



Insurance (Vehicle) Act

PERMANENT IMPAIRMENT REGULATION

B.C. Reg. 61/2021

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Consolidated Regulations of British Columbia

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This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at www.bclaws.ca.

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Insurance (Vehicle) Act

PERMANENT IMPAIRMENT REGULATION

B.C. Reg. 61/2021

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Definitions for Act and regulation

- 1 (1) For the purposes of section 113 of the Act and in this regulation, “**catastrophic injury**” means a catastrophic injury within the meaning of section 2 of this regulation.

(2) In this regulation:
 “**Act**” means the *Insurance (Vehicle) Act*;
 “**enhancement component**” means the component of a permanent impairment rating that is
 (a) calculated and determined in accordance with section 6 [*enhancement component for symmetrical body parts*], and
 (b) expressed as a percentage;
 “**permanent impairment component**” means the component of a permanent impairment rating that is
 (a) calculated and determined in accordance with section 5 [*calculation of permanent impairment component*], and
 (b) expressed as a percentage;
 “**permanent impairment rating**” means the sum of the enhancement component and the permanent impairment component that is
 (a) calculated and determined in accordance with section 4 [*calculation of permanent impairment rating*], and
 (b) expressed as a percentage.

Meaning of “catastrophic injury”

- 2 (1) In this section, if a provision refers to an injury resulting in a percentage, the percentage is calculated and determined

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- (a) by applying section 4 [*calculation of permanent impairment rating*] as if the percentage to be calculated and determined were the permanent impairment rating,
 - (b) 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 permanent impairment within the meaning of this regulation.
- (2) For the purposes of section 1 (1), an insured sustains a catastrophic injury if the insured sustains any of the following:
- (a) quadriplegia or paraplegia that meets the criteria for classification as Grade A or B on the ASIA impairment scale and is determined to result in a percentage, using the method described in subsection (1), of 65% or more;
 - (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 third of the humerus;
 - (iv) above-elbow amputation of an arm, involving the middle or distal third 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 is determined to result in a percentage, using the method described in subsection (1), of 80% or more;
 - (d) a functional alteration of the brain of any of the following types or any combination of them that is determined to result in a percentage, using the method described in subsection (1), of 50% or more:
 - (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, and including adverse effects from medication, that prevents the person from performing the activities of

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- daily living to such an 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, and including adverse effects of medication, that
 - (A) 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,
 - (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 less than 50% of the time,
 - (C) 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
 - (D) impairs the insured's ability to perform the activities of daily living 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, ability to function socially or sense of well-being, to the extent that the insured requires continuous supervision in an institutional or

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- controlled setting, or periodic supervision in such a setting for 50% or more of the time, and
- (ii) is determined to result in a percentage, using the method described in subsection (1), of 70% or more;
- (f) full-thickness burns resulting in consequential impairments, excluding scarring or disfigurement to all surface areas of the body other than the face, that are determined to result in a percentage, using the method described in subsection (1), of 75% or more;
- (g) a combination of any of the following injuries that is determined to result in a percentage, using the method described in subsection (1), of 80% or more:
- (i) an amputation referred to in paragraph (b) of this subsection;
 - (ii) one or more of the following amputations:
 - (A) elbow disarticulation, including amputation of the proximal third of the forearm;
 - (B) below-elbow amputation, involving the middle third of the forearm;
 - (C) wrist disarticulation, involving the distal third 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 that meets the criteria for classification 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 subparagraph is the result of one or more permanent impairments;
 - (iv) loss of vision that is determined to result in a percentage, using the method described in subsection (1), of 50% or more but less than 80%;
 - (v) one or more of the following types of functional alteration of the brain that are determined to result in a percentage, using the method described in subsection (1), of 30% or more:
 - (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;

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- (C) difficulty in using both upper limbs for personal hygiene and self-care with evidence of either proximal or distal upper limb neurological dysfunction bilaterally;
- (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 confined to only one of the upper limbs, 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 confined to only one of the upper limbs, 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, stairways 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;
- (R) anorectal function with complete loss of control;
- (S) anorectal function with limited control;
- (T) a Class 1, 2 or 3 sexual dysfunction;
- (U) one or more of the types of functional alteration of the brain referred to in paragraph (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, ability to function socially or 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) is determined to result in a percentage, using the method described in subsection (1), of 35% or more,
- (viii) full-thickness burns resulting in consequential impairments, excluding scarring or disfigurement to all surface areas of the body other than the face, that are determined to result in a percentage, using the method described in subsection (1), of 40% or more.

Compensation for permanent impairment

- 3 The corporation must calculate and determine the permanent impairment compensation to which an insured is entitled under section 129 [*permanent impairment compensation*] of the Act by
- (a) determining if the insured has sustained a catastrophic injury in accordance with section 2,
 - (b) determining the insured's permanent impairment rating in accordance with section 4, and
 - (c) determining the compensation that corresponds to, as applicable,
 - (i) the catastrophic injury in accordance with section 8 [*permanent impairment compensation calculation – catastrophic injury*], or
 - (ii) the permanent impairment rating in accordance with section 9 [*permanent impairment compensation calculation – non-catastrophic injury*].

Calculation of permanent impairment rating

- 4 The permanent impairment rating is the sum of
- (a) the permanent impairment component calculated and determined in accordance with section 5, and

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(b) one of the following:

- (i) the enhancement component calculated and determined in accordance with section 6 [*enhancement component for symmetrical body parts*];
- (ii) if no enhancement component is applicable, 0.

Calculation of permanent impairment component

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

- (a) if the insured sustains a permanent impairment described in any of the following provisions, the corporation must calculate and determine the percentage that corresponds to the permanent impairment sustained by the insured in accordance with the Schedule:
 - (i) a percentage in relation to section 13 [*wrist and hand – amputation*] of the Schedule must be calculated and determined in accordance with that section;
 - (ii) a percentage in relation to Division 3 of Part 3 [*throat and related structures*] of the Schedule must be calculated and determined in accordance with section 100 [*multiple impairments in Division added and multiplied by 0.7*] of the Schedule;
 - (iii) a percentage in relation to item 7 of section 106 [*other impairments to vision*] of the Schedule must be calculated and determined in accordance with section 107 of the Schedule;
 - (iv) a percentage in relation to sections 149 to 152 [*vestibulocochlear apparatus*] of the Schedule must be calculated and determined in accordance with section 148 [*formula to determine percentage for sections 149 to 152*] of the Schedule;
 - (b) if the insured sustains a permanent impairment not calculated and determined in accordance with paragraph (a), the corporation must calculate and determine the percentage that corresponds to the permanent impairment sustained by the insured in accordance with the Schedule;
 - (c) if the insured sustains a permanent impairment that is not described in the Schedule, the corporation must calculate and determine a percentage for the permanent impairment using one or more permanent impairments described in the Schedule as a guide to establish a percentage for the permanent impairment not described in the Schedule.
- (2) If, under subsection (1), the corporation calculates and determines only one percentage in the Schedule is applicable to a permanent impairment sustained by the insured, the percentage corresponding to the permanent impairment is the permanent impairment component.

- (3) If an insured's permanent impairment component is determined by reference to more than one permanent impairment, the permanent impairment component must be determined using the following formula:

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

where

- A = (a) for the first application of the formula, subject to subsection (4), the highest percentage corresponding to the permanent impairments sustained by the insured;
(b) for any subsequent application of the formula, the value solved for as C in the previous calculation;
- B = (a) for the first application of the formula, subject to subsection (4), the second highest percentage corresponding to the permanent impairments sustained by the insured;
(b) for any subsequent application of the formula, subject to subsection (4), the next highest percentage corresponding to the permanent impairments sustained by the insured;
- C = (a) subject to subsection (4), the value to be used as A in each subsequent application of the formula;
(b) if the B variable is the lowest percentage corresponding to the permanent impairments sustained by the insured when applying the formula, the permanent impairment component.
- (4) If any of the following result in a fraction of a percentage, the fraction must be rounded to the nearest whole percentage and if a percentage ends in .5 it must be rounded up to the nearest whole percentage:
- (a) the percentage corresponding to a permanent impairment sustained by the insured;
- (b) the percentage determined in accordance with subsection (3) as the C variable in each subsequent application of the formula;
- (c) the permanent impairment component calculated and determined in accordance with paragraph (b) of variable C.

Enhancement component for symmetrical body parts

- 6** (1) Subject to section 7, the enhancement component set out in subsection (2) is added to the permanent impairment component to determine the permanent impairment rating 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:

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$$EC = A \times 0.25$$

where

EC = the enhancement component;

A = subject to subsection (3), the percentage calculated and determined

(a) by applying section 5 as if the percentage to be calculated and 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 A in subsection (2), the percentage of an anatomico-physiological deficit that existed before an accident must be calculated and determined in accordance with section 5 as if the deficit resulted from the accident.

Exceptions to section 6

7 The enhancement component determined in accordance with section 6 does not apply to any of 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 compensation calculation – catastrophic injury

8 If the insured sustains a catastrophic injury, the permanent impairment compensation is \$264 430.

Permanent impairment compensation calculation – non-catastrophic injury

9 (1) Subject to subsection (2), the compensation for an insured's permanent impairment that is not a catastrophic injury must be calculated and determined using the following formula:

$$P = \text{PIR} \times \$167\,465$$

where

P = permanent impairment compensation in dollars;

PIR = the insured's permanent impairment rating.

(2) Despite subsection (1), if the permanent impairment compensation determined in accordance with subsection (1) is more than \$0, the minimum compensation in relation to a permanent impairment is \$836.

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Compensation determined at time of accident

- 10** (1) For the purposes of this section, “**permanent**” in relation to an impairment, means
- (a) following a period of time sufficient for optimal tissue repair, the impairment
 - (i) has become static, or
 - (ii) has stabilized, and
 - (b) the impairment is unlikely to change significantly with further therapy.
- (2) The corporation must not pay the compensation under section 8 or 9 until the impairment is permanent.
- (3) The corporation must calculate and determine the compensation under section 8 or 9 as of the date of the accident.

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Definition for Schedule

- 1 In this Schedule, “**non-specified abnormal healing**” means an anatomic abnormality at the end of the expected healing process that is not described elsewhere in the Schedule and includes the following:
 - (a) a change in angulation of the fracture fragment;
 - (b) rotational abnormalities;
 - (c) shortening.

PART 1 – MUSCULOSKELETAL SYSTEM**Application regarding amputation**

- 2 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.

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Part 1 – Musculoskeletal System

Division 1 – Upper Limb**Shoulder and arm – amputation**

- 3** If the insured sustains a shoulder or arm amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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

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

- 4** (1) If the insured sustains a sternum, clavicle, scapula, arm or rib fracture or removal, the percentage in column 2 corresponds to the insured's fracture or removal described opposite in column 1.
- (2) In respect of item 2, a rib fracture must be documented by an imaging study.

Item	Column 1 Shoulder, rib or arm fracture or rib removal		Column 2 Percentage
1	Fracture of sternum, clavicle, scapula or humerus with non-specified abnormal healing		1%
2	Subject to subsection (2), fracture of a rib		0.5% per rib to a maximum of 2%
3	Removal of a rib		2% per rib
4	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%
5	Chronic osteomyelitis of any upper limb bone with active drainage		3%

Shoulder and arm – non-bony disruption

- 5** (1) If the insured sustains a permanent shoulder or arm non-bony disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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Part 1 – Musculoskeletal System

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

Item	Column 1 Shoulder or arm non-bony disruption		Column 2 Percentage
1	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%
2	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 no strength deficit in supination or elbow flexion	1%
		distal or proximal biceps tendon rupture, with strength deficit in supination or elbow flexion	2%

**Shoulder and arm –
ligamentous and other soft tissue disruption**

- 6** (1) If the insured sustains a permanent shoulder or arm ligamentous or other soft tissue disruption, the percentage in column 2 corresponds to the insured's ligamentous or other soft tissue disruption described opposite in column 1.
- (2) In respect of items 2 and 3, confirmation must be provided by plane radiography.
- (3) If a disruption described in item 3 includes a Bankart lesion, Hill-Sachs deformity or labral tear, 1% is added to the percentage in column 2.

Item	Column 1 Ligamentous or soft tissue disruption		Column 2 Percentage
1	Acromioclavicular or sternoclavicular joint injury	grade 1 separation	0%
		grade 2 separation	1%
		grade 3 separation	2%

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Item	Column 1 Ligamentous or soft tissue disruption		Column 2 Percentage
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	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%

Shoulder and arm – range of motion
loss of shoulder joint complex

- 7 If the insured sustains a permanent range of motion loss of the shoulder joint complex, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

Item	Column 1 Range of motion loss of shoulder joint complex		Column 2 Percentage
1	Flexion-extension, which is described as 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, which is described as 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%

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Item	Column 1 Range of motion loss of shoulder joint complex		Column 2 Percentage
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 and forearm – amputation

- 8** If the insured sustains an elbow or forearm amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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 and forearm – fracture

- 9** If the insured sustains an elbow or forearm fracture, the percentage in column 2 corresponds to the insured's fracture described opposite in column 1.

Item	Column 1 Elbow or forearm fracture		Column 2 Percentage
1	Fractures of the radius, ulna or humerus, with non-specified abnormal healing		1%
2	Fracture of the radius	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	Fracture of the ulna	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%

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Elbow and forearm – non-bony disruption

- 10** If the insured sustains a permanent elbow or forearm non-bony disruption, the percentage in column 2 corresponds to the insured's non-bony disruption described opposite in column 1.

