台大醫院雲林分院

◇ 島嶼的邊緣

◇ 世界的中心

◇ 飛躍未來的醫學中心

永久失能與職災勞工權益
勞動能力損失評估、勞保失能診斷與身心障礙鑑定的應用

報告者：陳宗延醫師

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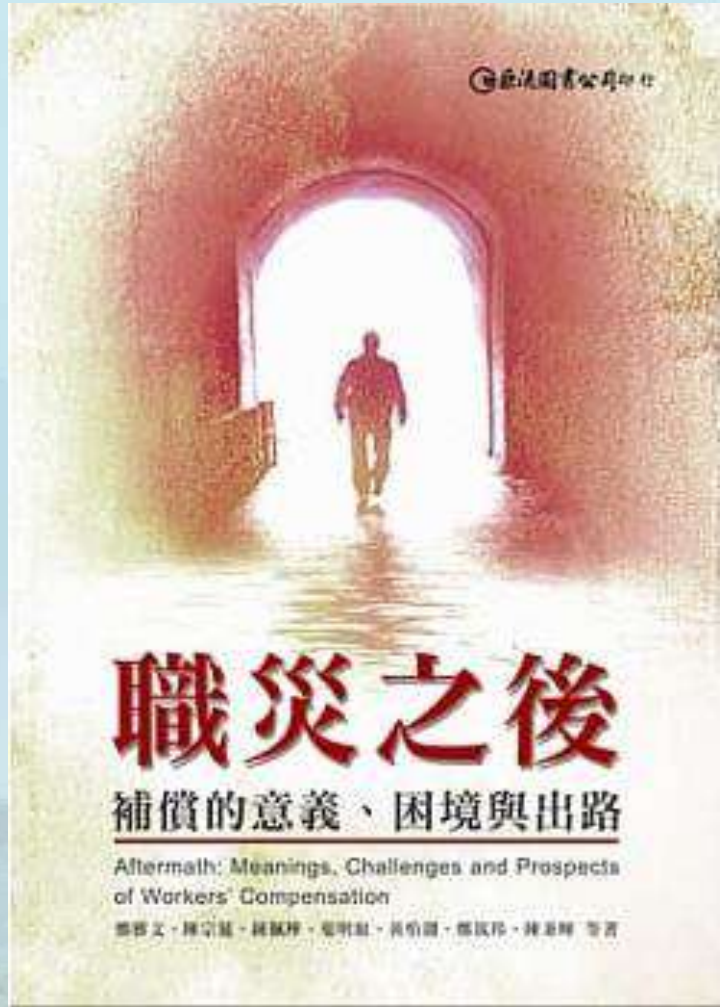
National Taiwan
University Hospital
Yunlin Branch

講者介紹

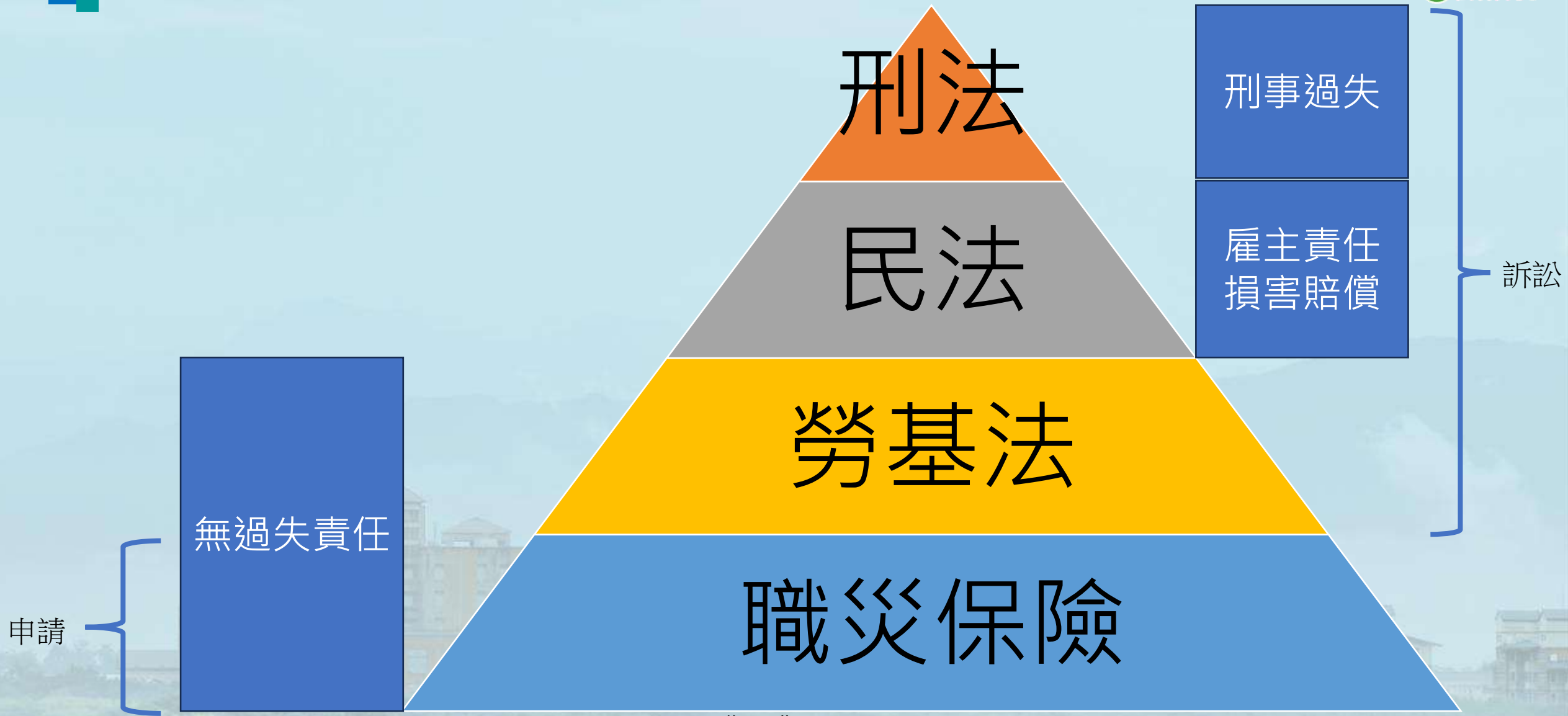
- 財團法人職災預防及重建中心重建處處長
- 台大醫院及雲林分院環境及職業醫學部主治醫師
- 台大醫學系環境暨職業醫學科兼任助理教授

