

## Ministry of National Resources Decree 7/2012 (II. 14.)

### On Detailed Regulations Concerning Complex Rating

Based on the authorisation granted pursuant to the third sub-paragraph of Section 28 of Act CXCI of 2011 on services provided for persons with disabilities and the amendment of certain legislation, acting in accordance with my scope of duties defined under Point *m*) of Section 41 of Government Decree 212/2010 (VII.1.) on the scope of tasks and competency of specific ministers, as well as the state secretary in charge of the Prime Minister's Office and in agreement with the Minister for Public Administration and Justice acting within the Minister's respective scope of tasks defined under Point *a*) of Section 12 of Government Decree 212/2010 (VII.1.) on the scope of tasks and competency of specific ministers, as well as the state secretary in charge of the Prime Minister's Office, I hereby enact the following:

#### Section 1

(1) Provisions governing the present Decree must be applied in respect of the procedure relating to the provision of services for persons with disabilities, including the legal redress procedure and decision review providing that Section 5 and 6 does not have to be applied during the course of the review of the decision by the court.

(2) Provisions governing the present Decree must also be applied if legislation rules the complex rating of the applicant.

(3) Annex 1 must also be applied in cases relevant to Points *b*), *c*), *e*) and *h*) to *l*) of the first subparagraph of Section 7 and Points *b*) and *h*) to *l*) of the second subparagraph of Section 7 of Government Decree 331/2010 (XII.27.) on the National Rehabilitation and Social Office, as well as the detailed set of procedures applied in respect of this Office.

#### Section 2

(1) During the course of the complex rating procedure, the percentage of permanent impairment must be determined by disease group and organ class listed in Annex 1 within the framework of the medical examination. In the event of the impairment of several organ systems, rules applicable to joint rating are defined in Annex 1

(2) The health status index must be determined by taking account of the rate defined in the first subparagraph relating to permanent impairment by deducting the rate of permanent impairment from 100.

#### Section 3

(1) If, within the framework of the complex rating procedure, it is determined that the applicant's health status index is 60% or under, the applicant must be classified in the relevant category defined under the second subparagraph of Section 3 of Act CXCI of 2011 on services provided for persons with disabilities and the amendment of certain legislation (hereinafter Disability Act).

(2) When classifying individuals in accordance with the first subparagraph, the following applies to the second subparagraph of Section 3 of the Disability Act:

*a*) any individual given a health index rating between 51% and 60% shall be classified in sub-point *aa*) of Point *a*) category (Category B1);

*b*) any individual given a health index rating between 51% and 60% and not recommended for rehabilitation on the grounds of the rehabilitation employment criteria examination conducted in accordance with Annex 2 or the rehabilitation social criteria examination conducted in accordance with Annex 3 shall be classified in sub-point *ba*) of Point *b*) category (Category B2);

*c*) any individual given a health index rating between 31% and 50% shall be classified in sub-point *ab*) of Point *a*) category (Category C1);

*d*) any individual given a health index rating between 31% and 50% and not recommended for rehabilitation on the grounds of the rehabilitation employment criteria examination conducted in accordance with Annex 2 or the rehabilitation social criteria examination conducted in accordance with Annex 3 shall be classified in sub-point *bb*) of Point *b*) category (Category C2);

*e*) any individual given a health index rating between 1% and 30% and is medically self-sufficient shall be classified in sub-point *bc*) of Point *b*) category (Category D);

*f*) any individual given a health index rating between 1% and 30% and is not medically self-sufficient or only self-sufficient if provided assistance shall be classified in sub-point *bd*) of Point *b*) category (Category E).

#### Section 4

- (1) The following must be performed within the framework of complex rating procedure:
- a) the examination set out in Annex 1 assessing the individual's state of health and degree of medical self-sufficiency;
  - b) the rehabilitation employment criteria examination set out in Annex 2;
  - c) the rehabilitation social criteria examination set out in Annex 3.
- (2) If, on the evaluation sheet provided in Annex 2, the results of the rehabilitation social criteria examination
- a) reach or exceed 17 points and no circumstances specified in Annex 2 arise, which if they do imply that rehabilitation is not recommended, the disabled person is deemed rehabilitatable on the grounds of Point a) of the second sub-paragraph of Section 3 of the Disability Act;
  - b) do not reach 17 points or certain circumstances specified in Annex 2 arise, on which grounds rehabilitation is not recommended, the rehabilitation of the disabled person is not recommended on the grounds of Point b) of the second sub-paragraph of Section 3 of the Disability Act.
- (3) If, on the evaluation sheet provided in Annex 2, the results of the rehabilitation social criteria examination
- a) reach or exceed 12 points and no circumstances specified in Annex 3 arise, which if they do imply that rehabilitation is not recommended, the disabled person is deemed rehabilitatable on the grounds of Point a) of the second subparagraph of Section 3 of the Disability Act;
  - b) do not reach 12 points or certain circumstances specified in Annex 3 arise, on which grounds rehabilitation is not recommended, the rehabilitation of the disabled person is not recommended on the grounds of the second subparagraph of Point b) of the second subparagraph of Section 3 of the Disability Act.

#### **Section 5**

- (1) The following shall apply in respect of the first subparagraph of Section 4:
- a) The medical expert delegated by the expert committee shall conduct the examination set out in Point a);
  - b) The employment rehabilitation expert delegated by the expert committee shall conduct the examination set out in Point b);
  - c) The social expert delegated by the expert committee shall conduct the examination set out in Point c).
- (2) During the course of the complex rating procedure, the official opinion shall
- a) exclusively be issued on the grounds of the opinion of the medical expert in respect of determining the individual's state of health and medical self-sufficiency;
  - b) exclusively be issued on the grounds of the opinion of the employment rehabilitation expert in respect of determining rehabilitatability in terms of employment criteria, including determining the point score awarded in respect of specific circumstances, which, should they arise, imply that rehabilitation is not recommended;
  - c) exclusively be issued on the grounds of the opinion of the social expert in respect of determining the rehabilitatability in terms of social criteria, including determining the point score awarded in respect of specific circumstances, which, should they arise, imply that rehabilitation is not recommended.
- (3) Should disputes arise among the medical experts of the expert committee during the course of the complex rating procedure in respect of determining the individual's state of health or medical self-sufficiency, the president of the committee shall make the final decision.

#### **Section 6**

If the complex rating procedure determines that the disabled person can be rehabilitated [in accordance with the categories listed under Point a) of the second subparagraph of Section 3], the members of the expert committee shall jointly issue the recommendation on rehabilitation. Should disputes arise among the medical experts of the expert committee during the course of the complex rating procedure in respect of issues pertaining to the possible trajectory of rehabilitation, rehabilitation needs or the necessary duration of rehabilitation, the president of the committee shall make the final decision.

#### **Section 7**

The present Decree shall enter into force on the third day following its proclamation.

### *Annex 1 to Ministry of National Resources Decree 7/2012 (II. 14.)*

## ***Criteria Applied to Determine the Degree of Permanent Impairment by Organ Class***

### **1. Psychiatric Impairment Rating Scale**

**Table 1.1: General criteria applied to determine the degree of health impairment caused by the loss of mental (and social) abilities\***

	% value of the degree of permanent impairment			
	0-19%	20-39%	40-59%	60-79%
Self-maintenance Self-provision Self-sufficiency	Self-maintenance limited	In need of assistance in respect of self-provision	In need of assistance in respect of self-sufficiency	Seriously impaired or lacking ability of self-sufficiency
Social integration	Relevant, but correctable	Relevant, not correctable	Seriously relevant	Incapable
Control of feelings and moods	Relevant, but capable of control	Relevant, medical therapy required	No control even when administered ongoing medical therapy	Lacking
Psychosis symptom	Intermittent, can be medically treated	Intermittent, can be medically treated, residual symptom remains	In need of ongoing medical therapy	Psychotic or residual symptoms remain even when administered ongoing medical therapy
Personality development/structure	Deviant	Relevant, but correctable	Seriously relevant, not correctable	Disintegrated
Motivation to work	Can be motivated	Cannot be motivated	-	-

\* This table can generally be applied for every type of mental disease, as well as in the case of diagnosis G.00 to G.09, G.10 to G.13, G.26, G.35 to G.37, G.40 to G.41, G.44 to G.47, G.50 to G.58, G.80 to G.83, G.90 to G.99, I.60, I.62, I.64, I.67, I.70, if neurological symptoms are not present or do not cause any functional deficit.

**Table 1.2: Criteria applied to determine psychiatric impairment caused by organic and symptomatic mental disorders (F.00 to F.09), psychological development disorders (F.80 to F.89), behavioural or emotional disorders generally surfacing during childhood or adolescence (F.90 to F.98)**

	Degree of permanent impairment expressed in percentage value				
	0-4% (none)	5-24% (mild)	25-49% (moderate)	50-79% (serious)	80% or over (extremely serious)
Self-sufficiency, personal hygiene	Capable of living independently	Needs to be occasionally warned, but leads an independent life	Occasionally in need of assistance to live independently	In need of constant assistance to live independently: only capable of day-to-day hygienic care, getting dressed, eating regularly if pushed to; incapable of preparing meals.	In need of full care
Community and recreational activities	Active member of several communities (clubs, associations, etc.)	Occasionally attends programmes independently (clubs, sports events, etc.); however, is not capable of engaging in	Only rarely leaves home upon the initiative and accompanied by a family member or close friend. Inactive, quiet in the company of others	Does not leave home; does not seek the company of others, or, the contrary: enters into conflict in communities with others they were not familiar with before	Not interested in others

		organisation activities			
Transport, getting around	Capable of getting to places they are not familiar with	Gets around independently in a familiar environment; needs to be accompanied to more distant destinations (gets lost)	Only capable of getting around in a familiar environment if accompanied	Finds it difficult to go out even if accompanied	Incapable of getting around (needs 2-3 people to help)
Adaptation to social role expectations	Average ability in making and maintaining relationships (e.g., long-lasting friendships or love relationships)	Shows less interest in relationships than she/he usually does or can be expected; less inclined to take the initiative or feels tense in relationships	Other people make important decisions instead of the individual, or experiences permanent conflicts in friendships, the family and love relationships	Incapable of caring for others	Incapable of adapting to any type of role
Neuropsychological examination (or MMSE)	30 points	Shows signs of mild organic impairment 29-27 points	Moderate organic impairment 26-20 points	Moderately serious organic impairments 19-10 points	Shows serious signs of serious organic impairment under 10 points

The MMSE (Mini Mental State Examination) is the core psycho-diagnostics examination applied to determine dementia prescribed by the Psychiatric Division of the Medical College of Healthcare, the results of which can be awarded on the grounds of a point score (0-30).

**Table 1.3: Special criteria applied to determine the degree of impairment in the case of impairment caused by the use of alcohol or psycho-active substances (F.10 to F.19)**

	Degree of permanent impairment expressed in percentage value			
	0-4% (none)	5-24% (mild)	25-49% (moderate)	50-79% (serious)
Self-sufficiency	In order	Periodically neglected eating and appearance	Neglected eating and appearance	Explicitly neglected eating, appearance and hygiene; in need of assistance in respect of self-sufficiency
Community and recreational activities	Active member of several communities	Regular conflicts at work; dismissed because of substance use	Exclusively interested in getting hold of and using substances; isolated	
Adaptation to social role expectations	Average ability in making and maintaining relationships (e.g., long-lasting friendships or love relationships)	Conflicts arise during relationships	Neglects income-earning activity, other recreational activities and family relationships alike	

Therapeutic/rehabilitation cooperation		Has been in hospital care or has been treated in an institution	Regularly seeks addictology care or receives treatment at an institution	Managed to attain permanent abstinence (documented, min. 1 year) after repeated medical rehabilitation efforts at addictology hospital units or special centres
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**Table 1.4: Special criteria applied to determine the degree of impairment in the case of mental retardation (F.70 to F.79) and psychological developmental disorders (F.84)**

	Degree of permanent impairment expressed in percentage value				
	0-19% (none)	20-49% (mild)	50-69% (moderate)	70-79% (serious)	Over 80% (very serious)
Self-sufficiency, personal hygiene	Continuously capable of leading an independent life	Capable of leading an independent life with a little assistance	Requires continuous assistance to live independently	In need of constant assistance	In need of assistance
Community and recreational activities	Active member in a few communities (clubs, associations); sometimes capable of initiating meetings	Occasionally attends programmes independently (clubs, sports events, etc.); however, is not capable of engaging in organisation activities	Takes part in simple community activities and is accompanied to these	Interest, behaviour characterised by repetitive, stereotype schemata; lack of mutuality characteristic in their communication	Incapable of engaging in community life
Transport, getting around	Gets to unfamiliar places independently	In need of occasional assistance in an unfamiliar environment	Gets around independently in their narrower environment	Associated neurological and motor symptoms may even limit their movement at home	Associated neurological and motor symptoms limit their movement
Adaptation to social role expectations (partner, parent, child, employee, friend, etc.)	Average ability in making and maintaining relationships (e.g., long-lasting friendships or love relationships)	Greater expectations (marriage, child-raising) represent a problem (stress, anxiety)	Incapable of adapting to more complex roles (partner, spouse, parent); remains in the role of a child	Fails to respond to others' expressions	Incapable of corresponding to any type of role
Learning ability	Capable of learning at an average pace	Can be trained to undertake physical work	Capable of learning basic reading, mathematical skills at a low pace	Trainable to a lesser degree	Only capable of learning and doing the very basic mechanic movements under supervision
Behavioural disorder	Adapts their behaviour appropriately to the given social environment;	Lower level of anger control or over-sensitivity; finds it difficult to adapt their behaviour to the	Verbal aggression, enters into conflict for no reason; is frequently tense;	Expresses tension through repeated bouts of anger and in the form of physical	Periodically in need of institutional

	capable of verbally expressing tension	expectations of the social environment	however, is less capable of expressing this	aggression, which is why the individual requires medical treatment	medical care because of their behaviour
Intellect IQ	59-100	50-60	35-49	20-34	Under 20

**Table 1.5: Special criteria applied to determine the degree of impairment in the case of schizophrenia, schizotypal and paranoid (delusiv) disorders (F.20 to F.29) and mood disorders, affective disorders reaching the level of psychosis (F.30 to F.39)**

	% value of the degree of permanent impairment			
	0-19%	20-39%	40-59%	60-79%
Frequency of psychotic episode	Recurring within a period of less than two years	Psychotic symptoms recurring within a shorter (one month) or longer space of time	Persisting psychotic symptoms or associated cognitive disorder	
Treatment (antipsychotic, antidepressant, or phase profile therapy effectiveness)	Asymptomatic after medical therapy	Residual symptoms remain after medical therapy	Periodical symptoms when being administered medical therapy	Cannot be influenced by medical therapy
Personality structure	Retained		Affected	Disintegrated
Socialisation	Mild impairment	Correctable	Permanently impaired	

**Table 1.6: Special criteria applied to determine the degree of impairment in the case of neurotic (F.40 to F.48), behavioural (F.50 to F.59) and personality (F.60 to F.69) disorders**

	% value of the degree of permanent impairment			
	0%	1-9%	10-19%	20-39%
Personality (development)	Deviates from normal	Deviates from normal, requires treatment, can be temporarily corrected	Impaired, fixed structure with traits deviating from normal	Permanently impaired
Moods (control)	Under-controlled, capable of controlling her/himself rationally	Can be medically controlled		Cannot be influenced by medical therapy
Mood, anxiety	Temporary anxiety	Permanent anxiety, temporary mood swings	Ongoing medical therapy required	Experiences anxiety, feels depressed even when being administered medical therapy
Socialisation	Mild difficulty in integration	Finds it difficult to integrate; regularly experiences conflicts, requires medical therapy	Permanent avoidance of norms	Incapable of integrating
Intellect	Retained		Sub-normal	
Motivation	Retained	Lacking		

## 2. Neurological Impairment Rating Scale

(Impairment of cranial nerves is rated in relation of the impairment of the given organ.)

