South Australia

# **Civil Liability Regulations 2013**

under the Civil Liability Act 1936

# Contents

Part 1—Preliminary

- 1 Short title
- 2 Commencement
- 3 Interpretation

## Part 2—Injury scale values

- 4 Injury scale value
- 5 Medical assessments before injury has stabilised
- 6 Rules for assessing ISV
- 7 ISV must be a whole number
- 8 Injury mentioned in Schedule 1
- 9 Court to have regard to certain matters
- 10 Whole person impairment
- 11 Multiple injuries
- 12 Multiple injuries and maximum dominant ISV inadequate
- 13 Consequential mental harm
- 14 Pure mental harm
- 15 Pre-existing conditions
- 16 Medical report stating whole person impairment percentage
- 17 Greater weight to assessments based on AMA 5

#### Part 3—Damages in respect of gratuitous services

- 18 Determination of State average weekly earnings (section 58 of Act)
- 19 Damages in respect of gratuitous services (section 58(4)(b) of Act)

## Part 4—Assessment of motor vehicle injuries

20 Assessment of motor vehicle injuries (section 76 of Act)

Schedule 1-Ranges of injury scale values

Schedule 2—Revocation of Civil Liability Regulations 2007

Legislative history

# Part 1—Preliminary

# 1—Short title

These regulations may be cited as the Civil Liability Regulations 2013.

#### 2—Commencement

These regulations will come into operation on 1 July 2013.

#### **3**—Interpretation

In these regulations, unless the contrary intention appears—

Act means the Civil Liability Act 1936;

*AMA 5* means the 5th edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association;

consequential mental harm does not include psychiatric impairment;

*GEPIC* means *The guide to the evaluation of Psychiatric Impairment for Clinicians* prepared by MWN Epstein, G Mendelson and NHM Strauss as published in the Victorian Government Gazette on 8 May 2008;

*GEPIC rating*, in relation to pure mental harm, means a rating in accordance with the GEPIC for the psychiatric impairment caused by the mental harm;

highest range means the range of ISVs having the highest maximum ISV;

insurer includes the nominal defendant;

*ISV* means injury scale value;

*Le Fort I fracture* means a horizontal segmented fracture of the alveolar process of the maxilla;

Le Fort II fracture means a unilateral or bilateral fracture of the maxilla-

- (a) in which the body of the maxilla is separated from the facial skeleton and pyramidal in shape; and
- (b) that may extend through the body of the maxilla down the midline of the hard palate, through the floor of the orbit and into the nasal cavity;

*Le Fort III fracture* means a fracture in which the entire maxilla and 1 or more facial bones are completely separated from the brain case;

medical expert, in relation to an assessment of a GEPIC rating, means a person-

- (a) who is registered under the Health Practitioner Regulation National Law—
  - (i) to practise in the medical profession; and
  - (ii) holding specialist registration as a psychiatrist; and
- (b) who has successfully completed a course of training in the use of the GEPIC under a scheme determined by the Minister for the purposes of these regulations;

*permanent impairment*, in relation to an injury, means the impairment an injured person has, or is likely to have, after maximal medical improvement within the meaning of AMA 5;

psychiatric impairment means pure mental harm;

*range*, in relation to an ISV for an injury, means the range of ISVs for the injury set out in Schedule 1;

*relevant MVA motor accident* means the MVA motor accident that results in the personal injury that is relevant for the purposes of the application of these regulations in relation to a particular person;

*whole person impairment*, in relation to an injury, means an estimate, expressed as a percentage, of the impact of a permanent impairment caused by the injury on the injured person's overall ability to perform activities of daily living, as described by AMA 5, other than employment.

# Part 2—Injury scale values

## 4—Injury scale value

- (1) If general damages are to be awarded by a court in relation to an injury that results from an MVA motor accident occurring on or after 1 July 2013, the court must in assessing the ISV—
  - (a) assess the ISV under any rules prescribed by these regulations; and
  - (b) have regard to the ISVs given to cases involving the same or similar injuries.
- (2) An ISV assessment must not be undertaken until the injury has stabilised.

## 5-Medical assessments before injury has stabilised

If a medical assessment of a person is undertaken for the purposes of determining an ISV but the health professional undertaking the assessment is of the opinion that, because the person's injury has not yet stabilised, the ISV is not able to be determined—

- (a) the health professional must provide a report to that effect; and
- (b) the insurer or nominal defendant is liable for any costs associated with the assessment and report where the insurer or the nominal defendant has requested or approved the assessment.

#### 6-Rules for assessing ISV

- (1) This Part and Schedule 1 provide the rules under which a court must assess the ISV for an injury.
- (2) Schedule 1 provides the ranges of ISVs for particular injuries that the court is to consider in assessing the ISV for those injuries.
- (3) For an injury not mentioned in Schedule 1, a court, in assessing an ISV for the injury, may have regard to the ranges prescribed in Schedule 1 for other injuries of comparable severity.

## 7—ISV must be a whole number

An ISV assessed by a court must be expressed as a whole number (a number having a fraction of half or more being rounded up to the nearest whole number).

## 8—Injury mentioned in Schedule 1

(1) In assessing the ISV for an injury mentioned in the injury column in the table in Schedule 1, a court must consider the range of ISVs stated in the Schedule for the injury.

(2) The range of ISVs for the injury reflects the level of adverse impact of the injury on the injured person.

#### 9-Court to have regard to certain matters

(1) In addition to providing ranges of ISVs for particular injuries, Schedule 1 sets out provisions relevant to using the Schedule to assess an ISV for particular injuries.

Examples of relevant provisions—

- (a) examples of the injury
- (b) examples of factors affecting ISV assessment
- (c) comments about appropriate level of ISV
- (2) In assessing an ISV, a court—
  - (a) must have regard to provisions referred to in subregulation (1) to the extent they are relevant in a particular case; and
  - (b) may have regard to other matters to the extent they are relevant in a particular case.
- (3) Without limiting subregulation (2), a court may have regard to—
  - (a) the injured person's age, life expectancy, pain, suffering and loss of amenities of life; and
  - (b) the effects of a pre-existing condition of the injured person; and
  - (c) difficulties in life likely to have emerged for the injured person whether or not the injury happened; and
  - (d) with respect to assessing an ISV for multiple injuries, the range for, and other provisions of Schedule 1 in relation to, an injury other than the dominant injury of the multiple injuries; and
  - (e) the extent to which the injured person has refused treatment that could lead to a significant improvement in the level of impairment caused by that injury or condition, reasons for any refusal of treatment, and any evidence provided by a health professional as to the likely effect of treatment.

#### 10—Whole person impairment

The extent of whole person impairment is an important consideration, but not the only consideration, affecting the assessment of an ISV.

#### **11—Multiple injuries**

(1) Subject to regulation 12, in assessing the ISV for multiple injuries, a court must consider the range of ISVs for the dominant injury.

(2) To reflect the level of adverse impact of multiple injuries on an injured person, the court may assess the ISV for the multiple injuries as being higher in the range of ISVs for the dominant injury of the multiple injuries than the ISV the court would assess for the dominant injury only.

Note—

This regulation acknowledges that-

- (a) the effects of multiple injuries commonly overlap, with each injury contributing to the overall level of adverse impact on the injured person; and
- (b) if each of the multiple injuries were assigned an individual ISV and these ISVs were added together, the total ISV would generally be too high.

## 12—Multiple injuries and maximum dominant ISV inadequate

- (1) This regulation applies if a court considers the level of adverse impact of multiple injuries on an injured person is so severe that the maximum ISV for the dominant injury is inadequate to reflect the level of impact.
- (2) To reflect the level of impact, the court may make an assessment of the ISV for the multiple injuries that is higher than the maximum ISV for the dominant injury.
- (3) However, the ISV for the multiple injuries—
  - (a) must not be more than 100; and
  - (b) should rarely be more than 25% higher than the maximum ISV for the dominant injury.
- (4) If the increase is more than 25% of the maximum dominant ISV, the court must give written reasons for the increase.

#### 13—Consequential mental harm

- (1) This regulation applies if a court is assessing an ISV where an injured person suffers consequential mental harm following a physical injury.
- (2) The court must treat the consequential mental harm merely as a feature of the injury.

#### 14—Pure mental harm

- (1) This regulation applies if—
  - (a) a court is assessing an ISV; and
  - (b) a GEPIC rating for psychiatric impairment of an injured person is relevant under Schedule 1.
- (2) A GEPIC rating may be accepted by the court only if it is—
  - (a) an assessment of pure mental harm; and
  - (b) assessed by a medical expert; and
  - (c) provided to the court in a GEPIC report.

#### **15—Pre-existing conditions**

(1) This regulation applies if an injured person has a pre-existing condition that may be relevant to assessing an ISV.

(2) In considering the effect of the injury on the pre-existing condition, the court may have regard only to the extent to which the pre-existing condition has been made worse by the injury.

#### 16—Medical report stating whole person impairment percentage

If a medical report states a whole person impairment percentage, it must state how the percentage is calculated, including—

- (a) the clinical findings; and
- (b) how the impairment is calculated; and
- (c) if the percentage is based on criteria provided under AMA 5—
  - (i) an identification of the relevant provisions of AMA 5; and
  - (ii) if a range of percentages is available under AMA 5 for an injury of the type being assessed—the reason for assessing the injury at the selected point in the range.

#### 17—Greater weight to assessments based on AMA 5

- (1) This regulation does not apply to a medical assessment of scarring or of mental harm.
- (2) In assessing an ISV, a court must, unless it considers there is good reason for doing otherwise, give greater weight to a medical assessment of a whole person impairment percentage based on the criteria for the assessment of whole person impairment provided under AMA 5 than to a medical assessment of a whole person impairment percentage not based on the criteria.

# Part 3—Damages in respect of gratuitous services

#### 18—Determination of State average weekly earnings (section 58 of Act)

For the purposes of assessing damages to be awarded in respect of gratuitous services under section 58 of the Act in respect of a particular period, *State average weekly earnings* are to be determined by applying the relevant male *Full-time Adult Average Weekly Ordinary Time Earnings* for South Australia as published, from time to time, by the Australian Statistician.

#### 19—Damages in respect of gratuitous services (section 58(4)(b) of Act)

- (1) For the purposes of assessing damages awarded to allow for the recompense of gratuitous services of a parent, spouse, domestic partner or child, the rate prescribed under section 58(4)(b) of the Act is \$25 per hour (indexed).
- (2) The amount applying under subregulation (1) (and followed by the word "(indexed)") is to be adjusted on 1 July of each year, beginning on 1 July 2014, by multiplying the stated amount by a proportion obtained by dividing the Consumer Price Index for the March quarter of that year by the Consumer Price Index for the March quarter 2013.

# Part 4—Assessment of motor vehicle injuries

## 20—Assessment of motor vehicle injuries (section 76 of Act)

- (1) A claimant must—
  - (a) submit himself or herself to any medical examination by a health professional nominated by the insurer that the insurer may require; and
  - (b) within 21 days of consulting a health professional in relation to the injury to which the claim relates, or such longer period as may be reasonable in the circumstances of the case or as the insurer may allow, inform the insurer, by notice in writing, of—
    - (i) the name of the health professional; and
    - (ii) the day on which the consultation occurred; and
  - (c) within 21 days of receiving a written report from a health professional consulted by the person in relation to the injury, or such longer period as may be reasonable in the circumstances of the case, send a copy of that report to the insurer.
- (2) The cost of a medical examination under subregulation (1)(a) must be borne by the insurer.
- (3) If a claimant fails, without reasonable cause, to attend an examination as required under this regulation—
  - (a) the insurer may request that the claimant makes payment of any cancellation fees incurred because of the claimant's non attendance; and
  - (b) if a request is made, the claimant is liable to pay for any fees incurred by the insurer (and the insurer may set this off against any liability for payment of damages or compensation).
- (4) Where a written report is obtained by the insurer on the findings made, or the opinions formed, by a health professional on the examination of a claimant under subregulation (1)(a), the insurer must, within 21 days of receiving the report, send a copy of the report to the claimant.

