

THE LOWER EXTREMITY GUIDELINES:

Administrative Director Statement of Reasons – 10-10-1996

- 1 These guidelines create benchmarks for the intermediate and lower levels of disability based on the high-end benchmarks previously established by Categories for a Limitation to Semi-Sedentary and Sedentary Work.
- 2 Each Lower Extremity Work Capacity Guideline addresses weight bearing functions that were previously non-scheduled. These guidelines include the historical non-scheduled standards for weight bearing functions such as kneeling, squatting, climbing or walking over uneven ground, with the incorporation into the overall framework of Categories “A – No Very Heavy” Lifting, “C- No Heavy Lifting”, “G- Semi-Sedentary Work” & “H- Sedentary Work” from the old Work Capacity Guidelines.

Note: This is why we don't take the greater and one-half the lesser when a physician describes functional loss for the lower extremity using both the Spine & Torso Guidelines and The Lower Extremity Guidelines. (Of for that matter when using multiple “Scheduled’ Lower Extremity Guidelines.

WORK CAPACITY FUNCTIONAL LOSS: ONE OR BOTH LOWER EXTREMITIES

- 1 **Lower Extremities Functional Loss:** pertains to weight bearing activities derived from the primary anatomical function of the lower extremities, which involves the support of the full weight of the body by the legs. Weight bearing preclusions include such activities as standing, walking, squatting, kneeling, crouching, crawling, pivoting, climbing, walking on uneven ground or other activities of comparable physical effort, such as lifting, carrying, pushing/pulling, etc.
- 2 **Objective/Subjective Index:** Scheduled objective ratings can also express impairment of function by addressing “degrees of disability” based on the atrophy of musculature, like the thighs or calves, with the most disabling extreme being the amputation or shortening of an extremity. For the lower extremities, the concept of “major” or “minor ” is not applicable. Disability can also be expressed by the scheduled analogies to the need for braces, devices or prostheses for an injured joint or extremity.
- 3 **Work Capacity Index:** Functional loss can either be expressed in terms of complete or proportionate loss to perform a specific work function or group of functions. It also can be simply expressed by an overall percentage of functional loss.
- 4 General guidelines for determining “loss of lifting capacity” are found under the Spine/Torso benchmark for No Very Heavy Lifting. (Page 2-14 of The Schedule). ***Without information about the employee's pre-injury lifting capacity, restrictions addressing a ‘poundage range’ can produce multiple results.***

Note: Neither route (Spine/Torso Guidelines or The Lower Extremity Guidelines) eliminates the prerequisite that all other physical activities (lifting, bending, stooping, etc.) have reached a level of loss as defined by a Limitation to Light Work, before proceeding to the highest levels of functional loss as expressed by the Limitations to Semi-Sedentary or Sedentary Work

- Multiple disability factors will have some redundancy in how they affect specific abilities or overall function. An unrealistic result will be achieved by simply adding factors together. Multiple factors are compacted (scaled down) to avoid duplication and pyramiding.
 - Schedule: Refer to Pages 2-16 to 217, notes 35 to 50 and Page 2-19, notes 1 and 2. On Page 2-16, refer also to Disability # 14 .461 - 80%: Immobility of One Hip Joint requiring the use of Crutch/Crutches. Refer also to pages 2-12 & 2-13, notes 30 & 33, and page 2-15, notes 1 to 5
- Evaluation Guidelines: 8 CCR 46, 9725 & 9727

