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CIME (from 22.04.2012 until 22.04.2017)

PR NO: 2802376

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### **PRESENTATION TO THE HONORABLE, PRESIDENT C RAMAPHOSA ON 5 MAY 2019**

#### **SUBJECT: ROAD ACCIDENT FUND CONCEPTS**

1. Common Law
2. RAF 4 Form and the Sixth Edition of the AMA Guides
3. Narrative Test
4. Accountability

#### **1. Common Law**

Underlying Common Law Principles: Law of Delict. Act Number 19 of 2005 restricts the recovery of patrimonial damages to a fixed income amount and restricts non-pecuniary damages to cases that can be proved to have sustained serious injuries.

It is important note should be taken of Section 17(1A)(a) of the RAF Act Number 19 of 2005:

- a) 'Assessment of a serious injury shall be based on a prescribed method adopted after consultation with medical service providers and shall be reasonable in ensuring that injuries are assessed in relation to the circumstances of the third party'.
- b) 'The assessment shall be carried out by a Medical Practitioner registered as such under the Health Professional Act, 1974'. (Act 56 of 1974).

In an introduction to the Constitution and the Bill of Rights, Currie and De Waal, on page 2, Paragraph 2, mentioned the fundamental principle of constitutionalism that had governed the previous constitutional order was replaced by the principle of constitutional supremacy. A Bill of Rights was put in place to safeguard human rights, ending centuries of abuse by the state or tolerated by it. The courts were given the power to declare invalid any law or conduct inconsistent with the Bill of Rights and the Constitution.

On page 5 it is mentioned that this decision has two major implications: Firstly, under the present system of government, the Constitution is the supreme law, combining all parts of the state, including the legislative majority. Constitutional change may only be achieved by amending the Constitution itself through special procedures and by a special majority of legislators. To change the constitutional structure, there is the need for a nearly unanimous agreement and the proposed changes do not fundamentally alter the spirit of the constitutional system. Secondly, a justiciable constitution empowers the judiciary to uphold the constitution.

## 2. RAF 4 Form and the Sixth Edition of the AMA Guides

The RAF 4 Form, page 1, paragraph (a) mention that a claim for non-pecuniary loss ('general damages' or 'pain and suffering') will not be considered unless the report is duly completed and submitted. Paragraph (b) mentions that the Road Accident Fund Act No. 56 of 1996 requires this report to be compiled by a Medical Practitioner registered in terms of the Health Professional Act No. 56 of 1974.

It is stated in Paragraph 5 on page 3 that in respect of the Narrative Test – Serious Injury – if the injury is not on the list of non-serious injuries, and did not result in 30% whole person impairment, then it must be considered whether the injury has resulted in any of the following consequences:

- 5.1 – Serious longterm impairment.
- 5.2 – Permanent serious disfigurement.
- 5.3 – Severe longterm mental or behavioural disorder.
- 5.4 – Loss of a foetus.

It is important to take note of page 20 of the Sixth Edition of the AMA Guides, Table 2/1 – Fundamental Principles of the Guides. Fundamental Principle 9 states that the Guides are based on objective criteria. Fundamental Principle 11 states that the Guides do not permit the rating of future impairment. Fundamental Principle 13 states that subjective complaints that are not clinically verifiable are generally not rateable under the Guides.

Because of these Fundamental Principles, the AMA Guides and the RAF 4 Form are not compatible and should not have been used since 1 August 2008 to decide whether a patient is seriously injured or not. Another methodology will have to be found in future to decide whether an injury is serious or not.

In this regard, there are two possibilities, namely the use of the Narrative Test or the Guidelines for the Assessment of General Damages and Personal Injury Cases. Oxford University Press – ISBD 978-0-19-875762-7.

### 3. Narrative Test

One being a methodology of deciding whether an injury is serious or not as set out in the publication by the Chairman of the tribunal appointed by the HPCSA (Health Professional Council of South Africa) and where the final assessment of whether an injury is serious or not, is whether the injury has caused life changing sequelae or not. (Attached).

The guidelines is a second assessment possibility of the assessment of general damages is a guideline published by the Judicial College, published by the Oxford University Press. The methodology is based solely on case based judgements in the past and is divided into categories for instance: page 5 – Brain damage – a) very severe damage - £337 000-00, b) moderate brain damage - £235 000-00, c) less severe brain damage - £35 000-00 and d) minor brain injury – up to £10 000-00. This methodology is a very useful method for Judges, Advocates and Lawyers in the United Kingdom to assess the value of general damages that must be paid out in any settlement.

A South African edition of the abovementioned guideline is being published by Nexus Lexus, having been written by Prof. HP Klopper, Emeritus Professor of Law at the University of Pretoria.

The reader is referred to Case Number 10654/09 of 2010 between the Law Society of South Africa, The Minister of Transport and the Road Accident Fund, heard by Judge AJ Fabricius with judgement on 31 March 2010. On page 140, Section 63, he referred to the Narrative Test, which has been recommended to be used if the AMA Guides do not sufficiently take the circumstances of the individual into account. It should be kept in mind that this assessment method contains a safety net in the form of a Narrative Test, which focuses on the circumstances of the individual.