# Schedule 1—Ranges of injury scale values

Item No Injury	Range	
Part 1—Central nervous system and head injuries		
1 Quadriplegia		
Examples of factors affecting ISV scale	80 10	00
Presence and extent of pain		
• Extent of any residual movement		
Consequential mental harm		
Level of function and pre-injury function		
Degree of independence		

Item No	Injury	Ra	nge
	• Ability to participate in daily activities, including employment		
	Presence and extent of secondary medical complications		
	Loss of reproductive or sexual function		
	Bowel or bladder incontinence		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate only if the injured person has assisted ventilation, extreme physical limitation and gross impairment of ability to communicate.		
2	Paraplegia		1
	Examples of factors affecting ISV scale	60	80
	• Presence and extent of pain		
	• Extent of any residual movement		
	Consequential mental harm		
	Level of function and pre-injury function		
	• Degree of independence		
	• Ability to participate in daily activities, including employment		
	Loss of reproductive or sexual function		
	Bowel or bladder incontinence		
	• Presence and extent of secondary medical complications		
3	Hemiplegia or severe paralysis of more than 1 limb		
	<b>Examples of factors affecting ISV scale for item 3</b> The same examples apply as for item 2.		
	Additional comment for item 3 Incomplete paralyses causing whole person impairment of less than 40% must be assessed under orthopaedic injuries if it is the only injury or the dominant injury of multiple injuries.		
3.1	Complete or nearly complete paralysis	60	80
3.2	Other paralysis, causing whole person impairment of at least 40%	45	60
4	Monoplegia		
	<b>Comment</b> See items 5, 6 and 7 and orthopaedic injuries section.		
5	Extreme brain injury		
	<b>Comment</b> The injury will involve major trauma to the brain with severe permanent impairment for which there is radiological evidence	71	100
	Comment about appropriate level of ISV		
	• An ISV at or near the top of the range will be appropriate only if the injured person needs full-time nursing care and has the following—		
	• gross disturbance of brain function		
	• significant physical limitation and destruction of pre-existing lifestyle		

Item No	Injury		Ra	nge
		• epileptic seizures		
		double incontinence		
		little or no language function		
		• little or no meaningful response to environment		
	•	An injured person with an injury for which an ISV at or near the top of the range is appropriate may have some ability to follow basic commands, recovery of eye opening, return of postural reflex movement and return to pre-existing sleep patterns.		
	Exampl	les of factors affecting ISV assessment for item 5:		
	•	Degree of insight		
	•	Life expectancy		
	•	Extent of bodily impairment		
6	Serious	brain injury		
		ent red person will be very seriously disabled and substantially depends on or professional and other care	56	70
	_	l <b>e of the injury</b> brain damage causing—		
	(a)	physical impairment, for example, limb paralysis; or		
	(b)	cognitive impairment with marked impairment of intellect and personality		
	Exampl	les of factors affecting ISV scale		
	•	Life expectancy		
	•	Extent of physical limitations		
	•	Extent of cognitive limitations		
	•	Extent of sensory impairment, for example, loss of hearing or sense of taste or smell		
	•	Level of function and pre-existing function		
	•	Degree of independence		
	•	Ability to communicate		
	•	Behavioural or psychological changes		
	•	Epilepsy confirmed by EEG or evidenced through a requirement for prophylactic medication for 6 months		
	•	Presence of and extent of secondary medical complications		
	An ISV person s	ent about appropriate level of ISV at or near the top of the range will be appropriate only if the injured substantially depends on others and needs professional and other care, that we overnight care and more than 6 hours of care per day		

Item No	Injury	Ra	nge
7	Moderate brain injury		
	<b>Comment</b> The injured person will be seriously disabled, but the degree of the injured person's dependence on others, although still present, is lower than for an item 6 injury.		
	Examples of factors affecting ISV scale		
	• Life expectancy		
	Extent of physical limitations		
	Extent of cognitive limitations		
	• Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell		
	Level of function and pre-existing function		
	Degree of independence		
	Ability to communicate		
	Behavioural or psychological changes		
	• Epilepsy or a high risk of epilepsy confirmed by EEG or requiring prophylactic medication for 6 months		
	Presence of, and extent of, secondary medical complications		
7.1	An ISV in this item will be applicable if there is no capacity for employment, and 1 or more of the following:	41	55
	moderate to severe cognitive impairment		
	marked personality change		
	• dramatic effect on speech, sight or other senses		
	• epilepsy or a high risk of epilepsy confirmed by EEG or evidenced through a requirement for prophylactic medication for 6 months.		
7.2	An ISV in this item will be applicable if there is an increased risk of epilepsy confirmed by EEG requiring prophylactic medication for 6 months and—	21	40
	• a moderate cognitive impairment		
	loss of, or greatly reduced capacity for, employment		
	noticeable interference with lifestyle		
3	Minor brain injury		
	<b>Comment</b> An ISV under this item will be applicable if there is evidence of physical injury causing the brain damage. The injured person will make a good recovery and be able to take part in normal social life and to return to work. There may be minor problems persisting that prevent a restoration of normal function	6	20
	Examples of factors affecting ISV scale		
	• Severity of any physical injury causing the brain damage, having regard to—		
	<ul> <li>(a) any medical assessment made immediately after the injury was caused, for example, CT or MRI scans, an ambulance officer's assessment or hospital emergency unit assessment;</li> </ul>		

Item No	Injury		Ran	ige
		and		
		(b) significant post-traumatic amnesia.		
	•	Extent of any ongoing, and possibly permanent, disability		
	•	Extent of any personality change		
	•	Depression		
	•	Extent of physical limitations		
	•	Extent of cognitive limitations		
	•	Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell		
	•	Level of function and pre-existing function		
	•	Degree of independence		
	•	Ability to communicate		
	•	Behavioural or psychological changes		
	•	Presence of, and extent of, secondary medical complications		
		ent about appropriate level of ISV at or near the top of the range will be appropriate if:	I	
	•	the injured person has epilepsy or an increased risk of epilepsy confirmed by EEG and the use of prophylactic medication; and	I	
	•	there is on-going reduced concentration and memory, or reduced mood control, that does not significantly interfere with the person's ability to take part in normal social life or return to work.		
9	Minor h	nead injury, other than a skeletal injury of the facial area		
	<b>Comme</b> Brain da	e <b>nt</b> amage, if any, is minimal.	0	5
	Exampl	les of the injury		
	•	Uncomplicated skull fracture		
	•	Concussion with transitory loss of consciousness and no residual effects	I	
	Exampl	les of factors affecting ISV scale		
	•	Severity of any physical injury causing brain damage		
	•	Length of time to recover from any symptoms		
	•	Extent of ongoing symptoms		
	•	Presence, or absence of, headaches		
	Comme	ent about appropriate level of ISV		
	•	An ISV at the bottom of the range will be applicable for an injury from which the injured person fully recovers within a few weeks		
	•	An ISV at or near the top of the range will be appropriate if there is an uncomplicated skull fracture and/or there are associated concussive symptoms of dizziness, headache and memory loss (usually persisting for less than 6 months)		

Item No	Injury	Ra	nge		
Part 2—F	ure mental harm	ſ	1		
	<b>General comment</b> This Part includes references to ratings on the psychiatric impairment scale, <i>Guide to the Evaluation of Psychiatric Impairment for Clinicians (GEPIC).</i>				
10	Extreme psychiatric impairment	I	1		
	<b>Example of the injury</b> An ISV score in the lower part of the range will be appropriate if psychiatric impairment is assessed with a GEPIC rating of Class 5.	41	65		
11	Serious psychiatric impairment		1		
	<b>Comment about appropriate level of ISV</b> An ISV under this item will be applicable if psychiatric impairment is assessed with a GEPIC rating of Class 4.	26	40		
12	Moderate psychiatric impairment	n			
	<b>Comment</b> There is generally only moderate impairment.	8	25		
	<b>Example of the injury</b> An ISV score in this range will be appropriate if psychiatric impairment is assessed with a moderate GEPIC rating of Class 3				
13	Minor psychiatric impairment				
	<b>Comment</b> There is generally only mild impairment.	0	7		
	<b>Comment about appropriate level of ISV</b> An ISV near the top of the range will be applicable if psychiatric impairment is assessed with a mild GEPIC rating of Class 2. An ISV near the bottom of the range will be applicable if psychiatric impairment is assessed with a GEPIC rating of Class 1.				
Part 3—F	acial injuries				
Division 1	—Skeletal injuries of the facial area				
	Examples of factors affecting ISV assessment for items 14 to 22				
	• Extent of skeletal or functional damage				
	• Degree of cosmetic damage or disfigurement				
	Consequential mental harm				
	Availability of cosmetic repair				
14	Extreme facial injury				
	<b>Comment</b> The injury will involve severe traumatic injury to the face requiring substantial reconstructive surgery.	26	45		
	Examples of the injury				
	• A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will be very severe				
	• A Le Fort III fracture causing incapacity in daily activities				

Item No	Injury	Ra	nge
	Additional example of factor affecting ISV scale The extent of any neurological impairment or effect on the airway Note— Le Fort I fracture, Le Fort II fracture and Le Fort III fracture are		
	defined in regulation 3.		
15	Serious facial injury		1
	<b>Comment</b> The injury will involve serious traumatic injury to the face requiring reconstructive surgery that is not substantial.	14	25
	Examples of the injury		
	• A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will not be very severe		
	• A Le Fort III fracture if no serious deformity will remain after reconstructive surgery		
	• A serious or multiple fracture of the nasal complex either or both—		
	(a) requiring more than 1 operation; and		
	(b) causing 1 or more of the following—		
	• permanent damage to the airway		
	• permanent damage to nerves or tear ducts		
	• facial deformity.		
	• A serious cheekbone fracture that will require surgery and cause serious disfigurement and permanent effects despite reconstructive surgery, for example, hyperaesthesia or paraesthesia		
	• A very serious multiple jaw fracture that will—		
	(a) require prolonged treatment; and		
	<ul> <li>(b) despite reconstructive surgery, cause permanent effects, for example, severe pain, restriction in eating, paraesthesia or a risk of arthritis in the joints.</li> </ul>		
	• A severed trunk of the facial nerve (7th cranial nerve), causing total paralysis of facial muscles on 1 side of the face		
	Additional examples of factors affecting ISV scale		
	• Any neurological impairment or effect on the airway		
	Permanent cosmetic deformity		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if the injury causes permanent cosmetic deformity, asymmetry of 1 side of the face and limited consequential mental harm.		
	• An ISV at or near the top of the range will be appropriate if the injury causes serious bilateral deformity and significant consequential mental harm.		
16	Moderate facial injury		
	Examples of the injury	6	13

Item No	Injury		Ra	nge
	•	A simple cheekbone fracture, requiring minor reconstructive surgery, from which the injured person will fully recover with little cosmetic damage		
	•	A fracture of the jaw causing—		
		(a) permanent effects, for example, difficulty in opening the mouth or in eating; or		
		(b) hyperaesthesia or paraesthesia in the area of the fracture.		
	•	Damaged branches of the facial nerve (7th cranial nerve) with permanent paralysis of some of the facial muscles		
	•	A displaced fracture of the nasal complex from which the injured person will almost fully recover after surgery		
	•	A severed sensory nerve of the face with minor permanent paraesthesia		
17	Minor f	acial injury	1	
l	Exampl	es of the injury	0	5
	•	A simple cheekbone fracture, for which surgery is not required and from which the injured person will recover fully		
	•	A simple jaw fracture, requiring immobilisation and from which the injured person will recover		
	•	A stable fracture of the joint process of the jaw		
	•	A displaced fracture of the nasal complex requiring only manipulation		
	•	A simple undisplaced fracture of the nasal complex, from which the injured person will fully recover		
	•	A severed sensory nerve of the face, with good repair causing minimal or no paraesthesia		
18	Injury t	o teeth or gums	1	1
	Comme There w	nt ill generally have been a course of treatment as a result of the injury.		
	Exampl	es of factors affecting ISV scale		
	•	Extent and degree of discomfort during treatment		
	•	Difficulty with eating		
	If protra	<b>nt about appropriate level of ISV</b> cted dentistry causes the injury, the ISV may be higher than the ISV for a injury caused by something else.		
18.1	Loss of a gum infe	or serious damage to more than 3 teeth, serious gum injury or serious action	6	12
18.2	Loss of a infection	or serious damage to 2 or 3 teeth, moderate gum injury or moderate gum	3	5
18.3	Loss of a	or serious damage to 1 tooth, minor gum injury or minor gum infection	0	2
Division 2	<u>—Scarr</u> iı	ng to the face		
	This Div	<b>comments</b> rision will usually apply to an injury involving skeletal damage only if etal damage is minor		

Item No	Injury	Ra	nge
19	Extreme facial scarring		
	Examples of the injury	21	50
	• Widespread area scarring, for example, over the side of the face or another whole area		
	Severe contour deformity		
	• Significant deformity of the mouth or eyelids with muscle paralysis or tic		
	Comment about appropriate level of ISV		
	• An ISV in the upper half of the range may be appropriate if the injured person is relatively young, the cosmetic damage is very disfiguring and the consequential mental harm is severe		
	• An ISV at or near the top of the range will be appropriate if the injury is caused by burns that resulted in loss of the entire nose, eyelids or ears.		
20	Serious facial scarring		
	Examples of the injury	11	20
1	• Substantial disfigurement and significant consequential mental harm		
	Discoloured hypertrophic or keloid scarring		
	Serious contour defects		
	Severe linear scarring		
	Extensive atrophic scarring		
21	Moderate facial scarring		r
	<b>Comment</b> Any consequential mental harm is minor, or having been considerable at the outset, has greatly diminished.		
	Examples of the injury	6	10
	• Scarring, the worst effects of which will be reduced by plastic surgery that will leave minor cosmetic damage		
	• Scars crossing lines of election with discoloured, indurated, hypertrophic or atrophic scarring, of moderate severity		
22	Minor facial scarring		
1	Examples of the injury	0	5
	• A single scar able to be camouflaged		
	• More than 1 very small scar if the overall effect of the scars is to mar, but not markedly to affect, appearance and consequential mental harm is minor		
	• Almost invisible linear scarring, in lines of election, with normal texture and elevation		
Part 4—I	njuries affecting the senses		
Division 1	I—General comment		
	Injuries mentioned in this Part are commonly symptoms of brain and nervous system injury		

