RAILROAD RETIREMENT BOARD

20 CFR Part 220 RIN 3220-AB18

Determining Disability

AGENCY: Railroad Retirement Board. **ACTION:** Final rule.

SUMMARY: The Railroad Retirement Board hereby amends its regulations with respect to determining when an employee is disabled for his or her regular railroad occupation. This final rule gives effect to an agreement between railroad labor and railroad management consistent with section 2(a)(2) of the Railroad Retirement Act which provides that labor and management shall cooperate with the Board in developing standards for determining when an employee's physical or mental condition disables him or her for work in his or her regular railroad occupation and thus there exists good cause not to delay its effectiveness beyond date of publication.

DATES: *Effective date:* This rule is effective February 13, 1998.

Applicability date: This rule shall be applicable February 13, 1998, but only with respect to applications for a disability annuity filed on or after January 1, 1998.

ADDRESSES: Secretary to the Board, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611.

FOR FURTHER INFORMATION CONTACT: Thomas W. Sadler, Senior Attorney, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611, (312) 751–4513, TDD (312) 751–4701.

(312) 751-4513, TDD (312) 751-4701. **SUPPLEMENTARY INFORMATION: Section** 2(a)(2) of the Railroad Retirement Act (45 U.S.C. 231a(a)(2)) provides that the Board, with the cooperation of employers and employees, shall secure the establishment of standards determining the physical and mental conditions which permanently disqualify employees from performing their regular occupation in the railroad industry. The Board has never formally adopted such standards. The agency, in the past, has used provisional standards which were adopted in 1946 but which are now outdated. In 1991 the Board adopted Subpart C of Part 220 which provides for determining disability for work in an employee's regular railroad occupation. Under this regulation if an employee's physical or mental condition does not meet a listing found in Appendix 1 of Part 220 (which determines if an individual is able to engage in any employment both within

and outside the railroad industry), the Board determines the employee's residual functional capacity and compares that to the demands of his or her regular railroad occupation to determine if the employee can continue to perform that job. However, Subpart C contains no specific standards which relate to specific railroad occupations. The Board amends Subpart C to add such standards with respect to certain railroad occupations.

Section 220.10 provides for the establishment of an Occupational Disability Advisory Committee made up of two physicians, one from recommendations from rail labor, one from recommendations of rail management. This committee shall review, from time to time, the disability standards developed by this regulation and the Occupational Disability Claims Manual (Manual) which supplements this regulation. The Board shall confer with this Committee before it amends this regulation or the Manual. It should be noted that the Board is not an agency subject to the Federal Advisory Committee Act. Accordingly, the Occupational Disability Advisory Committee will not be subject to that

Section 220.11 contains the definitions of "regular railroad occupation", "permanent physical and mental impairment", and "residual functional capacity" as presently found in Part 220. In addition, it adds the definitions of "independent case evaluation" and "functional capacity test".

The current § 220.12 is removed, and the current § 220.14 "Evidence Considered" is redesignated § 220.12.

The introductory language and paragraph (a) of section 220.13 follow the present regulation and describe the sequential evaluation process for determining disability for an employee's regular railroad occupation. Initially, if an employee has been medically disqualified by his employer, the Board will presume that the employee is disabled for his regular railroad occupation if there is any objective medical evidence to support that determination. If the employee has not been so disqualified, the Board will determine if the employee's impairment(s) meet or equal a listing found in Appendix 1.

Section 220.13(b)(1) provides that if an employee has not been found disabled in the first two steps described above, the Board will then determine the employee's regular railroad occupation, based upon the employee's description of his or her job.

Section 220.13(b)(2)(i) provides that next the Board will determine if an employee's regular railroad occupation and impairment(s) are covered under the standards contained in a new Appendix 3 to Part 220. If both the occupation and impairment(s) are covered, the Board will confirm the existence of the impairment(s) by using the tests listed in Appendix 3 or by other valid diagnostic tests which could be used to establish an impairment as provided for in § 220.27 of this part. (Section 220.13(b)(2)(ii) of the proposed rule has been revised to clarify how an impairment is confirmed and that if an employee's impairment(s) cannot be confirmed, as provided for in this section, the employee will be found not disabled.) Once the impairment(s) is confirmed, Appendix 3 is applied to determine if the employee is disabled. (Section 220.13(b)(2)(iii).)

If the employee's regular railroad occupation and impairment(s) are not covered by Appendix 3, or if the medical evidence contains significant differences in interpretation of objective test findings which cannot be readily resolved, then the Board will not use Appendix 3, but will determine if the employee is disabled using an independent case evaluation (ICE) as set forth in § 220.13(b)(2)(iv). Likewise, if Appendix 3 does not yield a "disabled" finding, ICE will apply.

Section 220.13(b)(2)(iv), which describes ICE, is essentially a more detailed description of the process, which is described in § 220.13(b)(3) of the present regulation. Under this process the Board initially determines whether the evidence is complete (Step 1). The Board next confirms any impairment which has not been confirmed under § 220.13(b)(2)(ii) (Step 2). Next, the Board will determine whether there is a concordance of medical findings among physicians. If there is not, the Board will request additional medical evidence from the employee's treating physician(s) or procure additional consulting exams (Step 3). Once the Board establishes a concordance of medical findings, to the extent that it is possible, it will then assess the quality of the medical evidence under the factors set forth in § 220.14. This section sets forth factors which either support or call into question the validity of the medical findings. Thus, for example, the opinion of a treating physician, which is fully supported by medically acceptable clinical and diagnostic techniques, is given greater weight than one that is not so supported or is inconsistent with findings of other medical sources. Likewise, the claimant's description of

his or her own condition, if consistent with objective medical findings, is given more weight than one that is not consistent (Step 4). If, after assessment, the Board determines that there is no substantial objective evidence of an impairment, the Board will determine that the employee is not disabled.

If through the assessment in Step 4 it is determined that there is substantial objective evidence of an impairment, then in Step 5 the Board will determine the demands of the employee's regular railroad occupation. At this point, the Board will not only consider the employee's own description of his or her job, but also the employer's description as well as other sources such as the Dictionary of Occupational Titles and generic descriptions found in the Occupational Disability Claims Manual.

Next, the Board will determine the employee's residual functional capacity based upon the assessment performed in Step 4 and compare it to the job demands determined in Step 5. If the demands of the employee's regular railroad occupation exceed the employee's residual functional capacity, then the Board will find the employee disabled. If the demands do not exceed the residual functional capacity, then the Board will find the employee not disabled (Step 6).

The Board published this regulation as a proposed rule on September 24, 1997 (62 FR 50056), and invited comments by October 24, 1997. Two comments were received. One commentator suggested that the Board adopt the vision and hearing acuity requirements found in 49 CFR 240.121, which have been adopted by the Federal Railroad Administration for certification of locomotive engineers. However, the Board does not feel such a change is needed since an engineer who is disqualified by his employer for failure to meet the requirements of 49 CFR 240.121 would ordinarily be presumed disabled under the first paragraph of § 220.13. Another commentator expressed support for the regulation because it was in accord with an agreement reached in July 1997 between representatives of rail labor and rail management concerning occupational disability.

The final rule contains an Introduction to Appendix 3 which explains how to use the Appendix. In addition, the Board has corrected typographical errors in Appendix 3, and made the following substantive changes in Appendix 3 based upon advice from physicians representing rail labor and rail management:

A. Cancer

- 62 FR 50064—Under Assessment, second paragraph, second line, the phrase "in the Tables" was inserted after "All railroad occupations."
- 62 FR 50065—Footnote 3, Functional Impacts, the reference to "(MS) Minimally Significant" was deleted.
- 62 FR 50066—Footnote 5 was deleted and footnote 6 was redesignated footnote 5.

C. Cardiac

- 62 FR 50066—The confirmatory test for coronary artery disease, angiography,''Definite significant (>60%) of one vessel,'' was changed to "Definite occlusion (>60%) of one vessel.''
- 62 FR 50067 through 50075—The disability tests, test results and disability classifications for "Echocardiogram" and "Cardiac catheterization" with results of "Decreased ejection fraction 40–55%" were deleted for all job titles. These tests were found in the proposed rule under the listings Angina, Aortic valve disease, Cardiomyopathy, Mitral valve disease, and Pericardial disease.
- 62 FR 50067 through 50075—The disability tests for "Echocardiogram" and "Cardiac catheterization" with results of "Poor ejection fraction <35%" were revised to read "Poor ejection fraction ≤35%" for all job titles. These tests were found in the proposed rule under the listings Angina, Aortic valve disease, Cardiomyopathy, Mitral valve disease, and Pericardial disease.
- 62 FR 50067, 50071 and 50072—In the proposed rule one of the disability tests for "Mitral valve disease" for trainman, signalman and trackman was "Cardiac catheterization" with a test result of "Mitral valve gradient >10mm Hg." This disability test, and its test result and disability classification was deleted. Another test result under "Mitral valve disease" for "Cardiac catheterization" was "Mitral valve gradient 5–10mm Hg." This test result was changed to "Mitral valve gradient ≥5mm Hg."
- 62 FR 50068, 50069, 50070, 50073, 50074, 50075—One of the disability tests for "Mitral valve disease" for engineer, dispatcher, carman, machinist, shop laborer, sales representative, and general office clerk was "Cardiac catheterization" with a test result of "Mitral valve gradient 5–10mm Hg." This disability test, and its test result and disability classification was deleted. Another test result under "Mitral valve disease" for "Cardiac catheterization" was "Mitral valve gradient >10mm Hg."

This result was changed to "Mitral valve gradient ≥10mm Hg."

• 62 FR 50067, 50070, 50071, 50072—For job titles trainman, signalman, and trackman the disability tests were revised as follows:

Angina

- —Stress test with a result of "Peak exercise 5–7 METS" the disability test, test result, and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read "Stress test—Peak exercise ≤7 METS."
- —Stress test with a result of "Definite ischemia <7 METS" was revised to read "Stress test: Significant ST changes—Definite ischemia ≤7 METS."
- —Stress test with a result of "Definite ischemia >7 METS": the disability test, test result, and disability classification were deleted.

Aortic Valve Disease

- —Stress test with a result of "Peak exercise 5-7 METS": the disability test, test result, and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read: "Peak exercise ≤7 METS."

Coronary Artery Disease

- —Stress test with a result of "Peak exercise 5–7 METS": the disability test, test result, and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read: "Stress test —Peak exercise ≤7 METS."
- —Stress test with a result of "Definite ischemia < or >7 METS" was revised to read: "Stress test—Definite ischemia ≤7 METS."
- —Isotope, e.g., thallium study with a result of "Definite ischemia < or >7 METS" was revised to read: "Isotope, e.g., thallium study—definite ischemia ≤7 METS."

Cardiomyopathy

—Stress test with a result of "Peak exercise 5–7 METS" was revised to read: "Stress test—Peak exercise ≤7 METS."

Mitral Valve Disease

- —Stress test with a result of "Peak exercise 5–7 METS" was revised to read: to "Peak exercise ≤7 METS."
- 62 FR 50067, 50068, 50069, 50070, 50072, 50073, 50074, 50075—For job titles engineer, dispatcher, carman, machinist, shop laborer, sales representative, and general office clerk

the disability tests were revised as follows:

Angina

- —Stress test with a result of "Peak exercise 5–7 METS" the disability test, test result and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read: "Stress test—Peak exercise ≤5 METS."
- —Stress test: significant ST changes with a result of "Definite ischemia <7 METS" was revised to read: "Stress test—Definite ischemia ≤5 METS."
- —Stress test: significant ST changes with a result of "Definite ischemia >7 METS": the disability test, test result, and disability classification were deleted.

Aortic Valve Disease

- —Stress test with a result of "Peak exercise 5–7 METS": the disability test, test result, and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read: "Stress test—Peak exercise ≤5 METS."

Coronary Artery Disease

- —Stress test with a result of "Peak exercise 5–7 METS": the disability test, test result, and disability classification were deleted.
- —Stress test with a result of "Peak exercise <5 METS" was revised to read: "Stress test—Peak exercise ≤5 METS."
- —Stress test with a result of "Definite ischemia < or >7 METS" was revised to read: "Stress test—Definite ischemia ≤5 METS."
- —Isotope, e.g., thallium study with a result of "Definite ischemia < or >7 METS" was revised to read: "Isotope, e.g., thallium study—Definite ischemia ≤5 METS."

Cardiomyopathy

—Stress test with a result of "Peak exercise 5–7 METS" was revised to read: "Stress test—Peak exercise ≤5 METS."

Mitral Valve Disease

- —Stress test with a result of "Peak exercise 5–7 METS" was revised to read: "Stress test—Peak exercise ≤5 METS."
- 62 FR 50067 through 50074—For job titles trainman, engineer, dispatcher, carman, signalman, trackman, machinist, and shop laborer, under the listing of "Hypertension," the disability test of "Medical record review" with a result of "Diastolic >120 and systolic

- >160, 50% of the time"; the disability test, test result, and disability classification were deleted. For sales representative, under the listing "Hypertension," the disability test of "Medical record review" with a result of "Diastolic >120 and systolic >160, 50% of the time": the following was added: "and evidence of end organ damage (blood creatinine >2; urinary protein >1/2 gm; or EKG evidence of ischemia)."
- 62 FR 50067 through 50075—For all job titles, under "Ventricular ectopy," the disability test of "Medical record review" with a result of "Surgical rhythm procedure" and the disability classification were deleted.

D. Respiratory

- 62 FR 50076 through 50080—The listing "Asbestosis" was removed and, consequently, the designated confirmatory tests for this condition were also removed.
- 62 FR 50076 through 50080—The listing "Sleep Apnea" was removed and, consequently, the designated confirmatory tests for this condition were also removed.
- 62 FR 50076—The confirmatory tests for "Silicosis," "Chest X-ray (ILO interpreted)" with a minimum result of "At least 1/0 by NIOSH B reader," was removed.
- 62 FR 50076—The confirmatory test for "Restrictive lung disease" designated "Diffusing capacity" was changed to read: "DLCO."
- 62 FR 50076—The parenthetical "(race adjusted)" in the confirmatory test "Spirometry" for "Restrictive lung disease" was removed.
- 62 FR 50077 through 50080—The disability test for "Pulmonary fibrosis" and "Restrictive lung disease" for trainman, carman, signalman, trackman, machinist, and shop laborer designated "Diffusing capacity for CO" was changed to read: "DLCO."
- 62 FR 50076 through 50080—The disability test for "Asthma" and "Chronic bronchitis" for trainman, carman, signalman, trackman, machinist, and shop laborer designated "Spirometry" has an accompanying test result of "FEV1 with adequate treatment <40% predicted." The test result was changed to: "Repeated spirometry FEV1 <40% over a 12-month period."
- 62 FR 50077 through 50080—Under the listing Bronchiectasis, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis, and Silicosis for the job titles trainman, carman, signalman, trackman, machinist, and shop laborer the disability test "PCO2 arterial" was changed to read: "Resting ABG," and its accompanying test result was revised to

- read: "PCO2 arterial >50mm Hg if stable."
- 62 FR 50077 through 50080—Under the listings Bronchiectasis, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), and Pulmonary Fibrosis for the job titles trainman, carman, signalman, trackman, machinist, and shop laborer the disability test "Pulmonary exercise test" with a test result of "PO2 drop >5 torr at maximum exercise" was changed to read "Pulmonary exercise test or exercise ABG."

F. CE Spine

- 62 FR 50093—Under the listing "Rheumatoid arthritis: cervical" the minimum result under the confirmatory test of "Rheumatoid factor (blood test)" was changed from "High titer" to "Titer of rheumatoid factor."
- 62 FR 50094 through 50097—The disability test for "Spondylogenic compression of spinal cord:" for trainman, engineer, carman, signalman, trackman, machinist, and shop laborer designated "Physical examination: lower limb" has an accompanying test result of "Lower extremity weakness or spasticity." The test result was changed to: "Lower extremity weakness or significant spasticity."
- 62 FR 50094 through 50097—The disability test for trainman, engineer, carman, signalman, trackman, machinist, and shop laborer designated "Physical examination: cervical" was changed to read "Physical examination." This disability test can be found under the listings Cervical disc disease with myelopathy, Chronic herniated disc, Cervical spondylolysis, Cervical intervertebral disc degeneration, Fracture: posterior element with spinal canal displacement, Post-laminectomy syndrome, Cervical radiculopathy, and Spondylogenic compression of spinal cord.

G. Shoulder

- 62 FR 50097—The confirmatory test "Permanent functional limitation, elbow:" was changed to "Medical diagnosis leading to a permanent functional limitation of the elbow."
- 62 FR 50098 through 50099—The disability test for trainman, engineer, carman, signalman, trackman, machinist, and shop laborer under the listing "Permanent functional limitation, elbow:" was "Physical examination—range of motion." Its accompanying test result "Flexion limit to 60 degrees (30 degrees from 90)" was changed to "Flexion limited to 60 degrees."

H. Hand and Arm

• 62 FR 50099—The confirmatory tests for "Carpal tunnel syndrome" designated "Physical examination" with a minimum result of "Tinel's or Phalen's sign suggestive but not confirming" was removed.

• 62 FR 50099—One of the

confirmatory tests for "Rheumatoid arthritis: hand" is "Rheumatoid factor." The minimum result for this test was changed from "High titer" to "Titer of

rheumatoid factor.

 62 FR 50100 through 50104—A disability test for trainman, carman, signalman, trackman, machinist, and shop laborer was "Strength (jamar)" with a test result for dominant and nondominant hands for female and male. All references to these tests, their results and disability classifications were deleted. These disability tests were found in the proposed rule under the listings: Carpal tunnel syndrome, Fracture wrist, Hand permanent functional limitation, and Wrist permanent functional limitation.

 62 FR 50100 through 50104—Two of the disability tests for the listing "Thumb: permanent functional limitation" were "Adduction of thumb" and "Opposition" with a result of "Loss <=7 cm." These disability tests, test results, and disability classifications were removed for all job titles.

I. Hip

• 62 FR 50105—One of the confirmatory tests for "Paget's disease" is "X-ray: hip." The minimum result for this test was changed from "Osteolytic and blastic lesions" to "Osteolytic or blastic lesions.'

J. Knee

• 62 FR 50108—The confirmatory test for "Patellar-7 subluxation-recurrent" is a "Medical record review." The minimum result for this testing in the proposed rule was "History of recurrent subluxation with associated signs." The phrase "with associated signs" was removed.

K. Ankle and Foot

 62 FR 50116 through 50120—One of the disability tests for the listing "Rheumatoid arthritis, foot:" is a "Medical record review." Its accompanying test result in the proposed rule was "Frequent flare-up with treatment." This test result was changed to "Chronic flare-up with treatment.'

The Board has determined that this is a significant rule under Executive Order 12866. The Office of Management and Budget has approved the information collection (Job Information Report, RRB

Forms G-251a and G-251b found in Appendix 3 of this part) associated with this rule and assigned it OMB control number 3220-0193.

List of Subjects in 20 CFR Part 220

Disability benefits, Railroad employees, Railroad retirement, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, part 220 of title 20 of the Code of Federal Regulations is amended as follows:

PART 220—DETERMINING DISABILITY

1. The authority citation for part 220 continues to read as follows:

Authority: 45 U.S.C. 231a; 45 U.S.C. 231f.

2. The heading of subpart C is revised to read as follows:

Subpart C—Disability Under the Railroad Retirement Act for Work in an **Employee's Regular Railroad** Occupation

3. Section 220.10 is revised to read as follows:

§ 220.10 Disability for work in an employee's regular railroad occupation.

(a) In order to receive an occupational disability annuity an eligible employee must be found by the Board to be disabled for work in his or her regular railroad occupation because of a permanent physical or mental impairment. In this subpart the Board describes in general terms how it evaluates a claim for an occupational disability annuity. In accordance with section 2(a)(2) of the Railroad Retirement Act this subpart was developed with the cooperation of employers and employees. This subpart is supplemented by an Occupational Disability Claims Manual (Manual) 1 which was also developed with the cooperation of employers and employees.

(b) In accordance with section 2(a)(2) of the Railroad Retirement Act, the Board shall select two physicians, one from recommendations made by representatives of employers and one from recommendations made by representatives of employees. These individuals shall comprise the Occupational Disability Advisory Committee (Committee). This Committee shall periodically review, as necessary, this subpart and the Manual and make recommendations to the Board with respect to amendments to

this subpart or to the Manual. The Board shall confer with the Committee before it amends either this subpart or the Manual.