An Affidavit was attested by Dr. John Bolitho of the State of Victoria in Australia in 2010. Judge Fabricius stated it is contended that the evidence of Dr. Bolitho stands uncontested and that he is entitled to take into account and have regard to the Australian approach on the meaning of the Narrative Test. The Narrative Test as being a safety net, demonstrated the differences between the Narrative and impairment thresholds and showed how the Narrative Tests took individual circumstances into account, and the conclusion is that Section 3(1)(b) provides for an assessment process which is indeed reasonable, having regard to the factors that he could practically mention in the judgement formulated by acting Judge Fabricius.

#### 4. Accountability

According to the Bill of Rights Handbook written by Iain Currie and Johan de Waal, Sixth Edition the following is of importance in respect of a democracy and accountability:

- Page 14, paragraph (c): Apart from observing the rule of law, **the Constitution also requires the government to respect the principle of democracy.** At least since the French and American revolutions, it has been accepted that **no person or institution has a divine right to govern others.** It follows from this that **the government can only be legitimate in so far as it rests on the consent of the governed.** As a preamble to the Constitution puts it, **government must be 'based on the will of the people'.**

- In a democratic system of government therefore, the relationship between the government and the people must not simply be based on power. Instead, the consent of the governed is the defining characteristic of the relationship. The principle of democracy is referred to at several places in the Constitution. Like any other constitutional norm, law or conduct that is inconsistent with the principles of democracy will be invalid. In so far as there is agreement, it is on abstract and general statements of the type we made above, such as the that 'consent of the governed is the defining characteristic of the relationship between government and the people', or **that the government must be based on the will of the people**. Such broad formulations are hardly capable of setting a standard to test the constitutional validity of a particular law and conduct. The Constitution recognises three forms of democracy: representative democracy, participatory democracy and direct democracy. Section 33 - The right to **procedurally fair administrative action, principally requires that a person is given a hearing before decisions are taken, affecting his / her rights**.
- Page 17: As with the principle of democracy, some of the most important specific provisions flowing from the principle of accountability are found in the Bill of Rights. Most prominent is the right to access to information in Section 32 and the right to just administrative action in Section 33, particularly the right to written reasons and to reasonable administrative action. Further, members of the Cabinet are accountable collectively and individually to the Parliament and members of the Provincial Executive Councils are accountable to their respective provincial legislatures. The principle of accountability, openness and responsiveness, also form part of the 'basic values and principles governing public administration' in South Africa. Multi-party parliamentary committees must have oversight of all security services, (including the South African Police Services and the South African National Defence Force) to give effect to the principles of transparency and accountability. Finally, national, provincial and municipal budgetary processes must promote transparency, accountability and the effective financial management of the economy, debt and public sector.
- Page 18, paragraph (d): A separation of power between the legislature, the executive and the judiciary, with appropriate checks and balances to assure accountability, responsiveness and openness. This is constitutional principle 6 of the 1996 Constitution.

- Therefore, although there is no express reference to these principles in the 1996 Constitution, we know that both separation of powers and checks and balances have been built into the text. **In the South African Association of Personal Injury Lawyers versus Heath, the Constitutional Court held that there “can be no doubt that our Constitution provides for such separation of powers and that laws inconsistent with what the Constitution requires in that regard, are invalid”.**
- P.22: In the case of the Minister of Health versus Treatment Action Campaign, on the other hand, the court demonstrated that it will not hesitate to issue mandatory relief, which affects policy and has manifest cost implications, **when it reaches the conclusion that the state has not performed its constitutional obligations diligently and without delay.**

In the RABS (Road Accident Benefit Scheme) Bill of 2013, it has been stipulated that the administrator would be accountable to no-one. **This would also apply to his staff. In the proposed RABS Bill of 2017, it is stated that the administrator of the RABS Bill is accountable only to the board and it does not stipulate that the administrator of the RABS Bill or his/her staff will be accountable to the Constitution.**

Extracts from the differentiation between the RAF 4 Form, Narrative Test and reference to conclusions reached by retired Judge, Deputy Chief Justice Dikgang Moseneke and the HPCSA Serious Injury Narrative Test Guidelines by Edeling and others October 2013 (attached).



**DR. HB ENSLIN**

**PRETORIA – 5 MAY 2019**

**ATTACHMENTS TO THE PRESENTATION TO THE HONORABLE  
PRESIDENT C RAMAPHOSA ON 5 MAY 2019 (DR HB ENSLIN)**

- CONSTITUTIONAL CCT 38/10 (JUDGE DIKGANG MOSENEKE –  
DEPUTY CHIEF JUSTICE FROM 2001 UNTIL 2016)
- RAF4 SERIOUS ASSESSMENT FORM
- THE HPCSA SERIOUS INJURY NARRATIVE TEST GUIDELINE



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PAGE 6 : SECTION 91

- Section 91 (page 55): **Judge Moseneker** stated, "I have no hesitation in finding that the **UPFS tariff is a tariff that is wholly inadequate and unsuited for paying compensation for medical treatment of road accident victims in the private health care sector.** The evidence shows that virtually no competent medical practitioner in the private sector with the requisite degree of experience would consistently treat victims at UPFS rates. This simply means that all road accident victims who cannot afford private medical treatment will have no option but to submit to treatment at public health establishments".

**CONSTITUTIONAL COURT CASE CCT 38/10 (Judge Dikgang Moseneke, Deputy Chief Justice for 15 years until 20.05.16)**

"First, the lawgiver has the power to change or adapt the common law provided that the change is not inconsistent with the Constitution."

Whilst existing rights, whatever their origin, remain important, it is indeed open to Parliament to adapt or abolish existing rights sourced in any existing law provided that in doing so, it acts within the confines of the Constitution".

