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National Board of Industrial Injuries
Permanent injury rating list 1st January 2012, 1st edition

Permanent Injury Rating List

This guiding permanent injury rating list is compiled and published by the National Board of Industrial Injuries (Arbejdsskadestyrelsen). The first rating list was published in 1979 and this edition is the sixth in the series.

Danes have been covered by workers' compensation legislation for more than 110 years. King Christian the Ninth signed the first accident insurance legislation in January 1898. On 1st April that year, what was later to become the National Board of Industrial Injuries was established.

Today the National Board of Industrial Injuries is an agency under the Ministry of Employment, and every year we process about 55,000 workers' compensation claims and 5,000 private compensation claims.

PERMANENT INJURY RATING LIST

Guiding percentage table for decisions on permanent injury compensation made by the National Board of Industrial Injuries (Arbejdsskadestyrelsen) on 1st January 2012 and later in connection with workers' compensation claims.

PREFACE

This is the 6th guiding permanent injury rating list. The previous lists were published in 1979, 1985, 1996, 1999, and 2004.

The permanent injury rating list is divided into two sections:

- General guidelines
- Percentage table

The general guidelines give a description of

- What is understood by permanent injury
- What is understood by a guiding normal table
- When permanent injury is assessed on the basis of the table or on the basis of an estimate
- The significance of pre-existing and competitive diseases for the assessment of permanent injury
- The paired organs rule
- The different assessment of whether the injured person is right- or left-handed

The percentage table

Each percentage rate is indicated by a specific code.

There are **10 main paragraphs**, each of which is indicated by

- A capital letter from A to J as well as
- A special colour code *(Danish version only)*

A combination of two to four numbers, separated by dots, indicates subparagraphs (anatomical regions), subitems, and various degrees of injury severity.

Thus each percentage rate gets its own **specific code** consisting of

- One letter and
- A combination of two to four numbers (depending on the number of subitems and severities)

Example – code D.1.6.2
The letter D stands for the main paragraph **Extremities (arms and legs)**.
This main paragraph is orange *(Danish version only)*.

The first number 1 indicates the subparagraph **Upper extremities (arms)**.
The second number 6 indicates **Collar bone** (the anatomical region).

The third number 2 indicates the “”subrate”, which covers daily stress-induced pain and slightly reduced motion (there are three different rates in all under **Collar bone**).

Thus the code D.1.6.2 indicates the consequences of a fractured collar bone with daily, stress-induced pain and slightly reduced motion, which in the permanent injury rating list is rated at 5 per cent.

GENERAL GUIDELINES

PERCENTAGE TABLE

A. Head

B. Spine and pelvis

C. Thorax

D. Extremities (arms and legs)

E. Pulmonary and cardiovascular diseases and peripheral vascular injuries

F. Internal organs

G. Skin diseases

J. Mental disorders following violence or shocking experiences

GENERAL GUIDELINES

1. Permanent injury

The concept of "permanent injury" is defined in insurance medicine as a medical assessment of the nuisance in a person's daily life caused by an injury.

Permanent injury is determined on the basis of the medical nature and scope of an injury, taking into consideration the nuisance in the injured person's daily life brought about by the injury. As the nuisance of a certain injury is basically regarded as being the same for different people, the nuisance of an injury is largely assessed in the same way for all, irrespective of occupation, age, gender, income, etc.

Permanent injury is assessed on the basis of the consequences of an injury. Basically, the way that the permanent injury came about is of no consequence for the permanent injury rating. It makes no difference, for instance, whether low-back pain was caused by many years of lifting work or by a blow to the low back.

1.1. Duration

In principle, a permanent injury can only be determined when the health condition is permanent. This means that the condition cannot be expected to improve, either by itself or by way of treatment. Often the consequences of an injury only become permanent several months after the injury. When this happens depends on a concrete assessment.

1.2. Determining the permanent injury percentage

The National Board of Industrial Injuries rates a permanent injury by way of the percentages 5, 8, 10, 12, 15, 18, 20, 25, 30, 35, 40, 45 etc., increasing at 5 per cent intervals to a total of 100 per cent. This is because, historically, the rating of a permanent injury was based on fractions, 1/20 being 5 per cent, 1/12 being 8 per cent, 1/10 being 10 per cent, etc.

It is possible, however, after a concrete assessment, to make an uneven, total percentage rating, such as 17 per cent. This may be the case where there are several injuries which can be assessed separately on the basis of the rating list and where, at the same time, there are several injuries in different regions of the body, i.e. there is no symptom overlap. By way of example, the symptoms after a moderate to severe low-back fracture, which in the list, under item B.1.3.4, are rated at 12 per cent, and loss of the spleen which, according to item F.1.1. of the list, is rated at 5 per cent.

The maximum permanent injury rating usually amounts to 100 per cent. In very special cases the permanent injury can be rated at 120 per cent. The permanent injury cannot, however, be rated at 105, 110, or 115 per cent.

1.3. Aggravation of permanent injury

When reassessing the permanent injury rating in a case that was decided once before, an assessment is made of any aggravation of the permanent injury.

An aggravation may in itself be an "uneven percentage", for instance 2 – from 8 to 10 per cent, or 3 – from 5 to 8 per cent.

If the first decision rated the permanent injury at less than 5 per cent, the National Board of Industrial Injuries will make an assessment of whether the aggravation now results in a total permanent injury rating of 5 per cent or more.

However, as appears from paragraph 1.2., the total permanent injury percentage (the first assessment + the aggravation) will always be rated at 5, 8, 10, 12 per cent etc.

2. Guiding normal table

The list is a guiding normal table, which means that the National Board of Industrial Injuries usually follows the rates of the list, but may disregard them under special circumstances. The rates of the list can be disregarded by assessing the permanent injury either at a higher or a lower percentage rate than the one stated in the rating list.

It has not been possible in all cases to state only one permanent injury percentage for an injury. Therefore intervals are stated in some cases, and in a few cases the permanent injury is stated as being less than or equal to a certain value. This leaves room for variation and makes the individual assessments flexible.

2.1. Departure from the rating list

If a pre-existing disease unconnected with the industrial injury results in the industrial injury having unusual consequences, this will be included in the assessment of the permanent injury percentage.

2.1.1. Loss of special faculties

Only in very special cases, if the injury has caused exceptional nuisance in a person's daily life due to the loss of special faculties, will there be a basis for departing from the rating list.

Example 1. Addition for loss of special faculties

In case of an injury to the 1st and 2nd finger of the dominant hand, the permanent injury can be assessed at 12 per cent, based on an estimate. The consequences of the injury, in the form of a suspended sense of touch in the precision grip, are consistent with a permanent injury rating of 8 per cent (D.1.9.6.3.) on the basis of the rating list. The remaining 4 per cent are allowed because the industrial injury, due to a considerable pre-existing, private injury to the left hand, had caused a greater nuisance in the injured person's daily life than the injury would otherwise have done, had the left hand been unharmed.

As a consequence of the aggregate functional loss of the two hands, the injured person has trouble getting dressed and undressed. Personal hygiene was difficult. All fine muscular activity procedures not guided by the eyesight were affected. The injured person was thus impaired in a large number of activities because the two hands would be unable to supplement and compensate each other as they had done before.

3. Rating of permanent injury

3.1. Assessment of permanent injury based on the rating list

The assessment of permanent injury on the basis of the rating list is applicable when the consequences of the injury appear specifically from the list.

1. The permanent injury percentage is assessed in accordance with the permanent injury percentage stated in the list
2. The text stated in the rating list will be used for the description of the permanent injury

3.2. Assessment of permanent injury not based on the rating list

In connection with the assessment of permanent injury not based on the rating list, an estimate is made in the following situations:

1. When the consequences of the injury do not appear specifically from the rating list
2. If the consequences of the injury do not appear at all from the rating list
3. If there are multiple injuries

3.2.1. Consequences of the injury do not appear specifically from the rating list

i. The permanent injury percentage is determined on the basis of an estimate based on the rating list

ii. If possible, a comparison will be made with any similar, but not identical items of the rating list

iii. A different text from the one stated in the rating list will be used for the description of the permanent injury

Example 2. Assessment of permanent injury where the consequences of the injury do not appear specifically from the rating list
An indirect low-back trauma has resulted in severe daily pain and moderately to severely reduced motion. This specific injury is not found on the rating list.

It appears from the rating list that –
(1) *moderate to severe*, daily back pain, perhaps with pain radiating into the leg, with moderately to severely reduced motion is assessed at 15 per cent. See item B.1.3.5.

(2) *severe*, daily back pain, perhaps with pain radiating into the leg, with severely reduced motion is assessed at 20 per cent. See item B.1.3.6.