4. Section 220.11 is revised to read as follows:

§ 220.11 Definitions as used in this subpart.

Functional capacity test means one of a number of tests which provide objective measures of a claimant's maximal work ability and includes functional capacity evaluations which provide a systematic comprehensive assessment of a claimant's overall strength, mobility, endurance and capacity to perform physically demanding tasks, such as standing, walking, lifting, crouching, stooping or bending, climbing or kneeling.

Independent Case Evaluation (ICE) means the process for evaluating claims not covered by Appendix 3 of this part.

Permanent physical or mental impairment means a physical or mental impairment or combination of impairments that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.

Regular railroad occupation means an employee's railroad occupation in which he or she has engaged in service for hire in more calendar months than the calendar months in which he or she has been engaged in service for hire in any other occupation during the last preceding five calendar years, whether or not consecutive; or has engaged in service for hire in not less than one-half of all of the months in which he or she has been engaged in service for hire during the last preceding 15 consecutive calendar years. If an employee last worked as an officer or employee of a railway labor organization and if continuance in such employment is no longer available to him or her, the "regular occupation" shall be the position to which the employee holds seniority rights or the position which he or she left to work for a railway labor organization.

Residual functional capacity has the same meaning as found in § 220.120.

§220.12 [Removed]

§ 220.14 [Redesignated as § 220.12]

- 5. The current § 220.12 "Permanent physical or mental impairment. defined." is removed, and § 220.14 "Evidence considered." is redesignated as § 220.12.
- 6. Section 220.13 is amended by revising the section heading, the introductory text, and paragraph (b) to read as follows:

¹ The Manual may be obtained from the Board's headquarters at 844 North Rush Street, Chicago, IL

§ 220.13 Establishment of permanent disability for work in regular railroad occupation.

The Board will presume that a claimant who is not allowed to continue working for medical reasons by his employer has been found, under standards contained in this subpart, disabled unless the Board finds that no person could reasonably conclude on the basis of evidence presented that the claimant can no longer perform his or her regular railroad occupation for medical reasons. (See § 220.21 if the claimant is not currently disabled, but was previously occupationally disabled for a specified period of time in the past). The Board uses the following evaluation process in determining disability for work in the regular occupation:

* * * * *

(b) If the Board finds that the claimant does not have an impairment described in paragraph (a) of this section, it will—

(1) Determine the employee's regular railroad occupation, as defined in § 220.11, based upon the employee's own description of his or her job;

(2) Evaluate whether the claimant is disabled as follows:

(i) The Board first determines whether the employee's regular railroad occupation is an occupation covered under Appendix 3 of this part. Second, the Board will determine whether the employee's claimed impairment(s) is covered under Appendix 3 of this part. If claimant's regular railroad occupation or impairment(s) is not covered under Appendix 3 of this part, then the Board will determine if the employee is disabled under ICE as set forth in paragraph (b)(2)(iv) of this section.

(ii)(A) If the Board determines that, in accordance with paragraph (b)(2)(i) of this section, Appendix 3 of this part applies, then the Board will confirm the existence of the employee's

impairment(s) using—

(1) The "highly recommended" and "recommended" tests set forth in Appendix 3 of this part that relate to the body part affected by the claimant's impairment(s); or

(2) By using valid diagnostic tests accepted by the medical community as

described in § 220.27.

(B) If the employee's impairment(s) cannot be confirmed because there are significant differences in objective tests such as imaging study,

electrocardiograms or other test results, and these differences cannot be readily resolved, the Board will determine if the employee is disabled under ICE as set forth in paragraph (b)(2)(iv) of this section. However, if the employee's impairment(s) cannot be confirmed, and

there are no significant differences in objective medical tests which cannot be readily resolved, then the employee will be found not disabled.

(iii) Once the impairment(s) is confirmed, as provided for in paragraph (b)(2)(ii) of this section, the Board will apply Appendix 3 of this part. If Appendix 3 of this part dictates a "D" (disabled) finding, the Board will find the claimant disabled.

(iv) If the Board does not find the employee disabled using the standards in Appendix 3 of this part, then the Board will determine if the employee is disabled using ICE. To evaluate a claim under ICE the Board will use the following steps:

(A) Step 1. The Board will determine if the medical evidence is complete. Under this step the Board may request the claimant to take additional medical tests such as a functional capacity test or other consultative examinations;

(B) Step 2. If the employee's impairment(s) has not been confirmed, as provided for in paragraph (b)(2)(ii)(A)(2) of this section, the Board will next confirm the employee's impairment(s), as described in paragraph (b)(2)(ii)(A)(2) of this section;

- (C) Step 3. The Board will determine whether the opinions among the physicians regarding medical findings are consistent, by reviewing the employee's medical history, physical and mental examination findings, laboratory or other test results, and other information provided by the employee or obtained by the Board. If such records reveal that there are significant differences in the medical findings, significant differences in opinions concerning the residual functional capacity evaluations among treating physicians, or significant differences between the results of functional capacity evaluations and residual functional capacity examinations, then the Board may request additional evidence from treating physicians, additional consultative examinations and/or residual functional capacity tests to resolve the inconsistencies;
- (D) Step 4. When the Board determines that there is concordance of medical findings, then the Board will assess the quality of the evidence in accordance with § 220.112, which describes the weight to be given to the opinions of various physicians, and § 220.114, which describes how the Board evaluates symptoms such as pain. The Board will also assess the weight of evidence by utilizing § 220.14, which outlines factors to be used in determining the weight to be attributed to certain types of evidence. If, after

assessment, the Board determines that there is no substantial objective evidence of an impairment, the Board will determine that the employee is not disabled;

- (E) Step 5. Next, the Board determines the physical and mental demands of the employee's regular railroad occupation. In determining the job demands of the employee's regular railroad occupation, the Board will not only consider the employee's own description of his or her regular railroad occupation, but shall also consider the employer's description of the physical requirements and environmental factors relating to the employee's regular railroad occupation, as provided by the employer on the appropriate form set forth in Appendix 3 of this part, and consult other sources such as the Dictionary of Occupational Titles and the job descriptions of occupations found in the Occupational Disability Claims Manual, as provided for in § 220.10;
- (F) Step 6. Based upon the assessment of the evidence in paragraph (b)(2)(iv)(D) of this section, the Board shall determine the employee's residual functional capacity. The Board will then compare the job demands of the employee's regular railroad occupation, as determined in paragraph (b)(2)(iv)(E) of this section. If the demands of the employee's regular railroad occupation exceed the employee's residual functional capacity, then the Board will find the employee disabled. If the demands do not exceed the employee's residual functional capacity, then the Board will find the employee not disabled.
- 7. A new section 220.14 is added to read as follows:

§ 220.14 Weighing of evidence.

- (a) Factors which support greater weight. Evidence will generally be given more weight if it meets one or more of the following criteria:
- (1) The residual functional capacity evaluation is based upon functional objective tests with high validity and reliability:
- (2) The medical evidence shows multiple impairments which have a cumulative effect on the employee's residual functional capacity;
- (3) Symptoms associated with limitations are consistent with objective findings;
- (4) There exists an adequate trial of therapies with good compliance, but poor outcome;
- (5) There exists consistent history of conditions between treating physicians and other health care providers.

- (b) Factors which support lesser weight. Evidence will generally be given lesser weight if it meets one or more of the following criteria:
- (1) There is an inconsistency between the diagnoses of the treating physicians;
- (2) There is inconsistency between reports of pain and functional impact;
- (3) There is inconsistency between subjective symptoms and physical examination findings;
- (4) There is evidence of poor compliance with treatment regimen, keeping appointments, or cooperating with treatment:
- (5) There is evidence of exam findings which is indicative of exaggerated or potential malingering response;
- (6) The evidence consists of objective findings of exams that have poor reliability or validity;
- (7) The evidence consists of imaging findings which are nonspecific and largely present in the general population;
- (8) The evidence consists of a residual functional capacity evaluation which is supported by limited objective data without consideration for functional capacity testing.
- 8. Appendix 3—Railroad Retirement Board Occupational Disability Standards is added to part 220 to read as follows:

Appendix 3—Railroad Retirement Board Occupational Disability Standards

1. Introduction

- The Board uses this appendix to adjudicate the occupational disability claims of employees with medical conditions and job titles covered by the Tables in this appendix. The Tables are divided into "Body Parts", with each Body Part further divided by job title. Under each job title there is a list of impairments and tests with accompanying test results which establish a finding of "D' (disabled). The use of these Tables is a threestep process. In the first step we determine whether the employee's regular railroad occupation is covered by the Tables; next we establish the existence of an impairment covered by the Tables; finally, we reach a disability determination. If we do not find an employee disabled under these Tables, the employee may still be found disabled using Independent Case Evaluation (ICE), as explained in subpart C of this part.
- 1.02 The Cancer Tables are treated in a different way than other body systems. Different types of cancer and their treatments have different functional impacts. In the Cancer Tables the impact of the impairment is seen as being significant or not significant. Therefore, these tables contain an "S" (significant) which is equivalent to a "D" rating. A detailed explanation of how to use those tables is in that section. The steps to use the remaining Tables are explained below:

2. Confirming the Impairment

2.01 Once we determine that the employee's regular railroad occupation is covered by the Job Titles in the Tables, we must determine the existence of an impairment covered by the Tables. This is done through the use of Confirmatory Tests. These tests can include information from medical records, surgical or operative reports, or specific diagnostic test results. Confirmatory Tests are listed in the initial section regarding each Body Part covered in the Tables. If an impairment cannot be confirmed because of inconsistent medical information, ICE may be required.

2.02 There are two types of Confirmatory Tests as follows.

2.03 "Highly Recommended" Tests—The designation of a confirmatory test as being "highly recommended" means that the test is almost always performed to confirm the existence of the impairment. For many conditions, only one "highly recommended" test finding is suggested to confirm the impairment. However, there may be times when that test is not available or is negative, but other more detailed testing confirms the impairment.

2.04 Example A: To confirm the condition of pulmonary hypertension, the Tables under Body Part C., Cardiac, designate as "highly recommended": an electrocardiogram which indicates definite right ventricular hypertrophy. However, the impairment may also be confirmed by insertion of a Swan-Ganz catheter into the pulmonary artery and the pulmonary artery pressure measured directly.

2.05 There may be some conditions for which several "highly recommended" tests are suggested to confirm an impairment. In these circumstances, we will use all "highly recommended" tests to establish the existence of the impairment.

2.06 Example B: Under Body Part E., Lumbar Sacral Spine, three highly recommended medical findings are identified for the diagnosis of chronic back pain, not otherwise specified. These findings include:

A. A history of back pain under medical treatment for at least one year, and

B. A history of back pain unresponsive to therapy for at least one year, and

C. A history of back pain with functional limitations for at least one year.

2.07 All three of these criteria must be satisfied to confirm the existence of chronic back pain.

2.08 Sometimes the employee may have undergone detailed testing which is as reliable as one of the "highly recommended' tests listed in the Tables. In cases where an impairment has not been confirmed by one of the designated "highly recommended" tests, the impairment may still be confirmed by "recommended" tests (see below) or by evidence acceptable under section 220.27 of this part.

2.09 Recommended Tests—The designation of a confirmatory test as "recommended" means that the test need not be performed, or be positive, to confirm the impairment. However, a positive test provides significant support for confirming the impairment. If there are no "highly recommended" tests for confirming the

impairment, at least one of the "recommended" tests should be positive.

2.10 There are two categories of recommended tests which are described below.

A. Imaging studies—These studies can include MRI, CAT scan, myelogram, or plain film x-rays. For conditions where several of these imaging studies are identified as "recommended" tests, at least one of the test results should be positive and meet the confirmatory test criteria. For some conditions, such as degenerative disc condition, there are several equivalent imaging methods to confirm a diagnosis.

B. *Other tests*—This category of tests refers to non-imaging studies.

2.11 If there are no "highly recommended" confirmatory tests designated to confirm an impairment and the "recommended" confirmatory tests only include non-imaging procedures, at least one of these tests should be positive to confirm the impairment. The greater the number of tests that are positive, the greater the confidence that the correct diagnosis has been established.

2.12 Example: Under Body Part C., Cardiac, the diagnostic confirmatory tests for ventricular ectopy, a cardiac arrhythmia, include the following "recommended" tests:

A. Medical record review, i.e., a review of the claimant's medical records, or

B. Holter monitoring, or

C. Provocative testing producing a definite arrhythmia.

2.13 In this situation, only one of the "recommended" confirmatory tests need be positive to confirm the impairment. However, the more tests that are positive, the stronger the support for the diagnosis.

2.14 In no circumstance will the Board require that an invasive test be performed to confirm an impairment. Several of the Confirmatory Tests which are described in the Tables are invasive and it is not the intention of the Board to suggest that these be performed. The inclusion of invasive tests in the Tables Confirmatory Tests section is intended to help the Board evaluate the significance of findings from such tests that may have already been performed and which are part of the submitted medical record.

2.15 If an employee's impairment(s) cannot be confirmed by use of the confirmatory tests listed in the Tables, it still may be confirmed by medical evidence described in section 220.27 of this part. However, if a claimant's impairment(s) cannot be confirmed through use of the Tables or under section 220.27, and the medical evidence is complete and in concordance, the claimant will be found not disabled.

3. Disability Determination

3.01 Once the Board determines that the employee's regular railroad occupation is covered by one of the Job Titles in the Tables and that his or her alleged impairment fits into a Body Part covered by the Tables and can be confirmed, we examine the results of any of the disability tests listed under the impairment. If the results from any of these tests indicate a "D" finding, the employee is found disabled. If none of the test results

indicate a "D" finding, then the employee's claim is evaluated using ICE.

3.02 Example: A trainman has angina as confirmed by the recommended tests under Body Part A: Cardiac—Angina. An echocardiogram shows that he has poor ejection fraction ≤35%. The employee is rated disabled. If none of the results of the listed disability tests match the results required for a "D" finding, then the employee's claim is evaluated under ICE.

Tables

- A. Cancer
- B. Endocrine
- C. Cardiac D. Respiratory
- E. Lumbar Sacral Spine
- F. Cervical Spine
- G. Shoulder and Elbow
- H. Hand and Arm
- I. Hip
- J. Knee
- K. Ankle and Foot

A. Cancer

Cancer

Cancer conditions can be viewed as belonging to one of three categories.

Category 1: Significant impact on functional capacity or anticipated life span.

Category 2: Intermediate impact on functional capacity; large individual variability

Category 3: No significant impact on functional capacity or expected life span.

The factors that are considered in developing these categories include the following:

Type of Cancer

The functional impact of different malignancies varies tremendously and each malignancy has to be considered on an individual basis.

Magnitude of Disease

The disability standards are based upon the magnitude or extent of disease. The extent of disease affects both anticipated life span and the functional capacity or work ability of the

individual. Localized cancer including cancer "in situ" can frequently be completely cured and not have an impact on functional capacity or life span. In contrast, many cancers that have distant or significant regional spread generally have a poor prognosis. The magnitude or extent of disease is classified into three categories: local, regional and distant.

The criteria which are used to classify a cancer into one of the three categories are based upon the distillation of several staging methods into a single system [Miller, et al. (1992). Cancer Statistics Review, 1973 - 1989; NIH Publication No. 92 - 2789].

Effects of Treatment

Although some types of cancer may be potentially curable with radical surgery and/or radiation therapy, the treatment regimen may result in a significant impairment that could affect functional capacity and ability to work. For example, a person with a laryngeal tumor which had spread regionally could be cured by a complete laryngectomy and radiotherapy. However, this treatment could result in a loss of speech and significantly impair the individual's communicative skills or ability to use certain types of respiratory protective equipment.

Prognosis

Some cancers may have minimal impact on a person's functional capacity, but have a very poor prognosis with respect to life expectancy. For example, an individual with early stage brain cancer may be minimally impaired, but have a poor prognosis and minimal potential for surviving longer than two years. Five and two year survival data are presented in the Cancer Disability Guideline Table which follows.

The Cancer Disability Guideline Table provides information concerning the probability of survival for five years for local, regional, and distant disease for each type of malignancy. In addition, two-year survival data are also presented for all disease stages. The five-year survival data are based upon data collected from population-based registries in Connecticut, New Mexico, Utah, Hawaii, Atlanta, Detroit, Seattle and the San Francisco and East Bay area between 1983 and 1987 (Miller, 1992). The two-year data are from a cohort study initially diagnosed in 1988.

Assessment

The malignancies are classified as disabling (Category 1), potentially disabling (Category 2) and non-disabling (Category 3). Category 2 conditions must be evaluated with respect to how the worker's tumor affects the worker's ability to perform the job and an assessment of his life span.

Information concerning the potential impact of the malignancy on a worker's ability to perform a job is identified in the Functional Impact column in the table. All railroad occupations in the Tables are considered together. Functional impacts are classified as significant if the treatment or sequelae from treatment including radiotherapy, chemotherapy and/or surgery is likely to impair the worker from performing the job. If the treatment results in a significant impairment of another organ system, the individual should be evaluated for disability associated with impairment of that body part. For example, a person undergoing an amputation for a bone malignancy would have to be evaluated for an amputation of that body part. For many cancers, it is difficult to make generalizations regarding the level of impairment that will occur after the person has initiated or completed treatment. Nonsignificant impacts include those that are unlikely to have any effect on the individual's work capacity.

Cancer type	2-year ¹	5-year ¹	Disability status ²	Functional impact ³
Brain:				
Local		26	1	S
Regional		27.9	1	S
Distant		23.6	1	S
Female Breast:				
Regional		71.1	2	S
Distant		17.8	1	S
Colon:				
Local		91	2	S
Regional		60.1	2	S
Distant		6	1	S
Rectal:				
Local		84.5	2	S
Regional		50.7	2	S

Cancer type	2-year ¹	5-year ¹	Disability status ²	Functional impact ³
Distant		5.3	1	S
Esophagus: Local		18.5	1	s
		5.2	1	S
Regional			· ·	S
Distant		1.8	1	3
Hodgkin's Disease:4		22 25	•	
Stage 1		90 - 95	3	S
Stage 2		86	2	S
Stage 3		<80	2	S
Stage 4		<80	1	S
Kidney/Renal Pelvis:				
Local		85.4	3	S
Regional		56.3	2	S
Distant		9	1	S
Larynx:				
Local		84.2	2	S
Regional		52.5	2	S
_ · ·		24	1	S
Distant		24	!	3
Acute Lymphocytic Leukemia:		54.4	0	_
All		51.1	2	S
Chronic Lymphocytic Leukemia:				_
All		66.2	2	S
Acute Myelogenous Leukemia:				
All		9.7	1	S
Chronic Myelogenous Leukemia:				
All		21.7	1	s
Liver/Intrahepatic Bile Duct:				
Local		15.1	1	s
Regional		5.8	1	S
		1.9	1	S
Distant Lung/Bronchus: ⁵		1.5	'	5
		1E G	2	e e
Local		45.6	2	S
Regional		13.1	1	S
Distant		1.3	1	S
Melanomas of Skin:			_	_
Regional		53.6	2	S
Distant		12.8	1	S
Oral Cavity/Pharyngeal:				
Local		76.2	2	S
Regional		40.9	2	S
Distant		18.7	1	S
Pancreas:				
Local		6.1	1	S
Regional		3.7	1	S
Distant		1.4	1	S
Prostate:				
Local		91	3	s
				1
Regional		80.4	2	S
Distant		28	1	S
Stomach:				
Local		55.4	1	S
Regional		17.3	1	S
Distant		2.1	1	S
Testicular:				
Distant		65.5	1	S
Thyroid:				
Regional		93.1	3	S
Distant		47.2	1	S
Bladder:		2		
Regional		46	2	s
•				S
Distant		9.1	1	ı S

Source of 2 and 5 year survival data: Miller BA et al. Cancer Statistics Review 1973 - 1989. NIH Publication No. 92 - 2789.

Category 1: Significant impact on functional capacity or life span. Category 2: Intermediate impact.

Category 3: No significant impact on functional capacity or life span. ³Functional Impacts:

⁽S) Significant -- significant potential for the effects of treatment (radiotheraphy, chemotherapy, surgery) to affect functional capacity.