Item No	Injury	Ra	nge
Division 2	—Injuries affecting the eyes		
23	Total sight and hearing impairment		
	<b>Comment</b> The injury ranks with the most devastating injuries.	90	100
	Examples of factors affecting ISV scale		
	• Degree of insight		
	Age and life expectancy		
24	Total sight impairment		
	Examples of factors affecting ISV scale	50	80
	• Degree of insight		
	• Age and life expectancy		
25	Complete sight impairment in 1 eye with reduced vision in the other eye		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there is serious risk of further significant deterioration in the remaining eye.	25	50
26	Complete sight impairment in 1 eye or total loss of 1 eye		
	Examples of factors affecting ISV scale	26	30
	• The extent to which the injured person's activities are adversely affected by the impairment or loss		
	Associated scarring or cosmetic damage		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there is a minor risk of sympathetic ophthalmia.		
27	Serious eye injury		
	Examples of the injury	11	25
	• A serious but incomplete loss of vision in 1 eye without significant risk of loss or reduction of vision in the other eye		
	• An injury causing double vision that is not minor and intermittent		
28	Moderate eye injury		
	<b>Example of the injury</b> Minor but permanent impairment of vision in one eye, including if there is double vision that is minor and intermittent	6	10
29	Minor eye injury		
	Examples of the injury	0	5
	A minor injury, for example, from being struck in the eye, exposed to smoke or other fumes or being splashed by liquids—		
	(a) causing initial pain and temporary interference with vision; and		
	(b) from which the injured person will fully recover within a relatively short time		

Item No	Injury	Ra	nge
Division 3	3—Injuries affecting the ears		
30	Extreme ear injury	-	
	<b>Definition of injury</b> The injury involves a binaural hearing loss of at least 80%.	36	55
	Additional examples of factors affecting ISV scale		
	• Associated problems, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches		
	• Availability of hearing aids or other devices that may reduce the hearing loss		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if the injury happened at an early age so as to prevent or to seriously affect the development of normal speech		
31	Serious ear injury		
	<b>Definition of injury</b> The injury involves—	26	35
	(a) a binaural hearing loss of at least 50% but less than 80%; or		
	(b) severe permanent vestibular disturbance.		
	Comment about appropriate level of ISV		
	• An ISV in the lower half of the range will be appropriate if there is no speech impairment or tinnitus		
	• An ISV in the upper half of the range will be appropriate if there is speech impairment and tinnitus.		
32	Moderate ear injury		
	<b>Definition of injury</b> The injury involves—	11	25
	(a) a binaural hearing loss of at least 20% but less than 50%; or		
	(b) significant permanent vestibular disturbance.		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there are problems associated with the injury, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches.		
33	Minor ear injury		
	<b>Definition of injury</b> The injury involves a binaural hearing loss of less than 20%.		
	Comment		
	• This item covers the bulk of hearing impairment cases		
	• The injury is not to be judged simply by the degree of hearing loss		
	• There will often be a degree of tinnitus present		
	• There may also be minor vertigo or a minor vestibular disturbance causing loss of balance		
	• A vestibular disturbance may increase the level of ISV.		

Item No	Injury	Ra	nge
33.1	Moderate tinnitus and hearing loss	6	11
33.2	Mild tinnitus with some hearing loss	4	5
33.3	Slight or occasional tinnitus with slight hearing loss or an occasional vestibular disturbance, or both	0	3
Division 4			
34	Total loss of taste or smell, or both		
	Comment about appropriate level of ISV	6	9
	• An ISV at or near the bottom of the range will be appropriate if there will be a total loss of either taste or smell		
	• An ISV at or near the top of the range will be appropriate if there will be a total loss of both taste and smell.		
35	Partial loss of smell or taste, or both		1
	Comment about appropriate level of ISV	0	5
	• An ISV at or near the bottom of the range will be appropriate if there will be a partial loss of either taste or smell		
	• An ISV at or near the top of the range will be appropriate if there will be a partial loss of both taste and smell.		
Part 5—I	njuries to internal organs		
Division 1			1
	<b>Example of factors affecting ISV assessment for items 36 to 39</b> The level of any reduction in the capacity for employment and enjoyment of life		
36	Extreme chest injury		
	<b>Comment</b> The injury will involve severe traumatic injury to the chest, or a large majority of the organs in the chest cavity, causing a high level of disability and ongoing medical problems.	46	65
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there will be total removal of 1 lung or serious heart damage, or both, with serious and prolonged pain and suffering and significant permanent scarring.		
37	Serious chest injury		1
	<b>Comment</b> The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing serious disability and ongoing medical problems.		
	Examples of the injury	21	45
	A trauma to 1 or more of the following, causing permanent damage, physical disability and impairment of function—		
	• the chest (eg the chest wall mechanics with consequent restrictive ventilatory impairment)		
	• the heart		
			1
	• 1 or both of the lungs (eg scarring or restrictive pleural disease)		

Item No	Injury	Rai	nge
	• an injury that causes the need for oxygen therapy for about 16 to 18 hours a day		
	<b>Example of factors affecting ISV scale</b> The need for a permanent tracheostomy		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if, after recovery, there are both of the following—		
	(a) serious impairment to cardio-pulmonary function;		
	(b) whole person impairment for the injury of, or of nearly, 40%.		
38	Moderate chest injury		
	<b>Example of the injury</b> The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing moderate disability and ongoing medical problems	11	20
	Examples of factors affecting ISV scale		
	• Duration and intensity of pain and suffering (eg chronic inter costal neuralgia)		
	• The degree of permanent impairment of lung or cardiac function, as evidenced by objective test results		
	• The need for a temporary tracheostomy for short-term airway management		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be applicable if there are multiple rib fractures causing—		
	(a) a flail segment (flail chest) requiring mechanical ventilation in the acute stage; and		
	(b) moderate permanent impairment of cardio-pulmonary function.		
	An ISV at near the bottom of the range will be appropriate if there will be a partial loss of a breast without significant consequential mental harm.		
	An ISV in the lower half of the range will be appropriate if there was a pneumothorax, or haemothorax, requiring intercostal catheter insertion.		
39	Minor chest injury		
	Examples of factors affecting ISV scale for items 39.1 and 39.2		
	• complexity of any fractures		
	• extent of injury to underlying organs		
	• extent of any disability		
	duration and intensity of pain and suffering		
39.1	Complicated or significant fracture, or internal organ injury, that substantially res	olves	
	<b>Comment</b> The injury will involve significant or complicated fractures, or internal injuries, that cause some tissue damage but no significant long-term effect on organ function.	5	10

Item No	Injury	Rai	ıge
	Examples of the injury		
	• Multiple fractures of the ribs or sternum, or both, that may cause cardio-pulmonary contusion		
	• Internal injuries that cause some tissue damage but no significant long-term effect on organ function		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is a fractured sternum that substantially resolves, and there is some ongoing pain and activity restriction		
	• An ISV at or near the top of the range will be appropriate if the injury causes significant persisting pain and significant activity restriction.		
39.2	Soft tissue injury, minor fracture or minor internal organ injury		
	Comment	0	4
	• The injury will involve a soft tissue injury, minor fracture, or minor and non-permanent injury to internal organs		
	• There may be persistent pain from the chest, for example, from the chest wall or sternochondral or costochondral joints.		
	Examples of the injury		
	• A single penetrating wound, causing some tissue damage but no long-term effect on lung function		
	• An injury to the lungs caused by the inhalation of toxic fumes or smoke that will not permanently interfere with lung function		
	• A soft tissue injury to the chest wall, for example, a laceration or serious seatbelt bruising		
	• Fractured ribs or a minor fracture of the sternum causing serious pain and disability for weeks, without internal organ damage or permanent disability		
	Comment about appropriate level of ISV		
	An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person will fully recover.		
Division 2	—Lung injury other than asthma		
	<b>General comments</b> The level of an ISV for lung disease often reflects the fact that the disease is worsening and there is a risk of the development of secondary medical conditions.		
	<b>Examples of factors affecting ISV assessment for items 40 to 43</b> Consequential mental harm may increase the level of ISV		
40	Extreme lung injury		
	Examples of the injury	46	65
	• Lung disease involving serious disability causing severe pain and dramatic impairment of function and quality of life		
	• A recurrent pulmonary embolism resulting in failure of the right side of the heart requiring a lung transplant, heart transplant or both		

Item No	Injury	Range	
	Additional examples of factors affecting ISV scale		
	• Age		
	Likelihood of progressive worsening		
	• Duration and intensity of pain and suffering		
41	Serious lung injury		
41.1	Serious lung injury if progressive worsening of lung function		
	Example of item 41.1 Lung disease, causing—	25	45
	• significantly reduced and worsening lung function		
	• prolonged and frequent coughing		
	• restriction of physical activity, employment and enjoyment of life.		
	Additional examples of factors affecting ISV scale for item 41.1		
	• The possibility of lung cancer developing may increase the level of ISV		
	• The need for continuous oxygen therapy		
41.2	Serious lung injury if no progressive worsening of lung function		
	Examples of item 41.2	11	24
	• Lung disease causing breathing difficulties, short disabling breathlessness, requiring frequent use of inhaler		
	• Lung disease causing a significant effect on employment and social life, including inability to tolerate a smoky environment, with an uncertain prognosis		
	• A recurrent pulmonary embolism causing pulmonary hypertension and cor pulmonale		
42	Moderate lung injury		
	<b>Example of the injury</b> A pulmonary embolism requiring anticoagulant therapy for at least 1 year or pulmonary endarterectomy	6	11
43	Minor lung injury		-
	Examples of the injury	0	5
	• Lung disease causing slight breathlessness, with—		
	(a) no effect on employment; and		
	(b) the likelihood of substantial and permanent recovery within a few years after the injury is caused		
	• A pulmonary embolism requiring anticoagulant therapy for less than 1 year		
	<b>Comment about appropriate level of ISV</b> An ISV under this item will also will be appropriate if there is lung disease causing temporary aggravation of bronchitis, or other chest problems, that will resolve within a few months.		
Division 4	—Injuries to male reproductive system		
	General comment		

Item No	Injury		Ra	nge
	•	This Division applies to injuries caused by physical trauma rather than as a secondary result of psychiatric impairment		
	•	For psychiatric impairment that causes loss of reproductive system function, (see psychiatric impairment)		
	•	Sterility is usually either—		
		(a) caused by surgery, chemicals or disease; or		
		(b) caused by a traumatic injury that is often aggravated by scarring.		
	Exampl	es of factors affecting ISV assessment for items 44 to 47		
	•	Consequential mental harm		
	•	Effect on social and domestic life		
44	Impoter	nce and sterility		
	Addition	nal examples of factors affecting ISV scale	5	37
	•	Age		
	•	Whether the injured person has children		
	•	Whether the injured person intended to have children or more children		
14.1	Comme	nt about appropriate level of ISV		
	•	An ISV at or near the top of the range will be appropriate if a young injured person has total impotence and loss of sexual function and sterility		
	•	An ISV in the upper half of the range will be appropriate if a young injured person without children has uncomplicated sterility, without impotence or any aggravating features		
	•	An ISV near the middle of the range will be appropriate if a middle-aged injured person with children has sterility and permanent impotence		
	•	An ISV in lower half of the range will be appropriate if an injured person with children may have intended to have more children and has uncomplicated sterility, without impotence or any aggravating features		
	•	An ISV at or near the bottom of the range will be applicable if the sterility has little impact.		
45	Loss of	part or all of the penis		
	Comme	nt about appropriate level of ISV	5	25
	•	Extent of penis remaining		
	•	Availability of prosthesis		
	•	Extent to which sexual activity will be possible		
46		both testicles 44 where sterility results	5	37
47	Loss of	1 testicle		
		nal example of factors affecting ISV scale smetic damage or scarring	2	11

Item No	Injury	Ra	nge			
	<b>Comment about appropriate level of ISV</b> An ISV at or near the bottom of the range will be appropriate if the injury does not reduce reproductive capacity.					
Division 5	—Injuries to female reproductive system		I			
	General comment					
	• This Division applies to injuries caused by physical trauma rather than as a secondary result of psychiatric impairment					
	• For psychiatric impairment that causes loss of reproductive system function, (see psychiatric impairment).					
	Examples of factors affecting ISV assessment for items 48 to 49					
	• Extent of any physical trauma					
	• Whether the injured person has children					
	• Whether the injured person intended to have children or more children					
	• Age					
	• Scarring					
	Depression or consequential mental harm					
	Effect on social and domestic life					
48	Infertility					
48.1	Infertility causing severe effects					
	Example Infertility with severe depression, anxiety and pain	16	35			
48.2	Infertility causing moderate effects					
	<b>Example</b> Infertility without any medical complication if the injured person has children	9	15			
	<b>Comment about appropriate level of ISV</b> An injury under this item is applicable even if there is consequential mental harm					
48.3	Infertility causing minor effects		1			
	<b>Example</b> Infertility if—	0	8			
	(a) the injured person was unlikely to have had children, for example, because of age; and					
	(b) there is little or no consequential mental harm					
49	Any other injury to the female reproductive system					
49.1	Injury to female genitalia or reproductive organs, or both		1			
	Comment about appropriate level of ISV	3	25			
	• An ISV at or near the top of the range will be appropriate if the injury causes the early onset of menopause or irregular hormonal activity					
	• An ISV at or near the middle of the range will be appropriate if the injury causes:					
	• development of a prolapse or fistula					