✓ Paragraph 71 states, "It is open to Parliament, as it is to the courts, to adapt the common law provided that in that process the Constitution is not breached. The ultimate question resolves itself into whether the statutory abolition of the common law remedy to recover damages from a wrongdoer breaches the Constitution".

Paragraph 78 states, "The over-arching grounds are the urgent need to make the Fund financially viable and sustainable, and to make its' compensation regime more inclusive, transparent, predictable and equitable".

PAGE 42:

On page 57 of this judgment Judge Moseneke refers to "the stark conclusion that spinal cord injured patients who are wholly dependent on state health care facilities commonly receive substandard care and are at the material risk of untimely death due to untreated complications".

"The order I intend to make is that Regulation 5(1) is inconsistent with the Constitution".

Patients are entitled to and do **receive healthcare in private institutions.** A suspension of the order would create unnecessary hardships for those urgently in need of treatment. While the Minister takes time to formulate the tariff to be made under the empowering provision, the accident victims must be entitled to adequate healthcare.

**The Minister of Transport has not yet published a fee that will allow any road accident victim access to private medical care.**

## PAGE 93: SUMMARY

Judge Moseneke addressed an ANC Youth Day gathering in Durban on the success and challenges of **the Constitution**, which had the **responsibility**, above all, to hold the executive to account.

He further went on to say that,

- “Our dream is deferred, but only because those tasked with helping realise it, have been fiddling.
- They have jettisoned the centuries old ideals for freedom, inclusivity and justice for kleptocracy and patronage.
- They chose to forget that the public purse derives from our joint contributions and is sacrosanct.
- They have forgotten that all public power derived from the people, and once given by the people, all power must be deployed exclusively to the benefit of the people and no-one else.
- Power must be used lawfully and only to create a better life for all”.

## **HPCSA Serious Injury Narrative Test guideline**

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This guideline is published by the Health Professions Council of South Africa Appeal Tribunals to define the use of a Serious Injury Narrative Test Report, as well as the required structure, content and criteria thereof.

Current South African Road Accident Fund (RAF) legislation requires a medical determination of the seriousness of injuries sustained in motor vehicle accidents to determine whether the claimant is entitled to a claim for general damages. Such medical assessments are submitted in the form of RAF 4 Serious Injury Assessment Reports. Contested claims for serious injury are referred to the Health Professions Council of South Africa (HPCSA) Appeal Tribunals for final determination. The legislation prescribes 2 instruments, namely the American Medical Association (AMA) Guides (6th edition) and the Narrative Test for this purpose. Whereas the AMA Guides are published in a comprehensive book, and training courses are provided in their use, existing legislation does not provide any indication of the required structure, content or criteria of a Narrative Test report. This document is published by the HPCSA Appeal Tribunals as a guideline to the performance of the Narrative Test; what it is, reasons for applying it and who should compile it, as well as the required structure, content and criteria thereof. A Narrative Test Report should include relevant and meaningful comment in relation to each of the 6 sections described in the article.

S Afr Med J 2013;103(10):763-766. DOI:10.7196/SAMJ.7118

### **1. Summary**

This guideline is an aide memoire to medical practitioners and other relevant experts compiling Narrative Test Reports. A Narrative Test Report should include relevant and meaningful comment for each of the following:

#### **1.1 Injury diagnosis/nature and extent of injuries in the acute post-traumatic period**

- Diagnosis by medical practitioner.
- Opinion of medical practitioner re nexus between the accident and diagnosed injuries.

#### **1.2 Outcome diagnosis/nature and extent of permanent impairment after maximal medical**

## **improvement**

- Diagnosis by medical practitioner.
- Opinion of medical practitioner re nexus between the accident and diagnosed injuries.

### **1.3 External/environmental/contextual circumstances of the person's life – either altered or unaltered**

- Factual description by medical practitioner and/or other relevant expert(s).
- Opinion of medical practitioner re nexus between injuries sustained in the accident and any changes in external circumstances.

### **1.4 Individual circumstances of the person's life – either altered or unaltered, including functional impairment**

- Factual description by medical practitioner and/or other relevant experts.
- Opinion of medical practitioner re nexus between injuries sustained in the accident and any changes in individual circumstances.

### **1.5 Chronic pain, subjective suffering and/or loss of enjoyment of life**

- Factual description by medical practitioner and/or other relevant experts.
- Opinion of medical practitioner and/or other relevant experts in relation to the credibility, congruence and consistency or otherwise of the complaints.
- Opinion of medical practitioner re nexus between injuries sustained in the accident and reported subjective suffering.

### **1.6 Level or degree of changes**

Comment by medical practitioner and/or other relevant experts, utilising meaningful semi-quantitative terminology, e.g. insignificant, trivial, inconsequential, mild, moderate, severe, intrusive, overwhelming, devastating, significant.

## **2. The Narrative Test**

### **2.1 What is the Narrative Test?**

The Narrative Test is a medical instrument prescribed by the Road Accident Fund (RAF) Amendment Regulations, 2008<sup>1</sup> to the RAF Amendment Act, 2005<sup>2</sup> which amends the RAF Act 56, 1996.<sup>3</sup>

The Narrative Test stands apart from the American Medical Association (AMA) 'Guides to the Evaluation of Permanent Impairment'<sup>4</sup> and cannot be defined or interpreted in terms of these.

