O.C. 282 /2026

JUL 3 0 2026

Province of Alberta
Order in Council

ORDER IN COUNCIL

Approved and ordered:

Lakhani

Lieutenant Governor
or
Administrator

The Lieutenant Governor in Council makes the Permanent Impairment Regulation set out in the attached Appendix.

CHAIR

FILED UNDER
THE REGULATIONS ACT
as ALBERTA REGULATION 202/2026
ON July 30 20 26

REGISTRAR OF REGULATIONS

For Information only

Recommended by: President of Treasury Board and Minister of Finance

Authority: Automobile Insurance Act
(section 101)

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Automobile Insurance Act

PERMANENT IMPAIRMENT REGULATION

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Definitions

1 In this Regulation,

(a) "activity of daily living" means an activity of daily living as defined in section 30(1)(a) of the *Benefits, Treatment and Care Regulation*;

(b) "ASIA impairment scale" means the *International Standards for Neurological Classification of Spinal Cord Injury* published by the American Spinal Injury Association, as amended from time to time;

(c) "enhancement component" means the component of a permanent impairment rating, expressed as a percentage, that is calculated in accordance with section 10;

(d) “non-catastrophic injury” means an impairment that is not a catastrophic injury;

(e) “non-specified abnormal healing” means an anatomic abnormality at the end of the expected healing process not described elsewhere in this Regulation and includes the following:

(i) a change in angulation of the fracture fragment;

(ii) rotational abnormalities;

(iii) shortening;

(f) “paraplegia” means a neurological injury that

(i) affects the trunk and lower limbs, but does not affect the upper limbs and head, and

(ii) manifests with alterations in motor power and control and in sensory loss below the level of injury;

(g) “permanent impairment” means

(i) a permanent anatomicophysiological deficit,

(ii) a catastrophic injury,

(iii) a permanent impairment described in Parts 4 to 16, or

(iv) any other physical or mental impairment of a permanent nature;

(h) “permanent impairment component” means the component of a permanent impairment rating, expressed as a percentage, that is calculated and determined in accordance with section 9;

(i) “permanent impairment rating” means the number, expressed as a percentage, that is calculated in accordance with section 8;

(j) “quadriplegia” means a neurological injury that

(i) affects upper and lower limbs, and

(ii) manifests in alterations in motor power and control and in sensory loss below the level of injury.

Interpretation of tables

2 Unless a contrary rule appears in a section, if an insured sustains an impairment described in a column in a Table set out in Parts 4 to 16, the percentage in the last column of the same row in the Table is the corresponding percentage for the impairment.

Annual adjustments

3(1) In this section,

(a) "adjustment date" means April 1;

(b) "Alberta escalator" means the Alberta escalator as defined in section 44.2 of the *Alberta Personal Income Tax Act*.

(2) An amount established by the Minister respecting a permanent impairment benefit described in this Regulation, including a minimum amount, is subject to an annual adjustment in accordance with subsection (3).

(3) The Minister must, as of the adjustment date in each year, adjust each amount referred to in subsection (2) by an amount equal to

(a) the amount established for the period prior to the adjustment date

multiplied by

(b) the Alberta escalator.

(4) The Minister must, before the adjustment date in each year, publish each adjusted amount on the website of the Minister's department.

Part 1
General Rules — Calculation and Determination of Permanent Impairment Benefit

Calculation and determination of permanent impairment benefit

4 An insurer must calculate and determine the amount of a permanent impairment benefit to which an insured is entitled under section 36 of the Act as follows:

(a) determine whether the insured's impairment is permanent in accordance with section 5;

(b) determine whether the insured's permanent impairment is a catastrophic injury in accordance with section 6;

(c) if the insured sustains a catastrophic injury, the insured is entitled to the permanent impairment benefit payable under section 7;

(d) if the insured sustains a non-catastrophic injury,

(i) determine the insured's permanent impairment rating in accordance with section 8, and

(ii) calculate the benefit that corresponds to the insured's permanent impairment rating in accordance with section 12.

Determination of permanency

5(1) For the purposes of this section, "permanent", in relation to an impairment, means

(a) the impairment, following a period sufficient for optimal tissue repair,

(i) has become static, or

(ii) has stabilized,

and

(b) the impairment is unlikely to change significantly with further therapy.

(2) An insurer must not pay a permanent impairment benefit until the impairment is permanent.

(3) The insurer must calculate the permanent impairment benefit as of the date of the accident.

Part 2
Permanent Impairment Benefit for Catastrophic Injury

Catastrophic injury

6(1) In this section, if a provision refers to an injury resulting in a percentage, the method for calculating and determining the percentage is

(a) by applying section 8 as if the percentage to be calculated and determined were the permanent impairment rating,

(b) by excluding all injuries resulting from the accident except those injuries listed in the applicable provision of this section, and

(c) as if the injury listed in this section was a non-catastrophic injury under Part 3.

(2) For the purposes of section 1(f) of the Act and section 4(b) of this Regulation, the following are prescribed as catastrophic injuries:

(a) quadriplegia or paraplegia classified as Grade A or B on the ASIA impairment scale resulting in a percentage of 65% or more using the method described in subsection (1);

(b) two or more of the following amputations:

(i) forequarter amputation of a shoulder and arm;

(ii) shoulder disarticulation;

(iii) above-elbow amputation of an arm, involving the proximal 1/3 of the humerus;

(iv) above-elbow amputation of an arm, involving the middle or distal 1/3 of the humerus;

(v) hemipelvectomy;

(vi) hip disarticulation, involving the proximal 1/3 of the femur;

(vii) proximal, mid-thigh or distal above-knee amputation of a leg;

(c) loss of vision that results in a percentage of 80% or more using the method described in subsection (1);

(d) a functional alteration of the brain of any of the following types or any combination of them that results in a percentage of 50% or more using the method described in subsection (1):

(i) a communication disorder that

(A) results in the insured's complete inability to understand and use language,

(B) does not affect the insured's ability to understand linguistic symbols, but severely impairs the insured's ability to use sufficient or appropriate language,

(C) does not affect the insured's ability to understand linguistic symbols, but moderately impairs the insured's ability to use sufficient or appropriate language, or

(D) results in minor communication difficulties;

(ii) an alteration of consciousness, including stupor, coma or another disorder or disturbance, including adverse effects from medication, that prevents the insured from performing the activities of daily living to the extent that the insured requires continuous supervision in an institutional or controlled setting;

(iii) an alteration of consciousness, including stupor, coma or another disorder or disturbance, including adverse effects of medication, that impairs the insured's ability to perform the activities of daily living

(A) to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time,

(B) to the extent that the insured requires periodic supervision in an institutional or controlled setting for less than 50% of the time,

(C) to the extent that the insured requires supervision but not in an institutional or controlled setting, or

(D) but not to the extent that the insured requires supervision;

(iv) an alteration of the higher cognitive or integrative mental functions, including adverse effects of medication, that

(A) prevents the insured from performing the activities of daily living to the extent that the insured requires continuous supervision in an institutional or controlled setting,

(B) impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time,

(C) impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting for less than 50% of the time,

(D) impairs the insured's ability to perform the activities of daily living to the extent that the insured requires supervision but not in an institutional or controlled setting, or

(E) impairs the insured's ability to perform the activities of daily living but not to the extent that the insured requires supervision;

(e) a psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that

(i) impairs the insured's ability to perform the activities of daily living or function socially or impairs the

insured's sense of well-being to the extent that the insured requires continuous supervision in an institutional or controlled setting, or periodic supervision in such a setting for 50% or more of the time, and

(ii) results in a percentage of 70% or more using the method described in subsection (1);

(f) full-thickness burns resulting in consequential impairments, excluding scarring or disfigurement to all surface areas of the body other than the face, that result in a percentage of 75% or more using the method described in subsection (1);

(g) a combination of any of the following injuries that results in a percentage of 80% or more using the method described in subsection (1):

(i) an amputation referred to in clause (b);

(ii) one or more of the following amputations:

(A) elbow disarticulation, including amputation of the proximal 1/3 of the forearm;

(B) below-elbow amputation, involving the middle 1/3 of the forearm;

(C) wrist disarticulation, involving the distal 1/3 of the forearm;

(D) knee disarticulation, including proximal below-knee amputation, not suitable for a patellar-tendon-bearing prosthesis;

(E) below-knee amputation suitable for a patellar-tendon-bearing prosthesis;

(iii) quadriplegia or paraplegia classified as Grade C or D on the ASIA impairment scale with partial preservation of motor power, whether or not there is sensory preservation and whether the percentage under this subclause is the result of one or more permanent impairments;

(iv) loss of vision that results in a percentage of 50% or more but less than 80% using the method described in subsection (1);

(v) one or more of the following types of functional alteration of the brain that result in a percentage of 30% or more using the method described in subsection (1):

(A) inability to use both upper limbs for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction;

(B) inability to use one upper limb for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction;

(C) difficulty in using both upper limbs for personal hygiene and self-care with evidence of either bilateral proximal or bilateral distal upper limb neurological dysfunction;

(D) difficulty in using one upper limb for personal hygiene and self-care with evidence of either proximal or distal upper limb neurological dysfunction;

(E) difficulty manipulating objects with impaired prehension in one upper limb, while still allowing independence in personal hygiene and self-care;

(F) difficulty manipulating objects with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care;

(G) upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with impaired prehension in one upper limb, while still allowing independence in personal hygiene and self-care;

(H) upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care;

(I) inability to stand or walk;

(J) ability to stand, but great difficulty or inability to walk;

(K) moderate difficulty in walking on irregular surfaces, stairs or uneven terrain;

(L) slight difficulty in walking;

(M) incontinence or urinary retention with complete loss of sphincter control;

(N) incontinence or urinary retention with partial loss of sphincter control;

(O) incontinence or urinary retention with dysfunction in the form of frequency or hesitancy;

(P) alteration of the bladder with or without enterocystoplasty;

(Q) a Class 1, 2 or 3 renal functional impairment described in Part 8;

(R) anorectal function with complete loss of control;

(S) anorectal function with limited control;

(T) a Class 1, 2 or 3 sexual dysfunction described in Part 8;

(U) one or more of the types of functional alteration of the brain referred to in clause (d)(i)(C) or (D), (d)(iii)(B) to (D) or (d)(iv)(C) to (E);

(vi) a peripheral nervous system injury involving all 3 trunks of the brachial plexus with complete motor and sensory impairment or a peripheral nervous

system injury of one or more of the following types involving the brachial plexus:

(A) upper trunk, also known as Erb-Duchenne syndrome, with complete motor and sensory impairment;

(B) middle trunk, with complete motor and sensory impairment;

(C) lower trunk, also known as Klumpke-Déjerine syndrome, with complete motor and sensory impairment;

(vii) a psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that

(A) impairs the insured's ability to perform the activities of daily living or function socially or impairs the insured's sense of well-being to the extent that the insured requires periodic supervision in an institutional or controlled setting for less than 50% of the time, and

(B) results in a percentage of 35% or more using the method described in subsection (1);

(viii) full-thickness burns resulting in consequential impairments, excluding scarring or disfigurement to all surface areas of the body other than the face, that result in a percentage of 40% or more using the method described in subsection (1).

Permanent impairment benefit — catastrophic injury

7 An insured who sustains a catastrophic injury is entitled to the permanent impairment benefit in the amount established by the Minister.

Part 3
Permanent Impairment Benefit for Non-catastrophic Injury

Permanent impairment rating

8 An insured's permanent impairment rating is the sum of

(a) the permanent impairment component determined in accordance with section 9, and

(b) the enhancement component calculated in accordance with section 10, if any.

Permanent impairment component

9(1) To determine an insured's permanent impairment component, an insurer must take the following steps in order:

(a) if the insured sustains one or more of the following permanent impairments, the insurer must determine the percentage that corresponds to the permanent impairment in accordance with Parts 4 to 16:

(i) an injury described in section 24 must be determined in accordance with that section;

(ii) an injury described in Division 3 of Part 6 must be determined in accordance with section 109;

(iii) an injury described in section 115 must be determined in accordance with section 116;

(iv) an injury described in sections 158 to 161 must be determined in accordance with section 157;

(b) if the insured sustains a permanent impairment described in Parts 4 to 16 but not described in clause (a), the insurer must determine the percentage that corresponds to the permanent impairment in accordance with the applicable provision in the applicable Part;

(c) if the insured sustains a permanent impairment not described in Parts 4 to 16, the insurer must determine a percentage for the permanent impairment using one or more permanent impairments described in those Parts as a guide.

(2) If the insured sustains a permanent impairment resulting in only one percentage determined under subsection (1), the percentage corresponding to the permanent impairment is the insured's permanent impairment component.

(3) If the insured sustains more than one permanent impairment resulting in 2 or more percentages determined under subsection (1), the insured's permanent impairment component is the final percentage determined under subsections (4) and (5).

(4) The insurer must determine, in accordance with subsection (1), the percentage that corresponds to each of the permanent impairments the insured sustains and organize the percentages in descending order.

(5) The insurer must calculate an amount under this subsection for each percentage under subsection (4) using the following formula:

$$C = A + (B(1 - A))$$

where

A is

(a) for the first application of the formula, the highest percentage corresponding to the permanent impairments the insured sustains;

(b) for any subsequent application of the formula, the value calculated as C in the previous calculation;

B is

(a) for the first application of the formula, the second highest percentage corresponding to the permanent impairments the insured sustains;

(b) for any subsequent application of the formula, the next highest percentage corresponding to the permanent impairments the insured sustains;

C is

(a) the value to be used as A in each subsequent application of the formula;

(b) if, when applying the formula, the B variable is the lowest percentage corresponding to the permanent impairments the insured sustains, the permanent impairment component.

(6) If any of the following values is expressed as a fraction of a percentage, the fraction must be rounded to the nearest whole percentage, and a percentage ending in .5 must be rounded up to the nearest whole percentage:

(a) the percentage corresponding to a non-catastrophic injury the insured sustains;

(b) the percentage determined in accordance with subsection (5) as the C variable in each subsequent application of the formula;

(c) the permanent impairment component calculated in accordance with clause (b) of variable C in subsection (5).

Enhancement component for symmetrical body parts

10(1) Subject to section 11, an insurer must calculate an enhancement component for an insured in accordance with subsection (2) if an anatomicophysiological deficit resulting from the accident

(a) impairs symmetrical body parts, or

(b) impairs a body part that is symmetrical to a body part that was permanently impaired before the accident.

(2) For the purposes of subsection (1), the enhancement component must be calculated using the following formula:

D x 0.25

where

D is, subject to subsection (3), the percentage calculated by

(a) applying section 9 as if the percentage to be determined were the permanent impairment component, and

(b) excluding all permanent impairments resulting from the accident except those permanent impairments that correspond to the most severely impaired symmetrical part of the insured's body.

(3) For the purposes of variable D in subsection (2), the percentage of an anatomicophysiological deficit that existed before the

accident must be determined in accordance with section 9 as if the deficit resulted from the accident.

Exceptions to enhancement component

11 The enhancement component calculated in accordance with section 10 does not apply to the following anatomicophysiological deficits:

(a) a deficit that affects an internal organ;

(b) a deficit that affects an organ controlling vision, balance or hearing;

(c) a deficit that results from an injury to the central nervous system;

(d) a deficit that affects the teeth.

Permanent impairment benefit — non-catastrophic injury

12(1) The permanent impairment benefit in dollars for an insured's non-catastrophic injury is the product obtained when the amount established by the Minister is multiplied by the insured's permanent impairment rating.

(2) Notwithstanding subsection (1), if the product obtained in subsection (1) is more than $0 but less than a minimum amount established by the Minister, the insured's permanent impairment benefit is the minimum amount established by the Minister.

Part 4
Musculoskeletal System Percentages

Application re amputation

13 In the case of an amputation described in this Part, any other permanent impairment described in this Part to the amputated body part is not included in the calculation of the permanent impairment component.

Division 1
Upper Limb

Shoulder, arm — amputation

14 Table 1 applies if the insured sustains a shoulder or arm amputation.

Table 1

Item	Column 1 Shoulder or arm amputation		Column 2 Percentage
1	Forequarter amputation		60%
2	Shoulder disarticulation		56%
3	Above-elbow amputation	proximal 1/3 of the humerus	54%
		(a) middle 1/3 of the humerus (b) distal 1/3 of the humerus (c) both the middle and distal 1/3 of the humerus	52%

Shoulder, sternum, clavicle, arm and rib fracture and rib removal

15(1) Table 2 applies if the insured sustains a sternum, clavicle, scapula, arm or rib fracture or a rib removal.

(2) In respect of item 5 of Table 2, a rib fracture must be documented by an imaging study.

Table 2

Item	Column 1 Shoulder, arm or rib fracture or rib removal		Column 2 Percentage
1	Humeral fracture	with angulation of more than 15°	5%
		with angulation of 5 to 15°	2.5%
		with shortening of more than 4 cm	5%
		with shortening of more than 2 cm to 4 cm	3%
		with shortening of 1 cm to 2 cm	1.5%
2	Chronic osteomyelitis of any upper limb bone with active drainage		3%
3	Rib removal		2% per rib
4	Sternum, clavicle, scapula or humerus fracture with non-specified abnormal healing		1%
5	Subject to subsection (2), rib fracture		0.5% per rib to a maximum of 2%

Shoulder, arm — non-bony disruption

16(1) Table 3 applies if the insured sustains a permanent shoulder or arm non-bony disruption.

(2) If the insured sustains a disruption described in item 1 of Table 3, no percentage may be added that corresponds to a disruption described in item 2.

Table 3

Item	Column 1 Shoulder or arm non-bony disruption		Column 2 Percentage
1	Non-bony disruption	rotator cuff tear, imaging positive, full thickness, with no known prior rotator cuff pathology	5%
		rotator cuff tear, imaging positive, full thickness, with known prior rotator cuff pathology	2%
		rotator cuff tear, partial thickness	2%
		distal or proximal biceps tendon rupture, with strength deficit in supination or elbow flexion	2%

		distal or proximal biceps tendon rupture, with no strength deficit in supination or elbow flexion	1%
2	Non-bony disruption	subject to subsection (2), complete non-bony disruption or avulsion fracture affecting an upper limb	2%
		subject to subsection (2), partial non-bony disruption or avulsion fracture affecting an upper limb	1%

Shoulder, arm — ligamentous, other soft tissue disruption

17(1) Table 4 applies if the insured sustains a permanent shoulder or arm ligamentous or other soft tissue disruption.

(2) In respect of items 1 and 2 of Table 4, confirmation must be provided by plane radiography.

(3) If a disruption described in item 1 of Table 4 includes a Bankart lesion, Hill-Sachs deformity or labral tear, 1% is added to the percentage in column 2 of Table 4.

