

3.6.3.40 Guidelines to Table 4 - Spinal Function

Summary

Table 4 is used to assess functional impairment when performing activities involving spinal function. Spinal function involves bending or turning the back, trunk or neck.

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

Double-counting of impairments must be avoided (see [3.6.3.05 \(F\)](#)). The Table 4 descriptors are to be met only from spinal conditions.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 4 - Spinal 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, under the 20 point descriptor in Table 4 the 'or' which comes at the end of each point (a), (b) and (c) indicates that the person must be unable to do at least one of the activities listed to meet this descriptor. The 10 point descriptor differs in that the person must be able to sit in or drive a car for at least 30 minutes plus one of either (a), (b), (c) or (d) must apply.

The 10 point rating uses the term 'assistance' in descriptor (1) (d) 'the person needs assistance to get up out of a chair (if not independently mobile in a wheelchair)'. 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 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.

When determining whether the person is able to undertake the activities listed under the descriptors, consideration must be given to whether the person suffers pain on undertaking the activities. For

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example, under the 20 point descriptor, if a person is able to remain seated for 10 minutes but suffers significant pain on doing so, it should be considered that the person is therefore unable to remain seated for at least 10 minutes.

Chronic pain could be either a symptom of a permanent condition impacting spinal function or a permanent condition itself. When assessing chronic pain under Table 4, please refer to [3.6.3.05 \(B\) Assessing functional impact of pain](#).

Consideration must also be given to whether the person can undertake the activity on a repetitive or habitual basis (see [3.6.3.05 \(G\) Descriptors involving performing activities](#)). For example, under the 20 point descriptor, if a person is able to bend forward to pick up a light object from a desk or table but after doing this once has to rest their back and is unable to bend forward for the remainder of the day it should be considered that the person is therefore unable to do this activity.

An activity listed under a descriptor is not taken to have been performed if it can only be done once or rarely.

Some conditions causing impairment commonly assessed using Table 4

These include but are not limited to:

- spinal cord injury,
- spinal stenosis,
- cervical spondylosis,
- lumbar radiculopathy,
- herniated or ruptured disc,
- spinal cord tumours,
- arthritis or osteoporosis involving the spine.

***Example:** A 50 year old woman has been diagnosed with osteoarthritis and disc degeneration in her lumbar spine. Both these conditions result in functional impairment when the woman performs activities involving her spine. The woman takes regular medication to alleviate her symptoms but even with medication she continues to experience significant pain when undertaking daily activities. Her specialist has recommended spinal surgery but due to the high risks involved in this procedure the woman has decided not to undertake the surgery. This woman is unable to bend forward to pick up something light, such as a piece of paper, placed at knee height without experiencing significant pain in her lower back. She also experiences significant pain after remaining seated for more than 30 minutes.*

The conditions are considered fully diagnosed, treated and stabilised. As both conditions cause the same functional impact a single impairment rating is given under Table 4, of 10 points, due to the moderate overall functional impact these conditions have on her ability to function. Under the 10 point descriptor the woman would meet (1)(c).

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

Impairments that should not be assessed using Table 4

Impairment, such as restrictions on overhead tasks, resulting from a shoulder or other upper limb condition should be rated under Table 2. Similarly, impairment, such as restrictions on bending tasks, resulting from a lower limb condition should be rated under Table 3.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 2 - Upper Limb Function, Table 3 - Lower Limb Function, Table 4 - Spinal Function