# 3.6.3.70 Guidelines to Table 7 - Brain Function

### Summary

Table 7 is used to assess functional impairment related to neurological or cognitive function.

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 neurologist, rehabilitation physician, cognitive neuroscientist, psychiatrist or neuropsychologist.

People with an autism spectrum disorder who do not have a low intelligence quotient (IQ) should be assessed using Table 7.

Act reference: <u>Social Security</u> (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 7 - Brain 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.

Each descriptor in Table 7 contains various domains of neurological or cognitive impairment including: memory; attention and concentration; problem solving; planning; decision making; comprehension; visuospatial function; behavioural regulation; and self awareness.

In determining which descriptor applies to the person, at least one of the domains must apply to the person in line with the level of severity stated under (1) (i.e. no, mild, moderate, severe, extreme difficulties). The person must also meet the description of ability to complete day to day activities or the level of assistance and supervision required, as stated under (1).

Each descriptor contains examples of neurological or cognitive impairment for each domain. The examples reflect a person's severity of impairment at each rating level. If a similar example applies to a person but is not specifically listed in the descriptor, the person must have an equivalent level of severity of impairment in order for the descriptor to be met.

The descriptors in Table 7 use the term 'assistance'. Assistance means assistance from another person, rather than any aids or equipment the person has and usually uses (see <u>3.6.3.05 (E)</u> Use of aids, equipment & assistive technology).

A person's cognitive function (concentration and/or memory) may be impacted by chronic pain. Where medical evidence states cognitive function is impacted by pain and this pain is either from a diagnosed

chronic pain condition or a symptom of a permanent condition, consideration should be given to whether a rating under Table 7 is required. In these cases double-counting must be avoided.

When assessing the impact of chronic pain on cognitive function under Table 7, please refer to <u>3.6.3.05</u> (<u>B</u>) Assessing functional impact of pain.

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.

It is particularly important in the assessment of people with neurological or cognitive conditions that the person's presentation on the day of the assessment should not solely be relied upon. This is because with some conditions such as temporal lobe dementia, the person may lack insight into their condition and believe they are fully functioning. For conditions which are episodic in nature and fluctuate in severity over time (e.g. dementia), the severity, duration and frequency of the episodes or fluctuations must be taken into account when determining the rating that best reflects the person's overall functional ability (see <u>3.6.3.05 (G)</u> Assessing impairments caused by episodic or fluctuating medical conditions). In determining the work-related impairment for such fluctuating conditions, consideration should be given to the impact on the person's ability to reliably sustain work over 2 years without significant absences.

Act reference: <u>Social Security (Tables for the Assessment of Work-related Impairment for Disability</u> <u>Support Pension) Determination 2011</u> Table 7 - Brain Function

# Some conditions causing impairment commonly assessed using Table 7

These include but are not limited to:

- chronic pain which is neuropathic or that affects cognitive function,
- acquired brain injury (ABI),
- stroke (cerebrovascular accident (CVA)),
- conditions resulting in dementia,
- brain tumours,
- some neurodegenerative disorders,
- autism spectrum disorders with no low IQ,
- migraine that results in impairment to neurological or cognitive function (but not loss of consciousness or altered states of consciousness),
- attention deficit hyperactivity disorder manifesting with predominantly attention and concentration problems.

**Example 1:** A 58 year old woman was diagnosed with post-herpetic neuralgia following an episode of shingles 2 years ago. She suffers from ongoing severe burning and gnawing pain in the affected

dermatome which covers part of the back of the right forearm and hand. Symptoms persist despite extensive treatment from her neurologist and the chronic pain clinic. Sleep is affected and her medical records state there is a moderate impact on attention and concentration as a result of chronic pain. She continues treatment with gabapentin and nortriptyline and takes oxycondone as required. Non-narcotic analgesics had no beneficial effect on pain. She has difficulty using a pen, doing up buttons, unscrewing the lid on a juice bottle and picking up 1L of milk. She needs occasional assistance from her husband to complete some daily tasks due to impaired concentration. The condition is considered fully diagnosed, treated and stabilised. This woman would receive an impairment rating of 10 points under Table 7, due to the moderate impact her condition of chronic neuropathic pain has on her cognitive function and the resulting assistance required. Under the 10 point descriptor she meets (1)(b). This condition also results in a 10 point impairment rating on Table 2 meeting descriptors (1)(a), (c), (d) and (f).

**Example 2:** A 48 year old man has a permanent, degenerative lumbar spine condition and experiences chronic pain as a symptom of this condition. Medical evidence states he requires assistance with all domestic tasks and he is unable to bend forward to pick up an object from a table. Evidence also states he has impaired concentration as a result of the chronic pain which makes it difficult for him to concentrate on complex tasks for more than 30 minutes.

Under Table 4-Spinal Function the man would receive an impairment rating of 20 points as the impact on his ability to undertake activities involving spinal function is severe. Under the 20 point descriptor the man would meet (1) (c). Given the moderate impact of chronic pain on his cognitive function, under Table 7-Brain Function, the man would also receive a rating of 10 points. Under the 10 point descriptor he would meet (1) (b).

**Example 3:** A 20 year old young male has a diagnosed permanent condition of Autism Spectrum Disorder. The medical evidence outlines that as a result of this condition he has difficulty with self awareness. He also has difficulty controlling his behaviour in routine situations, such as completing the shopping, and will lose his temper occasionally for minor reasons such as a shop assistant misunderstanding him. He has difficulties engaging in social routines, often has difficulty with small talk and empathising with others. This young male has undergone an assessment of intellectual functioning and has an above average intelligence. He is particularly skilled in the area of computer programming.

The condition is considered fully diagnosed, treated and stabilised. This young male would receive an impairment rating of 10 points under Table 7, due to the moderate impact his condition of Autism Spectrum Disorder has on his ability to function. Under the 10 point descriptor he would meet both (1)(h) and (j).

**Example 4:** A 27 year old woman suffers from regular chronic migraines. She was first diagnosed with this condition at around eight years of age and her migraines have significantly impacted her functioning for

almost 20 years. The condition has not responded to past treatments and is not expected to improve within the next 2 years. She takes various strong pain medications to try to ease the pain. This woman experiences headaches every day with migraines 3 to 4 times every week. These migraines leave her bedridden for periods of between 6 hours and 3 days. She is unable to live independently and lives with her parents. She is unable to plan events or visually focus on objects for too long due to the visual disturbances she experiences. Past attempts at working have been short lived due to absences as a result of her symptoms.

The condition is considered fully diagnosed, treated and stabilised. This young woman would receive an impairment rating of 20 points under Table 7 due to the severe impact the migraines have on her ability to function and the fact that she needs assistance and supervision each day. Under the 20 point descriptor she would meet (1)(d) and (g).

Act reference: <u>Social Security (Tables for the Assessment of Work-related Impairment for Disability</u> <u>Support Pension) Determination 2011</u> Table 7 - Brain Function

#### Impairments that should not be assessed using Table 7

People with an autism spectrum disorder who also have a low IQ are more appropriately assessed under Table 9 - Intellectual Function. However, in cases of low functioning autism Table 7 should be used to assess self-awareness (including social awareness).

Table 7 must not be used for people who have an impairment of intellectual function unless the person has an additional condition affecting neurological or cognitive function. These people are more appropriately assessed under Table 9 - Intellectual Function.

Migraine that results in loss of consciousness or altered states of consciousness. Table 15 is more appropriate for these types of migraines.

Act reference: <u>Social Security (Tables for the Assessment of Work-related Impairment for Disability</u> <u>Support Pension) Determination 2011</u> Table 7 - Brain Function, Table 9 - Intellectual Function