As the permanent injury percentage for the injury in question does not appear specifically from the rating list, the permanent injury percentage is assessed on the basis of an estimate found to lie in between as there is *severe,* daily pain and *moderately to severely* reduced motion, and therefore the permanent injury, based on an estimate, is assessed at 18 per cent.

In the above example it is possible to state why the higher permanent injury percentage appearing from the rating list has not been used. Therefore it should appear from the decision letter that the permanent injury rating was based on an estimate and assessed at 18 per cent, as in the concrete case there is no severe, daily pain with severely reduced motion, which is rated at 20 per cent in accordance with the rating list.

3.2.2. Consequences of the injury do not appear at all from the rating list
i. The permanent injury percentage is determined on the basis of an estimate in accordance with the rating list
ii. If possible, a comparison will be made with any similar, but not identical items of the rating list
iii. A different text from the one stated in the rating list will be used for the description of the permanent injury

Example 3. Assessment of permanent injury where the consequences of the injury do not appear from the rating list
A prolapsed disc (L4) involving the 5th low-back nerve root has led to paralysis of the upward flexion of the foot. Consequences of nerve root involvement in the form of a paralysis of the upward flexion of the feet are not included in the list. It appears from the permanent injury rating list that a total paralysis of the peroneal nerve with numbness is rated at 15 per cent (see item D.2.10.4.2.).

Even though the injury in question is not a direct involvement of the peroneal nerve, the effects of paralysis of the upward flexion of the foot are comparable to the item under D.2.10.4.2. Therefore this item can be used for an assessment of the permanent injury rating.

3.2.3. There are multiple (several) injuries

When an injury comprises several of the regions for which a percentage has been determined in the rating list, there is not an automatic full combination of the several percentages.

The rating of the total permanent injury percentage will be based on an estimate assessing the aggregate functional level. In this context, multiple injuries means that more than one permanent injury has to be assessed in the same case.

When there are several injuries in one case, the assessment of the total permanent injury must take into account whether the consequences of each injury –

i. are independent of each other (1 + 1 = 2)
ii. enhance each other (1 + 1 > 2)
iii. have mutual symptoms (1 + 1 < 2)

3.2.3.1. Multiple injuries where each injury is independent of the other injuries

Where the assessment of one permanent injury can be made quite separately from another, the total permanent injury is rated as the sum of the several permanent injuries.

Example 4. Injuries that are independent of each other – fractured wrist and neck prolapse
In the accident the injured person sustained a wrist fracture and a neck prolapse. The two injuries are entirely different and whether or not a person has a neck prolapse at the same time does not make the wrist better or worse. The assessment is made in this way:

(A) Consequences of a united wrist fracture with severe pain and severely reduced motion, which are rated at 12 per cent under item D.1.2.4 of the list

(B) Moderate to severe symptoms after a neck prolapse, which are estimated at 8 per cent on the basis of items B.1.1.1. and B.1.1.3. of the list.

Against the background of the functional loss the total permanent injury is rated, as an estimate, at 20 per cent, the consequences of the injury being independent of each other.

Refer also to item 1.2. regarding uneven percentage rates.

3.2.3.2. Multiple injuries where each injury enhances the other injuries

In the event of injuries where the assessment of one permanent injury, together with the other permanent injury, enhances the total consequences, the total permanent injury is rated at more than the sum of the several permanent injuries.

Example 5. Injuries that enhance each other – bilateral tennis elbow
As a consequence of work the injured person has sustained bilateral tennis elbow. All things being equal, from a medical point of view, having two simultaneous tennis elbows, i.e. having two bad arms at the same time, is worse than having the two disorders at different times. The rating is made like this:

(A) On the right arm, there are consequences of a tennis elbow with daily, stress-induced pain and normal motion. These consequences are assessed at 5 per cent in accordance with item D.1.4.10. of the rating list.

(B) On the left arm, there are consequences of a tennis elbow with daily, stress-induced pain and normal motion. These consequences are assessed at 5 per cent in accordance with item D.1.4.10 of the rating list.

Thus, against the background of the functional loss, the aggregate permanent injury is assessed, as an estimate, at 12 per cent, the consequences of the injuries enhancing each other and therefore allowing a higher rating than the sum.

3.2.3.3. Multiple injuries where there are mutual symptoms

If there is overlapping of the consequences of injuries, the total permanent injury is rated lower than the sum of the several permanent injuries. In this connection it is important to make an assessment of the objective findings and/or subjective complaints that medically will or can overlap.

Example 6. Fractured processus spinosus of vertebrae and lumbar slipped disc

In an accident an injured person has sustained fractured processus spinosus of low-back vertebrae and at the same time a slipped disc at the same level. The two injuries have so many mutual symptoms (overlap) that it is not possible to medically assess which symptoms were caused by which injury. In such situations it is necessary to make an assessment of the total functional loss, based on an estimate, without stating the exact symptoms resulting from the specific injury. The rating is made like this:

The consequences of a lumbar slipped disc and fractured processus spinosus of vertebrae are assessed, as an estimate, at 20 per cent (this does not appear specifically from the rating list).

Therefore, against the background of the functional loss, the total permanent injury is assessed at 20 per cent, the injuries having overlapping symptoms and objective findings.

4. Pre-existing and competitive disorders/injuries

The presence of one or more pre-existing disorders or injuries in relation to the injury to be assessed may be of varying importance when the National Board of Industrial Injuries makes its decision on the permanent injury rating.

4.1. Pre-existing disorder aggravates the consequences of the injury

If the medical consequences of an industrial injury become more substantial because of a disablement or handicap that the injured person has already, it may become relevant to determine a higher permanent injury percentage than the one appearing from the rating list.

By way of example, a higher permanent injury percentage could be allowed for loss of a thumb if the other hand is missing already. See also example 1.

4.2. The same region is affected – deduction

If the industrial injury affects a region which already is permanently injured, this may lead to a deduction in the permanent injury assessment if it is likely beyond reasonable doubt that the pre-existing disorder/injury contributed to the current condition.

Deductions in the permanent injury percentage can be made only if the disorder/injury was symptomatic before the industrial injury and there is medical documentation of this, or if there is a definite prognosis that the disorder/injury would have caused symptoms even if the industrial injury had not occurred.

When deciding the question of deduction, the National Board of Industrial Injuries will consider whether –

(1) to determine a total permanent injury percentage and then, on the basis of an estimate, determine a percentage for the part of the permanent injury caused by the injury in question;

or

(2) to disregard, partly or fully, the pre-existing injury or disease when determining the permanent injury.

Example 7. Total permanent injury percentage with deduction for pre-existing injury (situation number 1)
The injured person has received a blow to his low back, but already suffered from persistent low-back pain and reduced motion as a consequence of a previous injury. The total permanent injury is determined in accordance with item B.1.3.5. in the rating list, regarding the low back, where moderate to severe, daily back pain, perhaps with pain radiating into the leg, with moderately to severely reduced motion, is assessed at 15 per cent. It is assessed, as an estimate, that 5 per cent is very likely to have been caused by factors other than the consequences of the industrial injury. Therefore, based on an estimate, the permanent injury caused by the industrial injury is rated at 10 per cent.

In situation number 2 the permanent injury is assessed only against the background of the consequences of the injury, and the symptoms that are not very likely to have been caused by the consequences of the injury are disregarded.

Example 8. Shoulder symptoms are disregarded in the assessment of permanent injury (situation number 2)
The injured person has received a blow to his low back and later feels shoulder pain, a so-called frozen shoulder. The National Board of Industrial Injuries disregards the shoulder symptoms as the injured person only hurt his low back in connection with the injury. The complaints from his shoulder must be deemed to have been caused, beyond reasonable doubt, by factors other than the industrial injury. The permanent injury caused by the industrial injury is therefore assessed at 10 per cent, consistent with item B.1.3.3. of the rating list pertaining to the low back, and consistent with moderate, daily back pain, perhaps with pain radiating into the leg, with or without slightly reduced motion.

4.3. The severity of the trauma or exposure and the temporal and medical correlation
The rating of a permanent injury will to some extent depend on the severity of the trauma or the exposure.

The temporal and medical correlation between industrial injury and exposure will be included in the assessment of the permanent injury.

5. The paired organs rule
In case of an industrial injury to one of the so-called paired organs (for example eyes, auditory organs, lungs, and kidneys), the permanent injury will be rated in accordance with the permanent injury percentages of the rating list.

If the current industrial injury results in the loss of one organ and the other organ has been lost already, the permanent injury will be determined as the difference between the total permanent injury percentage for the loss of both organs and the permanent injury percentage for the pre-existing loss of one organ.