- 台大醫學系、社會學系畢業（輔系經濟學系）
- 台大健康政策與管理研究所碩士
- 台大環境職業健康科學研究所博士

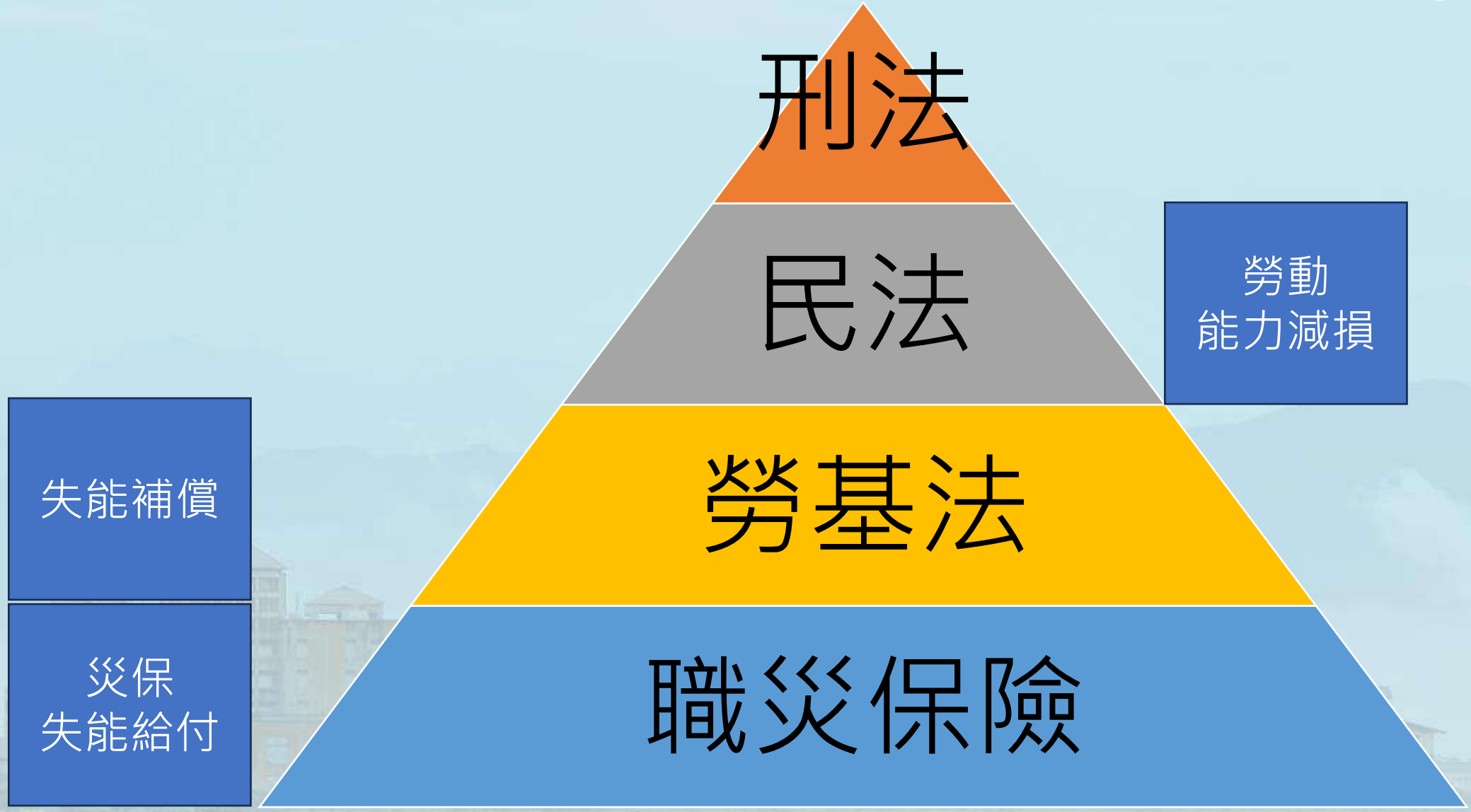
- 專長與興趣：職業醫學、職業流行病學、勞動社會學
- ccyares@gmail.com