**Table 2.1: General criteria applied to determine the degree of impairment caused by nervous system**

**disorders (by motor performance, functions)\***

Impairment	Degree of health impairment and their rating	
	Type	Degree
Upper limb (central, peripheral, radical, plexiform and nerve impairment)	Dominant	1-10%
	Subdominant	1-5%
Not obstructed in routine day-to-day activities; however, the function of the digits on the hand is impaired	Dominant	11-20%
	Subdominant	6-15%
Moderately obstructed in routine day-to-day activities; however, the function of the digits on the hand is impaired	Dominant	21-40%
	Subdominant	16-30%
Capable of using upper limb; however, in need of assistance to perform routine day-to-day activities	Dominant	41-60%
	Subdominant	31-50%
Lower limb (central, peripheral, radical, plexiform and nerve impairment)	Degree	
Stride distance decreases, finds it difficult to walk up and down stairs	1-10%	
Stride distance decreases, not capable to walk up and down stairs	11-20%	
Stands wobbly, needs assistance to walk	21-30%	
Needs assistance to stand up	31-40%	
Needs assistance to change places	41-50%	

\*This table is to be applied to disorders classified under the codes G.00 to G.12, G.30 to G.31, G.54 to G.63 (no pain syndrome), G.70 to G.72, G.80 to G.83 and G.90 to G.98.

Rating is performed on the grounds of neurological and psychiatric examinations and individual examination in the case of codes 8 and 9 and codes not specified.

**Table 2.2: General criteria applied to determine the degree of impairment caused by nervous system disorders (by symptoms of radicals and associated pain syndromes)\***

Type of impairment	PI (%)
Cervicobrachial syndrome	
Typical pain felt in the neck, shoulders and arm accompanied by numbness; asymptomatic when examined	0%
Typical symptoms, signs of unilateral exposure affecting a single radical (sensation disorder, absence of reflexes)	3-6%
Typical symptom signs of unilateral exposure affecting several radicals (sensation disorder, absence of reflexes, muscle weakness)	7-10%
Typical symptoms, signs of bilateral exposure affecting several radicals (sensation disorder, absence of reflexes, muscle weakness)	11-15%
Typical symptoms, signs of unilateral or bilateral exposure affecting several radicals and the spinal cord (sensation disorder, absence of reflexes, muscle weakness)	16-21%
Nervus ulnaris**	15-25%
Nervus radialis**	10-20%
Nervus medianus**	20-30%
Brachial plexus palsy	Max. 45-60%
**Combined degree of impairment based on the impairment of nervus ulnaris, radialis and medianus cannot exceed 60% PI	
Symptoms of lumboschialgia	
Typical pain felt around the waste, radiating pain in the hips and lower limb, accompanied by numbness; asymptomatic when examined	0%

Typical pain felt around the waste, radiating pain in the hips and lower limb, unilateral pain accompanied by numbness; signs of affecting one radical when examined (sensation disorder, absence of reflexes)	3-6%
Typical pain felt around the waste, radiating pain in the hips and lower limb, unilateral pain accompanied by numbness; signs of affecting several radicals when examined (sensation disorder, absence of reflexes, muscle weakness)	7-10%
Typical pain felt around the waste, radiating pain in the hips and lower limb, bilateral pain accompanied by numbness and vegetative disorder; signs of affecting several radicals when examined (sensation disorder, absence of reflexes, muscle weakness)	11-15%
Typical pain felt around the waste, radiating pain in the hips and lower limb, bilateral pain accompanied by numbness and vegetative disorder; signs of affecting several radicals when examined (sensation disorder, absence of reflexes, muscle weakness)	16-21%
Nervus femoralis ***	Max. 20%
Nervus ischiadicus***	Max. 40%
Nervus peroneus ***	Max. 20%
Cauda syndrome without vegetative symptoms	25%
Cauda syndrome with vegetative symptoms	40-60%
Paraplegia	80%
*** The combined value of the degree of peripheral nerve impairment in the lower limb cannot exceed 40%.	

\*Combined with the relevant value in the case of vertebrae and intervertebral disk impairment.

**Table 2.3: Rating impairment caused by nervous system disorders (rating sleep and arousal disorders, G.47)**

Description of type of impairment	PI (%)
Decreased daytime arousal even if treated, which does not interfere with activities	1-4%
Decreased daytime arousal even if treated, requiring routine day-to-day activities to be supervised	5-24%
Decreased daytime arousal significantly limits activity; the patient requires supervision	25-49%
Decreased daytime arousal significantly limits activity; the patient is incapable of any activity	50-60%

**Table 2.4: Criteria applied to rate impairment caused by extrapyramidal and movement disorders (G.20 to G.25)**

	% value of the degree of permanent impairment			
	0-9%	10-29%	30-49%	50-79%
By using the Hoehn and Yahr Scale	Stage 1	Stage 2	Stage 3	Stage 4
Neurological symptoms	Minimal unilateral symptoms, tremor, changes in posture and movement	Bilateral symptoms, tremor, posture and walk affected	Severe slow down in body movements; initial stage of balance disorder	Able to walk or stand unassisted; in need of assistance to be self-sufficient
Psychological symptoms	None	No cognitive disorder, symptoms of neurasthenia	Mild cognitive disorder; socialisation made difficult because symptoms of neurasthenia	In need of assistance due to cognitive disorders

**Table 2.5: Criteria applied to rate the degree of impairment caused by demyelinating disorders of the central nervous system (G.35 to G.37)\***

	% value of the degree of permanent impairment
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	0-9%	10-29%	30-49%	50-79%
Neurological symptoms	Temporary symptoms; asymptomatic (also when examined)	Mild residual symptoms (cranial nerve and lower limb symptoms) after temporary remissions	Moderate residual symptoms (earlier symptoms + autonomic nervous system symptoms)	Serious and irreversible nervous system symptoms
Psychological symptoms	None	Mild symptoms	Moderate symptoms	Seriously affected personality structure
MRI corresponding to the protocol**	Plasma protein focal changes; no signs of activity		Plasma protein focal changes; signs of activity +/- affection of cortex	

\*The effectiveness of the immunomodulant therapy must be taken into account during the course of rating

\*\* Magnetic Resonance Imaging

**Table 2.6: Criteria applied to rate impairment caused by epilepsy and epilepsy syndromes (G.40 to G.41)**

	% value of the degree of permanent impairment			
	0-9%	10-29%	30-49%	50-69%
Frequency of seizures	Permanent seizure-free period (> 1 year)	Monthly seizures	Weekly seizures	Frequency of seizures cannot be influenced by medical therapy
Treatment effectiveness	Positive results achieved with medical therapy	Temporary results with medical therapy	Difficult to influence with medical therapy	Cannot be influenced by medical therapy (nerve surgery treatment)
Psychological symptoms	None	Periodical aggression, loss of control, mood swings	Personality structure affected accompanied by adjustment disorder	Fragmented personality structure
EEG test result	No interictal anomaly, or no change in anomaly		Interictally progressive anomalies	
Imaging modalities - CT*, MRI**, SPECT***	Anomaly possible in any category, which is why the symptom generating impact (impairing functions) is to be examined			

\* Computed Tomography

\*\* Magnetic Resonance Imaging

\*\*\* Single Photon Emission Computed Tomography

**Table 2.7: Criteria applied to rate impairment caused by migraine (G.43)\***

	% value of the degree of permanent impairment			
	0%	1-3%	4-6%	7-10%
Frequency of seizures	Permanently seizure-free or seizure occurring monthly	Several seizures monthly	Weekly seizures	Multiple seizures
Interictal complaints	None		Secondary psychological complaints	
Social function	Not impaired		Mild impairment	Seriously impaired
Treatment effectiveness	Occurrence of seizures can easily be prevented	No complaints when administered ongoing medical therapy	Ad hoc treatment also needed even when administered ongoing medical therapy	Ineffective treatment
EEG** anomaly	Possible		Present	

\* To be combined with relevant percentage in the case of psychological anomaly

\*\* Electroencephalography (EEG)

**Table 2.8: Criteria applied to rate impairment caused by cerebrovascular diseases (G.46, I.61, I.63, I.65, I.66)**

	% value of the degree of permanent impairment				
	0-9%	10-29%	30-39%	40-59%	60-79%
Neurological symptoms	Asymptomatic state	Mild or moderate paralysis in subdominant limb	Mild or moderate paralysis in dominant limb	Mild or moderate paralysis in dominant limb, accompanied by vegetative disorder	Symptoms of serious paralysis (plegia)
Speech disorder	None	To be reclassified in a higher category in the event of speech disorder			
Psychological symptoms	Mild cognitive/temperament disorder, temporary psychotic disorder			Lobe function affected	Diffuse cortical impact
Imaging modalities - CT*, MRI**	No symptoms generated, plasma protein anomaly	Symptoms generated, plasma protein anomaly	Plasma protein and cortical impairments (progressive)		

\* Computer Tomography (CT) scan

\*\* Magnetic Resonance Imaging (MRI)

**Table 2.9: Rating organic pain syndromes (G.50.0, G.51.1, G.52.1, M.47.9, M.79.2, M.50 to M.54, G.54.6, G.56.4, G.57.1, G.57.8, G.58, G.62)**

	% value of the degree of permanent impairment		
	0-4%	5-9%	10-20%
Clinical symptoms (pain)	Tied to anatomy structure, localised, periodical, can be provoked	Tied to anatomy structure, localised, but permanent	Tied to anatomy structure, extensive and permanent
Lifestyle, socialisation	Not inhibited	Complaints persist even when permanently administered medical therapy	Permanent pain that cannot be influenced
Effectiveness of treatment	Pain can be stopped quickly and effectively	Permanent therapy required to be periodically free of pain	Permanent pain even alongside therapy
Psychological symptoms	None	Mood and/or anxiety disorder to pain	Independent of pain, psychological disorder permanently affecting the personality structure

**Table 2.10: Rating the degree of impairment of diseases causing nervus facialis impairment**

	% value of the degree of permanent impairment		
	0-10%	11-20%	21-30%
Symptoms	Weakness of nerve motor functions	Serious unilateral deficiency of nerve motor function; eye closure disorder; dry eyes or excessive tear evaporation (impairment of the area underneath the ganglion geniculi), absence of mimics; corner of mouth points downward; absence of lip-rounding; higher	Total bilateral absence of nerve motor function; eye closure disorder; excessive tear evaporation, complete absence of mimics; closing mouth, severe eating disorder, higher noise sensitivity, absence of taste sensation on 2/3 of the

		noise sensitivity, eating disorder, absence of taste sensation on 2/3 of the frontal area of the tongue, saliva production disorder (impairment above the chorda tympani)	frontal area of the tongue, saliva production disorder
Degree of impairment	Not full-scope impairment; nerve stimulation is retained with an electric impulse for a short time (1 second)	Total unilateral impairment	Total bilateral impairment
Causes	Virus, allergy, chronic cholesteatoma middle ear infection, impairment of the parotid gland	Nervus facialis neurinoma, parotis, processus mastoideus tumours, ganglion geniculi herpes zostere, cusicus neurinoma	Bilateral nervus facialis neurinoma, parotis, processus mastoideus tumours, ganglion geniculi herpes zostere, acusticus neurinoma

### 3. Movement System Impairment Rating Scale

**Table 3.1: Rating rheumatoid arthritis\***

	% value of the degree of permanent impairment			
	0-10%	11-30%	31-49%	50-80%
Medical history – Steinbrocker stage	No radiological destruction yet (I)	Minimal radiological destruction, no joint deformation; however, limited in motion; presence of muscle atrophy and deformation of extra-articular soft tissues (II)	Explicit radiological destruction, explicit joint deformations, extensive muscle atrophy, deformation of extra-articular soft tissues (II-III)	Earlier symptoms ++ ancylosis
Activity rate - DAS28 <sub>v</sub> **	0-2.6	2.61-3.6	3.61-5	5.1-
Medical therapy	Does not take medication regularly	NSAID***, analgesics	NSAID + steroids	Medical therapy + steroids

\*ACR/EULAR criterions need to be fulfilled during the course of rating. Conditions for rating:

- Anamnesis (symptoms persist for at least 6 weeks)
- Physical examination (clinically affected joints)
- Laboratory test results (We (prolapse), CRP (C Reactive Protein), rheuma factor, anti-CCP titer)

\*\* DAS28<sub>v</sub>: physical examination (number of swollen joints sensitive to pressure; We or CRP (patient's opinion on a scale of 1-10) value ranges between 0.1 to 9,8

The effectiveness of biological therapy needs to be taken into account during the course of rating.

\*\*\* Non-steroid anti-inflammatory drugs

**Table 3.2: Rating ankylosing spondylitis\***

	% value of the degree of permanent impairment **			
	0-9%	10-29%	30-49%	50-79%
Medical history - Ott stage	No ossification (0)	Ossification of a spinal area (I-II)**	Ossification of two spinal areas (II)**	Significant limitation of motion in joints and spinal ossification (III-IV.)
Treatment	Does not take	Takes medication		Permanent medical

	medication/effective optimal therapy	periodically/effective optimal therapy	Permanent NSAID	therapy, NSAID
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\*ASAS or modified New York classification criteria is fulfilled during the course of rating. Conditions for rating:

- Anamnesis (other diseases, family anamnesis, inflammatory spinal pain)
- Laboratory tests (HLA B27, We, CRP), if necessary
- Physical examination (spinal motion)
- Scans (MR, if necessary, or conventional X-ray)

\*\*A higher permanent impairment classification can be determined in the case of laboratory test results indicating activity.

NB: Differentiation among specific categories must be based on the number of ossified joints and vertebrae and the degree of spinal motion. (I. – tables rating the degree of impairment of specific spinal areas)

The effectiveness of the biological therapy must be taken into account during the course of rating.

**Table 3.3: Rating the flexion and extension motion of the pectoral girdle\***

(Normal range of motion in the sagittal plane: 0/180° flexion and 0/40° extension.)

Flexion		Extension	
Available/executable range of motion	PI %	Available/executable range of motion	PI %
0-20	15	0-10	3
0-40	12-14	0-20	2
0-60	10-11	0-30	1
0-80	7-9		
0-90	5-6		

\* Additional absence of flexion executable up to 0-90 degrees is equivalent to 5% PI.

**Table 3.4: Rating the abduction and adduction motion of the pectoral girdle\***

(Normal range of motion: 0/180° abduction and 0/50° adduction on the frontal plane)

Abduction		Adduction	
Available/executable range of motion	PI %	Executable range of motion	PI %
0-20	7	0-10	2
0-40	6	0-20	1
0-60	5	0-30	0
0-80	4		
0-90	3		

\*Due to further absence in the case of abduction executable up to 0-90 degrees, a 3% permanent impairment rating can be awarded.

**Table 3.5: Rating the inward and outward rotation motion of the pectoral girdle**

(Normal range of motion measured at inward rotation of 0/90°, outward rotation of 0/90° (measured with a elbow bent at a 90° angle) and an adducted shoulder blade rotated inward at a 70° angle. 0° = lower arm projected on the sagittal plane.)

Inward rotation		Outward rotation	
Range of motion	PI %	Range of motion	PI %
Less than 40 degrees	3	Less than 40 degrees	3
0-40	2	0-40	2
0-60	1	0-60	1
0-80	0	0-80, 90	0

Examining the shoulder is important during the course of ratings for tables 3.3 to 3.5. Shoulder muscle atrophy can objectively be observed after a few weeks of permanent impairment!

**Table 3.6: Rating the flexion motion the elbow joint**

(Normal range of motion: 0/140° (extension not possible in the elbow; 10° extension possible in young people and women, which is physiological phenomenon and unique individual trait). “Useful” normal range of motion for routine day-to-day activities is between 40° and 100°!)

Flexion	
Executable range of motion	PI %
0-20*	30
0-40	25
0-60	15
0-80	5
0-100	2
Effective impairment over 0-120 cannot be rated	

\*Practically rigid elbow with joint stretched out

**Table 3.7: Rating the extension deficit in the elbow joint**

Extension deficit	
	PI %
0-10/flexion from 10°	0
11-25/flexion from 11-25°	1-5
26-40/flexion from 26-40°	6-9
41-60/flexion from 41-60°	10-15
61-90/flexion from 61-90°	16-19
Extensions deficits exceeding 90 degrees is equivalent to 20% PI	

**Table 3.8: Rating the pronation and supination motion of the elbow joint**

(Normal range of motion: pronation - 0/90°, supination - 0/80° (0° = lower arm stretched out on the sagittal plane, vertical palm plane).)

Pronation		Supination	
Executable range of motion	PI %	Executable range of motion	PI %
0-60° or over	0	0-50° or over	0
0-50°	2-3	0-40°	2-3
Less than 40°	4	Less than 30°	4
30% permanent impairment can be determined in the case of an elbow fastened in a 90° structure – functional state			

**Table 3.9: Rating the flexion and extension motion of the wrist joint**

(Normal range of motion: flexion (=palmar flexion): 0/60°, extension (=dorsal extension): 0/60°.)