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 and forearm – ligamentous and other soft tissue disruption

- 11** If the insured sustains a permanent elbow or forearm ligamentous or other soft tissue disruption, the percentage in column 2 corresponds to the insured's ligamentous or other soft tissue disruption described opposite in column 1.

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

Elbow and forearm – range of motion loss

- 12** If the insured sustains a permanent range of motion loss of an elbow, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

Item	Column 1 Range of motion loss of elbow	Column 2 Percentage
1	Flexion-extension	no movement
		combined range of motion of 1° to 40°
		combined range of motion of 41° to 80°
		combined range of motion of 81° to 120°
		combined range of motion of 121° to 135°
		combined range of motion of more than 135°
		14%
		12%
		7%
		4%
		1%
		0%

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Item	Column 1 Range of motion loss of elbow		Column 2 Percentage
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 and hand – amputation

- 13** (1) If the insured sustains one amputation in relation to a wrist or hand, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.
- (2) If the insured sustains more than one amputation in relation to a wrist or hand, the percentage in respect of this section must be determined using the following formula:

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

where

- A = (a) for the first application of the formula, the highest percentage of the percentages in column 2 that corresponds to the description of the insured's amputations;
 (b) for any subsequent application of the formula, the value solved for as C in the previous calculation;
- B = (a) for the first application of the formula, the second highest percentage of the percentages in column 2 that corresponds to the description of the insured's amputations;
 (b) for any subsequent application of the formula, the next highest percentage of the percentages in column 2 that corresponds to the description of the insured's amputations;
- C = (a) the value to be used as A in each subsequent application of the formula;
 (b) if the B variable is the lowest percentage of the percentages in column 2 that corresponds to the description of the insured's amputations, the total percentage for this section.

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(4) If any of the following result in a fraction of a percentage, the fraction must be rounded to the nearest whole percentage and if a percentage ends in .5 it must be rounded up to the nearest whole percentage:

- (a) the percentage corresponding to an amputation sustained by the insured;
- (b) the percentage determined in accordance with subsection (3) as the C variable in each subsequent application of the formula;
- (c) the total percentage for this section calculated and determined in accordance with paragraph (b) of variable C.

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

Wrist and hand – fracture

- 14** If the insured sustains a wrist or hand fracture, the percentage in column 2 corresponds to the insured's fracture described opposite in column 1.

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

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Wrist and hand – non-bony disruption

- 15** If the insured sustains a permanent wrist or hand non-bony disruption, the percentage in column 2 corresponds to the insured's non-bony disruption described opposite in column 1.

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 and hand – ligamentous and other soft tissue disruption

- 16** (1) If the insured sustains a permanent wrist or hand ligamentous or other soft tissue disruption, the percentage in column 2 corresponds to the insured's ligamentous or other soft tissue disruption described opposite in column 1.
- (2) For the purposes of item 1, the carpal instability must be determined by radiological appearance, including carpal height, carpal translation and degree of joint arthrosis.

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

Wrist – range of motion loss

- 17** If the insured sustains permanent range of motion loss of a wrist, the percentage in column 2 corresponds to the insured's range of motion loss described in column 1.

Item	Column 1 Range of motion loss of wrist		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%

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Item	Column 1 Range of motion loss of wrist		Column 2 Percentage
2	Radial deviation 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

- 18** If the insured sustains permanent range of motion loss of a hand, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

Item	Column 1 Range of motion loss of hand		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%

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Item	Column 1 Range of motion loss of hand		Column 2 Percentage
3	Thumb adduction	8 cm distance 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 distance 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 distance 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 distance 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 distance 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%

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Item	Column 1 Range of motion loss of hand		Column 2 Percentage
5	Thumb opposition	8 cm distance 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 cm distance 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%
		4 cm distance from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	1%
		2 cm distance from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	2%
		less than 2 cm distance from flexor crease of the interphalangeal joint of the thumb to the distal palmar crease overlying the metacarpophalangeal joint of the middle finger	4%
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%

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Division 2 – Lower Limb**Pelvis – amputation**

- 19** If the insured sustains a pelvic amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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

Pelvis – fracture and loss of motion

- 20** If the insured sustains pelvic fracture or permanent loss of motion, the percentage in column 2 corresponds to the insured's fracture or loss of motion described opposite in column 1.

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

Hip and thigh – amputation

- 21** If the insured sustains a hip or thigh amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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

Hip and thigh – fracture

- 22** If the insured sustains a hip or thigh fracture, the percentage in column 2 corresponds to the insured's fracture described opposite in column 1.

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

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Item	Column 1 Hip or thigh fracture		Column 2 Percentage
4	Fracture complication with femoral shaft fractures and malrotation	more than 20°	4%
		10° to 20°	2%
5	Femoral fractures with non-specified abnormal healing		1%

Hip and thigh – non-bony disruption

- 23** If the insured sustains a permanent hip or thigh non-bony disruption, the percentage in column 2 corresponds to the insured's non-bony disruption described opposite in column 1.

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

- 24** If the insured sustains permanent range of motion loss of a hip, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

Item	Column 1 Range of motion loss of hip		Column 2 Percentage
1	Hip joint ankylosis	in a position prohibiting gait	25%
		in a position allowing gait	20%
2	Range of motion restriction in respect of flexion-extension	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	Range of motion restriction in respect of internal-external rotation	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%

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Item	Column 1 Range of motion loss of hip		Column 2 Percentage
4	Range of motion restriction in respect of abduction-adduction	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

- 25** If the insured sustains permanent thigh muscular atrophy, the percentage in column 2 corresponds to the insured's muscular atrophy described opposite in column 1.

Item	Column 1 Thigh muscular atrophy	Column 2 Percentage
1	Thigh muscular atrophy of 2 cm or more, circumference as measured 15 cm above the superior pole of the patella, including any resulting weakness, resulting from non-bony disruption, underlying fracture or objective knee condition	2%

Knee and leg – amputation

- 26** If the insured sustains a knee or leg amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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 and leg – fracture and fracture complication

- 27** (1) If the insured sustains a knee or leg fracture or fracture complication, the percentage in column 2 corresponds to the insured's fracture or fracture complication described opposite in column 1.
- (2) For certainty,
- (a) the impairment described in item 1 includes any weakness, and
 - (b) the impairment described in item 2 includes any limb shortening or weakness.

Item	Column 1 Knee or leg fracture or fracture complication	Column 2 Percentage
1	Tibial, fibular or patellar fractures with non-specified abnormal healing	1%

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Item	Column 1 Knee or leg fracture or fracture complication		Column 2 Percentage
2	Fracture complication in relation to knee or leg fracture	patellar fractures resulting in its surgical removal	5%
		fracture or dislocation of the patella resulting in quadriceps atrophy	2%
		tibial or fibular fractures resulting in single or multi-planar angulation of more than 15°	5%
		tibial or fibular fractures resulting in single or multi-planar angulation of 10° to 15°	2.5%
		tibial or fibular fractures resulting in malrotation of more than 20°	3%
		tibial or fibular fractures resulting in malrotation of 10° to 20°	2%
		knee, thigh or leg injuries requiring a knee arthroplasty	8%
		intra-articular fracture of the knee	2%

Knee and leg – non-bony disruption

- 28** If the insured sustains a permanent knee or leg non-bony disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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 and leg – ligamentous and other soft tissue disruption

- 29** (1) If the insured sustains a permanent knee or leg ligamentous or other soft tissue disruption, the percentage in column 2 corresponds to the insured's ligamentous or other soft tissue disruption described opposite in column 1.
- (2) In respect of item 5, a chondral injury must be confirmed by magnetic resonance imaging or arthroscopy.

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Item	Column 1 Knee or leg ligamentous or other soft tissue disruption		Column 2 Percentage
1	Cruciate or collateral ligament injuries associated with	occasional instability not interfering with occupational or recreational function	2%
		regular episodes of instability that interferes with occupational or recreational function	7%
		frequent episodes of instability that limits most occupational and recreational function	10%
		frequent episodes of instability that prohibit all occupational and recreational function	15%
2	Medial or lateral meniscal sprain or stretch with no tears		0%
3	Medial or lateral meniscal tears		2%
4	Post-traumatic patellofemoral pain syndrome with objective signs		1%
5	Subject to subsection (2), chondral injury		2%

Knee – range of motion loss

- 30** (1) In this section, “**neutral position**” means a knee straight position.
- (2) If the insured sustains permanent range of motion loss of a knee, the percentage in column 2 corresponds to the insured’s range of motion loss described opposite in column 1.

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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) damage to the patella; (ii) shortening of the lower limb; (iii) muscular atrophy or weakness	20%
		in a functional position, with or without any of the following: (a) damage to the patella; (b) shortening by 3 cm or less; (c) altered alignment, including recurvatum, varus, valgus and rotation; (d) muscular atrophy or weakness	15%
2	Range of motion restriction in respect of flexion	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	less than 5° away from neutral position	0%
		5° to 9° away from neutral position	4%
		10° to 20° away from neutral position	8%
		more than 20° away from neutral position	14%

Lower leg – muscular atrophy

- 31** If the insured sustains permanent lower leg muscular atrophy, the percentage in column 2 corresponds to the insured's atrophy described opposite in column 1.

Item	Column 1 Lower leg muscular atrophy	Column 2 Percentage
1	Leg muscular atrophy of 1.5 cm or more, circumference as measured 15 cm below the inferior pole of the patella, including any weakness, resulting from non-bony disruption, underlying fracture or objective knee or ankle condition, not including ankylosis	2%

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Ankle and foot – amputation

- 32** If the insured sustains an ankle or foot amputation, the percentage in column 2 corresponds to the insured's amputation described opposite in column 1.

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 fifth metatarsal	2%
9	Amputation of the big toe at the interphalangeal joint	2%
10	Total or partial amputation of the second, third, fourth and fifth toes	1% per toe

Ankle and foot – fracture and fracture complication

- 33** If the insured sustains an ankle or toe fracture or fracture complication, the percentage in column 2 corresponds to the insured's fracture or fracture complication described opposite in column 1.

Item	Column 1 Ankle or foot fracture or fracture complication	Column 2 Percentage
1	Fracture complication in relation to fracture of the tibia or fibula	with angulation of more than 15°
		with angulation of 5° to 15°
		with shortening of more than 4 cm
		with shortening of more than 2 cm to 4 cm
		with shortening of 1 cm to 2 cm
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	Post-traumatic tarsal or metatarsal deformity necessitating the use of a custom-fitted shoe or orthosis to accommodate for the condition	0.5%
6	Fractures of the tibia, fibula, tarsal or metatarsal bones with non-specified abnormal healing	1%

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Ankle and foot – non-bony disruption

- 34** If the insured sustains a permanent ankle or foot non-bony disruption, the percentage in column 2 corresponds to the insured's non-bony disruption described opposite in column 1.

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

Ankle and foot – ligamentous disruption

- 35** If the insured sustains permanent ankle or foot ligamentous disruption, the percentage in column 2 corresponds to the insured's ligamentous disruption described opposite in column 1.

Item	Column 1 Ankle or foot ligamentous disruption	Column 2 Percentage
1	Ligament injury resulting in chronic ankle instability	1.5%

Ankle and foot – range of motion loss

- 36** If the insured sustains permanent range of motion loss of an ankle or foot, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

Item	Column 1 Range of motion loss of ankle or foot	Column 2 Percentage
1	Ankylosis of the ankle or foot	subtalar, midtarsal, tibiotalar, also known as a pan-arthrodesis procedure
		tibiotalar up to 10° of plantar flexion, with loss of inversion and eversion
		subtalar and midtarsal, also known as a triple arthrodesis procedure
		subtalar
		tarsal-metatarsal
		metatarsophalangeal of the big toe
		metatarsophalangeal of any toe other than the big toe
		interphalangeal of the big toe
		interphalangeal of any other toe other than the big toe
		12%
		8%
		4%
		3%
		2.5%
		1.5%
		0.5% per toe
		1%
		0.5% per toe

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Item	Column 1 Range of motion loss of ankle or foot		Column 2 Percentage
2	Range of motion restriction in relation to tibiotalar plantar flexion	1° to 10°	6%
		11° to 20°	3%
		more than 20°	0%
3	Range of motion restriction in relation to tibiotalar dorsiflexion	0 to 10°	3%
		more than 10°	0%
4	Range of motion restriction in relation to subtalar		2%
5	Range of motion restriction in relation to midtarsal		1%
6	Range of motion restriction in relation to toe	big toe	0%
		any other toe	0%

Division 3 – Spine**Interpretation for Division**

- 37** (1) In this Division, “**bony fusion**” includes using an internal fixation device or bone graft material.
- (2) For the purposes of items 3, 8 to 10 and 12 in section 38, items 1, 2, 4 and 5 of section 39 [*thoracic spine*], items 1, 2, 4 and 5 of section 40 [*lumbar spine*] and items 2 and 4 of section 41 [*other spinal impairment*], the following is the minimum slippage:
- (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

- 38** (1) If the insured sustains a permanent cervical spine impairment, the percentage in column 2 corresponds to the insured’s cervical spine impairment described opposite in column 1.
- (2) For the purpose of item 5, impairment of the active range of motion of the atlanto-axial joint must be documented by the inclinometer method.
- (3) For the purpose of item 6, instability must be documented by evidence of excessive motion on flexion-extension views.
- (4) For the purpose of item 8, instability must be documented by radiographic instability on flexion-extension views.