4Hodgkin's disease data presented for each stage derived from American Cancer Society. American Cancer Society Textbook reference for unstaged cancer is derived from Cancer Statistics Review (See 3). In addition to other data, see: American Cancer Society Textbook of Clinical Oncology. Eds: Holleb AI, Fink DJ, Murphy GP, Atlanta: American Cancer Society, Inc. 1991.) ⁵Small cell carcinoma is classified as a 1.

	B. Endocrine	
Confirmatory test	Minimum result	Requirements
	BODY PART: ENDOCRINE CONFIRMATORY TESTS	
Diabetes, requiring insulin (IDDM): Medical record review	Confirmation of condition and need for insulin use	Highly recommended.
Disability test	Test result	Disability classificatio
	BODY PART: ENDOCRINE JOB TITLE: ENGINEER	
Diabetes, requiring insulin (IDDM): Medical record review	Confirmation of condition and need for insulin use	D
	C. Cardiac	
Confirmatory test	Minimum result	Requirements
	BODY PART: CARDIAC CONFIRMATORY TESTS	
Angina:		
Medical record review	3 11 11 11 11 11 11 11 11 11 11 11 11 11	Recommended.
Stress test	trocardiogram. Definite ischemia on exercise test	Recommended.
Thallium study		Recommended.
Aortic valve disease:		
Cardiac catheterization	Proven and significant	Recommended.
Echocardiogram	Significant valve disease	Recommended.
Coronary artery disease:		
Medical record review	Documented ischemia with electrocardiogram confirmation.	Recommended.
Medical record review	Documented myocardial infarction	Recommended.
Stress test	Positive	Recommended.
Thallium study		Recommended.
Angiography	Definite occlusion (>60%) of one vessel	Recommended.
Cardiomyopathy:		
Echocardiogram		
Catheterization	Poor global function and not coronary artery disease	Recommended.
Hypertension: Medical record review	Documentation of hypertension for one year	Highly recommended.
Medical record review		Highly recommended.
Medical record review	, ,	Highly recommended.
Arrhythmia: heart block:	2	3 , 222
Medical record review	Proven episode with electrocardiogram confirmation	Recommended.
Electrocardiogram		Recommended.
Mitral valve disease:		
Cardiac catheterization	1 - 3	Recommended.
Echocardiogram	Significant valve disease	Recommended.
Pericardial disease: Medical record review	Confirmed by cardiologist or internist	Highly recommended.
Pulmonary hypertension:	Committee by cardiologist of litterflist	ringing reconninenced.
Physical examination		Recommended.
Flectrocardiogram	mur by cardiologist or internist. Definite right ventricular hypertension	Highly recommended.
ElectrocardiogramVentricular ectopy:	Definite right ventricular hypertension	riigiliy recommended.
Medical record review	Definite episode within one year	Recommended.
Holter monitoring		Recommended.
Provocative testing		Recommended.
Arrhythmia: supraventricular tachycardia:	·	
Medical record review		Recommended.
Holter monitoring	Definite arrhythmia	Recommended.
Post heart transplant:		l
Medical record review	Documented	Highly recommended.

Disability test	Test result	Disability classification
	BODY PART: CARDIAC JOB TITLE: TRAINMAN	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤7 METS	D
Aortic valve disease:	A anti-a must disent 05 50 mans 110	
Cardiac catheterization	Aortic gradient 25 - 50 mm HG.	D
Echocardiogram	Poor ejection fraction ≤35%	D D
Stress test	Feak exercise \(\frac{1}{2}\) IVIETS	0
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by a Cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤ 7 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤ 7 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise <7 METS	D
Hypertension:		
Medical record review	Diastolic >120 and systolic >160, 50% of the time and evidence of end organ damage (blood creatinine >2; urinary protein >1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:	diffially protein >/2 girl, of ENG evidence of ischemia).	
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
Mitral valve disease:	Boodinicined symbolic with proven armytimia	
Cardiac catheterization	Mitral valve gradient ≥5 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Pericardial disease:		_
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:	, ,	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:	, , , , , , , , , , , , , , , , , , , ,	
Medical record review	Documented related syncope	D
Post heart transplant:	,	
Medical record review	Post heart transplant	D
	1	
	BODY PART: CARDIAC JOB TITLE: ENGINEER	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25 - 50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	
Medical record review	Unstable as diagnosed by a Cardiologist	
Stress test	Documented hypotensive response	
Stress test	Definite ischemia ≤5 METS	l D

Disability test	Test result	Disability classification
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Diastolic >120 and systolic >160, 50% of the time and evidence of end organ damage (blood creatinine >2; urinary protein >1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block: Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization Cardiac catheterization	Mitral regurgitation severe Poor ejection fraction ≤35%	D D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:	The san exercises as the same same same same same same same sam	
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia: Medical record review	Documented related syncope	D
Post heart transplant:	Bootimented related sympope	
Medical record review	Post heart transplant	D
	BODY PART: CARDIAC JOB TITLE: DISPATCHER	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review Stress test	Unstable as diagnosed by cardiologist	D D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Hypertension: Medical record review	Diastolic >120 and systolic >160, 50% of the time and evidence of end organ damage (blood creatinine >2; urinary protein >½ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
	NEC 1 1 1 1 1 1 1 1 1	D
Mitral valve disease:	Mitral Valve dradient >10 mm Hd	
Mitral valve disease: Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	I .
Mitral valve disease: Cardiac catheterization Cardiac catheterization	Mitral regurgitation severe	D
Mitral valve disease: Cardiac catheterization Cardiac catheterization Cardiac catheterization	Mitral regurgitation severe	l .
Mitral valve disease: Cardiac catheterization Cardiac catheterization	Mitral regurgitation severe Poor ejection fraction ≤35% Poor ejection fraction ≤35%	D D
Mitral valve disease: Cardiac catheterization Cardiac catheterization Cardiac catheterization Echocardiogram	Mitral regurgitation severe Poor ejection fraction ≤35% Poor ejection fraction ≤35% Peak exercise ≤5 METS	D D D
Mitral valve disease: Cardiac catheterization Cardiac catheterization Cardiac catheterization Echocardiogram Stress test	Mitral regurgitation severe Poor ejection fraction ≤35% Poor ejection fraction ≤35%	D D D
Mitral valve disease: Cardiac catheterization Cardiac catheterization Cardiac catheterization Echocardiogram Stress test Pericardial disease:	Mitral regurgitation severe Poor ejection fraction ≤35% Poor ejection fraction ≤35% Peak exercise ≤5 METS	D D D

Disability test	Test result	Disability classification
Holtor	Uncontrolled ventricular rhythm	D
Holter Medical record review	Uncontrolled ventricular rhythm	D D
Arrhythmia: supraventricular tachycardia:	Documented related syncope	
Medical record review	Documented related syncope	D
Post heart transplant:	Documented related symbolic	
Medical record review	Post heart transplant	D
	DODY DADT. CARRIAG	<u> </u>
	BODY PART: CARDIAC JOB TITLE: CARMAN	
Angina:		_
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Aortic valve disease: Cardiac catheterization	Aortic gradient 25 - 50 mm HG.	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:	T CUR CACTORS TO ME TO	
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	I .
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	I _
Cardiac catheterization	Poor ejection fraction ≤35%	
Stress test	Peak exercise ≤5 METS	
Medical record review	Unstable as diagnosed by a Cardiologist	I .
Stress test	Documented hypotensive response	I _
Stress test	l =	D
Isotope, e.g., thallium study	Definite ischemia ≤ 5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Hypertension:		
Medical record review	Diastolic >120 and systolic >160, 50% of the time and evidence of end organ damage (blood creatinine >2;	D
Arrhythmia: haart blook:	urinary protein >1/2 gm; or EKG evidence of ischemia).	
Arrhythmia: heart block:	Decumented solution length > 1.5. 2 seconds	D
Holter Medical record review	Documented asystole length >1.5 - 2 seconds	D D
Mitral valve disease:	Documented syncope with proven annything	
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	ח
Cardiac catheterization	Mitral regurgitation severe	
Cardiac catheterization	Poor ejection fraction ≤35%	
Echocardiogram	Poor ejection fraction ≤35%	l .
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	
Holter	Uncontrolled ventricular rhythm	I _
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant: Medical record review	Post heart transplant	D
Wiedical record review	Post fleatt transplant	р
	BODY PART: CARDIAC JOB TITLE: SIGNALMAN	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	1 =	D
Stress test: significant ST changes	Definite ischemia ≤7 METS	D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25 - 50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infractions	l D

Disability test	Test result	Disability classification
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
		_
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤7 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤7 METS	D
	Dominio iconomia <u>en mero</u> illinini	
Cardiomyopathy:	Description (mosting 4050)	5
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
lypertension:		
Medical record review	Diastolic >120 and systolic >160, 50% of the time and	D
Wedical record review	evidence of end organ damage (blood creatinine >2; urinary protein >1/2 gm; or EKG evidence of ischemia).	
rrhythmia: heart block	,	
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
/litral valve disease:		=
	Mitral value aradiant > 5 11-	D
Cardiac catheterization	Mitral valve gradient ≥5 mm Hg	D
Cardiac catherization	Mitral regurgitation severe	
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
	I CAN CACIOSE 21 IVIETS	5
Pericardial disease:		_
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
entricular ectopy:	,	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:		
Medical record review	Post heart transplant	D
	BODY PART: CARDIAC JOB TITLE: TRACKMAN	I
ungina:	JOB TITLE: TRACKMAN	
Echocardiogram	JOB TITLE: TRACKMAN Poor ejection fraction ≤35%	
	JOB TITLE: TRACKMAN	
Echocardiogram	JOB TITLE: TRACKMAN Poor ejection fraction ≤35%	D
Echocardiogram Stress test Medical record review	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist	D D
Echocardiogram Stress test Medical record review Stress test	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response	D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist	D D
Echocardiogram Stress test Medical record review Stress test	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response	D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes	Poor ejection fraction ≤35%	D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization	Poor ejection fraction ≤35%	D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram	Poor ejection fraction ≤35%	D D D D D
Echocardiogram Stress test Medical record review Stress test Stress test Stress test: significant ST changes Cortic valve disease: Cardiac catheterization Echocardiogram Stress test	Poor ejection fraction ≤35%	D D D D D
Echocardiogram Stress test Medical record review Stress test Stress test: Stress test: Stress test: Cardiac catheterization Echocardiogram Stress test Coronary artery disease:	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤7 METS Aortic gradient 25 - 50 mm HG Poor ejection fraction ≤35% Peak exercise ≤7 METS	D D D D D D
Echocardiogram Stress test Medical record review Stress test Stress test Stress test: significant ST changes Cortic valve disease: Cardiac catheterization Echocardiogram Stress test	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤7 METS Aortic gradient 25 - 50 mm HG Poor ejection fraction ≤35% Peak exercise ≤7 METS	D D D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤7 METS Aortic gradient 25 - 50 mm HG Poor ejection fraction ≤35% Peak exercise ≤7 METS Multiple infarctions	D D D D D D
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Outlic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram	Poor ejection fraction ≤35%	
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Echocardiogram Stress test Medical record review Stress test Stress test: Stress te	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test Stress test: significant ST changes Ortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Cardiac catheterization Cardiac record review	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test Stress test: significant ST changes Acortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test	Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤7 METS Aortic gradient 25 - 50 mm HG Poor ejection fraction ≤35% Peak exercise ≤7 METS Multiple infarctions Confirmed ventricular aneurysm Aortic gradient 25 - 50 mm Hg Poor ejection fraction ≤35% Peak exercise ≤7 METS Unstable as diagnosed by a cardiologist Documented hypotensive response	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Stress test Myocardial infarction Echocardiogram Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test	Poor ejection fraction ≤35%	
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Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Stress test Medical record review Stress test Stress test Isotope, e.g., thallium study	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Stress test Medical record review Stress test Stress test Isotope, e.g., thallium study Cardiomyopathy:	Poor ejection fraction ≤35%	
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Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Outic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Cardiac catheterization Stress test Stress test Isotope, e.g., thallium study Cardiomyopathy: Cardiac catheterization Echocardiogram	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Outric valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Stress test Stress test Medical record review Stress test Stress test Isotope, e.g., thallium study Cardiomyopathy: Cardiac catheterization	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Outic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Cardiac catheterization Stress test Stress test Isotope, e.g., thallium study Cardiomyopathy: Cardiac catheterization Echocardiogram	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Cardiac catheterication Stress test Stress test Coronary artery disease: Medical record review Stress test Cardiac catheterization Echocardiogram Stress test Echocardiogram Stress test	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Hypertension: Medical record review	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Stress test Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardianc catheterization Echocardiogram Stress test Isotope, e.g., thallium study	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Hypertension: Medical record review Arrhythmia: heart block: Holter	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Hypertension: Medical record review	Poor ejection fraction ≤35%	
Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Nortic valve disease: Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Isotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Hypertension: Medical record review Arrhythmia: heart block: Holter	Poor ejection fraction ≤35%	

Disability test	Test result	Disability classification
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram		D
Stress test	. Peak exercise ≤7 METS	D
Pericardial disease:		
Cardiac catheterization	. Poor ejection fraction ≤35%	D
Echocardiogram	. Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	. Documented life threatening arrhythmia	D
Holter	. Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	. Documented related syncope	D
Post heart transplant:		
Medical record review	Post heart transplant	D
	BODY PART: CARDIAC JOB TITLE: MACHINIST	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test		D
Medical record review		D
Stress test		D
Stress test: significant ST changes		D
Aortic valve disease:		-
Cardiac catheterization	. Aortic gradient 25 - 50 mm HG.	
Echocardiogram		D
Stress test		D
Coronary artery disease:	. I Can CAGICISE SO IVIL IO	
	Multiple inferetions	D
Myocardial infarction		
Echocardiogram		D
Cardiac catheterization		D
Cardiac catheterization	1	D
Stress test		D
Medical record review	1	D
Stress test	1	D
Stress test		D
Isotope, e.g., thallium study	. Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	. Poor ejection fraction ≤35%	D
Echocardiogram	. Poor ejection fraction ≤35%	D
Stress test	. Peak exercise ≤5 METS	D
Hypertension:		
Medical record review	. Diastolic >120 and systolic >160, 50% of the time and	D
	evidence of end organ damage (blood creatinine >2;	_
Arrhythmia: heart block:	urinary protein >1/2 gm; or EKG evidence of ischemia).	
Holter	. Documented asystole length >1.5 - 2 seconds	D
Medical record review	, ,	D
Mitral valve disease:		
Cardiac catheterization	. Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization		D
Cardiac catheterization		D
Echocardiogram		D
Stress test	1	D
Pericardial disease:	. I OUR ORDIOISO SO IVIL IO	-
Cardiac catheterization	Poor ejection fraction ≤35%	D
	1	D
Echocardiogram/optricular octooy/	Poor ejection fraction ≤35%	١٥
/entricular ectopy:	Decumented life threatening and the three	D
Medical record review	1	D
Holter	1	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	. Documented related syncope	D
Post heart transplant: Medical record review	Post heart transplant	D
-	BODY PART: CARDIAC JOB TITLE: SHOP LABORER	
Angina	TOD THE OHOT ENDORER	
Angina:	Door ejection fraction <250/	D
Echocardiogram	. Poor ejection fraction ≤35%	D
	Deale service of METO	
Stress test Medical record review		D

Disability test	Test result	Disability classification
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	
Aortic valve disease:	Definite isolicina 25 ME 10	
	Aprilia and dispet OF FO many LIC	
Cardiac catheterization	Aortic gradient 25 - 50 mm HG.	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg.	
Cardiac catheterization	Poor ejection fraction ≤35%	D
_	Peak exercise ≤5 METS	D
Stress test		
Medical record review	Unstable as diagnosed by a Cardiologist	
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
_	,	D
Stress test	Peak exercise ≤5 METS	5
lypertension:	Di (II 400 1 1 100 10	
Medical record review	Diastolic >120 and systolic >160, 50% of the time and	D
	evidence of end organ damage (blood creatinine >2;	
	urinary protein >1/2 gm; or EKG evidence of ischemia).	
Arrhythmia: heart block:	· · · · · · · · · · · · · · · · · · ·	
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
Mitral valve disease:	Boodinonica synoope with proven annythina	
	Mitral value gradient >10 mm Ha	<u></u>
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
· · · · · · · · · · · · · · · · · · ·	1 001 ejection naction 55576	
/entricular ectopy:	Decree of all life there is a large and all the	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:	Joseph Indiana Syrisopo IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Medical record review	Post heart transplant	D
Medical record review	1 Ost neart transplant	
	BODY PART: CARDIAC	
JOB	TITLE: SALES REPRESENTATIVE	
Angina:		
Echocardiogram	Poor ejection fraction <25%	D
•	Poor ejection fraction ≤35%	
Stress test	Peak exercise ≤5 METS	
Medical record review	Unstable as diagnosed by cardiologist	
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Nortic valve disease:		
Cardiac catheterization	Aortic gradient 25 - 50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	
Stress test	Peak exercise ≤5 METS	D
	TOUR ORDIGIO TO METO	
Coronary artery disease:	Multiple inforctions	D
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25 - 50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by a cardiologist	D
Stress test	Documented hypotensive response	
_		
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:	_ , , , , ,	_
	Dean significant fraction (250)	L D

Poor ejection fraction ≤35% D
Peak exercise ≤5 METS D

Cardiac catheterization

Echocardiogram

Disability test	Test result	Disability classificatio
Hypertension:		
Medical record review	Diastolic >120 and systolic >160, 50% of the time and evidence of end organ damage (blood creatinine >2; urinary protein >1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:	difficility protein > 72 gm, or ENG evidence or isomerma).	
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review		D
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	,	D
Holter	,	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:		
Medical record review	Post heart transplant	D
	BODY PART: CARDIAC	
	JOB TITLE: GENERAL OFFICE CLERK	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test		

Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test		D
Stress test: significant ST changes		D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25 - 50 mm HG	D
Echocardiogram		D
Stress test		D
Coronary artery disease:	T GUN GXGTGIGG TO MILTO	
Myocardial infarction	Multiple infarctions	D
Echocardiogram		D
Cardiac catheterization	1	D
Cardiac catheterization		D
2 11 1 11 11 11 11 11 11 11 11 11 11 11	1	
Stress test		D
Medical record review		D
Stress test	The second secon	D
Stress test		D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	,	D
Echocardiogram	,	D
Stress test	Peak exercise ≤5 METS	D
Arrhythmia: heart block:		
Holter	Documented asystole length >1.5 - 2 seconds	D
Medical record review	Documented syncope with proven arrhythmia	D
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization		D
Echocardiogram		D
Stress test		D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram		D
Ventricular ectopy:	,	
Medical record review	Documented life threatening arrhythmia	D
Holter	1	D
Medical record review		D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:		-
Medical record review	Post heart transplant	D
	Post neart transplant	

D. Respiratory

Confirmatory test	Minimum result	Requirements	
BODY PART: RESPIRATORY CONFIRMATORY TESTS			
Asthma:			
Spirometry	FEV1/FVC ratio diminished	Recommended.	
Spirometry	>15% change with administration of bronchodilator	Recommended.	
Methacholine challenge test	Positive: FEV1 decrease >20% at (PC <=8 mg/ml)	Recommended	
Bronchiectasis:	,		
Medical record review	Chronic cough and sputum	Recommended.	
Chest X-ray	Bronchiectasis demonstrated	Recommended.	
Chest CAT scan	Bronchiectasis demonstrated	Recommended.	
Chronic bronchitis:			
Medical record review	Frequent cough 2 years duration	Highly recommended	
Chronic obstructive pulmonary disease:	, , ,	,	
Spirometry	FEV1/FVC ratio below 65% when stable	Highly recommended	
Spirometry	FEV1 below 75% of predicted when stable	Highly recommended	
Cor pulmonale:	, , , , , , , , , , , , , , , , , , , ,	9 ,	
Electrocardiogram	Definite right ventricular hypertrophy	Recommended.	
Echocardiogram	Definite right ventricular hypertrophy	Recommended.	
Pulmonary fibrosis:	, , , , , , , , , , , , , , , , , , , ,		
Lung biopsy	Diffuse fibrosis	Recommended.	
Chest CAT scan	More than minimal fibrosis	Recommended.	
Lung resection:			
Medical record review	At least one lobe resected	Highly recommended	
Pneumothorax:			
Medical record review	Required hospitalization with chest tube drainage	Highly recommended	
Restrictive lung disease:		3,	
Chest X-ray	Restrictive lung changes	Recommended.	
DLCO	Abnormal	Highly recommended	
Chest CAT scan	Restrictive lung changes	Recommended.	
Spirometry	FVC <75% predicted	Highly recommended	
Silicosis:			
Medical record review	Occupational exposure for at least 1 year	Highly recommended	
Tuberculosis:			
Chest X-ray	Evidence of changes consistent with tuberculosis infec-	Recommended.	
	tion.		
Culture	Positive	Recommended.	