職業傷病補償的法源基礎



職業傷病補償的法源基礎



災保法失能給付

- 被保險人遭遇職業傷病，經治療後，症狀固定，再行治療仍不能改善其治療效果，經全民健康保險特約醫院或診所診斷為永久失能，符合本保險失能給付標準規定者，得按其平均月投保薪資，依規定之給付基準，請領失能一次金給付。
- 前項被保險人之失能程度，經評估符合下列情形之一者，得請領失能年金：
  - 完全失能：按平均月投保薪資百分之七十發給。
  - 嚴重失能：按平均月投保薪資百分之五十發給。
  - 部分失能：按平均月投保薪資百分之二十發給。

災保法失能給付-失能一次金

- 按被保險人之平均月投保薪資除以三十，依失能等級之給付日數計算之

失能等級	給付日數
1	1,800
2	1,500
3	1,260
4	1,110
5	960
6	810
7	660
8	540

失能等級	給付日數
9	420
10	330
11	240
12	150
13	90
14	60
15	45

勞工職業災害保險失能給付標準 4

災保法失能給付-失能年金

- 完全失能：按平均月投保薪資百分之七十發給。
  - 符合勞保失能標準第三條附表所定失能等級第一等級或第二等級之失能項目，且該項目之失能狀態列有終身無工作能力者。
- 嚴重失能：按平均月投保薪資百分之五十發給。
  - 符合勞保失能標準第三條附表所定失能等級第三等級之失能項目，且該項目之失能狀態列有終身無工作能力者。
  - 整體失能程度符合失能等級第一等級至第九等級，並經個別化專業評估，其工作能力減損達百分之七十以上，且無法返回職場者。
- 部分失能：按平均月投保薪資百分之二十發給。
  - 整體失能程度符合失能等級第一等級至第九等級，並經個別化專業評估，其工作能力減損達百分之五十以上者。

勞工職業災害保險失能給付標準 3

災保法失能給付-第一至三等級且終身無工作能力

1-1	精神遺存極度失能，終身無工作能力，為維持生命必要之日常生活活動，全須他人扶助，經常須醫療護理及專人周密照護者。	一
1-2	精神遺存高度失能，終身無工作能力，為維持生命必要之日常生活活動之一部須他人扶助者。	二
1-3	精神遺存顯著失能，終身無工作能力，為維持生命必要之日常生活活動尚可自理者。	三

2-1	中樞神經系統機能遺存極度失能，終身無工作能力，為維持生命必要之日常生活活動，全須他人扶助，經常須醫療護理及專人周密照護者。	一
2-2	中樞神經系統機能之病變，引起截癱或偏癱，終身無工作能力，為維持生命必要之日常生活活動之一部須他人扶助者。	二
2-3	中樞神經系統機能遺存顯著失能，終身無工作能力，為維持生命必要之日常生活活動尚可自理者。	三

7-1	胸腹部臟器機能遺存極度失能，終身無工作能力，為維持生命必要之日常生活活動，全須他人扶助，經常需要醫療護理及專人周密照護者。	一
7-2	胸腹部臟器機能遺存高度失能，終身無工作能力，為維持生命必要之日常生活活動之一部須他人扶助者。	二
7-3	胸腹部臟器機能遺存顯著失能，終身無工作能力，為維持生命必要之日常生活活動尚可自理者。	三

7-6	心臟機能遺存失能，無法活動，終身無工作能力，符合失能審核二之（一）者。	一
7-7	心臟機能遺存失能，終身無工作能力，符合失能審核二之（二）者。	二
7-8	心臟機能遺存失能，終身無工作能力，符合失能審核二之（三）者。	三
7-12	肺臟機能遺存失能，終身無工作能力，符合失能審核(一)者。	一
7-13	肺臟機能遺存失能，終身無工作能力，符合失能審核(二)者。	二
7-14	肺臟機能遺存失能，終身無工作能力，符合失能審核(三)者。	三

