

3.6.3.30 Guidelines to Table 3 - Lower Limb Function

Summary

Table 3 is used to assess functional impairment when performing activities requiring the use of legs or feet.

The diagnosis of the condition must be made by an appropriately qualified medical practitioner. This includes a general practitioner or medical specialists such as a rheumatologist or rehabilitation physician.

Table 3 specifies that the lower limbs extend from the hips to the toes.

If the person has and usually uses a lower limb prosthesis, the assessment under Table 3 must be undertaken considering what the person can do or has difficulty doing while using this prosthesis.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 3 - Lower Limb Function

Determining the level of functional impact

When determining which impairment rating applies to a person the rating that best describes the person's abilities or difficulties must be applied. In applying the descriptors, each descriptor sets out how the points within it are to apply.

For example, to meet the 20 point descriptor in Table 3 all the points below (1)(a) must apply (i, ii and iii) and the person must also require assistance to use public transport. (2)(a) and (b) outline the level of assistance required by a person who either uses a wheelchair or walking aid. If the person uses a wheelchair or walking aid either one of these points must also be met.

The 10 point descriptor includes a note. This note contains examples of impairments the person may have at this rating level. The person may have impairment in undertaking other activities not listed in this note, to an equivalent degree.

The 10 and 20 point ratings in Table 3 use the term 'assistance'. Assistance means assistance from another person, rather than any aids or equipment the person has and usually uses (see [3.6.3.05 \(E\)](#) Use of aids, equipment & assistive technology).

Determination of the descriptor that best fits the person's impairment level must be based on the available medical evidence including the person's medical history, investigation results and clinical findings. A person's self-reported symptoms must not solely be relied on. It would be inappropriate to

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apply an impairment rating based solely on a person's self-reported functional history if this level of functional impairment is not consistent with the medical evidence available.

An activity listed under a descriptor is not taken as being able to be performed if it can only be done once or rarely - it needs to be able to be undertaken repetitively.

For bilateral conditions where both lower limbs are affected, a single impairment rating under Table 3 should be determined based on the resulting combined functional impairment.

Within the 10 point descriptor point (3) states the rating level includes a person who can move around independently using a wheelchair and independently transfer to and from a wheelchair or move around independently using walking aids. A person who meets point (3) would also have to meet points (1) and (2) within the descriptor. Similarly, if a person does not meet point (3) but all other points within the descriptor apply they would still meet the descriptor. Basically, (3) is a subset of (1) and (2).

Within the 20 point descriptor point (2) states the rating level includes a person who requires assistance to move around in or transfer to and from a wheelchair or move around using walking aids. A person who meets point (2) would also have to meet points (1) (a) and (b) within the descriptor. Similarly, if a person does not meet point (2) but all other points within the descriptor apply they would still meet the descriptor.

The 30 point descriptor states the person is unable to mobilise independently. To meet this descriptor the person would be completely unable to mobilise at all without assistance from another person. In comparison, someone who has some ability to mobilise very short distances without assistance (such as around the home) but is unable to do the activities listed in (i), (ii) and (iii) and requires assistance to use public transport would meet the 20 point descriptor.

In determining the functional impact on activities using lower limbs, consideration should be given to the impact of pain on the person's ability to undertake these activities. For example, a person may have difficulty using their lower limbs on a repetitive basis due to the chronic pain they experience on doing so. This chronic pain could be either a symptom of a permanent condition impacting lower limbs or a permanent condition itself.

When assessing chronic pain under Table 3, please refer to [3.6.3.05 \(B\) Assessing functional impact of pain](#).

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 3 - Lower Limb Function

Some conditions causing impairment commonly assessed using Table 3

These include but are not limited to:

- lower limb musculoskeletal conditions including specific degenerative joint disease (osteoarthritis),
- other permanent forms of arthritis,
- neurological conditions including peripheral neuropathy and strokes or cerebrovascular accidents (CVAs) causing paralysis or loss of strength or sensation,
- cerebral palsy or other condition affecting lower limb coordination,
- inflammation or injury of the muscles or tendons of the lower limbs,
- lower limb amputations or absence of whole or part of lower limb,
- long-term effects of musculoskeletal injuries,
- some permanent vascular conditions (e.g. peripheral vascular disease, varicose veins).

Example: A 25 year old man had a car accident several years ago and sustained crush injuries to his legs. He uses a wheelchair to get around but finds it difficult to go far without stopping to rest or getting assistance from another person. He also requires assistance from another person to use public transport and to get in and out of his wheelchair and to perform some of his personal care needs, including using a toilet.

The condition is fully diagnosed, treated and stabilised and under Table 3, the man would receive an impairment rating of 20 points due to the severe impact his condition has on his ability to function. Under the 20 point descriptor the man would meet all points under (1)(a), (b) and (2)(a).

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 3 - Lower Limb Function

Impairments that should not be assessed using Table 3

Difficulties mobilising independently due to severe visual impairment should not be assessed under this Table if there are no inherent medical conditions affecting the lower limbs. Such impairment should be assessed under Table 12 - Visual Function.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 3 - Lower Limb Function, Table 4 - Spinal Function, Table 12 - Visual Function