Table 4

Item	Column 1 Ligamentous or soft tissue disruption		Column 2 Percentage
1	Subject to subsection (2), glenohumeral instability including traumatic glenohumeral dislocation	recurrence of dislocation within one year of the accident, without prior instability	subject to subsection (3), 5%
		recurrence of dislocation within one year of the accident, with prior instability	subject to subsection (3), 2%
2	Subject to subsection (2), glenohumeral instability including traumatic glenohumeral dislocation	no recurrence of dislocation within one year of the accident, without prior instability	3%
		no recurrence of dislocation within one year of the accident, with prior instability	2%
3	Acromioclavicular or sternoclavicular joint injury	Grade 3 separation	2%
		Grade 2 separation	1%
		Grade 1 separation	0%

Shoulder, arm — range of motion loss of shoulder joint complex

18 Table 5 applies if the insured sustains a permanent loss in the range of motion of the shoulder joint complex.

Table 5

Item	Column 1 Range of motion loss of shoulder joint complex		Column 2 Percentage
1	Flexion-extension (motion in the scapular plane)	combined range of motion of less than 61°	9%
		combined range of motion of 61° to 120°	5%
		combined range of motion of 121° to 180°	2%
		combined range of motion of more than 180°	0%

2	Abduction-adduction (motion in the coronal plane)	combined range of motion of less than 61°	6%
		combined range of motion of 61° to 120°	3%
		combined range of motion of 121° to 180°	1%
		combined range of motion of more than 180°	0%
3	Internal rotation — external rotation	combined glenohumeral range of motion of less than 46°	6%
		combined glenohumeral range of motion of 46° to 90°	3%
		combined glenohumeral range of motion of 91° to 135°	1%
		combined glenohumeral range of motion of more than 135°	0%

Elbow, forearm — amputation

19 Table 6 applies if the insured sustains an elbow or forearm amputation.

Table 6

Item	Column 1 Elbow or forearm amputation	Column 2 Percentage
1	Elbow disarticulation, including amputation of the proximal 1/3 of the forearm	50%
2	Below-elbow amputation, involving the middle 1/3 of the forearm	47%

Elbow, forearm — fracture

20 Table 7 applies if the insured sustains an elbow or forearm fracture.

Table 7

Item	Column 1 Elbow or forearm fracture		Column 2 Percentage
1	Radius fracture	with angulation of more than 15°	5%
		with angulation of 5° to 15°	2.5%
		with shortening of more than 4 cm	5%
		with shortening of more than 2 cm to 4 cm	3%
		with shortening of 1 cm to 2 cm	1.5%
2	Ulna fracture	with angulation of more than 15°	5%
		with angulation of 5° to 15°	2.5%
		with shortening of more than 4 cm	5%
		with shortening of more than 2 cm to 4 cm	3%
		with shortening of 1 cm to 2 cm	1.5%
3	Radius, ulna or humerus fracture with non-specified abnormal healing		1%

Elbow, forearm — non-bony disruption

21 Table 8 applies if the insured sustains a permanent elbow or forearm non-bony disruption.

Table 8

Item	Column 1 Non-bony disruption	Column 2 Percentage
1	Complete non-bony disruption or avulsion fracture affecting the elbow or forearm	2%
2	Partial non-bony disruption or avulsion fracture affecting the elbow or forearm	1%

Elbow, forearm — ligamentous, other soft tissue disruption

22 Table 9 applies if the insured sustains a permanent elbow or forearm ligamentous or other soft tissue disruption.

Table 9

Item	Column 1 Ligamentous or other soft tissue disruption		Column 2 Percentage
1	Ulnar and radial collateral injuries	Grade 3 sprain	2%
		Grade 2 sprain	1%
		Grade 1 sprain	0%

Elbow, forearm — range of motion loss

23 Table 10 applies if the insured sustains a permanent loss in the range of motion of an elbow.

Table 10

Item	Column 1 Elbow and forearm range of motion loss		Column 2 Percentage
1	Flexion-extension	no movement	14%
		combined range of motion of 1° to 40°	12%
		combined range of motion of 41° to 80°	7%
		combined range of motion of 81° to 120°	4%
		combined range of motion of 121° to 135°	1%
		combined range of motion of more than 135°	0%
2	Pronation-supination	no movement	9%
		combined range of motion of 1° to 50°	4%
		combined range of motion of 51° to 100°	3%
		combined range of motion of 101° to 140°	2%
		combined range of motion of 141° to 150°	1%
		combined range of motion of more than 150°	0%

Wrist, hand — amputation

24(1) Table 11 applies if the insured sustains an amputation in relation to a wrist or hand.

(2) If the insured sustains multiple amputations in relation to a wrist or hand, the percentage in respect of this section must be determined using the following formula:

$$G = E + (F(1 - E))$$

where

E is

(a) for the first application of the formula, the highest percentage of the percentages in column 2 of Table 11 that corresponds to a description of one of the insured's amputations;

(b) for any subsequent application of the formula, the value calculated as G in the previous calculation;

F is

(a) for the first application of the formula, the second highest percentage of the percentages in column 2 of Table 11 that corresponds to a description of one of the insured's amputations;

(b) for any subsequent application of the formula, the next highest percentage of the percentages in column 2 of Table 11 that corresponds to a description of one of the insured's amputations;

G is

(a) the value to be used as E in each subsequent application of the formula;

(b) if the F variable is the lowest percentage of the percentages in column 2 of Table 11 that corresponds to the description of the insured's amputations, the total percentage for this section.

(3) If any of the following values is expressed as a fraction of a percentage, the fraction must be rounded to the nearest whole percentage, and a percentage ending in .5 must be rounded up to the nearest whole percentage:

(a) the percentage corresponding to an amputation the insured sustains;

(b) the percentage determined in accordance with subsection (2) as the G variable in each subsequent application of the formula;

(c) the total percentage for this section calculated and determined in accordance with clause (b) of variable G in subsection (2).

Table 11

Item	Column 1 Wrist or hand amputation		Column 2 Percentage
1	Wrist disarticulation including the distal 1/3 of the forearm		45%
2	Transmetacarpal or metacarpophalangeal disarticulation	first metacarpal	22%
		2nd or 3rd metacarpal	11% per metacarpal
		4th or 5th metacarpal	5.5% per metacarpal
3	Trans-digital (proximal phalanx) or proximal interphalangeal disarticulation	thumb	11%
		index or middle finger	8% per finger
		ring or small finger	4% per finger
4	Trans-digital (middle or distal phalanx) or distal interphalangeal disarticulation	thumb	11%
		index or middle finger	5% per finger
		ring or small finger	3% per finger

Wrist, hand — fracture

25 Table 12 applies if the insured sustains a wrist or hand fracture.

Table 12

Item	Column 1 Wrist or hand fracture	Column 2 Percentage
1	Scaphoid fracture with nonunion or pseudarthrosis	2%
2	Scaphoid fracture with avascular necrosis	2%
3	Scaphoid fracture	0%
4	Colles fracture with more than 15° of radius angulation	2%
5	Colles fracture with anatomic reduction	0%
6	Avascular necrosis of lunate	2%
7	Carpal, metacarpal or phalanx fracture with abnormal healing	1%

Wrist, hand — non-bony disruption

26 Table 13 applies if the insured sustains a permanent wrist or hand non-bony disruption.

Table 13

Item	Column 1 Wrist or hand non-bony disruption	Column 2 Percentage
1	Complete non-bony disruption or avulsion fracture affecting the wrist or hand	2%
2	Partial non-bony disruption or avulsion fracture affecting the wrist or hand	1%

Wrist, hand — ligamentous, other soft tissue disruption

27(1) Table 14 applies if the insured sustains a permanent wrist or hand ligamentous or other soft tissue disruption.

(2) For the purposes of item 1 of Table 14, carpal instability must be determined by radiological appearance, including carpal height, carpal translation and degree of joint arthrosis.

Table 14

Item	Column 1 Ligamentous or other soft tissue disruption		Column 2 Percentage
1	Subject to subsection (2), carpal instability	severe	14%
		moderate	10%
		mild	5%
2	Triangular fibrocartilage complex tear		2%

Wrist — range of motion loss

28 Table 15 applies if the insured sustains permanent loss in the range of motion of a wrist.

Table 15

Item	Column 1 Wrist range of motion loss		Column 2 Percentage
1	Flexion-extension	no movement	8%
		combined range of motion of 1° to 30°	4%
		combined range of motion of 31° to 60°	3%
		combined range of motion of 61° to 90°	2%
		combined range of motion of 91° to 100°	1%
		combined range of motion of more than 100°	0%
2	Radial or ulnar deviation	no movement	6%
		combined range of motion of 1° to 25°	2%
		combined range of motion of 26° to 40°	1%
		combined range of motion of more than 40°	0%

Hand — range of motion loss

29 Table 16 applies if the insured sustains permanent loss in the range of motion of a hand.

Table 16

Item	Column 1 Hand range of motion loss		Column 2 Percentage
1	Thumb interphalangeal flexion-extension	ankylosis in faulty position	4%
		ankylosis in functional position	2%
		combined total range of motion of 1° to 40°	1%

		combined total range of motion of 41° to 70°	0.5%
		combined total range of motion of more than 70°	0%
2	Thumb metacarpophalangeal flexion-extension	no movement	2%
		combined total range of motion of 1° to 30°	1%
		combined total range of motion of 31° to 50°	0.5%
		combined total range of motion of more than 50°	0%
3	Thumb adduction	8 cm from flexor crease of the interphalangeal joint of the thumb to distal palmar crease overlying the metacarpophalangeal joint of the small finger	4%
		6 cm from flexor crease of the interphalangeal joint of the thumb to distal palmar crease overlying the metacarpophalangeal joint of the small finger	2%
		4 cm from flexor crease of the interphalangeal joint of the thumb to distal palmar crease overlying the metacarpophalangeal joint of the small finger	1%
		2 cm from flexor crease of the interphalangeal joint of the thumb to distal palmar crease overlying the metacarpophalangeal joint of the small finger	0.5%
		less than 2 cm from flexor crease of the interphalangeal joint of the thumb to distal palmar crease overlying the metacarpophalangeal joint of the small finger	0%
4	Thumb radial abduction	no movement	2%
		combined total range of motion of 1° to 25°	1%
		combined total range of motion of 26° to 40°	0.5%
		combined total range of motion of more than 40°	0%
5	Thumb opposition	less than 2 cm from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	4%
		2 cm from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	2%
		4 cm from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	1%

		6 cm from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	0.5%
		8 cm from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	0%
6	Finger distal interphalangeal flexion-extension	no movement	1%
		combined range of motion of 1° to 35°	0.5%
		combined range of motion of 36° to 70°	0%
7	Finger proximal interphalangeal flexion-extension	no movement	1%
		combined range of motion of 1° to 65°	0.5%
		combined range of motion of 66° to 130°	0%
8	Finger metacarpophalangeal flexion-extension	no movement	1%
		combined range of motion of 1° to 55°	0.5%
		combined range of motion of 56° to 110°	0%

Division 2
Lower Limb

Pelvis — amputation

30 Table 17 applies if the insured sustains a pelvic amputation.

Table 17

Item	Column 1 Pelvic amputation	Column 2 Percentage
1	Hemipelvectomy	50%

Pelvis — fracture, loss of motion

31 Table 18 applies if the insured sustains a pelvic fracture or permanent loss of motion in the sacroiliac joint.

Table 18

Item	Column 1 Pelvic fracture	Column 2 Percentage
1	Fracture involving the sacroiliac joint	2%
2	Pelvic fracture with non-specified abnormal healing	1%
3	Undisplaced, non-articular, healed fracture with no other complications	0%
4	Sacroiliac joint range of motion loss	0%

Hip, thigh — amputation

32 Table 19 applies if the insured sustains a hip or thigh amputation.

Table 19

Item	Column 1 Hip or thigh amputation		Column 2 Percentage
1	Hip disarticulation, including the proximal 1/3 of the femur		45%
2	Above-knee amputation	proximal	45%
		mid-thigh	40%
		distal	35%

Hip, thigh — fracture

33 Table 20 applies if the insured sustains a hip or thigh fracture.

Table 20

Item	Column 1 Hip or thigh fracture		Column 2 Percentage
1	Injury to the acetabulum or the head of the femur requiring a prosthetic joint replacement, including any lower limb shortening		15%
2	Intra-articular femur fracture		2%
3	Fracture complication with femoral shaft fracture and angulation	more than 20°	4%
		10° to 20°	2%
4	Fracture complication with femoral shaft fracture and malrotation	more than 20°	4%
		10° to 20°	2%
5	Femoral fracture with non-specified abnormal healing		1%

Hip, thigh — non-bony disruption

34 Table 21 applies if the insured sustains a permanent non-bony disruption in the hip or thigh.

Table 21

Item	Column 1 Hip or thigh non-bony disruption	Column 2 Percentage
1	Complete non-bony disruption or avulsion fracture affecting the hip or thigh	2%
2	Partial non-bony disruption or avulsion fracture affecting the hip or thigh	1%

Hip — range of motion loss

35 Table 22 applies if the insured sustains permanent loss in the range of motion of a hip.

Table 22

Item	Column 1 Hip range of motion loss		Column 2 Percentage
1	Hip joint ankylosis	in a position prohibiting gait	25%
		in a position allowing gait	20%
2	Flexion-extension range of motion restriction	combined range of motion of 0° to 30°	10%
		combined range of motion of 31° to 60°	7%
		combined range of motion of 61° to 90°	3%
		combined range of motion of 91° to 120°	1%
		combined range of motion of more than 120°	0%

3	Internal-external rotation range of motion restriction	combined range of motion of 0° to 30°	5%
		combined range of motion of 31° to 60°	3%
		combined range of motion of more than 60°	0%
4	Abduction-adduction range of motion restriction	combined range of motion of 0° to 15°	5%
		combined range of motion of 16° to 45°	3%
		combined range of motion of more than 45°	0%

Thigh — muscular atrophy

36 If the insured sustains permanent thigh muscular atrophy of 2 cm or more in the circumference of the thigh, as measured 15 cm above the superior pole of the patella, including any resulting weakness, resulting from a non-bony disruption, underlying fracture or objective knee condition, the percentage is 2%.

Knee, leg — amputation

37 Table 23 applies if the insured sustains a knee or leg amputation.

Table 23

Item	Column 1 Knee or leg amputation		Column 2 Percentage
1	Knee disarticulation, including proximal below-knee amputation	not suitable for a patellar-tendon-bearing prosthesis	32%
		suitable for a patellar-tendon-bearing prosthesis	28%

Knee, leg — fracture, complications

38(1) Table 24 applies if the insured sustains a knee or leg fracture or a fracture complication.

(2) For greater certainty,

(a) the impairment described in item 1 of Table 24 includes limb shortening or weakness resulting from that impairment, and

(b) the impairment described in item 2 of Table 24 includes weakness resulting from that impairment.

Table 24

Item	Column 1 Knee or leg fracture or fracture complication		Column 2 Percentage
1	Fracture complication relating to knee or leg fracture	patellar fracture resulting in its surgical removal	5%

		patellar fracture or dislocation resulting in quadriceps atrophy	2%
		tibial or fibular fracture resulting in single or multi-planar angulation of more than 15°	5%
		tibial or fibular fracture resulting in single or multi-planar angulation of 10° to 15°	2.5%
		tibial or fibular fracture resulting in malrotation of more than 20°	3%
		tibial or fibular fracture resulting in malrotation of 10° to 20°	2%
		knee, thigh or leg injury requiring a knee arthroplasty	8%
		intra-articular fracture of the knee	2%
2	Tibial, fibular or patellar fracture with non-specified abnormal healing		1%

Knee, leg — non-bony disruption

39 Table 25 applies if the insured sustains a permanent non-bony disruption in the knee or leg.

Table 25

Item	Column 1 Knee or leg non-bony disruption	Column 2 Percentage
1	Complete non-bony disruption or avulsion fracture affecting the knee or leg	2%
2	Partial non-bony disruption or avulsion fracture affecting the knee or leg	1%

Knee, leg — ligamentous, other soft tissue disruption

40(1) Table 26 applies if the insured sustains a permanent ligamentous or other soft tissue disruption in the knee or leg.

(2) In respect of item 4 of Table 26, a chondral injury must be confirmed by magnetic resonance imaging or arthroscopy.

Table 26

Item	Column 1 Knee or leg ligamentous or other soft tissue disruption		Column 2 Percentage
1	Cruciate or collateral ligament injury associated with	frequent episodes of instability that prohibit all occupational and recreational function	15%
		frequent episodes of instability that limit most occupational and recreational function	10%
		regular episodes of instability that interfere with occupational or recreational function	7%
		occasional instability that does not interfere with occupational or recreational function	2%

2	Medial or lateral meniscal tear	2%
3	Medial or lateral meniscal sprain or stretch with no tears	0%
4	Subject to subsection (2), chondral injury	2%
5	Post-traumatic patellofemoral pain syndrome with objective signs	1%

Knee — range of motion loss

41(1) In this section, "neutral position" means a knee straight position.

(2) Table 27 applies if the insured sustains permanent loss in the range of motion of a knee.

Table 27

Item	Column 1 Range of motion loss of knee		Column 2 Percentage
1	Knee ankylosis	(a) in a faulty position, including recurvatum, varus, valgus and malrotation, and (b) with or without any of the following: (i) patellar damage; (ii) lower limb shortening; (iii) muscular atrophy or weakness	20%
		in a functional position, with or without any of the following: (a) patellar damage; (b) shortening by 3 cm or less; (c) altered alignment, including recurvatum, varus, valgus and rotation; (d) muscular atrophy or weakness	15%
2	Flexion range of motion restriction	5° to 60° of active range of motion	14%
		61° to 80° of active range of motion	8%
		81° to 110° of active range of motion	2%
		more than 110° of active range of motion	0%
3	Flexion contracture	more than 20° away from neutral position	14%
		10° to 20° away from neutral position	8%
		5° to 9° away from neutral position	4%
		less than 5° away from neutral position	0%

Lower leg — muscular atrophy

42 If the insured sustains permanent lower leg muscular atrophy of 1.5 cm or more in the circumference of the lower leg, as measured 15 cm below the inferior pole of the patella, including any resulting weakness, resulting from a non-bony disruption, underlying fracture or objective knee or ankle condition, the percentage is 2%.