7-18	肝臟機能遺存失能，終身無工作能力，符合失能審核(一)者。	一
7-19	肝臟機能遺存失能，終身無工作能力，符合失能審核(二)者。	二
7-20	肝臟機能遺存失能，終身無工作能力，符合失能審核(三)者。	三
10-1	身體皮膚排汗功能喪失百分之七十一以上，且終身無工作能力者。	二
10-2	身體皮膚排汗功能喪失百分之六十一至七十，且終身無工作能力者。	三

災保法失能給付-第一至三等級且終身無工作能力

精神

中樞神經

胸腹部臟器
心/肺/肝

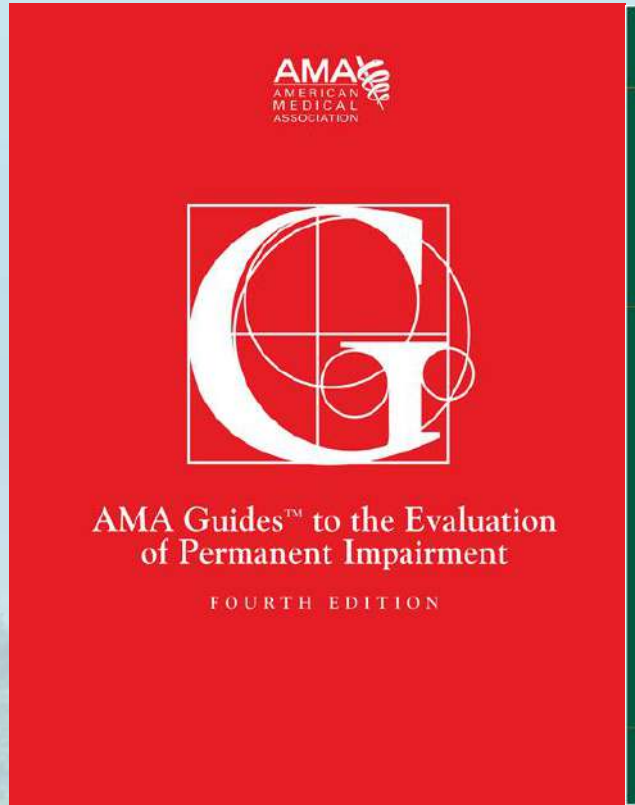
皮膚

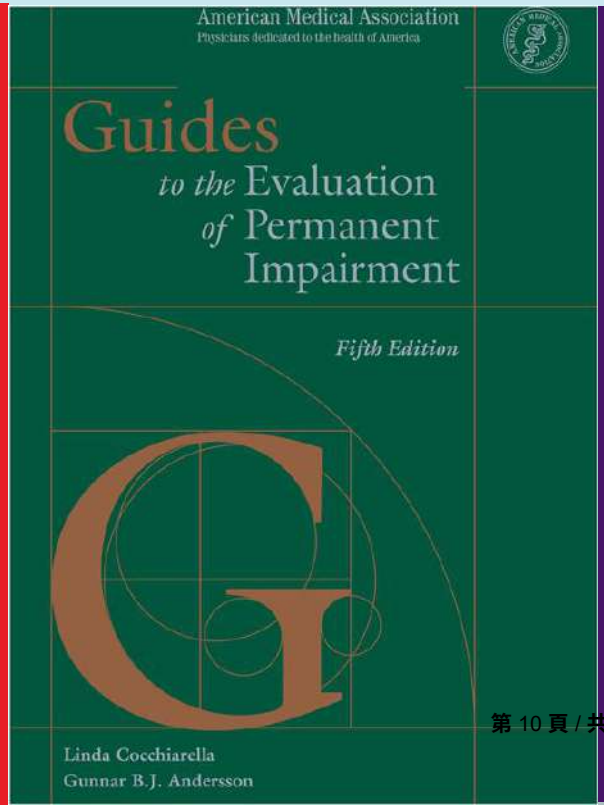
被保險人經評估為終身無工作能力，領取本保險或勞工保險失能給付者，由保險人逕予退保。

