from quadriplegia must not be evaluated using to the rules provided in this unit but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

3. Impacts resulting from an impairment to skin sensitivity of a hand must also be evaluated using the rules provided in the functional unit " Skin Sensitivity of Upper Limb."

4. The dominant limb shall be the limb most frequently used for daily activities, notably for writing.

5. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.

6. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

(a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

(b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contra lateral movement. When this cannot be done or when the contra lateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

(c) For each movement, the importance of the loss is entered in the tables provided.

Table A: Fine and Power Grasp
Table B: Manipulation: Contribution of the Fingers
Table C: Manipulation: Contribution of the Wrist and Elbow/Forearm

— In Table C, when the result falls between two values, the closest value is used.
— In Tables B and C, when the examination indicates a decrease in both amplitude of the movement and muscle strength, the highest score is used.

TABLE A
FINE AND POWER GRASP

The quality of the grasp is evaluated on the basis of precision, strength, and speed of execution in grasping, holding, and releasing objects.

➤➤ **Slight difficulty**	The quality of the grasp is slightly diminished but grasping remains possible and efficient without compensation by other parts of the hand.
➤➤ **Difficult, but remains efficient**	The quality of the grasp is diminished but grasping remains possible and efficient with synergistic compensation by other parts of the hand.
➤➤ **Difficult, not very efficient**	Despite synergistic compensation by other parts of the hand, the quality of the grasp is significantly diminished. However, the grasp retains a certain usefulness.
➤➤ **Inefficient or impossible**	Despite synergistic compensation by other parts of the hand, grasping is inefficient or impossible with this hand.

				Difficult		
		Within Normal Limits	**Slight Difficulty**	**Remains Efficient**	**Not Very Efficient**	**Inefficient or Impossible**
Fine Grasp	**Bipulpar / Ungual** Thumb - Index (sheet of paper/ paper clip)	0	1	3	12	20
	Tridigital (pen) Thumb – Index Finger – Middle Finger	0	1	3	12	20
	Pollici-laterodigital (key) Thumb – Index Finger	0	1	3	12	20
Power Grasp	**Hook** (pail, briefcase)	0	1	3	12	20
	Cylindrical / Spherical (hammer / ball, bottle)	0	1	3	12	20
	Directional (screwdriver)	0	1	3	12	20
						Total of Table A = _____ Points

TABLE B
MANIPULATION: CONTRIBUTION OF FINGERS

		Active Mobilization														
		Thumb*			Index Finger*			Middle Finger*			Ring Finger*			Little Finger*		
	Muscle Strength (4 or 5/5)	**IP**	**MP**	**CM**	**DIP**	**PIP**	**MP**	**DIP**	**PIP**	**MP**	**DIP**	**PIP**	**MP**	**DIP**	**PIP**	**MP**
Loss of Amplitude of Movements	Normal limits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decrease in amplitude of movement, functional position maintained	6	6	6	1.5	1.5	0.75	2	2	1	1	1	0.5	1.5	1.5	0.75
	Total ankylosis in functional position	12	12	12	4	4	2	6	6	3	3	3	1.5	4	4	2
	Total ankylosis in incomplete or faulty position	20	10	10	8	4	3	10	6	4	5	3	2	8	4	3
Amputation		20	10	10	8	4	3	10	6	4	5	3	2	8	4	3
Muscle Weakness (3/5 or less)		20	10	10	8	4	3	10	6	4	5	3	2	8	4	3

Total of Table B = _____ Points

* IP: Interphalangial
PIP: Proximal Interphalangial
DIP: Distal Interphalangial
MP: Metacarpo-phalangial
CM: Carpo-metacarpal

TABLE C

MANIPULATION: CONTRIBUTION OF WRIST AND ELBOW/FOREARM

		Active Mobilization					
		Wrist				Elbow/ Forearm	
	Muscle strength within normal limits (5/5)	**Flexion**	**Extension**	**Radial Deviation**	**Ulnar Deviation**	**Pronation**	**Supination**
Loss of Amplitude of Movements	Normal limits (Normal ± a few degrees)	0	0	0	0	0	0
	Loss of approximately 10 %	2	2	0.5	0.5	2	2
	Loss of approximately 25 %	5	5	1	2	3	3
	Loss of approximately 50 %	10	10	3	4	8	8
	Loss of approximately 75 %	15	18	5	5	15	15
	Loss of 90 % or more	18	20	6	6	18	18
	Total ankylosis in functional position	50				36	
	Total ankylosis in faulty position	60				40	
Muscle Weakness	**Complete active movement against moderate resistance (4/5)**	5	5	1	2	3	3
	Complete active movement against gravity (3/5)	10	10	3	4	8	8
	Complete active movement with gravity removed (2/5)	15	18	5	5	15	15
	Nonexistent active movement or movement limited to palpable contractions	18	20	6	6	18	18

Total of Table C = _____ Points

14.1. RIGHT MANUAL DEXTERITY

14.2. LEFT MANUAL DEXTERITY

Non-dominant Limb: (ND) Dominant Limb: (D)

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment, such as the loss of a few degrees in the amplitude of movements without significant functional impact, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 **ND 1 %** **D 1 %**	The result of the overall evaluation of active mobilization capacity is between 0.5 and 6.5, indicating a very slight difficulty for activities requiring manual dexterity; or Regular and permanent inconveniences due to the medical necessity to avoid exposure to cold such as with a vascular impairment like a Raynaud's phenomenon.
SEVERITY 2 **ND 2 %** **D 2.5 %**	The result of the overall evaluation of active mobilization capacity is between 7 and 14.5, indicating a slight difficulty for activities requiring manual dexterity.
SEVERITY 3 **ND 4 %** **D 6 %**	The result of the overall evaluation of active mobilization capacity is between 15 and 29.5, indicating a moderate difficulty for activities requiring manual dexterity; or Clumsiness such as trembling or dysmetria that nevertheless allows the person to use the hand for personal care.
SEVERITY 4 **ND 6 %** **D 8 %**	The result of the overall evaluation of active mobilization capacity is between 30 and 49.5, indicating a significant difficulty for activities requiring manual dexterity.
SEVERITY 5 **ND 12 %** **D 15 %**	The result of the overall evaluation of active mobilization capacity is between 50 and 79.5, indicating a very significant difficulty for activities requiring manual dexterity.
SEVERITY 6 **ND 18 %** **D 22 %**	The result of the overall evaluation of active mobilization capacity is between 80 and 129.5, indicating a severe difficulty for activities requiring manual dexterity.
SEVERITY 7 **ND 28 %** **D 35 %**	The result of the overall evaluation of active mobilization capacity is between 130 and 199.5, indicating a very severe difficulty for activities requiring manual dexterity. Manual dexterity is limited to a minimum of useful activities.
SEVERITY 8 **ND 40 %** **D 50 %**	The result of the overall evaluation of active mobilization capacity is 200 or more. Manual dexterity is nonexistent or virtually nonexistent. No useful or effective action possible.

15. LOCOMOTION

Locomotion is the capacity to move from place to place. It also allows people to adopt and change body positions. Locomotion is the result of the functional synergy between the two lower limbs, the pelvis, and the trunk.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on locomotion resulting from paraplegia, quadriplegia, or balance disorders must not be evaluated using the rules provided in this unit but using the rules provided in the functional units "Clinical Pictures of Paraplegia and Quadriplegia" or "Clinical Pictures of Balance Disorders."

3. The term "efficiency" used in the categories of severity refers to the time it takes to perform the activity and the quality of the result.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment, such as less than 1 cm difference in leg length or the loss of a few degrees of active mobilization with no significant functional impact, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 2 %	Locomotion capacity is slightly reduced. Limitations: Walking at an ordinary pace, walking at a brisk pace, running, and performing complex movements are affected but remain efficient, notably by changing certain normal movements. For example, slight functional impact resulting from joint instability, patello-femoral syndrome, or a decrease in the amplitude of one or more hip, knee, or ankle movements. Restrictions: The extent compares to such restrictions as those imposed by the need to wear — A lift or corrective shoe insert to compensate for differences in leg lengths of 1 cm to 3.5 cm; — A custom-fitted shoe to compensate for a disfigurement of the foot; — Support stockings to satisfactorily control of circulatory disorders.