If, for instance, one eye is already blind for reasons other than the current industrial injury and the other eye becomes blind because of the current industrial injury, the permanent injury percentage for the eye injured in connection with the industrial injury will be calculated like this:

100 per cent (loss of vision of both eyes corresponding to item A.5.12. of the rating list) less 20 per cent (loss of vision of one eye corresponding to item A.5.9. of the rating list) = 80 per cent permanent injury for the eye injured in connection with the industrial injury.

If compensation was previously granted for an industrial injury in one of the paired organs and the other organ is injured, it will be possible to resume the case, and the compensation for the original industrial injury will be determined in accordance with the rule for paired organs, even if the other injury is not an industrial injury.

By way of example, a person has been awarded 20 per cent for loss of vision of one eye after an industrial injury and later becomes blind on the other eye for other reasons. In this case it is possible to resume the case, and the permanent injury percentage will be calculated as outlined above.

6. Right- and left-handed

Where the rating list states different ratings for left and right, the rate applies to the right-handed. Thus a distinction is made between the dominant and non-dominant hand. If the injured person is left-handed, the left hand is assessed as the dominant hand.

PERCENTAGE TABLE

A. Head

A.1. Teeth/jaws

When implants have been inserted and integrated, they are regarded as normal teeth.

A.1.1. Loss of one or more teeth, where a sufficient set of teeth can be re-established	
A.1.1.1. By means of crowns and bridges (fixed prosthetics) with or without implants	<5 %
A.1.1.2. By means of partial prostheses (removable prosthetics)	5 %
A.1.2. Loss of all teeth (upper or lower jaw)	
A.1.2.1. Where restoration is made with bridges attached (impacted) to implants	<5 %
A.1.2.2. Where restoration is made with complete prosthesis attached (impacted) to implants	5 %
A.1.2.3. Where restoration is made with normal, removable, complete prosthesis in upper jaw	8 %

A.1.2.4. Where restoration is made with normal, removable, complete prosthesis of lower jaw	10 %
A.1.3. Jaw dysfunction	
A.1.3.1. Jaw dysfunction with for example substantially reduced mouth opening ability and pain and/or cosmetically disfiguring	5-10 %
A.1.4. Substantial sensory disturbances of jaws, teeth, lips, and tongue	
A.1.4.1. A nerve branch, for example buccalis, mentalis, infraorbitalis	5-10 %
A.1.4.2. Several nerve branches on one side	10-15 %
A.1.4.3. Several nerve branches on both sides	10-20 %
A.1.5. Loss of major parts of jaw bones, for example half maxilla or half mandibula	30 %
A.1.6. Dry mouth	
A.1.6.1. Dry mouth in the form of reduced salivary flow, i.e. <0.5 ml non-stimulated saliva/5 min. or 2.5-3.5 ml stimulated saliva/5 min.	15 %

A.1.6.2 Dry mouth with pronounced degeneration of mucous glands (mucositis) 20 %

A.2. Nose

A.2.1. Fractured nasal bone with reduced ventilation 5 %

For deformation an addition is possible See item H.3.
For loss of sense of smell See item A.7.1.

A.3. Larynx

A.3.1. Unilateral paralysis of the vocal cord with considerable speech impairment 12 %

A.4. The brain

A.4.1. Postconcussional syndrome (consequences of concussion).
I.e. cognitive and affective symptoms resulting from concussion.

Considerable overlap with symptoms under item B.1.1 Often it is not possible to decide if there is concussion with secondary neck pain or a neck injury with secondary accompanying symptoms imitating the consequences of concussion.

Headache and cervical headache are assessed as one.

A.4.1.1. Moderate symptoms, for instance isolated, daily slight headache or slight cognitive symptoms etc. without accompanying headache 5 %

A.4.1.2. Moderate to severe daily headache as well as slight cognitive symptoms, alcohol intolerance, increased sleep need, etc. 10 %

A.4.1.3. Severe daily headache as well as moderate to severe cognitive symptoms, alcohol intolerance, increased sleep need, etc. 15 %

A.4.1.4. Very severe, perhaps migraine headache as well as severe cognitive symptoms, alcohol intolerance, increased sleep need and considerable restrictions in daily life	20 %
A.4.2. Dementia	
A.4.2.1. Cognitive impairment resulting from brain injury: Subjective complaints of changed functional level as well as objective changes, in particular in memory tests. The criteria for dementia are not met	5-15 %
A.4.2.2. Moderate dementia: Interferes with normal everyday activity	25 %
A.4.2.3. Moderate to severe dementia: Cannot cope without help from others	50 %
A.4.2.4. Severe dementia: Continual care and supervision are necessary	75 (100) %
A.4.3. Focal brain injuries There are many different types of focal (regional) brain injury syndromes that may occur in varying degrees of severity and are not part of a diffuse brain injury. The rating list comprises the following two syndromes: Aphasia and frontal syndrome.	
A.4.3.1. Aphasia	
A.4.3.1.1. Moderate communication problems	10 %
A.4.3.1.2. Moderate to severe communication problems	25 %

A.4.3.1.3. Severe communication problems	50-75 %
A.4.3.2. Frontal syndrome	
A.4.3.2.1. Moderate symptoms	10 %
A.4.3.2.2. Moderate to severe symptoms	25 %
A.4.3.2.3. Severe symptoms	50-75 %
A.4.4. Motor symptoms following brain injury	
A.4.4.1. Unilateral spastic paralysis	
A.4.4.1.1. Moderate symptoms (for example moderate paralysis of arm and leg)	15 %
A.4.4.1.2. Moderate to severe symptoms (for example paralysis with restricted use of arm and leg, but some walking function)	40 %
A.4.4.1.3. Severe symptoms (for example total paralysis of arm and severe paralysis of leg)	75 %
A.4.4.2. Ataxia and co-ordination disturbance without paralysis	
A.4.4.2.1. Moderate symptoms	10 %

A.4.4.2.2. Moderate to severe symptoms	30 %
A.4.4.2.3. Severe symptoms without paralysis	50 %
A.4.4.2.4. Very severe symptoms without paralysis	75 %
A.4.5. Posttraumatic epilepsy	
A.4.5.1. Isolated seizures without treatment	<5 %
A.4.5.2. Epilepsy with treatment requirement, but treated successfully with no or rare seizures	10 %
A.4.5.3. Epilepsy with treatment requirement, but despite treatment severe frequent seizures	25 %
A.4.6. Dysartria	
A.4.6.1. Without particular communication problems	10 %
A.4.6.2. Moderate to severe communication problems	25 %
A.4.6.3. Severe communication problems	50 %

A.5. Eye and vision

A.5.1. Visual acuity is expressed as a visual fraction or a decimal.

The permanent injury percentage of an eye is read from the table below, on the basis of the visual acuities of the two eyes, vertically and horizontally respectively (example: 0.25=6/24 and 0.2=6/30 result in a permanent injury rating of 40 per cent).

The visual acuity must be assessed with the best available glasses or contact lenses on each separate eye.

	Decimal	1.0	0.7	0.5	0.4	0.3	0.25	0.2	0.17	0.1	0.03	0
Decimal	Visual fraction	6/6	6/9	6/12	6/15	6/18	6/24	6/30	6/36	6/60	2/60	-L
1.0	6/6	0	0	0	0	5	8	10	10	12	15	20
0.7	6/9	0	0	0	5	8	10	10	12	15	18	20
0.5	6/12	0	0	5	5	10	10	10	12	15	18	20
0.4	6/15	0	5	5	10	12	15	15	18	20	25	30
0.3	6/18	5	8	10	12	25	30	35	40	45	50	55
0.25	6/24	8	10	10	15	30	35	40	45	50	55	60
0.2	6/30	10	10	10	15	35	40	45	50	60	65	70
0.17	6/36	10	12	12	18	40	45	50	55	65	70	75
0.1	6/60	12	15	15	20	45	50	60	65	75	80	85
0.03	2/60	15	18	18	25	50	55	65	70	80	95	100
0	-L	20	20	20	30	55	60	70	75	85	100	100

A.5.2. Monocular visual field defects

Defects are expressed as a percentage of the normal visual field of the eye.