Item No	Injury		nge
	• a laceration or tear with good repair.		
49.2	Female impotence		
	<b>Comment</b> The injury may be correctable by surgery.	5	15
	Additional examples of factors affecting ISV scale The level of sexual function or the extent of any corrective surgery		
49.3	An injury causing an inability to give birth by normal vaginal delivery, for example pelvic ring disruption or deformity	e, beca	use of
	<b>Comment</b> The injury may be correctable by surgery.	4	15
49.4	Reduced fertility, caused by, for example, trauma to ovaries or fallopian tubes	2	11
Division 6	—Injuries to digestive system		
Subdivisi	on 1—Upper digestive tract		
50	Extreme injury to the digestive system caused by trauma		
1	Examples of the injury	19	40
	• Severe permanent damage to the upper digestive system, with ongoing debilitating pain and discomfort, diarrhoea, nausea and vomiting that—		
	(a) are not controllable by drugs; and		
	(b) causes weight loss of at least 15%.		
	• An injury to the throat requiring a permanent gastrostomy		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is an injury to the oropharynx/oesophagus (throat) requiring a temporary gastrostomy for more than 1 year and permanent dietary changes, for example, a requirement for a soft food diet		
	• An ISV at or near the top of the range will be appropriate if there is an injury to the oropharynx/oesophagus (throat) requiring a permanent gastrostomy, with significant ongoing symptoms.		
	Examples of factors affecting ISV scale		
	• the extent of any voice or speech impairment		
	need for ongoing endoscopic procedure		
51	Serious injury to the digestive system caused by trauma	[	1
	<b>Examples of the injury</b> A serious injury causing long-term complications and requiring continuous medication	11	18
	Examples of factors affecting ISV scale		
	• The extent of any ongoing voice or speech impairment		
	• Whether a feeding tube was required, and if so, for how long it was required		
1	• Urgent and/or uncontrolled bowel use		
	An ISV under this item is applicable if a feeding tube is required for between 3		

Item No	Injury	Ra	nge			
	and 12 months					
52	Moderate injury to the digestive system caused by trauma					
	Examples of the injury	6	10			
	• A blunt trauma or a penetrating stab wound, causing some permanent tissue damage, but with no significant long-term effect on digestive function					
	• An injury requiring a feeding tube for less than 3 months					
	Example of factors affecting ISV scale					
	• Whether a feeding tube was required, and if so, for how long it was required					
	• Whether dietary changes are required to reduce the risk of aspiration because of impaired swallowing					
53	Minor injury to the digestive system caused by trauma	1				
	Examples of the injury	0	5			
	• A soft tissue injury to the abdomen wall, for example, a laceration or serious seatbelt bruising to the abdomen or flank, or both					
	• A minor injury to the throat or tongue causing temporary difficulties with swallowing or speech					
	A laceration of the tongue requiring suturing					
Subdivisi	sion 2—Injuries to the digestive system not caused by trauma					
	<b>General comments</b> There is a marked difference between those comparatively rare cases having a long term or even permanent effect on quality of life and cases in which the only ongoing symptom is an allergy, for example, to specific foods, that may cause short-term illness.					
54	Extreme injury to the digestive system not caused by trauma					
	Example of the injury Severe toxicosis—	13	35			
	<ul> <li>(a) causing serious acute pain, vomiting, diarrhoea and fever, requiring hospitalisation for days or weeks; and</li> </ul>					
	(b) also causing 1 or more of the following:					
	ongoing incontinence					
	haemorrhoids					
	• irritable bowel syndrome; and					
	(c) having a significant impact on the capacity for employment and enjoyment of life.					
	<b>Comment about appropriate level of ISV</b> An ISV in the lower half of the range will be appropriate if the injury causes a chronic infection that requires prolonged hospitalisation that will not resolve after antibiotic treatment for a year.					

Item No	Injury	Ra	nge
55	Serious injury to the digestive system not caused by trauma		
	<b>Examples of the injury</b> Constant abdominal pain, causing significant discomfort, for up to 18 months caused by a delay in diagnosis of an injury to the digestive system	6	12
	Comment about appropriate level of ISV		
	• An ISV at or near the top of the range will be appropriate if there is an adverse response to the administration of a drug that—		
	(a) requires admission to an intensive care unit; and		
	(b) does not cause any permanent impairment; and		
	(c) causes the need for ongoing drug therapy for life.		
	• An ISV in the upper half of the range will be appropriate if a chronic infection—		
	(a) requires prolonged hospitalisation and additional treatment; and		
	(b) will be resolved by antibiotic treatment within 1 year.		
	• An ISV at or near the bottom of the range will be appropriate if there is an adverse response to the administration of a drug that—		
	(a) requires admission to an intensive care unit; and		
	(b) does not cause any permanent impairment; and		
	(c) does not cause the need for ongoing drug therapy for life.		
56	Moderate injury to the digestive system not caused by trauma		
	Examples of the injury	3	5
	• An infection that is resolved by antibiotic treatment, with or without additional treatment in hospital, within 3 months after the injury is caused		
	• An adverse response to the administration of a drug, causing any of the following continuing over a period of more than 7 days, and requiring hospitalisation:		
	(a) vomiting;		
	(b) shortness of breath;		
	(c) hypertension;		
	(d) skin irritation		
57	Minor injury to the digestive system not caused by trauma		
	Examples of the injury	0	2
	• Disabling pain, cramps and diarrhoea, ongoing for days or weeks		
	• A localised infection, requiring antibiotic treatment, that heals within 6 weeks after the start of treatment		
	• An adverse response to the administration of a drug, causing any of the following continuing over a period of not more than 7 days, and not requiring hospitalisation:		
	(a) vomiting;		

Item No	Injury		
	(b) shortness of breath;		
	(c) hypertension;		
	(d) skin irritation		
	• Intermittent abdominal pain for up to 6 months caused by a delay in diagnosis of an injury to the digestive system		
Division 7	—Kidney or ureter injuries		
	<b>General comment</b> An injury to a ureter or the ureters alone, without loss of, or serious damage to, a kidney will generally be assessed under items 60 or 61.		
	Examples of factor affecting ISV assessment for items 58 to 61		
	• Age		
	• Risk of ongoing kidney or ureter problems, complications or symptoms		
	Need for future medical procedures		
58	Extreme injury to kidneys or ureters		
58.1	Loss of both kidneys causing loss of renal function and requiring permanent dialysis or transplant	56	75
58.2	Serious damage to both kidneys, requiring temporary or intermittent dialysis	31	55
	Examples of factors affecting ISV scale		
	• The effect of dialysis and loss of kidney function on activities of daily living		
	• The length of time for which dialysis was required or the frequency of intermittent dialysis		
	• Ongoing requirement for medication, for example, to control blood pressure		
	• Whether the injury caused the need for dietary changes		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if dialysis was required for an initial 3 months period, with intermittent dialysis required after that		
	• An ISV at or near the top of the range will be appropriate if the injury required dialysis for about 1 year and ongoing dietary changes and medication.		
59	Serious injury to kidneys or ureters		
	<b>Comment</b> The injury may require temporary dialysis for less than 3 months.	19	30
	<b>Example of the injury</b> Loss of 1 kidney if there is severe damage to, and a risk of loss of function of, the other kidney		
	<b>Comment about appropriate level of ISV</b> The higher the risk of loss of function of the other kidney, the higher the ISV.		
60	Moderate injury to kidneys or ureters		
	Examples of the injury	12	18

# **Civil Liability Regulations 2013—1.7.2013** Schedule 1—Ranges of injury scale values

Item No	Injury	Ra	nge
	• Loss of 1 kidney, with no damage to the other kidney		
	• An injury to a ureter or the ureters that requires surgery or placement of stents		
61	Minor injury to kidneys or ureters		I
	<b>Example of the injury</b> A laceration or contusion to 1 or both of the kidneys confirmed by imaging	0	11
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is an injury to a kidney causing a contusion		
	• An ISV at or near the top of the range will be appropriate if a partial removal of a kidney is required		
Division 8	Liver, gall bladder or biliary tract injuries		n
	Examples of factors affecting ISV assessment		
l	• Whether there are recurrent episodes of infection or obstruction		
<u> </u>	• Whether there is a risk of developing biliary cirrhosis		
62	Extreme injury to liver, gall bladder or biliary tract		
	<b>Example of the injury</b> Loss, or injury causing effective loss of liver function	51	70
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there are recurrent episodes of liver failure that require hospital admission and medical management but do not require liver transplantation		
	• An ISV at or near the top of the range will be appropriate if the injury requires liver transplantation		
63	Serious injury to liver, gall bladder or biliary tract		
	<b>Example of the injury</b> Serious damage causing physical loss of over 30% of the tissue of the liver, but with some functional capacity of the liver remaining	36	50
64	Moderate injury to liver, gall bladder or biliary tract		
	<b>Example of the injury</b> A laceration, contusion or trauma damage to the liver, with a moderate permanent effect on liver function, confirmed from imaging	11	35
	The removal of the gall bladder that causes ongoing symptoms		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if the injury causes impaired liver function with symptoms of intermittent nausea and vomiting and weight loss		
	• An ISV at or near the bottom of the range will also be appropriate if there is a gall bladder injury with recurrent infection or symptomatic stone disease, the symptoms of which may include, for example, pain or jaundice		
	• An ISV at or near the middle of the range will be appropriate if the injury involves removal of the gall bladder causing a bile duct injury		

Item No	Injury		Ra	nge
	•	An ISV at or near the top of the range will be appropriate if—		
		(a) surgery is required to remove not more than 30% of the liver; or		
		(b) bile ducts require repair, for example, placement of stents.		
	•	An ISV at or near the top of the range will also be appropriate if there is an injury to the gall bladder, that despite biliary surgery, causes ongoing symptoms, infection or the need for further endoscopic surgery		
65	Minor i	njury to liver, gall bladder or biliary duct		1
	<b>Comme</b> An injur	<b>nt</b> y within this item should not require surgery to the liver.	3	10
	A lacera	<b>e of the injury</b> tion or contusion to the liver, with a minor effect on liver function and ed from imaging		
	An ISV	<b>nt about appropriate level of ISV</b> in the lower half of the range will be appropriate if there is an licated removal of the gall bladder with no ongoing symptoms.		
Division 9	Bowel	injuries	1	1
	Exampl	es of factors affecting ISV assessment for items 66 to 69		
	•	Age		
	•	Risk of ongoing bowel problems, complications or symptoms		
	•	Need for future surgery		
	•	The degree to which dietary changes are required to manage chronic pain or diarrhoea caused by the injury		
66	Extrem	e bowel injury	1	
		e of the injury y causing a total loss of natural bowel function and dependence on ny	41	60
67	Serious	bowel injury		
		e of the injury is abdominal injury causing either or both of the following:	19	40
	(a)	impairment of bowel function (which often requires permanent or long-term colostomy, leaving disfiguring scars);		
	(b)	permanent restrictions on employment and diet and/or requiring nutritional supplements		
68	Modera	te bowel injury		
	Exampl	e of the injury	7	18
	(a)	the injury requires temporary surgical diversion of the bowel, for example, an ileostomy or colostomy; and		
	(b)	there is ongoing intermittent abnormal bowel function requiring medication; and		
	(c)	some loss of bowel, weight loss and permanent restriction on diet and/or requiring nutritional supplements		

Item No	Injury	Ra	nge	
69	Minor bowel injury			
	<b>Example of the injury</b> An injury causing tears to the bowel, with minimal ongoing bowel problems	3	6	
Division 1	0—Bladder, prostate or urethra injuries			
	Examples of factors affecting ISV assessment for items 70 to 73			
	• Age			
	• Risk of ongoing bladder, prostate or urethra problems, complications or symptoms			
	Need for future surgery			
70	Extreme bladder, prostate or urethra injury			
	<b>Example of the injury</b> An injury causing a complete loss of bladder function and control, with permanent dependence on urostomy	40	60	
71	Serious bladder, prostate or urethra injury		n	
	<b>Example of the injury</b> An injury causing serious impairment of bladder control, with some incontinence	19	39	
	<b>Comment about appropriate level of ISV</b> An ISV in the upper half of the range will be appropriate if there is serious ongoing pain.			
72	Moderate bladder, prostate or urethra injury			
	<b>Example of the injury</b> An injury causing continued impairment of bladder control, with minimal incontinence and minimal pain	7	18	
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be applicable if—			
	• an ongoing requirement for minor surgery, for example, cystoscopy or urethral dilation; or			
	• other surgery due to being unresponsive to treatment			
73	Minor bladder, prostate or urethra injury			
	<b>Example of the injury</b> A bladder injury that may require conservative intermittent medical treatment for which surgery is not required and from which the injured person will fully recover	3	6	
Division 1	11—Spleen and pancreas injuries			
74	Injuries to the pancreas		r	
	Examples of factors affecting ISV scale	11	35	
	• The extent of any ongoing risk of internal infection and disorders, for example, diabetes			
	• The need for, and outcome of, further surgery, for example, surgery to manage pain caused by stone disease, infection or an expanding pseudocyst			
	• An ISV at or near the middle of the range will be appropriate if there are chronic symptoms, for example, pain or diarrhoea, and weight loss			

Item No	Injury					
	• An ISV at or near the top of the range will be appropriate if—					
	<ul> <li>(a) there are chronic symptoms with significant weight loss of between 10% and 20% of body weight, and pancreatic enzyme replacement is required; or</li> </ul>					
	(b) an injury to the pancreas causes diabetes.					
75	Loss of spleen (complicated)	I	1			
	<b>Example of the injury</b> Loss of spleen if there will be a risk, that is not minor, of ongoing internal infection and disorders caused by the loss	8	20			
	Comment					
	• An ISV at or near the top of the range will be appropriate if the injury leads to a splenectomy, with portal vein thrombosis after the splenectomy					
	• An ISV at or near the middle of the range will be appropriate if—					
	<ul><li>(a) the injury leads to a splenectomy, with serious infection after the splenectomy; and</li></ul>					
	(b) the infection requires surgical or radiological intervention					
76	Injury to the spleen or uncomplicated loss of spleen					
	Example of the injury Laceration or contusion to the spleen that—					
	(a) has been radiologically confirmed;					
	(b) has no ongoing bleeding;					
	(c) is managed conservatively; and					
	(d) resolves fully					
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there has been removal of the spleen (splenectomy), with little or no risk of ongoing infections and disorders caused by the loss of the spleen.					
<b>Division</b>	12—Hernia injuries					
77	Severe hernia					
	<b>Example of the injury</b> An incisional hernia if after repair there is either or both—	11	20			
	(a) ongoing pain; and					
	(b) a restriction on physical activities, sport or employment					
	<b>Comment about appropriate level of ISV</b> An ISV at the top of the range will be appropriate if—					
	(a) the incisional hernia is reoccurring; and					
	(b) has a whole of person impairment of 10% or more					
78	Moderate hernia		n			
	<b>Example of the injury</b> An incisional hernia that after repair has some real risk of recurring in the short-term	6	10			