	Locomotion capacity is moderately reduced.	
	Limitations:	Walking occurs with a limp, despite the use of a technical aid like a corrective shoe insert,
	or	Walking at a brisk pace or running is less efficient but remains possible;
	or	Negotiating changes in ground level, stairs, and uneven ground is less efficient but remains possible,
	or	Uninterrupted walking is limited to approximately 300 m to 500 m due to intermittent claudication;
	or	Complex movements like kneeling and crouching are less efficient but remain possible, notably by performing them more slowly and making changes to normal movements.
SEVERITY 2 **6 %**	Restrictions:	The extent compares to such restrictions as those imposed by the need — To wear a lift or corrective shoe insert to compensate for differences in leg lengths exceeding 3.5 cm; — To wear a prosthesis or custom-fitted shoe because of the amputation of the 1st toe; — To wear hinged knee brace, which is medically justified by symptomatic instability of the knee and necessary for performing demanding activities such as certain sports; — To undergo medical or surgical treatments due to frequent, episodic exacerbations such as osteomyelitis relapses; — To reduce locomotion activities due to circulatory problems that are poorly controlled despite therapeutic measures like with some cases of post-phlebitis syndrome.
	Locomotion capacity is significantly reduced.	
	Limitations:	Walking at brisk pace or running is only possible over very short distances such as with an arthrodesis of one ankle;
	or	Negotiating changes in ground level, stairs, and uneven ground is only possible over very short distances;
	or	Uninterrupted walking is limited to approximately 120 m to 300 m due to intermittent claudication;
SEVERITY 3 **12 %**	or	Complex movements like kneeling and crouching are inefficient or impossible.
	Restrictions:	The extent compares to such restrictions as those imposed by the need to wear — A tibial-pedal prosthesis in the case of a neurological impairment with drop foot for example; — A hinged knee brace, which is medically justified by symptomatic instability of the knee and permanently necessary for performing all activities; — A prosthesis or custom-fitted shoe because of an amputation at the median point of a foot.

	Locomotion capacity is very significantly reduced.	
SEVERITY 4 **20 %**	Limitations: or	Walking at brisk pace or running is inefficient or impossible even over very short distances; Uninterrupted walking is limited to approximately 75 m to 120 m due to intermittent claudication.
	Restrictions:	The extent compares to such restrictions as those imposed by the need to wear — A prosthesis because of an amputation at the ankle.
	Locomotion capacity is severely reduced.	
SEVERITY 5 **30 %**	Limitations:	Uninterrupted walking is limited to under 75 m due to intermittent claudication,
	Restrictions:	The extent compares to such restrictions as those imposed by the need to wear — A femoral-pedal orthesis due to a severe impairment to the entire limb; — A prosthesis with patellar support due to an amputation below the knee; — A prosthesis due to an amputation at the median point of both feet or both ankles.
	Locomotion capacity is reduced to a minimum of useful activities.	
SEVERITY 6 **45 %**	Limitations:	Moving about requires the use of two canes or two crutches. Moving about out of doors may require the use of a walker or wheelchair.
	Restrictions:	The extent compares to such restrictions as those imposed by the need to wear — A prosthesis due to a disarticulation of a knee, an amputation of a limb at the thigh level, or an amputation below the knee not permitting the wearing of a prosthesis with patellar support; — Prosthesis with patellar support due to amputation below the knee of both limbs.
	Locomotion capacity is nonexistent or almost nonexistent.	
SEVERITY 7 **60 %**	Limitations:	Moving about requires the use of a wheelchair.
	Restrictions:	The extent compares to such restrictions as those imposed by the need to wear — Prosthesis due to amputation at the thigh of both limbs.

16. PROTECTION PROVIDED BY THE SKULL

The protection provided by the skull helps maintain the integrity of the brain.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. The evaluation must take into consideration the extent of any inconvenience resulting from preventive restrictions made necessary by a permanent, unrepairable loss of continuity of the skull.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment, such as burr holes, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	Preventive restrictions made necessary by a permanent loss of continuity of the skull such as an unrepaired section affecting an area equal to or greater than 3 cm^2.

17. PROTECTION PROVIDED BY THE RIB CAGE AND ABDOMINAL WALL

The protection provided by the rib cage and abdominal wall helps maintain the integrity of the contents of the thorax and abdomen.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. When the presence of hernia is noted, it may be incisional, inguinal, femoral, umbilical or epigastric.

3. Impacts on digestive or respiratory functions must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment, such as a faulty consolidation of a rib or ribs with no functional impact or a repaired nonrecurrent hernia, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %	Inconveniences resulting from the medical necessity of functional restrictions or treatments required by — Defects in the abdominal wall such as a recurrent or surgically unrepairable readily reducible single hernia; or — A limited but surgically unrepairable defect in the rib cage such as exeresis, pseudoarthrosis, or abnormal consolidation of one rib.
SEVERITY 2 2 %	Inconveniences resulting from the medical necessity of functional restrictions or treatments required by — Defects in the abdominal wall such as recurrent or surgically unrepairable readily reducible hernias; or — A significant, surgically unrepairable defect in the rib cage such as exeresis, pseudoarthrosis, or abnormal consolidation of several ribs.
SEVERITY 3 5 %	Inconveniences resulting from the medical necessity of functional restrictions or treatments required by — Defects in the abdominal wall such as recurrent or surgically unrepairable hard to reduce hernia(s).
SEVERITY 4 7 %	Inconveniences resulting from the medical necessity of functional restrictions or treatments required by — Defects in the abdominal wall such as recurrent or surgically unrepairable non reducible hernias.

18. NASOPHARYNGEAL RESPIRATION

Nasopharyngeal respiration, which is provided by the nose, sinuses, and pharynx, allows the passage, filtration, moistening, and heating of air.

Evaluation rules

1. See the provisions of Division II of the Regulation.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %	Partial unilateral decrease in nasal air flow; **or** Local, unilateral irritant phenomena that may result, for example, from a perforation of the nasal septum or damage to the mucosa.
SEVERITY 2 2 %	Total unilateral or partial bilateral decrease in nasal air flow; **or** Local, bilateral irritant phenomena that may result, for example, from a perforation of the nasal septum or damage to the mucosa; **or** Need for medical treatments or follow-ups due to chronic, persistent sinus infections.
SEVERITY 3 5 %	Total bilateral nasal obstruction permanently requiring breathing through the mouth.

19. DIGESTIVE FUNCTIONS

Digestive functions enable people to use food to produce energy, to grow, and to keep their bodies functioning.

Digestive functions are composed of four functional units.

19.1. Ingestion (chewing and swallowing including prehension and salivation)

19.2. Digestion and Absorption

19.3. Excretion

19.4. Hepatic and Biliary Functions

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on digestive functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

3. The table below specifies the relative degree of the terms used in the descriptions of the categories of severity describing the impairments of the hepatic and biliary functions as “slight”, “moderate”, or “severe”. Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination.

Specific Evaluation Criteria	"Slight" Impairment	"Moderate" Impairment	"Severe" Impairment
Bilirubin	0–35	> 35–100	> 100
Albumin	> 35	25–35	< 25
Ascites	—	Medically controlled	Uncontrolled
Neurological Signs	—	Controlled or intermittent	Poorly controlled, severe
Nutritional Status	Excellent	Good	Poor
INR*	Normal	> 1.5–2.5	> 2.5

* International Normalized Ratio

19.1. INGESTION: Chewing and Swallowing Including Prehension and Salivation

CATEGORIES OF SEVERITY

		After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD		After-effects of the permanent impairment, such as dental impairment or slight malocclusion with no impact on chewing, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 1 %		Loss of one or more teeth with the possibility of correction using a fixed prosthesis or implants;
	or	Unrepairable dental impairment sufficient to affect chewing;
	or	Area(s) of altered sensitivity sufficient to affect chewing;
	or	Hyposalivation or hypersalivation sufficient to affect chewing or swallowing;
	or	Limitations to mouth opening, which nonetheless remains equal to or greater than 35 mm.
SEVERITY 2 2 %		Loss of teeth with the possibility of correction using a removable prosthesis (including any related inconveniences), but not technically correctable with a fixed prosthesis or implants;
	or	Slight temporo-mandibular dysfunction sufficient to affect chewing;
	or	Malocclusion sufficient to affect chewing;
	or	Limitations to mouth opening, which nonetheless remains equal to or greater than 30 mm.
SEVERITY 3 5 %		Total edentation of one maxilla with the possibility of correction using a removable prosthesis (including any related inconveniences), but not technically correctable with implants;
	or	Moderate to severe temporo-mandibular dysfunction;
	or	Limitations to mouth opening, which nonetheless remains equal to or greater than 20 mm;
	or	Medical necessity on a regular and permanent basis to follow a restrictive diet combined with medical treatments.

SEVERITY 4 **10 %**		Total edentation of both maxillae with the possibility of correction using removable prostheses (including any related inconveniences), but not technically correctable with implants;
	or	Limitations to mouth opening, which nonetheless remains equal to or greater than 10 mm;
	or	Salivary and alimentary incontinence;
	or	Sufficient discomfort when chewing or swallowing to justify a soft diet (purees) on a permanent basis.
SEVERITY 5 **25 %**		Total edentation of both maxillae, technically not correctable;
	or	Limitations to mouth opening, which is less than 10 mm;
	or	Sufficient discomfort on chewing or swallowing to justify a liquid diet on a permanent basis;
	or	Necessity for artificial feeding on an intermittent basis combined with ongoing medical treatments or occasional surgical treatments;
	or	Medical necessity to perform serial dilations on a regular basis, which may cause severe functional discomfort.
SEVERITY 6 **40 %**		The function is nonexistent or virtually nonexistent, making artificial feeding necessary on a permanent basis.

19.2 DIGESTION AND ABSORPTION

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 **2 %**	Medical necessity on a regular and permanent basis to take medication to facilitate digestion or absorption, including possible side effects.
SEVERITY 2 **5 %**	Medical necessity on a regular and permanent basis to follow a restrictive diet combined with medical treatments.
SEVERITY 3 **10 %**	Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of approximately 10 % in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;
	or Medical necessity to undergo treatments due to episodic exacerbations such as one or two episodes a year of recurrent chronic pancreatitis.