Ankle, foot — amputation

43 Table 28 applies if the insured sustains an ankle or foot amputation.

Table 28

Item	Column 1 Ankle or foot amputation	Column 2 Percentage
1	Amputation at the ankle, also known as a Symes amputation	25%
2	Midtarsal amputation, also known as a Chopart amputation	18%
3	Tarsometatarsal amputation, also known as a Lisfranc amputation	18%
4	Transmetatarsal amputation	16%
5	Amputation of all 5 toes at the metatarsophalangeal joint	9%
6	Amputation with loss of the distal end of the first metatarsal	5%
7	Bone amputation of the big toe at the metatarsophalangeal joint	3%
8	Amputation of the distal end of the 5th metatarsal	2%
9	Amputation of the big toe at the interphalangeal joint	2%
10	Total or partial amputation of the 2nd, 3rd, 4th and 5th toes	1% per toe

Ankle, foot — fracture and fracture complication

44 Table 29 applies if the insured sustains an ankle or toe fracture or a fracture complication.

Table 29

Item	Column 1 Ankle or foot fracture or fracture complication		Column 2 Percentage
1	Tibia or fibula fracture complication	with angulation of more than 15°	5%
		with angulation of 5° to 15°	2.5%
		with shortening of more than 4 cm	5%
		with shortening of more than 2 cm to 4 cm	3%
		with shortening of 1 cm to 2 cm	1.5%
2	Avascular necrosis of the talus		5%
3	Avascular necrosis of the navicular		3%
4	Chronic osteomyelitis of any lower limb bone with active drainage		3%
5	Fracture of the tibia, fibula, tarsal or metatarsal bone with non-specified abnormal healing		1%
6	Post-traumatic tarsal or metatarsal deformity requiring the use of a custom-fitted shoe or orthosis to accommodate for the condition		0.5%

Ankle, foot — non-bony disruption

45 Table 30 applies if the insured sustains a permanent ankle or foot non-bony disruption.

Table 30

Item	Column 1 Ankle or foot non-bony disruption	Column 2 Percentage
1	Achilles tendon rupture	3%
2	Complete non-bony disruption or avulsion fracture affecting the foot or ankle	2%
3	Partial non-bony disruption or avulsion fracture affecting the foot or ankle	1%

Ankle, foot — ligamentous disruption

46 If the insured sustains permanent ankle or foot ligamentous disruption that results in chronic ankle instability, the percentage is 1.5%.

Ankle, foot — range of motion loss

47 Table 31 applies if the insured sustains permanent loss in the range of motion of an ankle or foot.

Table 31

Item	Column 1 Ankle or foot range of motion loss		Column 2 Percentage
1	Ankle or foot ankylosis	subtalar, midtarsal, tibiotalar, also known as a pan-arthrodesis procedure	12%
		tibiotalar, up to 10° of plantar flexion, with loss of inversion and eversion	8%
		subtalar and midtarsal, also known as a triple arthrodesis procedure	4%
		subtalar	3%
		tarsal-metatarsal	2.5%
		metatarsophalangeal of the big toe	1.5%
		metatarsophalangeal of any toe other than the big toe	0.5% per toe
		interphalangeal of the big toe	1%
		interphalangeal of any toe other than the big toe	0.5% per toe
2	Tibiotalar plantar flexion range of motion restriction	1° to 10°	6%
		11° to 20°	3%
		more than 20°	0%
3	Tibiotalar dorsiflexion range of motion restriction	0° to 10°	3%
		more than 10°	0%
4	Subtalar range of motion restriction		2%
5	Midtarsal range of motion restriction		1%
6	Toe range of motion restriction	big toe	0%
		any other toe	0%

Division 3
Spine

Interpretation

48(1) In this Division, “bony fusion” includes using an internal fixation device or bone graft material.

(2) The minimum slippages for the purposes of items 3, 8 to 10 and 12 of Table 32, items 1, 2, 4 and 5 of Table 33, items 1, 2, 4 and 5 of Table 34 and items 2 and 4 of Table 35 are the following:

(a) in relation to the cervical vertebrae C3 to C7, 3.5 mm;

(b) in relation to the thoracic vertebra T1 to the lumbar vertebra L4, 5 mm;

(c) in relation to the lumbar vertebra L5 to the sacral vertebra S1, 5 mm.

Cervical spine

49(1) Table 32 applies if the insured sustains a permanent cervical spine impairment.

(2) For the purpose of item 5 of Table 32, instability must be documented by evidence of excessive motion on flexion-extension views.

(3) For the purpose of item 6 of Table 32, impairment of the active range of motion of the atlanto-axial joint must be documented by the inclinometer method.

(4) For the purpose of item 8 of Table 32, instability must be documented by radiographic instability on flexion-extension views.

Table 32

Item	Column 1 Cervical spine impairment		Column 2 Percentage
1	Fusion or bony fusion of the atlanto-axial joint, also known as C1 and C2, including post-traumatic bony alteration		12%
2	Fusion or bony fusion of the atlanto-occipital joint, also known as C0 and C1, including post-traumatic bony alteration		6%
3	Nonunion of the odontoid process following a fracture	(a) with evidence of radiographic instability, and (b) with minimum slippage in accordance with section 48(2)	6%
		(a) without evidence of radiographic instability, and (b) with minimum slippage in accordance with section 48(2)	3%
4	Uncomplicated odontoid fracture without instability		0.5%
5	Subject to subsection (2), instability of the atlanto-axial joint, also known as C1 and C2, following a fracture or ligamentous injury	forward slippage of 5 mm or more	5%
		forward slippage of less than 5 mm	2.5%
6	Subject to subsection (3), impaired active range of motion of the atlanto-axial joint, also known as C1 and C2, following a fracture or ligamentous injury		2.5%
7	Fusion or bony fusion of any of the C3 to C7 vertebrae including, if applicable, any post-traumatic bony alterations as a result of a laminectomy, vertebrectomy or discectomy		4% per inter-space
8	Subject to subsection (4), excessive active range of motion of C3 to C7 following a ligamentous injury with a minimum measurement in accordance with section 48(2)		2% per inter-space
9	Vertebral body non-compression fracture with a minimum	with radiographic instability	6%

	measurement in accordance with section 48(2)	without radiographic instability	3%
10	Vertebral body compression fracture with radiographic instability on flexion-extension views with a minimum measurement in accordance with section 48(2)	loss of vertebral height, more than 50%	6%
		loss of vertebral height, from 25% to 50%	4%
		loss of vertebral height, less than 25%	2%
11	Bone alteration following a compartmented fracture of a vertebral body		0.5%
12	Vertebral body compression fracture without radiographic instability on flexion-extension views, including any range of motion restriction and with a minimum measurement in accordance with section 48(2)	loss of vertebral height, more than 50%	3%
		loss of vertebral height, from 25% to 50%	2%
		loss of vertebral height, less than 25%	1%

Thoracic spine

50 Table 33 applies if the insured sustains a permanent thoracic spine impairment.

Table 33

Item	Column 1 Thoracic spine impairment		Column 2 Percentage
1	Vertebral body compression fracture with radiographic instability on flexion-extension views with a minimum measurement in accordance with section 48(2)	loss of vertebral height, more than 50%	6%
		loss of vertebral height, from 25% to 50%	4%
		loss of vertebral height, less than 25%	2%
2	Vertebral body compression fracture without radiographic instability on flexion-extension views with a minimum measurement in accordance with section 48(2), including any range of motion restriction	loss of vertebral height, more than 50%	4%
		loss of vertebral height, from 25% to 50%	2%
		loss of vertebral height, less than 25%	1%
3	Fusion or bony fusion of 2 or more adjacent thoracic vertebrae including any post-traumatic bony alterations, if applicable, as a result of a laminectomy, vertebrectomy or discectomy		4% per inter-space
4	Vertebral body non-compression fracture with a minimum measurement in accordance with section 48(2)	with radiographic instability	6%
		without radiographic instability	3%
5	Excessive active range of motion following a ligamentous injury as documented by radiographic instability on flexion-extension views and with a minimum measurement in accordance with section 48(2)		2%
6	Excessive active range of motion following a costovertebral fracture or dislocation, including any range of motion restriction or radiographic instability		0.5% per spinal segment

Lumbar spine

51 Table 34 applies if the insured sustains a permanent lumbar spine impairment.

Table 34

Item	Column 1 Lumbar spine impairment		Column 2 Percentage
1	Vertebral body compression fracture with radiographic instability with a minimum measurement in accordance with section 48(2)	loss of vertebral height, more than 50%	6%
		loss of vertebral height, from 25% to 50%	4%
		loss of vertebral height, less than 25%	2%
2	Vertebral body compression fracture without radiographic instability on flexion-extension views with a minimum measurement in accordance with section 48(2), including any range of motion restriction	loss of vertebral height, more than 50%	3%
		loss of vertebral height, from 25% to 50%	2%
		loss of vertebral height, less than 25%	1%
3	Fusion or bony fusion of 2 or more adjacent lumbar vertebrae including, if applicable, any post-traumatic bony alterations as a result of a laminectomy, vertebrectomy or discectomy		4% per inter-space
4	Vertebral body non-compression fracture with a minimum measurement in accordance with section 48(2)	with radiographic instability	6%
		without radiographic instability	3%
5	Excessive active range of motion following a ligamentous injury, as documented by radiographic instability on flexion-extension views with a minimum measurement in accordance with section 48(2)		2%

Other spinal impairment

52 Table 35 applies if the insured sustains a permanent spinal impairment not set out in sections 49 to 51.

Table 35

Item	Column 1 Spinal impairment	Column 2 Percentage
1	(a) Post-traumatic alteration of an intervertebral disc including (i) disc herniation, (ii) internal disc disruption, (iii) disc space infection, or (iv) discectomy, and (b) including any range of motion restriction or radiographic instability without associated myelopathy or radiculopathy	3% per spinal segment
2	Complete laminectomy including removal of both laminae and spinous processes with a minimum measurement in accordance with section 48(2), including any radiographic evidence of range of motion restriction or instability	2% per spinal segment
3	Partial laminectomy, laminotomy or foraminotomy, with preservation of one lamina	1% per spinal segment
4	Post-traumatic alteration of a spinous process, transverse process, lamina or zygapophyseal joint following a fracture, spondylolysis or pseudarthrosis with a minimum measurement in accordance with section 48(2), including any radiographically documented range of motion restriction or instability	0.5% per spinal segment
5	Post-traumatic alteration of the coccyx with or without coccygectomy	0.5%

Part 5
Central and Peripheral Nervous System Percentages

Division 1
Skull, Brain and Carotid Vessels

Alteration of brain tissue — cerebral concussion, contusion

53(1) Table 36 applies if the insured sustains a cerebral concussion or contusion.

(2) A cerebral concussion or contusion must be diagnosed by an authorized health care provider.

(3) The symptoms of a cerebral concussion or contusion described in column 1 of Table 36 must be

(a) observed at the time of the accident or immediately following the accident, and

(b) documented by an authorized health care provider within 48 hours of the accident, unless the insured has a reasonable excuse not to obtain medical attention within 48 hours of the accident.

Table 36

Item	Column 1 Cerebral concussion or contusion	Column 2 Percentage
1	Severe cerebral concussion or contusion with (a) post-traumatic amnesia of 24 hours or more, or (b) a loss of consciousness of 1 hour or more	5%
2	Moderate cerebral concussion or contusion with (a) post-traumatic amnesia of 30 minutes or more but less than 24 hours, or (b) a loss of consciousness of 5 minutes or more but less than 1 hour	2%
3	Minor cerebral concussion or contusion with (a) post-traumatic amnesia of less than 30 minutes, or (b) a loss of consciousness of less than 5 minutes	0.5%

Alteration of brain tissue — post-traumatic alteration of tissue

54 Table 37 applies if the insured sustains a permanent post-traumatic alteration of brain tissue.

Table 37

Item	Column 1 Post-traumatic alteration of brain tissue		Column 2 Percentage
1	Post-traumatic alteration of brain tissue	with leakage of cerebrospinal fluid via one of the paranasal sinuses or external auditory meatus, including any elevation, craniotomy, craniectomy and plasty	5%
		with subarachnoid hemorrhage	5%

		with subdural hematoma	2%
		with epidural hematoma	2%
		with laceration or intracerebral hematoma	2%
2	Encephalomalacia or axonal injury, including shear		5%

Alteration of skull — post-traumatic bony alteration

55 Table 38 applies if the insured sustains a permanent post-traumatic bony alteration of the skull.

Table 38

Item	Column 1 Post-traumatic bony alteration	Column 2 Percentage
1	Following a linear skull fracture of the base	2%
2	Following a linear skull fracture of the calvarium	1%
3	Following a craniotomy or a craniectomy	2%
4	Following trephination	0.5% per incision

Alteration of skull — bony deformity following depressed calvarium fracture

56 Table 39 applies if the insured sustains a permanent bony deformity of the skull following a depressed fracture of the calvarium.

Table 39

Item	Column 1 Bony deformity impairment following a depressed calvarium fracture		Column 2 Percentage
1	Without dural laceration	requiring a craniectomy and cranioplasty, including elevation	4%
		requiring elevation	2%
		not requiring elevation	1%

Alteration of cerebrovascular supply

57 Table 40 applies if the insured sustains a permanent alteration of cerebrovascular supply.

Table 40

Item	Column 1 Alteration of cerebrovascular supply		Column 2 Percentage
1	Hydrocephalus	requiring a cerebrospinal fluid shunt	15%
		not requiring a cerebrospinal fluid shunt	5%
2	Internal carotid artery occlusion		10%
3	Internal carotid artery stenosis	more than 70%	8%
		50% to 70%	5%
		less than 50%	2%

Functional alteration of brain — upper limb function

58 Table 41 applies if the insured sustains a permanent functional alteration of the brain that affects upper limb function.

Table 41

Item	Column 1 Upper limb function alteration	Column 2 Percentage
1	Inability to use both upper limbs for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction	80%
2	Inability to use one upper limb for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction	60%
3	Difficulty in using both upper limbs for personal hygiene and self-care with evidence of either bilateral proximal or bilateral distal upper limb neurological dysfunction	50%
4	Difficulty in using one upper limb for personal hygiene and self-care with evidence of either proximal or distal upper limb neurological dysfunction	40%
5	Difficulty manipulating objects with impaired prehension in only one upper limb, while still allowing independence in personal hygiene and self-care	30%
6	Difficulty manipulating objects with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care	20%
7	Upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with impaired prehension in only one upper limb, while still allowing independence in personal hygiene and self-care	15%
8	Upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care	10%

Functional alteration of brain — effect on station, gait

59 Table 42 applies if the insured sustains a permanent functional alteration of the brain that affects station and gait.

Table 42

Item	Column 1 Effect on station or gait	Column 2 Percentage
1	Inability to stand or walk	50%
2	Ability to stand, but great difficulty walking or inability to walk	40%
3	Moderate difficulty walking on (a) irregular surfaces, (b) stairs, or (c) uneven terrain	15%
4	Slight difficulty walking	5%

Functional alteration of brain — effect on bladder function

60 Table 43 applies if the insured sustains a permanent functional alteration of the brain that affects bladder function.

Table 43

Item	Column 1 Effect on bladder function		Column 2 Percentage
1	Incontinence or urinary retention	with complete loss of sphincter control	20%
		with partial loss of sphincter control	10%
		with dysfunction in the form of frequency or hesitancy	3%
2	Bladder alteration with enterocystoplasty		10%

3	Bladder alteration without enterocystoplasty	3%

Functional alteration of brain — effect on anorectal function

61 Table 44 applies if the insured sustains a permanent functional alteration of the brain that affects anorectal function.

Table 44

Item	Column 1 Effect on anorectal function	Column 2 Percentage
1	Complete loss of control	10%
2	Limited control	5%

Functional alteration of brain — sexual dysfunction

62 Table 45 applies if the insured sustains a permanent functional alteration of the brain that results in sexual dysfunction.

Table 45

Item	Column 1 Sexual dysfunction	Column 2 Percentage
1	Class 3, including (a) infertility, (b) total absence of sexual functioning, or (c) both infertility and total absence of sexual functioning	15%
2	Class 2, reflex sexual functioning is possible but there is no awareness	10%
3	Class 1, sexual functioning is possible with lack of awareness, excitement or lubrication or difficulty with erection or ejaculation	5%

Functional alteration of brain — communication disorder

63 Table 46 applies if the insured sustains a permanent functional alteration of the brain that results in a communication disorder.

Table 46

Item	Column 1 Communication disorder	Column 2 Percentage
1	Communication disorder that results in the insured's complete inability to understand and use language	95%
2	Communication disorder that does not affect the insured's ability to understand linguistic symbols, but severely impairs the insured's ability to use sufficient or appropriate language	70%
3	Communication disorder that does not affect the insured's ability to understand linguistic symbols, but moderately impairs the insured's ability to use sufficient or appropriate language	40%
4	Communication disorder that results in minor communication difficulties	10%

Functional alteration of brain — alteration of consciousness

64(1) In this section, "alteration of consciousness" includes adverse effects from medication.

(2) Table 47 applies if the insured sustains a permanent functional alteration of the brain that relates to an alteration of consciousness.

Table 47

Item	Column 1 Alteration of consciousness	Column 2 Percentage
1	Alteration of consciousness, including stupor, coma or another disorder or disturbance that prevents the insured from performing the activities of daily living to the extent that the insured requires continuous supervision in an institutional or controlled setting	100%
2	Alteration of consciousness that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time	70%
3	Alteration of consciousness that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting but for less than 50% of the time	40%
4	Alteration of consciousness that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires supervision but not in an institutional or controlled setting	15%
5	Alteration of consciousness that impairs the insured's ability to perform the activities of daily living but not to the extent that the insured requires supervision	10%

Functional alteration of brain — alteration of higher cognitive, integrative mental functions

65(1) In this section, "higher cognitive or integrative mental functions" includes organic cerebral syndrome, dementia, neurologic deficiencies and adverse effects of medication.

(2) Table 48 applies if the insured sustains a permanent functional alteration of the brain that results in an alteration of higher cognitive or integrative mental functions.

Table 48

Item	Column 1 Higher cognitive or integrative mental function alteration	Column 2 Percentage
1	Alteration of the higher cognitive or integrative mental functions that prevents the insured from performing the activities of daily living to the extent that the insured requires continuous supervision in an institutional or controlled setting	100%
2	Alteration of the higher cognitive or integrative mental functions that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time	80%
3	Alteration of the higher cognitive or integrative mental functions that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires periodic supervision in an institutional or controlled setting for less than 50% of the time	45%
4	Alteration of the higher cognitive or integrative mental functions that impairs the insured's ability to perform the activities of daily living to the extent that the insured requires supervision but not in an institutional or controlled setting	15%
5	Alteration of the higher cognitive or integrative mental functions that impairs the insured's ability to perform the activities of daily living but not to the extent that the insured requires supervision	5%

Division 2
Spinal Cord

Quadriplegia, paraplegia — ASIA Grades A and B

66(1) Column 2 of Table 49 applies if the insured sustains quadriplegia or paraplegia that meets the criteria for classification as Grade A on the ASIA impairment scale.

(2) Column 3 of Table 49 applies if the insured sustains quadriplegia or paraplegia that meets the criteria for classification as Grade B on the ASIA impairment scale.