Item No	Injury	Ra	nge
79	Minor hernia		T
	<b>Example of the injury</b> An uncomplicated incisional hernia, whether or not repaired	0	5
Part 6—C	Orthopaedic injuries		
Division 1	Cervical spine injuries		
	<b>General comment for items 80 to 84</b> This Division does not apply to the following injuries (that are dealt with in items 1 to 3):		
	• quadriplegia		
	• paraplegia		
	• hemiplegia or severe paralysis of more than 1 limb.		
	There must be clinical findings present at the time of examination.		
	Clinical findings must be consistent with radiological objective evidence where present.		
	• Cervical spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms only suffered for 2 or 3 weeks		
	• Symptoms associated with nerve root compression or damage cannot be taken into account in assessing an ISV under items 80 to 82 unless objective signs are present of a permanent nerve root compression or damage, or other specific imaging findings as defined—		
	• CT and/or MRI scans or other appropriate imaging evidence of disc herniation (as distinct from merely a disc bulge and/or annular tear), and residual and corresponding objective neurological impairment, for example—		
	sensory loss		
	<ul> <li>loss of muscle strength and/or corresponding atrophy</li> </ul>		
	impaired reflexes		
30	Extreme cervical spine injury		
	<b>Comment</b> These are extremely severe injuries that cause gross limitation of movement and serious interference with performance of daily activities. The injury will involve significant upper or lower extremity impairment and may require the use of an adaptive device or prosthesis	41	75
	Examples of the injury		
	• A total neurological loss at a single level		
	Severe multilevel neurological dysfunction		
	• Structural compromise of the spinal canal with extreme upper or lower extremity motor and sensory impairments		
	• Fractures involving more than 50% compression of a vertebral body with neural compromise		
	Comment about appropriate level of ISV		

Item No	Injury			Ra	nge	
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment of about 35%					
	•	cervical s	t or near the top of the range will be appropriate if there is a pine injury causing monoplegia of the dominant upper limb e person impairment of at least 60%.			
81	Serious cervical spine injury					
	Comment					
	•	extremity	y of the cervical spine will cause serious neurological upper impairment or serious permanent impairment of the cervical which there is radiological evidence			
	• The injury may involve—					
		(a)	a change of motion segment integrity; or			
		(b)	bilateral or multilevel nerve root compression or damage;or			
		(c)	a fracture involving more than 25% compression of 1 vertebral body or a fusion (either traumatic or post-surgical);or			
		(d)	an injury showing objective signs of nerve root damage after surgery.			
		s of the in notion in a	ajury motion segment because of a surgical or post-traumatic			
	Commen	t about a	ppropriate level of ISV			
	•	An ISV a	t or near the bottom of the range will be appropriate if			
		(a)	the injured person has had surgery and symptoms persist; or			
		(b)	there is a fracture involving 25% compression of 1 vertebral body.			
	•		n the middle of the range will be appropriate if there is a nvolving about 50% compression of a vertebral body, with pain			
	•	An ISV a	t or near the top of the range will be appropriate if-			
		(a)	the injured person has had a fusion of vertebral bodies that has failed, leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and			
		(b)	there is whole person impairment of about 28%.			
82	Moderate cervical spine injury—fracture, disc prolapse (herniated disc) or nerver compression or damage					
	<b>Comment</b> An ISV for this item will be appropriate if—				15	
	(a)		herniated disc for which there is radiological evidence ading to an anatomically correct level of objective neurological ent; and			
	(b)		symptoms of pain and 3 or more of the following objective are anatomically localised to an appropriate spinal nerve root			

# **Civil Liability Regulations 2013—1.7.2013** Schedule 1—Ranges of injury scale values

Item No	Injury	Ra	nge
	distribution:		
	(i) sensory loss;		
	(ii) loss of muscle strength and/or corresponding atrophy;		
	(iii) impaired reflexes;		
	(iv) unilateral atrophy; and		
	(c) the impairment has not improved after non-operative treatment		
83	Moderate cervical spine injury—soft tissue injury		
	<b>Comment</b> The injury will cause moderate permanent impairment, for which there is a clinical history and examination findings that are compatible with a specific injury for which there will be 2 or more objective signs.	5	10
	<b>Comment about appropriate level of ISV</b> An ISV at the top half of the range is appropriate if there is a whole of person impairment of 8% caused by a traumatic soft tissue injury		
84	Minor cervical spine injury		[
	Comment	0	4
	• Injuries within this item include a whiplash injury with minor ongoing symptoms, and/or dysfunction including symptoms, remaining for more or expected to remain more than 18 months after the injury is caused; and		
	• There are no objective signs of a neurological impairment (for example, a radiculopathy) at the time of assessment.		
	Comment about appropriate level of ISV		
	• A low range ISV under this item will be applicable if the injury will resolve within months after the injury is caused; and		
	• A high range ISV under this item will be applicable if, the injury causes persistent headaches, significant neck stiffness and some ongoing pain and/or dysfunction		
Division 2	—Thoracic spine or lumbar spine injuries		
	General comments		
	• This Division does not apply to the following injuries (that are dealt with in items 1 to 3):		
	• quadriplegia		
	• paraplegia		
	• hemiplegia or severe paralysis of more than 1 limb.		
	• Thoracic or lumbar spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms suffered only for 2 or 3 weeks		
	• Symptoms associated with nerve root compression or damage cannot be taken into account in assessing an ISV under item 85 to 87 unless objective signs are present of nerve root compression or damage, for example—		

Item No	Injury	Ra	nge			
	• CT or MRI scans or other radiological evidence					
	muscle wasting					
	• clinical findings of deep tendon reflex loss, motor weakness and loss of sensation.					
	There must be clinical findings present at the time of examination.					
	Clinical findings must be consistent with radiological objective evidence where present.					
85	Extreme thoracic or lumbar spine injury					
	<b>Comment</b> These are extremely severe injuries causing gross limitation of movement and serious interference with performance of daily activities. There may be some motor or sensory loss, and some impairment of bladder, ano-rectal or sexual function.	36	60			
	<b>Example of the injury</b> A fracture involving compression of a thoracic or lumbar vertebral body of more than 50%, with neurological impairment					
	Comment about appropriate level of ISV					
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 25%					
	• An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of at least 45%.					
86	Serious thoracic or lumbar spine injury					
	Comment					
	• The injury will cause serious permanent impairment in the thoracic or lumbar spine					
	• The injury may involve—					
	(a) bilateral or multilevel nerve root damage; or					
	(b) a change in motion segment integrity, for example, because of surgery.					
	<b>Example of the injury</b> A fracture involving at least 25% compression of 1 thoracic or lumbar vertebral body					
	Comment about appropriate level of ISV					
	• An ISV at or near the bottom of the range will be appropriate if—					
	(a) the injured person has had surgery and symptoms persist; or					
	(b) there is a fracture involving 25% compression of 1 vertebral body.					
	• An ISV in the middle of the range will be appropriate if there is a fracture involving 50% compression of a vertebral body, with ongoing pain					
	• An ISV at or near the top of the range will be appropriate if the injured person has had a fusion of vertebral bodies that has failed—					
	(a) leaving objective signs of significant residual nerve root					

Item No	Injury					
	damage and ongoing pain, affecting 1 side of the body; and					
	(b) causing whole person impairment of 24%.					
87	Moderate thoracic or lumbar spine injury—fracture, disc prolapse or nerve root compression or damage					
	<b>Comment</b> An ISV for this item will be appropriate if—					
	(a) there is a herniated disc for which there is radiological evidence					
	corresponding to an anatomically correct level of objective neurological impairment; and					
	(b) there are symptoms of pain and 3 or more of the following objective signs that are anatomically localised to an appropriate spinal nerve root distribution—					
	(i) sensory loss;					
	(ii) loss of muscle strength, and/or corresponding atrophy;					
	(iii) impaired reflexes;					
	(iv) unilateral atrophy; and					
	(c) the impairment has not improved after non-operative treatment.					
88	Moderate thoracic or lumbar spine injury—soft tissue injury					
	The injury will cause moderate permanent impairment, for which there is a clinical history and examination findings that are compatible with a specific injury for which there will be 2 or more objective signs. <b>Comment about appropriate level of ISV</b> An ISV at the top half of the range is appropriate if there is a whole of person					
	impairment of 8% caused by a traumatic soft tissue injury					
89	Minor thoracic or lumbar spine injury					
	Example of the injury A soft tissue injury of the thoracic or lumbar spine with no—	0	4			
	significant clinical findings					
	• fractures					
	documented neurological impairment					
	• significant loss of motion segment integrity					
	• other objective signs of impairment relating to the injury					
	Comment about appropriate level of ISV					
	• An ISV at or near the top of the range will be appropriate, whether or not the injured person continues to suffer some ongoing pain, if the injury will substantially reach maximum medical improvement, with only minor symptoms, within about 18 months after the injury is caused					
	• An ISV at or near the bottom of the range will be appropriate if the					

Item No	Injury	Rai	nge
	Injuries under items 90 to 93 include subluxations or dislocations of the		
	sternoclavicular joint, acromioclavicular joint or glenohumeral joint.		
	• Soft tissue injuries may involve the musculoligamentous supporting structures of the joints		
	• Fractures may involve the clavicle, the scapula (shoulder blade) and the humerus		
	<b>Comment about appropriate level of ISV for items 90 to 93</b> An ISV at or near the top of the range will generally only be appropriate if the injury is to the shoulder of the dominant upper limb.		
90	Extreme shoulder injury		
	<b>Comment</b> These are the most severe traumatic injuries causing gross permanent impairment.	31	50
	Examples of the injury		
	• A severe fracture or dislocation, with secondary medical complications		
	• Joint disruption with poor outcome after surgery		
	Degloving		
	Permanent nerve palsies		
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment of 45% and complete loss of all shoulder function of the dominant upper limb.		
91	Serious shoulder injury		
	<b>Comment</b> The injury will involve serious trauma to the shoulder causing serious permanent impairment.	16	30
	Examples of the injury		
	• A crush injury		
	A serious fracture with secondary arthritis		
	• Nerve palsies from which the injured person will partially recover		
	<ul> <li>Established non-union of a clavicular or scapular fracture despite open reduction and internal fixation (ORIF)</li> </ul>		
	• Established non-union of a clavicular or scapular fracture if surgery is not appropriate or not possible, and there is significant functional impairment		
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25% and the injury is to the dominant upper limb.		
92	Moderate shoulder injury		
92.1	<b>Comment</b> An ISV under this item will be applicable if there is a whole of person	11	15
	impairment of 10—12%		
	Examples of the injury		

Item No	Injury	Rai	nge
	and symptoms persisting or expected to persist for about 2 years		0
	• Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears		
	• A fracture, from which the injured person has made a reasonable recovery, requiring open reduction and internal fixation		
	• Nerve palsies from which the injured person has made a good recovery		
	• Painful persisting dislocation of the acromioclavicular joint		
	• An injury to the sternoclavicular joint causing permanent, painful instability		
	Comment about the appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if the injury is to the non-dominant upper limb		
	• An ISV at or near the top of the range will be appropriate if the injury is to the dominant upper limb		
92.2	Comment	6	10
	An ISV under this item will be appropriate if there is a whole person impairment for the injury of less than 10%		
	Examples of the injury		
	• Traumatic adhesive capsulitis with discomfort, limitation of movement and symptoms persisting or expected to persist for about 2 years		
	• Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears		
	• Nerve palsies from which the injured person has made a good recovery		
	• Painful persisting dislocation of the acromioclavicular joint		
	• An injury to the sternoclavicular joint causing permanent, painful instability		
	Comment about this level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if the injury is to the non-dominant upper limb		
	• An ISV at or near the top of the range will be appropriate if the injury is to the dominant upper limb		
93	Minor shoulder injury		
	Examples of the injury	0	5
	• Soft tissue injury with considerable pain from which the injured person makes an almost full recovery in less than 18 months		
	• Fracture from which the injured person has made an uncomplicated recovery		
	• Strain injury of the acromioclavicular joint or sternoclavicular joint		
Division 4	-Amputation of upper limbs		
	<b>Comment about appropriate level of ISV for items 94 to 95</b> An ISV at or near the top of the range will generally only be appropriate if the amputation is of the dominant upper limb		