SEVERITY 4 **25 %**	Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 15 to 20 % in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type; or Medical necessity to undergo treatments due to frequent exacerbations such as three episodes or more a year of recurrent chronic pancreatitis; or Medical necessity for intermittent artificial feeding combined with ongoing medical treatments and/or occasional surgical treatments.
SEVERITY 5 **40 %**	Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 25 % or more in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type; or Medical necessity on a permanent basis for artificial feeding combined with ongoing medical treatments and/or occasional surgical treatments.
SEVERITY 6 **50 %**	The function is nonexistent or virtually nonexistent, making intravenous feeding necessary on a permanent basis.

19.3. EXCRETION

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD	After-effects of the permanent impairment, such as the presence of diarrhea once or twice a day, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 **2 %**	Medical necessity on a regular and permanent basis to take medication to facilitate excretion, including possible side effects.
SEVERITY 2 **5 %**	Urgent diarrhea on a regular and permanent basis with an average frequency of approximately 3 to 5 times a day; or Manifestations of fecal incontinence (soiling) that justify the constant wearing of protection.
SEVERITY 3 **10 %**	Urgent diarrhea on a regular and permanent basis with an average frequency over 5 times a day; or Fecal incontinence of formed stools with an average frequency of 5 times or less a week.
SEVERITY 4 **35 %**	Total fecal incontinence; or Need for a permanent colostomy.
SEVERITY 5 **40 %**	Need for a permanent ileostomy.

19.4 HEPATIC AND BILIARY FUNCTIONS

CATEGORIES OF SEVERITY

		After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUN THRESHOLD		After-effects of the permanent impairment, such as the presence of biochemical anomalies that have no clinical impact and require no special medical follow-up, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %		Medical necessity on a regular and permanent basis to take medication to facilitate hepatic and biliary functions, including possible side effects.
SEVERITY 2 5 %		"Slight" functional impairment according to specific evaluation criteria.
SEVERITY 3 10 %		Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory evaluations and is associated with permanent weight loss of approximately 10 % in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;
	or	Medical necessity to undergo treatments due to episodic exacerbations like recurrent cholangitis;
	or	Medical necessity on a permanent basis for serial dilations due to an impairment to the biliary tree.
SEVERITY 4 25 %		"Moderate" functional impairment according to specific evaluation criteria;
	or	Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 15 to 20 % in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;
	or	Medical necessity to install an endoprosthesis with regular changes due to an impairment of the biliary tree.
SEVERITY 5 40 %		"Severe" functional impairment according to specific evaluation criteria;
	or	Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 25 % or more in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;
	or	Medical necessity for long-term percutaneous drainage.

20. CARDIO-RESPIRATORY FUNCTION

The cardiac and respiratory functions act together to oxygenate the blood and eliminate carbon dioxide so that people can produce energy and keep their bodies functioning.

The cardiac and respiratory functions are grouped under one functional unit.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on cardio-respiratory function resulting from quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

3. Impacts on other functional units resulting from an impairment of the cardio-respiratory function must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

4. Endurance is the specific preferred criterion for overall evaluation of the cardio-respiratory function. Evaluations must be performed under optimal conditions, i.e., with maximum therapy. Depending on the circumstances, the impairment must be confirmed using one or more of the following tests:

(A) Evaluation of the cardiac function

- Electrocardiogram with Holter if necessary
- Stress test
- Echocardiogram
- Any other specific examination appropriate to the circumstances

(B) Evaluation of the respiratory function

The table below specifies the relative degree of the terms used in the descriptions of the categories of severity describing the impairments of the respiratory function as "moderate" "significant" or "severe." Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination.

The VO_2 MAX measurement is the predominant criterion for evaluating the extent of functional loss. When the actual loss is clinically greater, the evaluation may be documented using the other parameters indicated in the table as well as any other specific examination such as radiological examinations or measurements of other pulmonary volumes by plethysmography.

Parameter	Normal Limits	Moderate Impairment	Significant Impairment	Severe Impairment
VO_2MAX	> 25 ml /	20 to 25 ml /	15 to19 ml /	<15 ml /
	(kg x min)	(kg x min)	(kg x min)	(kg x min)
FVC/ predicted	≥ 80 %	60 % to 79 %	51 % to 59 %	≤ 50 %
DLC/predicted	≥ 70 %	60 % to 69 %	41 % to 59 %	≤ 40 %

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:	
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity1.	
SEVERITY 1 2 %	Slight functional discomfort. However, endurance remains normal or almost normal.	
	Respiratory:	Difficulty breathing due to partial pulmonary exeresis, or a parietal, diaphragm, or pleural impairment.
	Note:	For a more significant functional impact, the category of severity is determined by respiratory function tests.
	Cardiac:	Functional impairment documented by a positive maximum stress test at over 7 mets;
	or	Documented arrhythmia satisfactorily controlled by medication.
SEVERITY 2 5 %	Respiratory:	Abnormal and permanent dyspnea with significant physical effort;
	or	Difficulty breathing clinically manifested by a permanent stridor.
	Cardiac:	Functional impairment documented by a positive maximum stress test at 7 mets.
SEVERITY 3 10 %	Limited endurance capacity. Unaccustomed physical activity or significant physical effort causes excessive fatigue, palpitations, dyspnea, or angina. The person remains comfortable at rest and while performing normal daily physical activities.	
	Respiratory:	Abnormal and permanent dyspnea when walking uphill at a normal pace;
	or	"Moderate" impairment of the respiratory function documented by respiratory function tests.
	Cardiac:	Functional impairment documented by a positive maximum stress test at 6 mets;
	or	Documented arrhythmia satisfactorily controlled by a pacemaker;
	or	Functional impairment documented by an ejection fraction of 40 % to 50 %.
SEVERITY 4 20 %	Respiratory:	Inconveniences related to the presence of a permanent tracheotomy.
	Cardiac:	Functional impairment documented by a positive maximum stress test at 5 met;
	or	Functional impairment documented by an ejection fraction of 30 % to 39 %.

SEVERITY 5 **30 %**	Limited endurance capacity. Performing normal daily physical activities causes excessive fatigue, palpitations, dyspnea, or angina. The person remains comfortable at rest.	
	Respiratory:	Abnormal and permanent dyspnea requiring stopping (after approximately 100 m) when walking at a normal pace on flat ground;
	or	"Significant" impairment of the respiratory function documented by respiratory function tests.
	Cardiac:	Functional impairment documented by a positive maximum stress test at 4 mets;
	or	Functional impairment documented by an ejection fraction of 25 % to 29 %.
SEVERITY 6 **60 %**	Respiratory:	Abnormal and permanent dyspnea that occurs while performing daily activities that require little effort such as walking at a slow pace on flat ground;
	or	"Severe" impairment of the respiratory function documented by respiratory function tests.
	Cardiac:	Functional impairment documented by a positive maximum stress test at 2 or 3 mets;
	or	Functional impairment documented by an ejection fraction of 20 % to 24 %.
SEVERITY 7 **85 %**	Very limited endurance capacity. All physical activity causes an increase in clinical signs. The person is uncomfortable performing the least physical activity and is uncomfortable even at rest.	
	Respiratory:	Abnormal and permanent dyspnea with the least effort;
	or	Need for permanent oxygen therapy (15–18 hours/day).
	Cardiac:	Functional impairment documented by a positive maximum stress test at less than 2 mets;
	or	Functional impairment documented by an ejection fraction of less than 20 %.
SEVERITY 8 **100 %**	Absence of spontaneous respiration and dependence on a respirator.	

21. URINARY FUNCTIONS

The functions of the urinary tract is to eliminate metabolic waste from the body and control the concentrations of the various components of the blood and other body fluids.

Urinary functions are composed of two functional units.

21.1. Renal Function

21.2. Micturition

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on urinary functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

3. Impacts on other functional units resulting from complications due to high blood pressure must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

4. The measurement of creatinine clearance is the main criterion for documenting an impairment to the renal function. Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination such as renal scanning.