Palmar flexion		Dorsal extension	
Available range of motion	PI %	Available range of motion	PI %
0-10	6	0-10	6
0-20	5	0-20	5
0-30	4	0-30	4
0-40	3	0-40	3
0-50	2	0-50	2

**Table 3.10: Rating the radial and ulnar duction motion of the wrist joint**

(Normal range of motion: radial duction 0/20°, ulnar duction 0/30° (measured with stretched wrist))

Radial duction		Ulnar duction	
Available range of motion	PI %	Available range of motion	PI %
0	2	0	2
10-20	1	10-20	1

Tense wrist in a functional position is equivalent to 16% PI

**Table 3.11: Rating the digits\***

1. Thumb
2. Index digit
3. Middle digit
4. Little digit
5. Ring digit

\* The first three digits play a role in the hand's ability to hold objects, whilst the little digit plays a role in helping to hold up the hand.

**Table 3.12: Rating the flexion motion of the long digits\***

	Digit II-III	Digit IV-V
UTB (cm)	PI %	PI %
0	0	0
1	1	1
2-4	2	1
5-6	3	2
6<	4	2

\*By measuring the distance between the end of the digits and distal palm held clamped in centimetres (UTB). The contracture joint of the digit or digits affected may also be expressed in degrees. Normal range of motion in MP joint: 0/90-95°; in PIP joint: 0/110°; in DIP joint: 0/70°. This also needs to be measured on the healthy hand because of frequent individual variations.

**Table 3.13: Rating the abduction and opposition motion of the thumb**

(The movement is executed in the saddle joint with a normal range of motion of 0/70-80°. The degree of opposition can be rated by rotating each digit from the tip. There is a great degree of individual variation in the case of the MP joint in the thumb. It is important to compare the two hands! Rating may change accordingly. Normally, there is a 40 degree angle between the stretched out thumb and the index digit. A further deviation of 20 degrees is still possible in this position.)

Adduction		Opposition	
Executable motion	PI %	Contracture degree	PI %
0-20	2	Small digit	0
21-30	1	Ring digit	1-2
		Middle digit	2-3
		Index digit	4
		Neither	5

**Table 3.14: Rating the motion of the interphalangeal (IP) joint in the thumb**

(normal range of motion: flexion - 0/90°, extension - 0/30° (= hyperextension). It is important to compare the two sides! Rating may change accordingly.)

Flexion		Extension	
Contracture degree	PI %	Contracture degree	PI %
0-20	0	0-10	0
21-30	0	11-20	1
31-50	1	21-25	2
51-60	2	26-30	2
61-80	2	-	

The following needs to be taken into account during the rating in tables 3.9 to 3.14:  
 - the hand represents 90% of the upper arm function (permanent impairment - 52%),

- the sum of the partial values (absence of motion and sensation) must not exceed 22% when rating the thumb;
- certain values are to be added up proportionately in the case of absence of sensation affecting several joints, muscular atrophy, limitation of motion, the total of which is 100% in the case of upper limb impairment and cannot exceed 60% in the case of permanent impairment.

**Table 3.15: Physical impairment of the upper limb caused by amputation**

Place of amputation	% of permanent impairment
Shoulder disarticulation	60%
Upper limb (proximally of the adhesion of the deltoid)	60%
Arm (from the adhesion of the deltoid to the height of the adhesion of the biceps)	56%
Lower limb (from the height of the adhesion of the biceps to above the wrist)	54%
At wrist height	52%
At the height of the metacarpus by losing the thumb	52%
At the height of the distal metacarpus by retaining the thumb	36%

**Table 3.16: Physical impairment caused by the amputation of the hand (degree of physical impairment expressed in percentage; percentage values can be added up numerically)**

	Place of amputation		
	MCP*	PIP**	DIP***
	PI	PI	PI
Thumb	22%	11%	
Index digit	10%	5%	2%
Middle digit			
Ring digit	5%	2%	1%
Little digit			

The following must be taken into account during the course of rating in tables 3.15 to 3.16:

- sensation in the palmar surface of the digits corresponds to 50% of the amputation value, calculated proportionately in the case of partial loss of sensation;
- loss of all digits corresponds to a PI value of  $22+10+10+5+5=52$ ;
- impairment of the muscle, tendon and ligament caused by habitual joint dislocation and axis deviation are rated on the grounds of the functions retained;

\*Metacarpophalangeal joint

\*\*Proximal interphalangeal joint

\*\*\*Distal interphalangeal joint

**Table 3.17: Upper limb impairments connecting to the athroplasty of specific bones or joints**

Place of arthroplasty	Upper limb impairment %	
	Resection arthroplasty	Implantation athroplasty
	PI %	PI %
Shoulder	18	18
Elbow	21	21
Radial head	6	6
Wrist	18	18
Thumb		
CMP	8	8
MP*	1	1
IP**	1	1
Digit II-III		
MP	5	5
PIP	4	4
DIP	2	2

Digit IV-V	MP	2	2
	PIP	2	2
	DIP	1	1

The degree of impairment following arthroplasty on the upper limb is primarily rated based on the function attained (range of motion).

\* \*Metacarpophalangeal joint

\*\*Interphalangeal joint

**Table 3.18: Rating the residual state after a pelvis fracture or dislocation (PI %)**

Class	Pelvis			Acetabulum	
	Rim fractures, stable fractures, symphyseolysis	Instable fractures in rotation	Instable fractures in rotation and vertically	Acetabulum rim fractures	Column fractures (anterior, posterior, combined)
Rim fractures without dislocation and residual symptoms, deformation, no hip dislocation or operated fracture without residual symptoms	0			0	
Fracture accompanied by limitation of motion in the hip joint	1-3			1-3	
Conventional treatment of congruent joint surfaces, mild residual symptoms		4-6		4-6	
Dislocated fracture with joint incongruence, surgically treated with possible hip relaxation residual symptoms			7-11		7-11
Surgically treated column fracture (possible combined fracture) with residual symptoms or surgery complications or coxarthrosis			12-16		12-16

NB: The residual state is to rated and combined with the above values in the case of rating the state following the

fracture.

**Table 3.19: Rating the motion of the hip joint with knees bent**

[The hip joint accounts for 75% of the function of the lower limb (PI 30%)]

	Flexion-extension limitation of motion
Limitation of motion in degrees	PI %
0-10	0-1
11-30	1-2
31-50	3-4
51-70	5-6
71-120	6-7

	Limitation of abduction
Limitation of motion in degrees	PI %
0-10	0-1
11-20	1-2
21-30	2
31-40	2-3

	Limitation of abduction
Limitation of motion in degrees	PI %
0-10	0-1
11-20	2
21-30	2

	Limitation of external rotation
Limitation of motion in degrees	PI %
0-10	0-1
11-20	2
21-30	2
31-40	3

	Limitation of internal rotation
Limitation of motion in degrees	PI %
0-10	0-1
11-20	2
21-30	2

**Table 3.20: Impairment rating of the difference in length of the limb\***

Limb shortening (cm)	Accident impairment
<2	0
2-3	2-3
4-5	4-7
5<	8

\* Absolute shortening (distance between the spina iliaca ant. Sup and the inside of the ankle).

TEP (Total Endo-Prosthesis implant) may sometimes also lengthen the limb by 1-2 cm (may also be attributable to a surgery technical error), for which an impairment rating of 1-2% can be awarded.

**Table 3.21: Rating the flexion motion of the knee**

(Normal range of motion 0/120°. The knee needs to be able to fully stretch out to be able to walk normally.)

Limitation of motion in degrees	PI %
0-10	0-5
11-20	6-10
21-40	11-15
41-60	16-20
61-120	21-25

**Table 3.22: Impairment of the lower limb muscles caused by atrophy\***

Difference in circumference**	Degree of impairment	Permanent impairment %
**The circumference of the thigh is 10 cm above the patellar when the knee is extended and muscles are loose		
0-0.9	None	0
1-1.9	Minimal	1-2
2-2.9	Moderate	3-4
3+	Serious	5
**The maximum circumference of the healthy side must be compared at the same height of the impaired side in the case of leg		
0-0.9	None	0
1-1.9	Minimal	1-2
2-2.9	Moderate	3-4
3+	Serious	5

\* Limitation of motion values are taken in the case of limitation of motion in the joint

**Table 3.23: Rating the impairment of the upper jump joint (%)**

Plantar flexion limitation of motion	
Limitation of motion expressed in degrees	PI %
0-20	0-1
21-30	2
31-40	3
41-60	4
Dorsal extension limitation of motion	
Limitation of motion expressed in degrees	PI %
0-10	0-1
11-20	1-2

**Table 3.24: Rating the impairment of the pronation and supination limitation of motion (abduction, adduction, eversion and inversion) of the lower jump joint (%)**

Pronation limitation of motion	
Limitation of motion expressed in degrees	PI %
0-15	0
16 and 16 <	1
Supination limitation of motion	
Limitation of motion expressed in degrees	PI %
0-15	0
16 and 16 <	1

**Table 3.25: Impairments to the big toe\***

Type of impairment	% value of permanent impairment	
	Minimal: 1%	Moderate and serious: 2%

Big toe		
MTP** extension	15°-30°	<15°
IP flexion	<20°	-
Small toes		
MTP extension	<20°	-

\* Maximum permanent impairment caused by the impairment of two or more small toes on one foot: 2%

\*\* Metatarsophalangeal joint

**Table 3.26: Rating impairments associated with amputation carried out at various levels of the lower limb**

Amputation height	Permanent impairment
Hemipelvectomy	50%
Hip arthroplasty	40%
Proximal third of the thigh	40%
Middle of the thigh	36%
Distal third of the thigh	32%
Térd exarticulatio	32%
Middle and upper third of the leg	28%
Middle and lower third of the leg	26%
Tarsometatarsalis	16%
Tarsometatarsalis loss of every digit	9%
Big toe in the MTP joint	2%
Small toes in the MTP joint	1%

### 3.27. Stiffness of the joint (ankylosis)

Stiffness in the hip joint	Optimum position of stiffness in the hip when bent at an angle of 25-40°, 0° rotation, max. 10° abduction. This corresponds to a PI rating of 20%.
Stiffness in the knee	Ankylosis optimum position of the knee when bent at an angle of 10-25° and in a valgus position of 10° in relation to the thigh bone. In an optimum position, knee ankylosis corresponds to a PI rating of 27%.
Ankle	Optimum stiff position of the ankle in a neutral 0° position (without varus-valgus). This corresponds to the PI rating of 4%.

**Table 3.28: Rating impairments of the lower limb based on medical history and residual symptoms**

Symptoms		Accident impairment
Hip prosthesis	Good result	10%
	Satisfactory (average) result	20%
	Poor result	30%
	Girdle stone state	20%
Knee	a) patellar instability	3%
	b) patellar fracture not dislocated, healed	3%
	c) dislocated, bad healing	7%
	d) hemipatellectomy	3%
	e) total patellectomy	9%
	meniscus partial resection	4%
	meniscus total extirpation	9%
Torn ligament	1+ instability	1-5%
	2+	6-10%
	3+	11-19%
	Combined ligament defect	20-40%
Knee prosthesis	Good result	10%
	Average result	20%

	Poor result	30%
Tarsus	a) Tarsus deformation	
	Minimal	2%
	Moderate	4%
	Serious	6%
	Extremely serious (stiff upper and lower jump joint)	8%
	b) Talus necrosis	
	Mild	3%
	Serious	6%

NB: the permanent impairment of specific limbs is combined in the event of the impairment of several limbs.

**Table 3.29: Rating the degree of permanent impairment in the disease group “cervical intervertebral disk”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Disk impairment according to the radiology test results	Cervical intervertebral impairment without any background data (Annex)	Complaints suggesting the impairment of a single disk based on medical history; no symptoms or complaints when examined	Proven disk impairment at the height of one or more disks accompanied by symptoms and complaints when examined, as well as limitation of motion		
Associated spondylosis		If persisting, may alone increase the rate by 2-4%			
Associated instability		If persisting, may alone increase the rate by 6-8%			
Nervous system symptom (radical or spinal disorder)		See nervous system disorder rating			
Surgical intervention	Asymptomatic and complaint-free when examined	Depending on the surgery performed, alternative rating of disks on which surgery has been carried out depending on the number of surgeries performed (+ 2%) and the results of these (+ 2-4%), since the use of a cage or the lack of one, the need for additional stabilisation, the type of surgery from the front or the back significantly influences the rate of impairment which may be determined, which is why usually the degree of impairment is to be determined concurrently.			

**Table 3.30: Rating the degree of permanent impairment in the disease group “cervical spondylosis, spinal stenosis”\***

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Radiological signs of spondylosis	Signs of discrete spondylosis in one or more places; asymptomatic and complaint-free	Signs of discrete spondylosis in one or more places accompanied by temporary symptoms persisting earlier, which ceased at the time of the examination	Signs of discrete spondylosis in one or more places accompanied by recurring symptoms and/or complaints		

Radiological signs of spinal stenosis (primary or secondary) caused by spondylosis	Primary or secondary spinal stenosis, asymptomatic and complaint-free	Primary or secondary spinal stenosis accompanied by symptoms persisting earlier, which ceased at the time of the examination	Primary or secondary spinal stenosis accompanied by limitation of motion persisting at the time of the examination and signs of neural damage (see below)		
Associated instability	-	If persisting, may alone increase the degree of gravity of the disorder by 2-4%			
Symptoms of neural damage (radical or spinal disorder)	-	See nervous system disorder rating (radiculopathy and myelopathy)			
Surgical intervention	-	Depending on the effectiveness of the type of intervention (frontal or dorsal decompression) and stabilisation results: up to +10%-ig			

\* Cervical spondylosis (also) develops with age and is a deformation suggesting the gradual degradation of the disks and small joints, which persists in 30-35% of individuals over the age of 40, 60-75% over the age of 50 (higher in the case of men) and over 80% over the age of 60. However, it is also necessary to remember that only one-third of spondylosis-type deformations cause symptoms; deformation in 2/3 of the cases is not apparent.

**Table 3.31: Rating the degree of permanent impairment in the disease group “dorsal intervertebral disk impairment”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Disk impairment according to the radiology test results	Dorsal disk impairment without any background data (Annex)	Complaints suggesting the impairment of a single disk based on medical history; no symptoms or complaints when examined	Proven disk impairment at the height of one or more disks accompanied by symptoms and complaints at the time of the examination, as well as limitation of motion		
Associated spondylos, instability	-	Irrelevant damages, because disc herniation is none other than so-called hard discs and the chest and ribs significantly limit instability			
Symptoms of neural damage (radical or spinal disorder)	-	See nervous system disorder rating (radiculopathy and myelopathy)			
Surgical intervention	-	Depending on the effectiveness of the type of intervention (removal of disk, decompression) and stabilisation results: + 4-5%			

**Table 3.32: Rating the degree of permanent impairment in the disease group “dorsal spondylosis, associated stenosis”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Radiological signs of spinal	Signs of discrete spondylosis in one or	Signs of discrete spondylosis in one or			

stenosis	more places; asymptomatic and complaint-free, or temporary symptoms	more places accompanied by limitation of motion and recurring symptoms and/or complaints			
Symptoms of nerval damage (radical or spinal disorder)		See nervous system disorder rating (radiculopathy and myelopathy)			
Surgical intervention		Depending on the effectiveness of the type of intervention (decompression) and stabilisation results: + 4-5%			

**Table 3.33: Rating the degree of permanent impairment in the disease group “lumbar intervertebral disk impairment”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Disk impairment according to the radiology test results	Lumbar disk impairment without any background data (Annex)	Complaints suggesting the impairment of a single disk based on medical history; no symptoms or complaints when examined	Proven disk impairment at the height of one or more disks accompanied by symptoms and complaints at the time of the examination, as well as limitation of motion		
Associated spondylosis		If persisting, may alone increase the rate by 2-4%			
Associated instability		If persisting, may alone increase the rate by 2-6-8%			
Symptoms of nerval damage (radical or spinal disorder)		See nervous system disorder rating			
Surgical intervention	Asymptomatic and complaint-free when examined	Depending on the surgery performed, alternative rating of disks on which surgery has been carried out is applied depending on the number of surgeries performed (+ 2%) and the results of these (+ 2-4%), since the use of a cage or the lack of one, the need for additional stabilisation, the type of surgery from the front or the back significantly influences the rate of impairment which may be determined, which is why usually the degree of impairment is to be determined concurrently in light of these latter considerations.			