Table 49

Item	Column 1 Quadriplegia or paraplegia		Column 2 Percentage ASIA impairment scale Grade A	Column 3 Percentage ASIA impairment scale Grade B
1	Quadriplegia, including (a) all anatomical and physiological deficits inherent in quadriplegia, and (b) any vertebrospinal impairments and grafting, if applicable	C5 level or higher	100%	95%
		C6 level	95%	90%
		C7 level	90%	85%
		C8 or T1 level	85%	80%
2	Paraplegia, including (a) all anatomical and physiological deficits inherent in paraplegia, and (b) any vertebrospinal impairments and grafting, if applicable	T2 to T7 level	80%	75%
		below T7	75%	70%
		conus and cauda equina lesions	70%	65%

Quadriplegia, paraplegia — ASIA Grades C and D — upper limb function

67 Table 50 applies if the insured sustains quadriplegia or paraplegia that

(a) relates to upper limb function, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 50

Item	Column 1 Upper limb function, ASIA impairment scale Grade C or D	Column 2 Percentage
1	Inability to use both upper limbs for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction	80%
2	Inability to use one upper limb for personal hygiene and self-care with evidence of both proximal and distal upper limb neurological dysfunction	60%

3	Difficulty in using both upper limbs for personal hygiene and self-care with evidence of either bilateral proximal or bilateral distal upper limb neurological dysfunction	50%
4	Difficulty in using one upper limb for personal hygiene and self-care with evidence of either proximal or distal upper limb neurological dysfunction	40%
5	Difficulty manipulating objects with impaired prehension in only one of the upper limbs, while still allowing independence in personal hygiene and self-care	30%
6	Difficulty manipulating objects with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care	20%
7	Upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with impaired prehension in only one of the upper limbs, while still allowing independence in personal hygiene and self-care	15%
8	Upper limb clumsiness, including tremor, dysmetria or dysdiadochokinesis, with no impairment in prehension in either upper limb, while still allowing independence in personal hygiene and self-care	10%

Quadriplegia, paraplegia — ASIA Grades C and D — effect on station, gait

68 Table 51 applies if the insured sustains quadriplegia or paraplegia that

(a) affects the insured's station or gait, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 51

Item	Column 1 Effect on station or gait, ASIA impairment scale Grade C or D	Column 2 Percentage
1	Inability to stand or walk	50%
2	Ability to stand, but great difficulty walking or inability to walk	40%
3	Moderate difficulty walking on (a) irregular surfaces, (b) stairs, or (c) uneven terrain	15%
4	Slight difficulty walking	5%

Quadriplegia, paraplegia — ASIA Grades C and D — effect on bladder function

69 Table 52 applies if the insured sustains quadriplegia or paraplegia that

(a) affects the insured's bladder function, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 52

Item	Column 1 Effect on bladder function, ASIA impairment scale Grade C or D		Column 2 Percentage
1	Incontinence or urinary retention	complete loss of sphincter control	20%
		partial loss of sphincter control	10%
		dysfunction in the form of frequency or hesitancy	3%
2	Bladder alteration with enterocystoplasty		10%
3	Bladder alteration without enterocystoplasty		3%

Quadriplegia, paraplegia — ASIA Grades C and D — effect on anorectal function

70 Table 53 applies if the insured sustains quadriplegia or paraplegia that

(a) affects the insured's anorectal function, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 53

Item	Column 1 Effect on anorectal function, ASIA impairment scale Grade C or D	Column 2 Percentage
1	Complete loss of control	10%
2	Limited control	5%

Quadriplegia, paraplegia — ASIA Grades C and D — sexual dysfunction

71 Table 54 applies if the insured sustains quadriplegia or paraplegia that

(a) results in sexual dysfunction, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 54

Item	Column 1 Sexual dysfunction, ASIA impairment scale Grade C or D	Column 2 Percentage
1	Class 3, including (a) infertility, (b) total absence of sexual functioning, or (c) both infertility and a total absence of sexual functioning	15%
2	Class 2 — reflex sexual functioning is possible but there is no awareness	10%
3	Class 1 — sexual functioning is possible with lack of awareness, excitement or lubrication or difficulty of erection or ejaculation	5%

Quadriplegia, paraplegia — ASIA Grades C and D — autonomic dysreflexia

72(1) In this section, "autonomic dysreflexia" means an alteration of autonomic reflexes associated with quadriplegia or paraplegia above the T6 level that can result in sudden and sustained elevation of blood pressure.

(2) Table 55 applies if the insured sustains quadriplegia or paraplegia that

(a) results in autonomic dysreflexia, and

(b) meets the criteria for classification as Grade C or D on the ASIA impairment scale.

Table 55

Item	Column 1 Autonomic dysreflexia	Column 2 Percentage
1	Frequent occurrences uncontrolled by medication	15%
2	Controlled by medication	5%

Division 3
Cranial Nerves

Olfactory nerves — loss and distortion of smell

73 Table 56 applies if the insured sustains a permanent loss or distortion of smell.

Table 56

Item	Column 1 Loss or distortion of smell		Column 2 Percentage
1	Total loss of smell		4%
2	Distortion of smell	unpleasant smell, consistent interference with the activities of daily living	4%
		unpleasant smell, occasional interference with the activities of daily living	2%
		unpleasant smell, no interference with the activities of daily living	0%
3	Reduced smell or partial loss of smell		0%

Oculomotor nerve and eye parasympathetic input

74 Table 57 applies if the insured sustains permanent impairment in relation to the oculomotor nerve or the eye parasympathetic input.

Table 57

Item	Column 1 Oculomotor nerves or eye parasympathetic input impairment		Column 2 Percentage
1	Ptosis	complete and bilateral	25%

		complete ptosis	4% per eye
		lid partially covers pupil, interfering with vision	2% per eye
		droop but pupil not covered	0.5% per eye
2	Diplopia	in primary gaze that is not correctable with prisms	8%
		in primary gaze that is correctable with prisms	4%
		in gaze off midline that is not correctable with prisms	6%
		in gaze off midline that is correctable with prisms	2%
3	Pupil dilation, if symptomatic		1% per eye

Trigeminal nerves

75 Table 58 applies if the insured sustains a permanent trigeminal nerve impairment.

Table 58

Item	Column 1 Trigeminal nerve impairment		Column 2 Percentage
1	Motor impairment	dystonic or other involuntary movement of jaw that is severe and uncontrollable and includes pain	10% per side
		dystonic or other involuntary movement of jaw that is moderate but controllable with treatment	5% per side
		weakness with difficulty swallowing	5% per side
		weakness with difficulty speaking	5% per side
		weakness with malalignment resulting in pain	5% per side
		dystonic or other involuntary movement of jaw that is mild or does not need treatment	2% per side
		weakness with difficulty chewing	2% per side
		detectable weakness but no functional impairment	1% per side
2	Ophthalmic nerve sensory impairment	class 3, as evidenced by complete loss	5% per side
		class 2, as evidenced by hypoesthesia	2% per side
		class 1, as evidenced by no impairment	0% per side
3	Maxillary nerve sensory impairment	class 3, as evidenced by complete loss	3% per side
		class 2, as evidenced by hypoesthesia	1% per side
		class 1, as evidenced by no impairment	0% per side
4	Mandibular nerve sensory impairment	class 3, as evidenced by complete loss	3% per side
		class 2, as evidenced by hypoesthesia	1% per side
		class 1, as evidenced by no impairment	0% per side
5	Nerve impairment with associated pain	uncontrolled by medication and functionally limiting	10% per side
		partially controlled by medication, or not functionally limiting	3% per side
		controlled by medication	2% per side

Facial nerve

76(1) Table 59 applies if the insured sustains a permanent facial nerve impairment.

(2) In the case of facial weakness under item 1 of Table 59,

(a) if the facial weakness results in difficulty eating, 2% is added to the percentage in column 2, and

(b) if the facial weakness results in difficulty speaking, 2% is added to the percentage in column 2.

(3) In the case of loss of taste under item 6 of Table 59,

(a) if the loss of taste includes a distortion of taste that is unpleasant but does not interfere with the activities of daily living, 1% is added to the percentage in the corresponding column 2,

(b) if the loss of taste includes a distortion of taste that is unpleasant and occasionally interferes with the activities of daily living, 2% is added to the percentage in the corresponding column 2, and

(c) if the loss of taste includes a distortion of taste that is unpleasant and constantly interferes with the activities of daily living, 4% is added to the percentage in the corresponding column 2.

Table 59

Item	Column 1 Facial nerve impairment		Column 2 Percentage
1	Facial weakness	Class 5, as evidenced by complete paralysis	subject to subsection (2), 8%
		Class 4, as evidenced by near complete paralysis	subject to subsection (2), 6%
		Class 3, as evidenced by weakness with incomplete eye closure	subject to subsection (2), 4%
		Class 2, as evidenced by weakness but full eye closure	subject to subsection (2), 2%
		Class 1, as evidenced by no weakness	0%
2	Hemifacial spasms		3%
3	Stapedius weakness	stapedius reflex lost with sonophobia or hyperacusis	2%
4	Salivation dysfunction leading to dry mouth		2%
5	Lacrimation	dry eyes, needing drops for one or both eyes	2%
		excessive tearing in one or both eyes	1%

		dry eyes, no drops needed for one or both eyes	0.5%
6	Taste	total loss, bilateral lesion	subject to subsection (3), 2%
		incomplete loss	subject to subsection (3), 0.5%
7	Loss of sensation in ear canal		0%

Auditory nerve tinnitus

77(1) Table 60 applies if the insured sustains a permanent auditory nerve impairment resulting in tinnitus.

(2) For greater certainty, the percentage in column 2 of Table 60 applies for either unilateral or bilateral tinnitus.

Table 60

Item	Column 1 Tinnitus	Column 2 Percentage
1	Class 3, including tinnitus that (a) is constantly present and bothersome in most environments, (b) disturbs concentration, (c) disturbs sleep, and (d) disturbs one or more of the other activities of daily living	5%
2	Class 2, including tinnitus that (a) is constantly present and bothersome in a quiet environment, (b) disturbs concentration, and (c) disturbs sleep	2%
3	Class 1, including tinnitus that (a) is intermittent and noticeable only in a quiet environment, and (b) does not disturb sleep	0.5%

Glossopharyngeal, vagal, hypoglossal impairment

78 Table 61 applies if the insured sustains a permanent glossopharyngeal, vagal or hypoglossal impairment.

Table 61

Item	Column 1 Glossopharyngeal, vagal or hypoglossal impairment		Column 2 Percentage
1	Neuralgia	uncontrolled by medication and functionally limiting	10%
		partially controlled by medication or not functionally limiting	3%
		controlled by medication	2%
2	Spasmodic dysphonia	uncontrolled by medication and functionally limiting	10%
		partially controlled by medication or not functionally limiting	3%
		controlled by medication	2%

Spinal accessory impairment

79 Table 62 applies if the insured sustains a permanent spinal accessory impairment.

Table 62

Item	Column 1 Spinal accessory impairment		Column 2 Percentage
1	Cervical dystonia, with neck and head deviation	severe, such that it interferes with the activities of daily living	15%
		moderate, such that the insured is unable to perform certain tasks	10%
		minimal, not functionally limiting, but socially embarrassing	5%
2	Complete weakness		4%
3	Partial wasted muscles with weakness		2%

Division 4
Peripheral Nervous System

Motor impairment classification

80 A motor impairment classification in sections 81, 82, 83 and 84 must be assigned one of the following grades:

(a) Grade 0 as evidenced by complete paralysis, including muscular atrophy;

(b) Grade 1 impairment as evidenced by weakness with less than full range of motion, even with gravity eliminated, including muscular atrophy;

(c) Grade 2 impairment as evidenced by weakness with full range of motion with gravity eliminated, including any muscular atrophy;

(d) Grade 3 impairment as evidenced by weakness against minor resistance, with full range of motion against gravity, including any muscular atrophy;

(e) Grade 4 impairment as evidenced by weakness against strong resistance, including any muscle atrophy;

(f) Grade 5 impairment as evidenced by no loss of motor function and the absence of weakness.

Motor impairment — nerve roots

81 Table 63 applies if the insured sustains a permanent nerve root impairment.

Table 63

Item	Column 1 Impaired structure	Column 2 Grade 0 — percentage	Column 3 Grade 1 — percentage	Column 4 Grade 2 — percentage	Column 5 Grade 3 — percentage	Column 6 Grade 4 — percentage	Column 7 Grade 5 — percentage
1	Upper limb, C8	29%	29%	22%	14.5%	7%	0%
2	Upper limb, C7	23%	23%	17%	11.5%	6%	0%
3	Upper limb, C6	21%	21%	16%	10.5%	5%	0%
4	Upper limb, C5	18%	18%	13.5%	9%	4.5%	0%
5	Upper limb, T1	14%	14%	10.5%	7%	3.5%	0%
6	Lower limb, L5	15%	15%	11%	7.5%	4%	0%
7	Lower limb, L4	14%	14%	10.5%	7%	3.5%	0%
8	Lower limb, L3	8%	8%	6%	4%	2%	0%
9	Lower limb, L2	8%	8%	6%	4%	2%	0%
10	Lower limb, S1	8%	8%	6%	4%	2%	0%

Motor impairment — peripheral roots — head, neck

82 If the insured sustains a permanent peripheral root motor impairment in relation to the head or neck in the greater occipital, lesser occipital or auricular branch of C2 or C3, the percentage is 0% regardless of the Grade under section 80.

Motor impairment — peripheral roots — upper limb

83 Table 64 applies if the insured sustains a permanent peripheral root motor impairment in relation to an upper limb.

Table 64

Item	Column 1 Impaired structure	Column 2 Grade 0 — percentage	Column 3 Grade 1 — percentage	Column 4 Grade 2 — percentage	Column 5 Grade 3 — percentage	Column 6 Grade 4 — percentage	Column 7 Grade 5 — percentage
1	Ulnar above mid-forearm	28%	28%	21%	14%	7%	0%
2	Median nerve, above mid-forearm	26%	26%	19.5%	13%	6.5%	0%
3	Radial with triceps lost	25%	25%	19%	12.5%	6%	0%
4	Axillary	21%	21%	16%	10.5%	5%	0%
5	Ulnar below mid-forearm	21%	21%	16%	10.5%	5%	0%
6	Radial with triceps spared	21%	21%	15%	10.5%	5%	0%
7	Musculocutaneous	15%	15%	11%	7.5%	4%	0%
8	Suprascapular	10%	10%	7.5%	5%	2.5%	0%
9	Long thoracic	9%	9%	7%	4.5%	2%	0%
10	Median nerve, anterior interosseous	9%	9%	7%	4.5%	2%	0%
11	Median nerve, below mid-forearm	6%	6%	4.5%	3%	2%	0%

12	Thoracodorsal	6%	6%	4.5%	3%	1.5%	0%
13	Lateral pectoral	4%	4%	3%	2%	1%	0%
14	Medial pectoral	4%	4%	3%	2%	1%	0%
15	Dorsal scapula	3%	3%	2%	1.5%	1%	0%
16	Lower subscapular	3%	3%	2%	1.5%	1%	0%
17	Upper subscapular	3%	3%	2%	1.5%	1%	0%
18	Medial antebrachial cutaneous	0%	0%	0%	0%	0%	0%
19	Medial brachial cutaneous	0%	0%	0%	0%	0%	0%

Motor impairment — peripheral roots — lower limb — thigh, leg, foot

84 Table 65 applies if the insured sustains a permanent peripheral root motor impairment in relation to a thigh, leg or foot.

Table 65

Item	Column 1 Impaired structure	Column 2 Grade 0 — percentage	Column 3 Grade 1 — percentage	Column 4 Grade 2 — percentage	Column 5 Grade 3 — percentage	Column 6 Grade 4 — percentage	Column 7 Grade 5 — percentage
1	Sciatic	30%	30%	22.5%	15%	7.5%	0%
2	Femoral	14%	14%	10.5%	7%	3.5%	0%
3	Peroneal, common	14%	14%	10.5%	7%	3.5%	0%
4	Tibial above-knee	14%	14%	10.5%	7%	3.5%	0%
5	Inferior gluteal	10%	10%	7.5%	5%	2.5%	0%
6	Peroneal, deep, above mid-leg	10%	10%	7.5%	5%	4%	0%
7	Tibial posterior, above mid-calf	10%	10%	7.5%	5%	2.5%	0%
8	Superior gluteal	8%	8%	6%	4%	2%	0%
9	Tibial posterior, below mid-calf	6%	6%	4.5%	3%	1.5%	0%
10	Obturator	4%	4%	3%	2%	1%	0%
11	Peroneal, superficial	4%	4%	3%	2%	1%	0%
12	Peroneal, deep, below mid-leg	2%	2%	1.5%	1%	0.5%	0%
13	Tibial medial plantar	2%	2%	1.5%	1%	0.5%	0%
14	Tibial lateral plantar	2%	2%	1.5%	1%	0.5%	0%

Sensory impairment classification

85 The classification of permanent sensory impairment in sections 86 to 90 must be determined in accordance with the following grades:

(a) Grade 1 categorized by no sensory impairment;

(b) Grade 2 categorized by hypesthesia, including dysesthesia, paresthesia and hyperesthesia;

(c) Grade 3 categorized by anesthesia, including pain.

Sensory impairment — nerve roots

86 Table 66 applies if the insured sustains a permanent sensory impairment in relation to the nerve roots.

Table 66

Item	Column 1 Impaired structure	Column 2 Grade 3 — percentage	Column 3 Grade 2 — percentage	Column 4 Grade 1 — percentage
1	Upper limb, C6	5%	3%	0%
2	Upper limb, C8	3%	2%	0%
3	Upper limb, C7	3%	2%	0%
4	Upper limb, C5	3%	2%	0%
5	Upper limb, T1	3%	2%	0%
6	Lower limb, L5	2%	1%	0%
7	Lower limb, L4	2%	1%	0%
8	Lower limb, L3	2%	1%	0%
9	Lower limb, L2	2%	1%	0%
10	Lower limb, S1	2%	1%	0%

Sensory impairment — peripheral roots — head, neck

87 Table 67 applies if the insured sustains a permanent peripheral root sensory impairment in relation to the head or neck.

Table 67

Item	Column 1 Impaired structure	Column 2 Grade 3 — percentage	Column 3 Grade 2 — percentage	Column 4 Grade 1 — percentage
1	Auricular branch of C2 and C3	2%	0.5%	0%
2	Greater occipital	1%	0.5%	0%
3	Lesser occipital	1%	0.5%	0%

Sensory impairment — peripheral roots — upper limb

88 Table 68 applies if the insured sustains a permanent peripheral root sensory impairment in relation to an upper limb.

Table 68

Item	Column 1 Impaired structure	Column 2 Grade 3 — percentage	Column 3 Grade 2 — percentage	Column 4 Grade 1 — percentage
1	Median nerve, above mid-forearm	23%	11.5%	0%
2	Median nerve, below mid-forearm	23%	11.5%	0%
3	Median nerve, digital sensory branch, ulnar side of thumb	7%	3.5%	0%

4	Median nerve, digital sensory branch, radial side of thumb	4%	2%	0%
5	Ulnar above mid-forearm	4%	2%	0%
6	Ulnar below mid-forearm	4%	2%	0%
7	Axillary	3%	1.5%	0%
8	Medial antebrachial cutaneous	3%	1.5%	0%
9	Medial brachial cutaneous	3%	1.5%	0%
10	Median nerve, digital sensory branch, radial side of index finger	3%	1.5%	0%
11	Median nerve, digital sensory branch, radial side of middle finger	3%	1.5%	0%
12	Musculocutaneous	3%	1.5%	0%
13	Radial with triceps lost	3%	1.5%	0%
14	Radial with triceps spared	3%	1.5%	0%
15	Suprascapular	3%	1.5%	0%
16	Median nerve, digital sensory branch, ulnar side of index finger	2%	1%	0%
17	Median nerve, digital sensory branch, ulnar side of middle finger	2%	1%	0%
18	Median nerve, digital sensory branch, radial side of ring finger	1%	0.5%	0%
19	Ulnar digital branch, ulnar side of ring finger	1%	0.5%	0%
20	Ulnar digital branch, radial side of small finger	1%	0.5%	0%
21	Ulnar digital branch, ulnar side of small finger	1%	0.5%	0%
22	Dorsal scapular	0%	0%	0%
23	Long thoracic	0%	0%	0%
24	Median nerve, anterior interosseous	0%	0%	0%
25	Lateral pectoral	0%	0%	0%
26	Medial pectoral	0%	0%	0%
27	Lower subscapular	0%	0%	0%
28	Upper subscapular	0%	0%	0%
29	Thoracodorsal	0%	0%	0%

Sensory impairment — peripheral roots — lower limb — inguinal region

89 Table 69 applies if the insured sustains a permanent peripheral root sensory impairment in relation to the lower limb inguinal region.