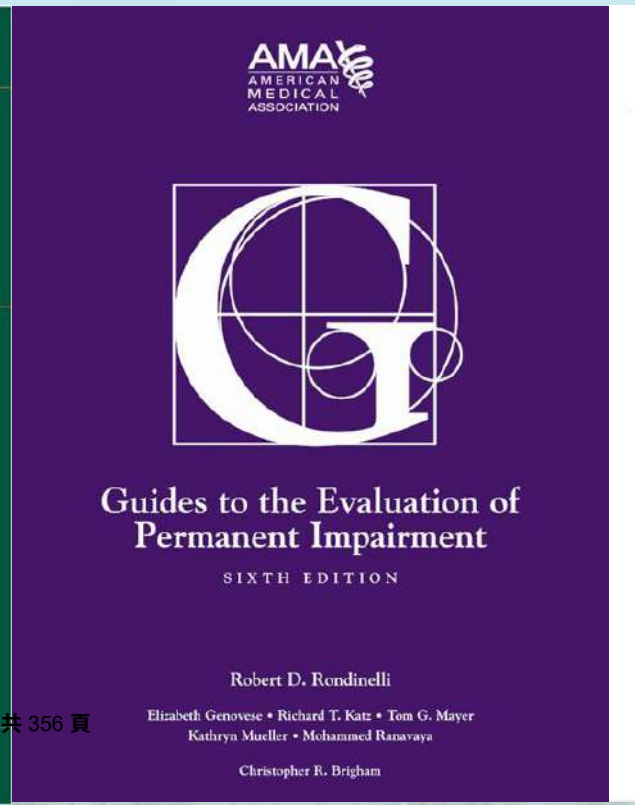
被保險人之失能程度經評估符合下列終身無工作能力情形之一，領取本保險或勞工保險失能給付，保險人應依本法第四十八條規定逕予退保：
一、經核定符合勞保失能標準第三條附表所定失能狀態列有終身無工作能力者。
二、被保險人為請領失能年金給付，經個別化專業評估，其工作能力減損達百分之七十以上，且無法返回職場者。

美國醫學會永久障害評估指引（AMA）

- 第一版（1971）... 第三版（1988）
- 第四版（1993）：15章，上下肢是同一章，脊椎未獨立成章
- 第五版（2001）：18章，心血管分成兩章
- 第六版（2008）：17章，2021-2023有線上修正







AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

Ch10 內分泌系統

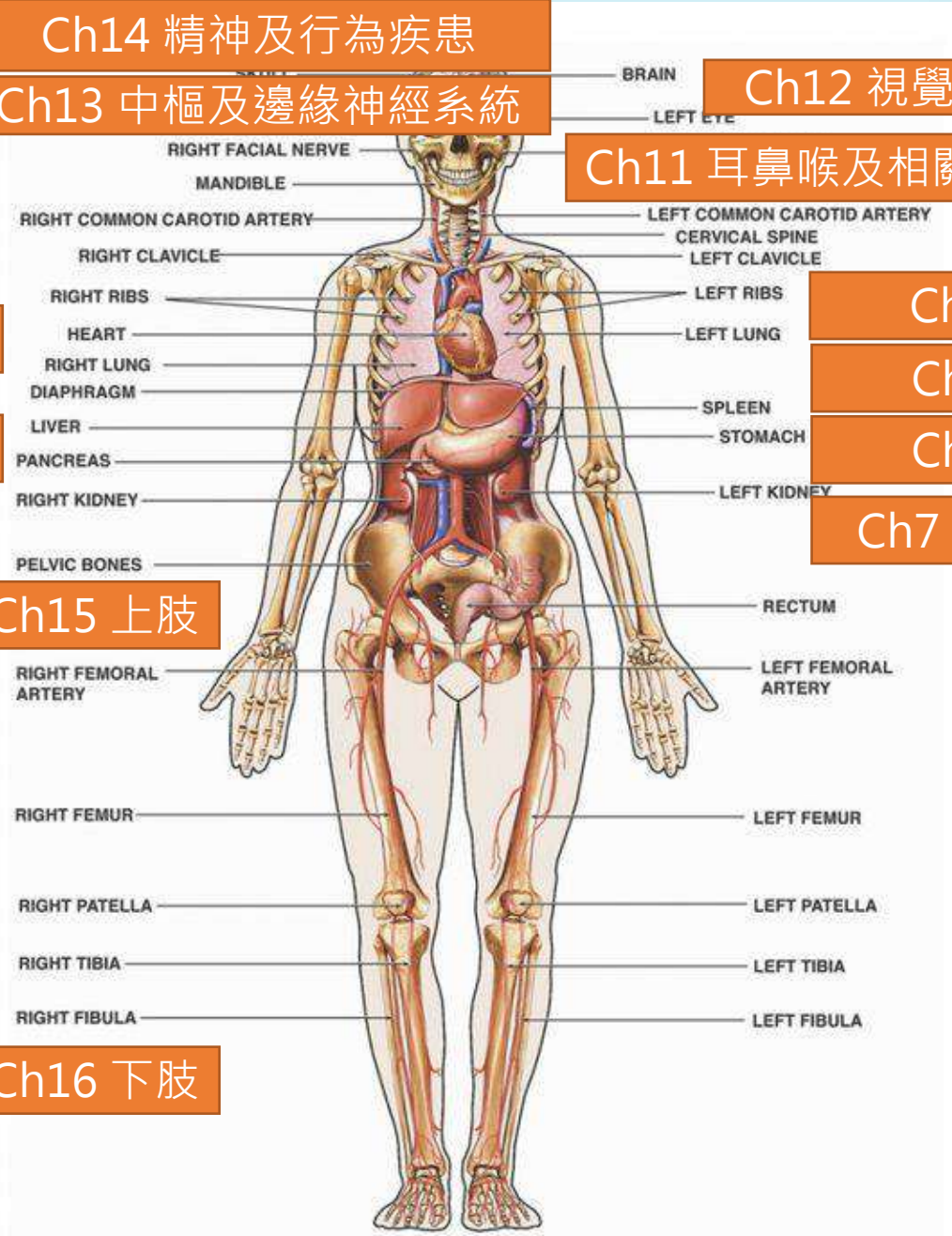
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