The RAF Amendment Regulations do not provide any guidelines to the structure, content or criteria of the Narrative Test. This guideline is published by the HPCSA Appeal Tribunals as a guideline to the performance of the Narrative Test, as well as the required structure, content and criteria thereof.

### **2.2 Reasons for applying the Narrative Test**

The need for the Narrative Test arises in any case where:

- The injuries are found to have resulted in <30% whole person impairment (WPI) according to the method of the AMA Guides; and
- The medical practitioner who is drafting the RAF 4 Serious Injury Assessment Report nonetheless regards the injuries as serious.

There are two reasons for cases that have been regarded as serious by HPCSA Appeal Tribunals despite having <30% WPI according to the method of the AMA Guides:

- The failure of the AMA Guides to take the 'circumstances of the third party' into account properly or effectively.<sup>5</sup>
- Inherent shortcomings of the AMA Guides, especially with respect to estimating the life-altering impact of injuries that have resulted in more abstract and subjective impairments and suffering.<sup>5</sup>

The RAF Amendment Act<sup>2</sup> stipulates in section 17(1A)(a) that the 'assessment of a serious injury shall be based on a prescribed method adopted after consultation with medical service providers and shall be reasonable in ensuring that injuries are assessed in relation to the circumstances of the third party'.

In highlighting the importance of the 'circumstances of the third party', the Act effectively prescribes an assessment of 'disability' as opposed to an assessment of 'impairment'.

In contrast to the requirements of the Act, the AMA Guides prescribe an impairment rating system, which for practical purposes excludes consideration of the 'circumstances of the third party'.

The AMA Guides define impairment and disability as follows:

- Impairment: 'a significant deviation, loss, or loss of use of any body structure or body functions in an individual with a health condition, disorder, or disease'.
- Disability: 'activity limitations and/or participation restrictions in an individual with a health condition, disorder, or disease'.

The AMA Guides do not provide for any assessment of the nature or degree of permanent disability. The AMA Guides<sup>4</sup> state (page 6):

- 'The Guides is not intended to be used for direct estimates of work participation restrictions. Impairment percentages derived according to the Guides' criteria do not directly measure work participation restrictions.'
- 'In disability evaluation, the impairment rating is one of several determinants of disablement. Impairment rating is the determinant most amenable to physician assessment; it must be further integrated with contextual information typically provided by non-physician sources regarding psychological, social, vocational, and avocational issues.'

## 2.3 Who should compile a Narrative Test Report?

The RAF Amendment Regulations<sup>1</sup> stipulate that the RAF 4 Serious Injury Assessment Report, including the Narrative Test Report, should be compiled by a 'medical practitioner', defined as a medical practitioner registered in terms of the Health Professions Act, 1974.<sup>6</sup>

For a variety of reasons, although medical practitioners should be able to provide adequately detailed Narrative Test Reports in certain cases, it is found in practice that in many cases medical practitioners do not provide adequate factual descriptions of relevant or altered 'circumstances of the third party'.

It is, therefore, recommended that the Narrative Test Report provided by a medical practitioner should generally be supplemented by reports from other relevant experts, mainly to properly describe the relevant or altered 'circumstances of the third party'.

In this context, 'other relevant experts' refers principally to occupational therapists. Depending on the nature of the impairments and the particular 'circumstances of the third party', however, supplementary reports may be required of neuropsychologists, educational psychologists, speech therapists, and/or industrial psychologists.

In reference to the structure and content of a Narrative Test Report (see section 2.4):

- Sections 1 and 2 should be compiled by the medical practitioner.
- Sections 3 - 6 may be compiled by the medical practitioner or may be compiled in the supplementary report(s) of the other relevant expert(s) (see below); in which case comment should be provided by the medical practitioner (see below).
- The supplementary report of a relevant expert should refer to the diagnoses of the medical practitioner in Sections 1 and 2, and should deal in detail with Sections 3 - 6.
- Where Sections 1 and 2 of the Narrative Test Report of the medical practitioner are not available to the other relevant expert(s) at the time of compiling their report, bearing in mind inter alia that the scope of practice of such relevant experts precludes the formulation of medical diagnoses, the other relevant expert(s) should refer to the injury diagnosis and outcome diagnosis of medical practitioners as documented in other available medical records or reports.
- Where available records or reports document only an injury diagnosis but not an outcome diagnosis, the other relevant expert(s) should, on the basis of their own observations and expertise, provide a working description of the impairments (equivalent to an outcome diagnosis) and defer to the medical practitioner for final formulation of the outcome diagnosis.
- Where Sections 3 - 6 have been compiled in the supplementary report of the other relevant expert(s), the medical practitioner should read the report of the other relevant expert(s), and should provide further comment in line with the requirements as set out below.

## **2.4 The structure and content of a Narrative Test Report**

A Narrative Test Report should include relevant and meaningful comment in relation to each of the following sections:

### **2.4.1 Section 1: Injury diagnosis (acute)**

The diagnosis of injuries sustained in the accident should be recorded, i.e. a name describing each injury during the acute post-traumatic period.

The injury diagnosis/diagnoses should be formulated by a medical practitioner.

In addition, the medical practitioner should provide opinion in relation to the nexus between the accident and diagnosed injuries.

Examples of injury diagnoses are:

- compound fracture of the left femur
- head injury with severe traumatic brain injury
- soft tissue injury of the lumbar spine
- psychological trauma.

### **2.4.2 Section 2: Outcome diagnosis (permanent)**

The diagnosis of the chronic condition that has arisen from the injuries should be recorded, i.e. a meaningful name describing each chronic post-traumatic condition following maximal medical improvement (MMI).