Disability test	Test result	Disability classification		
BODY PART: RESPIRATORY JOB TITLE: TRAINMAN				
Asthma:				
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.			
Bronchiectasis:				
Resting ABG	PCO2 arterial >50 mm Hg if stable	D		
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise			
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D		
Electrocardiogram	Definite positive right ventricular hypertrophy	D		
Chronic bronchitis:				
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D		
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise			
Pulmonary exercise test	Maximum VO2 <15 ml/kg			
Electrocardiogram	Definite positive right ventricular hypertrophy	D		
Chronic obstructive pulmonary disease (COPD):				
Resting ABG	PCO2 arterial >50 mm Hg if stable	D		
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise			
Pulmonary exercise test	Maximum VO2 <15 ml/kg			
Electrocardiogram	Definite positive right ventricular hypertrophy	D		
Cor pulmonale:				
Electrocardiogram	Definite positive right ventricular hypertrophy	D		
Pulmonary fibrosis:				
Resting ABG	PCO2 arterial >50 mm Hg if stable	D		
Electrocardiogram	Definite positive right ventricular hypertrophy			
DLCO				

Disability test	Test result	Disability classification
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test		D
Spirometry		D
	1 VC <50 /6 predicted	
ung resection:	Definite monitive vielet constrientes les les montres les	5
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Restrictive lung disease:	,	_
DLCO		D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Silicosis:		
Resting ABG	PCO2 arterial >50 mm Hg If stable	D
Electrocardiogram		D
	BODY PART: RESPIRATORY JOB TITLE: CARMAN	
Asthma:	Reneated spirometry EEV/1 >400/ over a 12 month as	D
Spirometry		D
	riod.	
ronchiectasis:		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test		D
Electrocardiogram		D
hronic bronchitis:		=
Spirometry	Repeated spirometry FEV1 <40% over a 12 month pe-	D
Opiromotry	riod.	
Posting APC		D
Resting ABG		_
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test		<u>D</u>
Electrocardiogram	Definite positive right ventricular hypertrophy	D
hronic obstructive pulmonary disease (COPD):		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test		D
Electrocardiogram		D
Cor pulmonale:	Domino podravo rigini vortatodici riyporatopriy	
Electrocardiogram	Definite positive right ventricular hypertrophy	D
	Definite positive right ventricular hypertrophy	
Pulmonary fibrosis:	DCC2 arterial > 50 mm Lla if atable	
Resting ABG		D
Electrocardiogram		D
DLCO		D
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
ung resection:	, ,	
Electrocardiogram	Definite positive right ventricular hypertrophy	D
estrictive lung disease:		-
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG		D
,	· •	
Pulmonary exercise test		D
Spirometry		D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
ilicosis:		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Electrocardiogram		D
	BODY PART: RESPIRATORY JOB TITLE: SIGNALMAN	
Asthma:	_	
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:	1104.	
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test		D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
thronic bronchitis:		_
Spirometry	Repeated spirometry FEV1 <40% over a 12 month pe-	D
		·

Disability test	Test result	Disability classification
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Cor pulmonale:		
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Pulmonary fibrosis:		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Lung resection:		
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Restrictive lung disease:		
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Silicosis:		
Resting AGB	PCO2 arterial >50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D

BODY PART: RESPIRATORY JOB TITLE: TRACKMAN

Asthma: Spirometry	month pe- D
Bronchiectasis: Resting ABG	D
Pulmonary exercise test or exercise ABG PO2 >5 torr at maximum exercise	D
Pulmonary exercise test	D
Electrocardiogram	D
Chronic bronchitis:	
Spirometry	month pe- D
Resting ABG PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	D
Electrocardiogram	D
Chronic obstructive pulmonary disease (COPD):	
Resting ABG PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test Maximum VO2 <15 ml/kg	
Electrocardiogram	D
Cor pulmonale:	
Electrocardiogram Definite positive right ventricular hypertrophy .	D
Pulmonary fibrosis:	
Resting ABG PCO2 arterial >50 mm Hg if stable	D
Electrocardiogram Definite positive right ventricular hypertrophy .	D
DLCO	D
Pulmonary exercise test or exercise ABG PO2 drop >5 torr at maximum exercise	
Pulmonary exercise test Maximum VO2 <15 ml/kg	D
Spirometry FVC <50% predicted	D
Lung resection:	
Electrocardiogram Definite positive right ventricular hypertrophy .	D
Restrictive lung disease:	
DLCO <45% predicted	
Pulmonary exercise test or exercise ABG PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test Maximum VO2 <15 ml/kg	D
Spirometry FVC <50% predicted	D
Electrocardiogram Definite positive right ventricular hypertrophy .	D
Silicosis:	
Resting ABG PCO2 arterial >50 mm Hg if stable	D

Disability test	Test result	Disability classification
Electrocardiogram	Definite positive right ventricular hypertrophy	D
	BODY PART: RESPIRATORY JOB TITLE: MACHINIST	
Asthma:		
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:	DCCC arterial : FO many limit stable	<u></u>
Resting ABG	·	D D
Pulmonary exercise test or exercise ABG Pulmonary exercise test		D
Electrocardiogram		D
Chronic bronchitis:		
Spirometry	riod.	D
Resting AGB		D
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test		D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Chronic obstructive pulmonary disease (COPD): Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test		D
Electrocardiogram		D
Cor pulmonale:		
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Pulmonary fibrosis:		
Resting ABGElectrocardiogram		D
	, , , , , , , , , , , , , , , , , , , ,	D D
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test		D
Spirometry		D
Lung resection:	·	
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Restrictive lung disease:	450/	
Pulmonary exercise test or exercise ABG		D
Pulmonary exercise test of exercise ABG		D D
Spirometry		D
Electrocardiogram	· ·	D
Silicosis:		
Resting ABG		D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
	BODY PART: RESPIRATORY JOB TITLE: SHOP LABORER	
Asthma:		_
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:	PCO2 arterial >50 mm Ha if atable	D
Resting ABG Pulmonary exercise test or exercise ABG		D D
Pulmonary exercise test		D
Electrocardiogram	_ l =	D
Chronic bronchitis:	3	
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG		D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test		D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Chronic obstructive pulmonary disease (COPD): Resting ABG	PCO2 arterial >50 mm Hg if stable	D
		D
Pulmonary exercise test or evercise ARG		D
Pulmonary exercise test or exercise ABG Pulmonary exercise test		_ _
Pulmonary exercise test		D
	Definite positive right ventricular hypertrophy	D
Pulmonary exercise test Electrocardiogram	Definite positive right ventricular hypertrophy	D D
Pulmonary exercise test	Definite positive right ventricular hypertrophy Definite positive right ventricular hypertrophy	D

Disability test	Test result	Disability classification
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Lung resection:		
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Restrictive lung disease:	,,,,,,	
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG	PO2 drop >5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D
Silicosis:		
Resting ABG	PCO2 arterial >50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hypertrophy	D

E. Lumbar Sacral Spine

Confirmatory test	Minimum result	Requirements
BODY PART: LS SPINE CONFIRMATORY TESTS		
Ankylosing spondylitis:		
X-ray-lumbar sacral spine	Sacroilitis	Highly recommended.
HLA B27 (blood test)	Positive HLA B27 (90% case)	Recommended.
Backache, unspecified:		
Medical record review	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review		Highly recommended.
Medical record review		Highly recommended.
Chronic back pain, not otherwise specified:.		
Medical record review	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review		Highly recommended.
Medical record review		Highly recommended.
Cauda equina syndrome with bowel or bladder dysfunction:.		
Magnetic resonance imaging	. Neural impingement of spinal nerves below L1	Recommended.
Computerized tomography	. Neural impingement of spinal nerves below L1	Recommended.
Cystometrogram		Recommended.
Rectal examination	Diminished rectal sphincter tone	Recommended.
Myelogram	. Neural impingement of spinal nerves below L1	Recommended.
Degeneration of lumbar disc:		
X-ray lumbar sacral spine	Significant degenerative disc changes	Recommended.
Computerized tomography	Significant degenerative disc changes	Recommended.
Magnetic resonance imaging	Significant degenerative disc changes	Recommended.
Myelogram	. Significant degenerative disc changes	Recommended.
Displacement of lumbar disc:.		
X-ray-lumbar sacral spine	Significant degenerative disc changes	Recommended.
Computerized tomography	Significant degenerative disc changes	Recommended.
Magnetic resonance imaging	Significant degenerative disc changes	Recommended.
Myelogram		Recommended.
Fracture: vertebral body:.		
Magnetic resonance imaging	Fracture vertebral body	Recommended.
Computerized tomography	Fracture vertebral body	Recommended.
X-ray-lumbar sacral spine		ommended.
Fracture: posterior element with spinal canal displacement:	-	
Magnetic resonance imaging	Fracture posterior spinal element with displacement of spinal canal.	Recommended.
Computerized tomography		Recommended.
X-ray-lumbar sacral spine		Recommended.

E. Lumbar Sacral Spine—Continued

Confirmatory test	Minimum result	Requirements
Fracture: posterior spinal element with no displacement:.		
X-ray-lumbar sacral spine	Fracture posterior spinal element	Recommended.
Magnetic resonance imaging	Fracture posterior spinal element	Recommended.
Computerized tomography	Fracture posterior spinal element	Recommended.
racture: spinous process:		
X-ray-lumbar sacral spine	Spinous process fracture	Recommended.
Magnetic resonance imaging	Spinous process fracture	Recommended.
Computerized tomography	Spinous process fracture	Recommended.
racture: Transverse process:	opinious process nastars imminimum	
Lumbar sacral spine	Transverse process fracture	Recommended.
Magnetic resonance imaging	Transverse process fracture	Recommended.
Computerized tomography	Transverse process fracture	Recommended.
tervertebral disc disorder:		
X-ray-lumbar sacral spine	Significant disc degeneration	Recommended.
Magnetic resonance imaging	Significant disc degeneration	Recommended.
Computerized tomography	Significant disc degeneration	Recommended.
Myelogram	Significant disc degeneration	Recommended.
ımbago:	oigninoant dies degeneration illininininininininininininininininini	rtocommonaca.
Medical record review: lumbar	History of back pain under medical treatment for at	Highly recommended
Medical record review: lumbar	least 1 year. History of back pain unresponsive to therapy for at least	Highly recommended
Medical record review: lumbar	1 year. History of back pain with functional limitations for at	Highly recommended
	least 1 year.	
umbosacral neuritis:	Evidence of neural compression	Docommondod
Magnetic resonance imaging	Evidence of neural compression	Recommended. Recommended.
Electromyography	Definite elevation	Recommended.
Nerve conduction velocity	Definite slowing	
Physical examination atrophy	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical history	History of radicular pain	Highly recommended
Computerized tomography	Evidence of neural compression	Recommended.
umbar spinal stenosis:		
Computerized tomography	Significant narrowing: spinal cord canal or intervertebral foramen.	Recommended.
Magnetic resonance imaging	Significant narrowing: spinal cord canal or intervertebral	Recommended.
Myelogram	foramen. Significant narrowing: spinal cord canal or intervertebral	Recommended.
	foramen.	
Mechanical complication of internal orthopedic device:		
Medical record review	Documentation of failure of implant following surgical procedure.	Highly recommended
steomalacia:		
X-ray-lumbar sacral spine	Evidence of significant osteomalacia	Recommended.
Magnetic resonance imaging	Evidence of significant osteomalacia	Recommended.
Computerized tomography	Evidence of significant osteomalacia	Recommended.
Ostromyelitis, chronic-lumbar:		
X-ray-lumbar sacral spine	Evidence of chronic infection	Recommended.
Magnetic resonance imaging	Evidence of chronic infection	Recommended.
Computerized tomography	Evidence of chronic infection	Recommended.
steoporosis:		
Computerized tomography	Significant bone density loss	Recommended.
Dual photon absorptiometry	Significant bone density loss	Recommended.
X-ray-lumbar sacral spine	Significant bone density loss	Recommended.
ost laminectomy syndrome with radiculopathy:	Organization deficiely 1000	
Medical record review: lumbar	Documented surgical history of laminectomy	Highly recommended
		Recommended.
Magnetic resonance imaging	Evidence of laminectomy	
Electromyography Nerve conduction velocity	Definite denervation	Recommended.
Physical examination atrophy	Atrophy in affected limb with 2 cm difference between	Recommended. Recommended.
Physical examination: straight leg raise	limbs. Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical record review: lumbar	History of radicular pain	Highly recommended
Computerized tomography	Evidence of laminectomy	Recommended.
Myelogram	Evidence of laminectomy	Recommended.
adiculopathy:		
autoropanij.	Evidence of neural compression	Recommended.
Magnetic resonance imaging	FVIOENCE OF NEURAL COMPRESSION	

E. Lumbar Sacral Spine—Continued

Confirmatory test	Minimum result	Requirements
Nerve conduction velocity	Definite slowing	Recommended.
Physical examination atrophy	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical record review: lumbar	History of radicular pain	Highly recommended.
Computerized tomography	Evidence of neural compression	Recommended.
Myelogram	Evidence of neural compression	Recommended.
Sciatica:	Evidence of fledral compression	recommended.
Magnetic resonance imaging	Evidence of neural compression	Recommended.
Electromyography	Definite denervation	Recommended.
Nerve conduction velocity	Definite slowing	Recommended.
Physical examination atrophy	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical history	History of radicular pain	Highly recommended.
Computerized tomography	Evidence of neural compression	Recommended.
Myelogram	Evidence of neural compression	Recommended.
strains and sprains, unspecified:	Evidence of fledial compression	Nocommonata.
Medical record review	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Medical record review	Documented history of strain and/or sprain	Highly recommended.
Spondylolisthesis grade 1:		
X-ray-lumbar sacral spine	1 - 25% slippage	Recommended.
Computerized tomography	1 - 25% slippage	Recommended.
Magnetic resonance imaging	1 - 25% slippage	Recommended.
Spondylolisthesis grade 2:	2070 011ppago	rtocommonaca.
X-ray-lumbar sacral spine	26 - 50% slippage	Recommended.
Computerized tomography		Recommended.
Magnetic resonance imaging	26 - 50% slippage	Recommended.
Spondylolisthesis grade 3:	20 - 50 /0 Slippage	recommended.
X-ray-lumbar sacral spine	51 - 75% slippage	Recommended.
Computerized tomography		Recommended.
Magnetic resonance imaging	51 - 75% slippage	Recommended.
	31 - 73/6 slippage	Recommended.
Spondylolisthesis grade 4:	Complete clippede	Dagammandad
X-ray-lumbar sacral spine	Complete slippage	Recommended.
Computerized tomography	Complete slippage	Recommended.
Magnetic resonance imaging	Complete slippage	Recommended.
Spondylolisthesis-acquired:	Clinnaga	Doggerman de d
X-ray-lumbar sacral spine	Slippage	Recommended.
Computerized tomography	Slippage	Recommended.
Magnetic resonance imaging	Slippage	Recommended.
Spondylolsis:		
X-ray-lumbar sacral spine	Defect pars interarticularis	Recommended.
Computerized tomography	Defect pars interarticularis	Recommended.
Magnetic resonance imaging	Defect pars interarticularis	Recommended.
prains and strains, sacral:		
Medical record review: lumbar	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review: lumbar	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review: lumbar	History of back with functional limitations for at least 1 year.	Highly recommended.
Medical record review: lumbar	Documented history of strain and/or sprain	Highly recommended.
prains and strains, sacroiliac: Medical record review: lumbar	History of back pain under medical treatment for at	Highly recommended.
Medical record review: lumbar	least 1 year. History of back pain unresponsive to therapy for at least	Highly recommended.
Medical record review: lumbar	1 year. History of back pain with functional limitations for at	Highly recommended.
	least 1 year.	

Disability test	Test result	Disability classificatio
	BODY PART: LS SPINE JOB TITLE: TRAINMAN	
Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:	L'M's a second to d'asia's had be 500/	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified: Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or bladder dysfunc		
tion:		
Computerized tomography		D
Magnetic resonance imaging		D
Physical examination		D
Cystometrogram		D
Myelogram Physical examination: rectal		D D
Muscle strength assessment		D
Degeneration of lumbar disc:	Limiting capacity airministrica by 60%	
Computerized tomography	. Disc extrusion with neural impingement	D
Magnetic resonance imaging	. Disc extrusion with neural impingement	D
Myelogram		D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:	Disc outrusion with neural impirement	_
Computerized tomography Magnetic resonance imaging		D D
Myelogram		D
Muscle strength assessment		D
Fracture: vertebral body:	Limiting capacity airministrica by 60%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment		D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process: Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:	Litting capacity diffillistied by 50%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
ntervertebral disc disorder:		
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram _umbago:	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Lumbosacral neuritis:	Enting dapasity diffillished by 50%	
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	. Disc extrusion with neural impingement	D
Muscle strength assessment		D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	Lifting consoits diminished by E00/	_
Muscle strength assessment Computerized tomography		D D
Magnetic resonance imaging		D
Myelogram		D
Physical examination		D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	. Segmental instability	D
Osteomalacia:	L'M's a second to d'asialahad be 500/	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar: Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review		D
Osteoporosis:	The state of the s	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging	. Disc extrusion with neural impingement	D

Disability test	Test result	Disability classification
Physical examination	. Significant lower extremity weakness	D
Post laminectomy syndrome:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram	- - - - - - - - - -	D
		D
Physical examination	,	I .
X-ray flexion/extension	Segmental instability	D
Radiculopathy:	1.161	_
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging	. Disc extrusion with neural impingement	D
Myelogram	. Disc extrusion with neural impingement	D
Physical examination		D
ciatica:	. 9	
Muscle strength assessment	Lifting capacity diminished by 50%	D
		D
Computerized tomography	Disc extrusion with neural impingement	
Magnetic resonance imaging		D
Myelogram		D
Physical examination	Significant lower extremity weakness	D
trains and sprains, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
pondylolisthesis grade 1:	, , , , , , , , , , , , , , , , , , , ,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension		D
•	. Obgritorital iriolability	-
Spondylolisthesis grade 2:	1.60	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension		D
Spondylolisthesis acquired:	Goginorital indiability	
	Commental instability	
X-ray flexion/extension	Segmental instability	D
Spondylolysis:		
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Vertebral body compression fracture:	Enting dapatity diministrica by 6676	
	Lifting conscituding in job od by 500/	
Muscle strength assessment	Lifting capacity diminished by 50%	D
	BODY PART: LS SPINE JOB TITLE: ENGINEER	
Cauda equina syndrome with bowel or bladder dysfunc		
tion:		
Computerized tomography	. Disc extrusion with neural impingement, nerves <l1< td=""><td>D</td></l1<>	D
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1< td=""><td>D</td></l1<>	D
	Lower extremity weekness	
Physical examination		D
Cystometrogram		D
Myelogram	1 0 7	D
Physical examination: rectal	Impairment of sphincter tone	D
	BODY PART: LS SPINE JOB TITLE: CARMAN	
ankylosing spondylitis:		·
, , ,	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment		
Muscle strength assessment		D D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment	Lifting capacity diminished by 50%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50% Lifting capacity diminished by 50%	D D
Muscle strength assessment	Lifting capacity diminished by 50% Lifting capacity diminished by 50%	D D D
Muscle strength assessment ackache, unspecified: Muscle strength assessment chronic back pain, not otherwise specified: Muscle strength assessment acuda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination	Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 <l1="" disc="" extremity="" extrusion="" impingement,="" lower="" nerves="" neural="" td="" weakness<="" with=""><td>D D D D</td></l1>	D D D D
Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram	Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 <l1="" bladder="" disc="" extremity="" extrusion="" function<="" impaired="" impingement,="" lower="" nerves="" neural="" td="" weakness="" with=""><td>D D D D D</td></l1>	D D D D D
Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination	Lifting capacity diminished by 50%	D D D D D D D