**Table 3.34: Rating the degree of permanent impairment in the disease group “lumbar spondylosis, associated stenosis”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Radiological signs of spondylosis	Signs of spondylosis on one or more planes, asymptomatic and complaint free, or accompanied by temporary symptoms	Signs of spondylosis in one or more places accompanied by recurring symptoms and/or complaints			

	and back pain			
Associated instability	-	If persisting, may alone increase the rate by 6-8%		
Symptoms of nerval damage (radical or spinal disorder)	-	See nervous system disorder rating (radical imitation through to cauda/conus syndrome)		
Surgical intervention	-	Depending on the surgery performed, the number of surgeries performed (+ 2%) and the results of these, alternative rating is applied in the case of the place where the surgery was performed and the need for additional stabilisation significantly influences the rate of impairment (+8-10%), which is why usually the degree of impairment is to be determined concurrently by taking account of these considerations.		

**Table 3.35: Rating the degree of permanent impairment in the disease group “lumbar spondylolisthesis”**

	Degree of permanent impairment				
	0	2-6%	7-14%	15-22%	23-30%
Radiological signs of spondylosis	Minor alignment shift (possibly of spondylosis origin), asymptomatic and complaint-free, or temporary symptoms, back pain	Grade I and II spondylolisthesis accompanied by limitation of motion, recurring symptoms and/or complaints and pain	Grade III and IV spondylolisthesis accompanied by limitation of motion, recurring symptoms and/or complaints and pain		
Associated instability	-	If persisting, may alone increase the rate by 5-8%			
Symptoms of nerval damage (radical or spinal disorder)	-	See nervous system disorder rating (radical imitation through to cauda/conus syndrome)			
Surgical intervention	-	Depending on the surgery performed, the number of surgeries performed (+ 2%) and the results of these, alternative rating is applied in the case of the place where the surgery was performed and the need for additional stabilisation significantly influences the rate of impairment (+8-12%), which is why usually the degree of impairment is to be determined concurrently by taking account of these considerations.			

#### 4. Respiratory System Impairment Rating Scale

**Table 4.1: Percentage rating of the degree of impairment of pulmonary functions**

Degree of impairment	Degree of permanent impairment				
	0-9%	10-19%	20-39%	40-59%	60-79%
	1. Insignificant	2. Minimal	3. Moderate	4. Serious	5. Very serious
	FEV1**>70% VC***>80% PaO2>k	FEV1 60-70% VC 70-80% PaO2>k -5 Hgmm	FEV1 50-59% VC 50-70% PaO2k -5-10 Hgmm	FEV1 30-50% VC<50% PaO2<k -10 Hgmm or PaO2<60 Hgmm (<8kPa)	FEV1 <30% VC<50% PaO2<k. -10 Hgmm or PaO2<60 Hgmm (<8kPa)

Impairment	PaCO <sub>2</sub> <45 Hgmm FVC>80% FEV1/FVC>80% COPD**** 0	PaCO <sub>2</sub> 45-60 Hgmm FVC 60-79% FEV1/FVC 60-79% COPD I.	PaCO <sub>2</sub> 50-60 Hgmm FVC 50-59% FEV1/FVC 40-59% COPD II and/or pulmonary hypertonia I	PaCO <sub>2</sub> >60 Hgmm FVC<50% FEV1/FVC<40% Koch positive TBC*  COPD III and/or pulmonary hypertonia II-III.	PaCO <sub>2</sub> >60 Hgmm COPD IV, Pulmonary hypertonia III Asthma IV-V. Respiratory failure
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\* In the case of Koch positive pulmonary tuberculosis, the rate of permanent impairment during the period in which infection persists is 51-80%, after which it changes depending on the healing process. Extra-pulmonary TBC is rated alternatively in accordance with the table of impairments. During chemo and/or radiation therapy, in the case of recidiva and metastasis and for a period of 1 year after, the given rating value is at least 80%, 51-79% for the next two years and based on residual symptoms after a period of 3 years.

\*\* Forced Expiratory Volume

\*\*\* Vital Capacity

\*\*\*\* Chronic Obstructive Pulmonary Diseases

**Table 4.2: Degree of impairment caused by silicosis**

Permanent impairment (%)	% value of permanent impairment			
	0-19%	20-39%	40-59%	60-79%
Degree of impairment	1. Insignificant	2. Minimal	3. Moderate	4. Serious
Impairment criteria	X-ray: p1/2-p3/+ Respiratory function: no disorder	X-ray: p1/2-P3/+ Respiratory function: decrease in VC, FEV1 to 1.64-3.3 times the RSD of the reference range; VO <sub>2</sub> max. 15-25 ml/kg/min (4.3-7.5 MET); or the X-ray is: q2-r3/+, without any respiratory function deficiency	X-ray: p1/2-p3/+ Respiratory function: decrease in VC, FEV1 to 3.3 times the RSD of the reference range; VO <sub>2</sub> under 15 ml/kg/min (MET less than 4); or the X-ray is: q2/1-r3/+, without any mild respiratory function deficiency	X-ray: serious X-ray deformation in the case of every Stage "A" regardless of the respiratory function and every respiratory function impairment, the extent of the deformation on the X-ray, which is far more serious than indicated in the previous category
Employability	Patient under the age of 50 cannot be employed at a workplace where the risk of silicosis arises; no other restrictions	The patient may engage in work during which the risk of silicosis does not persist and where the MET demand is less than 5	The patient may engage in work during which the risk of silicosis does not persist and where the MET demand is no greater than 2.5-3. Disability may be determined in the case of employment impairment exceeding a rate of 50%.	Employment disability may be determined and the patient can only be employed in rehabilitation scopes of work in which the MET demand is less than 2

**Table 4.3: Rating asthma as a health impairment**

% value of permanent impairment
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	0-9%	10-29%	30-49%	50-79%	≥80%
	Grade I Intermittent	Grade II Mild chronic	Grade III Moderate chronic	Grade IV Sever chronic	Grade V Extremely serious
Symptoms during the daytime	Several times a month, but not every week	Several times a week, but not every day	Daily symptoms	Several times a day, constantly during the day	Continuous, serious, constant suffocation
Symptoms during the night time	Less than every two months	More often than every two months	Frequent	Frequent	Every night
Minimum medication required	Occasionally, not every day in certain cases and/or chromoline daily	Bronchodilator daily and/or low dosage of inhaled steroids daily (<800)	Bronchodilator whenever necessary and high dosage of inhaled steroids daily (>800), or systemic steroids occasionally (1-3 years)	Bronchodilator whenever necessary, high dosage of inhaled steroids daily (>800) and systemic steroids daily	Bronchodilator whenever necessary, high dosage of inhaled steroids daily (>800) and systemic steroids daily
FEV1	FEV <sub>1</sub> ≥70% (k. é.)	FEV1 60-69%	FEV1 50-59%	FEV1 40-49%	FEV1 < 40%
FEV1-reversibility	≤10%	11-20%	21-25%	26-30%	> 30%
Physical stress tolerance	Longer periods of running provokes coughing and bronchospasms	Greater physical stress provokes coughing and bronchospasms	Low physical stress when complaints persist	Continually limited physical stress	Complete incapacity for work

## 5. Cardiovascular Impairment Rating Scale

**Table 5.1: Rating cardiomyopathy**

	% value of permanent impairment			
	1-9%	10-29%	30-49%	50-79%
AMA Stage (NYHA*)	1	2	3	4
Ventricular dysfunction detected by echocardiography	Minor decrease in function of the left ventricular, or septal hypertrophy (< 1,1 cm), or restrictive functional disorder	Minor decrease in function of the left ventricular (EF: 41-50%), or septal hypertrophy (men: 1,1-1,3 cm, women 1,0-1,2 cm), or proven restrictive or diastolic left ventricular functional disorder (E>A)	Moderate decrease in function of the left ventricular (EF: 30-40%), or septal hypertrophy (men 1,4-1,6 cm, women 1,3-1,5 cm) with low efflux gradient, or proven restrictive or diastolic left ventricular functional disorder (E=A)	Major decrease in the systolic function of the left ventricular (EF<30%), or septal hypertrophy (men >1,7 cm, women >1,6 cm) with high efflux gradient, or seriously restrictive or diastolic functional disorder (E<A)
Treatment	Not necessary; however, the primary disease needs to be treated	Medical therapy and primary disease treatment	Complex medical therapy, treatment of primary diseases and rhythm disorders	Complex medical therapy, treatment of primary diseases and rhythm disorders
Heart failure	None	None or minimal	Present	Present
Stress tolerance	7-10 MET**, VO2 max. > 20	7-10 MET, VO2 max. 16-20	5-7 MET, VO2 max. 11-15	< 5 MET, VO2 max. ≤ 10
Surgical, catheter and electrophysiological	Rarely required beyond the treatment	Interventions frequently effective	Interventions frequently effective	Interventions generally necessary,

intervention	of the underlying primary disease			intensive therapy at end stage and heart transplantation in the case of suitable conditions
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\* Functional classification of cardiac patient according to the New York Heart Association

\*\* Metabolic Equivalent

**Table 5.2: Rating coronary diseases**

	% value of permanent impairment				
	0%	1-9%	10-29%	30-49%	50-79%
AMA Stage (NYHA)	0	1	2	3	4
Anamnesis		Angina pectoris	Angina and/or heart attack	Angina and/or heart attack	Angina and/or heart attack
Current complaints		None	None when engaging in routine daily activities, angina pectoris under significant stress	Angina pectoris occurring under physical stress	Angina pectoris when inactive and under minimum physical stress
Coronarography, CT, MR detected need	None	Under 50%	Over 50% or effective revascularisation	Over 50% in one or more veins, or angina after surgery when under physical stress	Over 50% in one or more veins, or angina after surgery when under physical stress
Stress tolerance	>10 MET	7-10 MET	7-10 MET, no complaints at 80% maximum stress	5-7 MET	<5 MET
Treatment	Not necessary	Primary prevention	Complaint-free when treated	Angina pectoris when active and under physical stress	Day-to-day complaints even when treated daily
Left ventricular dysfunction caused by a heart attack or several venous diseases	None	None	Possible  Minimal EF*: 41-50%	Possible  EF 30-40%	Possible  Serious EF < 30%
Revascularisation: PCI** or CABG***		Not necessary	Effective	Angina pector when active even after surgery	Complaints when inactive even after surgery during the administration of adequate therapy

\* Ejection fraction

\*\* Percutaneous coronary intervention

\*\*\* Coronary bypass graft surgery

**Table 5.3: Rating the degree of impairment caused by hypertonia**

	% value of permanent impairment
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	1-9%	10-29%	30-49%	50-79%
AMA Stage (NYHA)	1	2	3	4
Anamnesis	Asymptomatic, good stress tolerance level, but the diastolic blood pressure is once again over 90 Hgmm	Asymptomatic, good stress tolerance level, but the diastolic blood pressure is once again over 90 Hgmm	Good stress tolerance level, but the diastolic blood pressure is permanently over 90 Hgmm	Diastolic blood pressure is permanently over 90 Hgmm
Treatment	Normal blood pressure when administering antihypertensive medical therapy	Antihypertensive medical therapy	Complex medical therapy	Complex medical therapy
Examinations	Neither of the following can be detected: 1/ Abnormal uranalysis or kidney function test 2/ Hypertensive cerebrovascular disease 3/ Left ventricular hypertrophy 4/ Hypertensive eye fundus abnormality, with the exception of minimal arterial blockage (Keith-Wagener Stage 1)	At least one of the following can be detected: 1/ Abnormal uranalysis results (proteinuria, or urinary sediment), normal kidney function values 2/ Hypertensive cerebrovascular event in the anamnesis 3/ Hypertensive eye fundus abnormality (Keith-Wagener Stage II) 4) Left ventricular hypertrophy (men: 1.1-1.3 cm, women 1.0-1.2 cm)	At least one of the following can be detected: 1/ Diastolic blood pressure occasionally over 120 Hgmm 2/ Abnormal uranalysis results (proteinuria, or urinary sediment), deteriorating kidney function, high creatinine, carbamide, nitrogen, or creatinine clearance under 50% 3/ Hypertensive cerebrovascular event, residual neurological symptoms 4/ Proven left ventricular hypertrophy (men: 1.4-1.6 cm, women 1.3-1.5 cm), circulatory insufficiency without congestive functional disorder 5/ Hypertensive explicit eye fundus abnormality (Keith-Wagener Stage III)	At least two of the following can be detected: 1/ Diastolic blood pressure occasionally over 120 Hgmm 2/ Abnormal uranalysis results (proteinuria, or urinary sediment), deteriorating kidney function at an advanced stage, high creatinine, carbamide, nitrogen, or creatinine clearance under 20% 3/ Hypertensive cerebrovascular event, residual neurological symptoms 4/ Left ventricular hypertrophy (men >1.7 cm, women >1.6 cm), congestive heart failure 5/ Circulatory insufficiency, congestive functional disorder 6/ Hypertensive explicit eye fundus abnormality (arteriole, retina or nervus opticus, Keith-Wagener Stage III and IV)

**Table 5.4: Rating pericardial diseases**

	% value of permanent impairment			
	1-9%	10-29%	30-49%	50-79%

AMA Stage (NYHA)	1	2	3	4
Anamnesis	Asymptomatic, good stress tolerance level	Intermittent chest pain, minor circulatory insufficiency even during the administration of medical therapy	Chest pain and circulatory insufficiency when physically stressed, even during the administration of medical therapy	Explicit symptoms of circulatory insufficiency even when inactive
Ventricular dysfunction detected by echocardiography	Minimal pericardial fluid, or constriction, which causes significant obstruction of the influx stream	Pericardial fluid, or constriction, which causes obstruction of the influx stream	Significant pericardial fluid, or constriction, which causes obstruction of the influx stream	Significant pericardial fluid, or constriction, obstruction of the influx stream in one or more cavums with inflections
Treatment	Not necessary, but it is important to treat the primary disease	Medical therapy and treatment of the primary disease	Complex medical therapy and treatment of the primary disease	Complex medical therapy, treatment of the primary disease, surgical and other interventions
Heart failure	None	None or minimal	Present	Present
Stress tolerance	7-10 MET, VO2 max. > 20	7-10 MET, VO2 max. 16-20	5-7 MET, VO2 max. 11-15	< 5 MET, VO2 max. ≤10
Erythrocyte sedimentation rate	Normal	ESR: 30-50	ESR: 51-69	ESR ≥ 70
Surgical, catheter and electrophysiological intervention	Rarely required beyond the treatment of the underlying primary disease	Interventions frequently effective	Interventions frequently effective	Interventions generally necessary, intensive therapy at end stage and heart transplantation in the case of suitable conditions

**Table 5.5: Rating genetic and acquired vitiums**

	% value of permanent impairment			
	1-9%	10-29%	30-49%	50-79%
AMA Stage (NYHA)	1	2	3	4
Valve dysfunction detected by echocardiography	Detected	Detected	Detected	Detected
Degree of valve dysfunction	Minor stenosis or insufficiency	Moderate, surgery not necessary	Moderate or serious, surgery not possible	Moderate or serious, surgery not possible
Frequent types: aorta stenosis		Aorta area: over 0.75 cm <sup>2</sup> , average pressure gradient under 40 Hgmm	Aorta area: under 0.75 cm <sup>2</sup> , average pressure gradient over 40 Hgmm	Aorta area: under 0.75 cm <sup>2</sup> , average pressure gradient over 40 Hgmm
Frequent types: aorta regurgitation (AI) Press Half Time (PHT msec) Ventricular Contraction - VC cm	AI: I-II. >500 <3	AI: II-III. 350-500 3-5.9	AI: III-IV. 200-350 3-5.9	AI: III-IV. <200 >6
Frequent types: mitral stenosis	Pressure gradient: <5 Hgmm, area 1.5-2.0 cm <sup>2</sup>	Mitral average pressure gradient under 10 Hgmm, area	Mitral average pressure gradient over 10 Hgmm felett, area	Mitral average pressure gradient over 10 Hgmm felett, area

		over 1 cm <sup>2</sup>	under 1 cm <sup>2</sup>	under 1 cm <sup>2</sup>
Frequent types: mitral regurgitation (MI) Ventricular Contraction - VC cm Regurgitation fraction %	MI: I-II. <0.3 <30%	MI: II-III. 0.3-0.7 30-39%	MI: III-IV. >0.7 40-49%	MI: III-IV. >0.7 ≥50%
Treatment	Infection prophylaxis	Preventative medication	Complaints persist during medical therapy	Complaints persist even if inactive and being administered medical therapy
Heart failure	None	None or minimal	Present	Present
Left ventricular dysfunction	None	None or minimal	Present	Present
Stress tolerance	>7 MET	5-7 MET	2-5 MET	< 2 MET
The above criterions may persist after valve surgery (surgical or percutaneous implantation)		Yes, symptoms of heart failure, ventricular dilatation and dysfunction	Yes, symptoms of heart failure, ventricular dilatation and dysfunction	Yes, symptoms of heart failure, ventricular dilatation and dysfunction