Rating Standards Of Permanent Disability																					
0	03	05	08	10	13	15	20	25	30	35	40	45	50	55	60	65	70	75	80		
<u>Overall % of Loss:</u>			10%	13%	15%	20%	25%	30%	40%	45%	50%	55%	↑ See Page 3 Below.								
(14.141) At/Above Knee use of lower leg prosthesis possible: (50%) ↑ ↑ Limitation to Light Work Contemplates that an individual can do work in a standing or walking position, with a minimum of demands for physical effort.																					
Joint Immobility/Instability/Braces																					
↑		↑		↑↑		↓ <u>Immobility of 5 Toes (12)</u>			↓ Knee		↑		↑		↓ Both Ankles		↓ Immobile Knees ↓		↑		
↓ No Running			↑		↑		↓ Ankle		↑			↓ <u>Immobility of One Hip Joint – Good Position</u>									
↑		↓ Ankle Stretch Brace			↓ <u>Reinforced Knee Brace & Molded Ankle Brace</u>							↑		↓ <u>One/Two Crutches ↓</u>							
↓ Stretch Knee Brace				↓ Drop Foot Brace ↓			↓ Long Leg Brace (14.561)					↑									
↑		↑		↑		↓ <u>Cane (By Analogy) To 14.561</u>							↑								
Residual Lifting Capacity: 76 to 100^{Lbs.}			↓ 51-75			↓ 26-50			↓ 11-25		↓ 0-10										
Residual Lifting Capacity: 51-75^{Lbs.}			↓ 26-50		11-25 ↓		↓ 0-10		↑		↑										
Spine/Torso (Becker Decision) or The Lower Extremity Weigh bearing Guidelines																					
↓ <u>No Very Heavy Lifting:</u> Approximately a 25% loss of pre-injury capacity for lifting.				↑		↓ <u>No Heavy Lifting:</u> Approximately a 50% loss of pre-injury capacity for lifting				↓ <u>No Substantial Work:</u> Approximately a 75% loss of pre-injury capacity for lifting and demanding physical activities.											
↓ <u>No Very Heavy Work:</u> 25% Loss Of Pre-Injury Capacity For Performing Bending, Stooping, Lifting, pushing, pulling, climbing or other activities involving comparable physical effort				↑		↑		↓ <u>No Heavy Work:</u> Approximately 50% loss of pre-injury capacity for activities as bending, stooping, lifting, pushing, pulling, climbing or other activities involving comparable physical effort.													
↓ <u>No Kneeling ↓</u> ↓ <u>No Squatting ↓</u>		↓ <u>No Climbing or Hills (Inclines)</u> ↓ <u>No Walking Over Uneven Ground</u>				↓ <u>Disability Precluding Heavy Lifting and Repeated Bending and Stooping:</u> Approximately 50% loss of pre-injury capacity for lifting bending and stooping. (Avoid Using When Describing Disability to The lower Extremities.)															
↓ <u>No Scaffolds</u> ↓ <u>No Unprotected heights</u>				↓ <u>No Heavy Lifting and all of (A)</u>					↑		↑										
↓ (A): No Climbing/Uneven Ground/Squatting, Kneeling/Crouching/Crawling/Pivoting/Other Similar Activities.																					
↓ <u>No Prolonged Weight bearing:</u> ↓ Approximately 75% of the time in standing and walking position, & <u>requires sitting</u> approximately 25% of the time.				↓ <u>Sitting (3/8) ↓</u>					↓ <u>Disability Resulting in Limitation of Weight-bearing to Half Time:</u> Approximately 50% of the time in standing and walking position, and <u>requires sitting</u> approximately 50% of the time.												
↓ <u>No Heavy Lifting/Prolonged Weight bearing+(A)</u>																					
Contemplates that an individual can do work predominantly in a sitting position at a bench, desk or table with a minimum of demands for physical effort and with some degree of walking and standing being permitted.													↑								
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Add-On: Protracted/Stationary Positioning of the Spine/Extremities: (05% Before Modification)																					

BY ANALOGY!													
ONE OR BOTH LOWER EXTREMITIES –NO SUSTAINED TASKS:													
Walking, Standing, Impacting, Balancing, Directional Movement, Swing/Stance													
Rating Standards of Disability													
00	01	02	03	05	08	10	13	15	20	25	30	35	40
<u>% Of Functional Loss:</u>			05%	10-15%	20%	25%	30-%	35-45%	45-55	60-65	70-80	85-90	95-100
<u>Loss in Hours:</u>				1		2		3	4	5	6	7	8
↓ <u>No Prolonged Walking ↓</u>							↓ <u>No Sustained Walking/Standing ↓</u>						
↓ No Running/Jumping ↓				↓ **Standing Without Breaks ↓									
Functional Key: Prolonged (25%) Repetitive (50%) Substantial (75%) Sustained (90-100%)													
Frequency Key: Rare (1/5) Occasional (1/4) Intermittent (1/2) Frequent (3/4) Constant (4/4)													
**DEU Memo Dated 02-05-2002 – T. Blair McGowan Disability Evaluation Manager													