A.5.2.1. > 25 per cent defective upper part 5 %

A.5.2.2. > 20 per cent defective lower part	5 %
A.5.2.3. > 40 per cent defective lower part	10 %
A.5.3. Binocular visual field defects	
A.5.3.1. Hemianopsia with macular degeneration	35 %
A.5.3.2. Hemianopsia without macular degeneration	45 %
A.5.3.3. Upper quadrantal anopsia	8 %
A.5.3.4. Lower quadrantal anopsia	15 %
A.5.4. Loss of binocular vision (where any permanent injury to the eye, due to the visual acuity, is < 5 per cent) caused by anisometriopia or astigmatism, which cannot be corrected by contact lens or surgery	5 %
A.5.5. Lost accommodation ability in persons under 50 years	5 %
A.5.6. Tear secretion	≤10 %
A.5.7. Double vision within the central 30º of the ocular field (radial extension) due to objective, detectable restriction in the motion of the eyes	10 %

A.5.8. Total unilateral ptosis (paralysis of eyelid)	18 %
A.5.9. Loss of vision of one eye	20 %
A.5.10. Loss of one eye or loss of vision of one eye with complications (for example eyeball shrinkage)	25 %
A.5.11. Loss of both eyes	100 %
A.5.12. Loss of vision of both eyes	100 %
A.5.13. Blinding, irritation, etc. due to objective degeneration caused by relevant trauma	5 %

A.6. Ear/hearing

A.6.1. External ear	
A.6.1.1. Loss of external ear	8 %
A.6.2. Total loss of hearing	
A.6.2.1. Total loss of hearing in one ear	10 %
A.6.2.2. Total loss of hearing in both ears	75 %

A.6.3. Hearing and communication ability

The table indicates how permanent injury is assessed for different combinations of hearing ability (HA) and communication ability (CA).

The ability is based on pure tone audiometry and information provided by the injured person.

Permanent injury percentage	**HA:0**	**HA:1**	**HA:2**	**HA:3**	**HA:4**	**HA:5**
CA:0	0	5	12	20	35	-
CA:1	-	8	15	30	40	55
CA:2	5	12	20	35	50	60
CA:3	-	15	30	40	55	65
CA:4	-	20	35	50	60	70
CA:5	-	30	40	55	65	75

0 – normal ability
1 – slightly reduced ability
2 – slightly to moderately reduced ability
3 – significantly reduced ability
4 – severely reduced ability
5 – completely neutralised ability (deafness)

Usually no permanent injury is rated for the use of hearing aid alone, the rating list having taken account of this already.

A.6.4. Loss of hearing and simultaneous, very uncomfortable and persistent tinnitus (ringing in ears)

A.6.4.1. In the event of a detected, permanent loss of hearing that does not in itself entitle the injured person to compensation, in combination with very uncomfortable and persistent tinnitus, the combined permanent injury for hearing loss and tinnitus is rated at ≤8 %

A.6.4.2. For a loss of hearing that entitles the injured person to compensation it is possible, in the event of simultaneous, very uncomfortable and persistent tinnitus, to allow an addition for the hearing loss of ≤8 %

The total permanent injury for hearing loss and tinnitus under A.6.4.2 is rated on the basis of the rule of multiple injuries.

A.7. Sense of smell

A.7.1. Loss of sense of smell in both nostrils (with or without changed sense of taste) 10 %

A.7.2. Chronic allergic inflammation of nose and mucous membrane of the eye (chronic allergic rhino-conjunctivitis)

A.7.2.1. Chronic allergic inflammation of nasal mucous membranes with daily symptoms (“hay fever”), perhaps in combination with simultaneous inflammation of the mucous membrane of the eye ≤5 %

A.7.2.2. Chronic allergic inflammation of nasal mucous membranes with daily symptoms (“hay fever”), perhaps in combination with simultaneous inflammation of the mucous membrane of the eye and pronounced objective degeneration of the nasal mucous membrane and perhaps of the mucous membrane of the eye 8 %

A.8. Paralysis of facial nerves

A.8.1. Unilateral paralysis of facial nerve

A.8.1.1. Partial paralysis 8 %

A.8.1.2. Total paralysis	20 %
A.8.2. Bilateral paralysis of facial nerves	
A.8.2.1. Partial paralysis	20 %
A.8.2.2. Total paralysis	40 %

A.9. List of cranial nerves included in the rating list

1st cranial nerve: Sense of smell – item A.7.1.

2nd cranial nerve: Vision – item A.5.

3rd cranial nerve: Eye motion, is functionally regarded as a part of 4th and 6th cranial nerves – item A.5.7. – double vision

4th cranial nerve: Eye motion (trochlearis), is functionally regarded as a part of the 4th and 6th cranial nerves – item A.5.7. – double vision

5th cranial nerve: Facial sensitivity and mastication musculature (trigeminus) – item A.1.4.

6th cranial nerve: Eye motion (abducens), is functionally regarded as a part of the 4th and 6th cranial nerves – item A.5.7. – double vision

7th cranial nerve: Facialis – item A.8.

8th cranial nerve: Hearing and balance – item A.6.

9th cranial nerve: Pharynx (glossopharyngeus) – not mentioned in the rating list

10th cranial nerve: Vocal cord – item A.3.

11th cranial nerve: Shoulder muscles – item D.1.5.

12th cranial nerve: Tongue (hypoglossus) – not mentioned in the rating list

B. Spine and pelvis

B.1. Spine

B.1.1. Cervical spine
Consequences of distortion, slipped disc, fracture, and stress-induced injuries

In the assessment of reduced motion, the rating is based on the motion to be expected in relation to the injured person's age. Any ankylosing operation can be included in the assessment.

In case of a substantial nerve root involvement or a substantial spinal cord impact an addition is granted, based on the remaining paragraphs of the rating list.

B.1.1.1. Moderate, daily cervical pain with or without slightly reduced motion	5 %
B.1.1.2. Frequent, severe cervical pain with or without slightly reduced motion	5 %
B.1.1.3. Moderate to severe, daily cervical pain with or without slightly reduced motion, perhaps with pain radiating into the arm, and perhaps moderate somatic, cognitive and affective accompanying symptoms	10 %
B.1.1.4. Severe, daily cervical pain with moderately to severely reduced motion, perhaps with pain radiating into the arm, and moderate to severe somatic, cognitive and affective accompanying symptoms	15 %

B.1.1.5. Severe, daily cervical pain with severely reduced motion, perhaps with pain radiating into the arm, and severe somatic, cognitive and affective accompanying symptoms and considerable restrictions in daily life, as well as symptoms of diagnosed concussion	20 %
B.1.1.6. Severe, daily cervical pain resulting from a fracture or slipped disc, perhaps with pain radiating into the arm, and considerable restrictions in daily life	20 %
B.1.1.7. Work-related pain of neck/shoulder/shoulder girdle	
B.1.1.7.1. Moderate or moderate to severe pain with no or slight reduction of motion of neck/shoulder/shoulder girdle	8 %
B.1.1.7.2. Severe pain and more pronounced reduction of motion of neck/shoulder/shoulder girdle	12 %
B.1.2. Thoracic spine Consequences of distortion, slipped disc, and fracture	
B.1.2.1. Moderate, daily back pain	5 %
B.1.2.2. Severe, frequent back pain	5 %
B.1.2.3. Moderate to severe, daily back pain, perhaps with radiating pain	10 %

B.1.2.4. Severe, daily back pain, perhaps with radiating pain 15 %

For severe fractures or several moderate to severe fractures involving gibbus formation (angular deformity), it is possible to allow an addition of 5-10 per cent.

An addition is given for substantial nerve-root involvement or substantial spinal cord impact, based on the remaining items of the rating list.

B.1.3. Low back
Consequences of distortion, slipped disc, fractures, and stress-induced injuries

The assessment of reduced motion is based on the motion to be expected in relation to the injured person's age. Any ankylosing operation can be included in the assessment.

An addition is allowed for substantial nerve-root involvement or substantial spinal cord impact, based on the remaining items of the rating list.

B.1.3.1. Moderate, daily back pain with or without very slightly reduced motion 5 %

B.1.3.2. Severe, frequent back pain with or without slightly reduced motion 5 %

B.1.3.3. Moderate, daily back pain, with pain radiating into the leg, with or without slightly reduced motion 10 %

B.1.3.4. Moderate to severe, daily back pain, perhaps with pain radiating into the leg, with slightly reduced motion 12 %

B.1.3.5. Moderate to severe, daily back pain, perhaps with pain radiating into the leg, with moderately to severely reduced motion	15 %
B.1.3.6. Severe, daily back pain, perhaps with pain radiating into the leg, with severely reduced motion	20 %
B.1.3.7. Severe, daily back pain, perhaps with pain radiating into the leg, with very severely reduced motion and substantial restrictions in daily life	25 %
B.1.4. Isolated nerve-root involvement	
B.1.4.1. Isolated radicular pain (radiating nerve pain)	5 %

Radicular involvement (paralysis of nerve root) is assessed in accordance with the rates for nerve paralysis.

B.2. Pelvis

Consequences of pelvic fracture

B.2.1. Moderate, but not daily pain and without asymmetry	<5 %
B.2.2. Moderate, daily pain and without asymmetry	5 %
B.2.3. Moderate to severe, daily pain and without asymmetry	8 %
B.2.4. Severe, daily pain and without asymmetry	10 %

B.2.5. Moderate, daily pain and asymmetry	12 %
B.2.6. Moderate to severe, daily pain and asymmetry	18 %
B.2.7. Severe, daily pain and asymmetry	25 %

B.3. Coccyx

B.3.1. Pain resulting from lesion with or without fracture	5 %

B.4. Spinal cord lesions

Injuries to the spinal cord and cauda equina (the bundle of nerves from the spinal cord). The permanent injury percentage depends on the injury level and the number of functioning muscles below the level (muscular force $\underline{\geq}$ 3).