Item	Column 1 Cervical spine impairment	Column 2 Percentage
1	Fusion or bony fusion of the atlanto-occipital joint, also known as C0 and C1, including post-traumatic bony alterations	6%

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Item	Column 1 Cervical spine impairment		Column 2 Percentage
2	Fusion or bony fusion of the atlanto-axial joint, also known as C1 and C2, including post-traumatic bony alterations		12%
3	Non-union of the odontoid process following a fracture	(a) with evidence of radiographic instability, and	6%
		(b) with minimum slippage in accordance with section 37 (2)	
		(a) without evidence of radiographic instability, and	3%
		(b) with minimum slippage in accordance with section 37 (2)	
4	Uncomplicated odontoid fracture without instability		0.5%
5	Subject to subsection (2), impaired active range of motion of the atlanto-axial joint, also known as C1 and C2, following a fracture or ligamentous injury		2.5%
6	Subject to subsection (3), instability of the atlanto-axial joint, also known as C1 and C2, following a fracture or ligamentous injury	forward slippage of less than 5mm	2.5%
		forward slippage of 5mm or more	5%
7	Fusion or bony fusion of any of 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 37 (2)		2% per inter-space
9	Vertebral body non-compression fracture with a minimum measurement in accordance with section 37 (2)	with radiographic instability	6%
		without radiographic instability	3%
10	Vertebral body compression fracture with radiographic instability on flexion-extension views with a minimum measurement in accordance with section 37 (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%

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Item	Column 1 Cervical spine impairment		Column 2 Percentage
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 37 (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

- 39** If the insured sustains a permanent thoracic spine impairment, the percentage in column 2 corresponds to the insured's thoracic spine impairment described opposite in column 1.

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 37 (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 37 (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 37 (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 37 (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

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Lumbar spine

- 40** If the insured sustains a permanent lumbar spine impairment, the percentage in column 2 corresponds to the insured's lumbar spine impairment described opposite in column 1.

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 37 (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 37 (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 37 (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 37 (2)		2%

Other spinal impairment

- 41** If the insured sustains a permanent spinal impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

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Item	Column 1 Spinal impairment	Column 2 Percentage
2	Complete laminectomy including removal of both laminae and spinous processes with a minimum measurement in accordance with section 37 (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 37 (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 2 – CENTRAL AND PERIPHERAL NERVOUS SYSTEM**Definitions for Part****42** In this Part:

“**authorized health care provider**” means authorized health care provider as defined in section 1 (1) of the Enhanced Accident Benefits Regulation;

“**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;

“**paraplegia**” means a neurological injury that

- (a) affects the trunk and lower limbs, but does not affect the upper limbs and head, and
- (b) manifests with alterations in motor power and control and sensory loss below the level of injury;

“**quadriplegia**” means a neurological injury that

- (a) affects upper and lower limbs, and
- (b) manifests with alterations in motor power and control and sensory loss below the level of injury.

Division 1 – Skull, Brain and Carotid Vessels**Alteration of brain tissue – cerebral concussion and contusion**

- 43** (1) If the insured sustains a cerebral concussion or contusion, the percentage in column 2 corresponds to the insured’s cerebral concussion or contusion described opposite in column 1.

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- (2) The signs and symptoms of a cerebral concussion or contusion described in column 1 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.
- (3) A cerebral concussion or contusion must be diagnosed by an authorized health care provider.

Item	Column 1 Cerebral concussion or contusion	Column 2 Percentage
1	Subject to subsections (2) and (3), a minor cerebral concussion or contusion, with <ul style="list-style-type: none"> (a) post-traumatic amnesia of less than 30 minutes, or (b) a loss of consciousness of less than 5 minutes 	0.5%
2	Subject to subsections (2) and (3), a moderate cerebral concussion or contusion, with <ul style="list-style-type: none"> (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	Subject to subsections (2) and (3), a severe cerebral concussion or contusion, with <ul style="list-style-type: none"> (a) post-traumatic amnesia of 24 hours or more, or (b) a loss of consciousness of 1 hour or more 	5%

Alteration of brain tissue – post-traumatic alteration of tissue

- 44** If the insured sustains a permanent post-traumatic alteration of brain tissue, the percentage in column 2 corresponds to the insured's alteration described opposite in column 1.

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

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Alteration of skull – post-traumatic bony alteration

- 45** If the insured sustains a permanent post-traumatic bony alteration of the skull, the percentage in column 2 corresponds to the insured's alteration described opposite in column 1.

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 fracture of calvarium

- 46** If the insured sustains a permanent bony deformity of the skull following a depressed fracture of the calvarium, the percentage in column 2 corresponds to the insured's deformity described opposite in column 1.

Item	Column 1 Bony deformity impairment following a depressed fracture of the calvarium	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

- 47** If the insured sustains a permanent alteration of cerebrovascular supply, the percentage in column 2 corresponds to the insured's alteration described opposite in column 1.

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

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Part 2 – Central and Peripheral Nervous System

Functional alteration of brain – upper limb function

- 48** If the insured sustains a permanent functional alteration of the brain that affects upper limb function, the percentage in column 2 corresponds to the insured's alteration described opposite in column 1.

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 proximal or distal upper limb neurological dysfunction bilaterally	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 confined to 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 confined to 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%

Functional alteration of brain – effect on station and gait

- 49** If the insured sustains a permanent functional alteration of the brain that affects station and gait, the percentage in column 2 corresponds to the effect on the insured's station or gait described opposite in column 1.

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) stairways, or (c) uneven terrain	15%
4	Slight difficulty walking	5%

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Part 2 – Central and Peripheral Nervous System

Functional alteration of brain – effect on bladder function

- 50** If the insured sustains a permanent functional alteration of the brain that affects bladder function, the percentage in column 2 corresponds to the effect on the insured's bladder function described opposite in column 1.

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	Alteration of the bladder with enterocystoplasty		10%
3	Alteration of the bladder without enterocystoplasty		3%

Functional alteration of brain – effect on anorectal function

- 51** If the insured sustains a permanent functional alteration of the brain that affects anorectal function, the percentage in column 2 corresponds to the effect on the insured's anorectal function described opposite in column 1.

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

- 52** If the insured sustains a permanent functional alteration of the brain that results in sexual dysfunction, the percentage in column 2 corresponds to the insured's sexual dysfunction described opposite in column 1.

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

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Functional alteration of brain – communication disorder

- 53** If the insured sustains a permanent functional alteration of the brain that results in a communication disorder, the percentage in column 2 corresponds to the insured's communication disorder described opposite in column 1.

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

- 54** (1) In this section “**alteration of consciousness**” includes adverse effects from medication.
- (2) If the insured sustains a permanent functional alteration of the brain that relates to an alteration of consciousness, the percentage in column 2 corresponds to the insured's alteration of consciousness described opposite in column 1.

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 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%

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Item	Column 1 Alteration of consciousness	Column 2 Percentage
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 and integrative mental functions

- 55** (1) In this section, “**higher cognitive or integrative mental functions**” includes organic cerebral syndrome, dementia and neurologic deficiencies and adverse effects of medication.
- (2) If the insured sustains a permanent functional alteration of the brain that results in an alteration of higher cognitive or integrative mental functions, the percentage in column 2 corresponds to the insured's alteration of higher cognitive or integrative mental functions described opposite in column 1.

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**Interpretation for Division**

- 56** In this Division, “**ASIA impairment scale**” means the International Standards for Neurological Classification of Spinal Cord Injury, as amended from time to time, of the American Spinal Injury Association.

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Part 2 – Central and Peripheral Nervous System

Quadriplegia or paraplegia – ASIA Grades A and B

- 57** (1) If the insured sustains quadriplegia or paraplegia that meets the criteria for classification as Grade A on the ASIA impairment scale, the percentage in column 2 corresponds to the insured's quadriplegia or paraplegia described opposite in column 1.
- (2) If the insured sustains quadriplegia or paraplegia that meets the criteria for classification as Grade B on the ASIA impairment scale, the percentage in column 3 corresponds to the insured's quadriplegia or paraplegia described opposite in column 1.

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 or paraplegia –
ASIA Grades C and D – upper limb function**

- 58** 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,
- the percentage in column 2 corresponds to the insured's upper limb function described opposite in column 1.

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%

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Item	Column 1 Upper limb function, ASIA impairment scale Grade C or D	Column 2 Percentage
3	Difficulty in using both upper limbs for personal hygiene and self-care with evidence of either proximal or distal upper limb neurological dysfunction bilaterally	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 confined to 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 confined to 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 or paraplegia –
ASIA Grades C and D – effect on station and gait**

- 59** 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,
- the percentage in column 2 corresponds to the insured's station or gait described opposite in column 1.

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) stairways, or (c) uneven terrain	15%
4	Slight difficulty walking	5%

**Quadriplegia or paraplegia –
ASIA Grades C and D – effect on bladder function**

- 60** If the insured sustains quadriplegia or paraplegia that

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

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

the percentage in column 2 corresponds to the insured's bladder function described opposite in column 1.

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
		partial loss of sphincter control
		dysfunction in the form of frequency or hesitancy
2	Alteration of the bladder with enterocystoplasty	10%
3	Alteration of the bladder without enterocystoplasty	3%

Quadriplegia or paraplegia –**ASIA Grades C and D – effect on anorectal function**

61 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,

the percentage in column 2 corresponds to the insured's anorectal function described opposite in column 1.

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 or paraplegia –**ASIA Grades C and D – sexual dysfunction**

62 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,

the percentage in column 2 corresponds to the insured's sexual dysfunction described opposite in column 1.

Item	Column 1 Sexual dysfunction, ASIA impairment scale Grade C or D	Column 2 Percentage
1	Class 1 means sexual functioning is possible with lack of awareness, excitement or lubrication or difficulty of erection or ejaculation	5%

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Item	Column 1 Sexual dysfunction, ASIA impairment scale Grade C or D	Column 2 Percentage
2	Class 2 means reflex sexual functioning is possible but there is no awareness	10%
3	Class 3 means (a) infertility, (b) total absence of sexual functioning, or (c) both infertility and a total absence of sexual functioning	15%

**Quadriplegia or paraplegia –
ASIA Grades C and D – autonomic dysreflexia**

- 63** 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,
- the percentage in column 2 corresponds to the insured's autonomic dysreflexia described opposite in column 1.

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

Division 3 – Cranial Nerves**Olfactory nerves – loss and distortion of smell**

- 64** If the insured sustains a permanent loss or distortion of smell, the percentage in column 2 corresponds to the insured's loss or distortion of smell described opposite in column 1.

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

PERMANENT IMPAIRMENT REGULATION

Part 2 – Central and Peripheral Nervous System

Oculomotor nerve and eye parasympathetic input

- 65** If the insured sustains permanent impairment in relation to the oculomotor nerve or the eye parasympathetic input, the percentage in column 2 corresponds to the insured's oculomotor nerve or eye parasympathetic input impairment described opposite in column 1.

Item	Column 1 Oculomotor nerves or eye parasympathetic input impairment		Column 2 Percentage
1	Ptosis	droop but pupil not covered	0.5% per eye
		lid partially covers pupil, interfering with vision	2% per eye
		complete ptosis	4% per eye
		complete and bilateral	25%
2	Pupil dilation, if symptomatic		1% per eye
3	Diplopia	in gaze off midline that is correctable with prisms	2%
		in gaze off midline that is not correctable with prisms	6%
		in primary gaze that is correctable with prisms	4%
		in primary gaze that is not correctable with prisms	8%

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Part 2 – Central and Peripheral Nervous System

Trigeminal nerves

- 66** If the insured sustains a permanent trigeminal nerve impairment, the percentage in column 2 corresponds to the insured's trigeminal nerve impairment described opposite in column 1.

Item	Column 1 Trigeminal nerve impairment		Column 2 Percentage
1	Motor impairment	detectable weakness but no functional impairment	1% per side
		weakness with resulting difficulty chewing	2% per side
		weakness with resulting difficulty swallowing	5% per side
		weakness with resulting 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
		dystonic or other involuntary movement of jaw that is moderate but controllable with treatment	5% per side
		dystonic or other involuntary movement of jaw that is severe and uncontrollable and includes pain	10% per side
2	Sensory impairment in relation to the ophthalmic nerve	class 1, as evidenced by no impairment	0% per side
		class 2, as evidenced by hypoesthesia	2% per side
		class 3, as evidenced by complete loss	5% per side
3	Sensory impairment in relation to the maxillary nerve	class 1, as evidenced by no impairment	0% per side
		class 2, as evidenced by hypoesthesia	1% per side
		class 3, as evidenced by complete loss	3% per side
4	Sensory impairment in relation to the mandibular nerve	class 1, as evidenced by no impairment	0% per side
		class 2, as evidenced by hypoesthesia	1% per side
		class 3, as evidenced by complete loss	3% per side
5	Nerve impairment with associated pain	controlled by medication	2% per side
		partially controlled by medication, or not functionally limiting	3% per side
		uncontrolled by medication and functionally limiting	10% per side

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Part 2 – Central and Peripheral Nervous System

Facial nerve

- 67** (1) If the insured sustains a permanent facial nerve impairment, the percentage in column 2 corresponds to the insured's facial nerve impairment described opposite in column 1.
- (2) In the case of facial weakness under item 2,
- (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 8,
- (a) if the loss of taste includes a distortion of taste that is unpleasant but not distracting, 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.