21.1. RENAL FUNCTION

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as biochemical or hematological anomalies with no significant clinical impacts, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	Inconveniences related to the need on a regular and permanent basis to take medication due to high blood pressure, including possible side effects. Blood pressure is maintained at 160/90 or less with the treatment.
SEVERITY 2 5 %	Persistent high blood pressure, minima between 90 and 120, despite taking medication on a regular and permanent basis; or Renal function diminished but remaining greater than 75 % of normal; or Occasional exacerbations caused by high urinary tract infections (2 to 3 per year) despite treatments and medical follow-up; or Preventive restrictions due to the relative risk represented by the shutdown or the loss of a kidney.
SEVERITY 3 15 %	Persistent high blood pressure, minima greater than 120, despite taking medication on a regular and permanent basis; or Renal function diminished but remaining between 50 % and 75 % of normal; or Frequent exacerbations caused by high urinary tract infections (6 to 12 per year) despite treatments and medical follow-up (such as with chronic pyelonephritis); or Need for immunosuppressive treatments, including side effects, in the case of a kidney transplant.
SEVERITY 4 30 %	Renal function diminished with clinical manifestations and a change in general health. Retained renal function is less than 50 % of normal.
SEVERITY 5 50 %	Renal function diminished with clinical manifestations and a change in general health. Retained renal function is less than 25 % of normal; or Need for dialysis on a permanent basis.
SEVERITY 6 90 %	Renal function diminished with a severe change in general health that is sufficient to confine the person to his or her room. The person is entirely or almost entirely dependent on others for performing most daily activities,

21.2. MICTURITION

CATEGORIES OF SEVERITY

		After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD		After-effects of the permanent impairment, such as slight increase in frequency or duration of micturition with no significant clinical impacts, are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %		Recurrent urinary tract infections despite medical treatments and follow-up.
SEVERITY 2 5 %		Trouble with micturition severe enough to justify regular treatments or quarterly urethral dilations;
	or	Urgent micturition or incontinence during coughing or exertion sufficient to require protection to be worn on a regular basis but insufficient to require regular use of diapers.
SEVERITY 3 10 %		Trouble with micturition severe enough to justify monthly urethral dilations, intermittent catheterization, or percussion micturition;
	or	Urinary incontinence in the form of significant daily leaking between micturitions sufficient to require the regular use of diapers;
	or	Inconveniences related to the need of an artificial continence sphincter;
	or	Inconveniences related to the need to implant a sacral stimulator.
SEVERITY 4 20 %		Total urinary incontinence at the least effort or change in position, and even at rest;
	or	Inconveniences related to the need to leave a urethral catheter in place;
	or	Inconveniences related to the need for an external urinary derivation such as a subpubic cystostomy or an ileal bladder.

22. GENITO-SEXUAL FUNCTIONS

The genito-sexual functions are used to accomplish sex acts for pleasure and/or procreation.

Genital sexual activity and procreation are occasionally complementary, but remain distinct in terms of their purpose. An impairment of one of these functions does not necessarily involve an impairment of the other. Termination of pregnancy is also taken into consideration when evaluating non-pecuniary damage, even when the procreation function is not permanently affected.

The genito-sexual functions are composed of three functional units.

22.1. Genital Sexual Activity

22.2. Procreation (this also refers to the ability to give birth)

22.3. Termination of Pregnancy

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Impacts on genito-sexual functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

22.1 GENITAL SEXUAL ACTIVITY

CATEGORIES OF SEVERITY

	After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 1 %	Trouble performing genital sexual activities that may be attenuated by minor palliative measures such as the use of a lubricant.
SEVERITY 2 5 %	Clinical manifestations such as pain in women during sexual intercourse (dyspareunia) that make genital sexual activities more difficult; or Erectile dysfunction. Genital sexual activities remain possible with oral medication or measures such as intracavernous injections, intraurethral suppositories, or vacuum pumps.
SEVERITY 3 10 %	Need for a genital prosthesis in order to perform genital sexual activities.
SEVERITY 4 25 %	Genital sexual activities are impossible despite all treatment measures.

22.2. PROCREATION FUNCTION

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2 %	Inconveniences related to the relative risk represented by the loss of a testicle or an ovary. Note: Compensation is only awarded if procreation was possible at the time of the accident.

SEVERITY 2 **5 %**	Ovulation difficult but possible with a specific medication such as a fertility drug; or Woman's procreation function affected, but fertilization is still possible with a specialized medical procedure such as artificial insemination or in vitro fertilization; or Man's procreation function affected (e.g., retrograde ejaculation) but fertilization is still possible with a specialized medical procedure; or Inconveniences related to the need for a cesarean section to give birth. Note: This situation can only be accepted once, i.e., following the first birth.
SEVERITY 3 **25 %**	Procreation is impossible despite all treatment measures.

22.3. TERMINATION OF PREGNANCY

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
SEVERITY 1 **8 %**	Loss of one embryo or fetus.
SEVERITY 2 **12 %**	Loss of more than one embryo or fetus.

23. ENDOCRINE, HEMATOLOGICAL, IMMUNE, AND METABOLIC FUNCTIONS

The endocrine, hematological, immune, and metabolic functions play a role that has an impact on the functioning of the entire body.

Evaluation rules

1. See the provisions of Division II of the Regulation.

CATEGORIES OF SEVERITY

	After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as biochemical or hematological anomalies with no significant clinical impact, are less than those resulting from the situations described in Severity 1.
SEVERITY 1 **2 %**	Regular and permanent need for medication, which may cause side effects; or to take preventive measures and action due to a risk of transmission of a viral infection or a risk of infection such as following splenectomy.

SEVERITY 2 **5 %**		Slight impairment to general health with frequent exacerbations, fatigability, and a slight reduction of endurance;
	or	The regular and permanent need to receive one or several injections once or twice a day;
	or	The regular and permanent need to follow a restrictive diet combined with medical treatments.
SEVERITY 3 **15 %**		Moderate impairment to general health with asthenia. The problem limits the ability to perform unaccustomed physical activities or physical activities requiring significant effort such as running or rapidly climbing a number of stairs. However, the person remains able to perform relatively demanding activities such as walking long distances or climbing two floors at a normal pace;
	or	Regular and permanent need to receive one or several injections more than twice a day.
SEVERITY 4 **30 %**		Significant impairment to general health with asthenia. The problem limits the ability to perform many normal daily activities but the person remains able to perform moderate activities such as walking at a normal pace or doing regular household chores, with the exception of heavy work.
SEVERITY 5 **60 %**		Severe impairment to general health with asthenia. Endurance is limited to light activities such as certain essential daily activities like getting dressed, managing self care, and moving around the home.
SEVERITY 6 **90 %**		Very severe impairment to general health with asthenia. The person is totally or almost totally dependent on another person to perform most daily activities and is practically confined to his or her room.

24. CLINICAL PICTURES OF PARAPLEGIA AND QUADRIPLEGIA

Paraplegia or quadriplegia resulting from a spinal cord injury has an impact on a number of bodily functions as well as a severe esthetic impact.

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. This chapter deals exclusively with the conditions of paraplegia or quadriplegia (neurological levels C1 to L5). All the impacts on any other functional unit resulting from paraplegia or quadriplegia are included in the categories of severity of this unit.

3. Esthetic impairment that results from changes to form and contours (e.g., atrophy, contractures) or from the use of technical devices or aids (e.g., orthesis, urethral catheter, wheelchair) are included in the categories of severity of this unit.

4. The preferred criterion for evaluating the impacts of paraplegia or quadriplegia on the performance of activities of daily living is residual functional potential. Motor level and functional potential are evaluated based on the criteria of the American Spinal Injury Association (ASIA) in “International Standards for Neurological and Functional Classification of Spinal Cord Injury, revised 1996.”

5. For other medullary or radicular impairments, the impacts must be evaluated using the rules provided in the functional or esthetic units that specifically deal with the observed impacts, for example

— Medullary impairment at a neurological level under L5,
— Brown-Séquard syndrome, central medullary syndrome, anterior medullary syndrome,
— Cerebral impairment (hemiplegia),
— Peripheral nervous system impairment (compression of nerve roots, lumbar plexus impairment)

CATEGORIES OF SEVERITY

	After-effects experienced in daily life – loss of enjoyment of life, mental suffering, pain, and other consequences – resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:
SEVERITY 1 75 %	Functional potential is equivalent to a motor level between D8 and L5.
SEVERITY 2 80 %	Functional potential is equivalent to a motor level between D2 and D7.
SEVERITY 3 85 %	Functional potential is equivalent to a motor level of C8 or D1.
SEVERITY 4 90 %	Functional potential is equivalent to a motor level of C7.
SEVERITY 5 95 %	Functional potential is equivalent to a motor level of C6.
SEVERITY 6 100 %	Functional potential is equivalent to a motor level between C1 and C5.

25. ESTHETIC

Esthetic prejudice results from a deterioration in general appearance due to an impairment to the skin or to the form or contours of the body.

Esthetic is composed of eight units:

25.1. Esthetic of the Skull and Scalp
25.2. Esthetic of the Face
25.3. Esthetic of the Neck
25.4. Esthetic of the Trunk and Genital Organs
25.5. Esthetic of the Right Upper Limb
25.6. Esthetic of the Left Upper Limb
25.7. Esthetic of the Right Lower Limb
25.8. Esthetic of the Left Lower Limb

Evaluation rules

1. See the provisions of Division II of the Regulation.

2. Esthetic prejudice that becomes apparent when performing a function (such as limping, salivary incontinence), or that results from the use of technical devices or aids (such as orthosis, prosthesis) must not be evaluated using the rules provided in this chapter. This dynamic component is already taken into consideration in the percentages awarded for the categories of severity in each of the functional units that specifically deal with the observed impacts.

3. In paraplegia or quadriplegia, esthetic prejudice resulting from changes to form and contours (such as atrophy, contractures) or from the use of technical devices or aids (such as orthosis, urethral catheter, wheelchair) must not be evaluated using the rules provided in this chapter. This component is already taken into consideration in the percentages awarded in the categories of severity of the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

4. Permanent esthetic impairment must not only be visible, it must be apparent, that is, it must be clearly visible at 50cm. Any “apparent” impairment is taken into consideration despite the fact that it is normally hidden by clothing or hair.