For purposes of the Narrative Test, MMI is defined as 'a point at which the patient's condition is considered to have stabilised, and taking into account the medical and surgical treatment available to them, further recovery or deterioration is not anticipated over the following 12 months within medical probability'.

MMI does not preclude the deterioration of a condition that is expected to occur with the passage of time, or as a result of the normal ageing process or possible future complications, nor does it preclude allowances for ongoing follow-up for optimal maintenance of the medical condition in question.

The outcome diagnosis also serves as a description of permanent impairment following the accident.

The outcome diagnosis/diagnoses should be formulated by a medical practitioner.

In addition, the medical practitioner should provide opinion in relation to MMI, and in relation to the nexus between injury diagnosis and outcome diagnosis.

Examples of outcome diagnoses are:

- post-fracture syndrome with malunion and deformity
- post-traumatic organic brain syndrome
- intermittent mechanical back pain
- post-traumatic stress disorder.

#### 2.4.3 Section 3: External circumstances of the person's life

A factual description should be recorded of the external circumstances of the person's life, i.e. the environmental or contextual circumstances.

These circumstances generally remain unaltered following the accident, but in case of any change such changes should be recorded.

External circumstances include:

- geographical location
- type of accommodation
- family support
- financial status
- cultural affiliation
- religious affiliation
- access to transport
- access to healthcare.

In terms of this section of the Narrative Test Report, it is acceptable and generally advisable for the medical practitioner to refer to the supplementary report(s) of other relevant experts (see section 2.3), in which case it is not necessary for the medical practitioner to duplicate such factual descriptions in their report.

It is, however, necessary for the medical practitioner to indicate that they have read such supplementary reports and to express an opinion in relation to the nexus between injuries sustained in the accident and any reported changes in external circumstances.

#### 2.4.4 Section 4: Individual circumstances of the person's life and functional impairment

A factual description of pre-accident individual circumstances should be recorded, i.e. the personal circumstances that are more vulnerable to change or loss flowing from any permanent impairment.

This should be followed by factual descriptions of functional impairment after MMI, including altered and unaltered post-accident individual circumstances.

Changes in these individual circumstances typically describe the nature and elements of permanent disability.

Individual circumstances include:

- basic and advanced activities of daily living (conveniently set out in the AMA Guides, 4 page 323)
- personal amenities such as sporting and other recreational activities
- life roles such as parent, child, sibling, spouse, partner, friend, breadwinner, mentor, supervisor, caregiver, etc.
- independence or degree of dependency
- educational status and capacity
- employment status and capacity.

In terms of this section of the Narrative Test Report, it is acceptable and generally advisable for the medical practitioner to refer to the supplementary report(s) of other relevant experts (see section 2.3), in which case it is not necessary for the medical practitioner to duplicate such factual descriptions in their report.

It is, however, necessary for the medical practitioner to indicate that they have read such supplementary reports and to express an opinion in relation to the nexus between injuries sustained in the accident and findings of the other relevant expert(s) regarding functional impairment and altered post-accident individual circumstances.

#### 2.4.5 Section 5: Chronic pain, subjective suffering and/or loss of enjoyment of life

The consequences of injuries and impairment that are referred to above are largely tangible and objectively determinable. Injuries and impairments may also result in variable degrees of subjective suffering that is more abstract and difficult to measure.

Bearing in mind that compensation for 'general damages' relates largely to compensation for 'pain, suffering and loss of enjoyment of life', all of which are both subjective and abstract, a proper assessment of subjective and abstract suffering is necessary.

A factual description of any accident-related pain, subjective suffering and/or loss of enjoyment of life should be recorded by the medical practitioner and/or other relevant experts.

Because such subjective sequelae of injuries are not amenable to objective or concrete measurement, and because their assessment is more difficult than that of more tangible/concrete sequelae, the report should include opinion based on mindful professional judgement by the medical practitioner and/or the other relevant other expert(s) in relation to the credibility, congruence and consistency or otherwise of the complaints.

In addition, the medical practitioner should provide opinion in relation to the nexus between injuries sustained in the accident and reported pain, suffering and/or loss of enjoyment of life.

#### 2.4.6 Section 6: Level/degree of changes

The consequences of injuries, as seen in relation to the 'circumstances of the third party', essentially describe the nature and elements of permanent disability.

In addition to the nature and elements of permanent disability, determination of the seriousness of injuries requires an assessment of the level or degree of permanent disability, i.e. the level or degree of activity limitations, participation restrictions and subjective suffering.

The report should, therefore, include comment by the medical practitioner and/or the other relevant experts, based on reported facts as well as application of mindful professional judgement, in relation to the level or degree of activity limitations, participation

restrictions and subjective suffering, i.e. the significance or otherwise of the changes to the life of the injured person.

Whereas it is not feasible to express such opinions in a rigid quantitative manner (e.g. a percentage rating of permanent disability), it is both feasible and necessary to express meaningful semi-quantitative opinions using terminology, e.g insignificant, trivial, inconsequential, mild, moderate, severe, intrusive, overwhelming, devastating, significant.

## **2.5 Criteria for assessment of serious injuries**

HPCSA Appeal Tribunals regard injuries as serious when it is evident that the injuries have resulted in 'significant life changing sequelae'.

When considering the significance of injury sequelae, the following should be regarded:

- the nature and elements of permanent disability (sections 2.4.2 - 2.4.5), and
- the level or degree of limitations, restrictions and subjective suffering (section 2.4.6).