Lower Extremities – Upper Most Analogy Of Functional Loss

- Rating principles are applied to avoid duplication and pyramiding. Multiple disability factors will have some redundancy in how they affect specific abilities or overall function. Simply adding factors together, or just taking the greatest and one-half of the lesser, will achieve an unrealistic result. Multiple factors are compacted (scaled-down) to avoid duplication and pyramiding.
- The rating standard for the complete immobility of a hip joint (in a favorable position) is 45%. **The next rating standard by analogy to the entire scheme of relative severity of disabilities** is the same as a **Limitation to Light Work (50%)**: An individual can work in a standing or walking position with a minimum of demands for physical effort.
- A severe disabling condition, **well supported by clinically assessed impairment**, allows for analogies to the highest rating standards of disability. The scheduled work capacity guidelines for **Limitation to Semi-Sedentary Work (60%), Sedentary Work (70%), or Use of Crutch or Crutches (80%)**. The next highest level being amputation with the reasonable use of prostheses.
- A 100% Level of residual disability is addressed by (a) Disability 14.413 - the bilateral immobility of the hip joint, (b) Disability # 14.871 - pronounced post-thrombophlebitis, (c) Disability # 12.313 - spinal cord injury manifested as severe paralysis of both lower extremities. (12.313).

(14.111) At/Above Knee; no prosthesis (80%) Disability Requiring The Use of Crutch or Crutches – 80%		
(14.131) Above Ankle, below knee; no prosthesis (75%) Limitation to Sedentary Work - 70% Individual can do work predominantly in a sitting position at a bench, desk or table with a minimum of demands for physical effort and with some degree of walking and standing being permitted.		
(14.121) Loss of Leg At/Above Knee reasonably satisfactory use of prosthesis possible (65%) Disability Resulting in a Limitation to Sedentary Work: 60% Individual can do work predominantly in a sitting position at a bench, desk or table with a minimum of demands for physical effort and with some degree of walking and standing being permitted.		
(14.141) At/Above Knee use of a lower leg prosthesis possible: (50%) Limitation To Light Work – 50% <i>An individual can work in a standing or walking position with a minimum of demands for physical effort. (Inability for arduous physically vigorous or demanding work.</i>		
↗ 40%	↑ 40%	↖ 40%
No Heavy Lifting, Prolonged Weight-Bearing, <u>and</u> climbing, walking, uneven ground, squatting, kneeling, crouching, crawling, pivoting, comparable physical activities (100% Loss of Function)	<u>No Substantial Work</u> : Approximately a 75% loss of pre-injury capacity for lifting and demanding physical activities.	Weight bearing to Half Time Contemplates 50% standing/walking and requires sitting approximately 50% of the time.
30%	30%	30%
No Heavy Lifting <u>and</u> climbing, walking, uneven ground, squatting, kneeling, crouching, crawling, pivoting, comparable physical activities. (100% Loss of Function)	No Heavy Work : Approximately 50% loss of pre-injury capacity for activities as bending, stooping, lifting, pushing, pulling, climbing or other activities involving comparable physical effort.	Schedule Page 1-13 A Leg Disability requiring the Injured Worker to sit for approximately 3 hours of the work day. “The Schedule creates an arrangement of disabilities and values which stand in relationship to one another. It provides the structure necessary to assign a standard to a non-scheduled disability according to its seriousness.”
20%	25%	
No Climbing, Walking Uneven Ground, Squatting, Kneeling, Crouching, Crawling, Pivoting or other activities involving comparable physical effort. (100% Loss of Function)	No Heavy Lifting Repeated Bending & Stooping	
10%	20%	20%
No Walking Uneven Ground (100% Loss of Function)	No Heavy Lifting : Approximately a 50% loss of pre-injury capacity for lifting (Immobile Ankle)	No Prolonged Weight bearing 75% standing/walking and requires sitting approximately 25% of the time.
10%	15%	15%
No Climbing	No Very Heavy Work	No Prolonged Standing
05%	10%	
No Kneeling/Squatting	No Very Heavy Lifting	