Impairment Ratings Specialists

Activities of Daily Living AMA Guides 5th Edition
A Practical Approach and Application

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Disclaimer

This is an educational discussion to discuss the applications of Activities of Daily Living using the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition (The Guides) based on internal consistency of the The Guides across multiple chapters. Where possible, definitions contained within the The Guides are referenced. For additional citations not contained within The Guides, resource references are provided for the reader. Clinical examples of weighted rating methods may contain elements of proprietary methods and therefore may not be fully disclosed to the reader as required by Trade Secret and Patent Pending filings.

Abstract

The concept of "Activities of Daily Living" (ADLs) is a constant theme throughout The Guides. The terms "Activities of Daily Living", "ADL", "ADLs", and "Daily Activities" are mentioned a total of 607 times in the text. Table 1-2 page 4 lists the basic eight activities and outlines a total of 34 examples of specific function. The correct application of ADLs is critical for accuracy in impairment ratings. The Guides emphasize this on page 5, "When the physician is estimating a permanent impairment rating, Table 1-2 can help to determine how significantly the impairment impacts these activities. Using the impairment criteria within a class and knowing the activities

the individual can perform, the physician can estimate where the individual stands within that class." This article educates the evaluator and provides a systematic understanding and methodical approach to documenting ADLs and determining an accurate whole person impairment (WPI). Correct and accurate impairment ratings ensure timely settlements, and reduce unnecessary second opinions and use of other resources for stakeholders.

Introduction

The linkage of Activities of Daily Living and whole person impairment is outlined in The Guides Chapter 1: Philosophy, Purpose, and Appropriate Use of the Guides. "Impairment" is defined in Section 1.2a page 2 as "a loss, loss of use, or derangement of any body part, organ system, or organ function." The word and concept of "function" is central in the relationship of ADLs and impairment. "Permanent Impairment" is dependent on the underlying medical condition having reached "maximal medical improvement" (MMI) defined also on page 2. A primary connection is more clearly defined between the concept of Table 1-2 ADL function and impairment on page 4, "The whole person impairment percentages listed in the Guides estimate the impact of the impairment on the individual's overall ability to perform activities of daily living, excluding work, as listed in Table 1-2."[2] More clearly stated, it is the function of the WPI to estimate ADL function, not the reverse.

Whole person impairment is expressed in a percentage range of 0 to 100 percent. Function is used to define both end ranges of the WPI spectrum. Zero percent WPI is defined specifically in terms of both function and activities of daily living (Table 1-4) on page 5 as "A 0% whole person (WP) impairment rating is assigned to an individual with an impairment if the impairment has no significant organ or body system functional consequences and does not limit the performance of the common activities of daily living indicated in Table 1-2."[3] Furthermore, the upper end of WPI again uses functional terms for the definition of 90 to 100% WPI on page 5 as "A 90% to 100% WP impairment indicates a very severe organ or body system impairment requiring the individual to be fully dependent on others for self-care, approaching death."[3] Finally, to create a singular correlation between function and WPI an example is provided on page 5 which sets them directly equal to one another, "For example, an individual who receives a 30% whole person impairment due to pericardial heart disease is considered from a clinical standpoint to have a 30% reduction in general functioning as represented by a decrease in the ability to perform activities of daily living."[4] In sum, The Guides defines ADL function and WPI as direct and equal in value to one another.

Understanding ADL Function and Pain

Pain and endurance are reflections of WPI. Page 2 states "An impairment can be manifested objectively, for example, by a fracture, and/or subjectively, through fatigue and pain."[1] It is important to notice that "fatigue" and "pain" are referenced together and not as alternatives to one another. This indicates there is a spectrum of influence on ADL function which are to be

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considered for both elements. This raises the question "How is Table 1-4 practically applied to an individual for impairment rating?"

Chapter 18: Pain addresses The Guides' classification of pain in relation to ADL function. This is detailed on page 575 Table 18-3 Impairment Classification Due to Pain Disorders. This table classes pain from mild (Class 1) to severe (Class 4). Mild pain is described as "Individual's pain is mildly aggravated by performing ADL; is able to perform them with few modifications". Moderate pain is described as "Individual has moderate difficulty managing ADL; must make significant modifications in order to perform them (eg, move to a ground floor apartment, buy a car with automatic transmission)". Moderately Severe pain is described as "Individual can perform ADL only with substantial modifications; unable to perform many routine activities (eg, driving a car)". Severe pain is described as "Individual must either get help from others for many ADL (eg, preparing food, dressing), modify them drastically (eg, stop bathing), or spend an inordinate amount of time accomplishing them (eg, 2 hours to get out of bed and dressed)".[5] It is noteworthy that this table includes reference to the use of the visual analogue pain scale (VAS).

The VAS is commonly used to communicate the individual's perception of pain. Table 18-3 classes moderate severe and severe pain both in the 9-10/10 range with the distinction being the frequency of the pain. Moderate severe pain is present "most of the time" while severe pain is "essentially continuous". Again, the purposes of framing pain (a manifestation of impairment) in the context of Table 18-3 allows an anchoring definition of pain in context of The Guides, which serves as a practical instruction for both severity and frequency.