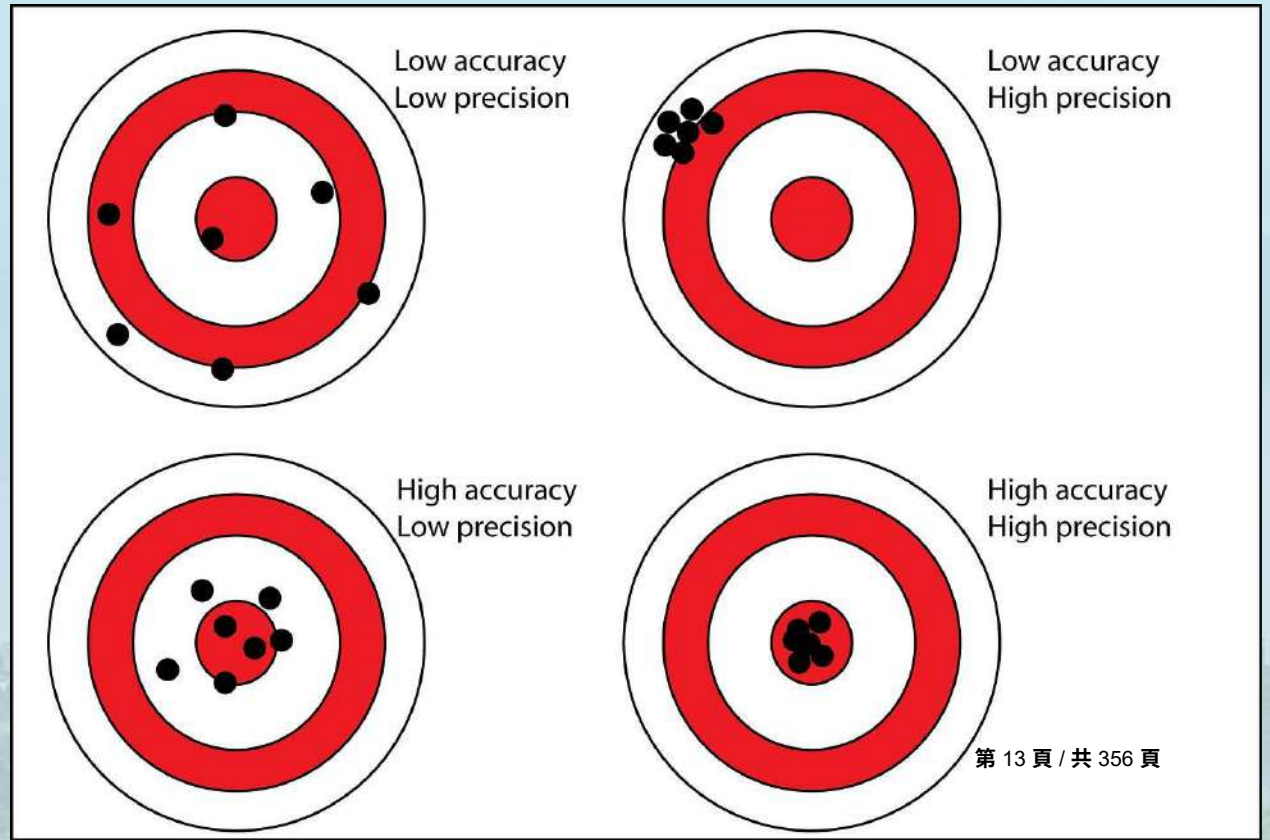
Ch3 疼痛

AllPosters

AMA	勞保失能給付標準	身心障礙
Ch4 心血管系統	七、胸腹部臟器	四、循環、造血、免疫與呼吸系統構造及其功能。
Ch5 肺臟系統	七、胸腹部臟器	
Ch6 消化系統	七、胸腹部臟器	五、消化、新陳代謝與內分泌系統相關構造及其功能。
Ch7 泌尿/生殖系統	七、胸腹部臟器	六、泌尿與生殖系統相關構造及其功能。
Ch8 皮膚	十、皮膚	八、皮膚與相關構造及其功能。
Ch9 造血系統	七、胸腹部臟器	四、循環、造血、免疫與呼吸系統構造及其功能。
Ch10 內分泌系統	七、胸腹部臟器	五、消化、新陳代謝與內分泌系統相關構造及其功能。
Ch11 耳鼻喉及相關結構	四、耳，五、鼻，六、口，九、頭/臉/頸	二、眼、耳及相關構造與感官功能及疼痛 三、涉及聲音與言語構造及其功能。
Ch12 視覺系統	三、眼	
Ch13 中樞神經系統	二、神經	一、神經系統構造及精神、心智功能。
Ch14 精神及行為疾患	一、精神	
Ch15 上肢	十一、上肢	七、神經、肌肉、骨骼之移動相關構造及其功能。
Ch16 下肢	十二、下肢	
Ch17 脊椎/骨盆	七、胸腹部臟器，八、軀幹	