		T
Disability test	Test result	Disability classification
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: vertebral body:	1.77	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with displacement: Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no displacement:	Litting capacity diffinished by 50%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Lumbago: Muscle strength assessment	Lifting capacity diminished by 50%	D
Lumbosacral neuritis:	Litting capacity diffillished by 30%	
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	
Myelogram	Disc extrusion with neural impingement	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:		
Muscle strength assessment	Lifting capacity diminished by 50%	
Computerized tomography	Significant narrowing of the spinal canal	
Magnetic resonance imaging	Significant narrowing of the spinal canal	D D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal orthopedic device:	Significant fortor extremity weakings	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:	Lifting consolity disciplinal by 500/	
Muscle strength assessment	Lifting capacity diminished by 50%	D D
Osteoporosis:	Frequent hare-ups with objective infamigs	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:	3 - 2p - 2, 2	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	
Magnetic resonance imaging	Disc extrusion with neural impingement	
Myelogram	Disc extrusion with neural impingement	
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome: Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	
Magnetic resonance imaging	Disc extrusion with neural impingement	
Myelogram	Disc extrusion with neural impingement	
Physical examination	Significant lower extremity weakness	
X-ray flexion/extension	Segmental instability	
Radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	
Computerized tomography	Disc extrusion with neural impingement	
Magnetic resonance imaging	Disc extrusion with neural impingement	
Myelogram	Disc extrusion with neural impingement	
Physical examination	Significant lower extremity weakness	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D

Disability test	Test result	Disability classification
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram		D
Physical examination		D
strains and sprains, unspecified:	, , , , , , , , , , , , , , , , , , , ,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension		D
pondylolisthesis grade 2:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminshed by 50%	D
Spondylolisthesis grade 4:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension		D
Spondylolisthesis-acquired:	,	
X-ray flexion/extension	. Segmental instability	D
Spondylolysis:		
X-ray flexion/extension	. Segmental instability	D
Sprains and strains, sacral:		
Muscle strength assessment	Lifting capacity diminshed by 50%	D
Sprains and strains, sacroiliac:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
/ertebral body compression fracture:	,	
Muscle strength assessment	Lifting capacity diminshed by 50%	D
-		I
	BODY PART: LS SPINE JOB TITLE: SIGNALMAN	
nkylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment		D
Cauda equina syndrome with bowel or bladder dysfund	-	
tion:		
Computerized tomography		D
Magnetic resonance imaging		D
Physical examination		D
Cystometrogram		D
Myelogram		D
Physical examination: rectal		D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:		
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram		D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		_
Computerized tomography		D
Magnetic resonance imaging	. Disc extrusion with neural impingement	D
Myelogram	. Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: vertebral body:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: posterior spinal element with displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: posterior spinal element with no displacement		
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: spinous process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
ntervertebral disc disorder:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram		D
· -		
umbago:		i .
	Lifting capacity diminished by 50%	D
.umbago: Muscle strength assessment	Lifting capacity diminished by 50%	D

Disability test	Test result	Disability classification
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
umbar spinal stenosis:	·	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging	Significant narrowing of the spinal canal	D
Myelogram	Significant narrowing of the spinal canal	D
Physical examination	Significant lower extremity weakness	D
lechanical complication of internal orthopedic device:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:	1.00	
Muscle strength assessment	Lifting capacity diminished by 50%	D
ost laminectomy syndrome with radiculopathy:	Lifting consolity diminished by 500/	<u></u>
Muscle strength assessment	Lifing capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
ost laminectomy syndrome:	Lifting and acity disciplinal by 500/	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D D
X-ray flexion/extension	Segmental instability	
adiculopathy:	Lifting congcity diminished by E00/	<u></u>
	Lifting capacity diminished by 50%	D D
Computerized tomography	Disc extrusion with neural impingement	D
	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	
Physical examination	Significant lower extremity weakness	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
trains and sprains, unspecified:	Oignineant lower extremity weakiness	5
	Lifting capacity diminished by 50%	D
pondylolisthesis grade 1:	Litting dapatity diffilliation by 5070	-
	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
pondylolisthesis grade 2:		_
	Lifting capacity diminished by 50%	D
pondylolisthesis grade 3:	sapaon, animiona by 0070	_
	Lifting capacity diminished by 50%	D
pondylolisthesis grade 4:	. <u> </u>	
	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
pondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	D
pondylolysis:	J J	
	Segmental instability	D
prains and strains, sacral:		
	Lifting capacity diminished by 50%	D
prains and strains, sacroiliac:		_
	Lifting capacity diminished by 50%	D
	9 F	
enebral body compression fracture.	Lifting and a site of the late to the site to 500/	l 5
ertebral body compression fracture: Muscle strength assessment	Litting capacity diminished by 50%	D
	Lifting capacity diminished by 50%	ט

Disability test	Test result	Disability classification
Backache, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifing capacity diminished by 50%	D
tion:	Disc oversain with neural impirgament, perves of 1	<u></u>
Computerized tomography Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1 <l1<="" disc="" extrusion="" impingement,="" nerves="" neural="" td="" with=""><td>D D</td></l1>	D D
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement, nerves <l1< td=""><td></td></l1<>	
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc: Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D D
Myelogram Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: vertebral body:	Limiting deposity diffinition by 55%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no displacement:	Lifting consoity diminished by 500/	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography Magnetic resonance imaging	Disc extrusion with neural impingement	D D
Myelogram	Disc extrusion with neural impingement	D
Lumbago:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	Lewer examiny weariness	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging	Significant narrowing of the spinal canal	D
MyelogramPhyscial examination	Significant narrowing of the spinal canal	D D
Mechanical complication of internal orthopedic device:	Significant lower extremity weakness	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:	Lifting consoits diminished by 5005	D
Muscle strength assessment	Lifting capacity diminished by 50%	D D
Osteoporosis:	Trequent mare-ups with objective minimgs	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram Physical examination	Disc extrusion with neural impingement	D D
Post laminectomy syndrome:	Organicant lower extremity weakiess	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D

Disability test	Test result	Disability classification
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy:		-
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:	Cigimicant lower extremity weakness	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
	Disc extrusion with neural impingement	D
Myelogram Physical examination		D
	Significant lower extremity weakness	0
Strains and sprains, unspecified:	Lifting consolity disciplinal by 500/	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	D
Spondylolysis:	,	
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:	Cogmental motability	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:	Litting dapasity diffinitioned by 0070	٦
Muscle strength assessment	Lifting capacity diminished by 50%	D
	Litting capacity diffinistica by 3070	
/etebral body compression fracture: Muscle strength assessment	Lifting capacity diminished by 50%	
Muscle strength assessment	Lifting capacity diminished by 50%	
	Lifting capacity diminished by 50% BODY PART: LS SPINE JOB TITLE: MACHINIST	
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment	BODY PART: LS SPINE	D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50%	
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST	D D
Ankylosing spondylitis: Muscle strength assessment Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50%	D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50%	
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50%	D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50%	D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1< td=""><td>D D</td></l1<>	D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50%	D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1< td=""><td>D D</td></l1<>	D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50%	D D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50%	D D D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 <l1="" bladder="" disc="" extremity="" extrusion="" function<="" impaired="" impingement,="" lower="" nerves="" neural="" td="" weakness="" with=""><td>D D D D D</td></l1>	D D D D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 <l1="" bladder="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement,="" lower="" nerves="" neural="" of="" sphincter="" td="" tone<="" weakness="" with=""><td>D D D D D D D</td></l1>	D D D D D D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 <l1="" <l1<="" bladder="" disc="" extremity="" extrusion="" function="" impaired="" impingement,="" lower="" nerves="" neural="" td="" weakness="" with=""><td>D D D D D D D D</td></l1>	D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Ackache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impingement,="" lifting="" lower="" nerves="" neural="" td="" weakness="" with=""><td>D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D
Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D D D D D
nkylosing spondylitis: Muscle strength assessment ackache, unspecified: Muscle strength assessment chronic back pain, not otherwise specified: Muscle strength assessment auda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment egeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Computerized tomography Magnetic resonance imaging	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Ackache, unspecified: Muscle strength assessment Achronic back pain, not otherwise specified: Muscle strength assessment Acauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram Myelogram Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Couda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Muscle strength assessment Displacement of lumbar disc: Computerized tomography	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td>D D D D D D D D D D D D D D D D D D D</td></l1>	D D D D D D D D D D D D D D D D D D D
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myangetic resonance imaging	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" td="" weakness="" with=""><td></td></l1>	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Backache, unspecified: Magnetic resonance imaging Myelogram Muscle strength assessment Backache, unspecified: Magnetic resonance imaging Myelogram Muscle strength assessment Backache, unspecified: Muscle strength assessment Backache, unspecified: Magnetic resonance imaging Myelogram Muscle strength assessment Backache, unspecified: Backache, unspecified: Muscle strength assessment Backache, unspecified: Backache, u	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Myelogram Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Magnetic resonance imaging Myelogram Muscle strength assessment Magnetic resonance imaging Myelogram Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" td="" weakness="" with=""><td></td></l1>	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Muscle strength assessment Myelogram Muscle strength assessment Myelogram Muscle strength assessment Myelogram Muscle strength assessment Myelogram Muscle strength assessment Fracture: vertebral body:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Magnetic resonance imaging Myelogram Muscle strength assessment Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" impingement<="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	
Muscle strength assessment Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Myelogram Muscle strength assessment Fracture: vertebral body: Muscle strength assessment Muscle strength assessment	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	
Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Muscle strength assessment Fracture: vertebral body:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	
Ankylosing spondylitis: Muscle strength assessment Backache, unspecified: Muscle strength assessment Chronic back pain, not otherwise specified: Muscle strength assessment Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography Magnetic resonance imaging Physical examination Cystometrogram Myelogram Physical examination: rectal Muscle strength assessment Degeneration of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Displacement of lumbar disc: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Fracture: vertebral body: Muscle strength assessment Fracture: posterior spinal element with displacement:	BODY PART: LS SPINE JOB TITLE: MACHINIST Lifting capacity diminished by 50% Lifting capacity diminished by 50% Lifting capacity diminished by 50% Disc extrusion with neural impingement, nerves <l1 50%="" 50%<="" <l1="" bladder="" by="" capacity="" diminished="" disc="" extremity="" extrusion="" function="" impaired="" impairment="" impingement="" impingement,="" lifting="" lower="" nerves="" neural="" of="" sphincter="" td="" tone="" weakness="" with=""><td></td></l1>	

Disability test	Test result	Disability classification
Fracture: spinous process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:	1.16	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography		D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Lumbago:	1.16	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram		D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	Lifting consoits diminished by E00/	D
Muscle strength assessment Computerized tomography	Lifting capacity diminished by 50%	D D
Magnetic resonance imaging		D
Myelogram	Significant narrowing of the spinal canal	D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:	Litting capacity diffillistied by 50 %	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:	Lifting conceity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension		D
Radiculopathy:		
Muscle strength assessment		D
Computerized tomography Magnetic resonance imaging		D D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:		
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging		D
MyelogramPhysical examination		D D
Strains and sprains, unspecified:	Significant lower extremity weakness	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade I:		
Muscle strength assessment		D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	Lifting capacity diminished by E00/	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension		D
Spondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	ו U

Disability test	Test result	Disability classification
Spondylolysis:		
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
/ertebral body compression fracture:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
	BODY PART: LS SPINE	

,	JOB TITLE: SHOP LABORER	
Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:	3,,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or bladder dysfunc-		
tion:		
Computerized tomography	Disc extrusion with neural impingement, nerves <l1< td=""><td>D</td></l1<>	D
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1< td=""><td>D</td></l1<>	D
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement, nerves <l1< td=""><td>D</td></l1<>	D
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumber disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: vertebral body:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: posterior spinal element with displacement:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: posterior spinal element with no displacement:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture: spinous process:	1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
racture transverse process:	1.70	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
ntervertebral disc disorder:	Lifting and a situation in the FOOM	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
umbago:	Lifting appropriate disciplinated by FOO/	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
umbosacral neuritis:	Dies sytrusion with neural impirement	_
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Litting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
umbar spinal stenosis:	Lifting consoity diminished by E00/	_
Muscle strength assessment	Lifting capacity diminished by 50%	I -
Computerized tomography		D D
Magnetic resonance imaging	Significant narrowing of the spinal canal	l _
Myelogram	Significant lower extremity weekness	D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal orthopedic device:	Lifting consoity diminished by 500/	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:	Lifting consolity disciplinal by 500/	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:	Lifting consolity disciplinal by 500/	_
iviuscie strength assessment	Lifting capacity diminished by 50%	ID

Disability test	Test result	Disability classification
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram		D
Physical examination		D
Post laminectomy syndrome:	Olgriniodire lower oxereninty wedlerloop	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography		D
Magnetic resonance imaging	, ,	D
Myelogram	, ,	D
Physical examination		D
X-ray flexion/extension	1 - 0	D
Radiculopathy:	Jeginenai instability	
	Lifting consoity diminished by 500/	D
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram	, ,	D
Physical examination	Significant lower extremity weakness	D
Sciatica:		_
Muscle strength assessment		D
Computerized tomography		D
Magnetic resonance imaging		D
Myelogram	, ,	D
Physical examination	Significant lower extremity weakness	D
Strains and sprains, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	·	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	, , , ,	D
Spondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	D
Spondylolysis:		_
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:	Cognona motability	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:	Linuing capacity diffilling loca by 50 /0	
Muscle strength assessment	Lifting capacity diminished by 50%	D
	Lifting capacity diminished by 50%	
Vertebral body compression fracture:	Lifting consoity diminished by 500/	_ D
Muscle strength assessment	Lifting capacity diminished by 50%	D

F. Cervical Spine

Confirmatory test	Minimum result	Requirements	
BODY PART: CE SPINE CONFIRMATORY TESTS			
Cervical disc disease with myelopathy:			
Physical examination: cervical	Evidence of myelopathy	Highly recommended.	
Myelogram	Evidence of neurogenic compression	Recommended.	
Computerized axial tomography	Evidence of neurogenic compression	Recommended.	
Magnetic resonance imaging	Evidence of neurogenic compression	Recommended.	
Chronic herniated disc:			
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.	
Myelogram	Evidence of significant disc degeneration	Recommended.	
Computerized axial tomography	Evidence of significant disc degeneration	Recommended.	
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.	
Cervical spondylolysis:			
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.	
Computerized axial tomography	Evidence of significant disc degeneration	Recommended.	

F. Cervical Spine—Continued

Confirmatory test	Minimum result	Requirements
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.
Cervical intervertebral disc degeneration:		l <u> </u>
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.
Myelogram	Evidence of significant disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.
Fracture: posterior element with spinal canal displace- ment:		
X-ray: cervical spine	Fractured posterior element with canal displacement	Recommended.
Computerized axial tomography	Fractured posterior element with canal displacement	Recommended.
Magnetic resonance imaging	Fractured posterior element with canal displacement	Recommended.
Fracture: transverse, spinous or posterior process:	Tractured posterior element with carrai displacement	recommended.
X-ray: cervical spine	Fracture of relevant part	Recommended.
Computerized axial tomography	Fracture of relevant part	Recommended.
Magnetic resonance imaging	Fracture of relevant part	Recommended.
Osteoarthritis, cervical:	Tracture of relevant part	recommended.
X-ray: cervical spine	Evidence of extensive disc degeneration	Recommended.
Computerized axial tomography	Evidence of extensive disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of extensive disc degeneration	Recommended.
Post laminectomy syndrome:		
Medical records: cervical	Confirmed surgical history	Highly recommended
Medical records: cervical	Continued pain post-surgery	Highly recommended
Radiculopathy:		
Medical records: cervical	History of radicular pain	Highly recommended
Physical examination: arm	Loss of reflexes in affected dermatomes	Recommended.
Physical examination: arm	Evidence of atrophy >2 cm	Recommended.
Electromyography	Definite denervation in muscle of affected nerve root	Recommended.
Myelogram	Evidence of neurogenic compression	Recommended.
Magnetic resonance imaging	Compression of spinal nerves	Recommended.
Computerized axial tomography	Compression of spinal nerves	Recommended.
Rheumatoid arthritis, cervical:		
Rheumatoid factor (blood test)	Titer of rheumatoid factor	Recommended.
X-ray: cervical spine	Rheumatoid changes of spine	Highly recommended
Medical records review: cervical	Confirmation by rheumatologist or internist	Highly recommended
Spondylogenic compression of spinal cord:		
Physical examination: cervical	Evidence of myelopathy	Highly recommended
Computerized axial tomography	Evidence of neurogenic compression	Recommended.
Magnetic resonance imaging	Evidence of neurogenic compression	Recommended.
Myelogram	Evidence of neurogenic compression	Recommended.

Disability test	Test result	Disability classification	
BODY PART: CE SPINE JOB TITLE: TRAINMAN			
Cervical disc disease with myelopathy:			
Computerized axial tomography	Significant spinal cord pressure	D	
Magnetic resonance imaging			
Myelogram			
Cystometrogram	Impaired bladder function		
Physical examination: rectal			
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D	
Physical examination		D	
Chronic herniated disc:			
Physical examination	Multi-level neurologic compromise	D	
Cervical spondylolysis:			
Physical examination	Multi-level neurologic compromise	D	
Cervical intervertebral disc degeneration:			
Physical examination	Multi-level neurologic compromise	D	
Fracture: posterior element with spinal canal displacement:			
Physical examination	Multi-level neurologic compromise	D	
Post laminectomy syndrome:			
Physical examination	Multi-level neurologic compromise	D	
Cervical radiculopathy:			
Physical examination	Multi-level neurologic compromise	D	
Spondylogenic compression of spinal cord:			
Computerized axial tomography	Significant spinal cord pressure	D	
Magnetic resonance imaging			
Cystometrogram	Impaired bladder function	D	

Disability test	Test result	Disability classification
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
T Hysical examination. lower limb	BODY PART: CE SPINE	D
	JOB TITLE: ENGINEER	
Cervical disc disease with myelopathy: Computerized axial tomography	Significant coincil cord proceure	D
Magnetic resonance imaging	Significant spinal cord pressure	I .
Myelogram	Significant spinal cord pressure	
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:		
Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis:		
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	Multi loval navralagia compre	5
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:	,	
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy:		_
Physical examination:	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	0	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging Cystometrogram	Significant spinal cord pressure	D D
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
	BODY PART: CE SPINE JOB TITLE: DISPATCHER	
Cervical disc disease with myelopathy:		
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Spondylogenic compression of spinal cord:	The state of the s	_
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
	BODY PART: CE SPINE JOB TITLE: CARMAN	
Cervical disc disease with myelopathy:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Myelogram	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:	Multi loval navralagia compre	5
Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis: Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	mail level flourologic comprehilise	
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displace-		
ment:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:	Mate to a large to a sum of the same of th	_
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy: Physical examination	Multi-level neurologic compromise	D
•	U 1 · · · · · · · · · · · ·	

Disability test	Test result	Disability classification
Spondylogenic compression of spinal cord:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
BODY PART; CE SPINE JOB TITLE: SIGNALMAN		
Cervical disc disease with myelopathy:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Myelogram	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:		_
Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis:		
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	Made land a supplied a supplied	_
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displace-		
ment:	Multi laval nauralagia aamaramiaa	D
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:	Multi lavel neurologie compremies	D
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy: Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	Walti-level Hearologic compromise	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	l .
Cystometrogram	Impaired bladder function	D
Myelogram	Significant spinal cord pressure	I .
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	D
BODY PART: CE SPINE JOB TITLE: TRACKMAN		
Cervical disc disease with myelopathy:	Cignificant animal count process	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Myelogram	Significant spinal cord pressure	D D
CystometrogramPhysical examination: rectal	Impaired bladder function Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity	
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:	Walta lovel floatelogic comprehise	
Physical examination	Multi-level neurologic compromise	D
Cervical spondyloysis:	Water for the droining to the promise of the state of the	
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:		
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:		
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy:	l.,	
Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	O'maifferent agricultural agrees	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	
MyelogramPhysical examination: rectal	Significant spinal cord pressure	
i nyoloal examination. Ieotal	impaiment of sprincter tone	ם ו

