

3.6.3.80 Guidelines to Table 8 - Communication Function

Summary

Table 8 is used to assess functional impairment affecting communication functions.

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 or speech pathologist.

If the person uses any aids or equipment to assist with their communication function, the person must be assessed on their ability to undertake activities listed in Table 8 while using any aids or equipment that they have and usually use without physical assistance from a support person.

Table 8 refers to communication in the person's main language. This means the language the person most commonly uses. This may be the language they use at home or their first language and should be the language they are most fluent in.

Table 8 covers both receptive communication, which is understanding language, and expressive communication, which is producing speech. Table 8 also covers the use of alternative or augmentative communication such as sign language, technology that produces electronic speech or the use of symbols or a note taker to assist in communication.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 8 - Communication 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 8 either (1)(a), (1)(b) or (2) must apply. If (1)(b) applies then at least one of either (i), (ii), (iii) or (iv) must apply. If (2) applies then either (2)(a), (b), (c) or (d) must also apply.

To meet the 10 point descriptor either (1)(a), (b) or (c) must apply. If (a) applies then either (i) or (ii) must apply.

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

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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.

Only one rating should be assigned from Table 8 even if the communication or language impairment is both receptive and expressive in nature.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 8 - Communication Function

Some conditions causing impairment commonly assessed using Table 8

These include but are not limited to:

- stroke (cerebrovascular accident (CVA)),
- other acquired brain injury that has damaged the speech/language centre of the brain e.g. dysphasia, aphasia,
- cerebral palsy,
- neurodegenerative conditions,
- damage to the speech-related structures of the mouth, vocal cords or larynx.

Example: A 35 year old woman has a diagnosed permanent condition of cerebral palsy which she has had since birth. The medical evidence states that as a result of this condition her speech is slurred. Sometimes she has difficulty being understood in certain situations so she uses an electronic voice output device at these times.

The condition is considered fully diagnosed, treated and stabilised and under Table 8, this woman would receive an impairment rating of 10 points due to the moderate impact this condition has on her communication function. Under the 10 point descriptor this woman would meet (1)(c).

Due to her condition of cerebral palsy this woman also has impairment in functioning of her lower and upper limbs. Consideration should be given to whether she would also receive an impairment rating for these impairments under Table 2 - Upper Limb Function and Table 3 - Lower Limb Function.

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 8 - Communication Function

Impairments that should not be assessed using Table 8

These include but are not limited to:

- impairment affecting communication function as a result of hearing loss only,
- impairment affecting communication function as a result of impairment in intellectual function only

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- fluency or competency difficulties in using the spoken English language.

Table 8 must not be used for people who use recognised sign language or other non-verbal communication as a result of hearing loss only. In these cases, Table 11 - Hearing and Other Functions of the Ear is the most appropriate Table to be used.

If a person's impairment affecting communication function is due to impairment in intellectual function, Table 9 - Intellectual Function must be used as it is the most appropriate in these cases.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 8 - Communication Function, Table 9 - Intellectual Function, Table 11 - Hearing and other Functions of the Ear