5. The following four categories of impairment are the retained criteria for the evaluation:

➤➤ Change in skin color: hypopigmentation or hyperpigmentation due to damage to the superficial dermis. The deep dermis is not damaged. Suppleness, elasticity, hydration, and pilosity are retained.

➤➤ Flat scars: linear or almost linear, well oriented in the same direction as natural skin creases, at the same level as the adjoining tissue and almost the same color. They do not cause contractures or distortion of neighboring structures.

➤➤ Faulty scars: linear or plaques, misaligned or cross over a natural skin crease. They may be irregular, depressed, deeply adhering, retractile, keloidal, hypertrophic, or pigmented.

➤➤ Change in shape and contours: disfigurement, tissue loss, atrophy, or amputation.

6. The anatomical boundaries retained to separate contiguous parts of the body are the following:

➤➤ **Skull and Scalp:**

Region inside the normal, usual hairline. In the presence of baldness, the anatomical boundary corresponds to what would have been the normal hairline.

➤➤ **Face:**

Region defined by the anatomical boundaries of the skull and neck.

Fifteen (15) anatomical elements are used for the purposes of evaluating form and contours:

- Right half of forehead
- Left half of forehead
- Right orbit/eyelid
- Left orbit/eyelid
- Nose
- Right eye (visible part of the ocular globe)
- Left eye (visible part of the ocular globe)
- Right cheek
- Left cheek
- Mouth (visible part when open)
- Upper lip
- Lower lip
- Chin
- Right ear
- Left ear

➤➤ **Neck:**

Upper boundary: line following the lower part of the body of the mandible, continuing along the vertical rami to the temporomandibular joints and then along the normal usual hairline.

Lower boundary: line beginning at the jugular notch, continuing along the upper edge of the clavicle to the mid-point and then to the C7 spinous process.

➤➤ **Trunk and Genital Organs:**

Region defined by the anatomical boundaries of the neck , the upper limbs and the lower limbs

➤➤ **Upper Limb (upper boundary):**

Circular line beginning at the apex of the armpit, extending backwards and forwards, and ending at the mid-point of the clavicle

➤➤ **Lower Limb (upper boundary):**

Line beginning at the median upper edge of the pubic symphysis, continuing obliquely to the antero-superior iliac spine, then along the upper edge of the iliac crest, and ending at the upper vertical boundary of the gluteal fold.

For each esthetic unit, the category of severity is determined by the result of the overall weighted evaluation. The evaluation is conducted in four steps:

Step 1: Describe all esthetic impairments found during the clinical evaluation.

Step 2: For each category of impairment (permanent changes to skin color, flat scars, faulty scars, and changes to form and contours), determine the description corresponding to the result of the clinical evaluation. Only one score may be assigned per category of impairment.

Step 3: Add the scores.

Step 4: Determine the category of severity based on the appropriate correlation table.

25.1. ESTHETIC OF THE SKULL AND SCALP

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 15 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 2 cm^2	0.5	Total length is < 10 cm	0.5	Linear, total length is < 3 cm **and/or** plaques, total area is < 2 cm^2	0.5	Area of non-cicatricial alopecia, total area is < 2 cm2	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 15 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 2 cm2 but < 5 cm^2	2	Total length is ≤ 10 cm	2	Linear, total length is ≥ 3 cm but < 10 cm **and/or** plaques, total area is ≥ 2 cm^2 but < 5 cm^2	2	Area of non-cicatricial alopecia, total area is ≥ 2 cm2 but < 5 cm^2 **and/or** slight disfigurement of the skull	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm2 but < 25 % of the entire skull and scalp	7			Linear, total length is ≥ 10 cm but < 25 cm **and/or** plaques, total area is ≥ 5 cm^2 but < 15 cm^2	7	Area of non-cicatricial alopecia, total area is ≥ 5 cm^2 **and/or** moderate disfigurement of the skull	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 % of the entire skull and scalp	20			Linear, total length is ≥ 25 cm **and/or** plaques, total area is ≥ 15 cm^2 but < 25 % of the entire skull and scalp	20	Significant disfigurement of the skull	20
				Extensive and unsightly scars, total area is ≥ 25 % of the entire skull and scalp	40	Severe and unsightly disfigurement affecting almost the entire skull	40

Total Weighted Evaluation: _____ Points

25.2. ESTHETIC OF THE FACE

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 10 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 2 cm^2	0.5	Total length is < 5 cm	0.5	Linear scars, total length is < 2 cm **or** plaques, total area is < 1 cm^2	0.5	Slight disfigurement of 1 anatomical element*	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 10 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 2 cm^2 but < 5 cm^2	2	Total length is ≥ 5 cm but < 20 cm	2	Linear scars, total length is ≥ 2 cm but < 5 cm **and/or** plaques, total area is ≥ 1 cm^2 but < 3 cm^2	2	Slight disfigurement of 2 or more anatomical elements* **and/or** moderate disfigurement of 1 anatomical element*	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm^2 but < 10 cm^2	7	Total length is ≥ 20 cm	7	Linear scars, total length is ≥ 5 cm but < 15 cm **and/or** plaques, total area is ≥ 3 cm2 but < 10 cm^2	7	Moderate disfigurement of 2 or more anatomical elements* **and/or** significant disfigurement of 1 anatomical element*	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 10 cm^2	20			Linear scars, total length is ≥ 15 cm **and/or** plaques, total area is ≥ 10 cm^2 but < 25 % of the entire face	20	Significant disfigurement of 2 or more anatomical elements*	20
				Extensive and conspicuous scars, total area is ≥ 25 % but < 50 % of the entire face	40	Severe and unsightly disfigurement affecting approximately 50 % of the face	40
				Extensive and unsightly scars corresponding to disfiguration	80	Deformation of almost the entire face corresponding to disfiguration	80

* **Note**: See point 7 of evaluation rules in this chapter for the list of anatomical elements to be evaluated.

Total Weighted Evaluation: _____ Points

25.3. ESTHETIC OF THE NECK

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 10 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 2 cm^2	0.5	Total length is < 5 cm	0.5	Linear scars, total length is < 2 cm **and/or** plaques, total area is < 1 cm^2	0.5	Very slight disfigurement of the neck, apparent at 50 cm but not very apparent at 3 m	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 10 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 2 cm^2 but < 5 cm^2	2	Total length is ≥ 5 cm but < 20 cm	2	Linear scars, total length is ≥ 2 cm but < 5 cm **and/or** plaques, total area is ≥ 1 cm^2 but < 3 cm^2	2	Slight disfigurement of the neck	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm^2 but < 25 % of the entire neck	7	Total length is ≥ 20 cm	7	Linear scars, total length is ≥ 5 cm but < 15 cm **and/or** plaques, total area is ≥ 3 cm^2 but < 10 cm^2	7	Moderate disfigurement of the neck	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 % of the entire neck	20			Linear scars, total length is ≥ 15 cm **and/or** plaques, total area is ≥ 10 cm^2 but < 25 % of the entire neck	20	Significant disfigurement of the neck	20
				Extensive and unsightly scars, total area is ≥ 25 % of the entire neck	40	Severe and unsightly disfigurement affecting almost the entire neck	40

Total Weighted Evaluation: _____ Points

25.4. ESTHETIC OF THE TRUNK AND GENITAL ORGANS

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 5 cm^2	0.5	Total length is < 10 cm	0.5	Linear scars, total length is < 5 cm **and/or** plaques, total area is < 5 cm^2	0.5	Very slight disfigurement of the trunk, apparent at 50 cm but not very apparent at 3 m	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm^2 but < 25 cm^2	2	Total length is ≥ 10 cm but < 25 cm	2	Linear scars, total length is ≥ 5 cm but < 10 cm **and/or** plaques, total area is ≥ 5 cm2 but < 10 cm^2	2	Slight disfigurement of the trunk	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 cm^2 but < 25 % of the entire trunk	7	Total length is ≥ 25 cm	7	Linear scars, total length is ≥10 cm but < 25 cm **and/or** plaques, total area is ≥ 10 cm^2 but < 50 cm^2	7	Moderate disfigurement of the trunk **and/or** of **the** genital organs **and/or** of **the** breasts (woman only)	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 % of the entire trunk	20			Linear scars, total length is ≥25 cm **and/or** plaques, total area is ≥ 50 cm2 but < 25 % of the entire trunk	20	Significant disfigurement of the trunk **and/or** of **the** genital organs **and/or** of **the** breasts (woman only)	20
				Extensive and unsightly scars, total area is ≥ 25 % but < 50 % of the entire trunk	40	Severe disfigurement of the trunk **and/or** of the genital organs **and/or** of the breasts (woman only)	40
				Extensive and unsightly scars, total area is ≥ 50 % of the entire trunk	80	Severe and unsightly disfigurement affecting almost the entire trunk	80
						Total Weighted Evaluation: _____ Points	