Disability test	Test result	Disability classification
Physical examination		D D
	BODY PART: CE SPINE JOB TITLE: MACHINIST	
Servical disc disease with myelopathy:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging		D
Myelogram	1 = . 7	D
Cystometrogram		D
Physical examination: rectal		D
Physical examination: lower limb		D
Physical examination		D
Chronic herniated disc:		
Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis:		
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:		
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displace		
ment:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:		
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy:		
Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging		D
Cystometrogram		D
Myelogram		D
Physical examination: rectal		D
Physical examination		D
Physical examination: lower limb		D
	BODY PART: CE SPINE JOB TITLE: SHOP LABORER	
Cervical disc disease with myelopathy:		
Cervical disc disease with myelopathy. Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging		D
- 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	, · · · ·	
Myelogram	, ,	D
Cystometrogram		
Physical examination: rectal	· · · · · · · · · · · · · · · · · · ·	D
Physical examination: lower limb		D
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:	Multi lovel neurologie compremies	D
Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis: Physical examination	Multi-level neurologic compremise	D
	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	Multi-level neurologic compremise	D
Physical examinationFracture: posterior element with spinal canal displac		
ment:	² C−	
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome:	waiti level ricarologic compromise	
Physical examination	Multi-level neurologic compromise	D
•	Multi-level neurologic compromise	
Cervical radiculopathy:	Multi-level neurologic compremise	D
Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	Significant animal gard processes	D
Computerized axial tomography		D
Magnetic resonance imaging		D
Cystometrogram		D
Myelogram		D
Physical examination: rectal		D
Physical examination Physical examination: lower limb		D D

Disability test	Test result	Disability classification
JOB	BODY PART: CE SPINE TITLE: SALES REPRESENTATIVE	
Cervical disc disease with myelopathy: Cystometrogram	Impaired bladder function	D D
Spondylogenic compression of spinal cord: Cystometrogram	Impaired bladder function	D D
JOB	BODY PART: CE SPINE TITLE: GENERAL OFFICE CLERK	
Cervical disc disease with myelopathy:		
Cystometrogram	Impaired bladder function	D D
Cystometrogram	Impaired bladder function	D D
	G. Shoulder and Elbow	
Confirmatory test	Minimum result	Requirements.
BODY	PART: SHOULDER AND ELBOW CONFIRMATORY TESTS	
Arthritis, acromioclavicular: X-ray: shoulder Computerized tomography Magnetic resonance imaging Arthritis, glenohumeral: X-ray: shoulder Computerized tomography Magnetic resonance imaging Rotator cuff tear: Computerized tomography	Significant degenerative changes of joint	Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended.
Magnetic resonance imaging	Condition with permanent functional limitation Imaging confirmation of functional diagnosis Imaging confirmation of functional diagnosis	Recommended. Highly recommended. Recommended. Recommended.
Disability test	Test result	Disability classification
BODY	/ PART: SHOULDER AND ELBOW JOB TITLE: TRAINMAN	
Arthritis, acromioclavicular:		
Physical examination range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
Physical examination range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
Physical examination range of motion	<40 degrees flexion	D D D
Physical examination Physical examination range of motion	>40 degrees deviation Flexion limit to 60 degrees	D
BODY	/ PART: SHOULDER AND ELBOW JOB TITLE: ENGINEER	
Arthritis, acromioclavicular: Physical examination range of motion	<40 degrees flexion	D
Physical examination range of motion		

Disability test	Test result	Disability classification
Arthritis, glenohumeral:		
Physical examination range of motion	<40 degrees flexion	D
Physical examination range of motion		D
Rotator cuff tear:		
Physical examination range of motion	<40 degrees flexion	D
Physical examination range of moiton		D
Permanent functional limitation, elbow:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Physical examination	>40 degrees deviation	D
Physical examination range of motion		D
ВО	DY PART: SHOULDER AND ELBOW JOB TITLE: CARMAN	
Arthritis, acromioclavicular:		
Physical examination range of motion	<40 degrees flexion	D
		_
Physical examination range of motion	<40 degrees abduction	D
arthritis, glenohumeral:	40.1	
Physical examination range of motion		D
Physical examination range of motion	<40 degrees abduction	D
Rotator cuff tear:		
Physical examination range of motion	<40 degrees flexion	D
Physical examination range of motion		D
Permanent functional limitation, elbow:		
Physical examination	>40 degrees deviation	D
Physical examination range of motion	Flexion limit to 60 degrees	D
ВО	DY PART: SHOULDER AND ELBOW JOB TITLE: SIGNALMAN	
Arthritis, acromioclavicular:		
	40 degrees flexion	n
Physical examination range of motion		D
Physical examination range of motion	<40 degrees abduction	D
rthritis, glenohumeral:		_
Physical examination range of motion		D
Physical examination range of motion	<40 degrees abduction	D
Rotator cuff tear:		
Physical examination range of motion	<40 degrees flexion	D
Physical examination range of motion		D
	<40 degrees abduction	0
Permanent functional limitation, elbow:	40.1	_
Physical examination		D
Physical examination range of motion	Flexion limit to 60 degrees	D
ВО	DY PART: SHOULDER AND ELBOW JOB TITLE: TRACKMAN	
Arthritis, acromioclavicular:		
Physical examination range of motion	<40 degrees flexion	D
i nyoloai ozanimadon range oi modon	NTO GOGIOGO HONIOH	5
	1 · ·	ח
Physical examination range of motion	1 · ·	D
Physical examination range of motionrthritis, glenohumeral:	<40 degrees abduction	
Physical examination range of motion rthritis, glenohumeral: Physical examination range of motion	<40 degrees abduction	D
Physical examination range of motionrthritis, glenohumeral:	<40 degrees abduction	
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction 	D
Physical examination range of motionrthritis, glenohumeral: Physical examination range of motion Physical examination range of motion	<40 degrees abduction <40 degrees flexion <40 degrees abduction	D
Physical examination range of motionrthritis, glenohumeral: Physical examination range of motion Physical examination range of motion totator cuff tear: Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion 	D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion 	D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction 	D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction 	D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction 	D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction 	D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees flexion <40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW	D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >Plexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST	D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >540 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion 	D D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >540 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion 	D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >540 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion 	D D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction 	D D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees flexion 	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees abduction >40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees flexion <40 degrees flexion 	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion	 <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction >40 degrees abduction >Hexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees abduction 	D D D D D D D D D
Physical examination range of motion	<40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction <40 degrees flexion <40 degrees flexion <40 degrees abduction <40 degrees flexion	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion	<40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction <40 degrees flexion <40 degrees flexion <40 degrees abduction <40 degrees flexion	D D D D D D D D D
Physical examination range of motion	<40 degrees abduction <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction >40 degrees deviation Flexion limit to 60 degrees DY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST <40 degrees flexion <40 degrees abduction <40 degrees abduction <40 degrees abduction <40 degrees flexion <40 degrees flexion <40 degrees abduction <40 degrees flexion	D D D D D D D D D D D D D D D D D D D

Disability test	Test result	Disability classification
Physical examination range of motion		D
<u> </u>		<u> </u>
	/ PART: SHOULDER AND ELBOW JOB TITLE: SHOP LABORER	
rthritis, acromioclavicular:		_
Physical examination range of motion Physical examination range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
rthritis, glenohumeral:	40 degrees abduction	
Physical examination range of motion	<40 degrees flexion	D
Physical examination range of motion	<40 degrees abduction	D
otator cuff tear:	<10 degrees flevion	D
Physical examination range of motion Physical examination range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D
ermanent functional limitation, elbow:	The degree abadese. Institution	
Physical examination	>40 degrees deviation	D
Physical examination range of motion	Flexion limit to 60 degrees	D
	H. Hand and Arm	
Confirmatory test	Minimum result	Requirements
В	BODY PART: HAND AND ARM CONFIRMATORY TESTS	
arpal tunnel syndrome:		
Medical record review	Pain, paresthesia and weakness in distribution median nerve.	Highly recommended.
Nerve conduction testing	Definite median nerve conduction slowing at wrist	Highly recommended.
Electromyographyracture: wrist:	Denervation in severe cases	Recommended.
X-ray: wrist	Evidence of fracture	Highly recommended.
and: permanent functional limitation:		gy
Medical record review	Documentation of medical condition for permanent limitation.	Highly recommended.
Physical examination	Definite reproducible evidence of limitation	Highly recommended.
Imaging study (e.g. X-ray, CAT, MRI)	Positive confirmation of underlying condition	Highly recommended.
Rheumatoid factor	Titer of rheumatoid factor	Recommended.
Medical record review	History of objective findings including serological studies	Highly recommended.
X-ray: handenosynovitis:	Characteristic rheumatoid changes	Highly recommended.
Medical record review	History of chronic tenosynovitis and objective findings	Highly recommended.
Physical examination	Definite evidence of tenosynovitis	Highly recommended.
humb: Permanent functional limitation:		
Medical record review	Documentation of medical condition for permanent limi-	Highly recommended.
Physical examination	tation. Definite reproducible evidence of limitation	Highly recommended.
Imaging study (X-ray, CAT, MRI)	Positive confirmation of underlying condition	Highly recommended.
/rist: Permanent functional limitation:		
Medical record review	Documentation of medical condition for permanent limitation.	Highly recommended.
Physical examination	Definite reproducible evidence of limitation	Highly recommended.
Imaging study (e.g. X-ray, CAT, MRI)	Positive confirmation of underlying condition	Highly recommended.
Disability test	Test result	Disability classification
	BODY PART: HAND AND ARM	<u> </u>
	JOB TITLE: TRAINMAN	Γ
racture, wrist: Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
heumatoid arthritis hand:		
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D

Disability test	Test result	Disability classification
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
humb: permanent functional limitation:		
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:.		5
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
E	BODY PART: HAND AND ARM JOB TITLE ENGINEER	
racture, wrist:		
Physical examination range of motion	Extension-limit to 30 degrees	D
Physical examination range of motion	Flexion-limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
Rheumatoid arthritis hand:		_
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
humb: permanent functional limitation:	medinatologist.	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D
Opposition	Loss ≤4 cm	D
Vrist: permanent functional limitation:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
E	BODY PART: HAND AND ARM JOB TITLE: DISPATCHER	
Fracture, wrist:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
Rheumatoid arthritis hand:	,	_
Physical examination	Significant deformity	D
Medical record review		D
	rheumatologist.	
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
humb: permanent functional limitation:	modification giot.	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D
Opposition	Loss ≤4 cm	D
Vrist: permanent functional limitation:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
E	BODY PART: HAND AND ARM JOB TITLE: CARMAN	
Fracture, wrist:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
	Ankylosis: >20 degrees from neutral	D
		-
Physical examination range of motion	Alikylosis. >20 degrees from fledital	
Physical examination range of motion		D
Physical examination range of motion	Significant deformity	D D

Disability test	Test result	Disability classification
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
Thumb: permanent functional limitation:	a.iiaiaiaiagiaii	
Adduction of thumb:	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP of PIP: maximum flexion <40 degrees	D
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation: Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
B	SODY PART: HAND AND ARM JOB TITLE: SIGNALMAN	
Fracture, wrist:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
Rheumatoid arthritis hand:	Significant deformity	
Physical examination	Significant deformity	D D
Medical record review	rheumatologist.	
Medical record review	Extensive medication use, under treatment with	D
	rheumatologist.	
Thumb: permanent functional limitation:	_	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D D
OppositionWrist: permanent functional limitation:	Loss ≤4 cm	
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
B	SODY PART: HAND AND ARM JOB TITLE: TRACKMAN	
Fracture, wrist:	Extension limit to 20 degrees	D
Physical examination range of motion Physical examination range of motion	Extension limit to 30 degrees	D D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
Rheumatoid arthritis hand:	Ankylosis. >20 degrees from fledial	
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
	rheumatologist.	
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
Thumb: permanent functional limitation:		
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D D
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:	2000 = 1 0111	
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
В	SODY PART: HAND AND ARM JOB TITLE: MACHINIST	
Functions contact		
Fracture, wrist:	Extension limit to 20 degrees	D
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion Physical examination range of motion	Flexion limit to 30 degrees	D D
Rheumatoid arthritis hand:	7 mity 10010. ZZO dogroco Hom Hedual	
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
	rheumatologist.	

Disability test	Test result	Disability classification
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
humb: permanent functional limitation:		
Adduction of thumb		D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral		D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D
Opposition	Loss ≤4 cm	D
/rist: permanent functional limitation:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion	Flexion limit to 30 degrees	D
Physical examination range of motion		D
	BODY PART: HAND AND ARM JOB TITLE: SHOP LABORER	
The above of the second		
racture, wrist:	Futancian limit to 20 decrees	<u></u>
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
Rheumatoid arthritis hand:		_
Physical examination		D
Medical record review	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review		D
	rheumatologist.	
humb: permanent functional limitation:	1 44	6
Adduction of thumb		D
Ankylosis: degree from neutral		D
Ankylosis: degree from neutral		D
Loss of extension or flexion	· .	D
Opposition	Loss ≤4 cm	D
Vrist: permanent functional limitation:		
Physical examination range of motion	Extension limit to 30 degrees	D
Physical examination range of motion		D
Physical examination range of motion		D
JO	BODY PART: HAND AND ARM B TITLE: SALES REPRESENTATIVE	
	BODY PART: HAND AND ARM B TITLE: SALES REPRESENTATIVE	
Fracture, wrist:	B TITLE: SALES REPRESENTATIVE	
Fracture, wrist: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D
Fracture, wrist: Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	_
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand:	Extension limit to 30 degrees	D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand:	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D
Practure, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D
Practure, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation:	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D
Fracture, wrist: Physical examination range of motion Physical examination Physical examination Medical record review Medical record review Phumb: permanent functional limitation: Adduction of thumb	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D
Physical examination range of motion	Extension limit to 30 degrees	D D D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral	Extension limit to 30 degrees	D D D D D D D
Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D
Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Vrist: permanent functional limitation:	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Vrist: permanent functional limitation: Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Practure, wrist: Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	
Fracture, wrist: Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Fracture, wrist: Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion Physical examination range of motion Physical examination range of motion JO Fracture, wrist: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Vrist: permanent functional limitation: Physical examination range of motion Physical examination range of motion Physical examination range of motion JO Fracture, wrist: Physical examination range of motion Physical examination range of motion Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Vrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Vrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Practure, wrist: Physical examination range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination range of motion	B TITLE: SALES REPRESENTATIVE Extension limit to 30 degrees	D D D D D D D D D D D D D D D D D D D

Disability test	Test result	Disability classificatio
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
Thumb: permanent functional limitation:	mountatologist.	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral		D
Ankylosis: degree from neutral		D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 degrees	D
Opposition		D
Wrist: permanent functional limitation:		
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	Ankylosis: >20 degrees from neutral	D
	I. Hip	
Confirmatory test	Minimum result	Requirements
	BODY PART: HIP CONFIRMATORY TESTS	
Apladosis hin-		
Ankylosis, hip: X-ray: hip	Extreme joint destruction	Highly Recommended.
Physical examination range of motion		Highly Recommended.
Osteoarthritis, hip:		
X-ray: hip	<4 mm joint space, or other positive evidence	Recommended.
Magnetic resonance imaging		Recommended.
Computerized axial tomography		Recommended.
Osteomyelitis, hip:		
X-ray: hip	Evidence of chronic infection	Recommended.
Computerized axial tomography		Recommended.
Paget's disease:		
X-ray: hip	Osteolytic or blastic lesions	Highly Recommended.
Alkaline phosphatase	Increased up to 50 times	Highly Recommended.
Hip replacement surgery:		
X-ray: hip	Evidence of artificial hip	Recommended.
Medical record review	Documentation of prior hip replacement	Recommended.
		Disability classificatio
Disability test	Test result	
Disability test	Test result BODY PART: HIP JOB TITLE: TRAINMAN	
·	BODY PART: HIP	
Ankylosis, hip:	BODY PART: HIP JOB TITLE: TRAINMAN	D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D
Ankylosis, hip: Physical examination range of motion Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D D
Ankylosis, hip: Physical examination range of motion Physical examination range of motion Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees	D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees	D D D
Ankylosis, hip: Physical examination range of motion Dsteoarthritis, hip:	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D D
Ankylosis, hip: Physical examination range of motion Steoarthritis, hip: X-ray: hip	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion	D D D D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in abduction >5 degrees On mr cartilage interval 30 degrees flexion contracture <50 degrees flexion	D D D D
Ankylosis, hip: Physical examination range of motion Disteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in abduction >5 degrees On mr cartilage interval 30 degrees flexion contracture <50 degrees flexion	D D D D D
Ankylosis, hip: Physical examination range of motion Disteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees On mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction	D D D D D
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Significant joint destruction	D D D D D
Ankylosis, hip: Physical examination range of motion Desteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Significant joint destruction 30 degrees flexion contracture	D D D D D D D D
Ankylosis, hip: Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion contracture	
Ankylosis, hip: Physical examination range of motion Dsteoarthritis, hip: X-ray: hip Physical examination range of motion Dsteomyelitis, chronic hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion Joeumented occurrence of recurring infections with	
Ankylosis, hip: Physical examination range of motion Disteoarthritis, hip: X-ray: hip Physical examination range of motion Disteomyelitis, chronic hip: X-ray: hip Physical examination range of motion Medical record review	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion Significant joint destruction 30 degrees flexion contracture <50 degrees flexion <50 degrees flexion Documented occurrence of recurring infections with treatment.	
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion 5 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion Documented occurrence of recurring infections with treatment. Significant joint destruction	
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip Physical examination range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination range of motion Medical record review Paget's disease: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion So degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion So degrees flexion Documented occurrence of recurring infections with treatment. Significant joint destruction 30 degrees flexion contracture	
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion So degrees flexion contracture <50 degrees flexion contracture <50 degrees flexion So degrees flexion Documented occurrence of recurring infections with treatment. Significant joint destruction 30 degrees flexion contracture	
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion -5 degrees abduction Significant joint destruction 30 degrees flexion -5 degrees abduction Documented occurrence of recurring infections with treatment. Significant joint destruction 30 degrees flexion contracture <50 degrees flexion contracture	
Ankylosis, hip: Physical examination range of motion Osteoarthritis, hip: X-ray: hip Physical examination range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees Ankylosis in adduction >5 degrees 0 mm cartilage interval 30 degrees flexion contracture <50 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Documented occurrence of recurring infections with treatment. Significant joint destruction 30 degrees flexion contracture <50 degrees flexion <5 degrees flexion contracture <50 degrees flexion contracture	
Ankylosis, hip: Physical examination range of motion Dosteoarthritis, hip: X-ray: hip Physical examination range of motion Dosteomyelitis, chronic hip: X-ray: hip Physical examination range of motion	BODY PART: HIP JOB TITLE: TRAINMAN Ankylosis 5 degrees or >flexion Ankylosis internal rotation >5 degrees Ankylosis external rotation >10 degrees Ankylosis in abduction >5 degrees Ankylosis in adduction >5 degrees Ankylosis in adduction >5 degrees 0 mm cartilage interval 30 degrees flexion contracture <50 degrees abduction Significant joint destruction 30 degrees flexion contracture <50 degrees flexion <5 degrees abduction Documented occurrence of recurring infections with treatment. Significant joint destruction 30 degrees flexion contracture <50 degrees abduction 5 degrees flexion contracture <50 degrees flexion <5 degrees abduction	

Disability test	Test result	Disability classification
BODY PART: HIP JOB TITLE: ENGINEER		
Ankylosis, hip:		
Physical examination range of motion	Ankylosis 5 degrees or >flexion	D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	Ankylosis in adduction >5 degrees	D
Osteoarthritis, hip:		
X-ray: hip	0 mm cartilage interval	D
Physical examination range of motion		D
Physical examination range of motion		D
		D
Physical examination range of motion	<5 degrees abduction	Ь
Osteomyelitis, chronic hip:		_
X-ray: hip	Signficant joint destruction	D
Physical examination range of motion	30 degrees flexion contracture	D
Physical examination range of motion		D
Physical examination range of motion		D
Medical record review		D
Wodiodi 10001d 10VICW	treatment.	
logat's discoss:	u Gaurient.	
Paget's disease:	Cincificant injut destruction	Б
X-ray: hip		D
Physical examination range of motion	30 degrees flexion contracture	D
Physical examination range of motion	<50 degrees flexion	D
Physical examination range of motion	<5 degrees abduction	D
lip replacement surgery:		
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
Wedical record review	Documentation of phot hip replacement	В
	BODY PART: HIP JOB TITLE: CARMAN	
Ankylosis, hip:		
Physical examination range of motion	Ankylosis 5 degrees or >flexion	D
		_
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	Ankylosis in abduction >5 degrees	D
Physical examination range of motion	Ankylosis in adduction >5 degrees	D
Osteoarthritis, hip:		
X-ray: hip	0 mm cartilage interval	D
Physical examination range of motion		D
Physical examination range of motion		D
		_
Physical examination range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:		
X-ray: hip		D
Physical examination range of motion	30 degrees flexion contracture	D
Physical examination range of motion	<50 degrees flexion	D
Physical examination range of motion		D
Medical record review		D
Wododi 10001d 10110W	treatment.	
Paget's disease:	dicathent.	
	Cignificant is int destruction	D
X-ray: hip		D
Physical examination range of motion		D
Physical examination range of motion	<50 degrees flexion	D
Physical examination range of motion	<5 degrees abduction	D
lip replacement surgery:		
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
	BODY PART: HIP	
	JOB TITLE: SIGNALMAN	
Ankylosis, hip:		_
Physical examination range of motion	Ankylosis 5 degrees or >flexion	D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion		D
		_
Physical examination range of motion	Ankylosis in adduction >5 degrees	D
Osteoarthritis, hip:		5
V many later		
X-ray: hip Physical examination range of motion		ט

