ANNEX B

PRACTICAL RULES FOR THE USE OF THE EUROPEAN PERMANENT DISABILITIES RATING SCALE

Principles

The assessing doctor is to quantify disabilities, i.e. physical or mental impairments which can be detected medically and are therefore measurable, by reference to the European scale.

Some types of sequela (e.g. ophthalmological, ENT, stomatological, etc.) will require recourse to a specialist in the appropriate field. The specialist's report must provide the assessing doctor with all the necessary technical data and considerations which will enable him to draw a conclusion on attributing and quantifying the sequelae.

Regardless of the function involved (locomotion, hearing, sight, etc.), if a prosthesis, orthosis or technical aid supplied to patients improves their functional problems, assessment of those problems must take account of such benefits.

Definitions

For the purposes of applying the European scale, permanent disability is defined as:

> irreversible reduction on physical and/or mental potential as detected by medical means or explicable in medical terms, added to which are the pain and mental consequences known by the doctor to be normally associated with the sequela and the impact on everyday life customarily and objectively associated with that sequela.

The degree of disability is:

> the degree of difficulty, in relation to a theoretical maximum of 100%, experienced by any patient whose sequelae are thus quantified, in performing the normal movements and acts of everyday life.

General

The degrees proposed for the scale should relate to the individual as a whole. The degree should not therefore quantify a loss of function or of an organ in relation to physical integrity, rated at 0%, of that function or organ.

The degrees concern sequelae assessed in isolation.

Total loss of function is deemed equivalent to loss of the limb or organ in question.

Situations not described are to be assessed by comparison and analogy with described and quantified sequelae.

Mandatory nature of the scale

Application of the European scale is mandatory.

It is binding where it sets a predetermined degree; where it sets a range, the expert must stay within the minimum and maximum degrees.

Partial anatomical and/or functional sequelae must be assessed on the basis of the loss observed, taking account of the scale's degree for total loss, in cases where the scale does not set precise degrees.

Also mandatory are the rules set out for using certain sections of the scale (for example, to calculate the synergy of the fingers of one hand).

For a left-handed person, the degrees applied to the right upper limb are to be applied to the left limb, and vice versa.

Multiple sequelae

In the event of multiple sequelae deriving from one accident, calculation of the overall degree is by simple addition,

– without exceeding the degree for total loss of the limb or organ in the event of multiple lesions of that limb or organ;

– without exceeding 100%.

Special cases

Polymorphic symptoms

For example, the scale does not provide a degree for a laryngectomy: the assessing doctor must make an overall quantification of the impact on everyday life of dyspnoea and aphonia or dysphonia (there is a degree in the scale for each of these sequelae).

Pre-existing conditions

A pre-existing condition is defined as an established condition which prior to the accident caused a clinical condition which was perceptible in the everyday life of the patient.

Latent pre-existing condition or predisposition

A latent pre-existing condition without a perceptible clinical effect or impact on the everyday life of the patient is deemed equivalent to a pathological predisposition or susceptibility.

In either case the patient is deemed not to have possessed a pre-existing condition and no subtraction may be effected from the final assessment.