25.5. ESTHETIC OF THE RIGHT UPPER LIMB
25.6 ESTHETIC OF THE LEFT UPPER LIMB

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 5 cm^2	0.5	Total length is < 10 cm	0.5	Linear scars, total length is < 3 cm **and/or** plaques, total area is < 2 cm^2	0.5	Very slight disfigurement of the limb, apparent at 50 cm but not very apparent at 3 m	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm^2 but < 25 cm^2	2	Total length is ≥ 10 cm but < 25 cm	2	Linear scars, total length is ≥ 3 cm but < 5 cm **and/or** plaques, total area is ≥ 2 cm^2 but < 5 cm^2	2	Slight disfigurement of the limb, such as an amputation of a phalanx	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 cm^2 but < 25 % of the entire limb	7	Total length is ≥ 25 cm	7	Linear scars, total length is ≥ 5 cm but < 15 cm **and/or** plaques, total area is ≥ 5 cm^2 but < 25 cm^2	7	Moderate disfigurement of the limb such as an amputation of 1 or 2 fingers, or 1 or 2 metacarpals	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 % of the entire limb	20			Linear scars, total length is ≥ 15 cm **and/or** plaques, total area is ≥ 25 cm^2 but < 25 % of the entire limb	20	Significant disfigurement of the limb such as an amputation of more than 2 fingers or 2 metacarpals	20
				Extensive and unsightly scars, total area is ≥ 25 % but < 50 % of the entire limb	40	Severe and unsightly disfigurement of the limb such as an amputation at the wrist or forearm	40
				Extensive and unsightly scars, total area is ≥ 50 % of the entire limb	80	Severe and unsightly disfigurement of almost the entire limb such as the amputation at the arm	80

Total Weighted Evaluation: _____ Points

25.7 ESTHETIC OF THE RIGHT LOWER LIMB
25.8 ESTHETIC OF THE LEFT LOWER LIMB

OVERALL WEIGHTED EVALUATION

Changes to Skin Color		Flat Scars		Faulty Scars		Changes to Form and Contours, Non-Cicatricial Alopecia	
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is < 5 cm^2	0.5	Total length is < 10 cm	0.5	Linear scars, total length is < 5cm **and/or** plaques, total area is < 5 cm^2	0.5	Very slight disfigurement of the limb, apparent at 50 cm but not very apparent at 3 m	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is ≥ 25 cm^2 **and/or** area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm2 but < 25 cm^2	2	Total length is ≥ 10 cm but < 25 cm	2	Linear scars, total length is ≥ 5 cm but < 10 cm **and/or** plaques, total area is ≥ 5 cm^2 but < 10 cm^2	2	Slight disfigurement of the limb such as an amputation of 1 or 2 toes	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 cm^2 but < 25 % of the entire limb	7	Total length is ≥ 25 cm	7	Linear scars, total length is ≥ 10 cm but < 25 cm **and/or** plaques, total area is ≥ 10 cm^2 but < 50 cm^2	7	Moderate disfigurement of the limb such as an amputation of more than 2 toes	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 % of the entire limb	20			Linear scars, total length is ≥ 25 cm **and/or** plaques, total area is ≥ 50 cm^2 but < 25 % of the entire limb	20	Significant disfigurement of the limb such as an amputation of a foot	20
				Extensive and unsightly scars, total area is ≥ 25 % but < 50 % of the entire limb	40	Severe and unsightly disfigurement of almost the entire limb such as an amputation at ankle or lower leg	40
				Extensive and unsightly scars, total area is ≥ 50 % of the entire limb	80	Severe and unsightly disfigurement of almost the entire limb such as an amputation at thigh	80
						Total Weighted Evaluation: _____ Points	

CATEGORIES OF SERVERITY

Under the Minimum Threshold After-effects of the permanent impairment, such as a scar that is barely visible and not apparent at 50 cm, are less than those resulting from the situation described in Severity 1.

CATEGORIES OF SEVERITY ACCORDING TO THE RESULT OF THE OVERALL WEIGHTED EVALUATION

	Under the Minimum Threshold N/A*	0.5 to 1 SEVERITY 1	1.5 to 5 SEVERITY 2	6 to 19 SEVERITY 3	20 to 39 SEVERITY 4	40 to 79 SEVERITY 5	80 and over SEVERITY 6
25.1. Skull and Scalp	N/A	0.5 %	1 %	3 %	5 %	8 %	
25.2. Face	N/A	1 %	3 %	7 %	15 %	30 %	50 %
25.3. Neck	N/A	0.5 %	1 %	3 %	5 %	8 %	
25.4. Trunk and Genital Organs	N/A	0.5 %	1 %	3 %	6 %	9 %	12 %
25.5. Right Upper Limb	N/A	0.5 %	1 %	3 %	6 %	9 %	12 %
25.6. Left Upper Limb	N/A	0.5 %	1 %	3 %	6 %	9 %	12 %
25.7. Right Lower Limb	N/A	0.5 %	1 %	3 %	6 %	9 %	12 %
25.8. Left Lower Limb	N/A	0.5 %	1 %	3 %	6 %	9 %	12 %

(*) Not applicable

APPENDIX II

SCHEDULE OF INJURIES

Title I: Head and Neck
Title II: Face
Title III: Thorax
Title IV: Abdomen and Pelvic Contents
Title V: Spinal Column
Title VI: Right Upper Limb
Title VII: Left Upper Limb
Title VIII: Right Lower Limb
Title IX: Left Lower Limb
Title X: Psychic System
Title XI: Total Body Surface
Title XII: Complications

Title I: Head and Neck

		Severity Rating
• **Burns**	see Title XI: Surface	
• **Contusions where skin is not broken**	see Title XI: Surface	
• **Sprains**		
Cervical sprain	see Title V: Spinal Column	
• **Fractures**		
Skull		
Fracture of calvarium without intracranial trauma		3
Fracture of calvarium with intracranial trauma		6
Fracture of base without intracranial trauma		4
Fracture of base with intracranial trauma		6
Neck		
Cervical spine fracture	see Title V: Spinal Column	
Fracture of larynx and/or trachea		6
• **Dislocations without fracture**		
Dislocation of cervical veterbrae	see Title V: Spinal Column	
• **Wounds**		
Trauma to the tympanum and/or eustachian tube	see Title II: Face	
Laryngeal and/or tracheal wound		3
Thyroid gland wound		3
Pharyngeal wound		3
Other head and neck wounds		see Title XI: Surface
• **Intracranial trauma not associated with a skull fracture**		
Concussion		
Mild craniocerebral trauma (loss of consciousness for less than 30 minutes with Glasgow Coma score of 13 or more and/or post-traumatic amnesia for less than 24 hours)		2

Moderate or severe craniocerebral trauma	4
Cerebral contusion or laceration	6
Intracranial hemorrhage	6
Subarachnoid hemorrhage, extradural or subdural hematoma	6
Trauma to the labyrinth	4
• **Cranial nerve damage**	
Damage to the olfactory nerve (I)	4
Damage to the optic nerve (II) and/or visual pathways	4
Damage to the common motor ocular nerves (III)	4
Damage to the trochlear (pathetic) nerve (IV)	4
Damage to the trigeminal nerve (V)	4
Damage to the abducens nerve (VI)	4
Damage to the facial nerve (VII)	4
Damage to the auditory nerve (VIII)	4
Damage to the glossopharyngeal nerve (IX)	4
Damage to the vagal nerve (X)	4
Damage to the spinal nerve (XI)	4
Damage to the hypoglossal nerve (XII)	4
• **Blood vessel injuries**	
Carotid artery injury	5
Injury of the internal jugular vein	5
Other injuries to vessels of the head and/or neck	4
• **Superficial trauma**	see Title XI: Surface
Cutaneous foreign body	see Title XI: Surface
• **Mental disorders**	see Title X: Psychic System

Title II: Face

	Severity Rating
• **Impairment of the eye and of its adjacent structures**	
Burn to the eye and its adjacent structures	see Title XI: Surface
Burn to the cornea and/or conjunctival sac	2
Contusion of orbital tissue	1
Eyeball contusion	1
Foreign body in the cornea	1
Foreign body in the conjunctival sac	1
Eyelid tear with impairment of the lacrimal ducts	3
Eyelid tear without impairment of the lacrimal ducts	see Title XI: Surface
Choroidal and/or retinal detachment	5
Traumatic enucleation	6
Hemorrhage of the iris or ciliary body	4
Vitreous hemorrhage	4
Hemorrhage and rupture of the choroid	4
Retinal or preretinal hemorrhage	2
Subconjunctival hemorrhage	1
Perforation of the eyeball	6
Trauma to the eyeball	5
Orbital wound	4
Superficial trauma of the cornea	1
Superficial trauma of the conjunctiva	1