Item	Column 1 Facial nerve impairment		Column 2 Percentage
1	Stapedius weakness	stapedius reflex lost with sonophobia or hyperacusis	2%
2	Facial weakness	class 1, as evidenced by no weakness	0%
		class 2, as evidenced by weakness but full eye closure	subject to subsection (2), 2%
		class 3, as evidenced by weakness with incomplete eye closure	subject to subsection (2), 4%
		class 4, as evidenced by near complete paralysis	subject to subsection (2), 6%
		class 5, as evidenced by complete paralysis	subject to subsection (2), 8%
3	Facial synkinesia		1%
4	Hemifacial spasms		3%
5	Loss of sensation in ear canal		0%

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6	Lacrimation	dry eyes, no drops needed for (a) one eye, or (b) both eyes	0.5%
		dry eyes, needing drops for (a) one eye, or (b) both eyes	2%
		excessive tearing in (a) one eye, or (b) both eyes	1%
7	Salivation dysfunction leading to dry mouth		2%
8	Taste	incomplete loss	subject to subsection (3), 0.5%
		total loss meaning a bilateral lesion	subject to subsection (3), 2%

Auditory nerve tinnitus

- 68** (1) If the insured sustains a permanent auditory nerve impairment resulting in tinnitus, the percentage in column 2 corresponds to the insured's tinnitus described opposite in column 1.
- (2) For certainty, the percentage in column 2 applies if the tinnitus is unilateral or bilateral.

Item	Column 1 Tinnitus	Column 2 Percentage
1	Class 1 means tinnitus that (a) is intermittent and noticeable only in a quiet environment, and (b) does not disturb sleep	0.5%
2	Class 2 means tinnitus that (a) is constantly present and bothersome in a quiet environment, (b) disturbs concentration, and (c) disturbs sleep	2%
3	Class 3 means 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%

[am. B.C. Reg. 117/2021, App. 7, s. 1.]

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Glossopharyngeal, vagal and hypoglossal impairment

- 69** If the insured sustains a permanent glossopharyngeal, vagal or hypoglossal impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

Spinal accessory impairment

- 70** If the insured sustains a permanent spinal accessory impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

Division 4 – Peripheral Nervous System**Classification of motor impairment**

- 71** The classification of a motor impairment in sections 72, 73 [*motor impairment – peripheral roots – head and neck*] and 74 [*motor impairment – peripheral roots – upper limb*] must be determined in accordance with the following grades:
- (a) grade 5 impairment as evidenced by no loss of motor function and the absence of weakness;
 - (b) grade 4 impairment as evidenced by weakness against strong resistance, including any muscle atrophy;

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- (c) grade 3 impairment as evidenced by weakness against minor resistance, with full range of motion against gravity, including any muscular atrophy;
- (d) grade 2 impairment as evidenced by weakness with full range of motion with gravity eliminated, including any muscular atrophy;
- (e) grade 1 impairment as evidenced by weakness with less than full range of motion, even with gravity eliminated, including muscular atrophy;
- (f) grade 0 as evidenced by complete paralysis, including muscular atrophy.

Motor impairment – nerve roots

- 72** If the insured sustains a permanent nerve root impairment, the percentage in column 2, 3, 4, 5, 6 or 7, determined in accordance with section 71, corresponds to the insured's impaired structure described opposite in column 1.

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

Motor impairment – peripheral roots – head and neck

- 73** If the insured sustains a permanent peripheral root motor impairment in relation to the head or neck, the percentage in column 2, 3, 4, 5, 6 or 7, determined in accordance with section 71 [*classification of motor impairment*], corresponds to the insured's impaired structure described opposite in column 1.

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Item	Column 1 Impaired structure	Column 2 Grade 5 – percentage	Column 3 Grade 4 – percentage	Column 4 Grade 3 – percentage	Column 5 Grade 2 – percentage	Column 6 Grade 1 – percentage	Column 7 Grade 0 – percentage
1	Greater occipital	0%	0%	0%	0%	0%	0%
2	Lesser occipital	0%	0%	0%	0%	0%	0%
3	Auricular branch of C2 and C3	0%	0%	0%	0%	0%	0%

Motor impairment – peripheral roots – upper limb

- 74** If the insured sustains a permanent peripheral root motor impairment in relation to an upper limb, the percentage in column 2, 3, 4, 5, 6 or 7, determined in accordance with section 71 [*classification of motor impairment*], corresponds to the insured's impaired structure described opposite in column 1.

Item	Column 1 Impaired structure	Column 2 Grade 5 – percentage	Column 3 Grade 4 – percentage	Column 4 Grade 3 – percentage	Column 5 Grade 2 – percentage	Column 6 Grade 1 – percentage	Column 7 Grade 0 – percentage
1	Axillary	0%	5%	10.5%	16%	21%	21%
2	Dorsal scapular	0%	1%	1.5%	2%	3%	3%
3	Long thoracic	0%	2%	4.5%	7%	9%	9%
4	Medial antebrachial cutaneous	0%	0%	0%	0%	0%	0%
5	Medial brachial cutaneous	0%	0%	0%	0%	0%	0%
6	Median nerve, above mid-forearm	0%	6.5%	13%	19.5%	26%	26%
7	Median nerve, anterior interosseous	0%	2%	4.5%	7%	9%	9%

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Item	Column 1 Impaired structure	Column 2 Grade 5 – percentage	Column 3 Grade 4 – percentage	Column 4 Grade 3 – percentage	Column 5 Grade 2 – percentage	Column 6 Grade 1 – percentage	Column 7 Grade 0 – percentage
8	Median nerve, below mid-forearm	0%	2%	3%	4.5%	6%	6%
9	Musculocutaneous	0%	4%	7.5%	11%	15%	15%
10	Lateral pectoral	0%	1%	2%	3%	4%	4%
11	Medial pectoral	0%	1%	2%	3%	4%	4%
12	Radial with triceps lost	0%	6%	12.5%	19%	25%	25%
13	Radial with triceps spared	0%	5%	10.5%	15%	21%	21%
14	Lower subscapular	0%	1%	1.5%	2%	3%	3%
15	Upper subscapular	0%	1%	1.5%	2%	3%	3%
16	Suprascapular	0%	2.5%	5%	7.5%	10%	10%
17	Thoracodorsal	0%	1.5%	3%	4.5%	6%	6%
18	Ulnar above mid-forearm	0%	7%	14%	21%	28%	28%
19	Ulnar below mid-forearm	0%	5%	10.5%	16%	21%	21%

[am. B.C. Reg. 54/2025, Sch. E, s. 1.]

**Motor impairment – peripheral roots –
lower limb – thigh, leg and foot**

- 75** If the insured sustains a permanent peripheral root motor impairment in relation to a thigh, leg or foot, the percentage in column 2, 3, 4, 5, 6 or 7, determined in accordance with section 71 [*classification of motor impairment*], corresponds to the insured's impaired structure described opposite in column 1.

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

Classification of sensory impairment

- 76** The classification of permanent sensory impairment in sections 77 to 81 [*sensory impairment – nerve roots and peripheral roots*] must be determined in accordance with the following grades:

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- (a) grade 1 as evidenced by no sensory impairment;
- (b) grade 2 as evidenced by hypesthesia, including dysesthesia, paresthesia and hyperesthesia;
- (c) grade 3 as evidenced by anesthesia including pain.

Sensory impairment – nerve roots

- 77** If the insured sustains a permanent sensory impairment in relation to the nerve roots, the percentage in column 2, 3 or 4, determined in accordance with section 76, corresponds to the insured's impaired structure described opposite in column 1.

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

Sensory impairment – peripheral roots – head and neck

- 78** If the insured sustains a permanent peripheral root sensory impairment in relation to the head or neck, the percentage in column 2, 3 or 4, determined in accordance with section 76 [*classification of sensory impairment*], corresponds to the insured's impaired structure described opposite in column 1.

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

Sensory impairment – peripheral roots – upper limb

- 79** If the insured sustains a permanent peripheral root sensory impairment in relation to an upper limb, the percentage in column 2, 3 or 4, determined in accordance with section 76 [*classification of sensory impairment*], corresponds to the insured's impaired structure described opposite in column 1.

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Item	Column 1 Impaired structure	Column 2 Grade 1 – percentage	Column 3 Grade 2 – percentage	Column 4 Grade 3 – percentage
1	Axillary	0%	1.5%	3%
2	Dorsal scapular	0%	0%	0%
3	Long thoracic	0%	0%	0%
4	Medial antebrachial cutaneous	0%	1.5%	3%
5	Medial brachial cutaneous	0%	1.5%	3%
6	Median nerve, above mid-forearm	0%	11.5%	23%
7	Median nerve, anterior interosseous	0%	0%	0%
8	Median nerve, below mid-forearm	0%	11.5%	23%
9	Median nerve, digital sensory branch, radial side of thumb	0%	2%	4%
10	Median nerve, digital sensory branch, ulnar side of thumb	0%	3.5%	7%
11	Median nerve, digital sensory branch, radial side of index finger	0%	1.5%	3%
12	Median nerve, digital sensory branch, ulnar side of index finger	0%	1%	2%
13	Median nerve, digital sensory branch, radial side of middle finger	0%	1.5%	3%
14	Median nerve, digital sensory branch, ulnar side of middle finger	0%	1%	2%
15	Median nerve, digital sensory branch, radial side of ring finger	0%	0.5%	1%
16	Musculocutaneous	0%	1.5%	3%
17	Lateral pectoral	0%	0%	0%
18	Medial pectoral	0%	0%	0%
19	Radial with triceps lost	0%	1.5%	3%
20	Radial with triceps spared	0%	1.5%	3%
21	Lower subscapular	0%	0%	0%
22	Upper subscapular	0%	0%	0%
23	Suprascapular	0%	1.5%	3%
24	Thoracodorsal	0%	0%	0%
25	Ulnar above mid-forearm	0%	2%	4%
26	Ulnar below mid-forearm	0%	2%	4%
27	Ulnar digital branch, ulnar side of ring finger	0%	0.5%	1%

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Item	Column 1 Impaired structure	Column 2 Grade 1 – percentage	Column 3 Grade 2 – percentage	Column 4 Grade 3 – percentage
28	Ulnar digital branch, radial side of small finger	0%	0.5%	1%
29	Ulnar digital branch, ulnar side of small finger	0%	0.5%	1%

Sensory impairment – peripheral roots – lower limb – inguinal region

- 80** If the insured sustains a permanent peripheral root sensory impairment in relation to the lower limb inguinal region, the percentage in column 2, 3 or 4, determined in accordance with section 76 [*classification of sensory impairment*], corresponds to the insured's impaired structure described opposite in column 1.

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

Sensory impairment – peripheral roots – lower limb – thigh, leg and foot

- 81** If the insured sustains a permanent peripheral root sensory impairment in relation to a thigh, leg or foot, the percentage in column 2, 3 or 4, determined in accordance with section 76 [*classification of sensory impairment*], corresponds to the insured's impaired structure described opposite in column 1.

Item	Column 1 Impaired structure	Column 2 Grade 1 – percentage	Column 3 Grade 2 – percentage	Column 4 Grade 3 – percentage
1	Femoral	0%	1%	2%
2	Inferior gluteal	0%	0%	0%
3	Superior gluteal	0%	0%	0%
4	Genitofemoral nerve	0%	1%	2%
5	Lateral femoral cutaneous	0%	2%	4%
6	Obturator	0%	0%	0%
7	Posterior thigh cutaneous	0%	1%	2%
8	Sciatic	0%	5%	10%
9	Peroneal, common	0%	1%	2%
10	Peroneal, deep, above mid-leg	0%	1%	2%
11	Peroneal, deep, below mid-leg	0%	0.5%	1%
12	Peroneal, superficial	0%	1%	2%
13	Tibial above knee	0%	2%	6%

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Part 2 – Central and Peripheral Nervous System

Item	Column 1 Impaired structure	Column 2 Grade 1 – percentage	Column 3 Grade 2 – percentage	Column 4 Grade 3 – percentage
14	Tibial posterior, above mid-calf	0%	2%	6%
15	Tibial posterior, below mid-calf	0%	1%	6%
16	Tibial medial plantar	0%	1%	2%
17	Tibial lateral plantar	0%	1%	2%
18	Tibial sural	0%	1%	2%

Sensory loss

- 82** If the insured sustains permanent sensory loss in relation to a sensory impairment described in sections 77 to 80 [*sensory impairment – nerve root and peripheral root sensory loss*], the percentage in column 2 corresponds to the insured's class of sensory loss described opposite in column 1.

Item	Column 1 Class of sensory loss	Column 2 Percentage
1	Class 1 as evidenced 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%
2	Class 2 as evidenced 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%
3	Class 3 as evidenced 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 77 to 80
4	Class 4 as evidenced 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 77 to 80

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Part 3 – Maxillofacial System

Brachial plexus impairment

- 83** If the insured sustains a permanent brachial plexus impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

- 84** If the insured sustains a permanent lumbosacral plexus impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Lumbosacral plexus impairment	Column 2 Percentage
1	Complete motor and sensory impairment	35%

PART 3 – MAXILLOFACIAL SYSTEM**Division 1 – Temporomandibular Joint (TMJ), Maxilla, Mandible and Teeth****Temporomandibular joint (TMJ) –
range of motion loss**

- 85** If the insured sustains a permanent temporomandibular joint range of motion loss, the percentage in column 2 corresponds to the insured's range of motion loss described opposite in column 1.