For example:

- Chronic pain may be intermittent mild to moderate pain that occurs twice a month, is relieved by simple analgesics and does not interfere significantly with activities. This would not be regarded as serious.
- On the other hand, chronic pain that has been found by the medical practitioner to be congruent with established conditions as well as being credible and consistent, may be constant moderate to severe pain that is only partially relieved by compound or narcotic analgesics and that does interfere significantly with activities. This would be regarded as serious.
- The loss of employment capacity related to subtle mental impairment of an assembly line worker who has become dependent on some degree of structure and supervision in the workplace, but for whom such structure and supervision have always formed an integral part of the job, and who has remained in the same employment and continued to satisfy the requirements of the employer, would not be regarded as serious.
- On the other hand, the loss of employment capacity related to subtle mental impairment of an advocate who has lost the ability to succeed in Court as well as loss of enjoyment of life related to losses of professional standing, respect and independence would be regarded as serious.

Whereas it is not possible to provide a concretely measurable definition of 'significant life changing sequelae', experience at HPCSA Appeal Tribunal meetings shows that a panel of experienced medical practitioners who are provided with the sufficient relevant information (as set out above) are generally and readily able to reach consensus in relation to cases where injuries have resulted in 'significant life changing sequelae' and cases where injuries have not resulted in 'significant life changing sequelae'.

Therefore, it is recommended that a determination of whether injuries have resulted in 'significant life changing sequelae' or not should be the final criterion for evaluation of injuries as serious or not serious by the Narrative Test.

## **References**

1. The Road Accident Fund Regulations, 2008. Government Gazette no. 31249, notice no. 770, 21 July 2008.  
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1. The Road Accident Fund Regulations, 2008. Government Gazette no. 31249, notice no. 770, 21 July 2008.

<http://jaa.org.za/documents/docs/DOC210513-21052013064909.pdf> (accessed 17 July 2013).

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3. The Road Accident Fund Act 56 of 1996. Government Gazette no. 1756, 1 November 1996.  
<http://www.info.gov.za/gazette/acts/1996/a56-96.htm>  
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3. The Road Accident Fund Act 56 of 1996. Government Gazette no. 1756, 1 November 1996.  
<http://www.info.gov.za/gazette/acts/1996/a56-96.htm>  
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4. Rondinelli RD. Guides to the Evaluation of Permanent Impairment. 6th ed. Atlanta: AMA, 2008.

4. Rondinelli RD. Guides to the Evaluation of Permanent Impairment. 6th ed. Atlanta: AMA, 2008.

5. Slabbert M, Edeling HJ. The Road Accident Fund and serious injuries: The Narrative Test. Potchefstroom Electronic Law Journal 2012;15(2). [<http://dx.doi.org/10.4314/pelj.v15i2.10>]

5. Slabbert M, Edeling HJ. The Road Accident Fund and serious injuries: The Narrative Test. Potchefstroom Electronic Law Journal 2012;15(2).  
[<http://dx.doi.org/10.4314/pelj.v15i2.10>]

6. Health Professions Act No. 56, 1974.  
[http://www.hpcsa.co.za/downloads/health\\_act/health\\_act\\_56\\_1974.pdf](http://www.hpcsa.co.za/downloads/health_act/health_act_56_1974.pdf)  
(accessed 17 July 2013).

6. Health Professions Act No. 56, 1974.  
[http://www.hpcsa.co.za/downloads/health\\_act/health\\_act\\_56\\_1974.pdf](http://www.hpcsa.co.za/downloads/health_act/health_act_56_1974.pdf)  
(accessed 17 July 2013).

# SERIOUS INJURY ASSESSMENT REPORT



RAF 4

- (a) A claim for non-pecuniary loss ("general damages" or "pain and suffering") will not be considered unless this report is duly completed and submitted.
- (b) The Road Accident Fund Act (Act No. 56 of 1996) requires this report to be completed by a medical practitioner, registered in terms of the Health Professions Act (Act No. 56 of 1974).
- (c) The assessment of the serious injury should be conducted in terms of the method provided in the Regulations promulgated under the Road Accident Fund Act.
- (d) Submissions, medical reports and opinions may be submitted as annexures to this report.
- (e) If any section of the form is not applicable, mark that section "N/A".
- (f) The impairment evaluation reports for Upper Extremities, Lower Extremities and Spine and Pelvis are annexed. If the injury caused an impairment to another body part or system, attach the report specified in the AMA Guides (6th Ed).
- (g) In completing this report, refer to the figures, tables and page numbers from the AMA Guides (6th Ed).

## 1 DETAILS OF PATIENT:

Name and surname

Date of assessment

ID number

Date of accident

Claim number (if available)

Contact number

## 2 DETAILS OF MEDICAL PRACTITIONER:

Name & Surname

Telephone number

Practice number (HPCSA and/or BHF)

E-mail address

## 3 LIST OF NON-SERIOUS INJURIES:

In terms of the Road Accident Fund Act (Act No. 56 of 1996) and Regulation 3(1)(b)(i) promulgated thereunder, the Minister may publish in the Gazette, after consultation with the Minister of Health, a list of injuries which are for purposes of section 17 of the Act not to be regarded as serious injuries and no injury shall be assessed as serious if that injury meets the description of any injury which appears on the list. Once published this part must be completed with reference to the list. A copy of the latest version of the list is available at [www.raf.co.za](http://www.raf.co.za). For more information contact the Road Accident Fund at ShareCall-number 0860 23 55 23.