Disability test	Test result	Disability classification
Physical examination range of motion	<50 degrees flexion	D
Physical examination range of motion		I .
steomyelitis, chronic hip:		
X-ray: hip	Significant joint destruction	D
Physical examination range of motion		D
Physical examination range of motion	<50 degrees flexion	D
Physical examination range of motion		D
Medical record review		D
	treatment.	
Paget's disease:		
X-ray: hip	• . ·	D
Physical examination range of motion	, o	D
Physical examination range of motion		D
Physical examination range of motion	<5 degrees abduction	D
lip replacement surgery:		_
X-ray: hip Medical record review		D D
iviedical fecolu feview		<u> </u>
	BODY PART: HIP JOB TITLE: TRACKMAN	
Ankylosis, hip:		
Physical examination range of motion		_
Physical examination range of motion	Ankylosis internal rotation >5 degrees	D
Physical examination range of motion		D
Physical examination range of motion	Ankylosis in abduction >5 degrees	D
Physical examination range of motion	Ankylosis in adduction >5 degrees	D
Osteoarthritis, hip:		
X-ray: hip		D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:		
X-ray: hip		D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion		D
Medical record review	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip		D
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination range of motion	<5 degrees abduction	D
Hip replacement surgery:		
X-ray: hip		D
Medical record review	Documentation of prior hip replacement	D
	BODY PART: HIP JOB TITLE: MACHINIST	
Ankylosis, hip:		
Physical examination range of motion	Ankylosis 5 degrees or >flexion	D
Physical examination range of motion		_
Physical examination range of motion		
Physical examination range of motion		D
Physical examination range of motion		D
Osteoarthritis, hip:	· ·	
X-ray: hip	0 mm cartilage interval	D
Physical examination range of motion		_
Physical examination range of motion		_
Physical examination range of motion		D
Osteomyelitis, chronic hip:		
X-ray: hip	Significant joint destruction	D
Physical examination range of motion		_
Physical examination range of motion		D
		D
Physical examination range of motion		
Physical examination range of motion Medical record review	Documented occurrence of reculting infections with	
	treatment.	
Medical record review		
	treatment.	

Osteomyelitis: knee: Medical record review	Disability test	Test result	Disability classification
Physical examination - range of motion	Physical examination range of motion	<50 degrees flexion	D
Seguine Segu			
Decumentation of prior hip replacement Decumentation Decumentation of prior hip replacement Decumentation Decum	lip replacement surgery:		
BODY PART: HIP JOB TITLE: SHOP LABORER Ankylosis: hip: Physical examination - range of motion			I .
Ankylosis, hip: Physical examination - range of motion	Medical record review	Documentation of prior hip replacement	D
Physical examination - range of motion			
Physical examination - range of motion Ankylosis internal rotation >5 degrees D D Physical examination - range of motion Ankylosis external rotation >5 degrees D D D Physical examination - range of motion Ankylosis in adduction >5 degrees D D D D D D D D D D D D D D D D D D	Ankylosis, hip:		
Physical examination - range of motion Ankylosis in abduction >5 degrees	Physical examination range of motion	Ankylosis 5 degrees of >flexion	D
Physical examination - range of motion Ankylosis in adduction >5 degrees D D Physical examination - range of motion Ankylosis in adduction >5 degrees D D D D D D D D D D D D D D D D D D			I .
Physical examination - range of motion			
Decomposition Decompositio			I .
X-ray: hip		Ankylosis in adduction >5 degrees	ט
Physical examination - range of motion		O man contile as internal	<u></u>
Physical examination - range of motion			I .
Physical examination - range of motion Steenmellist, Kronich lip: Significant joint destruction D			I .
Significant joint destruction D Physical examination - range of motion Significant joint destruction D D Physical examination - range of motion Significant joint destruction D D D D D D D D D			
Significant point destruction		<5 degrees abduction	
Physical examination - range of motion 30 degrees flexion contracture D Physical examination - range of motion 55 degrees flexion D Physical examination - range of motion 55 degrees flexion D Physical examination - range of motion D Physical examination - range of motion D Physical examination - range of motion 30 degrees flexion D Physical examination - range of motion 30 degrees flexion D Physical examination - range of motion 30 degrees flexion D Physical examination - range of motion 45 degrees flexion D Physical examination - range of motion 45 degrees flexion D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction D Physical examination - range of motion 45 degrees abduction 45 degrees abduction 45 degrees abduction 45 degrees abd		Significant joint destruction	D
Physical examination - range of motion \$50 degrees flexion D Physical caramination - range of motion \$50 degrees abduction D Physical caramination - range of motion \$50 degrees abduction D Publical fector feview D Pocumented occurrence of recurring infections with Physical examination - range of motion \$30 degrees flexion contracture D Physical examination - range of motion \$50 degrees flexion D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction D Physical examination - range of motion \$50 degrees abduction \$50 degrees abduction		30 degrees flexion contracture	_
Physical examination - range of motion			
Medical record review			
treatment. X-ray, hip Physical examination - range of motion	,	"	
Pagets diseases: X-fray: hip Physical examination - range of motion Physical examination Physic		i i	
Physical examination - range of motion	Paget's disease:		
Physical examination - range of motion	X-ray; hip	Significant joint destruction	D
Physical examination - range of motion Evidence of artificial hip joint D D D D D D D D D			D
tip replacement surgery: X-ray: hip	Physical examination range of motion	<50 degrees flexion	D
Evidence of artificial hip joint D	Physical examination range of motion	<5 degrees abduction	D
Documentation of prior hip replacement D	lip replacement surgery:		
Arthritis: knee: X-ray: knee	, ,	1	
BODY PART: KNEE CONFIRMATORY TESTS Arthritis: knee: X-ray: knee Collateral ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Physical examination: maging Physical examination Medical record review Magnetic resonance imaging Documentation of tear by arthroscopy Magnetic resonance imaging Physical examination: knee Evidence of ligamentous laxity Highly Recommended. Evidence of ligamentous laxity Highly Recommended. Physical examination Medical record review Documentation of tear by arthroscopy Physical examination: knee Magnetic resonance imaging Evidence of ligamentous laxity Highly Recommended. Physical examination: knee Evidence of ligamentous laxity Highly Recommended. Magnetic resonance imaging Documentation of tear by arthroscopy Recommended. Medical record review Documentation of tear by arthroscopy Recommended. Documentation of tear by arthroscopy Recommended. Documentation of tear by arthroscopy Recommended. Medical record review Documentation of tear by arthroscopy Recommended. Documented history of osteomyelitis requiring treatment Evidence of chronic infection Recommended. Privilence of chronic infection Recommended. Recommende	Medical record review	Documentation of prior hip replacement	D
Arthritis: knee:		J. Knee	
Arthritis: knee: X-ray: knee Collateral ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Physical examination Medical record review Cruciate ligament tear with laxity: Physical examination Medical record review Physical examination: knee Magnetic resonance imaging Documentation of tear by arthroscopy Evidence of ligamentous laxity Highly Recommended. Recommended. Recommended. Evidence of cruciate tear Documentation of tear by arthroscopy Recommended. Evidence of fracture Documentation of tear by arthroscopy Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Fividence of chronic infection Recommended. Recommende	Confirmatory test	Minimum result	Requirements
X-ray: knee			
Collateral ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Physical examination Medical record review Cruciate ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Cruciate ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Documentation of tear by arthroscopy Evidence of ligamentous laxity Highly Recommended. Highly Recommended. Recommended. Recommended	Arthritis: knee:		
Physical examination: knee Magnetic resonance imaging Evidence of ligamentous laxity Evidence of ligamentous tear Recommended. Physical examination Evidence of ligamentous tear Recommended. Physical examination Evidence of ligamentous laxity Highly Recommended. Physical examination Evidence of ligamentous laxity Highly Recommended. Physical examination Documentation of tear by arthroscopy Recommended. Physical examination: knee Evidence of ligamentous laxity Highly Recommended. Physical examination: knee Evidence of ligamentous laxity Highly Recommended. Physical examination: knee Evidence of ligamentous laxity Highly Recommended. Physical examination: knee Evidence of cruciate tear Recommended. Medical record review Documentation of tear by arthroscopy Recommended. Physical examination: knee Evidence of cruciate tear Recommended. Physical examination: knee Evidence of fligamentous laxity Highly Recommended. Physical examination: knee Evidence of cruciate tear Recommended. Physical examination: knee Evidence of cruciate tear Highly Recommended. Physical examination: Provided Highly Recommended. Providence of cruciate tear Recommended. Physical examination: Providence of cruciate tear Recommended. Physical examination: Providence of cruciate tear Providence of cruciate tear Recommended. Physical examination: Providence of cruciate tear		Evidence of significant degenerative changes	Recommended.
Magnetic resonance imaging		Friday of Paragraph 1 - 2	LE-LL-B
Cruciate and collateral ligament tear with laxity: Magnetic resonance imaging Physical examination Medical record review Cruciate ligament tear with laxity: Physical examination: knee Cruciate ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Medical record review Magnetic resonance imaging Medical record review Documentation of tear by arthroscopy Evidence of cruciate tear Medical record review Medical record review Documentation of tear by arthroscopy Highly Recommended Recommended Recommended Recommended Highly Recommended			
Magnetic resonance imaging Physical examination Medical record review Documentation of tear by arthroscopy Physical examination: Phy		Evidence of ligamentous tear	recommended.
Physical examination		Tear of both ligaments	Recommended
Medical record review			
Cruciate ligament tear with laxity: Physical examination: knee Magnetic resonance imaging Medical record review Nary: knee Description of tear by arthroscopy Medical record review Nedical record review Description of tear by arthroscopy Medical record review Nedical record review Medical record review Description of tear by arthroscopy Medical record review Medical record review Documented history of osteomyelitis requiring treatment X-ray: knee Computerized tomography Magnetic resonance imaging Description Set on puterized tomography Magnetic resonance imaging Medical record review Necrosis of femoral condyle or tibial plateau Magnetic resonance imaging Necrosis of femoral condyle or tibial plateau Patellofemoral arthritis: X-ray: knee Description Recommended Rec			
Physical examination: knee		Documentation of tear by artificacopy	Recommended.
Magnetic resonance imaging Evidence of cruciate tear Recommended. Medical record review Documentation of tear by arthroscopy Highly Recommended. X-ray: knee Documented history of osteomyelitis requiring treatment Highly Recommended. X-ray: knee Documented history of osteomyelitis requiring treatment Evidence of chronic infection Recommended. X-ray: knee Evidence of chronic infection Recommended. Computerized tomography Evidence of chronic infection Recommended. Date of chronic infection Recommended. Necrosis of femoral condyle or tibial plateau Recommended. Necrosis of femoral condyle or tibial plateau Recommended. Recommended.		Evidence of ligamentous laxity	Highly Recommended
Medical record review			
ntercondylar fracture: X-ray: knee			
X-ray: knee		,	
Documented history of osteomyelitis requiring treatment X-ray: knee		Evidence of fracture	Highly Recommended.
X-ray: knee			
X-ray: knee			Highly Recommended.
Computerized tomography Evidence of chronic infection Recommended. Magnetic resonance imaging Evidence of chronic infection Recommended. Necrosis of femoral condyle or tibial plateau Recommended.		Evidence of chronic infection	
Magnetic resonance imaging		Evidence of chronic infection	
X-ray: knee	Magnetic resonance imaging		Recommended.
Computerized tomography			
Magnetic resonance imaging	X-ray: knee	Necrosis of femoral condyle or tibial plateau	
Patellofemoral arthritis: X-ray: knee			I .
X-ray: knee		Necrosis of femoral condyle or tibial plateau	Recommended.
		Friday of autoria	B
Manually appropriate invading I From the Control of			
Magnetic resonance imaging Evidence of arthritis			Recommended. Highly Recommended.

J. Knee—Continued

Confirmatory test	Minimum result	Requirements
Patellar fracture nonunion with displacement:		
X-ray: knee	Nonunion and displacement	Recommended.
Magnetic resonance imaging	Nonunion and displacement	Recommended.
Computerized tomography	Nonunion and displacement	Recommended.
Plateau fracture:		
X-ray: knee	Evidence of fracture	Recommended.
Computerized tomography	Evidence of fracture	Recommended.
Magnetic resonance imaging	Evidence of fracture	Recommended.
Meniscectomy medial or lateral:		
Medical record review	History of surgery	Highly Recommended
Patellectomy:		
Physical examination: knee	Absent patella	Highly Recommended
Patellar subluxation recurrent:	·	
Medical record review	History of recurrent subluxation	Highly Recommended
Supracondylar fracture:		
X-ray: knee	Evidence of fracture	Recommended.
Magnetic resonance imaging		Recommended.
Computerized tomography		Recommended.
Total knee replacement:		
X-ray: knee	Presence of replacement knee	Recommended.
Medical record review	Documented surgical history	Recommended.
Tibial shaft fracture:		
X-ray: leg	Fracture of shaft	Recommended.
Magnetic resonance imaging		Recommended.
Computerized tomography		Recommended.

Disability test	Test result	Disability classification
BODY PART: KNEE JOB TITLE: TRAINMAN		
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Meniscectomy, medial or lateral:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or >degrees)	D
Collateral ligament tear with laxity:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Intercondylar fracture:	, ,	
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Osteomyelitis, chronic knee:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Osteonecrosis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Patellofemoral arthritis:		
Physical examination range of motion		
Physical examination range of motion	Flexion contracture (20 or > degrees)	l D

Disability test	Test result	Disability classification
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative change	D
Patellar fracture nonunion with displacement:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
X-ray knee	Nonunion and >3 mm displacement	D
Plateau fracture:	·	
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellectomy:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellar, subluxation, recurrent:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Supracondylar fracture:		
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Fibial shaft fracture:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Post fracture angulation	>20 degrees malalignment	D
	BODY PART: KNEE JOB TITLE: ENGINEER	
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion		D
i nysicai chaillilation – lange of motion	1 10x1011 001111 dottate (20 01 > degrees)	

Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Meniscectomy, medial or lateral:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Collateral ligament tear with laxity:	` ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:	` ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Intercondylar fracture:	` ,	
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Osteomyelitis, chronic knee:	` ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Osteonecrosis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Patellofemoral arthritis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative change	D
Patellar fracture nonunion with displacement:	-	
Physical examination range of motion	Range of motion: flexion <60 degrees	D

Disability test	Test result	Disability classification
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
X-ray knee	Nonunion and >3 mm displacement	D
Plateau fracture:		
Post fracture angulation		D
Physical examination range of motion		D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellectomy:	Denote of mations flaviors (CO denotes	<u></u>
Physical examination range of motion		D
Physical examination range of motion Patellar, subluxation, recurrent:	Flexion contracture (20 or > degrees)	D
Physical examination range of motion	Pango of motion: florion <60 degrees	D
Physical examination range of motion		D
Supracondylar fracture:	Tiexion contractare (20 of > degrees)	5
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion		D
Physical examination range of motion		D
Fibial shaft fracture:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion		D
Post fracture angulation		D
	BODY PART: KNEE JOB TITLE: CARMAN	
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion		D
Physical examination	` ,	D
Physical examination		D
X-ray knee		D
Meniscectomy, medial or lateral:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion		D
Collateral ligament tear with laxity:	· · · · · · · · · · · · · · · · · · ·	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear:.		
Physical examination range of motion		D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:		
Physical examination range of motion		D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
ntercondylar fracture:		_
Post fracture angulation		D
Physical examination range of motion		D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Osteomyelitis, chronic knee:	Daniel of matter (I.). CO. I	_
Physical examination range of motion		D
Physical examination range of motion		D
Physical examination		D
Physical examination	1 =	D
Medical record review	· _ · _ · · _ · _ · _ ·	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Osteonecrosis: Physical examination range of motion	Pange of motion: florion <60 dograda	D
Physical examination range of motion	_ I 7	D
Physical examination range of motion Physical examination	1	D
Physical examination		D
X-ray knee		D
Patellofemoral arthritis:	o i min caralago interval with degenerative change	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion		D
Physical examination	The state of the s	D
Physical examination		D
X-ray knee: patello femoral joint		D
Patellar fracture nonunion with displacement:	5 Saraiago intorvai with augunorativo oriango	_
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	_ I 7	D
X-ray knee		D
Plateau fracture:	and a superiority in the superio	_
Post fracture angulation	>20 degrees angulation	D

Disability test	Test result	Disability classification
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellectomy:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellar, subluxation, recurrent:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Supracondylar fracture:		
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Tibial shaft fracture:	· • • • • • • • • • • • • • • • • • • •	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Post fracture angulation	>20 degrees malalignment	D

BODY PART: KNEE JOB TITLE: SIGNALMAN

	JOB TITLE: SIGNALMAN	
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Meniscectomy, medial or lateral:	0 - 1 mm cartilage interval with degenerative change	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
		D
Physical examination range of motion	Flexion contracture (20 or > degrees)	ן ט
Collateral ligament tear with laxity:	Decree of coefficient floring 00 decrees	_
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Intercondylar fracture:	,	
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Osteomyelitis, chronic knee:	Tioxion contractors (20 of 2 degrees)	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	
Physical examination range of motion		D
	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	
Medical record review	Frequent episodes of infection requiring treatment	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Osteonecrosis:	D (// // 00 l	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Patellofemoral arthritis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative change	D
Patellar fracture nonunion with displacement:	o mini darmage miorrar mar degenerative enange minim	-
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
X-ray knee	Nonunion and >3 mm displacement	D
Plateau fracture:	Nonunion and >3 mm displacement	0
	. 20 de succes de sudetion	_
Post fracture angulation	>20 degrees angulation	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellectomy:		_
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellar, subluxation, recurrent:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
,		

Physical examination range of motion F		
	Flexion contracture (20 or > degrees)	D
Supracondylar fracture:		I _
	>20 degrees angulation	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
	Flexion contracture (20 or > degrees)	D
Tibial shaft fracture:	,	I
Physical examination range of motion F	Range of motion: flexion <60 degrees	D
Physical examination range of motion F	Flexion contracture (20 or > degrees)	D
Post fracture angulation	>20 degrees malalignment	D

BODY PART: KNEE JOB TITLE: TRACKMAN

	JOB TITLE: TRACKMAN	
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Meniscectomy, medial or lateral:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Collateral ligament tear with laxity:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Intercondylar fracture:		
Post fracture angulation	>20 degree angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Osteomyelitis, chronic knee:	, , ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	
Medical record review	Frequent episodes of infection requiring treatment	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Osteonecrosis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Patellofemoral arthritis:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	
Physical examination	Valgus deformity, 16 - 20 degrees	
Physical examination	Varus deformity, 8 - 12 degrees	
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative change	D
Patellar fracture nonunion with displacement:	Third darkings interval with degenerative change	-
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	1
X-ray knee	Nonunion and >3 mm displacement	
Plateau fracture:	Nonunion and 25 mm displacement	-
	> 20 degrees angulation	_
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	l _
,	riexion contracture (20 or > degrees)	D
Patellectomy:	Dange of motion flavior (CO degrees	_
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellar, subluxation, recurrent:	D (// // 20)	
Physical examination range of motion	Range of motion: flexion <60 degrees	_
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Supracondylar fracture:		_
Post fracture angulation	>20 degrees angulation	
Physical examination range of motion	Range of motion: flexion <60 degrees	
Physical examination range of motion	Flexion contracture (20 or > degrees)	l D