**Table 5.6: Rating the degree impairment caused by heart rhythm disorders**

	% value of permanent impairment			
	0-9%	10-29%	30-49%	50-79%
NYHA	I.	II.	III.	IV.
Medical history	Proven rhythm disorder detected earlier, patient currently asymptomatic as a result of the treatment	Complaint-free during routine day-to-day activities, documented rhythm disorders when under more intense physical stress (ECG, HOLTER, pacemaker memory, etc.)	Regularly recurring documented rhythm disorders and the patient has symptoms despite the treatment during the course of routine day-to-day activity	Rhythm disorders daily requiring hospital treatment even when inactive and under treatment, or regular ICD* function documented
Echocardiography	Generally no deviation	Signs of underlying organic heart disease (minimal ASD**, VSD***, moderate decrease in left ventricular function, minimal vitium)	Generally significant deviations (ASD, VSD, decrease in left ventricular function, significant vitium)	Significant deviations detectable (ASD, VSD, decrease in left ventricular function, significant vitium)
Stress tolerance	>10 MET	<10 MET, max. stress at 80%, no complaints	5-7 MET	< 5 MET
Treatment	Generally medical therapy, or successful ablation therapy or well-functioning pacemaker	Rhythm disorders generally continue to persist even during the administration of medical therapy, or successful ablation therapy or the implantation of a well-functioning	Proven malignant rhythm disorder persists even during the administration of medical therapy (medication, ICD, pacemaker implant or after ablation)	Malignant rhythm disorders on a daily basis despite complex medical therapy

		pacemaker	
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\* Intracardiac Defibrillator

\*\* Atrial Septal Defect

\*\*\*Ventricular Septal Defect

**Table 5.7: Rating the degree of permanent impairment of peripheral artery diseases in the lower limb**

	% value of permanent impairment			
	0-4%	5-10%	11-20%	21-50%
Complaints: - claudication - pain when inactive	None None	Walking distance: > 300 m None	Walking distance: > 100 m None	Walking distance: < 100 m Intermittent
Physical symptoms: - no pulse - skin atrophy	Possible		Present	
- ulceration - gangrene	None		Possible	
Amputation	None	None, or only in the healed end of the digits on one foot		And/or Partial amputation of one foot or several digits of both feet
Radiological anomaly - X-ray - arteriography	And/or calcification, stenosis, obstruction			
Restricted in routine day-to-day activity	None	In a few activities	In several activities	In many activities

\* Rating in accordance with the amputation table in the case of amputation above the ankle.

**Table 5.8: Rating permanent impairment of peripheral artery diseases in the upper limb**

	% value of permanent impairment			
	0-4%	5-10%	11-20%	21-30%
Complaints: - Pain increases with physical stress - Pain when inactive	None None	None when under intense physical stress	None when under moderate physical stress	Intermittent even when under physical stress
Physical symptoms – no pulse	Possible		And/or Present	
- Raynaud's phenomenon - gangrene, ulceration - amputation*	None under 0°	None under 5°, or healed and/or the amputation of one digit	Possible under 10° and/or the partial amputation of two or more digits	Possible under 15°, and/or the amputation of more than two digits
Radiological anomaly - X-ray - arteriography	And/or calcification, stenosis, obstruction			
Restricted in routine day-to-day activity	None	In a few activities	In several activities	In many activities

\* Rating in accordance with the amputation table in the case of amputation above the wrist

## 6. Haematological Impairment Rating Scale

(Clinical pictures accompanied by cytopenia requiring permanent haematological treatment)

**Table 6.1: Anaemia**

Degree of impairment - %	0%	1-10%	11-25%	26-45%	46-70%
Criteria	Anamnestic anaemia, no treatment required	Minimal symptoms, no need for transfusion	Minimal/moderate symptoms, no need for transfusion	Moderate/periodically serious symptoms, regular transfusion required	Serious symptoms, regular transfusion required
Laboratory test result anomalies	Hb*: norm.	10 g/dl ≤ Hb < 12 g/dl	8g/dl ≤ Hb < 10 g/dl	6g/dl ≤ Hb < 8 g/dl	Hb < 6 g/dl

\* Hb: haemoglobin

Differentiation within specific categories must be based on haematology test results.

**Table 6.2: Neutropenia**

Degree of impairment - %	0%	1-25%	26-45%
Criteria		Neutropenia accompanied by fever occurring rarely, possibly antibiotic treatment	Recurring neutropenia accompanied by fever, antibiotic treatment
Laboratory test results	ANC* ≥ 1000/μl	ANC* < 1000/μl	ANC* < 500/μl

\* ANC: Absolute Neutrophil Count

Differentiation within specific categories must be based on haematology test results.

**Table 6.3: Thrombopenia**

Degree of impairment - %	0%	1-15%	16-45%	46-65%
Criteria	Treatment not required	Treatment (surgery)/supplementation in special situations	Special treatment/supplementation periodically	Regular treatment/supplementation
Laboratory test results	Pl* ≥ 100*G/l	60*G/l ≤ Pl < 100*G/l	30*G/l ≤ Pl < 60*G/l	Pl < 30*G/l

\* Pl: Platelet count

Spleen deformation alone represents a physical impairment of 5%.

Differentiation within specific categories must be based on haematology test results.

**Table 6.4: Haemophilia\***

Degree of impairment - %	0%	1-10%	11-30%	31-65%
Criteria	Treatment not required	Factor supplementation in the case of bleeding and trauma	≤ 2 bleeding episodes per year, factor supplementation	≥ 3 bleeding episodes per year, regular factor supplementation
Missing factor	None	Factor rate ≥ 5%	1% ≤ factor rate < 5%	Factor rate < 1%

\* Differentiation within specific categories must be based on haematology test results.

**Table 6.5: Thrombophilia**

Degree of	0%	1-10%	11-30%	31-40%
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impairment - %				
Criteria	No thrombosis	Thrombosis occurred (1x)	Thrombosis occurred (>1x)	Thrombosis occurred (>1x)
Anomalies	-	Leiden heterozygous mutation or lupus anticoagulant / antiphospholipid / anticardiolipin antibody	Low Protein-C or Protein-S or AT III, Leiden homozygote or lupus anticoagulant / antiphospholipid / anticardiolipin antibody	Combination of at least of the defects listed in the previous categories

**Table 6.6: Acute leukaemia\***

Degree of impairment (%)	0-5%	6-20%	21-50%	51-80%
Criteria	In remission for > 5	In remission for 3-5 years	In remission for 3 years after chemotherapy	Duration of chemotherapy: + 1 year, disease not in remission, < 2 years after stem cell transplantation

\* Differentiation within specific categories must be based on haematology test results, presence of complications and their persistence (cachexia, inflammation, bleeding complication, etc.).

**Table 6.7: Lymphoproliferative diseases**

Degree of impairment (%)	0-5	6-20%	21-50%	51-80%
Criteria	No treatment required, in remission for > 5	Intermittent chemotherapy, permanent state of balance	Chemotherapy within a period of 6 months	Combined chemotherapy as first-line therapy or treatment due to the relapse of the disease

## 7. Digestive System Impairment Rating Scale

(Impairment is rated on the grounds of the general principles of oncology in the case of mouth, gorge and laryngeal tumour diseases.)

**Table 7.1: Rating the degree of impairment in the upper gastrointestinal (GI) tract and pancreatic diseases\***

	% value of permanent impairment			
	0-4%	5-15%	16-30%	31-50%
Medical history	Upper GI diseases accompanied by minimal or intermittent mild symptoms	Upper GI diseases accompanied by frequent minimal or intermittent moderate symptoms	Upper GI diseases accompanied by frequent moderate or intermittent serious symptoms	Upper GI diseases accompanied by frequent serious or intermittent acute symptoms
Weight loss**	None	Not exceeding 10%	11-20%	Over 20%
Anomalies detected by objective examinations	Minimal laboratory test or anatomical anomalies	Moderately serious laboratory test, anatomical or functional anomalies	Serious laboratory test anomalies, anatomical or functional impairment	Acute anatomical or functional impairment
Need for and effectiveness of	Not required continuously	Ongoing medical therapy and/or dietary	Complaints persist despite ongoing	Serious complaints persist despite

dieting, medical therapy		treatment required and effective	medical therapy and/or dietary treatment	ongoing medical therapy and/or dietary treatment
Need for and effectiveness of surgical treatment	Not required	Not required	Surgical correction, removal of organ considered; not complaint-free even after surgery	Surgical correction or removal of the entire organ necessary; serious complaints persist even after surgery
Stoma***			and/or gastrostoma jejunostoma ileostoma	and/or gastrostoma jejunostoma ileostoma

\* Other functional disorders caused by absorption disorders (e.g. anaemia) are to be rated at the relevant organ and the rate of impairment is to be combined with the gastrointestinal rate of impairment.

\*\* Value in relation to optimum weight (BMI 20-25).

\*\*\* Rating stomas alone: gastrostoma - 10-15% permanent impairment; jejunostoma-ileostoma - 15-25% permanent impairment

**Table 7.2: Rating the degree of impairment in the case of colon and rectum diseases**

	% value of permanent impairment			
	0-9%	10-19%	20-39%	40-59%
Medical history	Colorectal diseases accompanied by minimal or intermittent minimal symptoms	Frequently recurring minimal or intermittent moderate symptoms (fever, diarrhoea)	Colorectal diseases accompanied by frequent moderate or intermittent serious symptoms	Colorectal diseases accompanied by frequent serious or intermittent acute symptoms
Physical examinations	Normal nutritional state	Weight loss not exceeding 10%	11-20% weight loss	Weight loss exceeding 20%
Anomalies detected by objective examinations	Minimal laboratory or anatomical anomalies	Moderately serious laboratory test, anatomical or functional anomalies	Serious laboratory test anomalies, anatomical or functional impairment	Acute anatomical or functional impairment Acute anatomical or functional impairment
Need for and effectiveness of dieting, medical therapy	Not necessary continuously	Persisting minimal complaints despite ongoing medical therapy and/or dietary treatment	Persisting complaints despite ongoing medical therapy and/or dietary treatment	Persisting complaints despite ongoing medical therapy and/or dietary treatment
Need for and effectiveness of surgery	Not necessary	Not necessary	Surgical correction, removal of organ recommended; not complaint-free even after surgery	Surgical correction or removal of the entire organ necessary; serious complaints persist even after surgery
Stoma			and/or ileostoma colostoma	and/or ileostoma colostoma

\* Value in relation to optimum value (BMI 20-25)

\*\* Rating stomas alone: ileostoma, colostoma, 15%-20% permanent impairment

**Table 7.3: Rating the degree of impairment in diseases of the anus**

	% value of permanent impairment			
	0-5%	6-10%	11-20%	21-30%

Medical history	Diseases of the anus accompanied by minimal or intermittent minimal symptoms	Diseases of the anus accompanied by frequently recurring minimal or intermittent moderate symptoms	Diseases of the anus accompanied by frequent moderate or intermittent serious symptoms	Diseases of the anus accompanied by frequent serious or intermittent acute symptoms
Anomalies detected by objective examinations	Minimal laboratory or anatomical anomalies	Minimal permanent anatomical anomalies or minor impairment of the sphincter function	More serious anatomical anomalies or more serious impairment of the sphincter function	Extremely serious anatomical anomalies or complete sphincter function failure
Need for and effectiveness of medical therapy	Not necessary continuously	Ongoing medical therapy and/or dietary treatment required and effective	Persisting complaints despite ongoing medical therapy and/or other treatment	Persisting serious complaints despite ongoing medical therapy and/or other treatment
Need for and effectiveness of surgery	Not necessary	Not necessary	Surgical correction considered; not complaint-free even after surgery	Surgical correction necessary; serious complaints persists even after surgery
Incontinence	None	Minimal (disorder related to the retention of gases and watery stools	Partial	Total, permanent

**Table 7.4: Rating the degree of impairment in diseases of the liver\***

	% value of permanent impairment			
	0-10%	11-25%	26-50%	51-79%
Medical history	Asymptomatic persisting liver disease, ascites, jaundice, variceal bleeding did not occur within a period of 3 years	Asymptomatic chronic liver disease, ascites, jaundice, variceal bleeding did not occur within a period of 1 year	Progressive chronic liver disease, ascites, jaundice, variceal bleeding occurred within a period of 1 year; impaired nutritional status	Progressive chronic liver disease, persisting jaundice, ascites and signs of variceal bleeding; significant undernutrition
Anomalies detected by objective examinations	Minimal liver function anomalies (bilir., ALT**, AST*** < 2x normal value); positive virus antibody titer	Moderate liver function anomalies (bilir., ALT, AST > 2x normal value) Moderate liver damage detected by imaging methods; positive virus antibody titer	Major liver function anomalies; serious liver damage detected by imaging methods; portal hypertension, signs of ascites, presence of varices; virus PCR**** positive	Serious or irreversible liver damage; signs of laboratory, physical and imaging; hepatorenal syndrome; virus PCR positive
Need for and effectiveness of dieting, medical therapy	Not necessary	Ongoing medical therapy and/or dietary treatment	Progressive disease despite ongoing medical therapy and/or dietary treatment	Progressive disease despite ongoing medical therapy and/or dietary treatment ; ongoing antiviral treatment
Encephalopathy	None	None	Intermittent	Permanent symptoms of encephalopathy

\* To be combined with the relevant impairment percentage in the case of the persistence of psychological and/or other (thyroid, joint, etc.) impairment. PI value temporarily over 80% in the case of vascular and parenchyma

decompensation

\*\* Alanin aminotransferase

\*\*\* Aspartat aminotransferase

\*\*\*\* Virus – polimerase chain reaction

**Table 7.5: Rating the degree of impairment in diseases of the biliary tract\***

	% value of permanent impairment		
	0-10%	11-20%	21-30%
Anamnesis	Biliary tract disease (e.g. gallstone) and cholecystectomy in the anamnesis; complaint-free or pain felt occasionally below the ribcage	Recidivating colic pain, intermittent jaundice or cholangitis	Irreparable biliary tract accompanied by recurring cholangitis
Physical examination	Negative or cholecystectomy callus	Intermittent jaundice, pain felt below the right ribcage, fever, enlarged liver	Permanent jaundice accompanied by painful liver enlargement and fever
Anomalies detected by objective examinations	None or minimal bilirubin increase; gallstone detected by imaging examinations or minimal expansion of the choledochus after cholecystectomy	Bilirubin, alkalic increase; rapid drop, leukocytosis; choledocholithiasis detected by imaging examinations, expansion of biliary tracts	Permanent increase of bilirubin and cholestatic enzymes; serious bilious fluid discharge detected by imaging techniques, presence of portal hypertension
Need for and effectiveness of dieting, medical therapy	Generally not or only periodically required	Dietary and antibiotic treatment alone is ineffective	Ineffective
Surgical or endoscopic intervention	Not necessary or cholecystectomy	Endoscopic stone extraction or stenting, surgically ensured bilious fluid discharge	Endoscopic (internal stenting or external dressage) aimed at ensuring bilious fluid discharge, or surgical procedures (biliodigestive anastomosis) are either ineffective or only temporarily effective

\* To be combined with relevant impairment rating values in the case of liver impairment

**Table 7.6: Rating the degree of impairment caused by abdominal and lingual organs**

	% value of permanent impairment			
	0%	1-5%	6-10%	11-20%
Anamnesis, complaints	Abdominal hernia surgery in the anamnesis; no complaints	Intermittent feeling of discomfort at the hernia site, but this doesn't bother the patient during routine day-to-day work	Frequent feeling of discomfort at the hernia site; limited physical activity	One or more hernia surgery in the anamnesis; feeling of discomfort at the hernia site; significant limitation of routine day-to-day activities
Physical symptoms	Negative physical status; no herniation	Open porta herniae detectable; hernia content protrudes when stomach is pressed	Continuously perceivable and detectable hernia deformation	Detectable abdominal or lingual hernia deformation; accreted hernia
	At least one	Surgery	Surgery	Surgery

Surgery	hernioplasty surgery earlier	recommended (abdominal reconstruction)	recommended (abdominal reconstruction)	recommended (abdominal reconstruction)
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\* 1-5% permanent impairment can be awarded after successful (net implantation) intervention.