Number

Description of injury



## 4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES:

4.1 Describe the nature of the motor vehicle accident:

4.2 Medical treatment rendered from date of accident to present:

4.3 Current symptoms and complaints:

4.4 Diagnosis:

4.5 Conclusion regarding physical examination:

4.6 Conclusion regarding clinical studies. (Review and document actual studies and findings from relevant diagnostic studies, imaging including X-rays, CT, MRI, etc):

4.7 Medical history:

4.8 Social and personal history:

## 4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES:

4.9 Educational and occupational history:

4.10 Has the patient reached MMI?

4.11 Specify details regarding apportionment, if any:

4.12 A clear, accurate, and complete report must be provided to support a rating of impairment with reference to clinical evaluation, analysis of findings and discussion of how the impairment rating was calculated.

The following impairment evaluation reports are annexed:

- Annexure A: Upper Extremities (Chapter 15)
- Annexure B: Lower Extremities (Chapter 16)
- Annexure C: Spine and Pelvis (Chapter 17)

4.13 Exceptions:

## 5 SERIOUS INJURY: THE NARRATIVE TEST:

If the injury is not on the list of non-serious injuries and did not result in 30 percent Whole Person Impairment, as provided in the AMA Guides, consider whether the injury resulted in any of the consequences set out below. Provide full details. If necessary support the opinion with reports attached as annexures.

- 5.1 Serious long-term impairment or loss of a body function.
- 5.2 Permanent serious disfigurement.
- 5.3 Severe long-term mental or severe long-term behavioural disturbance or disorder.
- 5.4 Loss of a foetus.

## 6 DECLARATION:

I declare that to the best of my knowledge and belief the information and opinions set out in this report are true and correct in every respect.

Signature of medical practitioner

OFFICIAL STAMP

Signed at

Date

YYYY/MM/DD

# ANNEXURE A – UPPER EXTREMITY IMPAIRMENT EVALUATION

Name:				Exam Date:
ID Number:	Sex: F M	Side: R L	Birth Date:	
Diagnosis:				Injury Date:

Grid	Diagnosis-Based Impairments	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI																								
Digit (D) Wrist (W) Elbow (E) Shoulder (S)		0 1 2 3 4	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td> </tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table> <p>(Optional: Quick DASH Score: )</p> <p>Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
					Net																								
GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
GMCS	0	1	2	3	4																								
D W E S		0 1 2 3 4	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td> </tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table> <p>(Optional: Quick DASH Score: )</p> <p>Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
					Net																								
GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
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D W E S		0 1 2 3 4	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td> </tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table> <p>(Optional: Quick DASH Score: )</p> <p>Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
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GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
GMCS	0	1	2	3	4																								
Combined UEI																													

Peripheral Nerve / Entrapments																																	
Nerve	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Combined UEI																												
	<b>Sensory Deficit</b> 0 1 2 3 4 n/a  <b>Motor Deficit</b> 0 1 2 3 4 n/a	<b>Sensory Deficit</b> 0 1 2 3 4  <b>Motor Deficit</b> 0 1 2 3 4 n/a	<table border="1"> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table> <table border="1"> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table>	GMFH	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	GMFH	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	<b>Sensory:</b> A B C D E  <b>Motor:</b> A B C D E	
GMFH	0	1	2	3	4	n/a																											
GMCS	0	1	2	3	4	n/a																											
GMFH	0	1	2	3	4	n/a																											
GMCS	0	1	2	3	4	n/a																											
Entrapment	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade																													
	Electrodiagnostics:		<table border="1"> <tr> <td>Test</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>History</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>Physical</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table>	Test	0	1	2	3	4	n/a	History	0	1	2	3	4	n/a	Physical	0	1	2	3	4	n/a	<b>Average:</b> <b>Functional Grade:</b> Normal Mild Moderate Severe								
Test	0	1	2	3	4	n/a																											
History	0	1	2	3	4	n/a																											
Physical	0	1	2	3	4	n/a																											

CRPS I Impairment																									
Points	Assigned Class	Adjustments	Assigned Grade	Final UEI																					
	0 1 2 3 4	<table border="1"> <tr> <td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
FH	0	1	2	3	4	n/a																			
PE	0	1	2	3	4	n/a																			
CS	0	1	2	3	4	n/a																			

## Adjustment Abbreviations

S = Shoulder  
E = Elbow  
W = Wrist  
H = Hand  
D = Digit  
GMFH = Grade Modifier Functional History  
GMPE = Grade Modifier Physical Examination  
GMCS = Grade Modifier Clinical Studies

Amputation																									
Level	Assigned Class	Adjustments	Assigned Grade	Final UEI																					
	0 1 2 3 4	<table border="1"> <tr> <td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
FH	0	1	2	3	4	n/a																			
PE	0	1	2	3	4	n/a																			
CS	0	1	2	3	4	n/a																			

Summary	Final UEI
Diagnosis-Based Impairment	
Peripheral Nerve	
Entrapment	
CRPS (Stand-alone)	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

# ANNEXURE B – LOWER EXTREMITY IMPAIRMENT EVALUATION

Name:	Exam Date:
ID Number:	Sex: F M Side: R L Birth Date:
Diagnosis:	Injury Date:

