

### 3.6.3.10 Guidelines to Table 1 - Functions Requiring Physical Exertion & Stamina

#### Summary

Table 1 is used to assess functional impairment when performing activities requiring physical exertion or stamina.

The diagnosis of the medical condition causing the impairment must be made by an appropriately qualified medical practitioner. This includes a general practitioner or medical specialists such as a cardiologist, oncologist, or other specialist physician.

**Act reference:** [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 1 - Functions requiring Physical Exertion and Stamina

#### 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. To determine how the descriptor is to be applied, careful consideration must be given to each point within the descriptor.

For example, to be eligible for 20 points under Table 1 a person must experience symptoms, such as shortness of breath, fatigue, cardiac pain or chronic pain, when performing light physical activity and be unable to do at least one of the activities listed under point (1)(a). The person must also satisfy point (b).

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.

In determining the level of functional impact, care should be taken to distinguish between activities that the person does not do as opposed to activities that they have difficulty performing because of their impairment.

The 0 point descriptor specifies the person is able to undertake exercise appropriate to their age. To meet this descriptor, it would not be expected that an older aged person is able to undertake the same level of intensity in exercise as someone aged in their 20's due to reduced stamina or loss of flexibility.

Consideration should be given to the level of exercise a generally healthy person of the equivalent age would reasonably be expected to undertake.

## Guidelines to the Tables effective from 1 January 2012

To avoid double counting, Table 1 may be used to assess the functional impact of chronic pain where there is corroborating evidence that chronic pain (affecting one or more areas) also impacts physical exertion and stamina (i.e. results in fatigue symptoms) and this is not adequately assessed by another Table.

An assessment under Table 1 includes consideration of the impact of pain and fatigue on a person's mobility and capacity to undertake daily activities. Therefore, to avoid double-counting when using Table 1 to assess the impact of chronic pain, a rating under another body area Table may not be required.

However, where it is clear that chronic pain is not sufficiently captured by the specific body functions, e.g. upper limbs, lower limbs, spine, or where chronic pain results in functional impairment related to neurological or cognitive function, then Tables 2, 3, 4 and 7 can be used alone and/or in any combination as appropriate. This is not an exhaustive list.

When assessing chronic pain under Table 1, refer to [3.6.3.05](#) (B) Assessing functional impact of pain. If it is unclear how Table 1 can be used to assess chronic pain while avoiding double counting, the claim should be discussed with the Health Professional Advisory Unit.

Where descriptors refer to the activity of mobilising in a wheelchair, this includes either an electric or a manual wheelchair, depending on what the person has and usually uses.

The 20 point descriptor assesses severe functional impairment in terms of being unable to walk (or mobilise in a wheelchair) around a shopping centre or supermarket without assistance; or walk (or mobilise in a wheelchair) from the carpark into a shopping centre or supermarket without assistance. The intention of these points is to provide a guide to the severity and limitation of the person's mobility due to its impact on their physical exertion and stamina.

The 20 and 30 point ratings in Table 1 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).

Although the descriptors do not always specifically indicate the length of time that each activity is performed when determining if symptoms occur, it is taken that they are performed for more than a few minutes but not for excessively prolonged periods. An activity listed under a descriptor is not taken to have been performed if it can only be done once or rarely.

The 30 point descriptor includes people who require oxygen treatment and still are unable to do (a) or (b). If a person requires oxygen treatment such as the use of an oxygen concentrator during the day or to move around, consideration should be given as to whether this person meets the 30 point descriptor. To meet the 30 point descriptor, all other points within the descriptor must also apply to the person. If a

## Guidelines to the Tables effective from 1 January 2012

person does not require oxygen treatment but meets points (1) (a) or (b) they would also meet the 30 point descriptor.

**Act reference:** [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 1 - Functions requiring Physical Exertion and Stamina

### Some conditions causing impairment commonly assessed using Table 1

These include but are not limited to:

- ischaemic heart disease or coronary artery disease with exercise induced angina,
- cardiac disease which has resulted in chronic cardiac failure such as severe cardiomyopathy or some cardiac valvular conditions,
- cardiac arrhythmias that result in exercise induced restrictive symptoms,
- chronic obstructive airways disease or chronic airways limitation (COAD/CAL),
- restrictive lung disorders,
- exercise induced asthma,
- autoimmune conditions such as lupus and rheumatoid arthritis which impact a person's physical exertion or stamina and no other Table sufficiently captures the impairment,
- chronic pain which impacts a person's physical exertion or stamina, e.g. fibromyalgia (where no other Table sufficiently captures the impairment),
- chronic fatigue syndrome,
- fibromyalgia.