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%

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Part 3 – Maxillofacial System

Item	Column 1 Temporomandibular joint range of motion loss		Column 2 Percentage
2	Jaw excursion	opening 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 more than 30 mm as measured between the free edge of the upper and lower incisors	0%
3	Reduction of laterotrusion	laterotrusion less than 5 mm	4%
		laterotrusion of 5 mm to 8 mm	2%
		laterotrusion 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 more than 7 mm	0%

Temporomandibular joint (TMJ) – other dysfunction

- 86** If the insured sustains a permanent other dysfunction in relation to the temporomandibular joint, the percentage in column 2 corresponds to the insured's dysfunction described opposite in column 1.

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

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Part 3 – Maxillofacial System

Maxilla

- 87** If the insured sustains a permanent maxilla impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Maxilla impairment		Column 2 Percentage
1	Loss of hard palate and dental arch		20%
2	Loss of hard palate		10%
3	Loss of soft palate	with severe rhinolalia	10%
		with minor rhinolalia	3%
		with tubal dysfunction	3%
		without rhinolalia dysfunction or tubal dysfunction	1%
4	Loss of dental arch	loss of edentulous supporting tissues, 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	Malalignment of the palate and dental arch	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 consolidation of the palate and dental arch		5%
7	Non-union or malunion of the palate and dental arch		4%

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Part 3 – Maxillofacial System

Mandible

- 88** If the insured sustains a permanent mandible impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Mandible impairment		Column 2 Percentage
1	Body or ramus	loss of tissue with non-union	10%
		mal-union with malocclusion and temporomandibular joint dysfunction	6.5%
		mal-union with malocclusion, but without temporomandibular joint dysfunction	2%
2	Loss of dental arch and loss of edentulous supporting tissues	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

- 89** (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, the percentage in column 2 corresponds to the insured's damaged tooth described opposite in column 1, or
 - (b) the damaged tooth was unhealthy before the accident, the percentage in column 3 corresponds to the insured's damaged tooth described opposite in column 1.

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%

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Part 3 – Maxillofacial System

Division 2 – Fronto-Orbito-Nasal Area**Orbit – impairment of orbital wall causing displacement of eye**

- 90** If the insured sustains a permanent impairment of the orbital wall causing displacement of an eye, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

Orbit – disruption of medial and lateral canthus

- 91** If the insured sustains a permanent disruption of the medial or lateral canthus, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

Orbit – disruption of lacrimal apparatus

- 92** If the insured sustains a permanent disruption of the lacrimal apparatus, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

Orbit – malar bone and zygoma

- 93** If the insured sustains a permanent malar bone or zygoma impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Malar bone or zygoma impairment	Column 2 Percentage
1	Non-specified abnormal healing	1% per side

PERMANENT IMPAIRMENT REGULATION

Part 3 – Maxillofacial System

Nasal – airflow obstruction

- 94** If the insured sustains permanent airflow obstruction, the percentage in column 2 corresponds to the insured's obstruction described opposite in column 1.

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

Nasal – mucosal dysfunction

- 95** If the insured sustains permanent mucosal dysfunction, the percentage in column 2 corresponds to the insured's dysfunction described opposite in column 1.

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

Nasal – septal perforation

- 96** If the insured sustains permanent septal perforation, the percentage in column 2 corresponds to the insured's perforation described opposite in column 1.

Item	Column 1 Septal perforation	Column 2 Percentage
1	Less than 2 cm	0.5%
2	2 cm or more	1%

Nasal – paranasal sinus

- 97** If the insured sustains a permanent paranasal sinus impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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 section	1%

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Salivary gland

- 98** If the insured sustains a permanent salivary gland impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

- 99** If the insured sustains an anatomical loss or alteration of the tongue, the percentage in column 2 corresponds to the insured's loss or alteration described opposite in column 1.

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**Calculation and determination of multiple impairments in Division**

- 100** If the insured sustains multiple permanent impairments in this Division, the following steps apply in the following 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 in accordance with paragraph (a) by 0.7.

Air passage deficits – upper airway

- 101** (1) If the insured sustains a permanent air passage deficit in relation to the upper airway, the percentage in column 2 corresponds to the insured's deficit described opposite in column 1.
- (2) In respect of item 1, the insured is not excluded from Class 1 if the insured preventatively avoids strenuous competitive sport.

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Item	Column 1 Upper airway deficit	Column 2 Percentage
1	Subject to subsection (2), Class 1 as evidenced by the following: <ul style="list-style-type: none"> (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea is not produced in any of the following circumstances: <ul style="list-style-type: none"> (i) walking or climbing stairs freely; (ii) performance of one or more of the other activities of daily living; (iii) stress; (iv) prolonged exertion; (v) hurrying; (vi) hill climbing; (vii) recreation requiring intensive effort; (viii) similar activity to subparagraphs (i) to (vii); (d) partial obstruction of the oropharynx, upper trachea to the fourth ring, lower trachea or bronchi, or complete bilateral obstruction of the nose or nasopharynx 	5%
2	Class 2 as evidenced by the following: <ul style="list-style-type: none"> (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea is not produced in any of the following circumstances: <ul style="list-style-type: none"> (i) walking freely on a level surface; (ii) climbing at least one flight of ordinary stairs; (iii) performance of one or more of the other activities of daily living; (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the fourth ring, lower trachea to the fourth ring, bronchi, or complete bilateral obstruction of the nose or nasopharynx 	10%

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Item	Column 1 Upper airway deficit	Column 2 Percentage
3	Class 3 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea does not occur at rest; (c) dyspnea is produced by one or more of the following circumstances: (i) stress; (ii) prolonged exertion; (iii) hurrying; (iv) hill climbing; (v) recreation except sedentary forms; (vi) similar activity to subparagraphs (i) to (v); (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the fourth ring, lower trachea or bronchi	15%
4	Class 4 as evidenced by the following: (a) a recognized air passage defect exists; (b) dyspnea occurs at rest and the insured may or may not be bedridden; (c) dyspnea is produced by one or more of the following circumstances: (i) walking more than one or two blocks on a level surface; (ii) climbing one flight of ordinary stairs even with periods of rest; (iii) performance of one or more of the other activities of daily living; (iv) stress; (v) hurrying; (vi) hill climbing; (vii) recreation; (viii) similar activity to subparagraphs (i) to (vii); (d) partial obstruction of the oropharynx, laryngopharynx, larynx, upper trachea to the fourth ring, lower trachea or bronchi	20%
5	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 the performance of 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 fourth ring, lower trachea or bronchi	25%
6	Permanent tracheostomy or stoma	25%

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Mastication and deglutition

- 102** If the insured sustains a permanent impairment related to mastication or deglutition, the percentage in column 2 corresponds to the insured's dietary restriction described opposite in column 1.

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

Loss of taste

- 103** If the insured sustains a permanent loss of taste, the percentage in column 2 corresponds to the insured's loss of taste described opposite in column 1.

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

Speech impairment

- 104** (1) If an insured sustains a permanent speech impairment, the percentage in column 5 corresponds to the class of the speech impairment determined in accordance with subsection (2).
- (2) The insured's class of speech impairment is determined as follows:
- (a) in the case of an insured sustaining an impairment described by one criterion in column 2, column 3 or column 4, the class in column 1 that is opposite to the criterion sustained by the insured is the applicable class of speech impairment;
 - (b) in the case of an insured sustaining an impairment described by more than one criterion in column 2, column 3 or column 4, the class in column 1 that is opposite to the most severe criteria sustained by the insured is the applicable class of speech impairment.

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Item	Column 1 Class of impairment	Column 2 Audibility	Column 3 Intelligibility	Column 4 Functional efficiency	Column 5 Percentage
1	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 of the demands of articulation and phonation for everyday speech communication with adequate speed and ease, although occasionally the insured may hesitate or speak slowly	5%
2	Class 2	Can produce speech of intensity sufficient for most of the needs of everyday speech communication, the insured 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, the insured can speak name, address and similar information and be understood by a stranger but may have numerous inaccuracies, the insured sometimes appears to have 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%

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Item	Column 1 Class of impairment	Column 2 Audibility	Column 3 Intelligibility	Column 4 Functional efficiency	Column 5 Percentage
3	Class 3	<p>(a) can produce speech of intensity sufficient for some of the needs of everyday speech communication such as close conversation; however, the insured has considerable difficulty in places described in column 2 of item 2, or</p> <p>(b) the voice tires rapidly and tends to become inaudible after a few seconds</p>	Can perform some of the necessary articulatory acts for everyday speech communication, the insured can usually converse with family and friends; however, strangers may find it difficult to understand the insured, who often may be asked to repeat	<p>(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</p> <p>(b) may give the impression of being rapidly fatigued</p>	15%

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Item	Column 1 Class of impairment	Column 2 Audibility	Column 3 Intelligibility	Column 4 Functional efficiency	Column 5 Percentage
4	Class 4	(a) can produce speech of intensity sufficient for a few of the needs of everyday speech communication, (b) the insured can barely be heard by a close listener or over the telephone, or (c) the insured 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) the insured can produce some phonetic units, or (c) the insured may have approximations for a few words such as names of own family members, however the insured is 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 insured cannot maintain uninterrupted speech flow, or (b) speech is laboured, rate of speech is impractically slow	20%
5	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%

PART 4 – VISION**Definitions for Part****105** In this Part:

“**aphakia**” means absence of the lens of an eye, occurring congenitally or as a result of trauma or surgery;

“**pseudophakia**” means replacement of a naturally occurring lens of an eye with an artificial lens.

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Vision loss

- 106** If the insured sustains permanent vision loss, the percentage in column 2 corresponds to the insured's loss described opposite in column 1.

Item	Column 1 Vision loss		Column 2 Percentage
1	Bilateral loss of vision		80%
2	Alteration of vision	(a) homonymous,	35%
		(b) bitemporal quadrantanopsia, or	
		(c) hemianopsia	
		aphakia	
3	Unilateral loss of vision	without enucleation	12%
		with enucleation	6%
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%
7	Other impairments to vision		(a) the percentage in relation to a single eye must not exceed 30%, and (b) other impairments to vision are calculated and determined in accordance with section 107

**Calculation and determination of percentage
for other impairments to vision**

- 107** (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 C 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:

$$\frac{3A}{4} + \frac{B}{4} = C$$

where

A = the percentage of visual efficiency determined as variable G in the formula in subsection (3) in respect of the better eye;

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- B = the percentage of visual efficiency determined as variable G in the formula in subsection (3) for the other eye;
- C = the percentage of visual efficiency of binocular vision.
- (3) For the purposes of variables A and B in the formula set out in subsection (2), the visual efficiency of each eye is determined in accordance with the following formula:

$$D \times E \times F = G$$

where

- D = the percentage of visual acuity retained, calculated and determined in accordance with section 109 [*central visual acuity – percentage for variable D*];
- E = the percentage of visual field retained, calculated and determined in accordance with section 112 [*visual field – percentage for variable E*];
- F = the percentage of ocular motility retained, calculated and determined in accordance with section 114 [*ocular motility – percentage for variable F*];
- G = the percentage of visual efficiency of the eye in the formula in subsection (1).

Central visual acuity – testing methods

- 108** (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;

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(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) Landott's broken-ring chart.

Central visual acuity – percentage for variable D

109 (1) For the purpose of variable D in section 107, the insured's percentage of central visual acuity, without allowance for monocular pseudophakia and tested in accordance with section 108, is the percentage at the intersection of

(i) the Snellen rating for near vision on the horizontal axis, and

(ii) the Snellen rating for distance vision on the vertical axis.

Snellen rating for distance vision in feet	Approximate Snellen rating for near vision in inches													
	$\frac{16}{16}$	$\frac{16}{20}$	$\frac{16}{24}$	$\frac{16}{28}$	$\frac{16}{32}$	$\frac{16}{40}$	$\frac{16}{46}$	$\frac{16}{50}$	$\frac{16}{68}$	$\frac{16}{80}$	$\frac{16}{90}$	$\frac{16}{100}$	$\frac{16}{128}$	$\frac{16}{160}$
$\frac{20}{15}$	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%

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Snellen rating for distance vision in feet	Approximate Snellen rating for near vision in inches													
	<u>16</u> 16	<u>16</u> 20	<u>16</u> 24	<u>16</u> 28	<u>16</u> 32	<u>16</u> 40	<u>16</u> 46	<u>16</u> 50	<u>16</u> 68	<u>16</u> 80	<u>16</u> 90	<u>16</u> 100	<u>16</u> 128	<u>16</u> 160
<u>20</u> 125	30%	30%	33%	34%	35%	55%	57%	60%	70%	73%	73%	75%	78%	79%
<u>20</u> 150	34%	34%	37%	38%	39%	59%	61%	64%	74%	77%	78%	79%	82%	83%
<u>20</u> 200	40%	40%	43%	44%	45%	65%	67%	70%	80%	83%	84%	85%	88%	89%
<u>20</u> 300	43%	43%	45%	46%	48%	68%	70%	73%	83%	85%	86%	88%	90%	92%
<u>20</u> 400	45%	45%	48%	49%	50%	70%	72%	75%	85%	88%	89%	90%	93%	94%
<u>20</u> 800	48%	48%	50%	51%	53%	73%	75%	78%	88%	90%	91%	93%	95%	97%

(2) For the purpose of variable D in section 107, the insured's percentage of central visual acuity, with allowance for monocular pseudophakia or monocular aphakia and tested in accordance with section 108, is the percentage at the intersection of

(i) the Snellen rating for near vision on the horizontal axis, and

(ii) the Snellen rating for distance vision on the vertical axis.