Table 69

Item	Column 1 Impaired structure	Column 2 Grade 3 — percentage	Column 3 Grade 2 — percentage	Column 4 Grade 1 — percentage
1	Iliohypogastric nerve	4%	2%	0%
2	Ilioinguinal nerve	4%	2%	0%

Sensory impairment — peripheral roots — lower limb — thigh, leg, foot

90 Table 70 applies if the insured sustains a permanent peripheral root sensory impairment in relation to a thigh, leg or foot.

Table 70

Item	Column 1 Impaired structure	Column 2 Grade 1 — percentage	Column 3 Grade 2 — percentage	Column 4 Grade 3 — percentage
1	Sciatic	10%	5%	0%
2	Tibial above knee	6%	2%	0%
3	Tibial posterior, above mid-calf	6%	2%	0%
4	Tibial posterior, below mid-calf	6%	1%	0%
5	Lateral femoral cutaneous	4%	2%	0%
6	Femoral	2%	1%	0%
7	Genitofemoral nerve	2%	1%	0%
8	Posterior thigh cutaneous	2%	1%	0%
9	Peroneal, common	2%	1%	0%
10	Peroneal, deep, above mid-leg	2%	1%	0%
11	Peroneal, superficial	2%	1%	0%
12	Tibial medial plantar	2%	1%	0%
13	Tibial lateral plantar	2%	1%	0%
14	Tibial sural	2%	1%	0%
15	Peroneal, deep, below mid-leg	1%	0.5%	0%
16	Inferior gluteal	0%	0%	0%
17	Superior gluteal	0%	0%	0%
18	Obturator	0%	0%	0%

Sensory loss

91 Table 71 applies if the insured sustains permanent sensory loss in relation to a sensory impairment described in sections 86 to 90.

Table 71

Item	Column 1 Class of sensory loss	Column 2 Percentage
1	Class 4 categorized by permanent, post-traumatic alteration of the skin sensation in the region of post-traumatic skin impairment, including a scar or abrasion, that is a region of skin alteration that conforms to the typical territory of an anatomically defined peripheral nerve	100% of the percentage attributed to the insured in accordance with sections 86 to 90
2	Class 3 categorized by permanent, post-traumatic alteration of the skin sensation in the region of post-traumatic skin impairment, including a scar or abrasion, that is a region of skin alteration that conforms to a portion of the territory of an anatomically defined peripheral nerve	50% of the percentage attributed to the insured in accordance with sections 86 to 90
3	Class 2 categorized by permanent, post-traumatic alteration of the skin sensation in the region of post-traumatic skin impairment, including a scar or abrasion, that is a region of skin alteration that does not conform to the territory of a peripheral nerve	0%

4	Class 1 categorized by permanent, post-traumatic alteration of the skin sensation in the region of post-traumatic skin impairment, including a scar or abrasion, that is an altered cutaneous sensation surrounding all or a portion of the residual scar	0%

Brachial plexus impairment

92 Table 72 applies if the insured sustains a permanent brachial plexus impairment.

Table 72

Item	Column 1 Brachial plexus impairment	Column 2 Percentage
1	Upper trunk, also known as Erb-Duchenne syndrome, with complete motor and sensory impairment	49%
2	Middle trunk with complete motor and sensory impairment	23%
3	Lower trunk, also known as Klumpke-Déjerine syndrome, with complete motor and sensory impairment	46%
4	Any combination of 2 trunks described in items 1 to 3, with complete motor and sensory impairment	60%
5	All 3 trunks described in items 1 to 3, with complete motor and sensory impairment	60%

Lumbosacral plexus impairment

93 If the insured sustains a permanent lumbosacral plexus impairment with complete motor and sensory impairment, the percentage is 35%.

Part 6
Maxillofacial System Percentages

Division 1
Temporomandibular Joint (TMJ), Maxilla, Mandible and Teeth

Temporomandibular joint (TMJ) — range of motion loss

94 Table 73 applies if the insured sustains a permanent loss in the range of motion of the temporomandibular joint.

Table 73

Item	Column 1 Temporomandibular joint range of motion loss		Column 2 Percentage
1	Bilateral temporomandibular joint ankylosis	prior to growth plate fusion	40%
		after growth plate fusion	30%
2	Jaw excursion	opening of less than 6 mm as measured between the free edge of the upper and lower incisors	25%
		opening of 6 mm to 10 mm as measured between the free edge of the upper and lower incisors	17%
		opening of more than 10 mm to 20 mm as measured between the free edge of the upper and lower incisors	10%

		opening of more than 20 mm to 30 mm as measured between the free edge of the upper and lower incisors	3%
		opening of more than 30 mm as measured between the free edge of the upper and lower incisors	0%
3	Reduction of laterotrusion	laterotrusion of less than 5 mm	4%
		laterotrusion of 5 mm to 8 mm	2%
		laterotrusion of more than 8 mm	0%
4	Reduction of protrusion	protrusion of less than 4 mm	3%
		protrusion of 4 mm to 7 mm	1%
		protrusion of more than 7 mm	0%

Temporomandibular joint (TMJ) — other dysfunction

95 Table 74 applies if the insured sustains a permanent other dysfunction in relation to the temporomandibular joint.

Table 74

Item	Column 1 Temporomandibular joint other dysfunction	Column 2 Percentage
1	Post-traumatic degenerative change	2%
2	Disc displacement without reduction	2%
3	Disc displacement with reduction	1%
4	Deviation in form	1%
5	Craniofacial muscle disorder characterized by chronic protective muscle guarding	1%

Maxilla

96 Table 75 applies if the insured sustains a permanent maxilla impairment.

Table 75

Item	Column 1 Maxilla impairment		Column 2 Percentage
1	Hard palate and dental arch loss		20%
2	Hard palate loss		10%
3	Soft palate loss	with severe rhinolalia	10%
		with minor rhinolalia	3%
		with tubal dysfunction	3%
		without rhinolalia dysfunction or tubal dysfunction	1%
4	Dental arch loss	with loss of edentulous supporting tissue, precluding successful use of a removable prosthesis	10%
		allowing a complex prosthesis to be worn	4%
		allowing a simple prosthesis to be worn	3%
5	Palate and dental arch malalignment	with serious malocclusion and temporomandibular joint dysfunction	5%
		with obstruction to the nasopharynx and tubal dysfunction	3%
		with minor malocclusion	2%
6	Periodontal problems despite adequate palate and dental arch consolidation		5%
7	Palate and dental arch nonunion or malunion		4%

Mandible

97 Table 76 applies if the insured sustains a permanent mandible impairment.

Table 76

Item	Column 1 Mandible impairment		Column 2 Percentage
1	Body or ramus	loss of tissue with nonunion	10%
		malunion with malocclusion and temporomandibular joint dysfunction	6.5%
		malunion with malocclusion, but without temporomandibular joint dysfunction	2%
2	Dental arch and edentulous supporting tissue loss	precluding successful use of a removable prosthesis	10%
		allowing a complex prosthesis to be worn	5%
		allowing a simple prosthesis to be worn	4%

Teeth — alteration and loss

98(1) In this section, "damage" means alteration or loss of a tooth.

(2) If the insured sustains tooth damage and

(a) the damaged tooth was healthy before the accident, column 2 of Table 77 applies, or

(b) the damaged tooth was unhealthy before the accident, column 3 of Table 77 applies.

Table 77

Item	Column 1 Damaged tooth	Column 2 Percentage if previously healthy	Column 3 Percentage if previously unhealthy
1	Central incisor	1%	0.5%
2	Lateral incisor	1%	0.5%
3	Canine	2%	0.5%
4	First premolar	1%	0.5%
5	Second premolar	1%	0.5%
6	First molar	2%	0.5%
7	Second molar	2%	0.5%
8	Third molar	1%	0.5%

Division 2
Fronto-orbito-nasal Area

Orbit — impairment of orbital wall causing displacement of eye

99 Table 78 applies if the insured sustains a permanent impairment of the orbital wall causing eye displacement.

Table 78

Item	Column 1 Impairment of orbital wall causing displacement of the eye		Column 2 Percentage
1	Unilateral	severe	3%
		moderate	2%
		mild	1%
2	Bilateral	severe	6%
		moderate	4%
		mild	2%

Orbit — disruption of medial, lateral canthus

100 Table 79 applies if the insured sustains a permanent disruption of the medial or lateral canthus.

Table 79

Item	Column 1 Disruption of medial or lateral canthus		Column 2 Percentage
1	Unilateral	major	2%
		minor	1%
2	Bilateral	major	3%
		minor	1.5%

Orbit — disruption of lacrimal apparatus

101 Table 80 applies if the insured sustains a permanent disruption of the lacrimal apparatus.

Table 80

Item	Column 1 Disruption of lacrimal apparatus	Column 2 Percentage
1	Bilateral	2%
2	Unilateral	1%

Orbit — malar bone and zygoma

102 If the insured sustains a permanent malar bone or zygoma impairment with non-specified abnormal healing, the percentage is 1% per side.

Nasal — airflow obstruction

103 Table 81 applies if the insured sustains permanent airflow obstruction.

Table 81

Item	Column 1 Airflow obstruction	Column 2 Percentage
1	Bilateral	2%
2	Unilateral	1%

Nasal — mucosal dysfunction

104 Table 82 applies if the insured sustains permanent mucosal dysfunction.

Table 82

Item	Column 1 Mucosal dysfunction	Column 2 Percentage
1	Bilateral mucosal dysfunction causing bleeding, crusting and discomfort	2%
2	Unilateral mucosal dysfunction causing bleeding, crusting and discomfort	1%

Nasal — septal perforation

105 Table 83 applies if the insured sustains permanent septal perforation.

Table 83

Item	Column 1 Septal perforation	Column 2 Percentage
1	Equal to or greater than 2 cm	1%
2	Less than 2 cm	0.5%

Nasal — paranasal sinus

106 Table 84 applies if the insured sustains a permanent paranasal sinus impairment.

Table 84

Item	Column 1 Paranasal sinus impairment	Column 2 Percentage
1	Alteration of the walls and mucosa of an ethmoid or sphenoid sinus	1.5%
2	Alteration of the walls and mucosa of a frontal or maxillary sinus	1%
3	Alteration of a craniofacial bony structure not referred to in item 1 or 2 of this Table	1%

Salivary gland

107 Table 85 applies if the insured sustains a permanent salivary gland impairment.

Table 85

Item	Column 1 Salivary gland impairment	Column 2 Percentage of maximum
1	Hyposalivation, as evidenced by disruption of salivation significant enough to cause (a) discomfort, (b) problems with deglutition, and (c) problems with articulation	1%

Tongue — anatomic loss and alteration

108 Table 86 applies if the insured sustains an anatomical loss or alteration of the tongue.

Table 86

Item	Column 1 Tongue loss or alteration	Column 2 Percentage
1	Loss of tongue	10%
2	Alteration of the tongue due to loss of the lateral edge and tip	3%

Division 3
Throat and
Related Structures

Determination of multiple impairments in Division

109 If the insured sustains multiple permanent impairments in this Division, the following steps apply in order to determine the applicable percentage for the Division:

(a) add the percentages that correspond to the insured's impairments, as set out in the Tables in this Division;

(b) multiply the total determined under clause (a) by 0.7.

Air passage deficits — upper airway

110(1) Table 87 applies if the insured sustains a permanent air passage deficit in relation to the upper airway.

(2) In respect of item 6 of Table 87, the insured is not excluded from Class 1 if the insured preventatively avoids strenuous competitive sport.

Table 87

Item	Column 1 Upper airway deficit	Column 2 Percentage
1	Permanent tracheostomy or stoma	25%
2	Class 5 as evidenced by the following: (a) a recognized air passage defect exists; (b) severe dyspnea occurs at rest, spontaneous respiration is inadequate, respiratory ventilation is required; (c) dyspnea is aggravated by performing any of the activities of daily living other than personal hygiene and self-care; (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the 4th ring, lower trachea or bronchi	25%

3	Class 4 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea occurs at rest and the insured may be bedridden; (c) dyspnea occurs in one or more of the following circumstances: (i) walking more than one or two blocks on a level surface; (ii) climbing one ordinary flight of stairs even with periods of rest; (iii) performing one or more of the other activities of daily living; (iv) stress; (v) hurrying; (vi) hill climbing; (vii) recreation; (viii) activity similar to subclauses (i) to (vii); (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the 4th ring, lower trachea or bronchi	20%
4	Class 3 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea occurs in one or more of the following circumstances: (i) stress; (ii) prolonged exertion; (iii) hurrying; (iv) hill climbing; (v) recreation except sedentary forms; (vi) activity similar to subclauses (i) to (v); (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the 4th ring, lower trachea or bronchi	15%
5	Class 2 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea does not occur in any of the following circumstances: (i) walking freely on a level surface; (ii) climbing at least one flight of ordinary stairs; (iii) performing one or more of the other activities of daily living; (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the 4th ring, lower trachea to the 4th ring, bronchi or complete bilateral obstruction of the nose or nasopharynx	10%

6	Subject to subsection (2), Class 1 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea does not occur in any of the following circumstances: (i) walking or climbing stairs freely; (ii) performing one or more of the other activities of daily living; (iii) during stress; (iv) prolonged exertion; (v) hurrying; (vi) hill climbing; (vii) recreation requiring intensive effort; (viii) activity similar to subclauses (i) to (vii); (d) partial obstruction of the oropharynx, upper trachea to the 4th ring, lower trachea or bronchi, or complete bilateral obstruction of the nose or nasopharynx	5%

Mastication and deglutition

111 Table 88 applies if the insured sustains a permanent impairment related to mastication or deglutition.

Table 88

Item	Column 1 Dietary restriction	Column 2 Percentage
1	Ingestion of food requires tube feeding or gastrostomy	25%
2	Diet is limited to liquid foods	10%
3	Diet is limited to semi-solid or soft foods	5%

Loss of taste

112 Table 89 applies if the insured sustains a permanent loss of taste.

Table 89

Item	Column 1 Loss of taste	Column 2 Percentage
1	Major loss of taste	1%
2	Minor loss of taste	0.5%

Speech impairment

113(1) If an insured sustains a permanent speech impairment, subsection (2) and Table 90 apply.

(2) If an insured sustains an impairment described by more than one criterion in column 2, 3 or 4 of Table 90, the class in column 1 of Table 90 with the most severe criteria applies.

Table 90

Item	Column 1 Class of impairment	Column 2 Audibility	Column 3 Intelligibility	Column 4 Functional efficiency	Column 5 Percentage
1	Class 5	Speech intensity insufficient for everyday speech communication	Articulatory acts insufficient for everyday speech communication	Articulation and phonation insufficient for everyday speech communication with adequate speed and ease	25%
2	Class 4	(a) Can produce speech of intensity sufficient for a few of the needs of everyday speech communication, (b) can barely be heard by a close listener or over the telephone, or (c) may be able to whisper audibly but does not have a louder voice	(a) Can perform a few of the necessary articulatory acts for everyday speech communication, (b) can produce some phonetic units, or (c) may have approximations for a few words such as names of own family members; however, unintelligible out of context	(a) Can meet a few of the demands of articulation and phonation for everyday speech communication with adequate speed and ease, such as single words or short phrases but cannot maintain uninterrupted speech flow, or (b) speech is laboured, and rate of speech is impractically slow	20%
3	Class 3	(a) Can produce speech of intensity sufficient for some of the needs of everyday speech communication such as close conversation; however, considerable difficulty in places described in column 2 of item 2, or (b) the voice tires rapidly and tends to become inaudible after a few seconds	Can perform some of the necessary articulatory acts for everyday speech communication and can usually converse with family and friends, but strangers may find it difficult to understand the insured, who often may be asked to repeat	(a) Can meet some of the demands of articulation and phonation for everyday speech communication with adequate speed and ease, but often can sustain consecutive speech only for brief periods, or (b) may give the impression of being rapidly fatigued	15%
4	Class 2	Can produce speech of intensity sufficient for most of the needs of everyday speech communication, and is usually heard under average conditions; however, may have difficulty in vehicles, trains, buses, train stations or ferry terminals, restaurants or similar places	Can perform many of the necessary articulatory acts necessary for everyday speech communication; can speak name, address and similar information and be understood by strangers but may have numerous inaccuracies and occasional difficulty articulating	(a) Can meet many of the demands of articulation and phonation for everyday communication with adequate speed and ease, but sometimes gives impression of difficulty, or (b) speech may sometimes be discontinuous, interrupted hesitant or slow	10%

5	Class 1	Can produce speech of intensity sufficient for most of the needs of everyday speech communication although this sometimes may require effort and may be beyond the insured's capacity	Can perform most of the articulatory acts necessary for everyday speech communication although listeners occasionally ask the insured to repeat and the insured may find it difficult or impossible to produce a few phonetic units	Can meet most demands of articulation and phonation for everyday speech communication with adequate speed and ease although may hesitate or speak slowly occasionally	5%

Part 7
Vision Percentages

Definitions

114 In this Part,

(a) "aphakia" means the absence of the lens of an eye, occurring congenitally or as a result of trauma or surgery;

(b) "pseudophakia" means the replacement of a naturally occurring lens of an eye with an artificial lens.

Vision loss

115(1) Table 91 applies if the insured sustains permanent vision loss.

(2) The percentage calculated in this section in relation to a single eye must not exceed 30%.

(3) Impairments to vision not listed in Table 91 are calculated in accordance with section 116.

Table 91

Item	Column 1 Vision loss		Column 2 Percentage
1	Bilateral loss of vision		80%
2	Alteration of vision	(a) homonymous, (b) bitemporal quadrantanopsia, or (c) hemianopsia	35%
		aphakia	12%
		pseudophakia	6%
3	Unilateral loss of vision	with enucleation	30%
		without enucleation	25%
4	Paralysis of accommodation or loss of near vision		3%
5	Iridoplegia or fixed mydriasis causing (a) photophobia, (b) disturbance of close-up vision, or (c) dizziness		1.5%
6	Impairment of colour vision		0.5%

Other impairments to vision

116(1) The percentage that corresponds to a deficit for the entire visual system is the difference between the percentage of visual efficiency of binocular vision represented in variable J in subsection (2) and 100%.