序言：目標

- 提升障害評估關聯性（relevancy）
- 改善內部一致性（internal consistency）
- 促進信度（precision）
- 標準化評估過程



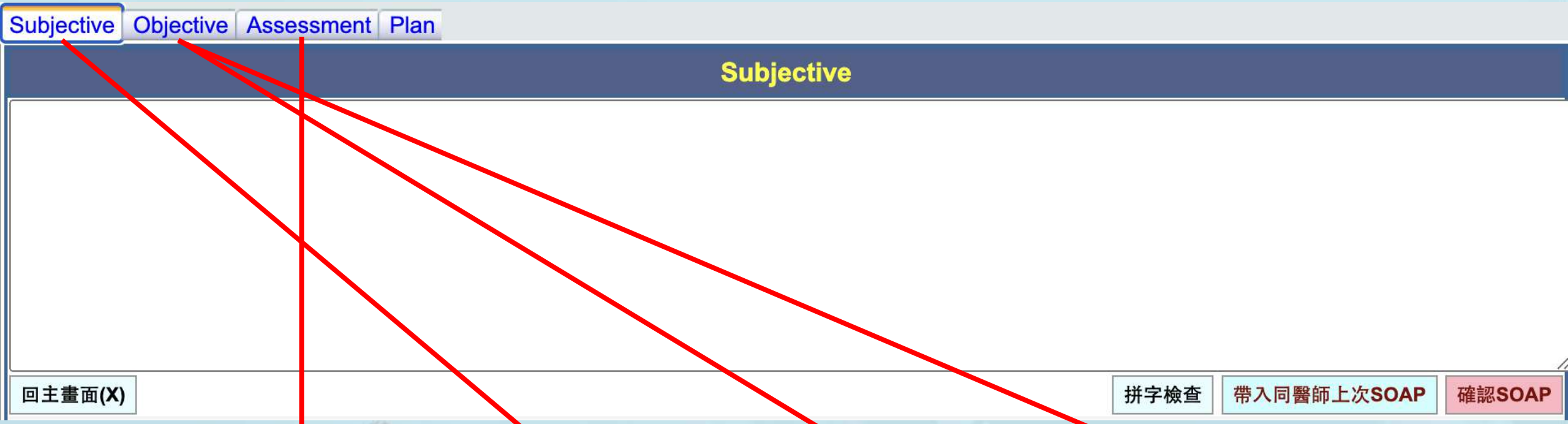
序言：四大基礎考量點

- 診斷：問題為何？
- 病史（history of clinical presentation）及功能史（functional history）：病人主訴之症狀及造成的功能性困難
- 身體檢查（physical examination)：相關問題的理學檢查發現
- 臨床檢查（clinical studies）：臨床檢查結果

診斷（DBI)	病史(Hx)/ 功能史（FHx）	身體檢查（PEx）	臨床檢查（CSx）

功能性評估是障害評分重要的一環，但並非唯一一環。

醫師評估診治的思維



診斷（DBI)

病史(Hx)/
功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

Ch1：AMA6 五大新公理

- 採用ICF提出的術語和概念框架
- 變得更加以診斷為基礎，這些診斷儘可能基於證據
- 儘可能重視簡單性、易用性和遵循先例，以優化評估者間和內的一致
- 評分儘可能基於功能
- 強調器官系統評分內部及之間的概念和方法論一致性

典範轉移

AMA1 (1971)

- 從ICIDH-1（1980）
  - 國際機能損傷[障害]、身心障礙[失能]與殘障分類
  - International Classification of Impairments, Disabilities, and Handicaps

AMA4 (1993)

- 到ICIDH-2（1997）
  - 國際機能損傷[障害]、活動與參與分類
  - International Classification of Impairments, Activities, and Participation

AMA5 (2001)

- 到ICF (2001)
  - 國際健康功能與身心障礙分類系統
  - International Classification of Functioning, Disability, and Health