**Table 7.7: Rating the degree of impairment in diseases causing nutritional (chewing, swallowing) disorders\***

	% value of permanent impairment			
	0-10%	11-30%	31-50%	≥ 51%
Symptoms, complaints	Difficulty swallowing solid food; food intake limited to semi-solid or soft food; choking may occur	Food intake limited to soft or puree food; choking may occur frequently	Food intake limited to fluids; frequent coughing due to choking	Complete lack of ability to swallow; tube or gastronomic feeding required
Oral stage	Temporomandibular joint inflammation; upper and lower jaw-bone and teeth injured; saliva production disorders, tongue tumours		Impairment of the vagus nerve, glossopharyngeal nerve, hypoglossal nerve impairment; state after performing surgery on tumours on the tongue and base of the tongue	
Pharyngeal stage	Throat, laryngeal tumours, innervation disorders, state after surgery performed due to tumours on the base of the tongue, pharyngeal and laryngeal tumours		Nerval impairment: amyotrophia lateralsclerosis, bulbar, pseudobulbar paralysis, sclerosis multiplex, cerebral and cerebellar ischaemia, thrombosis, myasthenia gravis, Parkinson's disease, lead intoxication	
Oesophageal stage		Oesophageal acid burn injuries, inflammation, strictures, tumours, external compressing processes: struma, aorta aneurysma, mediastinal tumours, diverticula, hiatus hernia		

\* Complete loss of scent and taste sensation is equivalent to a permanent impairment of 5%.

## 8. Nutritional Disorders

**Table 8.1: Rating super-alimentation**

	% value of permanent impairment		
	0%	1-5%	6-10%
BMI*	<35	35-40	>40

\* BMI (body mass index): body mass (kg) divided by body height (m)

**Table 8.2: Rating undernutrition**

	% value of permanent impairment and grades		
	0%	1-5%	6-10%
BMI*	>18	18-15	<15

\*BMI (body mass index): body mass (kg) divided by body height (m)

## 9. Endocrine System Impairment Rating Scale

(Rating the degree of impairment in the case of slowly progreding and progressive malignant metastatic tumours in the endocrine organs is carried out in accordance with general principles)

**Table 9.1: Rating the degree of impairment in the case of hypothalamic-pituitary diseases\***

	% value of permanent impairment			
	0%	1-5%	6-10%	11-15%

Medical history	Disease persists; treatment not required	Disease persists; medical therapy required	Disease persists; medical therapy required	Disease persists; medical therapy required
Pituitary surgery/radiation therapy performed	No	No	Yes	Yes
Controlled excessive hormone production	Yes	Yes	Yes or only partially	No
Tumour residue detectable by imaging examination	None		Detected	

\* Combined in the case of associated neurological or optometric symptoms

**Table 9.2: Rating degree of impairment in the case of thyroid diseases\***

	% value of permanent impairment		
	0%	1-5%	6-10%
Medical history **	Thyroid disease persists; patient complaint-free, medical therapy not required	Thyroid disease persists; patient complaint-free, ongoing medical therapy required	Thyroid disease persists; patient complaint-free, objective anomalies even under ongoing medical therapy
Physical examination	Negative	Tactile detection or proven by imaging procedures; lump < 2.5 cm	Tactile detection or proven by imaging procedures; lump ≥ 2.5 cm

\* Impairment to be rated based on the general table for tumours in the case of metastatic diseases.

\*\* Combined with organ manifestation symptoms

**Table 9.3: Rating degree of impairment in the case of parathyroid diseases\***

	% value of permanent impairment		
	0%	1-3%	4-8%
Medical history	Parathyroid disease persists; patient complaint-free	Parathyroid disease persists, ongoing medical therapy required	Parathyroid disease persists, symptoms persists despite ongoing medical therapy required
Neck tactile examination	Normal	Normal/abnormal	
Serum Calcium	Normal	Normal	Generally varies from normal

\* Health impairment to be rated based on the general table for tumours in the case of metastatic diseases.

**Table 9.4: Rating the degree of impairment of diseases causing the hormonal dysfunction of the adrenal gland\***

	% value of permanent impairment			
	0%	1-5%	6-10%	11-20%
Medical history	Patient compliant- free even without treatment	Patient treated earlier for adrenal disease; currently asymptomatic, no persisting hormonal anomalies	Patient treated earlier for adrenal disease; residual symptoms of the disease identifiable, no persisting hormonal anomalies	Patient treated earlier for adrenal disease; disease remains active and causes symptoms. Hormonal anomaly verifiably persists on the grounds of laboratory test results

\* Impairment to be rated based on the general table for tumours in the case of metastatic diseases.

**Table 9.5: Rating the degree of impairment of diseases of the adrenal cortex**

	% value of permanent impairment				
	0%	1-5%	6-15%	16-35%	36-60%
Medical history	Proven adrenal disease; asymptomatic and complaint-free patient does not require treatment	Proven adrenal disease; patient asymptomatic and complaint-free during the administration of medical therapy	Proven adrenal disease; patient largely asymptomatic and complaint-free (over 75% of the time) during the administration of medical therapy	Proven adrenal disease; patient partially asymptomatic and complaint-free (50% of the time) during the administration of medical therapy	Proven adrenal disease; patient rarely asymptomatic and complaint-free (less than 25% of the time) during the administration of medical therapy

**Table 9.6: Degree of impairment of gonad disorder**

	% value of permanent impairment			
	0%	1-5%	6-10%	11-15%
Medical history	Gonad disorder proven (also) by laboratory tests; patient is asymptomatic	Gonad disorder proven (also) by laboratory tests; asymptomatic, minimal symptoms, medical therapy not necessarily required	Gonad disorder proven (also) by laboratory tests; moderately serious symptoms, medical therapy definitely recommended	Gonad disorder proven (also) by laboratory tests; explicit symptoms, infertility because of hormonal disorder, medical therapy definitely recommended
Disorder detectable by physical examination	None	None	Physical deformation detectable by external examination	Explicit physical deformation and/or abnormal body weight/height

**Table 9.7: Rating the degree of impairment of metabolic bone diseases\***

	% value of permanent impairment		
	0%	1-3%	4-5%
Medical history	Medical history of osteoporosis, medical therapy not required	Medical history of osteoporosis, medical therapy required	Serious medical history of osteoporosis, therapy refractor
Results of objective examinations	Abnormal earlier DEXA**test result, current t-score $\geq -1$	Abnormal earlier DEXA test result, current t-score between -1 and -2	Abnormal earlier DEXA test result, current t-score $\leq -2$

\* Decrease in function ensuring from bone fractures or deformation is to be rated at the relevant organ.

\*\* Bone density test

**Table 9.8: Rating the degree of impairment of diabetes mellitus\***

	% value of permanent impairment				
	0%	1-4%	5-9%	10-14%	15-28%

Medical history	Laboratory justification in the anamnesis; however, IGT (impaired glucose tolerance) and DM has since ceased; neither dietary or medical therapy required	Laboratory justification of DM, which can be treated with a single medical therapy or diet	Laboratory justification of DM, which, alongside observing a prescribed diet can be kept in balance by taking medication 2-3 times a day and/or 1-2 dosages of insulin per day	Laboratory justification of DM, which alongside observing a strict diet and the administration of > 4 per os antidiabetic or oral antidiabetic makes insulin treatment necessary; controlled state in overall terms	Laboratory justification DM, which even alongside observing a strict diet cannot be regulated well by either of the treatment options
HbA1c (%)	<6,0	6,0-6,5	6,6-8,0	8,1-10	>10
HbA1c (mmol/mol)	<42	43-48	49-65	66-85	>85

\* Impairment ensuing from diabetes mellitus complications is to be rated at the relevant organ. The above values are to be increased by 10% in the case of retinopathy without visus and visual field impairment.

## 10. Urinary Excretion and Discharge Organ Impairment Rating Scale

**Table 10.1: Rating the degree of impairment in the case of renal and upper urinary tract impairments and tumours**

	% value of permanent impairment				
	0%	1-9%	10-29%	30-49%	50-79%
Medical history	Justified by imaging examination or objective functional disorder				
Kidney and ureter developmental disorders	Entirely corrected	Partially corrected	Moderate expansion in one kidney without kidney deterioration	Significant expansion in one kidney or moderate expansion in both with moderate degree of kidney deterioration	Total kidney function damage, creatinine over 500 mmol/l
Stone disorder	Removed or spontaneously discharged kidney or ureter stone without functional kidney damage	Recurring stone formation without functional kidney damage	Residual stone in the urinary tract causing symptoms, minimal kidney function damage	Residual stone accompanied by kidney function damage; creatinine: 200-500 mmol/l	Stone disorder accompanied by significant kidney function damage; creatinine: over 500 mmol/l
Kidney inflammation	Cured inflammation without functional kidney damage	Chronic inflammation of one kidney with retained hypertonia function	Contraction of one kidney accompanied by hypertonia; function under 30% according to isotope test; creatinine clearance 30-59 ml/min	Contraction of both kidneys accompanied by hypertonia; creatinine 200-500 mmol/l; creatinine clearance 15-29 ml/min	Contraction of both kidneys accompanied by hypertonia and kidney damage; creatinine: over 500 mmol/l; creatinine clearance under 15 ml/min

Kidney failure	eGFR* creatinine clearance > 90 ml/min	eGFR creatinine clearance 60-89 ml/min	Creatinine < 200 mmol/l; eGFR creatinine clearance 30-59 ml/min	Creatinine 200-500 mmol/l; eGFR creatinine clearance 15-29 ml/min	Creatinine > 500 mmol/l; eGFR creatinine clearance < 15 ml/min, or dialysed
Chronic dialysis				Necessary	2-3 times per week
Kidney transplant				Well-functioning kidney maintainable	Kidney function damage, chronic rejection reaction

\* Glomerular filtration rate

**Table 10.2: Rating kidney tumours, bladder tumours and prostate cancer**

	% value of permanent impairment				
	1-9%	10-29%	30-49%	50-79%	80%-
Kidney tumours	Loss of one kidney because of tumour	Minimal functional damage in the kidney remaining		Kidney tumour removed after 1-3 years of chemotherapy	Kidney tumour removed, chemotherapy and radiation therapy for one year after, multiplex spreading and serious kidney functional damage
Bladder tumours		Recurring superficial tumour	Muscle-invasive, but bladder tumour inside the organ after amputation surgery, in light of bladder function	Muscle-invasive bladder cancer treated by removing the bladder, 1-3 years after chemotherapy	Chemotherapy and radiation therapy for one year after, multiplex spreading or serious kidney functional damage
Prostate cancer	Cured, asymptomatic	Cured, incontinence with a daily fluid loss of under 500 ml	Cured, incontinence with a daily fluid loss of under 500-1,000 ml	Prostate cancer accompanied by partial or complete incontinence or constriction 1-3 years after chemotherapy	Chemotherapy and radiation therapy for one year after, spreading or serious kidney functional damage
Kidney injury in accidents	Loss of one kidney				

**Table 10.3: Rating bladder and prostate disorders causing impairment**

	% value of permanent impairment			
	0%	1-10%	11-20%	21-30%*
Medical history	Justified by imaging examination, objective functional disorder and urodynamic testing			
Bladder fistula	Entirely corrected	Partially corrected	Fistula cannot be corrected, functional disorder	Fistula cannot be corrected, minor kidney functional disorder

Neurogenic bladder	Corrected by medical therapy	Corrected by medical therapy and self-cathesis	Residual incontinence, 500-1,000 ml per day	Incontinence over 1000 ml
Female incontinence	Corrected by surgery	Not correctable incontinence, 500, with lowest possible volume of daily urine loss	Daily loss of urine of 500-1,000 ml	Complete incontinence over 1,000 ml per day
Male incontinence		Incontinence, 500, with lowest possible volume of daily urine loss	Incontinence with daily loss of urine of 500-1,000 ml	Complete incontinence over 1,000 ml per day
Urinary anomaly		Continent, artificial bladder made from gut	Well-functioning urinary stoma or partially continent intestinal cyst	Partially incontinent intestinal cyst, poorly functioning urinary stoma
Benignus prostate hyperplasia***	Medically treated with minimal complaints	Medically or surgically treated, minor symptoms accompanied by incontinence	Medically or surgically treated, residual symptoms accompanied by incontinence	Surgically treated, accompanied by incontinence and/or permanent catheter
Chronic prostate inflammation***	Medically treated	Medically treated, causes complaints	-	-
Urithrotomy	Treated, asymptomatic	Treated, complaints resurface annually	Complaints resurface several times a year and/or epicystostomy	Urethral constriction accompanied by major incontinence

\* Combined with relevant percentage value in the case of kidney failure

\*\* Bladder fistul alone results in a permanent impairment rate of 10-15%

\*\*\*To be combined with relevant value in the case of psychological symptoms

**Table 10.4: Rating the impairment of the male genital**

	% value of permanent impairment		
	0-4%	5-10%	11-15%
Penis	Sexual function possible, but limited erection and ejaculation	Retained sexual function and erection; ejaculation and sensory function damaged	Sexual function obstructed
Scrotum	Damage of the scrotum with undamaged testicle functions	Scrotum damage accompanied by changes to the place of the testicles; testicle functions retained	Untreatable scrotum disease accompanied by psychological damage
Testis, epididymis - Anatomic anomalies - Hormonal anomalies - Sperm damage - Medical treatment	Present, but solitaire testicle exists, medical therapy not required	Present, one testicle exists; detectable hormonal and sperm damage; treatment required	Missing primary sexual organs

\* Psychological impairment values are to be combined with the rate of damage to the sex organ

## 11. Obstetric and Gynaecological Disorder Rating Scale

**Table 11.1: Rating gynaecological impairments**

	Rate of permanent impairment (%)
--	----------------------------------

	1-10%	11-15%	16-20%
Pudendum, vagina			
- Anatomic anomaly	Detectable	Detectable	Detectable
- Intercourse	Not obstructed	With difficulty	Not possible
- Vaginal delivery	Not obstructed	Obstructed	Not possible
- Medical treatment	Not necessary continuously Not necessary continuously	Ongoing	Ongoing
Corpus uteri, cervix			
- Anatomic anomaly	Detectable	Detectable	Detectable, complete fallopian tube blockage
- Medical treatment	Not necessary continuously	Regular cervix expansion	
- Hysterectomy	Post menopause	Before menopause	
Ovary, fallopian tube			
- impairment, disease	Detectable	Detectable	Detectable
- Ovary, uterine tube dysfunction	Rating based on endocrine damage!		
- Medical treatment	Not necessary continuously	Ongoing treatment	
- Ovary, uterine tube removal	Post menopause on both sides	Before menopause on both sides	

**Table 11.2: Rating gynaecological tumours**

	Rate of permanent impairment (%)			
	1-19%	20-49%	50-79%	80%
Malignant gynaecological tumours	Asymptomatic for over 5 years based on anatomic and hormonal disorder	Asymptomatic for 3-5 years based on anatomic and hormonal anomaly	1-3 years after chemotherapy or radiation therapy	Spreading 1 year after chemotherapy or radiation therapy

## 12. Mammary Impairment Rating Scale

**Table 12.1: Malignant mammary tumours**

	Rate of permanent impairment (%)			
	0-19%	20-39%	40-59%	60-80%
Malignant mammary tumours	Asymptomatic for over 5 years, anatomic deformation*, keloid formation	Asymptomatic for 3-5 years, anatomic deformation, keloid	1-3 years after chemotherapy or radiation therapy	Spreading 1 year after chemotherapy or radiation therapy

\* Total breast removal 5% by side, secondary lymphoedema rating based on the relevant table.

Differentiation within specific categories must be made based on the gravity of the complications (skin damage, keloid formation, lymphoedema, etc).