Item No	Injury	Ra	nge
94	Loss of both upper limbs, or loss of 1 arm and extreme injury to the other arm	1	
	<b>Comment</b> The effect of the injury is to reduce the injured person to a state of considerable helplessness	55	85
	Examples of factors affecting ISV scale		
	• Whether the amputations are above or below the elbow (the loss of the elbow joint adds greatly to the disability)		
	• The length of any stump suitable for use with a prosthesis		
	• Severity of any phantom pains		
	Additional comment about appropriate level of ISV		
	• An ISV of 70 to 85 will be appropriate if—		
	(a) both upper limbs are amputated at the shoulder; or		
	(b) 1 arm is amputated at the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 60%.		
	• An ISV of 65 to 80 will be appropriate if—		
	<ul><li>(a) both upper limbs are amputated through the elbow or above the elbow but below the shoulder; or</li></ul>		
	<ul><li>(b) 1 arm is amputated through the elbow or above the elbow but below the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 57%.</li></ul>		
	• An ISV of 55 to 75 will be appropriate if—		
	(a) both upper limbs are amputated below the elbow; or		
	<ul><li>(b) 1 arm is amputated below the elbow, and there is a loss of function in the other arm, causing whole person impairment of 54%.</li></ul>		
95	Loss of 1 upper limb		
	Examples of factors affecting ISV assessment		
	• Whether the amputation is above or below the elbow (the loss of the elbow joint adds greatly to the disability)		
	• Whether the amputation was of the dominant arm		
	• The length of any stump suitable for use with a prosthesis		
	• Severity of any phantom pains		
	• Extent of any disability in the other arm		
95.1	An upper limb amputation at the shoulder	50	65
95.2	An upper limb amputation through the elbow or above the elbow but below the shoulder	40	65
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will generally be appropriate if there is an amputation through the elbow		
	• An ISV at or near the top of the range will be appropriate if there is a		

Item No	Injury	Ra	nge
	short stump because a short stump may create difficulties in the use of a prosthesis		
95.3	An upper limb amputation below the elbow	35	60
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is an amputation through the forearm with residual severe pain in the stump and phantom pains		
Division 5	—Elbow injuries		
	<b>Comment about appropriate level of ISV for items 96 to 99</b> An ISV at or near the top of the range will generally only be appropriate if the injury is to the elbow of the dominant upper limb		
96	Extreme elbow injury		
	<b>Comment</b> The injury will involve an extremely severe elbow injury, falling short of amputation, leaving little effective use of the elbow joint	26	50
	Examples of the injury		
	• Whole person impairment for the injury of between 24% and 42%		
	A complex elbow fracture, or dislocation, with secondary complications		
	• Joint disruption, with poor outcome after surgery		
	Degloving		
	Permanent nerve palsies		
	• An injury causing severe limitation of elbow movement with the joint constrained in a non-functional position		
97	Serious elbow injury		
	<b>Comment</b> The injury will involve significant disability and require major surgery.	13	25
	Examples of the injury		
	A serious fracture with secondary arthritis		
	A crush injury		
	• Nerve palsies from which the injured person will partially recover		
	• Permanent, poor restricted range of movement with the elbow constrained in a satisfactory functional position		
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 23% and the injury is to the elbow of the dominant upper limb.		
98	Moderate elbow injury		
	<b>Comment</b> The injury will cause moderate long-term disability but does not require multiple surgeries.	6	12
	Examples of the injury		
	• A fracture, from which the injured person has made a reasonable		

Item No	Injury	Rai	nge
	recovery, requiring open reduction and internal fixation		
	• Nerve palsies from which the injured person has made a good recovery		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 5%		
	• An ISV at or near the top of the range will be appropriate if there is a moderately severe injury to the elbow of the dominant upper limb—		
	(a) requiring prolonged treatment; and		
	(b) causing whole person impairment of 10%.		
99	Minor elbow injury		
	<b>Comment</b> The injury will cause no permanent damage and no permanent impairment of function.	0	5
	Examples of the injury		
	• A fracture with an uncomplicated recovery		
	• A soft tissue injury with pain, minor tennis elbow syndrome or lacerations		
Division (	6—Wrist injuries		
100	An ISV at or near the top of the range will generally only be appropriate if the injury is to the wrist of the dominant upper limb. Extreme wrist injury		
	<b>Comment</b> The injury will involve severe fractures, or a dislocation, causing a high level of permanent impairment.	25	40
	Examples of the injury		
	A severe fracture or dislocation with secondary joint complications		
	Joint disruption with poor outcome after surgery		
	Degloving		
	Permanent nerve palsies		
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 36% and the injury is to the wrist of the dominant upper limb.		
101	Serious wrist injury		
	Examples of the injury	16	24
	• An injury causing significant permanent loss of wrist function, for		
	example, severe problems with gripping or pushing objects, but with some useful movement remaining		

# **Civil Liability Regulations 2013—1.7.2013** Schedule 1—Ranges of injury scale values

Item No	Injury	Ra	nge
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20% and the injury is to the wrist of the dominant upper limb.		
102	Moderate wrist injury		
102.1	<b>Examples of the injury</b> A wrist injury, confirmed from imaging that causes some permanent disability, for example, some persisting pain and stiffness—	11	15
	• Persisting radio-ulnar instability		
	• Moderate carpal instability		
	• Recurrent tendon subluxation or entrapment		
	Additional comment about appropriate level of ISV An ISV under this item will be appropriate if there is a whole person impairment for the injury of greater than or equal to 10%		
102.2	<b>Examples of the injury</b> A wrist injury, that is not serious and causes some permanent disability, for example, some persisting pain and stiffness—	6	10
	Persisting radio-ulnar instability		
	Carpal instability		
	• Recurrent tendon subluxation or entrapment		
	<b>Comment about this level of ISV</b> An ISV under this item will be appropriate if there is a whole person impairment for the injury of less than 10%		
103	Minor wrist injury		
	Examples of the injury	0	5
	• A fracture from which the injured person almost fully recovers		
	• A soft tissue injury, for example, severe bruising		
	Continued pain following carpal tunnel release		
Division 7	–Hand injuries		
	General comment for items 104 to 115 Hands are cosmetically and functionally the most important part of the upper limbs.		
	Comment about appropriate level of ISV for items 104 to 115		
	• The appropriate ISV for loss of a hand is only a little less than the appropriate ISV for the loss of the relevant arm		
	• An ISV at or near the top of the range will generally be appropriate if the injury is to the dominant hand.		
104	Total or effective loss of both hands		
	<b>Example of the injury</b> A serious injury causing extensive damage to both hands making them little more than useless	51	75
	Examples of factors affecting ISV scale		

Item No	Injury	Ra	nge
	• The level of residual capacity left in either hand		
	• Severity of any phantom pains if there has been an amputation or amputations		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if both hands remain attached to the forearms and are of some cosmetic importance		
	• An ISV at or near the top of the range will be appropriate if both hands are amputated through the wrist.		
105	Serious injury to both hands		
	<b>Comment</b> The injury will involve significant loss of function in both hands, for example, loss of 50% or more of the use of each hand.	40	50
106	Total or effective loss of 1 hand		
	Examples of the injury	35	60
	• A crushed hand that has been surgically amputated or rendered functionally useless		
	• Traumatic amputation of all fingers and most of the palm		
	<b>Example of factor affecting ISV scale</b> Severity of any phantom pain if there has been an amputation		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there has been an amputation of the fingers at the metacarpophalangeal joints, but the thumb remains, and there is whole person impairment for the injury of 32%		
	• An ISV at or near the top of the range will be appropriate if—		
	(a) there has been amputation of the dominant hand at the wrist; and		
	<ul> <li>(b) there is residual severe pain in the stump and ongoing complications, for example, chronic regional pain syndrome or neuroma formation.</li> </ul>		
107	Amputation of the thumb or part of the thumb		
	Examples of factors affecting ISV scale	15	28
	• The level of amputation, for example, at carpo metacarpal (CMC) joint, through the distal third of the thumb metacarpal, at the metacarpophalangeal (MCP) joint or thumb interphalangeal (IP) joint		
	• Whether the injury is to the dominant hand		
	• The extent of any damage to the fingers		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if—		
	(a) there has been an amputation through the interphalangeal joint of the thumb; and		

Item No	Injury	Ra	nge
	(b) there is whole person impairment for the injury of 11%.		
	• An ISV at or near the middle of the range will be appropriate if there has been an amputation through the proximal phalanx		
	• An ISV at or near the top of the range will be appropriate if—		
	(a) there has been an amputation at the base of the thumb at the carpometacarpal (CMC) joint level of the dominant hand; and		
	(b) there are ongoing debilitating complications.		
108	Amputation of index, middle and ring fingers, or any 2 of them		
	<b>Comment</b> The amputation will cause complete loss or nearly complete loss of 2 or all of the following fingers of the hand:	15	30
	• index finger		
	• middle finger		
	• ring finger		
	• little finger		
	<b>Example of factor affecting ISV scale</b> The level of the amputation, for example, whether the hand has been made to be of very little use and any remaining grip is very weak		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if 2 fingers, whether index, middle or ring fingers, are amputated at the level of the proximal interphalangeal joints		
	• An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 19%		
	• An ISV at or near the top of the range will be appropriate if—		
	<ul> <li>(a) the index, middle and ring fingers are amputated at the level of the metacarpophalangeal joint (MCP joint) or there is whole person impairment for the injury of at least 27%; and</li> </ul>		
	(b) the injury is to the dominant hand.		
109	Amputation of individual fingers		[
	Examples of factors affecting ISV scale	5	20
	• Whether the amputation was of the index or middle finger		
	• The level of the amputation		
	• Any damage to other fingers short of amputation		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the top of the range will be applicable if there is complete loss of the index or middle finger of the dominant hand, and serious impairment of the remaining fingers causing whole person impairment of at least 15%		
	• An ISV of not more than 10 will be applicable if—		
	(a) there has been an amputation of the index or middle finger at the proximal interphalangeal joint (PIP joint); or		

Item No	Injury	Rai	nge
	(b) there is whole person impairment for the injury of 8%.		
	• An ISV at or near the bottom of the range will be applicable if—		
	(a) there has been an amputation at the level of the distal interphalangeal joint of the little or ring finger; or		
	(b) there is whole person impairment for the injury of 3%.		
110	Amputation of thumb and all fingers		
	<b>Comment</b> As the injury will cause effective loss of the hand, see item 106.		
111	Any other injury to 1 or more of the fingers or the thumb		
	<b>Comment about appropriate level of ISV for items under 111</b> An ISV of not more than 5 will be appropriate if substantial function of the hand remains.		
	Examples of factors affecting ISV		
	• Whether the injury is to the thumb, or index or middle finger		
	• Any damage to other fingers		
	• Whether the injury is to the dominant hand		
111.1	Extreme injury to 1 or more of the fingers or the thumb		
	<b>Example of the injury</b> Total loss of function of 1 or more of the fingers, with the joints ankylosed in non-functional positions	16	25
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 14%		
	• An ISV at or near the top of the range will be appropriate if there is an injury to the thumb of the dominant hand causing total loss of function of the thumb		
111.2	Serious injury to 1 or more of the fingers or the thumb		
	Examples of the injury	12	15
	• A severe crush injury causing ankylosis of the fingers		
	• A bursting wound, or an injury causing severe finger damage, causing residual scarring and dysfunction		
	• An injury leaving a digit that interferes with the remaining function of the hand		
	• Division of 1 or more of the long flexor tendons of the finger, with unsuccessful repair		
111.3	Moderate injury to 1 or more of the fingers or the thumb		
	<b>Comment</b> There will be permanent discomfort, pain or sensitive scarring	6	11
	Examples of the injury		
	• Moderate injury to the thumb or index finger causing loss of movement or dexterity		

Item No	Injury	Ra	nge
	• A crush injury causing multiple fractures of 2 or more fingers		
	• Division of 1 or more of the long flexor tendons of the finger, with moderately successful repair		
	<b>Additional comment about appropriate level of ISV</b> An ISV under this item will be appropriate if there is whole person impairment for the injury of 8% and the injury is to the dominant hand.		
111.4	Minor injury to 1 or more of the fingers or the thumb		1
	<b>Example of the injury</b> An uncomplicated fracture or soft tissue injury that has healed with minimal residual symptoms	0	5
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is a straight forward fracture of 1 or more of the fingers, with complete resolution within a short time		
	• An ISV at or near the top of the range will be appropriate if there has been—		
	(a) a fracture causing minor angular or rotational malunion of the thumb, or index or middle finger, of the dominant hand; or		
	(b) some adherence of a tendon following surgical repair, limiting full function of the digit		
112	Extreme hand injury		1
	Comment	31	45
	• The injury will involve a severe traumatic injury to the hand that may include amputation of part of the hand, causing gross impairment of the hand		
	• A hand injury causing whole person impairment for the injury of 35% will generally fall within this item		
	Examples of the injury		
	• An injury reducing a hand's capacity to 50% or less		
	• An injury involving the amputation of several fingers that are re-joined to the hand leaving it clawed, clumsy and unsightly		
	• An amputation of some fingers and part of the palm causing grossly reduced grip and dexterity and gross disfigurement		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if the injured hand has some residual usefulness for performing activities of daily living		
	• An ISV at or near the top of the range will be appropriate if the injured hand—		
	<ul> <li>(a) has little or no residual usefulness for performing activities of daily living; and</li> </ul>		
	(b) is the dominant hand		

Item No	Injury	Ra	nge
113	Serious hand injury		
	Examples of the injury	16	30
	• A severe crush injury causing significantly impaired function despite surgery		
	Serious permanent tendon damage		
	Serious nerve damage		
	Additional comment about appropriate level of ISV An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20%		
114	Moderate hand injury		
	Examples of the injury	6	15
	• A crush injury, penetrating wound or deep laceration, requiring surgery		
	Moderately serious tendon or nerve damage		
	• A hand injury causing whole person impairment for the injury of between 5% and 12%		
115	Minor hand injury		
	<b>Examples of the injury</b> A soft tissue injury, minor fracture or an injury that does not require surgery, with nearly full recovery of hand function	0	5
Division 8		ijuries	
	<b>Comment about appropriate level of ISV for items 116 to 119</b> An ISV at or near the top of the range will generally only be appropriate if the injury is to the dominant upper limb.		
116	Extreme upper limb injury, other than an injury mentioned in items 90 to 115		
	<b>Comment</b> The injury will involve an extremely serious upper limb injury, falling short of amputation leaving the injured person little better off than if the whole arm had been lost.	36	65
	Examples of the injury		
	• A serious brachial plexus injury affecting peripheral nerve function		
	• A non-union of a fracture, with peripheral nerve damage to the extent that an arm is nearly useless		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 31%		
	• An ISV at or near the top of the range will be appropriate if—		
	(a) there is a complete brachial plexus lesion shown by a flail arm and paralysis of all muscles of the hand; and		
	(b) the injury is to the dominant limb.		