• **Burns**	
Burn to the mucous membrane of the mouth and/or pharynx	4
Burn to the eye	
see Impairment of the eye and of its adjacent structures	
Other burns see Title XI: Surface	
• **Contusions where skin is not broken**	
Eyeball contusion	
see Impairment of the eye and of its adjacent structures	
Other contusions see Title XI: Surface	
• **Foreign bodies**	
Foreign body in the ear	1
Foreign body in the mouth	1
Foreign body in the eye	
see Impairment of the eye and of its adjacent structures	
Cutaneous foreign bodies (superficial injury)	
see Title XI: Surface	
• **Sprains**	
Sprain (displacement) of the nasal septum cartilage	2
Maxillary sprain	2
• **Fractures**	
One or more broken teeth	2
Fracture of bones of the nose	3
Mandibule fracture	4
Fracture of the malar bone and/or maxilla	4
LeFort I-type fracture	4
LeFort II-type fracture	4
LeFort III-type fracture	5
Fracture of the orbital floor or lower orbital wall	4
Fracture of the palate and/or tooth sockets	3
Fracture of the orbit (excluding fractures of the upper wall or orbital floor)	3
• **Dislocation without fracture**	
Temporo-maxillary dislocation	3
• **Wounds**	
Trauma of the tympanum and/or the eustachian tube	3
Injury of the internal parts of the mouth, including the tongue	2
Eyelid wound with impairment of the lacrimal ducts	
see Impairment of the eye and of its adjacent structures	
Eyelid wound without impairment of the lacrimal ducts	
see Title XI: Surface	
Eyeball wound	
see Impairment of the eye and of its adjacent structures	
Penetrating orbital wound	
see Impairment of the eye and of its adjacent structures	
Other facial wounds see Title XI: Surface	
• **Nerve damage**	
Damage to superficial nerves of head and/or neck	2
Cranial nerve damage see Title I: Head and Neck	
• **Superficial injuries** see Title XI: Surface	
Cutaneous foreign bodies see Title XI: Surface	

Title III: Thorax

		Severity Rating
• **Burns**		
Internal burn of the larynx, trachea or lung		4
Other burns	see Title XI: Surface	
• **Contusions where skin is not broken**	see Title XI: Surface	
• **Foreign bodies**		
Foreign body in the respiratory apparatus, excluding the lung		4
Foreign body in the lung		6
Cutaneous foreign bodies (superficial injury)	see Title XI: Surface	
• **Sprains**		
Sprain of the chondrocostal articulation		3
Sprain of the chrondrosternal articulation		3
Thoracic sprain	see Title V: Spinal Column	
• **Fractures**		
Rib fracture		
Fracture of one or two ribs		3
Fracture of three or more ribs		4
Flail chest-type fracture		6
Sternum fracture		4
• **Dislocations without fracture**		
Sternoclavicular dislocation		4
• **Wounds**	see Title XI: Surface	
• **Internal chest injuries**		
Hemothorax		4
Pneumohemothorax		4
Pneumothorax		4
Acute myocardial infarction		6
Trauma of the heart		6
Pulmonary contusion with or without pleural effusion		3
Trauma of the lung with penetrating chest wound		6
Trauma of the diaphragm		6
Trauma of another intrathoracic organ (bronchi, œsophagus, pleura or thymus)		6
• **Nerve damage**		
Trauma of one or more nerves of the trunk		4
• **Blood vessel damage**		
Damage to the thoracic aorta		6
Damage to the brachiocephalic artery and/or subclavian artery		6
Damage to the superior vena cava		6
Damage to the brachiocephalic vein and/or subclavian vein		6
Damage to pulmonary vessels (artery and/or vein)		6
Damage to other thoracic blood vessels (intercostal or thoracic)		4

• **Superficial injuries**	see Title XI: Surface
Cutaneous foreign bodies	see Title XI: Surface

Title IV: Abdomen and Pelvic Contents

	Severity Rating
• **Burns**	see Title XI: Surface
• **Contusions where skin is not broken**	see Title XI: Surface
• **Foreign bodies**	
Foreign body in the digestive apparatus	4
Cutaneous foreign body (superficial injury)	see Title XI: Surface
• **Sprains**	
Back and/or lumbar sprain	see Title V: Spinal Column
• **Pregnancy and childbirth**	
Premature delivery or miscarriage	6
Pregnancy complication	5
• **Dislocations**	
Dislocation in the pelvic region	see Titles VIII and IX: Lower Limbs
• **Wounds**	see Title XI: Surface
• **Injury to internal organs of the abdomen and pelvis**	
Damage to the stomach	4
Damage to the small intestine	4
Damage to the large intestine and/or rectum	4
Damage to the pancreas	4
Damage to the liver	4
Damage to the spleen	4
Damage to the kidney	4
Damage to the bladder and/or to the urethra	4
Damage to the ureter	4
Damage to internal genital organs	4
Damage to other intra-abdominal organs (gall bladder, cystic ducts, peritoneum, adrenal gland)	4
• **Damage to external genital organs**	
Amputation of the penis	6
Amputation of the testicle(s)	6
Vaginal injury	3
Other wounds of the external genital organs	see Title XI: Surface
• **Abdominal wall, inguinal or femoral trauma**	
Inguinal or femoral hernia	4
Epigastric or umbilical hernia	4

• **Blood vessel damage**	
Damage to the abdominal aorta	6
Damage to the inferior vena cava	6
Damage to the celiac trunk and/or mesenteric arteries	6
Damage to the portal vein and/or splenic vein	6
Damage to renal blood vessels	6
Damage to iliac blood vessels	6
• **Superficial injuries**	see Title XI: Surface
Cutaneous foreign bodies	see Title XI: Surface

Title V: Spinal Column

	Severity Rating
• **Sprains**	
Cervical or cervicothoracic sprain	
Cervical sprain without objective clinical sign (cervicalgia,WAD I)	1
Cervical sprain with musculoskeletal signs (WAD II)	2
Cervical sprain with neurological signs (WAD III)	4
Thoracic or thoracolumbar sprain	
Thoracic or thoracolumbar sprain without objective clinical sign (dorsalgia)	1
Thoracic or thoracolumbar sprain with musculoskeletal signs	2
Thoracic or thoracolumbar sprain with neurological signs	4
Lumbar or lumbosacral sprain	
Lumbar or lumbosacral sprain without objective clinical sign (lumbago)	1
Lumbar or lumbosacral sprain with musculoskeletal signs	2
Lumbar or lumbosacral sprain with neurological signs	4
Sacral sprain	2
Coccygeal sprain	2
• **Fractures**	
Cervical spine	
Fracture of one or more cervical vertebrae without neurological lesion	5
Fracture of one or more cervical vertebrae with neurological lesion	6
Thoracic spine	
Fracture of one or more thoracic vertebrae without neurological lesion	4
Fracture of one or more thoracic vertebrae with neurological lesion	6

Lumbar and sacral spine	
Fracture of one or more lumbar vertebrae without neurological lesion	5
Fracture of one or more lumbar vertebrae with neurological lesion	6
Fracture of the sacrum and/or coccyx without neurological lesion	4
Fracture of the sacrum and/or coccyx with neurological lesion	6
• **Dislocations without fracture**	
Dislocation of one cervical vertebra	5
Dislocation of one thoracic and/or lumbar vertebra	5
• **Isolated injury to the spinal cord**	
Spinal cord injury of the cervical spine without vertebral lesion	6
Spinal cord injury of the thoracic spine without vertebral lesion	6
Spinal cord injury of the lumbar spine without vertebral lesion	6
Spinal cord injury of the sacral spine without vertebral lesion	6
• **Damage to the roots and rachidian plexus**	
Damage to one or more cervical roots	4
Damage to one or more thoracic roots	4
Damage to one or more lumbar roots	4
Damage to one or more sacral roots	4
Damage to the brachial plexus	6
Damage to the lumbosacral plexus	6
• **Other impairments of the spine**	
Herniated cervical disc	5
Herniated thoracic, lumbar or lumbosacral disc	5
Acquired spondylolisthesis	4

Title VI: Right Upper Limb
Title VII: Left Upper Limb

	Severity Rating
• **Amputations**	
Amputation of a thumb	5
Amputation of finger(s) other than the thumb	5
Amputation of the arm or hand (excluding the isolated amputation of finger(s) or thumb)	6
• **Musculotendinous impairment**	
Rotator cuff syndrome	3
Rupture of the rotator cuff	4
Tendinitis of the elbow	3
Tendinitis of the wrist	3
• **Burns**	see Title XI: Surface
• **Contusions where skin is not broken**	see Title XI: Surface

• **Sprains**		
Acromioclavicular sprain		3
Shoulder sprain		3
Elbow sprain		3
Wrist sprain		3
Hand sprain		2
• **Fractures**		
Clavicle fracture		4
Scapula fracture		4
Fracture of the upper epiphysis of the humerus		5
Diaphyseal fracture of the humerus		4
Inferior epiphyseal fracture of the humerus		5
Superior epiphyseal fracture of the radius and/or ulna		5
Diaphyseal fracture of the radius and/or ulna		4
Inferior epiphyseal fracture of the radius and/or ulna		5
Fracture of the carpus		4
Fracture of one or more metacarpals		4
Fracture of one or more phalanges of the fingers		3
• **Dislocations without fracture**		
Shoulder dislocation		4
Elbow dislocation		4
Dislocation of the wrist		4
Finger dislocation (one or more)		3
• **Wounds**		
Traumatic arthrotomy of the elbow		4
Wound(s) without damage to tendons	see Title XI: Surface	
Wound(s) to arm, excluding wrist and hand, with damage to tendons		4
Wound(s) to wrist, hand and/or fingers with damage to tendons		5
• **Nerve damage**		
Damage to the circumflex nerve		4
Damage to the median nerve		4
Damage to the ulnar nerve		4
Damage to the radial nerve		4
Damage to the musculocutaneous nerve of the arm		3
Damage to the cutaneous nerves of the arm		3
Damage to the collateral palmar nerves (digital nerves)		3
• **Blood vessel damage**		
Damage to the blood vessels in the arm (axillary, brachial, radial, cubital)		4
• **Superficial injuries**	see Title XI: Surface	
Cutaneous foreign bodies	see Title XI: Surface	