**Example 1:** *A 45 year old man is diagnosed with morbid obesity. The medical evidence states that this impacts on his ability to perform activities which require physical exertion and stamina. He finds it difficult to walk up stairs or complete lawn mowing without taking a break to rest due to shortness of breath. He is able to perform most work-related tasks, except work which would require heavy manual labour.*

*The condition is considered fully diagnosed, treated and stabilised and under Table 1, the man's impairment would be rated as 5 points, as the impact on his ability to perform tasks is only mildly affected. Under the 5 point descriptor the man would meet (1)(a)(ii) and (b).*

**Example 2:** *A 49 year old woman has been diagnosed with chronic obstructive airways disease. Lung function tests indicate that the condition is causing low airflow to and from the lungs and impacts on the woman's ability to undertake physical activities. The woman experiences shortness of breath when undertaking day to day activities such as sweeping or walking very far outside her home. For example, she is not able to walk to her local shop and return home with a bag of shopping. She can perform light household tasks, such as cooking and doing dishes, and can read, pay bills and use a computer without experiencing shortness of breath.*

## Guidelines to the Tables effective from 1 January 2012

*The condition is considered fully diagnosed, treated and stabilised and under Table 1, the woman would receive an impairment rating of 10 points for the moderate impact the condition has on her ability to function. Under the 10 point descriptor the woman would meet (1)(a)(ii) and (b)(ii).*

**Example 3:** *A 55 year old woman has severe deteriorating rheumatoid arthritis. Medication provides limited relief and the doctor has stated she experiences associated chronic pain and fatigue. This condition is systemic in nature and the woman experiences persistent fatigue, chronic inflammation of her joints with swelling, heat and pain, as well as muscle weakness and difficulty sleeping. Medical evidence states that due to fatigue and pain the woman is unable to perform any light day to day household activities and would not be able to perform clerical or sedentary work tasks for a shift of 3 hours.*

*The condition is considered fully diagnosed, treated and stabilised and under Table 1- Functions requiring Physical Exertion and Stamina, the woman would receive an impairment rating of 20 points as the impact on her ability to function is severe. Under the 20 point descriptor the woman would meet (1) (a) (iv) and (1) (b). To avoid double counting ratings under Table 2-Upper Limb Function and Table 3-Lower Limb Function are not given as Table 1 includes assessment of mobility and capacity to undertake daily activities.*

**Act reference:** [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 1 - Functions requiring Physical Exertion and Stamina

### Impairments that should not be assessed using Table 1

Non-pathological causes such as lack of fitness that is not associated with a diagnosed medical condition, should not be assessed using Table 1.

Restriction of physical activity due to musculo-skeletal conditions, e.g. severe arthritis, spinal problems, unless the musculo-skeletal Tables 2, 3 or 4 do not sufficiently capture the impairment from any associated impact on physical exertion and stamina.

Assessors need to be mindful not to overstate the level and nature of impairment. Musculo-skeletal conditions can be expected to involve some level of ongoing pain and reduced stamina in addition to a loss of dexterity/flexibility which would all be factors in determining the level of severity of the impairment. This is more evident when assessing a person's ability to undertake the actions described on a repetitive basis rather than a one-off action.

**Example 1:** *A 60 year old man has osteo-arthritis in both knees which is fully diagnosed, treated and stabilised. The man experiences loss of flexibility in his knees and pain when bending to sit or on rising from a sitting position as well as when walking any distance. The man uses a walking stick to assist him within the home and a walking frame outside his home and is unable to walk far or stand up from a sitting position without assistance from another person.*

## Guidelines to the Tables effective from 1 January 2012

*The condition is considered fully diagnosed, treated and stabilised and under Table 3, the man's impairment would be rated as 20 points, as the impact is severe. Under the 20 point descriptor the man would meet all points under (1)(a) and (1)(b). The descriptor also captures the level of pain resulting from the lower limb impairment.*

**Example 2:** *A 58 year old woman has chronic osteo arthritis in both her hands and wrists, which is fully diagnosed, treated and stabilised. She experiences lack of strength in her hands, pins and needles and ongoing chronic pain. This pain affects her ability to handle, move or carry most objects, use a computer keyboard or pen/pencil and turn the pages of a book.*

*The condition is considered fully diagnosed, treated and stabilised and under Table 2, the woman's impairment would be rated as 20 points due to the severe level of impairment. The woman is unable to perform any of the actions listed in the 20 point descriptor on a repetitive basis due to the loss of dexterity and chronic pain experienced when using her hands and arms. Under the 20 point descriptor the woman would meet all points under (1).*

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