It is possible to allow an addition for affected bladder, bowel, and sexual function with reference to the remaining items of the permanent injury rating list.

Incomplete tetraplegia requiring respirator therapy will be placed under item B.4.4. It is possible to allow up to 120 per cent for other simultaneous injuries. An assessment of the permanent injury rating ideally includes the ASIA form (American Spinal Injury Association).

B.4.1. Incomplete paraplegia	5-100 %
B.4.2. Complete paraplegia	100 %
B.4.3. Incomplete tetraplegia	5-120 %
B.4.4. Complete tetraplegia	120 %

C. Thorax

C.1. Ribs

C.1.1. Consequences of fractures to one or more ribs with daily pain, without reduced lung function 5-8 %

As for reduced lung function, see item E.2.

D. Extremities (arms and legs)

D.1. Upper extremities (arms)

If the rating list states different percentages for right and left, the rates apply to the right-handed. Thus a distinction is made between the dominant and non-dominant hand. If the injured person is left-handed, the left hand is assessed as the dominant hand.

The assessment of an injury to the upper extremity is based on a general assessment of pain, motion, strength, any atrophy, creaking, and laxity.

D.1.1. Fingers and middle hand

D.1.1.1. Finger injuries
1st finger = thumb
2nd finger = index finger
3rd finger = middle finger
4th finger = ring finger
5th finger = little finger

D.1.1.1.1. Loss of all fingers of one hand	Right 55 % Left 50 %
D.1.1.1.2. Loss of thumb and its metacarpal	Right 30 % Left 25 %
D.1.1.1.3. Loss of thumb	Right 25 % Left 20 %

D.1.1.1.4. Loss of distal part of thumb	12 %
D.1.1.1.5. Loss of ½ distal part of thumb	8 %
D.1.1.1.6. Thumb with stiff distal joint in favourable position	5 %
D.1.1.1.7. Thumb with stiff carpometacarpal joint in favourable position	<5 %
D.1.1.1.8. Thumb with stiff distal and carpometacarpal joints in favourable position	15 %
D.1.1.1.9. Lesion of lateral tendon of the carpometacarpal joint of the thumb with uncomfortable laxity	5 %
D.1.1.1.10. Fracture involving the carpometacarpal joint of the thumb, with daily, stress-induced pain	5-8 %
D.1.1.1.11. Thumb with stiff carpometacarpal joint in favourable position	8 %
D.1.1.1.12. Loss of 2nd finger	10 %
D.1.1.1.13. Loss of distal and middle part of 2nd finger	10 %

D.1.1.1.14. Loss of distal part of 2nd finger	5 %
D.1.1.1.15. 2nd finger with stiff proximal joint in extension	5 %
D.1.1.1.16. 2nd finger with 90o extension deficit in middle joint	5 %
D.1.1.1.17. Loss of 3rd finger	10 %
D.1.1.1.18. Loss of distal and middle part of 3rd finger	8 %
D.1.1.1.19 Loss of distal part of 3rd finger	5 %
D.1.1.1.20. 3rd finger with stiff proximal joint in extended position	5 %
D.1.1.1.21. 3rd finger with 90o extension deficit in middle joint	5 %
D.1.1.1.22. Loss of 4th finger	8 %
D.1.1.1.23. Loss of distal and middle part of 4th finger	5 %
D.1.1.1.24. Loss of distal part of 4th finger	<5 %
D.1.1.1.25. 4th finger with stiff proximal joint in extended position	5 %

D.1.1.1.26. 4th finger with 90o extension deficit in middle joint	5 %
D.1.1.1.27. Loss of 5th finger	8 %
D.1.1.1.28. Loss of distal and middle part of 5th finger	5 %
D.1.1.1.29 Loss of distal part of 5th finger	<5 %
D.1.1.1.30. Loss of 1st and 2nd finger	Right 40 % Left 35 %
D.1.1.1.31. Loss of distal part of 1st and 2nd finger	18 %
D.1.1.1.32. Loss of 1st, 2nd, and 3rd finger	Right 50 % Left 45 %
D.1.1.1.33. Loss of distal part of 1st, 2nd and 3rd finger	20 %
D.1.1.1.34. Loss of 1st, 2nd, 3rd, and 4th finger	Right 55 % Left 50 %
D.1.1.1.35. Loss of 2nd and 3rd finger	25 %
D.1.1.1.36. Loss of distal and middle part of 2nd and 3rd finger	20 %

D.1.1.1.37. Loss of distal part of 2nd and 3rd finger	10 %
D.1.1.1.38. Loss of 2nd, 3rd, and 4th finger	Right 35 % Left 30 %
D.1.1.1.39. Loss of distal and middle part of 2nd, 3rd, and 4th finger	25 %
D.1.1.1.40. Loss of distal part of 2nd, 3rd, and 4th finger	12 %
D.1.1.1.41. Loss of 2nd, 3rd, 4th, and 5th finger	Right 40 % Left 35 %
D.1.1.1.42. Loss of distal and middle part of 2nd, 3rd, 4th, and 5th finger	Right 35 % Left 30 %
D.1.1.1.43. Loss of distal part of 2nd, 3rd, 4th, and 5th finger	15 %
D.1.1.1.44. Loss of 3rd, 4th, and 5th finger	30 %
D.1.1.1.45. Loss of distal and middle part of 3rd, 4th, and 5th finger	20 %
D.1.1.1.46. Loss of distal part of 3rd, 4th, and 5th finger	10 %
D.1.1.1.47 Loss of 4th and 5th finger	20 %
D.1.1.1.48. Loss of distal and middle part of 4th and 5th finger	15 %
D.1.1.1.49. Loss of distal part of 3rd and 4th finger or 4th and 5th finger	5 %

D.1.1.1.50. 3rd and 4th finger with 90o extension deficit in middle joint 8 %

Stiffness not indicated in the list is determined on an individual basis.

D.1.1.2. Vibration white finger – Raynaud's disease
Vibration white finger is a disorder of the fingers. One or more fingers, of one or both hands, can be fully or partly involved. In addition to variation in the prevalence, there is also variation in the attack frequency.

Attack frequency
Rare attacks: Monthly
Regular attacks: Monthly/weekly
Frequent attacks: Almost daily

Attack frequency/prevalence	Rare	Regular	Frequent
Finger tips of one or more fingers	5	8	8
Distal and middle part of one or more fingers	8	10	12
Full extension of most fingers	10	12	15

D.1.1.3. Fracture to one or more middle hand bones with daily stress-induced pain and slightly reduced motion of fingers or malalignment/rotatory deformity 5 %

D.1.2. Hand and wrist

D.1.2.1. Loss of hand Right 60 %
Left 55 %

D.1.2.2. United wrist fracture with moderate pain and slightly reduced motion	5 %
D.1.2.3. United wrist fracture with moderate to severe pain and moderately to severely reduced motion, as well as possible dislocation and creaking	8 %
D.1.2.4. United wrist fracture with severe pain and severely reduced motion, as well as possible dislocation and creaking	12 %
In the event of any complication to the wrist fracture, for example carpal tunnel syndrome or other impact on nerves, the consequences are assessed on the basis of the rule of multiple injuries. See general paragraph 3.2.3.	
D.1.2.5. Wrist ankylosis in favourable working position	10 %
D.1.2.6. Consequences of fractures and/or soft-tissue lesions of hand/forearm, the pulps of the four ulnar fingers of a clenched fist being at a 2 cm distance from the hollow of the hand	12 %
D.1.2.7. Consequences of fractures and/or soft-tissue lesions of hand/forearm, the pulps of the four ulnar fingers of a clenched fist being at a 5 cm distance from the hollow of the hand	20 %
D.1.2.8. Carpal bone fracture or ligament injury in carpus with daily stress-induced pain and slightly reduced wrist motion	5 %
In the event of a more pronounced reduction in motion (which is rare), a graduation is made with reference to D.1.2.3. and D.1.2.4.)	