(2) If the insured sustains a permanent loss of visual efficiency, the percentage of efficiency of binocular vision is determined by the following formula:

$$\frac{3H}{4} + \frac{I}{4} = J$$

where

H is the percentage of visual efficiency calculated as variable N in the formula in subsection (3) in respect of the better eye;

I is the percentage of visual efficiency calculated as variable N in the formula in subsection (3) of the other eye;

J is the percentage of visual efficiency of binocular vision.

(3) For the purposes of variables H and I in the formula set out in subsection (2), the visual efficiency of each eye is determined in accordance with the following formula:

$$K \times L \times M = N$$

where

K is the percentage of visual acuity retained, calculated and determined in accordance with section 118;

L is the percentage of visual field retained, calculated and determined in accordance with section 121;

M is the percentage of ocular motility retained, calculated and determined in accordance with section 123;

N is the percentage of visual efficiency of the eye in the formula in subsection (1).

Central visual acuity — testing methods

117(1) Central visual acuity must be measured in accordance with the following specifications:

(a) a measurement must be taken for near vision

(i) without correction, and

(ii) with the best spectacle correction or with the best contact lens correction, if contact lenses are usually worn;

(b) a measurement must be taken for distance vision

(i) without correction, and

(ii) with the best spectacle correction or with the best contact lens correction, if contact lenses are usually worn.

(2) For the purposes of near vision testing,

(a) near vision must be tested at 40 cm,

(b) illumination must be diffused onto the test card at a minimum illumination level of 500 lux and no more than 600 lux, and

(c) one of the following charts must be used:

(i) Snellen test chart with non-serif block letters or numbers;

(ii) Sloan reading cards;

(iii) Bailey-Lovie word reading charts;

(iv) MNREAD charts.

(3) For the purposes of distance vision testing,

(a) distance vision must be tested to simulate infinity at 6 m or no less than 4 m, and

(b) one of the following charts must be used:

(i) Snellen test chart with non-serif block letters or numbers;

(ii) E chart;

(iii) Landolt's broken-ring chart.

Central visual acuity — percentage for variable K

118(1) For the purpose of variable K in section 116, the insured's percentage of central visual acuity, without allowance for monocular pseudophakia and tested in accordance with section 117, is the percentage at the intersection of

(a) the Snellen rating for near vision on the horizontal axis of Table 92, and

(b) the Snellen rating for distance vision on the vertical axis of Table 92.

Table 92

Approximate Snellen rating for near vision in inches														
Snellen rating for distance vision in feet	$\frac{16}{16}$	$\frac{16}{20}$	$\frac{16}{24}$	$\frac{16}{28}$	$\frac{16}{32}$	$\frac{16}{40}$	$\frac{16}{46}$	$\frac{16}{50}$	$\frac{16}{68}$	$\frac{16}{80}$	$\frac{16}{90}$	$\frac{16}{100}$	$\frac{16}{128}$	$\frac{16}{160}$
$\frac{20}{15}$	0%	0%	3%	4%	5%	25%	27%	30%	40%	43%	44%	46%	48%	49%
$\frac{20}{20}$	0%	0%	3%	4%	5%	25%	27%	30%	40%	43%	44%	46%	48%	49%
$\frac{20}{25}$	3%	3%	5%	6%	8%	28%	30%	32%	33%	43%	45%	48%	50%	52%
$\frac{20}{30}$	5%	5%	8%	9%	10%	30%	32%	35%	45%	48%	49%	50%	53%	54%
$\frac{20}{40}$	8%	8%	10%	11%	13%	33%	35%	38%	48%	50%	51%	53%	55%	57%
$\frac{20}{50}$	13%	13%	15%	16%	18%	38%	40%	43%	53%	55%	56%	58%	60%	62%
$\frac{20}{60}$	16%	16%	18%	20%	22%	41%	44%	46%	56%	59%	60%	61%	64%	65%
$\frac{20}{70}$	18%	18%	21%	22%	23%	43%	46%	48%	56%	59%	60%	61%	64%	65%
$\frac{20}{80}$	20%	20%	23%	24%	25%	45%	47%	50%	60%	63%	64%	65%	68%	69%
$\frac{20}{100}$	25%	25%	28%	29%	30%	50%	52%	55%	65%	68%	69%	70%	73%	74%
$\frac{20}{125}$	30%	30%	33%	34%	35%	55%	57%	60%	70%	73%	73%	75%	78%	79%
$\frac{20}{150}$	34%	34%	37%	38%	39%	59%	61%	64%	74%	77%	78%	79%	82%	83%
$\frac{20}{200}$	40%	40%	43%	44%	45%	65%	67%	70%	80%	83%	84%	85%	88%	89%
$\frac{20}{300}$	43%	43%	45%	46%	48%	68%	70%	73%	83%	85%	86%	88%	90%	92%
$\frac{20}{400}$	45%	45%	48%	49%	50%	70%	72%	75%	85%	88%	89%	90%	93%	94%
$\frac{20}{800}$	48%	48%	50%	51%	53%	73%	75%	78%	88%	90%	91%	93%	95%	97%

(2) For the purpose of variable K in section 116, the insured's percentage of central visual acuity, with allowance for monocular pseudophakia or monocular aphakia and tested in accordance with section 117, is the percentage at the intersection of

(a) the Snellen rating for near vision on the horizontal axis of Table 93, and

(b) the Snellen rating for distance vision on the vertical axis of Table 93.

Table 93

Approximate Snellen rating for near vision in inches														
Snellen rating for distance vision in feet	$\frac{16}{16}$	$\frac{16}{20}$	$\frac{16}{24}$	$\frac{16}{28}$	$\frac{16}{32}$	$\frac{16}{40}$	$\frac{16}{46}$	$\frac{16}{50}$	$\frac{16}{68}$	$\frac{16}{80}$	$\frac{16}{90}$	$\frac{16}{100}$	$\frac{16}{128}$	$\frac{16}{160}$
$\frac{20}{15}$	50%	50%	52%	52%	53%	63%	64%	65%	70%	72%	72%	73%	74%	75%
$\frac{20}{20}$	50%	50%	52%	52%	53%	63%	64%	65%	70%	72%	72%	73%	74%	75%
$\frac{20}{25}$	52%	52%	53%	53%	54%	64%	65%	66%	67%	72%	73%	74%	75%	76%
$\frac{20}{30}$	53%	53%	54%	54%	55%	65%	66%	68%	73%	74%	74%	75%	76%	77%
$\frac{20}{40}$	54%	54%	55%	56%	57%	67%	68%	69%	74%	75%	76%	77%	78%	79%
$\frac{20}{50}$	57%	57%	58%	58%	59%	69%	70%	72%	77%	78%	78%	79%	80%	81%
$\frac{20}{60}$	58%	58%	59%	60%	61%	70%	72%	73%	78%	79%	80%	81%	82%	83%
$\frac{20}{70}$	59%	59%	61%	61%	62%	72%	73%	74%	78%	79%	80%	81%	82%	83%
$\frac{20}{80}$	60%	60%	62%	62%	63%	73%	74%	75%	80%	82%	82%	83%	84%	85%
$\frac{20}{100}$	63%	63%	64%	64%	65%	75%	76%	78%	83%	84%	84%	85%	87%	87%
$\frac{20}{125}$	65%	65%	67%	67%	68%	78%	79%	80%	85%	87%	87%	88%	89%	90%
$\frac{20}{150}$	67%	67%	68%	69%	70%	80%	81%	82%	87%	88%	89%	90%	91%	92%
$\frac{20}{200}$	70%	70%	72%	72%	73%	83%	84%	85%	90%	91%	92%	93%	94%	95%
$\frac{20}{300}$	72%	72%	73%	73%	74%	84%	85%	87%	91%	93%	93%	94%	95%	96%
$\frac{20}{400}$	73%	73%	74%	74%	75%	85%	86%	88%	93%	94%	94%	95%	97%	97%
$\frac{20}{800}$	74%	74%	75%	76%	77%	87%	88%	89%	94%	95%	96%	97%	98%	99%

Visual field — testing methods

119(1) To test the extent of the visual field, one of the following standard perimetry methods set out in column 1 of Table 94 must be used in accordance with column 2 or column 3 opposite it, as applicable.

Table 94

Item	Column 1	Column 2 Phakic	Column 3 Aphakic
1	Goldmann (kinetic)	III-4e	IV-4e
2	Zeiss Humphrey® Field Analyzer (HFA 2 or newer)	24-2 Sita-Fast or Sita-Faster, if normal, then proceed to suprathreshold peripheral test patterns	suprathreshold peripheral test patterns
3	Haag-Streit Octopus	For software version i9 or newer, use Octopus Kinetic Examination "Demo Kinetic Examination" For software version prior to i9, use Octopus "III 4e" test	Octopus Statis Full Field "07 General Screening" test for all software versions

(2) In the case of a binocular field test, the Esterman 120 binocular field test must be used.

(3) For greater certainty, the results of this section may be transferred to the chart in section 123.

Vision meridians

120(1) For greater certainty, the extent of the normal visual fields for the 8 principal meridians is set out in Table 95.

Table 95

Item	Column 1 Direction of vision	Column 2 Degrees of visual field
1	Temporally	85°
2	Down temporally	85°
3	Direct down	65°
4	Down nasally	50°
5	Nasally	60°
6	Up nasally	55°
7	Direct up	45°
8	Up temporally	55°
9	Total directions in items 1 to 8	500° total degrees of vision

(2) Any scotomata within a field must be subtracted from the maximum number of degrees for that meridian.

(3) For the purposes of section 121,

(a) an additional 5% must be included for an inferior quadrantic loss, and

(b) an additional 10% must be included for an inferior hemianopic loss.

(4) In the case of a normal result for an automated central field test, a full field test is not required, unless there is evidence

suggesting that the results of the automated central field test are not representative of the entire field.

Deficit in visual field — percentage for variable L

121(1) For the purpose of variable L in section 116, the percentage representing the insured's permanent deficit in visual field in column 3 of Table 96 corresponds to

(a) the insured's degrees of visual field lost, tested in accordance with section 119, in column 1 opposite column 3 of Table 96, and

(b) the insured's degrees of visual field retained, tested in accordance with section 119, in column 2 opposite column 3 of Table 96.

(2) If the central visual field is impaired, the percentage of deficit is that of the concomitant loss of visual acuity.

(3) If the visual acuity is normal, the percentage of deficit is calculated on the basis of the degrees lost.

Table 96
Deficit of Visual Field

Item	Column 1 Total degrees lost	Column 2 Total degrees retained	Column 3 Percentage
1	500°	0	100%
2	495°	5°	99%
3	490°	10°	98%
4	485°	15°	97%
5	480°	20°	96%
6	475°	25°	95%
7	470°	30°	94%
8	465°	35°	93%
9	460°	40°	92%
10	455°	45°	91%
11	450°	50°	90%
12	445°	55°	89%
13	440°	60°	88%
14	435°	65°	87%
15	430°	70°	86%
16	425°	75°	85%
17	420°	80°	84%
18	415°	85°	83%
19	410°	90°	82%
20	405°	95°	81%
21	400°	100°	80%
22	395°	105°	79%
23	390°	110°	78%
24	385°	115°	77%
25	380°	120°	76%
26	375°	125°	75%

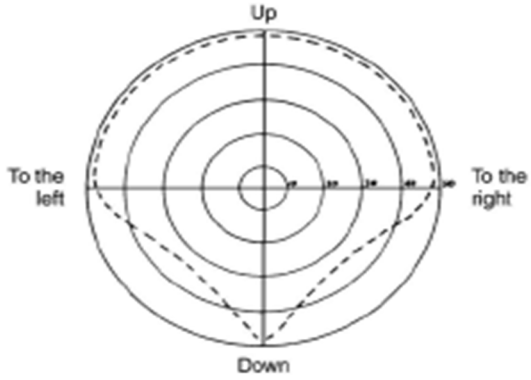
27	370°	130°	74%
28	365°	135°	73%
29	360°	140°	72%
30	355°	145°	71%
31	350°	150°	70%
32	345°	155°	69%
33	340°	160°	68%
34	335°	165°	67%
35	330°	170°	66%
36	325°	175°	65%
37	320°	180°	64%
38	315°	185°	63%
39	310°	190°	62%
40	305°	195°	61%
41	300°	200°	60%
42	295°	205°	59%
43	290°	210°	58%
44	285°	215°	57%
45	280°	220°	56%
46	275°	225°	55%
47	270°	230°	54%
48	265°	235°	53%
49	260°	240°	52%
50	255°	245°	51%
51	250°	250°	50%
52	245°	255°	49%
53	240°	260°	48%
54	235°	265°	47%
55	230°	270°	46%
56	225°	275°	45%
57	220°	280°	44%
58	215°	285°	43%
59	210°	290°	42%
60	205°	295°	41%
61	200°	300°	40%
62	195°	305°	39%
63	190°	310°	38%
64	185°	315°	37%
65	180°	320°	36%
66	175°	325°	35%
67	170°	330°	34%
68	165°	335°	33%
69	160°	340°	32%
70	155°	345°	31%
71	150°	350°	30%
72	145°	355°	29%
73	140°	360°	28%
74	135°	365°	27%
75	130°	370°	26%
76	125°	375°	25%
77	120°	380°	24%
78	115°	385°	23%
79	110°	390°	22%
80	105°	395°	21%
81	100°	400°	20%
82	95°	405°	19%
83	90°	410°	18%
84	85°	415°	17%

85	80°	420°	16%
86	75°	425°	15%
87	70°	430°	14%
88	65°	435°	13%
89	60°	440°	12%
90	55°	445°	11%
91	50°	450°	10%
92	45°	455°	9%
93	40°	460°	8%
94	35°	465°	7%
95	30°	470°	6%
96	25°	475°	5%
97	20°	480°	4%
98	15°	485°	3%
99	10°	490°	2%
100	5°	495°	1%
101	0	500°	0%

Ocular motility — testing

122(1) To determine ocular motility impairment, the field of binocular single vision, represented in Figure 1, is plotted in accordance with this section.

Figure 1
Field of Binocular Single Vision
for an Uninjured Eye



(2) The test to plot the field of binocular single vision is conducted

(a) using an arc perimeter, or

(b) if an arc perimeter is not available, using a tangent screen for evaluating the central 40°.

(3) For the purposes of the test to plot the field of binocular single vision, the following apply in respect of the insured:

(a) the insured must not wear spectacle corrective lenses, unless the corrective lenses are single vision and do not contain prisms;

(b) the insured must not wear spectacles with progressive lenses;

(c) the insured may wear contact lenses.

(4) The following apply in respect of the test to plot the field of binocular single vision:

(a) the extent of diplopia in the various directions of gaze is determined on the arc perimeter at 33 cm;

(b) examination is made in each of the 8 principal meridians by using

(i) a small test light, or

(ii) the projected light of approximately Goldmann III-4e;

(c) the presence of diplopia must be plotted along the 8 principal meridians on a suitable visual field chart consistent with Figure 2 in section 123;

(d) a field of binocular single vision must be plotted on a suitable visual field chart consistent with Figure 2 in section 123;

(e) diplopia within 20° from the centre is considered a 100% impairment of ocular motility of the injured eye and is shaded in grey in Figure 2 in section 123;

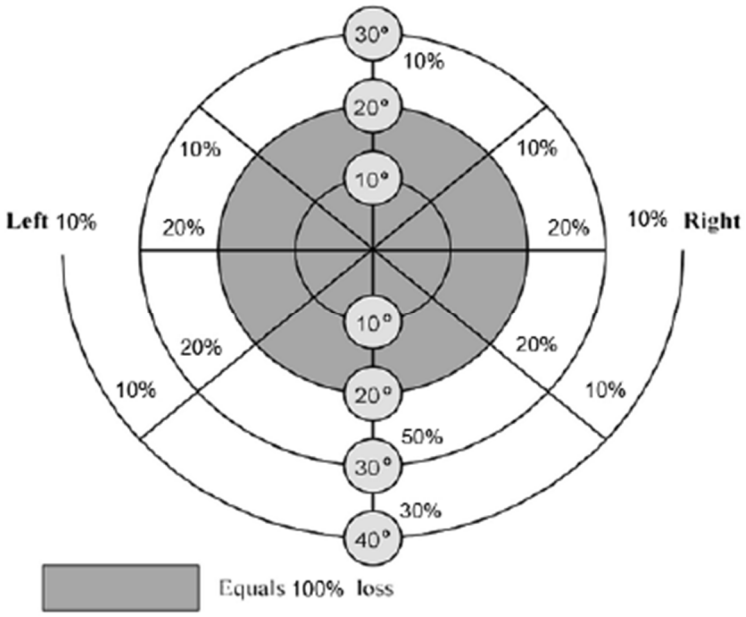
(f) beyond 20° from the centre, Figure 2 in section 123 is used to determine the impairment percentage.

Ocular motility — percentage for variable M

123(1) For the purpose of variable M in section 116, if the insured sustains diplopia along one meridian, tested in accordance with section 122, the percentage for that meridian as set out in Figure 2 corresponds to that diplopia.

(2) If the insured sustains diplopia along more than one meridian, tested in accordance with section 122, the percentages for each meridian as set out in Figure 2 are added together.

Figure 2
Percentage of Deficit of Ocular Motility of an Eye in the Field of Diplopia



Part 8
Urogenital System and Related Percentages

Kidney impairment

124 Table 97 applies if the insured sustains a permanent kidney impairment.

Table 97

Item	Column 1 Kidney impairment	Column 2 Percentage
1	Removal of both kidneys, including renal transplantation	40%
2	Loss of function or removal of one kidney	10%

Ureteric impairment

125 If the insured sustains a permanent ureteric impairment with any amount of ureteric diversion, the percentage is 10%.

Bladder impairment

126 Table 98 applies if the insured sustains a permanent bladder impairment.

Table 98

Item	Column 1 Bladder impairment		Column 2 Percentage
1	Bladder removal, including the resulting loss of control of urination or urinary bypass		35%
2	Incontinence or urinary retention	complete loss of sphincter control	20%
		partial loss of sphincter control	10%
		dysfunction in the form of frequency or hesitancy	3%
3	Bladder alteration with enterocystoplasty		10%
4	Bladder alteration without enterocystoplasty		3%

Urethral impairment

127 Table 99 applies if the insured sustains a permanent urethral impairment.

Table 99

Item	Column 1 Urethral impairment		Column 2 Percentage
1	Surgically uncorrectable fistula		7.5%
2	Stenosis	requiring monthly treatment	6%
		requiring quarterly treatment	3%

Tissue alteration — posterolumbar, laparotomy

128 If the insured sustains a permanent alteration of tissue following a posterolumbar incision or laparotomy, the percentage is 2%.