Item No	Injury	Ra	nge
117	Serious upper limb injury, other than an injury mentioned in items 90 to 115		
	Examples of the injury	21	35
	• A serious fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, if there is significant permanent residual impairment of function		
	• A brachial plexus injury requiring nerve grafts with partial recovery of shoulder and elbow function and normal hand function		
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%		
	• An ISV at or near the top of the range will be appropriate if there is an injury to the dominant limb causing whole person impairment of 30%.		
118	Moderate upper limb injury, other than an injury mentioned in items 90 to 11	5	1
	Examples of the injury		
	• A fracture that causes impairment of associated soft tissues, including nerves and blood vessels		
	• A fracture with delayed union or infection		
	• Multiple fractures of the humerus, radius or ulna, or multiple fractures of any combination of the humerus, radius and ulna		
118.1	<b>Comment about appropriate level of ISV</b> An ISV under this item will be applicable if there is a crush injury causing significant skin or muscle loss with permanent residual impairment, or there is whole person impairment for the injury of 15%	11	20
118.2	Comment about appropriate level of ISV	6	10
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%		
	• An ISV in the lower half of the range will be appropriate if there is a complicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna—		
	(a) requiring open reduction and internal fixation; and		
	(b) from which the injured person has recovered or is expected to recover.		
119	Minor upper limb injury, other than an injury mentioned in items 90 to 115	[	I
	<b>Example of the injury</b> An uncomplicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, from which the injured person has fully recovered within a short time	0	5
	Additional comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there are soft tissue injuries, lacerations, abrasions and contusions, from which the injured person will fully or almost fully recover		
	• An ISV at or near the top of the range will be appropriate if there is a brachial plexus injury from which the injured person has substantially recovered within a few weeks, leaving some minor functional		

Item No	Injury					
	impairment.					
Division 9	—Pelvis or hip injuries		r			
	General comment for items 120 to 123					
	• The most serious injuries to the pelvis or hips can be as devastating as a leg amputation and will have similar ISVs					
	• However, the appropriate ISV for other injuries to the pelvis or hips will generally be no higher than about 20.					
	Examples of factors affecting ISV assessment for items 120 to 123					
	• Exceptionally severe specific sequelae will increase the level of ISV					
	• The availability of remedies, for example, a total hip replacement is an important factor in assessing an ISV					
	• Age					
120	Extreme pelvis or hip injury					
	Examples of the injury	46	65			
	An extensive pelvis fracture					
	• Degloving					
	Permanent nerve palsies					
	Comment about appropriate level of ISV					
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 40%					
	• An ISV at or near the top of the range will be appropriate if the injured person is not able to mobilise without a wheelchair and is relatively young.					
121	Serious pelvis or hip injury					
	<b>Comment</b> There will be substantial residual disability, for example, severe lack of bladder and bowel control, sexual dysfunction, or deformity making the use of 2 canes or crutches routine.	26	45			
	Examples of the injury					
	• A fracture dislocation of the pelvis involving both ischial and pubic rami					
	• Traumatic myositis ossificans with formation of ectopic bone around the hip					
	• A fracture of the acetabulum leading to degenerative changes and leg instability requiring an osteotomy, with the likelihood of future hip replacement surgery					
	<b>Comment about appropriate level of ISV</b> An ISV at or near the bottom of the range will be appropriate for an injury causing whole person impairment for the injury of 20%.					
122	Moderate pelvis or hip injury					
	Examples of the injury	11	25			
	• A significant pelvis or hip injury, with no major permanent disability					

Item No	Injury				
	• A hip fracture requiring a hip replacement				
	• A fracture of the sacrum extending into the sacro-iliac joint causing ongoing significant symptoms and whole person impairment of at least 10%				
	<b>Comment about appropriate level of ISV</b> An ISV for this item will be appropriate if there is a fracture requiring a hip replacement that is only partially successful, so that there is a clear risk of the need for revision surgery.				
	An ISV in this range will be appropriate if there is whole person impairment for the injury of 10%.				
123	Minor pelvis or hip injury		-		
	Examples of the injury	0	10		
	• An uncomplicated fracture of 1 or more of the bones of the pelvis or hip that does not require surgery or cause permanent impairment				
	Undisplaced coccygeal fractures				
	Undisplaced or healed pubic rami fractures				
	• An injury to the coccyx requiring surgery, that is successful.				
	Comment about appropriate level of ISV				
	• An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured person fully recovers				
	• An ISV of not more than 7 will be appropriate if there is whole person impairment for the injury of 5%				
	• An ISV at or near the top of the range will be appropriate if the person has ongoing coccydynia and difficulties with sitting.				
Division 1	0—Amputation of lower limbs				
Subdivisi	on 1—Amputation of both lower limbs		1		
	Examples of factors affecting ISV assessment for items 124 and 125				
	• The level of each amputation				
	• Severity of any phantom pain				
	• Pain in the stumps				
	Extent of any ongoing symptoms				
124	Loss of both lower limbs above or through the knee				
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if each amputation is near the hips so neither stump can be used with a prosthesis.	55	70		
125	Below the knee amputation of both lower limbs				
	Comment about appropriate level of ISV	50	65		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 48%				
	• An ISV at or near the top of the range will be appropriate if—				
	(a) both legs are amputated just below the knees leaving little or				

Item No	Injury		Ra	nge
		no stumps for use with prostheses;		
		(b) there is poor quality skin cover; and		
		(c) there is a chronic regional pain syndrome.		
Subdivisi	on 2—Am	putation of 1 lower limb		1
	Example	es of factors affecting ISV assessment for items 126 and 127		
	•	The level of the amputation		
	•	Severity of any phantom pain		
	•	Whether there have been problems with a prosthesis, for example, pain and further damage to the stump		
126	Above of	r through the knee amputation of 1 lower limb		
	Commen	nt about appropriate level of ISV	35	50
	•	An ISV at or near the bottom of the range will be appropriate if the amputation is through or just above the knee		
	•	An ISV at or near the top of the range will be appropriate if the amputation is near the hip and a prosthesis cannot be used.		
127	Below th	e knee amputation of 1 lower limb		1
	Commen	nt about appropriate level of ISV	31	45
	•	An ISV at or near the bottom of the range will be appropriate in a straightforward case of a below-knee amputation with no complications		
	•	An ISV at or near the top of the range will be appropriate if there is an amputation close to the knee joint, leaving little or no stump for use with a prosthesis.		
Division 1	1—Lower	limb injuries other than items 120 to 127 and 132 to 149		
128	Extreme 149	e lower limb injury, other than an injury mentioned in items 120 to 12	7 and 1	132 to
		nt e the most severe injuries short of amputation; leaving the injured person er off than if the whole leg had been lost.	31	55
	Example	es of the injury		
	•	Extensive degloving of the lower limb		
	•	An injury causing gross shortening of the lower limb		
	•	A fracture that has not united despite extensive bone grafting		
	•	Serious neurovascular injury		
	•	A lower limb injury causing whole person impairment of 40%		
129	Serious 1 149	lower limb injury, other than an injury mentioned in items 120 to 127	and 13	32 to
	Comment			
	•	Removal of extensive muscle tissue and extensive scarring may have a significant enough impact to fall within this item	21	
	•	An injury to multiple joints or ligaments causing instability, prolonged treatment and a long period of non-weight-bearing may have a		

Item No	Injury	Ra	nge
	significant enough impact to fall within this item, but generally only if those results are combined.		
	<b>Example of the injury</b> Multiple complex fractures of the lower limb that are expected to take years to heal and cause serious deformity and serious limitation of mobility		
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%		
	• An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25%.		
130	Moderate lower limb injury, other than an injury mentioned in items 120 to 1 to 149	27 and	132
	Examples of the injury	11	20
	• A fracture causing impairment of associated soft tissues, including nerves and blood vessels		
	• A fracture with delayed union or infection		
	• Multiple fractures of the femur, tibia or fibula, or multiple fractures of any combination of the femur, tibia and fibula		
	Examples of factors affecting ISV scale		
	• Period of non-weight-bearing		
	• Presence or risk of degenerative change		
	• Imperfect union of a fracture		
	• Muscle wasting		
	Limited joint movement		
	• Unsightly scarring		
	• Permanently increased vulnerability to future damage		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be applicable if there is a deep vein thrombosis requiring treatment for life; or if there is whole person impairment for the injury of 15%.		
	An ISV at or near the bottom of the range will be applicable if there is whole person impairment for the injury of 10%.		
131	Minor lower limb injury, other than an injury mentioned in items 120 to 127 a 149	and 132	2 to
	<b>Example of the injury</b> An uncomplicated fracture of the femur, tibia or fibula, from which the injured person has fully recovered	0	10
	Comment about appropriate level of ISV		
	• An ISV at or near the bottom of the range will be appropriate if there is a deep vein thrombosis requiring treatment for less than 6 months, from which the injured person will fully recover		
	• An ISV at or near the bottom of the range will also be appropriate if—		
	(a) there are soft tissue injuries, lacerations, cuts, bruising or		

Item No	Injury					
	contusions, from which the injured person will fully or almost fully recover; and	Ra				
	(b) any residual disability will be minor.					
	• An ISV at or near the top of the range will be appropriate if there is a deep vein thrombosis requiring treatment for at least 1 year					
	• An ISV at or near the top of the range will also be appropriate if the injured person is left with impaired mobility or a defective gait					
	• An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 9%.					
Division 1	2—Knee injuries					
	General comment for items 132 to 135 The availability of remedies, for example, a total knee replacement is an important factor in assessing an ISV under this Division.					
132	Extreme knee injury					
	<b>Example of the injury</b> A severe knee injury if there is a disruption of the joint, gross ligamentous damage, loss of function after unsuccessful surgery, lengthy treatment and considerable pain	25	40			
	Comment about appropriate level of ISV					
	• An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 20%					
	• An ISV at or near the top of the range will be appropriate if a total knee replacement was needed and—					
	(a) it is very likely that the knee replacement will need to be repeated; or					
	(b) there are ongoing severe symptoms, poor function and whole person impairment for the injury of more than 30%.					
133	Serious knee injury					
	Comment The injury may involve—	11	24			
	(a) ongoing pain, discomfort, limitation of movement, instability or deformity; and					
	(b) a risk, in the long-term, of degenerative changes caused by damage to the joint surfaces, muscular wasting or ligamentous or meniscal injury.					
	<b>Example of the injury</b> A leg fracture extending into the knee joint, causing pain that is constant, permanent and limits movement or impairs agility					
	<b>Comment about appropriate level of ISV</b> An ISV at or near the middle of the range will be appropriate if there is a ligamentous injury, that required surgery and prolonged rehabilitation, causing whole person impairment of 15% and functional limitation.					
134	Moderate knee injury					
	<b>Examples of the injury</b> A dislocation or torn cartilage or meniscus causing ongoing minor instability, wasting and weakness	6	10			

Item No	Injury		Ra	nge		
	An ISV	<b>Int about appropriate level of ISV</b> at or near the top of the range will be appropriate if there is whole person then for the injury of 8%				
135	Minor knee injury					
	Exampl	es of the injury	0	5		
	•	A partial cartilage, meniscal or ligamentous tear, that recovers with or without surgery				
	•	A laceration				
	•	A twisting or bruising injury				
Division 1	3-Ankle	e injuries				
		<b>Int about appropriate level of ISV for items 136 to 139</b> ropriate ISV for the vast majority of ankle injuries is 1 or 2.				
136	Extrem	e ankle injury				
	Exampl	es of the injury	21	35		
	•	A transmalleolar fracture of the ankle with extensive soft tissue damage causing 1 or more of the following:				
		(a) severe deformity with varus or valgus malalignment;				
		<ul><li>(b) a risk that any future injury to the relevant leg may lead to a below-knee amputation of the leg;</li></ul>				
		<ul><li>(c) marked reduction in walking ability with constant dependence on walking aids;</li></ul>				
		(d) inability to place the relevant foot for even load-bearing distribution.				
	•	An ankylosed ankle in a severely misaligned position with severe ongoing pain and other debilitating complications				
	•	Whole person impairment for the injury of more than 20%				
	Exampl	es of factors affecting ISV scale				
	•	A failed arthrodesis				
	•	Regular disturbance of sleep				
	•	Need for an orthosis for load bearing and walking				
137	Serious	ankle injury				
	An injur	e of the injury ry requiring a long period of treatment, a long time in plaster or insertion and plates, if—	11	20		
	(a)	there is permanent significant ankle instability; or				
	(b)	the ability to walk is severely limited on a permanent basis				
	Examples of factors affecting ISV scale					
	•	Unsightly scarring				
	•	The significance of any malunion				
	•	A requirement for modified footwear				