D.1.3. Forearm

D.1.3.1. Tenosynovitis – occasionally stress-induced pain and normal motion	<5 %
D.1.3.2. Tenosynovitis with daily, stress-induced pain and normal motion	5 %
D.1.3.3. Tenosynovitis with daily pain and slightly reduced motion	8 %

D.1.4. Elbow

Consequences of distortions, dislocations, fractures, and stress-induced injuries

D.1.4.1. Occasional, stress-induced pain and normal motion	<5 %
D.1.4.2. Daily, stress-induced pain and slightly reduced motion	5 %
D.1.4.3. Daily, stress-induced pain and moderately to severely reduced motion when flexing and/or turning	8 %
D.1.4.4. Daily, stress-induced pain and severely reduced motion to 90^{o} flexion	12 %
D.1.4.5. Forearm turning motion neutralised (hand in vertical upright position)	20 %

D.1.4.6. Ankylosis of elbow joint with 90^{o} flexion	25 %
D.1.4.7. Effective artificial elbow joint	10 %
D.1.4.8. Ineffective artificial elbow joint	12-25 %
D.1.4.9. Tennis elbow or golfer's elbow – occasionally stress-induced pain and normal motion	<5 %
D.1.4.10. Tennis elbow or golfer's elbow with daily, stress-induced pain and normal motion	5 %
D.1.4.11. Tennis elbow or golfer's elbow with daily, stress-induced pain and slightly reduced motion	8 %
D.1.5. Shoulder Consequences of distortions, dislocations, and stress-induced injuries (All motion is determined with unrestricted shoulder blade)	
D.1.5.1. Occasional, stress-induced pain and normal motion	<5 %
D.1.5.2. Daily, stress-induced pain and slightly reduced motion	5 %
D.1.5.3. Daily, stress-induced pain and moderately to severely reduced motion to active forward-up and outward-up 90^{o}	10 %

D.1.5.4. Daily, stress-induced pain and severely reduced motion to active forward-up and outward-up 45^{o} as well as objective muscular atrophy	25 %
D.1.5.5. Recurrent dislocation of the shoulder joint	10 %
D.1.5.6. Effective artificial shoulder joint	10 %
D.1.5.7. Ineffective artificial shoulder joint	12-25 %
D.1.5.8. Ankylosis of shoulder with the arm at the side of the body as well as objective muscular atrophy	35 %
D.1.5.9. Degeneration of the rotator tendons of the shoulder joint – occasionally stress-induced pain – and normal motion	<5 %
D.1.5.10. Degeneration of the rotator tendons of the shoulder joint – with daily, stress-induced pain and normal motion	5 %
D.1.5.11. Degeneration of the rotator tendons of the shoulder joint – with daily, stress-induced pain and slightly reduced motion	8 %

D.1.6. Collar bone

D.1.6.1. Consequences of fractured collar bone – occasionally stress-induced pain – and normal motion	<5 %
D.1.6.2. Consequences of fractured collar bone with daily, stress-induced pain and slightly reduced motion	5 %

D.1.6.3. Consequences of fractured collar bone with daily, stress-induced pain and more pronounced motion restriction	8 %

D.1.7. Acromioclavicular joint

D.1.7.1. Consequences of lesion of acromioclavicular joint – occasionally stress-induced pain – and normal motion	<5 %
D.1.7.2. Consequences of lesion of acromioclavicular joint with daily, stress-induced pain and slightly reduced motion	5 %
D.1.7.3. Consequences of lesion of acromioclavicular joint with daily, stress-induced pain and more pronounced restriction of motion	8 %

D.1.8. Arm

D.1.8.1. Loss of arm	Right 70 % Left 65 %
D.1.8.2. Amputation of upper arm	Right 65 % Left 60 %
D.1.8.3. Amputation of forearm with good motion of elbow	Right 60 % Left 55 %

D.1.8.4. Nonunited rupture of biceps (at shoulder joint)	
D.1.8.4.1. With good strength	5 %
D.1.8.4.2. With reduced shoulder/elbow function	10 %
D.1.8.5. Nonunited rupture of biceps (at elbow joint)	
D.1.8.5.1. With good strength	8 %
D.1.8.5.2. With reduced elbow function	12 %
D.1.9. Nerve lesions	
D.1.9.1. Brachial plexus	
D.1.9.1.1 Total paralysis of brachial plexus	Right 70 % Left 65 %
D.1.9.1.2. Partial paralysis of brachial plexus	Right 20-60 % Left 15-55 %
D.1.9.1.3. Total trapezius paralysis	Right 20 % Left 15 %

D.1.9.2. Radial nerve

D.1.9.2.1. Total paralysis of radial nerve of upper arm	Right 25 % Left 20 %
D.1.9.2.2. Partial paralysis of radial nerve	Right 5-20 % Left 5-15 %

D.1.9.3. Ulnar nerve

D.1.9.3.1. Total paralysis of ulnar nerve of upper arm	Right 30 % Left 25 %
D.1.9.3.2. Partial paralysis of ulnar nerve	Right 5-25 % Left 5-20 %

D.1.9.4. Median nerve

D.1.9.4.1. Total paralysis of median nerve of upper arm, with both sensor and motor injuries	Right 35 % Left 30 %
D.1.9.4.2. Partial paralysis of median nerve	Right 5-25% Left 5-20 %

D.1.9.5. Carpal tunnel syndrome

D.1.9.5.1. With pain and moderate, objective sensory disturbances	Right 5 % Left 5 %
D.1.9.5.2. With pain, severe sensory disturbances, and motor symptoms	Right 12 % Left 10 %
D.1.9.5.3. With pain, total paralysis, muscular atrophy, and objective sensory disturbances	Right 20 % Left 15 %

D.1.9.6. Lesion of finger nerve for precision grip

D.1.9.6.1. Total sensory loss of the half of the thumb that points towards the index finger (precision grip), caused by lesion of finger nerve	Right 5 % Left <5 %
D.1.9.6.2. Total sensory loss of flexion side of the whole distal part of the thumb, caused by lesion of both finger nerves	Right 10 % Left 8 %
D.1.9.6.3. Total sensory loss of the half of the distal part of the thumb that points towards the index finger, and simultaneous, total sensory loss of the half of the distal part of the index finger that points towards the thumb (precision grip), caused by lesion of finger nerves	Right 8 % Left 5 %
D.1.9.6.4. Total sensory loss of the half of the distal part of the index finger that points towards the thumb (precision grip), caused by lesion of finger nerve	Right 5 % Left <5 %

D.1.9.7. Functional loss caused by lesions

For example reflex dystrophy and neurogenous pain.

In the assessment of reflex dystrophy, the pain as well as weighting of other factors, such as reduced motion, muscular atrophy and trophic disturbances, will be included in the permanent injury rating.

When, at the same time, the affected regions are rated in this list, there will not be an automatic, full combination of the rates.

The total permanent injury percentage will be determined according to an assessment of the total functional level, based on an estimate.

D.2. Lower extremities (legs)

The rating of an injury to the lower extremity is based on a general assessment of pain, motion, strength, any muscular atrophy, creaking, and laxity.

D.2.1. Foot

D.2.1.1. Loss of foot with effective prosthesis function	30 %
D.2.1.2. Loss of foot with ineffective prosthesis function	40 %
D.2.1.3. Amputation through the middle part of the foot	15 %
Amputation through tarsus (Chopart’s or Lisfranc’s amputation)	20 %

(Amputation through ankle joint, Symes’ operation (which is rare), is regarded as loss of foot)

D.2.1.4. Loss of all toes of one foot	10 %
D.2.1.5. Loss of 1st toe and part of its metatarsal bone	8 %
D.2.1.6. Loss of 1st toe	5 %
D.2.1.7. Loss of distal part of 1st toe	<5 %
D.2.1.8. 1st toe with ankylosis in the proximal joint	5 %
D.2.1.9. 1st toe with ankylosis in distal joint	<5 %
D.2.1.10. Loss of 2nd toe	5 %
D.2.1.11. Loss of one other toe	<5 %
D.2.1.12. Fracture to one or more middle foot bones with daily stress-induced pain and reduced motion of middle foot and/or hind foot or deformity	5-8 %
D.2.1.13 Fracture to tarsal bones other than heel bone and talus or dislocation of Lisfranc's joint or Chopart's joint with daily stress-induced pain and reduced motion of the middle foot/hind foot or deformity	5-8 %

D.2.2. Ankle joint

D.2.2.1. Ligament injury in ankle joint with pain and clinical laxity	5 %
D.2.2.2. United ankle joint fracture with moderate pain and slightly reduced motion	5 %
D.2.2.3. United ankle joint fracture with moderate to severe pain and moderately to severely reduced motion, as well as any creaking	8 %
D.2.2.4. United ankle joint fracture with severe pain and severely reduced motion, as well as any creaking	12 %
D.2.2.5. Ankle joint stiff at straight angle or slight pes equinus (10^{o}-15^{o})	15 %
D.2.2.6. Ankle joint stiff in pronounced pes equinus position	25 %
D.2.2.7. Inserted ankle prosthesis with good prosthetic function	10 %
D.2.2.8. Inserted ankle prosthesis with bad prosthetic function	12-25 %