Renal functional impairment

129 Table 100 applies if the insured sustains a permanent renal functional impairment.

Table 100

Item	Column 1 Renal functional impairment	Column 2 Percentage
1	Class 3 means (a) creatinine clearance is less than 10 mL/minute, (b) creatinine clearance is more than 10 mL/minute, but symptoms and signs of upper urinary tract dysfunction persist despite continuous medical treatment or repeated surgery, or (c) glomerular filtration rate of 0 to 29 mL/minute/1.73m^2	75%
2	Class 2 means (a) creatinine clearance of 10 to 30 mL/minute, (b) creatinine clearance that is more than 30 mL/minute, but symptoms and signs of upper urinary tract dysfunction are incompletely controlled by continuous treatment or surveillance, or (c) glomerular filtration rate of 30 to 59 mL/minute/1.73m^2	50%

3	Class 1 means (a) creatinine clearance of 31 to 80 mL/minute, (b) intermittent symptoms and signs of upper urinary tract dysfunction are present that do not require continuous treatment or surveillance, or (c) glomerular filtration rate of 60 to 80 mL/minute/1.73m^2	15%

Reproductive system — organ tissue disruption

130(1) In this section, except in item 4, "loss" means

(a) loss of the use of the reproductive system organ tissue, or

(b) removal of the reproductive system organ tissue.

(2) Table 101 applies if the insured sustains a permanent reproductive system organ tissue disruption.

Table 101

Item	Column 1 Reproductive system organ tissue disruption		Column 2 Percentage
1	Loss of both ovaries, including fallopian tubes	before the end of puberty	20%
		after puberty	10%
2	Loss of uterus, including cervix	before the end of menopause	10%
		after menopause	5%
3	Loss of single ovary, with or without fallopian tube		5%
4	Loss of a fetus	if the fetus is 20 weeks and over	10%
		if the fetus is under 20 weeks	7%
5	Loss of clitoris		5%
6	Loss of vulva		5%
7	Loss of vagina		5%
8	Alteration of clitoris		2.5%
9	Alteration of vulva		2.5%
10	Alteration of vagina		2.5%
11	Alteration of cervix without loss of uterus		2%
12	Alteration of tissues following a caesarean section that is necessitated by accident		2%
13	Loss of both testicles, including epididymides and spermatic cords	before the end of puberty	20%
		after puberty	10%
14	Loss of single testicle, including epididymis and spermatic cord		5%
15	Loss of penis		15%
16	Post-traumatic alteration of penis		10%
17	Loss of prostate, including seminal vesicles		10%
18	Alteration of prostate, including seminal vesicles		5%

Sexual dysfunction

131 Table 102 applies if the insured sustains permanent sexual dysfunction.

Table 102

Item	Column 1 Sexual dysfunction	Column 2 Percentage
1	Class 3, including (a) infertility, (b) total absence of sexual functioning, or (c) both infertility and a total absence of sexual functioning	15%
2	Class 2, where reflex sexual functioning is possible but there is no awareness	10%
3	Class 1, where sexual functioning is possible with lack of awareness, excitement, or lubrication or difficulty with erection or ejaculation	5%

Part 9
Respiratory System Percentages

Respiratory system tissue disruption

132 Table 103 applies if the insured sustains a permanent respiratory system tissue disruption.

Table 103

Item	Column 1 Respiratory system tissue disruption	Column 2 Percentage
1	Loss of a lung	20%
2	Loss of a pulmonary lobe	3%
3	Alteration of tissue following a tracheotomy or penetrating throat wound, with a tracheostomy	3%
4	Alteration of tissue following a tracheotomy or penetrating throat wound, without a tracheostomy	2%
5	Alteration of tissue following thoracotomy	2%
6	Phrenic nerve injury	2%
7	Alteration of tissue following (a) thoracostomy, or (b) one or more penetrating chest wounds	1%
8	Loss of a pulmonary segment	0.6%

Respiratory functional impairment

133(1) In this section,

(a) "D_{CO}" means diffusion capacity of carbon monoxide and is a measure of the efficiency of gas transfer across the lung;

(b) "FEV_1" means forced expiratory volume in one second and is the volume of air exhaled in the first second of a forced expiratory manoeuvre;

(c) "FVC" means forced vital capacity and is the volume of air one can exhale during a forced expiratory manoeuvre;

(d) "predicted value" means the standard value for an average, healthy person of the same age, race, height and sex as the insured.

(2) Table 104 applies if the insured sustains a permanent respiratory functional impairment.

Table 104

Item	Column 1 Respiratory functional impairment	Column 2 Percentage
1	Class 4, where (a) D_{CO} is less than 40% of predicted value, (b) FEV_1 is less than 40% of predicted value, or (c) FVC is less than 50% of predicted value	75%
2	Class 3, where (a) D_{CO} is at least 40% but no more than 59% of predicted value, (b) FEV_1 is at least 40% but no more than 59% of predicted value, or (c) FVC is at least 50% but no more than 59% of predicted value	35%
3	Class 2, where (a) D_{CO} is at least 60% but no more than 80% of predicted value, or (b) one of FEV_1 or FVC are at least 60% but no more than 80% of predicted value	15%
4	Class 1, where (a) D_{CO} is more than 70% of predicted value, (b) both FEV_1 and FVC are more than 80% of predicted value, and (c) the result of FEV_1 divided by FVC is more than 70% of predicted value	0%

Part 10
Digestive Tract Percentages

Application re tissue disruption and functional loss

134 In this Part, the percentage that corresponds to the description of the impairment considers both tissue disruption and functional loss.

Upper gastrointestinal tract disorder

135 Table 105 applies if the insured sustains a permanent upper gastrointestinal tract disorder.

Table 105

Item	Column 1 Upper gastrointestinal tract disorder	Column 2 Percentage
1	Class 4, where (a) symptoms and signs of upper digestive tract disease are present or there is anatomic loss or alteration of tissue, and (b) symptoms are uncontrolled by treatment or weight loss is more than 20% below an appropriate weight for the insured	40%

2	Class 3, where (a) symptoms and signs of upper digestive tract disease are present or there is anatomic loss or alteration of tissue, and (b) dietary restrictions or medical treatments do not completely control symptoms, signs or nutritional deficiency or weight loss is 10% to 20% below an appropriate weight for the insured	25%
3	Class 2, where (a) symptoms and signs of upper digestive tract disease are present or there is anatomic loss or alteration of tissue, (b) dietary restrictions or medical treatments are required to control symptoms, signs or nutritional deficiency, and (c) weight loss is not more than 10% below an appropriate weight for the insured	7.5%
4	Class 1, where (a) symptoms or signs of upper digestive tract disease are present or there is anatomic loss or alteration of tissue, (b) continuous treatment is not required, and (c) weight can be maintained at an appropriate weight for the insured	2.5%

Lower gastrointestinal tract disorder — colon, rectum

136 Table 106 applies if the insured sustains a permanent lower gastrointestinal tract disorder in relation to the colon or rectum.

Table 106

Item	Column 1 Lower gastrointestinal tract disorder	Column 2 Percentage
1	Class 4, where (a) symptoms and signs of lower digestive tract disease are present or there is anatomic loss or alteration of tissue, and (b) symptoms are uncontrolled by treatment or weight loss is more than 20% below an appropriate weight for the insured	40%
2	Class 3, where (a) symptoms and signs of lower digestive tract disease are present or there is anatomic loss or alteration of tissue, and (b) dietary restrictions or medical treatments do not completely control symptoms, signs or nutritional deficiency or weight loss is 10% to 20% below an appropriate weight for the insured	25%
3	Class 2, where (a) symptoms and signs of upper digestive tract disease are present or there is anatomic loss or alteration of tissue, (b) dietary restrictions or medical treatments are required to control symptoms, signs or nutritional deficiency, and (c) weight loss is not more than 10% below an appropriate weight for the insured	7.5%
4	Class 1, where (a) symptoms or signs of lower digestive tract disease are present or there is anatomic loss or alteration of tissue, (b) continuous treatment is not required, and (c) weight can be maintained at an appropriate weight for the insured	2.5%

Lower gastrointestinal tract — anal impairment

137 Table 107 applies if the insured sustains a permanent anal impairment.

Table 107

Item	Column 1 Anal impairment	Column 2 Percentage
1	Class 3, where there is evidence of anatomic loss or alteration of tissue and either (a) complete fecal incontinence is present, or (b) symptoms are unresponsive to treatment	20%
2	Class 2, where there is evidence of anatomic loss or alteration of tissue and either (a) there is moderate incontinence of stool, requiring continual treatment, or (b) symptoms are incompletely controlled by treatment	7.5%
3	Class 1, where (a) there is evidence of anatomic loss, alteration of tissue or mild incontinence of stool, and (b) symptoms can be controlled by treatment	2.5%

Liver, biliary tract — liver tissue disruption

138 Table 108 applies if the insured sustains a permanent liver tissue disruption.

Table 108

Item	Column 1 Liver tissue disruption	Column 2 Percentage
1	Blunt trauma or laceration requiring surgery	20%
2	Liver trauma not requiring surgery	5%

Liver, biliary tract — residual hepatic functional impairment

139 Table 109 applies if the insured sustains a permanent residual hepatic functional impairment.

Table 109

Item	Column 1 Residual hepatic functional impairment	Column 2 Percentage
1	Class 4, where there is (a) objective evidence of progressive chronic liver disease or persistent jaundice or bleeding, esophageal varices, and (b) central nervous system manifestation of hepatic insufficiency	70%
2	Class 3, where there is (a) objective evidence of progressive chronic liver disease, (b) a history of jaundice, ascites or bleeding of upper gastrointestinal varices, or (c) intermittent hepatic encephalopathy	40%
3	Class 2, where there is (a) objective evidence of chronic liver disease, (b) no symptoms or signs of ascites, jaundice or esophageal bleeding, and (c) biochemical studies indicate severe disturbance in hepatic function	15%
4	Class 1, where there is (a) objective evidence of persistent liver disease, (b) no symptoms or signs of ascites, jaundice or other significant hepatic complications, and (c) biochemical studies indicate minimal disturbance in hepatic function	5%

Liver, biliary tract — biliary tract dysfunction

140 Table 110 applies if the insured sustains a permanent biliary tract dysfunction.

Table 110

Item	Column 1 Biliary tract dysfunction	Column 2 Percentage
1	Class 4, where there is persistent jaundice and progressive liver disease due to obstruction of the common bile duct	75%
2	Class 3, where there is obstruction of the biliary tract with recurrent cholangitis	40%
3	Class 2, where there is recurrent biliary tract dysfunction despite ongoing treatment	20%
4	Class 1, where there is occasional biliary tract dysfunction with documented biliary tract disease	5%

Hernia-related impairment

141 Table 111 applies if the insured sustains a permanent hernia-related impairment.

Table 111

Item	Column 1 Hernia-related impairment	Column 2 Percentage
1	Class 3, where there is a palpable defect in the supporting structures of the abdominal wall where persistent, irreducible or irreparable protrusion at the site of defect has occurred causing limitation in normal activity	25%
2	Class 2, where (a) there is a palpable defect in the supporting structures of the abdominal wall where frequent or persistent protrusion at the site of defect may increase with intra-abdominal pressure, and (b) defect is manually reducible	15%
3	Class 1, where there is (a) a palpable defect in the supporting structures of the abdominal wall, and (b) a slight protrusion at the site of defect with increased abdominal pressure where defect is readily reducible	5%

Postoperative abdominal wall-related impairment

142 Table 112 applies if the insured sustains a permanent postoperative abdominal wall-related impairment.

Table 112

Item	Column 1 Postoperative abdominal wall-related impairment	Column 2 Percentage
1	Alteration of tissue following a laparotomy	2%
2	Alteration of tissue following a laparoscopy or penetrating abdominal wound	1%

Part 11
Cardiovascular System Percentages

Thoracic arterial lesion

143 Table 113 applies if the insured sustains a permanent thoracic arterial lesion.

Table 113

Item	Column 1 Thoracic arterial lesion	Column 2 Percentage
1	Surgically corrected alteration of the ascending thoracic aorta	4%
2	Surgically corrected alteration of the descending thoracic aorta	3%

Functional limitation — cardiovascular lesion

144 Table 114 applies if the insured sustains a permanent functional limitation related to a cardiovascular lesion.

Table 114

Item	Column 1 Functional limitation related to cardiovascular lesion	Column 2 Percentage
1	Class 4, with less than 2 metabolic equivalents, categorized by severe limitation characterized by, for physical activities, angina or shortness of breath, including in any of the following circumstances: (a) walking a few steps; (b) while performing movements needed for personal hygiene and self-care; (c) at rest or during sleep	80%
2	Class 3, with 2 to 4 metabolic equivalents categorized by moderate limitation characterized by, for physical activities, angina or shortness of breath, including in any of the following circumstances: (a) walking 1 to 2 blocks on a level surface; (b) climbing one flight of ordinary stairs at a normal pace and in normal conditions	45%
3	Class 2, with 5 to 7 metabolic equivalents, categorized by a cardiovascular lesion with minor limitation characterized by, in any of the following circumstances, angina or shortness of breath: (a) walking at a brisk pace, walking uphill or similar physical activities; (b) walking or stair climbing after meals, in cold or in wind; (c) when the insured is under emotional stress; (d) in the morning after waking; (e) when walking more than 2 blocks on a level surface; (f) climbing an ordinary flight of stairs at a fast pace or more than one flight of ordinary stairs at a normal pace and in normal conditions	30%
4	Class 2, with 5 to 7 metabolic equivalents, categorized by a cardiovascular lesion (a) without angina when performing ordinary physical activities, including walking or climbing stairs, and (b) without shortness of breath when performing ordinary physical activities, including walking or climbing stairs	15%
5	Class 1, with more than 7 metabolic equivalents, categorized by a cardiovascular lesion (a) without angina when performing ordinary physical activities, including walking or climbing stairs, and (b) with angina with strenuous, rapid or prolonged exertion or when undergoing a maximum stress test	7.5%

6	Class 1, with more than 7 metabolic equivalents, categorized by a cardiovascular lesion (a) without angina with strenuous, rapid or prolonged exertion or when undergoing a maximum stress test, and (b) without shortness of breath with strenuous, rapid or prolonged exertion or when undergoing a maximum stress test	2.5%

Peripheral arterial lesion

145 Table 115 applies if the insured sustains a permanent peripheral arterial lesion.

Table 115

Item	Column 1 Peripheral arterial lesion	Column 2 Percentage
1	Surgically corrected alteration of the abdominal aorta	3%
2	Alteration of a blood vessel corrected by transluminal angioplasty	2%
3	Functional alteration following a unilateral sympathectomy	2%
4	Surgically corrected alteration of a peripheral artery	1%

Functional limitation — peripheral arterial lesion following lower limb vascular lesion

146 Table 116 applies if the insured sustains a permanent functional limitation related to a peripheral arterial lesion following a lower limb vascular lesion.

Table 116

Item	Column 1 Functional limitation related to peripheral arterial lesion		Column 2 Percentage
1	Severe arterial insufficiency with trophic skin changes and ulceration, with inability to walk		45%
2	Intermittent claudication occurring when walking at an ordinary pace	over a distance of less than 75 m	30%
		over a distance of 75 m to 120 m	20%
		over a distance of more than 120 m but less than 300 m	10%
3	Slightly inhibiting intermittent claudication, occurring when walking at an ordinary pace over a distance of 300 m to 500 m		5%

Functional limitation — peripheral arterial lesion following upper limb vascular lesion

147 Table 117 applies if the insured sustains a permanent functional limitation in relation to a peripheral arterial lesion following an upper limb vascular lesion.

Table 117

Item	Column 1 Functional limitation related to peripheral arterial lesion		Column 2 Percentage
1	Severe arterial insufficiency, with trophic skin changes and ulceration, inhibiting exertion or causing ischemic pain at rest		45%
2	Arterial insufficiency causing significant intermittent ischemic pain that occurs with light exertion		30%
3	Arterial insufficiency causing intermittent ischemic pain	that occurs with moderate exertion	15%
		that occurs with heavy exertion	5%

Venous and lymphatic lesion

148 Table 118 applies if the insured sustains a permanent venous or lymphatic lesion.

Table 118

Item	Column 1 Venous and lymphatic lesions		Column 2 Percentage
1	Post-traumatic venous insufficiency or lymphatic insufficiency	very severe, uncontrolled by medical treatment, with trophic problems and recurring ulceration	12%
		severe, uncontrolled by medical treatment, with trophic problems, but without recurring ulceration	8%
		moderate, not completely controlled by medical treatment	5%
		minor, well controlled by medical treatment	3%
2	Superficial venous insufficiency		1%

Part 12
Endocrine System Percentages

Hypothalamus, pituitary, thyroid, parathyroid gland dysfunction

149 Table 119 applies if the insured sustains a permanent hypothalamus, pituitary, thyroid or parathyroid gland dysfunction.

Table 119

Item	Column 1 Hypothalamus, pituitary, thyroid or parathyroid gland dysfunction		Column 2 Percentage
1	Total hypopituitarism, including diabetes insipidus as a symptom of total hypopituitarism		60%
2	Partial hypopituitarism, excluding diabetes insipidus, requiring replacement of	hormones when there is a loss of fertility	20%
		growth hormone in a child or adolescent	20%
		growth hormone in an adult	2%
		estrogen, progesterone or testosterone when fertility is not an issue	10%
		glucocorticoids	10%
		thyroid hormone	5%
3	Diabetes insipidus, except as described in item 1		10%
4	Impairment of the parathyroid glands		10%
5	Alteration or loss of the thyroid gland requiring hormone therapy		5%
6	Alteration of the thyroid gland not requiring hormone therapy		2%

Diabetes mellitus

150 Table 120 applies if the insured sustains permanent diabetes mellitus.

Table 120

Item	Column 1 Diabetes mellitus	Column 2 Percentage
1	Difficult to control with insulin therapy	40%
2	Control requiring insulin therapy	30%
3	Control requiring the use of non-insulin medication, either injected or taken orally	10%
4	Controlled without the use of insulin, non-insulin injected medication or oral medication	5%

Adrenal gland

151 Table 121 applies if the insured sustains a permanent adrenal gland loss.

Table 121

Item	Column 1 Adrenal gland loss	Column 2 Percentage
1	Loss of both adrenal glands requiring hormone therapy	15%
2	Loss of one adrenal gland	2%

Part 13
Hematopoietic System Percentages

Tissue disruption — spleen

152 Table 122 applies if the insured sustains a permanent spleen tissue disruption.

Table 122

Item	Column 1 Spleen tissue disruption	Column 2 Percentage
1	Injury resulting in total splenectomy	10%
2	Injury requiring splenic repair or partial splenectomy	5%
3	Injury not requiring surgery	1%

Tissue disruption — thymus

153 Table 123 applies if the insured sustains a permanent thymus tissue disruption.

Table 123

Item	Column 1 Thymus tissue disruption	Column 2 Percentage
1	Injury resulting in total thymectomy	2%
2	Injury requiring partial thymectomy	1%
3	Injury not requiring surgery	0%

Functional impairment — red blood cells

154(1) Table 124 applies if the insured sustains a permanent functional impairment of the red blood cells.