	Injury			
	• Whether, and to what degree, there is swelling following activity			
	Additional comment about appropriate level of ISV An ISV under this item will be applicable if there is whole person impairment for the injury of 10—19%			
138	Moderate ankle injury			
	<b>Examples of the injury</b> A fracture, ligamentous tear or similar injury, as evidenced by imaging and causing moderate disability, for example—	6	10	
	difficulty in walking on uneven ground			
	awkwardness on stairs			
	• irritation from metal plates			
	residual scarring			
	Additional comment about appropriate level of ISV An ISV in this range will be appropriate if there is whole person impairment for the injury of 6—9%			
139	Minor ankle injury			
	<b>Examples of the injury</b> A sprain, ligamentous or soft tissue injury or minor or undisplaced fracture	0	5	
	Examples of factors affecting ISV scale			
	• Whether the injured person has fully recovered from the injury, and if not, whether there is any tendency for the ankle to give way			
	• Whether there is scarring, aching or discomfort			
Division 1	4—Foot injuries			
	4—Foot injuries on 1—Amputations			
Subdivisi			I	
Subdivisi	on 1—Amputations	32	65	
Subdivisi	on 1—Amputations Amputation of both feet	32	65	
Subdivisi	on 1—Amputations Amputation of both feet Examples of factors affecting ISV scale	32	65	
Subdivisi	on 1—Amputations         Amputation of both feet         Examples of factors affecting ISV scale         • Severity of any phantom pain	32	65	
Subdivisi	on 1—Amputations Amputation of both feet Examples of factors affecting ISV scale • Severity of any phantom pain • Pain in the stumps	32	65	
Subdivisi	on 1—Amputations         Amputation of both feet         Examples of factors affecting ISV scale         • Severity of any phantom pain         • Pain in the stumps         • Extent of any ongoing symptoms	32	65	
Subdivisi	on 1—Amputations         Amputation of both feet         Examples of factors affecting ISV scale         • Severity of any phantom pain         • Pain in the stumps         • Extent of any ongoing symptoms         Comment about appropriate level of ISV         • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level	32	65	
Subdivisi	on 1—Amputations         Amputation of both feet         Examples of factors affecting ISV scale         • Severity of any phantom pain         • Pain in the stumps         • Extent of any ongoing symptoms         Comment about appropriate level of ISV         • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations)         • An ISV of about 40 will be appropriate if there are amputations of both	32	65	
Subdivisi 140	<ul> <li>on 1—Amputations</li> <li>Amputation of both feet</li> <li>Examples of factors affecting ISV scale <ul> <li>Severity of any phantom pain</li> <li>Pain in the stumps</li> <li>Extent of any ongoing symptoms</li> </ul> </li> <li>Comment about appropriate level of ISV <ul> <li>An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations)</li> <li>An ISV of about 40 will be appropriate if there are amputations)</li> <li>An ISV at or near the top of the range will be appropriate if each amputation is at the level of the ankle (Syme's amputation) and the</li> </ul> </li> </ul>	32	65	
	on 1—Amputations         Amputation of both feet         Examples of factors affecting ISV scale         • Severity of any phantom pain         • Pain in the stumps         • Extent of any ongoing symptoms         Comment about appropriate level of ISV         • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations)         • An ISV of about 40 will be appropriate if there are amputations of both feet at the mid foot (tarsometatarsal level or Lisfranc amputations)         • An ISV at or near the top of the range will be appropriate if each amputation is at the level of the ankle (Syme's amputation) and the stumps cannot be used with prostheses.	32	65	

Item No	Injury				
	• Pain in the stump				
	Extent of any ongoing symptoms				
	Comment about appropriate level of ISV				
	• An ISV at or near the bottom of the range will be appropriate if the amputation is at the forefoot (transmetatarsal level amputation)				
	• An ISV of about 26 will be appropriate if the amputation is at the mid foot (tarsometatarsal level or Lisfranc amputation)				
	• An ISV at or near the top of the range will be appropriate if the amputation is at the level of the ankle (Syme's amputation) and the stump cannot be used with a prosthesis.				
Subdivisi	on 2—Other foot injuries				
142	Extreme foot injury				
	<ul><li>Comment</li><li>There will be permanent and severe pain or very serious permanent disability.</li><li>Example of the injury</li><li>An unusually severe foot injury causing whole person impairment of 15% or more, for example, a heel fusion or loss of the tibia-calcaneum angle</li></ul>	13	25		
142	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there is subtalar fibrous ankylosis in a severely malaligned position, ongoing pain and whole person impairment for the injury of 24%.				
143	Serious foot injury				
	Examples of the injury	8	12		
	• A severe midfoot deformity causing whole person impairment of 8%				
	A lower level loss of the tibia-calcaneum angle				
144	Moderate foot injury         Example of the injury         A displaced metatarsal fracture causing permanent deformity, with ongoing symptoms of minor severity, for example, a limp that does not prevent the injured person engaging in most daily activities	4	7		
145	Minor foot injury				
	<b>Examples of the injury</b> A simple metatarsal fracture, ruptured ligament, puncture wound or similar injury	0	3		
	<b>Comment about appropriate level of ISV</b> An ISV of 2 or less will be appropriate if there is a straightforward foot injury, for example, a fracture, laceration or contusions, from which the injured person will fully recover.				
Division 1	5—Toe injuries				
146	Extreme toe injury		r		
	Examples of factors affecting ISV assessment for items 146 to 149				
	• Whether the amputation was traumatic or surgical				
	• Extent of the loss of the forefoot		1		

Item No	Injury	Ra	nge		
	Residual effects on mobility				
146.1	Amputation of all toes				
	Comment about appropriate level of ISV				
	• An ISV at or near the middle of the range will be appropriate if the amputation is through the metatarsophalangeal joints (MTP joints) of all toes				
	• An ISV at or near the top of the range will be appropriate if there is complete amputation of all toes and amputation of a substantial part of the forefoot.				
146.2	Amputation of the great toe				
	<b>Example of factors affecting ISV</b> The level at which the amputation happens or any ongoing symptoms	6	12		
	<b>Comment about appropriate level of ISV</b> An ISV at or near the top of the range will be appropriate if there is complete loss of the great toe and ball of the foot caused by an amputation through the first metatarsal bone.				
146.3	Amputation of individual lesser toes				
	<b>Example of factors affecting ISV</b> The level at which the amputation happens or any ongoing symptoms	3	5		
	Comment about appropriate level of ISV				
	• An ISV at or near the bottom of the range will be appropriate if there is an amputation of 1 lesser toe and—				
	(a) there is no ongoing pain; and				
	(b) there is little or no loss of function of the foot; and				
	(c) the cosmetic effect of the amputation is minor.				
	• An ISV at or near the top of the range will be appropriate if there is complete amputation of all lesser toes and part of the forefoot.				
147	Serious toe injury				
	<b>Comment</b> The injury will cause serious and permanent disability.	8	12		
	Examples of the injury				
	• A severe crush injury causing ankylosis of the toes				
	• A bursting wound, or an injury causing severe toe damage, with significant symptoms				
148	Moderate toe injury				
	<b>Comment</b> There will be permanent discomfort, pain or sensitive scarring.	4	7		
	Examples of the injury				
	• A moderate injury to the great toe				
	• A crush injury causing multiple fractures of 2 or more toes				

# **Civil Liability Regulations 2013—1.7.2013** Schedule 1—Ranges of injury scale values

Item No	Injury		Ra	nge
	An ISV than 1 u	<b>nt about appropriate level of ISV</b> at or near the top of the range will be appropriate if there has been more nsuccessful operation, or there are persisting stabbing pains, impaired imilar effects.		
149	Minor t	oe injury		
	-	<b>es of the injury</b> yely straightforward fracture or soft tissue injury	0	3
	An ISV	<b>nt about appropriate level of ISV</b> of 1 will be appropriate if there is a straightforward fracture of 1 or more a complete resolution within a short time.		
Division 1	6—Limb	disorders		
150	General	comment		
	The ISV Schedule	for a limb disorder must be assessed having regard to the item of this e that—		
	(a)	relates to the part of the body affected by the disorder; and		
	(b)	is for an injury that has a similar level of adverse impact to the disorder.		
	Exampl	es of a limb disorder		
	•	Tenosynovitis (inflammation of synovial sheaths of tendons usually resolving with rest over a short period and sometimes leading to ongoing symptoms of loss of grip and dexterity)		
	•	Peripheral nerve injury (the constriction of the motor or sensory nerves or thickening of surrounding tissue, for example, carpal tunnel syndrome or sciatica)		
	•	Epicondylitis (inflammation around the elbow joint, for example, medially (golfer's elbow) or laterally (tennis elbow))		
	•	Vascular disorders, for example, deep vein thrombosis		
	Exampl	es of factors affecting ISV assessment		
	•	Whether the disorder is bilateral or one sided		
	•	The level of pain, swelling, tenderness or crepitus or other symptoms		
	•	The capacity to avoid a recurrence of symptoms		
	•	The ability to engage in daily activities		
	•	The availability and likely benefit of surgery		
	•	Whether the disorder is to a dominant or non-dominant limb		
Part 7—S	carring to	o parts of the body other than the face		r
	General	comment		
	•	This Part applies to external appearance and physical condition of the skin only, and includes scarring to the scalp, trunk and limbs		
	•	Facial scarring must be assessed under Part 3, Division 3		
	•	This Part does not apply to adhesions, or scarring, of internal organs		
	•	This Part will usually apply to an injury involving skeletal damage only if the skeletal damage is minor		

Item No	Injury		Range			
	<ul> <li>Many of the physical injuries mentioned in this Schedule involve some scarring from the initial injury and subsequent surgery, including skin grafting, to repair the injury and this has been taken into account in fixing the range of ISVs for the injuries.</li> <li>Example—</li> <li>The ISV range for an injury causing a closed fracture of a limb takes into account the potential need for open reduction and internal fixation of the fracture and the resulting surgical wound and scar.</li> </ul>					
	e	es of factors affecting ISV assessment for items 151 to 154				
	•	Location of a scar				
	•	Age				
	•	Consequential mental harm				
	•	Likelihood of a scar fading or becoming less noticeable over time				
151	Extrem	e scarring to a part of the body other than the face				
	Comme	nt about appropriate level of ISV	20	25		
	•	An ISV at or near the bottom of the range will be appropriate if there is—				
		(a) extensive scarring to 1 or more of the limbs and significant cosmetic disfigurement; and				
		(b) either—				
		(i) the need to keep the limb or limbs covered or wear special clothing; or				
		<ul> <li>(ii) ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment.</li> </ul>				
	•	An ISV at or near the top of the range will be appropriate if there is gross permanent scarring over an extensive area or areas of the body, with ongoing pain and other symptoms.				
152	Serious	scarring to a part of the body other than the face				
	<b>Comme</b> There is	nt serious scarring—	12	19		
	(a)	requiring extensive medical treatment or surgery; and				
	(b)	) causing significant ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment.				
	Examples of the injury					
	•	Significant scarring over the upper and lower arm requiring skin grafting if—				
		(a) there are post-operative complications requiring additional medical treatment for up to 18 months; and				
		(b) there is maximum medical improvement within 2 years after the scarring is caused.				
	•	Hypertrophic (keloid) scarring caused by a burn to the front of the neck, with an intermittent sensation of burning, itching or irritation.				

Item No	Injury			Range	
153	Moderate scarring to a part of the body other than the face				
	Example	es of the i	njury	8	11
	•	Several r	noticeable scars that are hypertrophic (keloid)		
	•		cant linear scar in an area of major cosmetic importance, for the front of the neck		
154	Minor so	carring to	a part of the body other than the face		
	Examples of the injury				
	•		caused by a superficial burn that heals within a few weeks and ome minor change of pigmentation in a noticeable area		
	•		noticeable scar, or several superficial scars, to 1 or both of the as or hands, with some minor cosmetic damage		
Part 8—I	njuries aff	ecting the	e hair		
155	Extreme	e injury af	ffecting head hair		
		e <b>of the in</b> manent lo	<b>jury</b> ss of head hair	11	15
156	Serious i	injury aff	ecting head hair		
		e <b>of the in</b> to head ha		4	10
	(a)	the physi	ical effect of the damage is—		
		(i)	dermatitis; or		
		(ii)	tingling or burning of the scalp, causing dry, brittle hair that breaks off or falls out, or both; and		
	(b)	the physics social life	ical effect leads to depression, loss of confidence and inhibited e		
			appropriate level of ISV item will be appropriate if—		
	(a)	thinning	continues and prospects of regrowth are poor; or		
	(b)	there is a	partial loss of areas of hair and regrowth is slow.		
157	Moderat	te injury a	affecting head hair or loss of body hair		
	Example	es of the i	njury	0	3
	•	Hair that	has been pulled out leaving bald patches		
	•		e example applies as for item 156 but with fewer or only e symptoms		
	-		ore regrowth		
Part 9—E	urn injur	ies			
	Mapped	to max b	ody part		
	General	comment	t		
	•		for a burn injury must be assessed having regard to the item of edule that—		

Item No	Injury		Range
		(a) relates to the part of the body affected by the burn injury	; and
		(b) is for an injury that has a similar level of adverse impact the burn injury.	to
	•	Burns to the face must be assessed under the section on scarring to the face In burns cases, the ISV for an injury to a part of the body causing functional impairment will generally be at or near the top of the range for an injury to that part of the body	
	•		
	•	In serious burns cases, the effects of scarring are more comprehens and less able to be remedied than the effects of scarring from other causes.	

### Schedule 2—Revocation of Civil Liability Regulations 2007

The Civil Liability Regulations 2007 are revoked.

### Legislative history

#### Notes

• For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

#### **Principal regulations**

Year	No	Reference	Commencement
2013	165	Gazette 20.6.2013 p2636	1.7.2013: r 2