The pain severity classifications defined Chapter 18: Pain provides a useful application of the VAS as it applies to functional scoring. Using the classes, the following ranges of pain may be related to function with the following proposed scale: 0 pain is no pain and no ADL limitation. Pain levels 1-4 are mild (Class 1), pain levels 5-8 are moderate (Class 2), pain levels 9-10 with occasional to frequent (25-75% of the time) are moderate severe (Class 3), and pain levels 9-10 constant are severe (Class 4).

Understanding the Concepts of Fatigue, Duration and Rate

Fatigue is not defined in The Guides. The Guides do, however, reference Dorland's Illustrated Medical Dictionary as a resource for contextual definitions on page 11. Dorland's Edition 28 defines fatigue as "1. a state of increased discomfort and decreased efficiency resulting from prolonged or excessive exertion; loss of power or capacity to respond to stimulation."[6] The concept of fatigue is valuable, as it defines impairment, and in turn, defines activities of daily living. A practical clinical application for fatigue, as recommended by the authors, include two dimensions: a) duration b) rate.

Duration, which is also not defined in The Guides, refers to how long a certain task can be performed. Dorland's defines duration as "1. A period of time, such as the length of time an electrical stimulus is being applied." A primary emphasis is placed on time. Duration may be

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defined in terms of minutes, hours, days etc. For example, an individual is able to walk for 20 minutes. The duration of time is "20 minutes".

Rate is not defined in The Guides. Rate refers to how quickly a certain task can be performed. Dorland's defines rate as "2. The number of occurrences of an event per unit time." A primary emphasis is occurrences and time. For example, an individual is able to walk a mile in 15 minutes means the occurrence is one mile and the unit of time is 15 minutes.

Both duration and rate are considered as elements of defining ADL function by way of the contribution to "fatigue". This mean that if either duration or rate are disturbed, the ADL function is altered by the patient's injury or condition.

Understanding the Concept of "Limitation"

Recall page 2 introduces the concept of "limitations" as it relates to ADLs, "An impairment may lead to functional limitations or the inability to perform activities of daily living." Limitation is not defined in The Guides.

Commonly, ADL activity is thought to be impacted by pain; however, consideration of other conditions expands the concept of "limitation". Dorland's defines limitation as "circumscription; the act of limiting, or state of being limited." This is a unique qualifier for ADL conceptualization because often it is pain which is limiting function. However, ADLs may be limited by conditions other than pain. For example, an individual with a neurologic condition (eg. myasthenia gravis) may experience fatigue and/or weakness (without pain) due to nerve dysfunction which may limit grasping, typing, writing and lifting.

An extreme example is an individual with an amputation (without pain) who has obvious limitations in ADL function which are present by simply not having an arm. ADLs limited in this example would include self-care, personal hygiene (urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating), communication (writing, typing), sensory function (tactile feeling,), nonspecialized hand activities (grasping, lifting, tactile discrimination), travel (driving). In fact, amputation, or absence of a body part that results in the inability to perform no function over the continuance of time is the very definition of zero function.

Practical Application of Classifying ADL Status

Having now defined the concepts of functional limitation in terms of pain and fatigue (duration and rate), a systematic approach to classifying the clinical ADL state is now possible. Since it is clear functional limitations may arise from either pain and/or symptoms, the authors suggest that ADL status can best and most simply be reported in three states: 1) No limitation; No pain and/or symptoms; 2) No limitation; Pain and/or symptoms only; 3) Limitation; with or without pain and/or symptoms. For the purposes of classifying an individual's ADL status, a scoring system may be applied to each ADL where "No limitation; No pain and/or symptoms" = 0, "No

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limitation; Pain and/or symptoms only" = 0.5 to recognize the contribution of symptoms without functional loss, and finally "Limitation; with or without pain and/or symptoms"= 1. Within the context of this scoring system, an individual with an overall ADL score of 0 experiences no limitations, pain, or symptoms when performing any of the 34 ADLs, while an individual with an overall ADL score of 34 experiences limitations (with or without pain and/or symptoms) when performing all 34 ADLs. Recall, interpolation and impairment average weighting methods are described and illustrated in multiple sections throughout the AMA Guides 5th Edition (References: Interpolation: Pages 20, 453, 455, 456, 457, 459, 460, 461, 462, 463, 464, 466, 467, 468, 470, 471, 472, 474, 475, 476, 478, 538, and 549; Impairment average weighting: Pages 284, 289, 296 and 328). Evaluators may create other scoring systems; however, the ADL status definitions and bounding of that system should be clearly stated in the evaluator's impairment report.

Determining Internal Data Consistency Using ADL Status and WPI Reporting

The great advantage to objective classification of ADL is to effectively communicate to the stakeholder a more accurate reflection of the individual's function in parallel to validate the internal consistency of the data (the documentation of the individual's condition in their medical chart) and the resultant WPI (the whole person impairment assigned based on the data). Because WPI is a reflection of ADL, the stakeholders can now easily use a simple weighted value system to validate the parity between an individual's chart data and WPI.