(2) For greater certainty, in items 1 and 2 of Table 124 the hemoglobin level is measured prior to transfusion.

Table 124

Item	Column 1 Symptoms, hemoglobin level and transfusion requirement	Column 2 Percentage
1	(a) Severe symptoms, (b) 50 to 80 g/L hemoglobin level, and (c) transfusion requirement of 2 to 3 units of blood every 2 weeks	75%
2	(a) Moderate symptoms, (b) 50 to 80 g/L hemoglobin level, and (c) transfusion requirement of 2 to 3 units of blood every 4 to 6 weeks	40%
3	(a) Minimal symptoms, (b) 80 to 100 g/L hemoglobin level, and (c) no transfusion requirement	15%
4	(a) No symptoms, (b) 100 to 120 g/L hemoglobin level, and (c) no transfusion requirement	0%

Functional impairment — white blood cells

155 Table 125 applies if the insured sustains a permanent functional impairment in relation to decreased white blood cells.

Table 125

Item	Column 1 Symptoms, hemoglobin level and treatment requirements	Column 2 Percentage
1	(a) Severe symptoms, (b) less than 0.5 g/L white blood cell level, and (c) treatment requirement of administration of white blood cell growth factor	75%
2	(a) Moderate symptoms, (b) 0.5 to 1 g/L white blood cell level, and (c) treatment requirement of administration of white blood cell growth factor	40%
3	(a) Minimal symptoms, (b) 1 to 3 g/L white blood cell level, and (c) no treatment requirement	15%
4	(a) No symptoms, (b) 3 to 10 g/L white blood cell level, and (c) no treatment requirement	0%

Part 14
Psychiatric Condition, Syndrome and Phenomenon Percentages

Psychiatric condition, syndrome and phenomenon

156 Table 126 applies if an insured sustains a permanent psychiatric condition, syndrome or phenomenon.

Table 126

Item	Column 1 Class of psychiatric condition, syndrome or phenomenon	Column 2 Percentage
1	Class 1 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs, to the extent that the insured requires continuous supervision in an institutional or controlled setting, the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being	100%
2	Class 2 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs, to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time, the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being	70%
3	Class 3 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs, to the extent that the insured requires periodic supervision in an institutional or controlled setting for less than 50% of the time, the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being	35%
4	Class 4 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs, to the extent that the insured requires psychiatric follow-up on a monthly basis, the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being	15%
5	Class 5 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs, to the extent that the insured requires regular medication, psychiatric intervention or both on an occasional basis of less than once per month, the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being	5%

Part 15
Vestibulocochlear Apparatus Percentages

Formula to determine percentages for sections 158 to 161

157 For sections 158 to 161, the percentage for the purpose of determining the permanent impairment component is determined by the following formula:

$$(Q \times 0.8) + (R \times 0.9) + (S \times 0.8)$$

where

Q is the percentage for hearing loss calculated and determined in accordance with section 158 or, if the insured did not sustain hearing loss determined in accordance with section 158, 0;

R is the sum of the percentages for vestibular function determined in accordance with sections 159 and 160 or, if the insured did not sustain hearing loss determined in accordance with sections 159 and 160, 0;

S is the percentage for tinnitus determined in accordance with section 161 or, if the insured did not sustain tinnitus determined in accordance with section 161, 0.

Hearing loss — percentage for variable Q

158(1) For the purpose of variable Q in section 157, if the insured sustains permanent hearing loss, the insured's reduction of hearing in decibels described in column 1 of Table 127 corresponds to the sum of,

(a) in respect of the more impaired ear, the percentage opposite in column 2 of Table 127, and

(b) in respect of the less impaired ear, the percentage opposite in column 3 of Table 127.

(2) For the purposes of this section,

(a) hearing loss is measured without the insured using a hearing aid or similar device, and

(b) the reduction of hearing in decibels in column 1 is measured by the average obtained by an audiogram on frequencies of 500, 1000 and 2000 cycles per second.

(3) For items 1 to 9 of Table 127, the percentage in column 2 is multiplied by 2 if the insured sustains a speech discrimination score of 80% or less.

(4) The maximum percentage that may be determined in accordance with this section is 30%.

Table 127

Item	Column 1 Reduction of hearing in decibels	Column 2 Percentage (most impaired ear)	Column 3 Percentage (less impaired ear)
1	60 ISO or more	subject to subsections (3) and (4), 5%	subject to subsection (4), 25%
2	55-59 ISO	subject to subsections (3) and (4), 4%	subject to subsection (4), 20%
3	50-54 ISO	subject to subsections (3) and (4), 3.5%	subject to subsection (4), 17.5%
4	45-49 ISO	subject to subsections (3) and (4), 3%	subject to subsection (4), 16%

5	40-44 ISO	subject to subsections (3) and (4), 2.5%	subject to subsection (4), 12.5%
6	35-39 ISO	subject to subsections (3) and (4), 2%	subject to subsection (4), 10%
7	30-34 ISO	subject to subsections (3) and (4), 1.5%	subject to subsection (4), 7.5%
8	26-29 ISO	subject to subsections (3) and (4), 1%	subject to subsection (4), 5%
9	1-25 ISO	subject to subsections (3) and (4), 0.5%	subject to subsection (4), 2.5%

Vestibular functional impairment — percentage for variable R

159 Table 128 applies if the insured sustains a permanent vestibular functional impairment.

Table 128

Item	Column 1 Vestibular functional impairment	Column 2 Percentage
1	Class 4, evidenced by peripheral or central vertigo that requires continuous supervision for the performance of most of the activities of daily living and confinement of the insured in an institutional or controlled setting	50%
2	Class 3, evidenced by peripheral or central vertigo that necessitates continuous supervision for the performance of most of the activities of daily living	30%
3	Class 2, evidenced by peripheral or central vertigo that does not affect the insured's capacity to perform most of the activities of daily living, but certain activities, including driving a vehicle or riding a bicycle, may endanger the safety of the insured or others	7.5%
4	Class 1, evidenced by peripheral or central vertigo that does not affect the insured's capacity to perform the activities of daily living	2.5%

Vestibular functional impairment — loss of labyrinth — percentage for variable R

160 Table 129 applies if the insured sustains a permanent vestibular functional impairment in relation to loss of labyrinth.

Table 129

Item	Column 1 Loss of labyrinth		Column 2 Percentage
1	Loss of labyrinth	complete loss of both labyrinths	10%
		complete loss of one labyrinth	5%

Tinnitus — percentage for variable S

161(1) Table 130 applies if the insured sustains permanent tinnitus.

(2) For greater certainty, the percentage in column 2 applies if the tinnitus is unilateral or bilateral.

Table 130

Item	Column 1 Tinnitus symptoms and conditions	Column 2 Percentage
1	Class 3, where tinnitus (a) is constantly present and bothersome in most environments, (b) disturbs concentration, (c) disturbs sleep, and (d) disturbs one or more of the other activities of daily living	5%
2	Class 2, where tinnitus (a) is constantly present and bothersome in a quiet environment, (b) disturbs concentration, and (c) disturbs sleep	2%
3	Class 1, where tinnitus (a) is intermittent and noticeable only in a quiet environment, and (b) does not disturb sleep	0.5%

External ear canal impairment

162 Table 131 applies if the insured sustains a permanent external ear canal impairment.

Table 131

Item	Column 1 External ear canal impairment		Column 2 Percentage
1	Bilateral		3%
2	Unilateral	severe	2%
		moderate	1%
		mild	0.5%

Part 16
Skin Percentages

Interpretation

163 In this Part,

(a) "alteration in form and symmetry" means a skin or surface disfigurement that results in a change in any of the following, but does not refer to the presence of a scar:

(i) tissue bulk;

(ii) tissue consistency;

(iii) tissue length;

(iv) tissue texture;

(b) "conspicuous" means a skin disfigurement that is readily discernable with the unaided eye;

(c) "faulty scar" means a scar that is misaligned, irregular, depressed, deeply adhering, pigmented, scaly, retractile, keloidal or hypertrophic;

(d) "flat scar" means a scar that is

(i) almost linear,

(ii) at the same level as the adjoining tissue,

(iii) almost the same colour as the adjoining tissue, and

(iv) causes no contraction or distortion of neighbouring structures;

(e) "inconspicuous" means a skin disfigurement that is not readily discernable with the unaided eye.

Division 1
Facial Disfigurement

Facial disfigurement

164(1) The following are the anatomical elements of the face:

(a) forehead and glabella;

(b) the orbits, also known as the periorbital area, excluding the eyelids;

(c) the eyelids;

(d) the visible part of the ocular globes;

(e) the cheeks;

(f) the nose;

(g) the lips;

(h) the ears;

(i) the chin.

(2) If the insured sustains permanent facial disfigurement, the following steps are to be taken in order to determine the percentage:

(a) determine the class of facial disfigurement in column 1 of Table 132 or 133 according to,

(i) in Table 132,

(A) the physical description of the insured's disfigurement described in columns 2, 3 and 5 opposite column 1, and

(B) if applicable, if the description of the alteration in form and symmetry in column 3 and the description of the scarring of the anatomical elements of the insured's face in column 5 are not in the same class, the class in column 1 that is opposite the criteria that describes the most severe disfigurement the insured sustains is the applicable class for both the alteration in form and symmetry and scarring,

or

(ii) in Table 133, the physical description of the insured's disfigurement described in column 2 opposite column 1;

(b) if the class is listed

(i) in Table 132,

(A) the percentage in column 4 corresponds to the alteration in form and symmetry of the anatomical elements of the insured's face described opposite in column 3,

(B) the percentage in column 6 corresponds to the scarring of the anatomical elements of the insured's face described opposite in column 5,

(C) if applicable, the percentages determined in accordance with paragraphs (A) and (B) are added together, and

(D) the percentage determined in accordance with paragraph (A), (B) or (C) must not exceed the maximum percentage set out in column 7 opposite the class determined in paragraph (A),

and

(ii) in Table 133, the percentage in column 4 corresponds to the class described in column 1.

Table 132
Class 1, no impairment, to Class 4, moderate impairment

Item	Column 1 Class of impairment	Column 2 Physical description of impairment	Column 3 Alteration in form and symmetry	Column 4 Percentage	Column 5 Scarring	Column 6 Percentage	Column 7 Maximum percentage
1	Class 4	moderate impairment	conspicuous change that holds a person's attention and affects one anatomical element in subsection (1)	subject to subsection (2)(b)(i)(D), 10%	conspicuous and flat scar	subject to subsection (2)(b)(i)(D), 1% per cm	15%
			conspicuous change that holds a person's attention and affects 2 anatomical elements in subsection (1)	subject to subsection (2)(b)(i)(D), 12%	conspicuous and faulty scar	subject to subsection (2)(b)(i)(D), 3% per cm	
			conspicuous change that holds a person's attention and affects more than 2 anatomical elements in subsection (1)	subject to subsection (2)(b)(i)(D), 15%			
2	Class 3	minor impairment	conspicuous change affecting 1 anatomical element in subsection (1)	subject to subsection (2)(b)(i)(D), 3%	conspicuous and flat scar	subject to subsection (2)(b)(i)(D), 1% per cm^2	7%
			conspicuous change affecting 2 anatomical elements in subsection (1)	subject to subsection (2)(b)(i)(D), 4%	conspicuous and faulty scar	subject to subsection (2)(b)(i)(D), 2% per cm^2	
			conspicuous change affecting more than 2 anatomical elements in subsection (1)	subject to subsection (2)(b)(i)(D), 7%			
3	Class 2	very minor impairment	inconspicuous change	subject to subsection (2)(b)(i)(D), 0%	conspicuous	subject to subsection (2)(b)(i)(D), 1% per cm^2	3%
4	Class 1	no impairment	inconspicuous change	subject to subsection (2)(b)(i)(D), 0%	inconspicuous	subject to subsection (2)(b)(i)(D), 0%	0%

Table 133
Class 5, severe impairment, to Class 6, disfigurement

Item	Column 1	Column 2 Class and physical description of impairment	Column 3 Alteration in form and symmetry and scarring	Column 4 Percentage
1	Class 6	disfigurement	involving all anatomic elements in subsection (1)	30%
2	Class 5	severe impairment	involving several anatomic elements in subsection (1)	20%

Division 2
Disfigurement of Skin Overlaying Rest of Body

Disfigurement of skin, other than facial disfigurement

165(1) In this section,

(a) "arms, shoulders and elbows" means the skin overlaying the body region extending from the acromion process and axillary folds to the olecranon process and cubital fossa;

(b) "forearms" means the skin overlaying the body region beginning at the distal aspect of the elbow and extending to the wrist crease;

(c) "lower limbs" means the skin overlaying the distal aspect of the trunk and extending distally to the tips of the toes, including the buttocks;

(d) "neck" means the skin overlaying the body region C1 to C7 posteriorly and the cricoid cartilage to the sternal notch anteriorly;

(e) "scalp and skull" means the skin overlaying the skull beginning at the normal hairline in front and following the normal hairline around the side to the back;

(f) "trunk" includes the skin overlaying the scapulae, supraspinous fossa, suprascapular and supraclavicular fossa body region and extends distally to the anterior inguinal ligaments and the posterior iliac crests;

(g) "wrists and hands" means the skin overlaying the body region beginning at the wrist crease and extending distally to the fingertips.

(2) If the insured sustains permanent disfigurement of the skin overlaying body regions other than the face, Table 134 applies and the percentage is determined, subject to subsection (3), as follows:

(a) the percentage in column 3 of Table 134 corresponds to the insured's alteration in form and symmetry in column 2 described opposite the applicable body region in column 1;

(b) the percentage in column 5 of Table 134 corresponds to the insured's scarring in column 4 described opposite the applicable body region in column 1;

(c) if applicable, if the insured sustains an alteration in form and symmetry and scarring of a body region, the percentage is the higher of the percentages determined in accordance with clauses (a) and (b).

(3) The percentage determined in accordance with subsection (2)(b) or (c) must not exceed the percentage set out in column 6 of Table 134 that corresponds to the body region opposite it in column 1.

Table 134

Item	Column 1 Body region	Column 2 Alteration in form and symmetry	Column 3 Percentage	Column 4 Scarring	Column 5 Percentage	Column 6 Maximum percentage
1	Lower limbs	severe change	subject to subsections (2)(c) and (3), 8%	conspicuous	subject to subsections (2)(c) and (3), 1% per cm^2	8% per left or right, to a maximum of 16%
		moderate change	subject to subsections (2)(c) and (3), 3%			
		minor change	subject to subsections (2)(c) and (3), 3%			
2	Trunk	severe change	subject to subsections (2)(c) and (3), 6%	conspicuous	subject to subsections (2)(c) and (3), 0.5% per cm^2	6% per front or back, to a maximum of 12%
		moderate change	subject to subsections (2)(c) and (3), 2%			
		minor change	subject to subsections (2)(c) and (3), 2%			
3	Wrists and hands	severe change	subject to subsections (2)(c) and (3), 6%	conspicuous	subject to subsections (2)(c) and (3), 1% per cm^2	6% per front or back, to a maximum of 12%
		moderate change	subject to subsections (2)(c) and (3), 2%			
		minor change	subject to subsections (2)(c) and (3), 2%			
4	Forearms	severe change	subject to subsections (2)(c) and (3), 5%	conspicuous	subject to subsections (2)(c) and (3), 1% per cm^2	5% per left or right, to a maximum of 10%
		moderate change	subject to subsections (2)(c) and (3), 1%			
		minor change	subject to subsections (2)(c) and (3), 1%			
5	Arms, shoulders and elbows	severe change	subject to subsections (2)(c) and (3), 4%	conspicuous	subject to subsections (2)(c) and (3), 0.5% per cm^2	4% per left or right, to a maximum of 8%
		moderate change	subject to subsections (2)(c) and (3), 1%			
		minor change	subject to subsections (2)(c) and (3), 1%			

6	Neck	severe change	subject to subsections (2)(c) and (3), 8%	conspicuous	subject to subsections (2)(c) and (3), 1% per cm^2	8%
		moderate change	subject to subsections (2)(c) and (3), 3%			
		minor change	subject to subsections (2)(c) and (3), 3%			
7	Scalp and skull	severe change	subject to subsections (2)(c) and (3), 5%	conspicuous	subject to subsections (2)(c) and (3), 0.5% per cm^2	5%
		moderate change	subject to subsections (2)(c) and (3), 2%			
		minor change	subject to subsections (2)(c) and (3), 2%			

Facial or other body region disfigurement due to discolouration

166(1) In this section, "discolouration of the skin" does not include the following:

(a) pigmented scars;

(b) pigmented amputation stumps;

(c) pigmented skin due to venous or lymphatic insufficiency.

(2) Table 135 applies if the insured sustains permanent discolouration of the skin.

Table 135

Item	Column 1 Discolouration of skin	Column 2 Percentage
1	Class 2, as evidenced by conspicuous discolouration that affects the face	2%
2	Class 1, as evidenced by conspicuous discolouration that affects a body region other than the face	1%

Division 3
Disfigurement from Partial or Total Amputation

Application

167 If an insured sustains an amputation, the insured is only entitled to receive a percentage corresponding to the insured's disfigurement from the amputation described in this Division and not from Division 1 or 2 of this Part.

Disfigurement from amputation — eye

168 If the insured sustains an eye amputation or enucleation with or without replacement by prosthesis, including impairment inherent in the resulting appearance, the percentage is 5%.

Disfigurement from amputation — upper limb

169 Table 136 applies if the insured sustains a permanent disfigurement from an upper limb amputation.

Table 136

Item	Column 1 Upper limb amputation disfigurement	Column 2 Percentage
1	Forequarter disarticulation	12%
2	Shoulder disarticulation	11%
3	Above-elbow amputation	10%
4	Elbow disarticulation	9%
5	Below-elbow amputation	8%
6	Wrist disarticulation	8%
7	Amputation of a thumb	1.5% per phalanx
8	Amputation of a finger other than the thumb	0.5% per phalanx, up to a maximum of 6%
9	Amputation of a metacarpal	0.5% per metacarpal, up to a maximum of 2%

Disfigurement from amputation — lower limb

170 Table 137 applies if the insured sustains a permanent disfigurement from a lower limb amputation.

Table 137

Item	Column 1 Lower limb amputation disfigurement	Column 2 Percentage
1	Hemipelvectomy	12%
2	Hip disarticulation	10%
3	Above-knee amputation	8%
4	Knee disarticulation	7%
5	Below-knee amputation	6%
6	Ankle amputation, also known as a Symes amputation	5%
7	Midtarsal amputation, also known as a Chopart amputation	4%
8	Tarsometatarsal amputation, also known as a Lisfranc amputation	3%
9	Transmetatarsal amputation	2%
10	Amputation of a big toe	0.5% per phalanx
11	Amputation of a metatarsal	0.25% per metatarsal, up to a maximum of 1%
12	Amputation of a toe other than the big toe	0.1% per phalanx

Part 17
Expiry and Coming into Force

Expiry

171 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on December 31, 2031.

Coming into force

172 This Regulation comes into force on the coming into force of section 101(1)(aa) of the *Automobile Insurance Act*.