Title VIII: Right Lower Limb
Title IX: Left Lower Limb

		Severity Rating
• **Amputations**		
Amputation of toes		4
Amputation of the leg, excluding the isolated amputation of toe(s)		6
• **Musculotendinous impairment**		
Tendinitis of the hip		3
Tendinitis of the knee		3
Tendinitis of the ankle and/or foot		3
• **Impairment of menisci**		
Tear of one or more menisci of the knee		3
• **Burns**	see Title XI: Surface	
• **Contusions where skin is not broken**	see Title XI: Surface	
• **Sprains**		
Hip sprain		3
Knee sprain		3
Ankle sprain		3
Foot sprain		2
Sacroiliac sprain		3
Pelvic sprain (pubic symphysis)		3
• **Fractures**		
Fracture of the acetabulum		5
Fracture of the pubis		4
Fracture of the ilium and/or ischium		4
Multiple fractures of the pelvis		5
Fracture of femoral neck		5
Diaphyseal fracture of the femur		5
Inferior epiphyseal fracture of the femur		5
Fracture of the patella		4
Superior epiphyseal fracture of the tibia and/or fibula		5
Diaphyseal fracture of the tibia and/or fibula		4
Ankle fracture		4
Calcaneal fracture		4
Fracture of the talus		4
Fractures of other bones of the tarsus and/or metatarsus		4
Fracture of one or more phalanges of the toes		3
• **Dislocations without fracture**		
Dislocation in the pelvis		4
Dislocation of the hip		5
Dislocation of the patella		3
Dislocation of the knee		6
Dislocation of the ankle		4
Dislocation of the foot		3

• **Wounds**	
Traumatic arthrotomy of the knee	4
Traumatic arthrotomy of the ankle	4
Leg wound, without damage to tendons	see Title XI: Surface
Leg wound, with damage to tendons	4
• **Nerve damage**	
Damage to the sciatic nerve	5
Damage to the crural nerve	4
Damage to the posterior tibial nerve	4
Damage to the common fibular nerve	4
Damage to the cutaneous nerves of the leg	3
• **Blood vessel damage**	
Damage to the common and/or superficial femoral artery	6
Damage to the femoral and/or saphenous veins	4
Damage to popliteal blood vessels	4
Damage to tibial blood vessels	4
• **Superficial injuries**	see Title XI: Surface
Cutaneous foreign bodies	see Title XI: Surface

Title X: Psychic System*

	Severity Rating
Anxiety	2
Reactive depression	4
Acute reactive state resulting from a difficult situation	4
Neurosis or psychoneurosis	4

* For psychic system complications resulting from an injury, see Title 12: Complications

Title XI: Total Body Surface

	Severity Rating
• **Burns**	
Head, face and neck	
Burn to the cornea or conjunctival sac	see Title II: Face
Unspecified burn to the eye and its adjacent structures	2
Burn to the eyelid and/or periocular region	2
First-degree burn to the head and/or neck	2
Second-degree burn to the head and/or neck	3
Deep second-degree burn to the head and/or neck	4
Third-degree burn to the head and/or neck	5
Internal burn to the larynx, trachea and/or lung	see Title III: Thorax
Trunk	
First-degree burn to the trunk	2
Second-degree burn to the trunk	3
Deep second-degree burn to the trunk	4
Third-degree burn to the trunk	5

Arm		
First-degree burn to an arm		2
Second-degree burn to an arm		3
Deep second-degree burn to an arm		4
Third-degree burn to an arm		5
Leg		
First-degree burn to a leg		2
Second-degree burn to a leg		3
Deep second-degree burn to a leg		4
Third-degree burn to a leg		5
Multiple or extensive burns		
Burn(s) covering less than 10 % of the body	see the specific region	
Burns covering 10 % to 19 % of the body		6
Burns covering 20 % to 29 % of the body		6
Burns covering 30 % to 39 % of the body		6
Burns covering 40 % to 49 % of the body		6
Burns covering 50 % to 59 % of the body		6
Burns covering 60 % to 69 % of the body		6
Burns covering 70 % to 79 % of the body		6
Burns covering 80 % to 89 % of the body		6
Burns covering 90 % to 99 % of the body		6
• **Contusions where skin is not broken**		
Multiple-site contusions		1
Head - face and neck		
Contusion of the face, scalp and/or neck		1
Contusion of the eyelid and/or the periocular region		1
Contusion of orbital tissue	see Title II: Face	
Contusion of the eyeball	see Title II: Face	
Trunk		
Breast contusion		1
Contusion of the front chest wall		1
Contusion of the abdominal wall		1
Contusion of the posterior wall of trunk		1
Contusion of genital organs		2
Multiple contusions to the trunk		1
Arm		
Arm contusion(s)		1
Leg		
Leg contusion(s)		1
• **Foreign bodies**		
Cutaneous foreign bodies	see Superficial injuries	
• **Wounds**		
Multiple-site wounds		2

Head, face and neck

Tear of the eyelid and/or periocular region, without impairment of the lacrimal ducts	2
Tear of the eyelid with impairment of the lacrimal ducts	see Title II: Face
Head wound, excluding face	2
Facial wound	2
Outer ear injury	2
Wound of the tympanum and/or eustachian tube	see Title II: Face
Eyeball wound	see Title II: Face
Penetrating orbital wound	see Title II: Face
Neck wound	2

Trunk

Wound of the front chest wall	2
Wound of the posterior wall of the trunk	2
Wound of external genital organs	3
Wound of the front and/or side abdominal wall	2
Wound of the perineum	2
Vaginal wound	see Title IV: Abdomen and Pelvic Contents

Arm

Arm wound(s) with tendon impairment	see Titles VI - VII: Upper Limbs
Arm wound(s)	2

Leg

Leg wound(s) with tendon impairment	see Titles VIII - IX: Lower Limbs
Leg wound(s)	2

• **Superficial injuries (abrasions, scratches, friction burns, foreign body (splinter) without major wound)**	
Superficial injury to the face, neck and/or scalp	1
Superficial injury to the trunk	1
Superficial injury to an arm	1
Superficial injury to a leg	1
Superficial injuries at multiple sites	1

Title XII: Complications

	Severity Rating
Injury resulting in death (more than 24 hours after the accident)	
Stroke	6
	6
Cardiopulmonary arrest	6
Traumatic shock (hypovolemic shock)	6
Post-operative shock	6
Coagulopathy	4
Peripheral vascular complications	4
Volkmann’s ischemic contracture	5
Reflex sympathetic dystrophy	6

Cerebral embolism	6
Pulmonary embolism	6
Traumatic subcutaneous emphysema	3
Psychotic state	4
Myocardial infarction	6
Infection of a wound	3
Post-operative infection	5
Lung failure	6
Kidney failure	5
Carbon monoxide poisoning	2
Pulmonary edema	5
Acute pericarditis	6
Compartmental syndrome	5
Paroxysmal tachycardia	6
Peptic ulcer	4

3802

Draft Regulation

An Act respecting the distribution of financial products and services
(R.S.Q., c. D-9.2)

Chambre de la sécurité financière
— Compulsory professional development
— Amendments

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the "Regulation Amending the Regulation Governing Compulsory Professional Development of the Chambre de la sécurité financière," of which the text is published below, is submitted to the government for approval, with or without amendment, 45 days after the date of this publication.

The draft Regulation specifies the latest date on which any representative who must meet the obligations of the Chamber with respect to professional development must forward to the latter the records attesting to the number of professional development units he/she has accumulated.

It also provides that the Chamber will send a default notice and, if applicable, a notice of non-compliance to any representative who has not complied with the compulsory professional development rules.

Further information may be obtained by contacting Ms. Lucie Granger, Secretary, Chambre de la sécurité financière, 500, rue Sherbrooke Ouest, 7e étage, Montréal (Québec) H3A 3C6, telephone: (514) 282-5777 or 1 800 361-9989, e-mail: lgranger@chambresf.com.

Interested parties who wish to express comments on this draft Regulation are asked to send them in writing before expiry of the 45-day period to the Minister of Finance, 12, rue Saint-Louis, 1er étage, Québec (Québec) G1R 5L3.

DIANE LEMIEUX,
The minister of Finance

Regulation amending the Regulation governing compulsory professional development of the Chambre de la sécurité financière*

An Act respecting the distribution of financial products and services
(R.S.Q., c. D-9.2, s. 313 (2))

1. The Regulation Governing Compulsory Professional Development of the Chambre de la sécurité financière has been amended by adding the following after section 8:

"**8.1** At the latest by January 15 following the end of the 24-month period for representatives referred to in sections 2 and 3 and at the end of the 12-month period for representatives referred to in section 4, each representative must forward to the Chamber a copy of the attestations he must keep in accordance with section 8.

* The Regulation Governing Compulsory Professional Development of the Chambre de la sécurité financière, approved by Order in Council 1171-99 dated 13 October 1999 (1999, *G.O.*, 2, 3701), has not been amended since it was approved.