## 13. Dermatological Impairment Rating Scale

**Table 13.1: Rating the degree of impairment of genetic and chronic inflammatory dermatological diseases\***

	% value of permanent impairment			
	0-10%	11-25%	26-50%	51-80%
Genetic or chronic inflammatory skin disease**	Localised treatment required on a daily basis,	Localised treatment required on a daily basis and palm and sole localisation also	If localised treatment is required on a daily basis, 25%<BSA≤40%	If localised treatment is required on a daily basis and palm and sole localisation

	BSA***≤10%	persists, 10%<BSA≤25%		persists, BSA>40%
Lymphoedema	Stage I (reversible)	Stage II (irreversible)	Stage III (irreversible, elephantiasis)	-

\* The functional state of the given organ is to be rated in the case of complications.

\*\* Genetic skin diseases: Epidermolysis bullosa hereditaria, M. Darier, Hailey-Hailey syndrome, Xeroderma pigmentosum. Chronic inflammatory skin diseases: allergic or irritative contact dermatitis, atopic dermatitis, psoriasis, autoimmune cyst skin diseases

\*\*\* BSA: Body Surface Area = percentage of body surface

**Table 13.2\_ Rating malignant skin tumours\***

	% value of permanent impairment			
	0-10%	11-25%	26-50%	51-79%
Melanoma malignum	Asymptomatic for over 5 years, depending on local damage	3-5 years following removal and chemotherapy	1-3 years after interferon therapy or chemotherapy, immune therapy	During interferon therapy, or chemotherapy, immune therapy
Basalioma and other tumours	Asymptomatic for over 5 years, depending on local damage	Recidivating skin tumour, extensive destructive local damage		

\*Permanent impairment equivalent to spreading over 80%

**Table 13.3: Rating the degree of impairment caused by chronic venous collapse**

	% value of permanent impairment			
	0-10%	11-25%	26-40%	41-64%
Degree of venous insufficiency	Teleangiectasia, varicose veins, oedema	Skin anomalies caused by venous disease	Skin anomalies caused by venous disease with ulcer	Skin anomalies caused by venous disease with ulcer
Size of leg ulcer	-	No ulcer, or ulcer smaller than 10×10 cm or even smaller	10×10 < ulcer ≤ 20×20 cm	Ulcer>20×20 cm or circular
Limb affected by leg ulcer	-	On one leg	On both legs, or circular on one leg	On both legs
Number of leg ulcers on a single limb	-	From one ulcer	From one ulcer	From one ulcer
Duration of leg ulcer	-	For 1 year	For 2 years	For 5 years
Need for compression therapy	When working	All day	All day	All day

## 14. Visual Impairment Rating Scale

**Table 14.1: Percentage rating of the impairment of the visual organ caused by the deterioration of acuteness of vision based on the corrected acuteness of vision of both eyes  
(Permanent impairment = % of visual impairment x 0.85)**

b/j	1.0	0.9	0.8	0.7	0.6	0.5	0.4	0.3	0.25	0.2	0.15	0.1	0.05	RFIE	Br.
1.0	0	0	0	0	0	0	5	10	10	15	20	20	25	30	30
0.9	0	0	0	0	0	0	5	10	10	15	20	20	25	30	30

0.8	0	0	0	5	5	5	10	10	15	15	20	20	25	30	30
0.7	0	0	5	5	10	10	10	15	15	15	25	25	30	30	30
0.6	0	0	5	10	10	10	10	15	20	20	25	25	30	40	40
0.5	0	0	5	10	10	10	15	15	25	25	30	30	35	50	40
0.4	5	5	10	10	10	15	20	20	25	25	30	30	40	50	50
0.3	10	10	10	15	15	15	20	25	30	30	40	40	50	50	50
0.25	10	10	15	15	20	25	25	30	50	50	50	50	60	70	70
0.2	15	15	15	15	20	25	25	30	50	50	50	50	60	70	70
0.15	20	20	20	25	25	30	30	40	50	60	60	60	60	90	90
0.1	20	20	20	25	25	30	30	40	50	60	60	80	90	90	90
0.05	25	25	25	30	30	35	40	50	60	60	60	90	100	100	100
RFIE	30	30	30	30	40	50	50	50	70	70	90	90	100	100	100
Br	30	30	30	40	40	40	50	50	70	70	90	90	100	100	100

**Table 14.2: Rating of associated visual impairment**

Eye diseases	Visual impairment (%)	Permanent impairment (%)
Cicatricosis, incorrect position of distorted, functionally disturbing eyelids	15-20%	13-17%
Paralysis, spasm or other ptosis of one eyelid if it completely blocks the eye	30%	26%
Unilateral blockage of tear ducts	15%	13%
Bilateral blockage of tear ducts	25%	21%
Extremely dry eyes, affecting the cornea, accompanied by functional deterioration of vision	20-40%	17-34%
Permanent keratectomy	In accordance with visus rating table	
Myopia over 10.0 D	In accordance with visus rating table	
Diplopia – cannot be corrected by moving head	20%	17%
Diplopia – only possible to bear by covering one eye	30%	26%
Diplopia – only at the periphery, good vision with two eyes on at least a 30° area	10%	9%
Endocrine exophthalmus accompanied by watering of the eyes, lagophthalmus, diplopia	30-50%	26-42%
Pupil disorder caused by dazzling (mydriasis, coloboma, iridodialysis)	10%	9%
Corrected aphakia in one eye	State after the implantation of the artificial lens in accordance with visus rating table	
Corrected aphakia in both eyes	State after the implantation of the artificial lens in accordance with visus rating table	
Full vision, cured after detachment of the retina surgery	10-20%	9-18%
Glaucoma, compensated, good vision	According to acuteness of vision and visual field	
State after exenteratio orbitae	30%	26%
Potential cosmetic damage after exenteratio orbitae	10%	9%
Strabism (esthetical damage)	5%	4%

Damage to stereoscopic vision and depth perception	In accordance with visus rating table	
Colour vision disorder	5-10%	5-9%

**Table 14.3: Rating the degree of visual field loss due to damage of the visual cortex**

Type of loss	Visual impairment (%)	Permanent impairment (%)
Homonim hemianopsia	40%; 45% from dominant hand	34%; 38% from dominant hand
Bitemporal hemianopsia	25%	21%
Binasal hemianopsia	10%	9%
Homonym quadrantanopsia on the top	20%	17%
Homonym quadrantanopsia on the bottom	30%	26%
Bilateral upper horizontal hemianopsia	30%	26%
Bilateral lower horizontal hemianopsia	60%	51%
Hemianopsia and one-eyed	80%	68%

**Table 14.4: Rating the degree of impairment of the visual field based on the visual field remaining**

Type of reduction	% value of permanent impairment					
	0-9%	10-25%	26-39%	40-59%	60-74%	75-85%
Concentric (bilateral) reduction of the visual field	>60°	55°-40°	35°-20°	15°	10°	5°
Normal visual field in one eye, concentric in the other	60°-30°	25°-5°				
Concentric reduction with missing other eye			70°-55°	50°-30°	25°-15°	≤10°

## 15. Rating Hearing Impairment

**Table 15.1: Percentage rating of hearing impairment induced by monaural reduction of hearing**

dB/s*	%	dB/s	%	dB/s	%
100	0,0	190	3.,8	285	69.3
105	1.9	195	35.6	290	71.2
110	3.8	200	37.5	295	73.1
115	5.6	205	39.4	300	75.0
120	7.5	210	41.2	305	76.9
125	9.4	215	43.1	310	78.8
130	11.2	220	45.0	315	80.6
135	13.1	225	46.9	320	82.5
140	15.0	230	48.9	325	84.4
145	16.9	235	50.5	330	86.2
150	18.8	240	52.5	335	88.1
155	20.6	245	54.4	340	90.0
160	22.5	250	56.2	345	90.9

165	24.4	255	58.1	350	93.8
170	26.2	260	60.0	355	95.6
175	28.1	265	61.9	360	97.5
180	30.0	270	63.8	365	99.4
185	31.9	275	65.6	370	100.0
		280	67.5		

\* dB/s: total values calculated in dB for reduction of hearing at 500, 1,000, 2,000 and 3000 Hz

**Table 15.2: Percentage rating of the hearing impairment caused by binaural loss of hearing\***

		Normal	Minimal	Moderate	Significant	Serious	Deafness
	dB	0-25	26-40	41-60	61-80	81-90	91-
Normal	0-25	0%	3.8%	8.8%	13.8%	16.3%	16.8%
Minimal	26-40	3.8%	22.5%	27.5%	32.5%	35.0%	35.5%
Moderate	41-60	8.8%	27.5%	52.5%	57.5%	60.0%	60.5%
Significant	61-80	13.8%	32.5%	57.5%	82.5%	85.0%	85.5%
Serious	81-90	16.3%	35.0%	60.0%	85.0%	97.5%	98.0%
Deafness	91-	16.8%	35.5%	60.5%	85.5%	98.0%	100%

\* Permanent impairment = damage to hearing organ x 0,35.

Binaural reduction of hearing = % value of ear with better hearing x 5 + % value of better hearing ear, which value is divided by 6.

**Table 15.3: Conversion of binaural loss of hearing**

Loss of hearing (%)	Permanent impairment (%)	Loss of hearing (%)	Permanent impairment* (%)
0-1.7	0	50.0-53.1	18
1.8-4,2	1	53.2-55.7	19
4.3-7.4	2	55.8-58.8	20
7.5-9.9	3	58.9-61.4	21
10.0-13.1	4	61.5-64.5	22
13.2-15.9	5	64.6-67.1	23
16.0-18.8	6	67.2-70.7	24
18.9-21.4	7	70.8-72.8	25
21.5-24.5	8	72.9-75.9	26
24.6-27.1	9	76.0-78.5	27
27.2-30.0	10	78.6-81.7	28
30.1-32.8	11	81.8-84.2	29
32.9-35.9	12	84.3-87.4	30
36.0-38.5	13	87.5-89.9	31
38.6-41.7	14	90.0-93.1	32
41.8-44.2	15	93.2-95.7	33
44.3-47.4	16	95.8-98.8	34
47.5-49.9	17	98.9-100.0	35

\* In every case, the value for permanent impairment is calculated on the basis of the combined loss of hearing in both ears

**Table 15.4: Rating the degree of impairment in the case of vestibular diseases**

	% value of permanent impairment				
	0%	1-9%	10-29%	30-49%	50-79%

Anamnesis	Occasional feeling of uncertainty	Swaying, occasional short dizzy spells without any vegetative symptoms	Dizziness, buzzing in the ears, lopsided motion, in need of assistance to perform home duties	Frequently recurring dizzy spells, loss of hearing, incapable of independently performing routine day-to-day activities, with the exception of self-provision	Permanently persisting loss of use of legs, nausea, vomiting, disorientation, incapable of self-provision
Nystagmus	No nystagmus	Positional vertigo, positional nystagmus possible	Harmonic group of symptoms detectable during seizure	Detectable during seizure	Detectable during seizure
Movement coordination tests	Normal pacing, no movement coordination disorder	Uncertain pacing, abnormal Rombergs	Uncertain pacing, abnormal Rombergs, movement coordination disorder	Finds it difficult to walk without assistance	Finds it difficult to walk even with assistance
Labyrinth stimulation examinations	Normal	Unilateral anomaly may be detected by caloric test	Abnormal caloric reaction, ENG*, VNG** abnormal	Abnormal caloric reaction, ENG*, VNG** abnormal	Abnormal caloric reaction, ENG*, VNG** abnormal
Loss of hearing	No loss of hearing	No loss of hearing	Possibly detectable loss of hearing	Detectable loss of hearing	Significant loss of hearing
Medical therapy	May be required	May be required	May be required	May be required	May be required
Surgical treatment or intervention			May be considered in the case of labyrinthitis, perilymphatic fistula	Acoustic neurinome necessary	May be required in the case of Menier syndrome

\* ENG: Electronstagnography

\*\* VNG: Videostagnography

**Table 15.5: Rating the degree of speech impairment**

	% value of permanent impairment			
	0-4%	5-10%	11-20%	21-30%
Audibility	Appropriate intensity voice production, sometimes requires effort	Incapable of producing a louder sound appropriate for day-to-day activities	Only capable of temporarily producing sounds	Incapable of producing the sound required to communicate
Comprehensibility	Articulation required for day-to-day activities is sometimes obstructed	Day-to-day articulation activity retained; inaccuracy, difficulty possible	Speech difficult to understand, articulation problems	No or only minimal speech articulation
Effectiveness	Continuous, appropriate speed, rhythmic speech, sometimes hesitating	Problematic, hesitations, uncertain	No rhythm of speech, difficult to understand	Incapable of continuous speech required for routine day-to-day activities

## *Method Applied to Determine State of Health*

1. Impairment rating is carried out by organ system and disease group.
2. The current health state attested by various healthcare documents (hospital discharge reports, medical test results, laboratory, imaging and other test results) constitute the basis of rating.
3. Determining the authenticity of the basic, possibly contradictions is the primary task.
4. Impairment rating is reliable if the comprehensive examination, medical treatment and medical rehabilitation of the applicant has been completed.
5. The rating tables have been compiled by taking account of principles defined by the International Rating Scale for Functionality Disability and Health.
6. 0% value on this scale implies no impairment, whilst 100% implies total impairment.  
No relevant impairment: 0 - 4%  
Insignificant degree of impairment: 5 - 9%  
Minor degree of impairment: 10 - 24%  
Moderate degree of impairment: 25 - 49%  
Significant degree of impairment: 50 - 69%  
Almost total degree of impairment: 70 - 99%  
The tables are organ or disease specific.  
The **horizontal** rows present the degree of gravity for the given organ or disease group.  
The vertical columns present the rating and diagnostics criteria.
7. During the course of the determining the rate of impairment, the basic principle followed is that the value above the mean value must be determined within the interval determined within the gravity rating by taking the mean value as a point of departure and several criterions into account in the case of several criterions, whilst the value below the mean value must be determined in the case of fewer criteria.
8. Chronic genetic or acquired diseases affecting several organs with an unfavourable prognosis are to be assessed on the grounds of the principles of the international rating scale and by taking account of the degree of limitation of day-to-day activity and the typical progression of the disease.
9. An impairment rate of 0-4% cannot be taken into account when calculating the degree of permanent impairment and determining the health status.
10. The combined rating of multiple impairments is carried out based on the following rule.

**Partial Impairment(n-1) >= Partial Impairment(n)**

**Formula:**

**PPI (Permanent Partial Impairment (1))= Partial Impairment(1)**

**PPI (2)= PPI (1)+(1-PPI(1))× Partial Impairment(2)**

**PPI (3)= PPI (2)+(1-PPI(2))× Partial Impairment(3)**

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**PPI(n)=PPI(n-1)+(1-PPI(n-1))×Partial Impairment(n)**

Where:

**n:** number of partial impairments taken into account based on the rules defined in Point 9;

**Partial Impairment(1):** the highest degree of partial impairment

**Partial Impairment(2):** the second highest partial impairment rate in the sequence order

**Partial Impairment(3):** the third highest partial impairment rate in the sequence order

**Partial Impairment(n):** the lowest impairment rate in the sequence order taken into account on the grounds of the rules defined in Point 9.

**PPI(1):** corresponds to the highest degree of impairment

**PPI(2):** the combined partial impairment rate calculated on the basis of the highest degree of partial impairment and the second highest degree of impairment.

**PPI(3):** the combined partial impairment rate calculated on the basis of the two highest rates of partial impairment and the next third highest rate of partial impairment

**PPI(n):** the combined partial impairment rate based on the lowest partial impairment in the sequence order taken into account on the grounds of rules defined in point 9 (**Partial Impairment(n)**) and the combined partial impairment rate of the preceding category (**PPI(n-1)**).

The degree of permanent impairment corresponds to the total number of partial impairments taken into account on the grounds of the rules set out in Point 9 and added up based on the above rule (**PPI(n)**).

*Annex 2 to Ministry of National Resources Decree 7/2012 (II. 14.)*

Szervezeti egység: .....

Iktatószám:.....

Szakértő:.....

### A rehabilitálhatóság minősítésének foglalkozási szempontjai

Név: ..... születési idő: ..... anyja neve: .....

A foglalkozási rehabilitálhatóság alábbi, személyre vonatkozó szempontjai az ellátás iránti igénybejelentés során kitöltött benyújtott iratokban foglaltak, valamint a személyes interjú során elmondottak alapján kerülnek minősítésre.  
Megjegyzés, észrevétel, bemutatott, benyújtott iratok<sup>1</sup>:

.....201.. .....hó.....nap.