Snellen rating for distance vision in feet	Approximate Snellen rating for near vision in inches													
	<u>16</u> 16	<u>16</u> 20	<u>16</u> 24	<u>16</u> 28	<u>16</u> 32	<u>16</u> 40	<u>16</u> 46	<u>16</u> 50	<u>16</u> 68	<u>16</u> 80	<u>16</u> 90	<u>16</u> 100	<u>16</u> 128	<u>16</u> 160
<u>20</u> 15	50%	50%	52%	52%	53%	63%	64%	65%	70%	72%	72%	73%	74%	75%
<u>20</u> 20	50%	50%	52%	52%	53%	63%	64%	65%	70%	72%	72%	73%	74%	75%
<u>20</u> 25	52%	52%	53%	53%	54%	64%	65%	66%	67%	72%	73%	74%	75%	76%
<u>20</u> 30	53%	53%	54%	54%	55%	65%	66%	68%	73%	74%	74%	75%	76%	77%
<u>20</u> 40	54%	54%	55%	56%	57%	67%	68%	69%	74%	75%	76%	77%	78%	79%
<u>20</u> 50	57%	57%	58%	58%	59%	69%	70%	72%	77%	78%	78%	79%	80%	81%

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Snellen rating for distance vision in feet	Approximate Snellen rating for near vision in inches													
	<u>16</u> 16	<u>16</u> 20	<u>16</u> 24	<u>16</u> 28	<u>16</u> 32	<u>16</u> 40	<u>16</u> 46	<u>16</u> 50	<u>16</u> 68	<u>16</u> 80	<u>16</u> 90	<u>16</u> 100	<u>16</u> 128	<u>16</u> 160
<u>20</u> 60	58%	58%	59%	60%	61%	70%	72%	73%	78%	79%	80%	81%	82%	83%
<u>20</u> 70	59%	59%	61%	61%	62%	72%	73%	74%	78%	79%	80%	81%	82%	83%
<u>20</u> 80	60%	60%	62%	62%	63%	73%	74%	75%	80%	82%	82%	83%	84%	85%
<u>20</u> 100	63%	63%	64%	64%	65%	75%	76%	78%	83%	84%	84%	85%	87%	87%
<u>20</u> 125	65%	65%	67%	67%	68%	78%	79%	80%	85%	87%	87%	88%	89%	90%
<u>20</u> 150	67%	67%	68%	69%	70%	80%	81%	82%	87%	88%	89%	90%	91%	92%
<u>20</u> 200	70%	70%	72%	72%	73%	83%	84%	85%	90%	91%	92%	93%	94%	95%
<u>20</u> 300	72%	72%	73%	73%	74%	84%	85%	87%	91%	93%	93%	94%	95%	96%
<u>20</u> 400	73%	73%	74%	74%	75%	85%	86%	88%	93%	94%	94%	95%	97%	97%
<u>20</u> 800	74%	74%	75%	76%	77%	87%	88%	89%	94%	95%	96%	97%	98%	99%

Visual field – testing methods

- 110** (1) For the purpose of testing the extent of the visual field, one of the following standard perimetry set out in column 1 must be used in accordance with column 2 or column 3 opposite it, as applicable.

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

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Item	Column 1	Column 2 Phakic	Column 3 Aphakic
3	HaagStreit 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 Stasis 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 certainty, the results of this section may be transferred to the chart in section 114 [*ocular motility*].

[am. B.C. Reg. 54/2025, Sch. E, s. 2.]

Vision meridians

111 (1) For certainty, the extent of the normal visual fields for the eight principal meridians are set out in the table.

Item	Column 1 Direction of vision	Column 2 Degrees of 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 the field must be subtracted from the maximum number of degrees for that meridian.

(3) For the purposes of section 112,

- (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 does not need to be tested, unless there is evidence that suggests that the results of the automated central field test are not representative of the entire field.

Deficit in visual field – percentage for variable E

112 (1) The percentage representing the insured’s permanent deficit in visual field in column 3 corresponds to

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- (a) the insured's degrees of visual field lost, tested in accordance with section 110 [*visual field – testing methods*], in column 1 opposite column 3, and
- (b) the insured's degrees of visual field retained, tested in accordance with section 110, in column 2 opposite column 3.
- (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: Deficit of visual field

Item	Column 1 Total degrees lost	Column 2 Total degrees retained	Column 3 Percentage
1	0	500°	0
2	5°	495°	1%
3	10°	490°	2%
4	15°	485°	3%
5	20°	480°	4%
6	25°	475°	5%
7	30°	470°	6%
8	35°	465°	7%
9	40°	460°	8%
10	45°	455°	9%
11	50°	450°	10%
12	55°	445°	11%
13	60°	440°	12%
14	65°	435°	13%
15	70°	430°	14%
16	75°	425°	15%
17	80°	420°	16%
18	85°	415°	17%
19	90°	410°	18%
20	95°	405°	19%
21	100°	400°	20%
22	105°	395°	21%
23	110°	390°	22%
24	115°	385°	23%
25	120°	380°	24%
26	125°	375°	25%
27	130°	370°	26%

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Item	Column 1 Total degrees lost	Column 2 Total degrees retained	Column 3 Percentage
28	135°	365°	27%
29	140°	360°	28%
30	145°	355°	29%
31	150°	350°	30%
32	155°	345°	31%
33	160°	340°	32%
34	165°	335°	33%
35	170°	330°	34%
36	175°	325°	35%
37	180°	320°	36%
38	185°	315°	37%
39	190°	310°	38%
40	195°	305°	39%
41	200°	300°	40%
42	205°	295°	41%
43	210°	290°	42%
44	215°	285°	43%
45	220°	280°	44%
46	225°	275°	45%
47	230°	270°	46%
48	235°	265°	47%
49	240°	260°	48%
50	245°	255°	49%
51	250°	250°	50%
52	255°	245°	51%
53	260°	240°	52%
54	265°	235°	53%
55	270°	230°	54%
56	275°	225°	55%
57	280°	220°	56%
58	285°	215°	57%
59	290°	210°	58%
60	295°	205°	59%
61	300°	200°	60%
62	305°	195°	61%
63	310°	190°	62%
64	315°	185°	63%

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Item	Column 1 Total degrees lost	Column 2 Total degrees retained	Column 3 Percentage
65	320°	180°	64%
66	325°	175°	65%
67	330°	170°	66%
68	335°	165°	67%
69	340°	160°	68%
70	345°	155°	69%
71	350°	150°	70%
72	355°	145°	71%
73	360°	140°	72%
74	365°	135°	73%
75	370°	130°	74%
76	375°	125°	75%
77	380°	120°	76%
78	385°	115°	77%
79	390°	110°	78%
80	395°	105°	79%
81	400°	100°	80%
82	405°	95°	81%
83	410°	90°	82%
84	415°	85°	83%
85	420°	80°	84%
86	425°	75°	85%
87	430°	70°	86%
88	435°	65°	87%
89	440°	60°	88%
90	445°	55°	89%
91	450°	50°	90%
92	455°	45°	91%
93	460°	40°	92%
94	465°	35°	93%
95	470°	30°	94%
96	475°	25°	95%
97	480°	20°	96%
98	485°	15°	97%
99	490°	10°	98%
100	495°	5°	99%
101	500°	0	100%

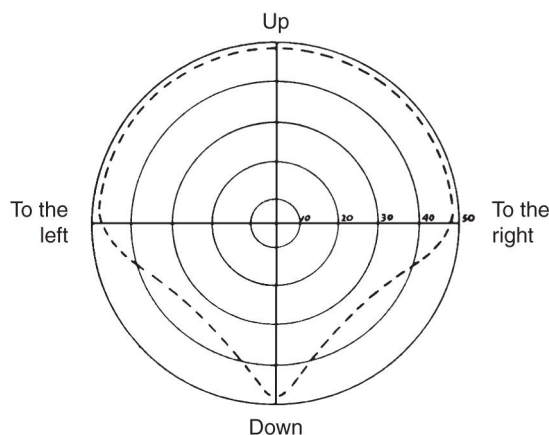
PERMANENT IMPAIRMENT REGULATION

Part 4 – Vision

Ocular motility – testing

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

Diagram: Field of binocular single vision for an uninjured eye illustrated



- (2) The test to plot the field of binocular single vision is conducted
- using an arc perimeter, or
 - if an arc perimeter is not available, 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:
- the insured must not wear spectacle corrective lenses, unless the corrective lenses are single vision and do not contain prisms;
 - the insured must not wear spectacles with progressive lenses;
 - the insured may wear contact lenses.
- (4) For the purposes of the test to plot the field of binocular single vision, the following apply in respect of the test:
- the extent of diplopia in the various directions of gaze is determined on the arc perimeter at 33 cm;
 - examination is made in each of the 8 principal meridians by using
 - a small test light, or
 - the projected light of approximately Goldmann III-4e;
 - the presence of diplopia must be plotted along the 8 principal meridians on a suitable visual field chart consistent with the diagram in section 114;
 - a field of binocular single vision must be plotted on a suitable visual field chart consistent with the diagram in section 114;
 - diplopia within 20° from the centre is considered to be a 100% impairment of ocular motility, in respect of the injured eye, and is shaded in grey in the

PERMANENT IMPAIRMENT REGULATION

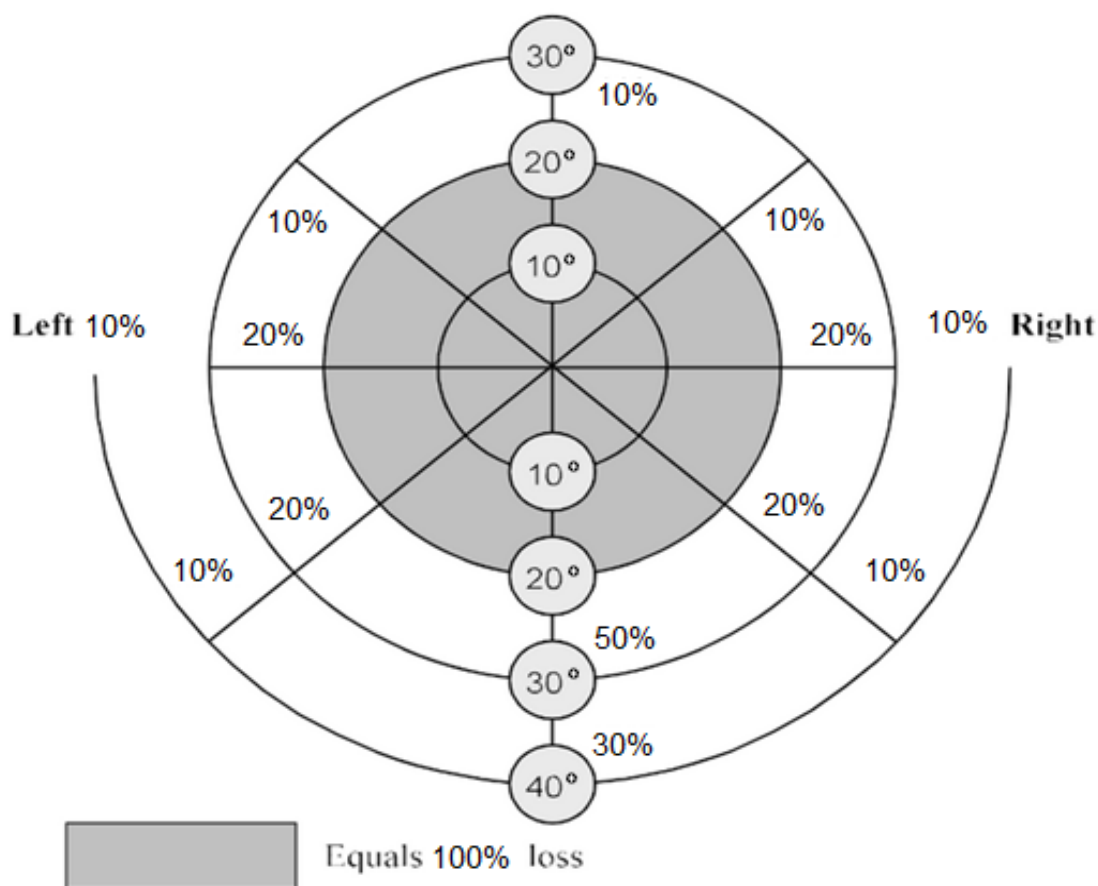
Part 4 – Vision

diagram in section 114 entitled “percentage of deficit of ocular motility of an eye in the field of diplopia”;

- (f) beyond 20° from the centre, the diagram in section 114 entitled “percentage of deficit of ocular motility of an eye in the field of diplopia” is used to determine the impairment percentage.