Case Study Example

Take the example of a shoulder which is assigned a maximum value of 90%UE (upper extremity impairment) which is equivalent to 54%WPI as shown on page 499, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units. If the full 34 ADLs listed on Table 1-2 page 4 represent the full spectrum of function, then it can be said that full limitation of all 34 ADLs equals the 100%WPI condition (eg. "fully dependent on others for self-care, approaching death"). Using this relationship, it can fairly be said that the full ADL representation of a shoulder is therefore 54%WPI of the full 34 functional examples. Stated another way, 0.54 x 34 ADLs = 18 ADLs maximum upper boundary of limitation for the shoulder, with or without pain and/or symptoms. Again, this is predicated on the AMA Guides' earlier discussion that 1% of ADL function equals 1%WPI. Practically speaking, this means any "knowledgeable observer" can review a report for internal consistency and accuracy using the ADL weighted value to check parity with the resultant WPI for any system or body part.

Again, using the shoulder, if the report documents only 3 ADLs limited with or without pain and/or symptoms and the published impairment value rating is 30%WPI, it is very clear that either one or two problems exist: 1) The history of the ADL is inaccurate or incomplete, and/or 2) the impairment ratable data set is inaccurate, incomplete, or the impairment calculations are incorrect.

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In the example above, it is evident that 3/18 ADLs for the shoulder represents 17% of the shoulder maximum functional loss, and the expected resultant scaled WPI should also be 17% of the maximum WPI, or 9%WPI (0.17 x 54%WPI max). It is immediately clear that 30%WPI is not internally consistent with the ADL report according to The Guides. Where the actual error lies in the report is a matter for investigation; however, the obvious discrepancy between ADL and WPI provides a basis from which to begin the process for repairing the report.

Summary

Activities of Daily Living (ADLs) is a key concept that any medical evaluator or stakeholder must understand to properly interview, create, and validate AMA Guides impairment rating reports. Whole person impairment (WPI) is a direct reflection of the individual's function, and therefore ADL impact. The full complement of Table 1-2 activities and examples (a total of 34 examples) forms the definition of the 0 to 100% WPI range. ADL limitation is defined by the presence of pain, fatigue, or a missing body part. Duration and rate of activities are subcomponents that may be used to determine if the definition of fatigue has been met. The authors suggest an objective scoring system to describe three possible states of an ADL function: 1) No limitation; No pain and/or symptoms; 2) No limitation; Pain and/or symptoms only; 3) Limitation; with or without pain and/or symptoms. Evaluators may create other scoring systems; however, the ADL status definitions and bounding of that system should be clearly stated in the report. When correctly documented, the ADL score (percentage impact) and the WPI should equally reflect one another to show internal consistency and therefore demonstrate compliance with The Guides. Data results that are not in parity with the ADL score and WPI should indicate further investigation into the impairment report with respect to the completeness of the history, physical exam, and accuracy of the impairment calculations.

AMA Guides 5th Edition References

1. Chapter 1: Philosophy, Purpose, and Appropriate Use of the Guides; page 2 **"An impairment can be manifested objectively, for example, by a fracture, and/or subjectively, through fatigue and pain."**

2. Chapter 1: Philosophy, Purpose, and Appropriate Use of the Guides; Page 4; **"The whole person impairment percentages listed in the Guides estimate the impact of the impairment on the individual's overall ability to perform activities of daily living, excluding work, as listed in Table 1-2."**

3. Chapter 1: Philosophy, Purpose, and Appropriate Use of the Guides; page 5 **"A 0% whole person (WP) impairment rating is assigned to an individual with an impairment if the impairment has no significant organ or body system functional consequences and does not limit the performance of the common activities of daily living indicated in Table 1-2." ; "A 90% to 100% WP impairment indicates a very**

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severe organ or body system impairment requiring the individual to be fully dependent on others for self-care, approaching death."

4. Chapter 1: Philosophy, Purpose, and Appropriate Use of the Guides; page 5 **"For example, an individual who receives a 30% whole person impairment due to pericardial heart disease is considered from a clinical standpoint to have a 30% reduction in general functioning as represented by a decrease in the ability to perform activities of daily living."**

5. Chapter 18: Pain; page 575 **"Individual's pain is mildly aggravated by performing ADL; is able to perform them with few modifications." ; "Individual has moderate difficulty managing ADL; must make significant modifications in order to perform them (eg, move to a ground floor apartment, buy a car with automatic transmission)" ; "Individual can perform ADL only with substantial modifications; unable to perform many routine activities (eg, driving a car)" ; "Individual must either get help from others for many ADL (eg, preparing food, dressing), modify them drastically (eg, stop bathing), or spend an inordinate amount of time accomplishing them (eg, 2 hours to get out of bed and dressed)".**

6. Dorland's Illustrated Medical Dictionary. 28th ed. Philadelphia: W.B. Saunders Co., 1994; page 11 **"1. a state of increased discomfort and decreased efficiency resulting from prolonged or excessive exertion; loss of power or capacity to respond to stimulation."**

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