Table	Diagnosis-Based Impairments	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final LEI																								
FA K H		0 1 2 3 4	<table> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td></tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> <p>(Optional: AAOS Lower Limb Score: Net Adjustment = (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
					Net																								
GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
GMCS	0	1	2	3	4																								
FA K H		0 1 2 3 4	<table> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td></tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> <p>(Optional: AAOS Lower Limb Score: Net Adjustment = (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
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FA K H		0 1 2 3 4	<table> <tr> <td></td><td></td><td></td><td></td><td></td><td>Net</td></tr> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> <p>(Optional: AAOS Lower Limb Score: Net Adjustment = (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)</p>						Net	GMFH	0	1	2	3	4	GMPE	0	1	2	3	4	GMCS	0	1	2	3	4	$\leq -2$ $-1$ $0$ $+1$ $\geq +2$ A B C D E	
					Net																								
GMFH	0	1	2	3	4																								
GMPE	0	1	2	3	4																								
GMCS	0	1	2	3	4																								
Combined LEI																													

FA = Foot / Ankle K = Knee H = Hip

FH applied to single highest diagnosis

Peripheral Nerve / CRPS II Impairments																			
Nerve	Sensory and Motor Grading	Assigned Class	Adjustments	Assigned Dx Grade	Combined LEI														
	Sensory Deficit	Sensory Deficit	<table><tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	Sensory: A B C D E	
	FH	0	1	2	3	4	n/a												
	CS	0	1	2	3	4	n/a												
	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	0	1	2	3	4	n/a	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	0	1	2	3	4						
0	1	2	3	4	n/a														
0	1	2	3	4															
Motor Deficit	Motor Deficit	<table><tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	Motor: A B C D E		
FH	0	1	2	3	4	n/a													
CS	0	1	2	3	4	n/a													
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	0	1	2	3	4	n/a	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	0	1	2	3	4							
0	1	2	3	4	n/a														
0	1	2	3	4															
	Sensory Deficit	Sensory Deficit	<table><tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	Sensory: A B C D E	
	FH	0	1	2	3	4	n/a												
	CS	0	1	2	3	4	n/a												
	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	0	1	2	3	4	n/a	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	0	1	2	3	4						
0	1	2	3	4	n/a														
0	1	2	3	4															
Motor Deficit	Motor Deficit	<table><tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	FH	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	Motor: A B C D E		
FH	0	1	2	3	4	n/a													
CS	0	1	2	3	4	n/a													
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	0	1	2	3	4	n/a	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	0	1	2	3	4							
0	1	2	3	4	n/a														
0	1	2	3	4															
Combined LEI																			

CRPS I Impairment																		
Points	Assigned Class					Default LEI	Adjustments							Assigned Grade		Final LEI		
	0	1	2	3	4		FH	0	1	2	3	4	n/a	A	B	C	D	E
							PE	0	1	2	3	4	n/a					
							CS	0	1	2	3	4	n/a					

## Adjustment Abbreviations

FA = Foot / Ankle  
K = Knee  
H = Hip

GMFH = Functional History  
GMPE = Physical Exam  
GMCS = Clinical Studies

Amputation																															
Level	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI																										
	<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>	0	1	2	3	4	12%	<table><tr><td>FH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>PE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr><tr><td>CS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td></tr></table>	FH	0	1	2	3	4	n/a	PE	0	1	2	3	4	n/a	CS	0	1	2	3	4	n/a	A B C D E	
0	1	2	3	4																											
FH	0	1	2	3	4	n/a																									
PE	0	1	2	3	4	n/a																									
CS	0	1	2	3	4	n/a																									

Motion		
Joint	Total LEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined LEI		

Summary	Final LEI
Diagnosis-Based Impairment	
Peripheral Nerve	
CRPS	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	LEI
Whole Person Impairment	WPI
(Regional Impairment)	

Signed: \_\_\_\_\_

Evaluator (printed name): \_\_\_\_\_

Date: \_\_\_\_\_

# ANNEXURE C – SPINE AND PELVIS IMPAIRMENT EVALUATION

Name:				Exam Date:																																					
ID Number:		Sex: F    M	Side: R    L		Birth Date:																																				
Diagnosis:				Injury Date:																																					
	Diagnosis-Based Impairments																																								
Grid	Diagnosis/Criteria	Class Diagnosis (CDX)	Grade Modifier Adjustments	Net Adjustment Value and Assigned Grade Modifier	Whole Person Impairment																																				
Cervical (C)		<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	0	1	2	3	4	<table border="1"> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table> <p>Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)</p>	GMFH	0	1	2	3	4	n/a	GMPE	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	<p>Adjusted Grade = Net Adjustment applied to Default Value C</p> <table border="1"> <tr> <td>≤2</td><td>-1</td><td>0</td><td>+1</td><td>≥2</td> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td> </tr> </table>	≤2	-1	0	+1	≥2	A	B	C	D	E	
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Thoracic (T)		<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	0	1	2	3	4	<table border="1"> <tr> <td>GMFH</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMPE</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> <tr> <td>GMCS</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>n/a</td> </tr> </table>	GMFH	0	1	2	3	4	n/a	GMPE	0	1	2	3	4	n/a	GMCS	0	1	2	3	4	n/a	<p>Adjusted Grade</p> <table border="1"> <tr> <td>≤2</td><td>-1</td><td>0</td><td>+1</td><td>≥2</td> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td> </tr> </table>	≤2	-1	0	+1	≥2	A	B	C	D	E	
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Whole Person Impairment: \_\_\_\_\_