.....  
foglalkozási rehabilitációs szakértő

.....  
ügyfél

A rehabilitálhatóság minősítésének foglalkozási szempontjai		Foglalkozási rehabilitációra gyakorolt hatás			
1.	Foglalkoztatási előzmények	3	2	1	pont <input checked="" type="checkbox"/> X
2.	Képzettségi, tanulmányi előzmények	3	2	1	pont <input checked="" type="checkbox"/> X
3.	Személyes érdeklődésének összhangja a foglalkoztatási lehetőségekkel	3	2	1	pont <input type="checkbox"/>
4.	Életpálya karaktere, munkára szocializáltsága, életútja	3	2	1	pont <input checked="" type="checkbox"/> X
5.	Életkora	3	2	1	pont <input type="checkbox"/>
6.	Mobilitási képessége, lehetősége, lakóhely-munkahely	3	2	1	pont <input checked="" type="checkbox"/> X
7.	Speciális foglalkoztatási feltételek szükségessége	3	2	1	pont <input checked="" type="checkbox"/> X
8.	Munkahelyi terhelhetősége	3	2	1	pont <input checked="" type="checkbox"/> X
9.	Egyéb hátrányos helyzetű csoporthoz tartozás	3	2	1	pont <input checked="" type="checkbox"/> X
10.	Életmód	3	2	1	pont <input type="checkbox"/>
11.	Egyéb akadályozó korlátozó tényezők	3	2	1	pont <input checked="" type="checkbox"/> X
12.	Meglévő, felajánlható foglalkozás munkaerőpiaci pozíciója	3	2	1	pont <input checked="" type="checkbox"/> X
13.	Foglalkoztatási lehetőségek, munkáltatók	3	2	1	pont <input checked="" type="checkbox"/> X
14.	Térség foglalkoztatási helyzete, perspektívák	3	2	1	pont <input checked="" type="checkbox"/> X
15.	Foglalkoztatása esetén igénybe vehető kedvezmények, támogatások	3	2	1	pont <input type="checkbox"/>
16.	A foglalkozási rehabilitálhatóság minősítése	A foglalkozási rehabilitáció:		Összesen: 45 pont. .....pont	

### Rules to be Applied for Rating Employment Rehabilitation

Employment rehabilitation rating is performed with the help of the criteria set out in the table. Point scores of 1,2,3 are awarded for criteria listed in Points 1 to 15 by marking the relevant score with an X in accordance with the following:

**If the given criterion does not prevent employment rehabilitation: 3 points**

Foreseeably does not obstruct the successful implementation of the employment rehabilitation procedure. No help, assistance required or use of services needed in respect of this criterion.

**If a little help, assistance is required for employment rehabilitation based on the given criterion: 2 points**

Foreseeably the use of one service or type of assistance is needed and sufficient to successfully implement the employment rehabilitation procedure.

**If significant help, assistance and the use of several services and/or types of support is required for employment rehabilitation based on the given criterion: 1 point**

Foreseeably the use of several services and types of support is required to successfully execute employment rehabilitation.

**If the given criterion prevents employment rehabilitation: X**

Foreseeably, successful employment rehabilitation cannot be executed even if assistance, services and support is provided. NB! If an X is marked for any single criterion during the rating procedure, employment rehabilitation cannot be recommended. Criteria 3, 5, 10 and 15 cannot be rated as factors of exclusion.

Maximum 45 points can be awarded for the 15 criteria. Employment rehabilitation is recommended if the total point score reaches or exceeds 17 points. Employment rehabilitation is not recommended if the total point score fails to reach 17 points or a factor of exclusion (X) is marked for any given criterion.

Points are added up in row 16 on which basis employment rehabilitation is either RECOMMENDED or NOT RECOMMENDED in accordance with the second subparagraph of Section 3 of Act CXCI of 2011 on the provision of services for persons with disabilities and the amendment of certain legislation.

The remarks, comments table can be extended and compiled on a separate sheet. The client and the employment rehabilitation expert may also add remarks, comments on this sheet, which they must sign in every case.

The attention of the client must be preliminarily drawn to how employability rating is carried out on the basis of the information and data they provide, in which regard all information required for rating must be true and authentic.

***Circumstances, Conditions to be Taken into Account in Respect of Employment Criteria Relating to Rehabilitation Rating:***

**1. Employment history for rating:**

- a) Statistics – undertakes the same activity or activity requiring the same few skills (which is marketable/not marketable);
- b) Dynamic – diverse, coherent activities building on one another, multiple workload (with marketable components);
- c) Dynamic, incoherent – diverse range of independent activities, wide-ranging stress (with marketable components);
- d) Work organisation or working circumstances deviating from the average (volunteer work, diverse workplace, several work schedules);
- e) No relevant labour market history;
- f) Has community (employee) labour market experience / only worked in a family venture / worked independently;
- g) Opportunity to earn income without personal collaboration;
- h) Worked for at least 1 year (including non-contractual work!).

**2. Rating training, educational history:**

- a) Level of education;
- b) Qualification(s);
- c) Number of professional changes made so far during their life;
- d) Level and number of qualifications obtained as an adult;
- e) Level of qualification obtained as an adult;
- f) Expertise (including hobbies).

**3. Compliance of personal interest and employment perspectives:**

- a) Mapping fields of interest;
- b) Information about recreational activities;
- c) Assessing level of self-awareness;

- d)* Assessing the existence of a vision of the future;
- e)* Clarifying employment expectations, attitudes to work;
- f)* Assessing motivation.

**4. Type of career, socialisation regarding work, evaluation of career:**

- a)* Generally: does the individual have a current picture, knowledge of the world of employment and is this self-evaluation realistic;
- b)* Ongoing employment with only short periods spent out of employment;
- c)* Ongoing employment, most recently spending a longer period of time out of employment (over two years);
- d)* Instable employment situation, many workplaces for shorter, longer periods of time, or mostly welfare history (including casual work);
- e)* Has never worked..

**5. Age:**

- a)* Under 45 – can be taken as an obstacle in the case of the outnumbering of the negative components of the previous conditions;
- b)* Under 50, ageing – inhibiting factor;
- c)* Under 25 (higher education degree obtained under the age of 30) – lack of practical experience is a drawback.

**6. Mobility, opportunity, home-workplace:**

- a)* Access to public transport – objectively available;
- b)* Capable of using public transport (physically, financially);
- c)* Has/does not have a car;
- d)* If they do: can be used to get to work, creates financial problems/does not create financial problems, can be resolved by reimbursement, assistance.

**7. Need for special employment conditions:**

- a)* Are special conditions required for employment (environment, assistance, disability access during work, or possible to resolve with the help of a personal assistance aid, etc.);
- b)* Requires a one-off or ongoing solution.

**8. Workload:**

- a)* Average; preparation, assistance not required;
- b)* Average with preparation;
- c)* Only part-time;
- d)* Only distance employment within the framework of outsourcing;
- e)* Only able to work temporarily due to one or most of the skills required for the work available (less than 4 hours per day),
- f)* Employable within the framework of market conditions/social employment;
- g)* Can only be employed at an accredited employer;
- h)* Can only be employed under special conditions and at the expense of individual efforts.

**9. Belonging to other disadvantaged group:**

- a)* Career starter;
- b)* Belongs to a national minority;
- c)* Has young children (especially if the individual is raising the child/children alone);
- d)* Under-qualified;
- e)* Permanently unemployed;
- f)* Inactive for a long time (at least 2 years);
- g)* Has never engaged in any income earning activity.

**10. Lifestyle:**

- a)* In overall terms can be supported/not supported;
- b)* Does sports or engages on hobby activities on a regular basis;
- c)* Addiction;
- d)* Social relationships (member, participates in some sort of group).

**11. Other inhibiting factors:**

a) Present/none.

Unique circumstances, life situations which cannot be included under other criteria, or cannot be relevantly considered may be taken into account when mapping the individual, personal life situation. Custodianship inhibiting ability to act must also be taken into account here. Circumstances, criteria taken into account must be individually listed.

**12. Available employment labour market position which can be offered:**

a) Profession which can be practiced in a single or only few scopes of work following rehabilitation, or skills, competencies which can be used in a diverse range of and several types of jobs promotes/inhibits employment;

b) Turnover data for the past year in the given field of employment, scope(s) of work at the agency concerned or regions accessibly by transport;

c) Opportunities of exercising employment:

ca) as an employee;

cb) at a company (company is capital-intensive, not so capital-intensive, not capital-intensive at all), at a subsidiary (company is capital-intensive, not so capital-intensive, not capital-intensive at all),

cc) in the public sector and private sector, public work schemes alike;

cd) in the public sector and non-profit sector;

ce) in public work schemes only.

**13. Employment opportunities, employers:**

a) Opportunity to enter the open labour market, direct access ensured or can be ensured by services;

b) Only at accredited, protected employers;

c) Employment in public work schemes.

**14. Employment situation, perspective in the region:**

a) Characteristics of the market: dynamic, capable of renewal or static, dependent (typically skilled or semi-skilled labour);

b) Does the region have a growth potential;

c) Unemployment rate at present and in the previous year (trend);

d) Employment potentials (average time) of the average unemployed individual (job seeker);

e) Local labour prognosis indicators, number and type of employer;

f) Is there any activity belonging to a key sector (employment demand indicator);

g) Is there any major investment in progress offering potential employment for the given individual (size, composition of labour demand);

h) Is there any known project which would engender a major increase in employment;

i) Is there any potential for a major negative shift in the employment structure of the region;

j) Public work opportunities (in progress, starting up, national, regional, local public work schemes).

**15. Discounts, allowances available in the event of employment:**

a) May improve the individual's position in the labour market / not relevant in respect of the given individual in the case of employers in the region;

aa) employment assistance available;

ab) tax cuts available;

ac) Exemption from the payment of rehabilitation contribution;

ad) Use of allowances offered by the rehabilitation card.

b) Integration into the labour market programme and opportunity for support within this programme.

*Annex 3 to Ministry of National Resources Decree 7/2012 (II. 14.)*

Szervezeti egység: .....

Iktatószám:.....

Szakértő:.....

### Szociális szempontok a foglalkozási rehabilitálhatóság minősítéséhez

Név: ..... születési idő: ..... anyja neve: .....

A foglalkozási rehabilitálhatóság alábbi, személyre vonatkozó szempontjai az ellátás iránti igénybejelentés során benyújtott iratokban foglaltak, valamint a személyes interjú során elmondottak alapján kerülnek minősítésre.  
Megjegyzés, észrevétel, bemutatott, benyújtott iratok:

.....201. ....hó.....nap.

.....  
szociális szakértő

.....  
ügyfél

Szociális szempontok a foglalkozási rehabilitáció minősítéséhez	A szociális rehabilitálhatóság mértéke, a foglalkozási rehabilitációra gyakorolt hatása
1. Önellátás, önkiszolgálás szociális háttere	3 2 1 pont <input type="checkbox"/>
2. Napi feladatok ellátása	3 2 1 pont <input type="checkbox"/>
3. Kommunikáció	3 2 1 pont <input type="checkbox"/>
4. Motiváció, attitűdök	3 2 1 pont <input type="checkbox"/>
5. Életvezetés, önálló életvitel	3 2 1 pont <input type="checkbox"/>
6. Probléma megoldási képesség, alkalmazkodás a változashoz	3 2 1 pont <input type="checkbox"/>
7. Mobilitás	3 2 1 pont <input checked="" type="checkbox"/>
8. Érzelmi kapcsolatok	3 2 1 pont <input type="checkbox"/>
9. Családi kapcsolatok, közösségi kapcsolatok	3 2 1 pont <input type="checkbox"/>
10. Családtagok ellátása	3 2 1 pont <input checked="" type="checkbox"/>
11. A foglalkozási rehabilitálhatóság minősítése a szociális szempontok alapján	A foglalkozási rehabilitáció: Összesen maximum: 30 pont .....pont

### Employment Rules Relating to the Social Criteria-based Rating of Employment Rehabilitation

The social criteria-based rating of employment rehabilitation is performed with the help of the criteria set out in the table. 1,2,3 point scores awarded for criteria listed in Point 1-10 by marking the relevant score with an X in accordance with the following:

**If social needs do not prevent employment rehabilitation: 3 points**

**If social rehabilitation, a little help, assistance is required for employment rehabilitation: 2 points**

**If social rehabilitation, significant help, assistance is required for employment rehabilitation: 1 point**

**If employment rehabilitation is not possible even if socially rehabilitated: X**

NB! If an X is marked for any single criterion during the rating procedure, employment rehabilitation cannot be recommended. Criteria 1, 2, 3, 4, 5, 8 and 9 cannot be rated as factors of exclusion.

Maximum 30 points can be awarded for the 10 criteria. Employment rehabilitation is recommended if the total point score awarded for social rehabilitation needs reaches or exceeds 12 points. Employment rehabilitation is not recommended if the total point score fails to reach 12 points or a factor of exclusion (X) is marked for any given criterion.

Points are added up in row 11 on which basis employment rehabilitation is either RECOMMENDED or NOT RECOMMENDED in accordance with the second subparagraph of Section 3 of Act CXCI of 2011 on the provision of services for persons with disabilities and the amendment of certain legislation.

The remarks, comments table can be extended and compiled on a separate sheet. The client and the employment rehabilitation expert may also add remarks, comments on this sheet, which they must sign in every case.

The attention of the client must be preliminarily drawn to how employability rating is carried out on the basis of the information and data they provide, in which regard all information required for rating must be true and authentic.

## ***Social Criteria Applied for Rating Employment Rehabilitation***

### **1. Social background of self-sufficiency, self-provision:**

- a) Does self-sufficiency, self-provision cause any problems (is any help provided);
- b) Preparing, eating meals (is there any opportunity to prepare meals; is the individual capable of shopping);
- c) Suitable eating (are meals ensured regularly; are they suitable for the individual);
- d) Personal hygiene (is personal hygiene ensured; is there a demand for this);
- e) Continence (is incontinence a problem);
- f) Attire (appropriateness, state and cleanliness of clothes; the appearance of the client).

### **2. Performance of routine day-to-day tasks:**

- a) Performance of routine day-to-day tasks at home (independently or assisted);
- b) Planning and organisation of day-to-day tasks;
- c) Undertakes home duties;
- d) Preparation of meals;
- e) Work around the house, in the flat;
- f) Use of household appliances.

### **3. Communication:**

- a) Establishes communication (adequate or inadequate verbal and non-verbal messages);
- b) Understanding communication (verbal and non-verbal messages),
- c) Appropriate communication in situations;
- d) Communication aligned to social role;
- e) Speech comprehensibility;
- f) Requested assistance to communicate;
- g) Opportunity to access communication aid.

### **4. Motivation, attitudes:**

- a) Assesses own situation;
- b) Has a vision of the future;
- c) Accepts the potential for change;
- d) Attitude, approach to employment;
- e) Factors enhancing, inhibiting motivation;
- f) Factors facilitating or inhibiting adjustment at the workplace.

### **5. Lifestyle, independent living:**

- a) Financial budget;
- b) Independently manages every day;
- c) Independent administration of affairs;
- d) Independent decision-making;
- e) Autonomy;
- f) Functions according to various family and social roles.

**6. Problem-solving ability, adaptation to change:**

- a) Recognition, analysis and solution of problems;*
- b) Execution of the selected problem-solving option;*
- c) Ability to apply problem-solving skills in new situations;*
- d) Flexible adaptation to change.*

**7. Mobility:**

- a) Recognising obstruction in mobility (persisting temporarily or permanently);*
- b) Disability access at home;*
- c) Disability access in the residential environment;*
- d) Needs to use a special transport vehicle;*
- e) Access to assistive instrument;*
- f) Is special disability access necessary;*
- g) Can special disability access be created;*
- h) Other factors inhibiting the use of public transport.*

**8. Emotional ties:**

- a) Emotional functions;*
- b) Suitability, control of emotions;*
- c) Emotionally instable;*
- d) Lonely, isolated, segregated;*
- e) Emotional ties (suitable, balanced, conflicts).*

**9. Family, community ties:**

- a) Functioning of family ties;*
- b) Inhibiting or supportive family ties;*
- c) Strength of family ties;*
- d) Unresolved serious conflicts in the family;*
- e) Existence or lack of community ties (extended family, hobby and religious communities);*
- f) Inhibiting or supportive community ties;*
- g) Relationships in the residential environment.*

**10. Provision of family members:**

- a) Number of family members;*
- b) Number of minors;*
- c) Role of the examined individual in family (dependent or income-earner);*
- d) Reason for examined individual to seek care.*