Ocular motility – percentage for variable F

- 114** (1) If the insured sustains diplopia along one meridian, tested in accordance with section 113, the percentage for that meridian as set out in the diagram corresponds to that diplopia.
- (2) If the insured sustains diplopia along more than one meridian, tested in accordance with section 113, the percentage for each meridian as set out in the diagram are added together.

Diagram: Percentage of deficit of ocular motility of an eye in the field of diplopia

PERMANENT IMPAIRMENT REGULATION

Part 5 – Urogenital System and Related

PART 5 – UROGENITAL SYSTEM AND RELATED**Kidney impairment**

- 115** If the insured sustains a permanent kidney impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

- 116** If the insured sustains a permanent ureteric impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Ureteric impairment	Column 2 Percentage
1	Any ureteric diversion	10%

Bladder impairment

- 117** If the insured sustains a permanent bladder impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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
		partial loss of sphincter control
		dysfunction in the form of frequency or hesitancy
3	Alteration of the bladder with enterocystoplasty	10%
4	Alteration of the bladder without enterocystoplasty	3%

Urethral impairment

- 118** If the insured sustains a permanent urethral impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

PERMANENT IMPAIRMENT REGULATION

Part 5 – Urogenital System and Related

Tissue alteration – posterolumbar and laparotomy

- 119** If the insured sustains a permanent alteration of tissue following a posterolumbar incision or a laparotomy, the percentage in column 2 corresponds to the insured's alteration of tissue described opposite in column 1.

Item	Column 1 Tissue alteration in relation to posterolumbar incision or laparotomy	Column 2 Percentage
1	Alteration of tissue following a posterolumbar incision or a laparotomy	2%

Renal functional impairment

- 120** If the insured sustains a permanent renal functional impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Renal functional impairment	Column 2 Percentage
1	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%
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 3 means (a) creatinine clearance is less than 10 mL/minute, or (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%

Reproductive system – organ tissue disruption

- 121** (1) In this section, except in item 12, “loss” means
- (a) loss of the use of the reproductive system organ tissue, or
 - (b) removal of the reproductive system organ tissue.
- (2) If the insured sustains a permanent reproductive system organ tissue disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

PERMANENT IMPAIRMENT REGULATION

Part 5 – Urogenital System and Related

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 single ovary, with or without fallopian tube		5%
3	Loss of uterus, including cervix	before the end of menopause	10%
		after menopause	5%
4	Alteration of cervix without loss of uterus		2%
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 tissues following a caesarean section, necessitated by accident		2%
12	Loss of a fetus	if the fetus is under 20 weeks	7%
		if the fetus is 20 weeks and over	10%
13	Loss of penis		15%
14	Post-traumatic alteration of penis		10%
15	Loss of both testicles, including epididymides and spermatic cords	before the end of puberty	20%
		after puberty	10%
16	Loss of single testicle, including epididymis and spermatic cord		5%
17	Alteration of prostate, including seminal vesicles		5%
18	Loss of prostate, including seminal vesicles		10%

Sexual dysfunction

- 122** If the insured sustains permanent sexual dysfunction, the percentage in column 2 corresponds to the insured's dysfunction described opposite in column 1.

Item	Column 1 Sexual dysfunction	Column 2 Percentage
1	Class 1 means sexual functioning is possible with lack of awareness, excitement, or lubrication or difficulty of erection or ejaculation	5%
2	Class 2 means reflex sexual functioning is possible but there is no awareness	10%

PERMANENT IMPAIRMENT REGULATION

Part 6 – Respiratory System

Item	Column 1 Sexual dysfunction	Column 2 Percentage
3	Class 3 means (a) infertility, (b) total absence of sexual functioning, or (c) both infertility and a total absence of sexual functioning	15%

PART 6 – RESPIRATORY SYSTEM**Respiratory system tissue disruption**

- 123** If the insured sustains a permanent respiratory system tissue disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

Respiratory functional impairment

- 124** (1) In this section:

“**D_{CO}**” means diffusion capacity of carbon monoxide and is a measure of the efficiency of gas transfer across the lung;

“**FEV₁**” means forced expiratory volume in one second and is the volume of air exhaled in the first second of a forced expiratory manoeuvre;

“**FVC**” means forced vital capacity and is the volume of air one can exhale with a forced expiratory manoeuvre;

“**predicted value**” means the standard value for an average healthy person of the same age, race, height and sex as the insured.

PERMANENT IMPAIRMENT REGULATION

Part 7 – Digestive Tract

- (2) If the insured sustains a permanent respiratory functional impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Respiratory functional impairment	Column 2 Percentage
1	Class 1 means (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%
2	Class 2 means (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%
3	Class 3 means (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%
4	Class 4 means (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%

PART 7 – DIGESTIVE TRACT**Application regarding tissue disruption and functional loss**

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

Upper gastrointestinal tract disorder

- 126** If the insured sustains a permanent upper gastrointestinal tract disorder, the percentage in column 2 corresponds to the insured's disorder described opposite in column 1.

Item	Column 1 Upper gastrointestinal tract disorder	Column 2 Percentage
1	Class 1 means (a) symptoms or signs of upper digestive tract disease are present or 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%

PERMANENT IMPAIRMENT REGULATION

Part 7 – Digestive Tract

Item	Column 1 Upper gastrointestinal tract disorder	Column 2 Percentage
2	Class 2 means (a) symptoms and signs of upper digestive tract disease are present or anatomic loss or alteration of tissue, (b) dietary restrictions or medical treatments are required for control of symptoms, signs or nutritional deficiency, and (c) weight loss is not more than 10% below an appropriate weight for the insured	7.5%
3	Class 3 means (a) symptoms and signs of upper digestive tract disease are present or 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%
4	Class 4 means (a) symptoms and signs of upper digestive tract disease are present or 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%

Lower gastrointestinal tract disorder – colon and rectum

127 If the insured sustains a permanent lower gastrointestinal tract disorder in relation to the colon or rectum, the percentage in column 2 corresponds to the insured's disorder described opposite in column 1.

Item	Column 1 Lower gastrointestinal tract disorder	Column 2 Percentage
1	Class 1 means (a) symptoms or signs of lower digestive tract disease are present or 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%
2	Class 2 means (a) symptoms and signs of upper digestive tract disease are present or anatomic loss or alteration of tissue, (b) dietary restrictions or medical treatments are required for control of symptoms, signs or nutritional deficiency, and (c) weight loss is not more than 10% below an appropriate weight for the insured	7.5%

PERMANENT IMPAIRMENT REGULATION

Part 7 – Digestive Tract

Item	Column 1 Lower gastrointestinal tract disorder	Column 2 Percentage
3	Class 3 means (a) symptoms and signs of lower digestive tract disease are present or 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%
4	Class 4 means (a) symptoms and signs of lower digestive tract disease are present or 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%

Lower gastrointestinal tract – anal impairment

128 If the insured sustains a permanent anal impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Anal impairment	Column 2 Percentage
1	Class 1 means (a) evidence of anatomic loss, alteration of tissue or mild incontinence of stool, and (b) symptoms can be controlled by treatment	2.5%
2	Class 2 means 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 3 means 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%

Liver and biliary tract – liver tissue disruption

129 If the insured sustains a permanent liver tissue disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

PERMANENT IMPAIRMENT REGULATION

Part 7 – Digestive Tract

Liver and biliary tract – residual hepatic functional impairment

130 If the insured sustains a permanent residual hepatic functional impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Residual hepatic functional impairment	Column 2 Percentage
1	Class 1 means (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%
2	Class 2 means (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%
3	Class 3 means (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%
4	Class 4 means (a) objective evidence of progressive chronic liver disease or persistent jaundice or bleeding, esophageal varices, and (b) central nervous system manifestations of hepatic insufficiency	70%

Liver and biliary tract – biliary tract dysfunction

131 If the insured sustains a permanent biliary tract dysfunction, the percentage in column 2 corresponds to the insured's dysfunction described opposite in column 1.

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

PERMANENT IMPAIRMENT REGULATION

Part 8 – Cardiovascular System

Hernia-related impairment

- 132** If the insured sustains a permanent hernia-related impairment, the percentage in column 2 corresponds to the hernia-related impairment described opposite in column 1.

Item	Column 1 Hernia-related impairment	Column 2 Percentage
1	Class 1 means (a) palpable defect in the supporting structures of the abdominal wall, and (b) slight protrusion at the site of defect with increased abdominal pressure where defect is readily reducible	5%
2	Class 2 means (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) is manually reducible	15%
3	Class 3 means 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 activities	25%

Post-operative abdominal wall-related impairment

- 133** If the insured sustains a permanent post-operative abdominal wall-related impairment, the percentage in column 2 corresponds to the post-operative abdominal wall-related impairment described opposite in column 1.

Item	Column 1 Post-operative 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 8 – CARDIOVASCULAR SYSTEM**Thoracic arterial lesion**

- 134** If the insured sustains a permanent thoracic arterial lesion, the percentage in column 2 corresponds to the insured's lesion described opposite in column 1.

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%

PERMANENT IMPAIRMENT REGULATION

Part 8 – Cardiovascular System

Functional limitation – cardiovascular lesion

135 If the insured sustains a permanent functional limitation related to a cardiovascular lesion, the percentage in column 2 corresponds to the insured's functional limitation described opposite in column 1.

Item	Column 1 Functional limitation related to cardiovascular lesion	Column 2 Percentage
1	Class 1, with more than 7 metabolic equivalents, as evidenced 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%
2	Class 1, with more than 7 metabolic equivalents, as evidenced 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%
3	Class 2, with 5 to 7 metabolic equivalents, as evidenced 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%
4	Class 2, with 5 to 7 metabolic equivalents, as evidenced 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 a flight of ordinary stairs at a fast pace or more than one flight of ordinary stairs at a normal pace and in normal conditions	30%

PERMANENT IMPAIRMENT REGULATION

Part 8 – Cardiovascular System

Item	Column 1 Functional limitation related to cardiovascular lesion	Column 2 Percentage
5	Class 3, with 2 to 4 metabolic equivalents, as evidenced 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%
6	Class 4, with less than 2 metabolic equivalents, as evidenced 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%

Peripheral arterial lesion

136 If the insured sustains a permanent peripheral arterial lesion, the percentage in column 2 corresponds to the insured's lesion described opposite in column 1.

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

Functional limitation – peripheral arterial lesion following lower limb vascular lesion

137 If the insured sustains a permanent functional limitation related to a peripheral arterial lesion following a lower limb vascular lesion, the percentage in column 2 corresponds to the insured's functional limitation described opposite in column 1.

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%

PERMANENT IMPAIRMENT REGULATION

Part 8 – Cardiovascular System

Item	Column 1 Functional limitation related to peripheral arterial lesion		Column 2 Percentage
2	Intermittent claudication occurring when walking at an ordinary pace	over a distance of less than 75 metres	30%
		over a distance of 75 to 120 metres	20%
		over a distance of more than 120 metres but less than 300 metres	10%
3	Slightly inhibiting intermittent claudication, occurring when walking at an ordinary pace over a distance of 300 to 500 metres		5%

Functional limitation – peripheral arterial lesion following upper limb vascular lesion

- 138** If the insured sustains a permanent functional limitation in relation to a peripheral arterial lesion following an upper limb vascular lesion, the percentage in column 2 corresponds to the insured's functional limitation described opposite in column 1.

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%

PERMANENT IMPAIRMENT REGULATION

Part 9 – Endocrine System

Venous and lymphatic lesion

139 If the insured sustains a permanent venous or lymphatic lesion, the percentage in column 2 corresponds to the insured's lesion described opposite in column 1.

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

PART 9 – ENDOCRINE SYSTEM**Hypothalamus, pituitary, thyroid and parathyroid gland dysfunction**

140 If the insured sustains a permanent hypothalamus, pituitary, thyroid or parathyroid gland dysfunction, the percentage in column 2 corresponds to the insured's gland dysfunction described opposite in column 1.

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	thyroid hormone	5%
		glucocorticoids	10%
		estrogen, progesterone or testosterone when fertility is not an issue	10%
		hormones when there is a loss of fertility	20%
		growth hormone in a child or adolescent	20%
		growth hormone in an adult	2%
3	Diabetes insipidus, except as described in item 1		10%
4	Impairment of the parathyroid glands		10%
5	Alteration of the thyroid gland not requiring hormone therapy		2%
6	Alteration or loss of the thyroid gland requiring hormone therapy		5%

PERMANENT IMPAIRMENT REGULATION

Part 10 – Hematopoietic System

Diabetes mellitus

- 141** If the insured sustains permanent diabetes mellitus, the percentage in column 2 corresponds to the insured's diabetes mellitus described opposite in column 1.

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

Adrenal gland

- 142** If the insured sustains a permanent adrenal gland loss, the percentage in column 2 corresponds to the insured's loss described opposite in column 1.

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

PART 10 – HEMATOPOIETIC SYSTEM**Tissue disruption – spleen**

- 143** If the insured sustains a permanent spleen tissue disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

Tissue disruption – thymus

- 144** If the insured sustains a permanent thymus tissue disruption, the percentage in column 2 corresponds to the insured's disruption described opposite in column 1.

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

PERMANENT IMPAIRMENT REGULATION

Part 10 – Hematopoietic System

Functional impairment – red blood cells

- 145** (1) If the insured sustains a permanent functional impairment of the red blood cells, the percentage in column 2 corresponds to the insured's symptoms, hemoglobin level and transfusion requirement described opposite in column 1.
- (2) For certainty, in respect of items 3 and 4, the hemoglobin level is measured prior to transfusion.