D.2.3. Achilles tendon

D.2.3.1. Consequences of ruptured Achilles tendon with reduced motion of ankle joint and muscular atrophy of calf, as well as any pain	5 %

D.2.4. Heel bone

D.2.4.1. Fractured heel bone with moderate pain and slightly reduced motion of hind part of foot	8 %
D.2.4.2. Fractured heel bone with severe pain and pronounced restriction of motion of hind part of foot	10 %
D.2.4.3. Fractured heel bone with deformity, severe pain and suspended motion of hind part of foot	15 %

D.2.5. Leg

D.2.5.1. Loss of one leg	65 %
D.2.5.2. Amputation in knee or thigh with effective prosthetic function	50 %
D.2.5.3. Amputation in knee or thigh with ineffective prosthetic function	60 %
D.2.5.4. Loss of lower leg with effective prosthetic function	30 %
D.2.5.5. Loss of lower leg with ineffective prosthetic function	40 %
D.2.5.6. Shortening by less than 3 cm	<5 %
D.2.5.7. Shortening by at least 3 cm	10 %

D.2.5.8. Post-thrombotic syndrome in one leg	5-20 %
D.2.5.9. Substantial aggravation of varicose veins or shinbone sores	8 %
D.2.6. Lower leg	
D.2.6.1. United shin bone shaft fracture without pain and without malalignment, rotatory deformity, or shortening	<5 %
D.2.6.2. United shin bone shaft fracture with pain and moderate malalignment, rotatory deformity, or shortening	5 %
D.2.6.3. United shin bone shaft fracture with pain and moderate to severe malalignment, rotatory deformity, or shortening	8 %
D.2.6.4. United shin bone shaft fracture with pain and severe malalignment, rotatory deformity, or shortening	12 %
D.2.7. Knee joint	
D.2.7.1. Knee ankylosis in favourable position	25 %
D.2.7.2. Knee with up to 5^{o} extension deficit	<5 %
D.2.7.3. Knee with flexion reduced to 90^{o}	10 %
D.2.7.4. Lesion of cartilage of knee joint with pain, slight muscular atrophy, and perhaps reduced motion	5 %

D.2.7.5. Lesion of cartilage of knee joint with pain, some muscular atrophy, and some restriction of motion	8 %
D.2.7.6. Lesion of meniscus without pain and with normal motion	<5 %
D.2.7.7. Lesion of meniscus with moderate pain, slight muscular atrophy, perhaps slightly reduced motion and perhaps squeezing	5 %
D.2.7.8. Habitual, frequent dislocation of knee cap	10 %
D.2.7.9. Loss of knee cap	10 %
D.2.7.10. Lesion of cruciate ligament with uncomfortable drawer laxity and modest objective findings	5 %
D.2.7.11. Lesion of cruciate ligament with moderate drawer laxity and slight muscular atrophy and/or slightly reduced motion	8 %
D.2.7.12. Lesion of cruciate ligament with moderate drawer laxity, moderate muscular atrophy, and/or moderate restriction of motion	10 %
D.2.7.13. Lesion of cruciate ligament with severe drawer laxity, severe muscular atrophy, and/or substantially reduced motion	15 %
D.2.7.14. Lesion of cruciate ligament with severe drawer laxity, severe muscular atrophy, and/or substantial reduction of motion as well as severe lateral laxity	20 %

D.2.7.15. Lesion of cruciate ligament with severe drawer laxity, severe muscular atrophy, and/or substantial restriction of motion, severe lateral laxity, and a need for constant and daily use of stabilising bandage 25 %

If a cruciate ligament reconstruction has been performed, the assessment will be made on the basis of the above rates and against the background of the result of the operation.

D.2.7.16. Isolated lesion of lateral ligament with uncomfortable lateral laxity and modest objective findings 5 %

D.2.7.17. Isolated lesion of lateral ligament with severe lateral laxity and severe objective findings 10 %

If a ligament reconstruction has been performed, the assessment will be made on the basis of the above rates and against the background of the result of the operation.

D.2.7.18. Effective artificial knee joint 10 %
D.2.7.19. Ineffective artificial knee joint 12-25 %

D.2.8. Femur

D.2.8.1. United fracture of the shaft of femur, without pain and without malalignment, rotatory deformity, or shortening <5 %

D.2.8.2. United fracture of the shaft of femur, with pain and moderate malalignment, rotatory deformity, or shortening 5 %

D.2.8.3. United fracture of the shaft of femur, with pain and moderate to severe malalignment, rotatory deformity, or shortening	8 %
D.2.8.4. United fracture of the shaft of femur, with pain and severe malalignment, rotatory deformity, or shortening	10 %
D.2.9. Hip	
D.2.9.1. United fracture of the femoral neck, with pain and slightly reduced motion	5 %
D.2.9.2. United fracture of the femoral neck, with pain and moderately to severely reduced motion	8 %
D.2.9.3. United fracture of the femur, through the trochanter, with pain and slightly reduced motion	5 %
D.2.9.4. United fracture of the femur, through the trochanter, with pain and moderately to severely reduced motion	8 %
D.2.9.5. Hip with severe restriction of the functional use of the hip (Girdlestone's status)	35 %
D.2.9.6. Effective artificial hip joint	10 %
D.2.9.7. Ineffective artificial hip joint	12-25 %

D.2.9.8. Hip ankylosis in favourable position	30 %
D.2.10. Nerve lesions	
D.2.10.1. Sciatic nerve	
D.2.10.1.1. Moderate paralysis	10 %
D.2.10.1.2. Moderate or partial paralysis	30 %
D.2.10.1.3. Total paralysis	50 %
D.2.10.2. Femoral nerve	
D.2.10.2.1. Moderate paralysis	12 %
D.2.10.2.2. Total paralysis with numbness	30 %
D.2.10.3. Common tibial nerve	
D.2.10.3.1. Moderate or partial paralysis	12 %
D.2.10.3.2. Total paralysis with numbness	20 %

D.2.10.4. Peroneal nerve

D.2.10.4.1. Moderate or partial paralysis	8 %
D.2.10.4.2. Total paralysis with numbness	15 %

E. Pulmonary and cardiovascular diseases and peripheral vascular injuries

E.1. Asthma

E.1.1. Detected asthma, but no symptoms when the substance in question is avoided and is easy to avoid	<5 %
E.1.2. Rare attacks, but medication dependence	10 %
E.1.3. Frequent attacks and medication dependence (including attacks provoked by exertion, running, etc.)	25 %

E.2. Limited functional capacity in connection with pulmonary and cardiovascular diseases

The assessment of pulmonary and cardiovascular diseases takes into account the restriction in functional capacity caused by the disease. The following functional group division is made.

E.2.1. No limitation in physical activity	<5 %
E.2.2. Slight limitation in physical activity, symptoms occur only in connection with strenuous activity	20 %
E.2.3. Considerable limitation in physical activity, symptoms also occur in connection with light activity	50 %

E.2.4. Any physical activity provokes symptoms, and the symptoms can be present when the person is at rest 100 %

In connection with obstructive lung diseases, such as asthma and chronic obstructive lung disorder (COLD), this division according to function is supported by objective measuring of the lung function, for instance forced expiration volume in the first second, $FEV_{1.0}$

On condition that the $FEV_{1.0}$ reduction is permanent,

functional group 1: $FEV_{1.0}$ = 80-100 per cent
functional group 2: $FEV_{1.0}$ = 50-79 per cent
functional group 3: $FEV_{1.0}$ = 30-49 per cent
functional group 4: $FEV_{1.0}$ < 30 per cent

E.3. Consequences of peripheral vascular injuries

Vascular injuries, after successful operation with insertion of vascular prosthesis, are assessed individually according to the anatomical position, the applied material, and the length of the reconstruction.

E.3.1. Autolog venous prosthesis over short course on body or leg <5 %

E.3.2. Autolog venous prosthesis over longer course on leg 5 %

E.3.3. Darcron prosthesis over aortofemoral course 8 %

E.3.4. PTFE prosthesis over longer course on leg 12 %

Vascular injuries with effect on the blood flow after operation are assessed on an individual basis, based on the percentage rates for injuries to the affected organ.