Disability test	Test result	Disability classification
		The state of the s
Tibial shaft fracture: Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	
Post fracture angulation	>20 degrees malalignment	D
	BODY PART: KNEE JOB TITLE: MACHINIST	
Arthritis knee:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examinationX-ray knee	Varus deformity, 8 - 12 degrees	D D
Meniscectomy, medial or lateral:	1 Thirt carmage interval with degenerative change	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Collateral ligament tear with laxity:		_
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate and collateral ligament tear: Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Cruciate ligament tear with laxity:	, ,	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Intercondylar fracture:	00 da ma a a analatia a	_
Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion Physical examination range of motion	Flexion contracture (20 or > degrees)	D D
Osteomyelitis, chronic knee:	Ticklott contractate (20 of > degrees)	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment	D
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Valgus deformity, 16 - 20 degrees	D
Physical examination	Varus deformity, 8 - 12 degrees	D
_ X-ray knee	0 - 1 mm cartilage interval with degenerative change	D
Patellofemoral arthritis:	Danna of mation flavian (CO dannas	5
Physical examination range of motion		D D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Physical examination	Varus deformity, 8 - 12 degrees	D
X-ray knee	0 mm cartilage interval with degenerative change	D
Patellar fracture nonunion with displacement:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
X-ray knee	Nonunion and >3 mm displacement	D
Plateau fracture: Post fracture angulation	>20 degrees angulation	D
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellectomy:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Patellar, subluxation, recurrent:	D (); ()	
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Supracondylar fracture: Post fracture angulation	>20 degrees angulation	D
Post fracture angulation Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Tibial shaft fracture:		
Physical examination range of motion	Range of motion: flexion <60 degrees	D
Physical examination range of motion	Flexion contracture (20 or > degrees)	D
Post fracture angulation	>20 degrees malalignment	D

Disability test	Test result	Disability classification	
BODY PART: KNEE JOB TITLE: SHOP LABORER			
Arthritis knee:			
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Physical examination	The state of the s	D	
Physical examination		D	
X-ray knee	7.	D	
Meniscectomy, medial or lateral:	The second of th		
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion		D	
Collateral ligament tear with laxity:	1 10/10/1 00/11/10/10 (20 0/ / usg.000) 11/11/11/11		
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion	1 _ 7	D	
Cruciate and collateral ligament tear:	Tickion contracture (20 of > degrees)		
	Pange of motion: florion <60 degrees	D	
Physical examination range of motion	1 _ 7		
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Cruciate ligament tear with laxity:	Dance of motion floring (CO dance)	5	
Physical examination range of motion	1 _ 7	D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Intercondylar fracture:			
Post fracture angulation		D	
Physical examination range of motion		D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Osteomyelitis, chronic knee:			
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Physical examination	Valgus deformity, 16 - 20 degrees	D	
Physical examination	Varus deformity, 8 - 12 degrees	D	
Medical record review	Frequent episodes of infection requiring treatment	D	
X-ray knee	0 - 1 mm cartilage interval with degenerative change	D	
Osteonecrosis:			
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion		D	
Physical examination	, , ,	D	
Physical examination		D	
X-ray knee	, ,	D	
Patellofemoral arthritis:	Thin bartiage interval with degenerative ordings		
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion		D	
Physical examination		D	
Physical examination	Varus deformity, 8 - 12 degrees	D	
X-ray knee: patellofemoral joint	0 mm cartilage interval with degenerative change	D	
Patellar fracture nonunion with displacement:			
Physical examination range of motion		D	
Physical examination range of motion	1	D	
X-ray knee	Nonunion and >3 mm displacement	D	
Plateau fracture:			
Post fracture angulation		D	
Physical examination range of motion		D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Patellectomy:			
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion	Flexion contracture (20 or > degrees)	D	
Patellar, subluxation, recurrent:	,		
Physical examination range of motion	Range of motion: flexion <60 degrees	D	
Physical examination range of motion	1	D	
Supracondylar fracture:	(======================================		
Post fracture angulation	>20 degrees angulation	D	
Physical examination range of motion		D	
Physical examination range of motion	1 _ 7	D	
Tibial shaft fracture:	1 10.1011 contractare (20 or > degrees)	_	
		l _	
	Range of motion: flexion <60 degrees	D	
Physical examination range of motion Physical examination range of motion		D D	

K Ankle and Foot

K. Ankle and Foot		
Confirmatory test	Minimum result	Requirements
BODY PART: ANKLE AND FOOT CONFIRMATORY TESTS		
Ankle fracture:		
Medical record review	Documented history of ankle fracture	Recommended.
X-ray: ankle	Ankle fracture	Highly recommended.
Ankylosis, ankle:		
X-ray: ankle	Extensive joint destruction	Highly recommended.
Physical examination	No mobility	Highly recommended.
Arthritis, subtalar joint:	•	
X-ray: ankle	Evidence of significant arthritis: subtalar joint	Highly recommended.
Arthritis, talonavicular joint:		
X-ray: ankle	Significant arthritis: talonavicular joint	Highly recommended.
Achilles tendon rupture:		
Medical record review	Documentation of achilles tendon rupture	Highly recommended.
Physical examination	Rupture of achilles tendon	Highly recommended.
Arthritis, ankle:		
X-ray: ankle	Significant arthritis	Highly recommended.
Hindfoot fracture:		
X-ray: foot and ankle	Documentation of fracture	Highly recommended.
Rheumatoid arthritis, foot:		
Medical History	Documented history of condition	Highly recommended.
X-ray: foot	Significant arthritis	Highly recommended.

Disability test	Test result	Disability classification	
BODY PART: ANKLE AND FOOT JOB TITLE: TRAINMAN			
Ankle fracture:			
X-ray: ankle	Displaced intra-articular fracture	D	
Physical examination	Varus deformity >15 degrees	D	
Physical examination range of motion	Plantar flexion capability <5 degrees	D	
Physical examination range of motion	Plantar flexion contracture 20 degrees	D	
Ankylosis, ankle:	ŭ		
Physical examination range of motion	Ankylosis in 20 degree or > dorsiflexion	D	
Physical examination range of motion	Ankylosis in 20 degree plantar flexion	D	
Physical examination range of motion	Ankylosis in int or ext malrotation >15 degrees	D	
Physical examination range of motion	Ankylosis in varus 10 or more degrees	D	
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D	
Arthritis, subtalar joint (hindfoot):	, , ,		
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D	
Physical examination range of motion	Plantar flexion capability <5 degrees	D	
Physical examination range of motion	Plantar flexion contracture 20 degrees	D	
Physical examination	Varus deformity >15 degrees	D	
Arthritis, talonavicular joint (hindfoot):	,		
Physical examination range of motion	Plantar flexion capability <5 degrees	D	
Physical examination range of motion	Plantar flexion contracture 20 degrees	D	
X-ray: ankle talonavicular joint	Talonavicular joint space 0 mm	D	
Physical examination	Varus deformity >15 degrees	D	
Achilles tendon rupture:	,		
Physical examination range of motion	Plantar flexion capability, <5 degrees	D	
Physical examination range of motion	Plantar flexion contracture, 20 degrees	D	
Arthritis, ankle:	, i i i i i i i i i i i i i i i i i i i		
X-ray: ankle	0 mm	D	
Physical examination range of motion	Plantar flexion capability, <5 degrees	D	
Physical examination range of motion	Plantar flexion contracture, 20 degrees	D	
Physical examination	Varus deformity >15 degrees	D	
Hindfoot fracture:	, ,		
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D	
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D	
Physical examination	Varus angulation >20 degrees (hindfoot)	D	
Physical examination	Valgus angulation >20 degrees (hindfoot)	D	
Rheumatoid arthritis, foot:			
X-ray: foot	Significant degeneration	D	
Medical record review	Chronic flare-up with treatment	D	

Disability test	Test result	Disability classification		
BODY PART: ANKLE AND FOOT JOB TITLE: ENGINEER				
Ankle fracture:				
X-ray: ankle	Displaced intra-articular fracture	D		
Physical examination	Varus deformity >15 degrees			
Physical examination range of motion	Plantar flexion capability <5 degrees			
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Ankylosis, ankle: Physical examination range of motion	Ankylosis in 20 degree or > dorsiflexion	D		
Physical examination range of motion	Ankylosis in 20 degree plantar flexion			
Physical examination range of motion	Ankylosis in int or ext malrotation >15 degrees	D		
Physical examination range of motion	Ankylosis in varus 10 or more degrees	D		
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D		
Arthritis, subtalar joint (hindfoot):				
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees			
Physical examination	Varus deformity >15 degrees	D		
Arthritis, talonavicular joint (hindfoot):	D			
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees			
X-ray ankle talonavicular joint	Talonavicular joint space 0 mm	D D		
Physical examination	Varus deformity >15 degrees			
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Arthritis, ankle:	Transaction contractare 25 degrees			
X-ray: ankle	0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Physical examination	Varus deformity >15 degrees	D		
Hindfoot fracture:				
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D		
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D		
Physical examination	Varus angulation >20 degrees (hindfoot)	D		
Physical examination	Valgus angulation >20 degrees (hindfoot)	D		
Rheumatoid arthritis, foot: X-ray: foot	Significant degeneration	D		
Medical record review	Chronic flare-up with treatment	D		
B	DDY PART: ANKLE AND FOOT			
	JOB TITLE: DISPATCHER	T		
Achilles tendon rupture:				
Physical examination range of motion	Plantar flexion capability <5 degrees			
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Arthritis, ankle:	0 mm	D		
X-ray: ankle Physical examination range of motion	0 mmPlantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees			
Physical examination	Varus deformity >15 degrees			
Hindfoot fracture:				
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D		
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D		
Physical examination	Varus angulation >20 degrees (hindfoot)	D		
Physical examination	Valgus angulation >20 degrees (hindfoot)	D		
Rheumatoid arthritis, foot:				
X-ray: foot	Significant degeneration	D		
Medical record review	Chronic flare-up with treatment	D		
BODY PART: ANKLE AND FOOT JOB TITLE: CARMAN				
Ankle fracture:				
X-ray: ankle	Displaced intra-articular fracture			
Physical examination	Varus deformity >15 degrees			
Physical examination range of motion	Plantar flexion capability <5 degrees			
Physical examination range of motion	Plantar flexion contracture 20 degrees	ט		
Ankylosis, ankle:	Antodosio in 20 dograe or a desistination	D		
Physical examination range of motion Physical examination range of motion	Ankylosis in 20 degree or > dorisiflexion Ankylosis in 20 degree plantar flexion			

Disability test	Test result	Disability classification
Physical examination range of motion	Ankylois in int or ext malrotation >15 degrees	D
Physical examination range of motion	Ankylosis in varus 10 or more degrees	D
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):	, ,	
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity >15 degrees	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
X-ray: ankle talonavicular joint	Talonavicular joint space 0 mm	0
Physical examination	Varus deformity >15 degrees	D
Achilles tendon rupture:		
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Arthritis, ankle:		
X-ray: ankle	0 mm	D
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity >15 degrees	D
Hindfoot fracture:		
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D
Physical examination	Varus angulation >20 degrees (hindfoot)	D
Physical examination	Valgus angulation >20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare up with treatment	D

BODY PART: ANKLE AND FOOT JOB TITLE: SIGNALMAN

Ankle fracture:		
X-ray: ankle	Displaced intra-articular fracture	D
Physical examination	Varus deformity >15 degrees	
Physical examination range of motion	Plantar flexion capability <5 degrees	
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:	, and the second	
Physical examination range of motion	Ankylosis in 20 degree or > dorsiflexion	D
Physical examination range of motion	Ankylosis in 20 degree plantar flexion	
Physical examination range of motion	Ankylosis in int or ext malrotation >15 degrees	D
Physical examination range of motion	Ankylosis in varus 10 or more degrees	D
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	
Physical examination	Varus deformity >15 degrees	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
X-ray: ankle talonavicular joint	Talonavicular joint space 0 mm	D
Physical examination	Varus deformity >15 degrees	D
Achilles tendon rupture:		
Physical examination range of motion	Plantar flexion capability <5 degrees	D
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Arthritis, ankle:		
X-ray: ankle	0 mm	D
Physical examination range of motion	Plantar flexion capability <5 degrees	
Physical examination range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity >15 degrees	D
Hindfoot fracture:		
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D
Physical examination	Varus angulation >20 degrees (hindfoot)	D
Physical examination	Valgus angulation >20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		_
X-ray: foot	Significant degeneration	
Medical record review		

Disability test	Test result	Disability classification		
BODY PART: ANKLE AND FOOT JOB TITLE: TRACKMAN				
Ankle fracture:				
X-ray: ankle	Displaced intra-articular fracture	D		
Physical examination range of motion	Varus deformity >15 degrees	D		
Physical examinaton range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Ankylosis, ankle:	· . · . · . · . · . · . · . · .			
Physical examination range of motion	Ankylosis in 20 degree or > dorsiflexion	D		
Physical examination range of motion	Ankylosis in 20 degree plantar flexion	D		
Physical examination range of motion	Ankylosis in int or ext malrotation >15 degrees	D		
	Ankylosis in varus 10 or more degrees			
Physical examination range of motion		D		
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D		
Arthritis, subtalar joint (hindfoot):				
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Physical examination	Varus deformity >15 degrees	D		
Arthritis, talonavicular joint (hindfoot):				
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
X-ray: angle talonavicular joint	Talonavicular joint space 0 mm	D		
Physical examination	Varus deformity >15 degrees	D		
Achilles tendon rupture:	. a.	-		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Arthritis, ankle:				
X-ray: ankle	0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination	Varus deformity >15 degrees	D		
Hindfoot fracture:				
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D		
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D		
Physical examination	Varus angulation >20 degrees (hindfoot)	D		
Physical examination	Valgus angulation >20 degrees (hindfoot)	D		
Rheumatoid arthritis, foot:	g	_		
X-ray: foot	Significant degeneration	D		
Medical record review	Chronic flare-up with treatment			
	ODY PART: ANKLE AND FOOT			
	JOB TITLE: MACHINIST			
Ankle fracture:				
X-ray: ankle	Displaced intra-articular fracture	D		
Physical examination	Varus deformity >15 degrees			
Physical examination range of motion	Plantar flexion capability <5 degrees			
Physical examination range of motion		D		
Ankylosis, ankle:	aar novion contractare 20 degrees	-		
Physical examination range of motion	Ankylosis in 20 degree or > dereiflexion	D		
	Ankylosis in 20 degree or > dorsiflexion			
Physical examination range of motion	Ankylosis in 20 degree plantar flexion			
Physical examination range of motion	Ankylosis in int or ext malrotation >15 degrees	D		
Physical examination range of motion	Ankylosis in varus 10 or more degrees	D		
Physical examination range of motion	Ankylosis in valgus 10 or more degrees	D		
Arthritis, subtalar joint (hindfoot):				
X-ray: ankle subtalar joint	Subtalar joint space 0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Physical examination	Varus deformity >15 degrees	D		
Arthritis, talonavicular joint (hindfoot):				
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
X-ray: ankle talonavicular joint	Talonavicular joint space 0 mm			
Physical examination	Varus deformity >15 degrees	D		
Achilles tendon rupture:	Diagter flexion comphility of degrees			
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Arthritis, ankle:				
X-ray: ankle	0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees			
Physical examination	Varus deformity >15 degrees			

Disability test	Test result	Disability classification
Hindfoot fracture:		
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D
X-ray: foot		
Physical examination	Varus angulation >20 degrees (hindfoot)	D
Physical examination	Valgus angulation >20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare-up with treatment	D

BODY PART: ANKLE AND FOOT JOB TITLE: SHOP LABORER

	articular fracture	D
	articular fracture	D
		D
i nysical examination valus delomity	>15 degrees	D
Physical examination range of motion Plantar flexion of	capability <5 degrees	D
Physical examination range of motion Plantar flexion of	contracture 20 degrees	D
Ankylosis, ankle:	-	
Physical examination range of motion Ankylosis in 20	degree or > dorsiflexion	D
Physical examination range of motion Ankylosis in 20	degree plantar flexion	D
Physical examination range of motion Ankylosis in int	or ext malrotation >15 degrees	D
Physical examination range of motion Ankylosis in var	us 10 or more degrees	D
Physical examination range of motion Ankylosis in val	gus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):	-	
X-ray: ankle subtalar joint Subtalar joint sp	pace 0 mm	D
Physical examination range of motion Plantar flexion of	apability <5 degrees	D
Physical examination range of motion Plantar flexion of	contracture 20 degrees	D
	>15 degrees	D
Arthritis, talonavicular joint (hindfoot):		
	capability <5 degrees	D
	contracture 20 degrees	D
	int space 0 mm	D
Physical examination	>15 degrees	D
Achilles tendon rupture:		
	apability <5 degrees	D
	contracture 20 degrees	D
Arthritis, ankle:	-	
X-ray: ankle 0 mm		D
Physical examination range of motion Plantar flexion of	apability <5 degrees	D
Physical examination range of motion Plantar flexion of	contracture 20 degrees	D
Physical examination	>15 degrees	D
Hindfoot fracture:		
X-ray: foot	re with Boehler angle <95 degrees	D
X-ray: foot	e with Boehler angle <95 degrees	D
	n >20 degrees (hindfoot)	D
Physical examination Valgus angulation	on >20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:	- , ,	
X-ray: foot	neration	D
Medical record review Chronic flare-up	with treatment	D

Disability test	Test result	Disability classification		
BODY PART: ANKLE AND FOOT JOB TITLE: SALES REPRESENTATIVES				
Achilles tendon rupture:				
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Arthritis, ankle:	-			
X-ray: ankle	0 mm	D		
Physical examination range of motion	Plantar flexion capability <5 degrees	D		
Physical examination range of motion	Plantar flexion contracture 20 degrees	D		
Physical examination	Varus deformity >15 degrees	D		
Hindfoot fracture:				
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees	D		
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees	D		
Physical examination	Varus angulation >20 degrees (hindfoot)	D		
Physical examination	Valgus angulation >20 degrees (hindfoot)	D		
Rheumatoid arthritis, foot:				
X-ray: foot	Significant degeneration	D		
Medical record review	Chronic flare-up with treatment	D		

BILLING CODE 7905-01-P

Job Information Forms

Form Approved OMB No. 3220-0193



JOB INFORMATION FORM

RRB Claim Number
Employee's Name
Date Released
Regular Railroad Occupation*
Location
Date Last Worked

* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding 5 calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than

EMPLOYER INFORMATION

The attached list of job duties indicate those duties generally performed by the employee.

Please provide any additional information on the duties the employee performed over the last 5 years, or 15 years if appropriate.

This information can be entered in the Remarks section or attached to this form.

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, ILLINOIS 60611-2092 ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.				
NAME (Please Print) TITLE (Please Print) TELEPHONE NO ()				
Remarks:				

Paperwork Reduction Act Notice

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate that this form takes an average of 20 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time to: Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0193), Washington DC 20503. Please do not return this form to either of these addresses.

Form Approved OMB No. 3220-0193



JOB INFORMATION FORM

RRB Claim Number
Employee's Name
Date Released
Regular Railroad Occupation*
Location
Date Last Worked

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EMPLOYER INFORMATION

You may wish to provide the RRB with job duty information. If so, the job information that is needed for a disability decision should include a full description of the basic duties to perform the occupation listed. For example, list the types of machinery, tools and/or equipment used, technical knowledge or skills involved, and number of people supervised. Also include the types of physical activities involved in a typical 8 hour work day, such as how many hours of walking, standing or sitting, what items are lifted and carried and how much these items weigh, and how often bending, crouching, kneeling, reaching and climbing are performed. If exposure to environmental hazards, such as working at heights or around dangerous machinery, in extreme temperatures or excessive noise are present, also list these.

G-251b(12-97)

This information can be entered in the Remarks section or attached to this form.

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, ILLINOIS 60611-2092 ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.					
NAME	SIGNATURE				
(Please Print)	DATE	Ξ	,	,	
TITLE(Please Print)	DAIL	·			
TELEPHONE NO ()					
Remarks:					

Paperwork Reduction Act Notice

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Dated: January 14, 1998.

Beatrice Ezerski, Secretary to the Board.

[FR Doc. 98–2026 Filed 2–12–98; 8:45 am]

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