Item	Column 1 Symptoms, hemoglobin level and transfusion requirement	Column 2 Percentage
1	(a) No symptoms, (b) 100 to 120 g/L hemoglobin level, and (c) no transfusion requirement	0%
2	(a) Minimal symptoms, (b) 80 to 100 g/L hemoglobin level, and (c) no transfusion requirement	15%
3	(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%
4	(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%

Functional impairment – white blood cells

- 146** If the insured sustains a permanent functional impairment in relation to decreased white blood cells, the percentage in column 2 corresponds to the insured's symptoms, hemoglobin level and treatment requirement described opposite in column 1.

Item	Column 1 Symptoms, hemoglobin level and treatment requirements	Column 2 Percentage
1	(a) No symptoms, (b) 3 to 10 g/L white blood cell level, and (c) no treatment requirement	0%
2	(a) Minimal symptoms, (b) 1 to 3 g/L white blood cell level, and (c) no treatment requirement	15%
3	(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%

PERMANENT IMPAIRMENT REGULATION

Part 11 – Psychiatric Condition, Syndrome and Phenomenon

Item	Column 1 Symptoms, hemoglobin level and treatment requirements	Column 2 Percentage
4	(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%

PART 11 – PSYCHIATRIC CONDITION, SYNDROME AND PHENOMENON**Psychiatric condition, syndrome and phenomenon**

- 147** If an insured sustains a permanent psychiatric condition, syndrome or phenomenon, the percentage in column 2 corresponds to the description opposite in column 1 of the insured's class of psychiatric condition, syndrome or phenomenon.

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 the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being, to the extent that the insured requires continuous supervision in an institutional or controlled setting	100%
2	Class 2 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) sense of well-being, to the extent that the insured requires periodic supervision in an institutional or controlled setting for 50% or more of the time	70%
3	Class 3 psychiatric condition, syndrome or phenomenon, including adverse effects of medication, that impairs the insured's (a) ability to perform the activities of daily living, (b) ability to function socially, or (c) 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	35%

PERMANENT IMPAIRMENT REGULATION

Part 12 – Vestibulocochlear Apparatus

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

PART 12 – VESTIBULOCOCHLEAR APPARATUS**Formula to determine percentage for sections 149 to 152**

- 148** For the purposes of sections 149 to 152, the percentage for the purpose of determining the permanent impairment component is determined by the following formula:

$$P = (H \times 0.8) + (V \times 0.9) + (T \times 0.8)$$

where:

- P = the percentage for sections 149 to 152 for the purposes of determining the permanent impairment component;
- H = the percentage for hearing loss calculated and determined in accordance with section 149 or, if the insured did not sustain hearing loss determined in accordance with section 149, 0;
- V = the sum of the percentages for vestibular function determined in accordance with sections 150 and 151 or, if the insured did not sustain hearing loss determined in accordance with sections 150 and 151, 0;
- T = the percentage for tinnitus determined in accordance with section 152 or, if the insured did not sustain tinnitus determined in accordance with section 152, 0.

Hearing loss – percentage for variable H

- 149** (1) If the insured sustains permanent hearing loss, the insured's reduction of hearing in decibels described in column 1 corresponds to the sum of

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- (a) in respect of the most impaired ear, the percentage opposite in column 2, and
 - (b) in respect of the less impaired ear, the percentage opposite in column 3.
- (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, 1 000 and 2 000 cycles per second.
- (3) For the purposes of items 1 to 9, 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%.

Item	Column 1 Reduction of hearing in decibels	Column 2 Percentage (most impaired ear)	Column 3 Percentage (less impaired ear)
1	1 – 25 ISO	subject to subsections (3) and (4), 0.5%	subject to subsection (4), 2.5%
2	26 – 29 ISO	subject to subsections (3) and (4), 1%	subject to subsection (4), 5%
3	30 – 34 ISO	subject to subsections (3) and (4), 1.5%	subject to subsection (4), 7.5%
4	35 – 39 ISO	subject to subsections (3) and (4), 2%	subject to subsection (4), 10%
5	40 – 44 ISO	subject to subsections (3) and (4), 2.5%	subject to subsection (4), 12.5%
6	45 – 49 ISO	subject to subsections (3) and (4), 3%	subject to subsection (4), 16%
7	50 – 54 ISO	subject to subsections (3) and (4), 3.5%	subject to subsection (4), 17.5%
8	55 – 59 ISO	subject to subsections (3) and (4), 4%	subject to subsection (4), 20%
9	60 ISO or more	subject to subsections (3) and (4), 5%	subject to subsection (4), 25%

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Part 12 – Vestibulocochlear Apparatus

Vestibular functional impairment – percentage for variable V

150 If the insured sustains a permanent vestibular functional impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

Item	Column 1 Vestibular functional impairment	Column 2 Percentage
1	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%
2	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%
3	Class 3, evidenced by peripheral or central vertigo that necessitates continuous supervision for the performance of most of the activities of daily living	30%
4	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%

Vestibular functional impairment – loss of labyrinth – percentage for variable V

151 If the insured sustains a permanent vestibular functional impairment in relation to loss of labyrinth, the percentage in column 2 corresponds to the insured's loss of labyrinth described opposite in column 1.

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

Tinnitus – percentage for variable T

152 (1) If the insured sustains permanent tinnitus, the percentage in column 2 corresponds to the insured's tinnitus described opposite in column 1.

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

Item	Column 1 Tinnitus symptoms and conditions	Column 2 Percentage
1	Class 1 means tinnitus that (a) is intermittent and noticeable only in a quiet environment, and (b) does not disturb sleep	0.5%

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Item	Column 1 Tinnitus symptoms and conditions	Column 2 Percentage
2	Class 2 means tinnitus that (a) is constantly present and bothersome in a quiet environment, (b) disturbs concentration, and (c) disturbs sleep	2%
3	Class 3 means 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%

External ear canal impairment

153 If the insured sustains a permanent external ear canal impairment, the percentage in column 2 corresponds to the insured's impairment described opposite in column 1.

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

PART 13 – SKIN**Interpretation for Part**

154 In this Part:

“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:

- (a) tissue bulk;
- (b) tissue consistency;
- (c) tissue length;
- (d) tissue texture;

“conspicuous” means a skin disfigurement that is readily discernable with the unaided eye;

“faulty scar” means a scar that is misaligned, irregular, depressed, deeply adhering, pigmented, scaly, retractile, keloidal or hypertrophic;

“flat scar” means a scar that is

- (a) almost linear,

- (b) at the same level as the adjoining tissue,
- (c) almost the same colour as the adjoining tissue, and
- (d) causes no contraction or distortion of neighbouring structures;

“**inconspicuous**” means a skin disfigurement that is not readily discernable with the unaided eye.

Division 1 – Facial Disfigurement

Facial disfigurement

- 155** (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 the following order to determine the percentage:
- (a) determine the class of facial disfigurement in column 1 of Table 1 or 2 according to,
 - (i) in Table 1,
 - (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 most severe criteria sustained by the insured is the applicable class for both the alteration in form and symmetry and scarring, or
 - (ii) in Table 2, the physical description of the insured’s disfigurement described in column 2 opposite column 1;
 - (b) if the class is listed
 - (i) in Table 1,
 - (A) the percentage in column 4 of Table 1 corresponds to the alteration in form and symmetry of the anatomical elements of the insured’s face described opposite in column 3 of Table 1;

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- (B) the percentage in column 6 of Table 1 corresponds to the scarring of the anatomical elements of the insured's face described opposite in column 5 of Table 1;
- (C) if applicable, the percentages determined in accordance with clauses (A) and (B) are added together;
- (D) the percentage determined in accordance with clause (A), (B) or (C) must not exceed the maximum percentage set out in column 7 of Table 1 opposite the class determined in paragraph (a), and
- (ii) in Table 2, the percentage in column 3 of Table 2 corresponds to the class described in column 1 of Table 2.

Table 1: 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 1	no impairment	inconspicuous change	subject to subsection (2) (b) (i) (D), 0%	incon- spicuous	subject to subsection (2) (b) (i) (D), 0%	0%
2	Class 2	very minor impairment	inconspicuous change	subject to subsection (2) (b) (i) (D), 0%	conspicu- ous	subject to subsection (2) (b) (i) (D), 1% per cm ²	3%

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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
3	Class 3	minor impairment	conspicuous change affecting one anatomical element in subsection (1)	subject to subsection (2) (b) (i) (D), 3%	conspicu- ous 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%		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%			

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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
4	Class 4	moderate impairment	conspicuous change that holds one's attention and affects one anatomical element in subsection (1)	subject to subsection (2) (b) (i) (D), 10%	conspicu- ous and flat scar	subject to subsection (2) (b) (i) (D), 1% per cm ²	15%
			conspicuous change that holds one's attention and affects 2 anatomical elements in subsection (1)	subject to subsection (2) (b) (i) (D), 12%		subject to subsection (2) (b) (i) (D), 3% per cm ²	
			conspicuous change that holds one's attention and affects more than 2 anatomical elements in subsection (1)	subject to subsection (2) (b) (i) (D), 15%			

Table 2: 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 5	severe impairment	involving several anatomic elements in subsection (1)	20%
2	Class 6	disfigurement	involving all anatomic elements in subsection (1)	30%

[am. B.C. Reg. 117/2021, App. 7, s. 2.]

Division 2 – Disfigurement of Skin Overlaying Rest of Body**Disfigurement of skin, other than facial disfigurement****156** (1) In this section:

“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;

“forearms” means the skin overlaying the body region beginning at the distal aspect of the elbow and extending to the wrist crease;

“lower limbs” means the skin overlaying the distal aspect of the trunk and extending distally to the tips of the toes, including the buttocks;

“neck” means the skin overlaying the body region C1 to C7 posteriorly and the cricoid cartilage to the sternal notch anteriorly;

“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;

“trunk” includes the skin overlaying the scapulae, supraspinous fossa, supracapular and supraclavicular fossa body region and extends distally to the anterior inguinal ligaments and the posterior iliac crests;

“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, the percentage is determined, subject to subsection (3), as follows:

(a) the percentage in column 3 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 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 paragraphs (a) and (b).

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

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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	Scalp and skull	minor change	subject to subsections (2) (c) and (3), 2%	conspicuous	subject to subsections (2) (c) and (3), 0.5% per cm ²	5%
		moderate change	subject to subsections (2) (c) and (3), 2%			
		severe change	subject to subsections (2) (c) and (3), 5%			
2	Neck	minor change	subject to subsections (2) (c) and (3), 3%	conspicuous	subject to subsections (2) (c) and (3), 1% per cm ²	8%
		moderate change	subject to subsections (2) (c) and (3), 3%			
		severe change	subject to subsections (2) (c) and (3), 8%			
3	Arms, shoulders and elbows	minor change	subject to subsections (2) (c) and (3), 1%	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%			
		severe change	subject to subsections (2) (c) and (3), 4%			

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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
4	Forearms	minor change	subject to subsections (2) (c) and (3), 1%	conspicuous	subject to subsections (2) (c) and (3), 1.0% per cm ²	5% per left or right, to a maximum of 10%
		moderate change	subject to subsections (2) (c) and (3), 1%			
		severe change	subject to subsections (2) (c) and (3), 5%			
5	Wrists and hands	minor change	subject to subsections (2) (c) and (3), 2%	conspicuous	subject to subsections (2) (c) and (3), 1.0% per cm ²	6% per left or right, to a maximum of 12%
		moderate change	subject to subsections (2) (c) and (3), 2%			
		severe change	subject to subsections (2) (c) and (3), 6%			
6	Trunk	minor change	subject to subsections (2) (c) and (3), 2%	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%			
		severe change	subject to subsections (2) (c) and (3), 6%			

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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
7	Lower limbs	minor change	subject to subsections (2) (c) and (3), 3%	conspicuous	subject to subsections (2) (c) and (3), 1.0% per cm ²	8% per left or right, to a maximum of 16%
		moderate change	subject to subsections (2) (c) and (3), 3%			
		severe change	subject to subsections (2) (c) and (3), 8%			

**Facial or other body region disfigurement
due to discolouration**

157 (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) If the insured sustains permanent discolouration of the skin, the percentage in column 2 corresponds to the insured’s discolouration described opposite in column 1.

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

Division 3 – Disfigurement from Partial or Total Amputation**Application for Division**

158 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 Divisions 1 or 2 of this Part.

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Disfigurement from amputation – eye

- 159** If the insured sustains an eye amputation, the percentage in column 2 corresponds to the insured's permanent disfigurement from the amputation described opposite in column 1.

Item	Column 1 Eye amputation disfigurement	Column 2 Percentage
1	Enucleation with or without replacement by prosthesis, including impairment inherent in the resulting appearance	5%

Disfigurement from amputation – upper limb

- 160** If the insured sustains an upper limb amputation, the percentage in column 2 corresponds to the insured's permanent disfigurement from the amputation described opposite in column 1.

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

- 161** If the insured sustains a lower limb amputation, the percentage in column 2 corresponds to the insured's permanent disfigurement from the amputation described opposite in column 1.

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%

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Item	Column 1 Lower limb amputation disfigurement	Column 2 Percentage
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

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