F. Internal organs

F.1. Abdominal cavity/abdominal wall

F.1.1. Loss of spleen	5 %
F.1.2. Chronic pain after surgically treated hernia of inguinal or abdominal wall	≤8 %
F.1.3. Hernia of abdominal wall, inoperable	≤25 %
F.1.4. Laxation of abdominal wall, inoperable	≤20 %
F.1.5. Gullet narrowing, inoperable	10-30 %
F.1.6. Gastrointestinal bypass operation	5-30 %
F.1.7. Chronic hepatitis	20 %
F.1.8. Effective transplanted liver	40 %
F.1.9. Chronic pancreatitis	5-20 %
F.1.10. Subjective abdominal pain without objective findings	≤8 %
F.1.11. Lesion of lower biliary tracts, maintained anatomy to intestine and no effect on liver, no pain	<5 %

F.1.12. Lesion of lower biliary tracts, with stenosis or anastomosis with intestine and no effect on liver	5-10 %
F.1.13. Lesion of lower biliary tracts, with stenosis that requires repeated dilation treatment or stent	10-20 %

F.2. Intestines/bowel movement disturbances

F.2.1. Short bowel syndrome	10-40 %
F.2.2. Ileostomy	30 %
F.2.3. Colostomy, left	20 %
F.2.4. Colostomy, middle and right	25 %
F.2.5. Incontinence to flatus	8 %
F.2.6. Bowel incontinence, moderate	15 %
F.2.7. Bowel incontinence, severe, inoperable	≤50 %

F.3. Kidneys/urinary tracts

F.3.1. Loss of one kidney	10 %

F.3.2. Loss of kidney function with permanent dialysis	65 %
F.3.3. Effective transplanted kidney	25 %
F.3.4. Internal bladder reconstruction (bladder substitution)	10-15 %
F.3.5. Urostomy with reservoir (Kock's)	25 %
F.3.6. Urostomy without reservoir (Bricker)	30 %
F.3.7. Artificial sphincter, depending on function	15-30 %
F.3.8. Moderate urinary incontinence	8 %
F.3.9. Moderate to severe incontinence, inoperable	40 %
F.3.10. Severe incontinence, inoperable	50 %
F.3.11. Permanent urethral catheter	20 %
F.3.12. Self-catherization (RIK)	15 %

F.4. Genitals

F.4.1. Loss of both testicles, depending on hormonal and fertility consequences	5-25 %

F.4.2. Loss of both ovaries, depending on hormonal and fertility consequences	5-25 %
F.4.3. Loss of both uterine tubes, depending on fertility consequences	5-10 %
F.4.4. Loss of uterus, depending on fertility consequences	5-15 %
F.4.5. Impotence, physical cause	≤15 %
F.4.6. Other injuries in the genital region (loss of one testicle, one ovary or one uterine tube, coital problems, including pain in connection with erection, etc.)	≤15 %

G. Skin diseases

G.1.2. and G.1.3. can be added to other permanent injury, cf. the rule of multiple injuries.

G.1. Eczema

Eruption frequency

Rare:	A few times a year
Occasional:	Once each quarter
Frequent:	More than that

The assessment of the degree of chronic degeneration includes prevalence, localisation, and type.

G.1.1. Hand eczema alone

Eruption frequency/chronic degeneration	Rare	Occa-sional	Frequent
None	<5	5	8
Slight	5	8	10
Moderate	10	12	15
Severe	20	25	30

G.1.1.1. Very severe chronic hand eczema with constant activity 35 %

G.1.2. Eczema on arms with simultaneous hand eczema

G.1.2.1. Slight eczema on arms with simultaneous hand eczema 5 %

G.1.2.2. Moderate eczema on arms with simultaneous hand eczema 8 %

G.1.2.3. Severe eczema on arms with simultaneous hand eczema 10 %

G.1.3. Allergy to widely appearing substances, for example nickel, chrome, formaldehyde, rubber additives, and latex 5 %

Simultaneous allergies to several substances are not added.

G.1.4. Eczema on smaller parts of body (except for face and hands), for example on legs or arms without simultaneous hand eczema

Eruption frequency/chronic degeneration	Rare	Occa-sional	Frequent
None	<5	<5	5
Slight	<5	5	8
Moderate	8	10	12
Severe	15	20	25

G.1.5. Facial eczema

Eruption frequency/chronic degeneration	Rare	Occa-sional	Frequent
None	<5	5	8
Slight	5	8	10
Moderate	10	12	15
Severe	20	25	30

The assessment of the severity of facial eczema also includes an assessment of the degree of disfigurement, which, therefore, is not added.

G.1.6. Eczema spreading to larger parts of body

G.1.6.1. Slight or moderate to severe chronic degeneration on hands and with occasional eruptions on large parts of body 50 %

G.1.6.2. Severe hand eczema as well as severe eczema with chronic activity on major part of body 65 %

H. Disfigurement

The permanent injury rates of the list comprise normal surgical scars etc. that are a direct consequence of the injury.

The following rates apply in case of disfigurement without other physical complaints of any significance.

If there is disfigurement as well as other injuries, the assessment is made against the background of the rule of multiple injuries (see general paragraph 3.2.3.).

H.1. Non-disfiguring facial or bodily or extremity scars	<5 %
H.2. Disfiguring facial scars, for instance major discoloration, or deformed eyelids or mouth surroundings	5-15 %
H.3. Deformed nose	5-15 %
H.4. Large scars on body or extremities	0-50 %
H.5. Loss or severe deformity of female breast	10-15 %
H.6. Loss of one external ear	8 %
H.7. Scalping	10 %

I. Cancer diseases

The consequences of cancer diseases are so varied that it is not possible to work out an actual list. However, the following may serve as a basis for the rating the cancer diseases that may be recognised as occupational diseases.

I.1. Cancer disease, radically operated/treated, with an estimated insignificant risk of relapse	≤5 %
I.2. Cancer disease, radically operated/treated, but with a high or very high risk of relapse	≤15 %
I.3. Incurable cancer disease with modest further treatment potential – basic rating	100 %

In the event of inoperable cancer diseases where the injured person is in physical remission when the decision is made, the permanent injury can be rated at 50 per cent. In that case the case will immediately be reassessed, and the condition will be followed closely. The permanent injury rating reflects the mental stress and the change in life situation that the cancer disease will cause in any case, also in connection with physical remission.

Furthermore, the consequences of any type of cancer therapy are assessed in accordance with the remaining rates of the table.

J. Mental injuries following violence or shocking experiences

Exposures to insubstantial violence, threats, or shock caused by a minor mental trauma are not deemed able to cause a permanent injury of 5 per cent or more if there are no other exposures.

J.1. Posttraumatic stress disorder

When making an assessment of the severity, the number of symptoms, their frequency/intensity and their effect on the personal daily life are taken into consideration.

Over time there is often a change in the symptoms towards the diagnosis of personality change or perception of disaster, some complaints disappearing/subsiding and new ones being added. Therefore, with regard to permanent injury, these two conditions are processed as one with a shared permanent injury rating, cf. this list. In most cases a posttraumatic stress disorder is a temporary disorder.

If a posttraumatic stress disorder subsides so that the diagnosis criteria for the permanent injury rating are no longer met, it is possible to rate the permanent injury as less than mildly severe, i.e. 5-8 per cent.

J.1.1. Mild posttraumatic stress disorder	10 %
J.1.2. Moderate posttraumatic stress disorder	15 %
J.1.3. Moderate to severe posttraumatic stress disorder	20 %
J.1.4. Severe posttraumatic stress disorder	25 %

J.1.5. Severe symptoms of posttraumatic stress disorder and simultaneous symptoms of other mental illness such as psychotic symptoms and/or severe symptoms of chronic depression or personality change 35 %

J.2. Unspecified stress disorder

For an unspecified stress disorder the symptoms are less specific than for a posttraumatic stress disorder. Frequent symptoms are vigilance, irritability, concentration problems, noise sensitivity, sadness, etc. Also, compared to the symptoms of posttraumatic stress disorder, the symptoms are much less comprehensive. The severity is assessed on the basis of the occurring symptoms, their severity, and their effect on the personal daily life.

J.2.1. Mild, unspecified stress disorder 5 %

J.2.2. Severe, unspecified stress disorder 10 %

J.3. Chronic depression

Depression is understood as the diagnosis of depression according to the disease classification. Most depressions are temporary, but a small number of depressions develop into chronic disorders. According to the disease classification, the severity is assessed in view of occurring complaints, their severity, and their effect on the personal daily life.

J.3.1. Mild chronic depression 10 %

J.3.2. Moderate chronic depression 15 %

J.3.3. Severe chronic depression 20 %

J.3.4. Severe chronic depression with psychotic symptoms 25 %

J.4. Posttraumatic anxiety

Posttraumatic anxiety is understood as a state where there are no substantial complaints apart from anxiety. In many cases the complaints will be temporary but in some cases the anxiety becomes permanent. The severity is assessed in the same way as for other mental conditions.

J.4.1. Mild posttraumatic anxiety 5 %

J.4.2. Severe posttraumatic anxiety 10 %

Permanent injury is rated for the severest diagnosis, anxiety frequently being a symptom of posttraumatic stress disorder. Depression and depressive symptoms are frequent for posttraumatic stress disorder/personality change.