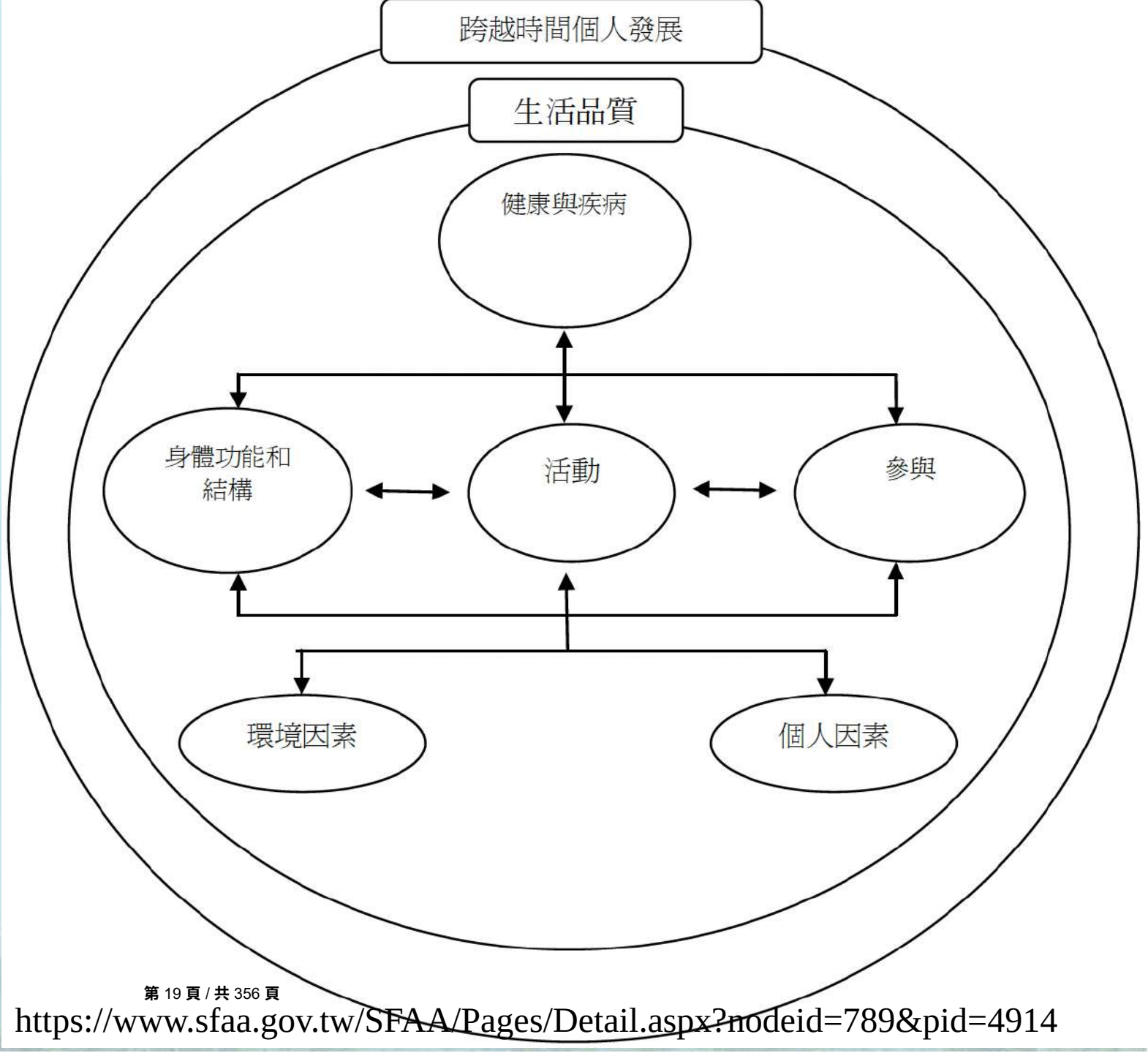
AMA6 (2008)

典範轉移：ICIDH

- 過度簡化、單向
- 未考慮生物性、生理性和社會性的環境調整因素

典範轉移：ICF

- 可能有障害，但無顯著活動限制和參與限制
- 也可能有顯著活動限制和參與限制，但無障害
- 參與限制可能繼發性造成活動限制或障害，環境和個人因素可能影響疾病結果



https://www.sfaa.gov.tw/SFAA/Pages/Detail.aspx?nodeid=789&pid=4914

典範轉移：ICF定義

- 身體功能：身體系統的生理功能（包括心理功能）
- 身體結構：身體的解剖部分，如器官、肢體及其組成部分
- 活動：個體執行任務或動作
- 參與：參與生活情境

- 障害：身體功能或結構的問題
- 活動限制：個體在執行活動時可能遇到的困難
- 參與限制：個體在參與生活情境時可能經歷的問題

Ch1：操作型定義

- 障害：指因健康狀況、疾病或疾患而導致個體的任何身體結構或身體功能出現顯著的偏差、喪失或使用喪失。
- 失能：指健康狀況、疾病或疾患的個體在活動限制和/或參與限制方面的問題。

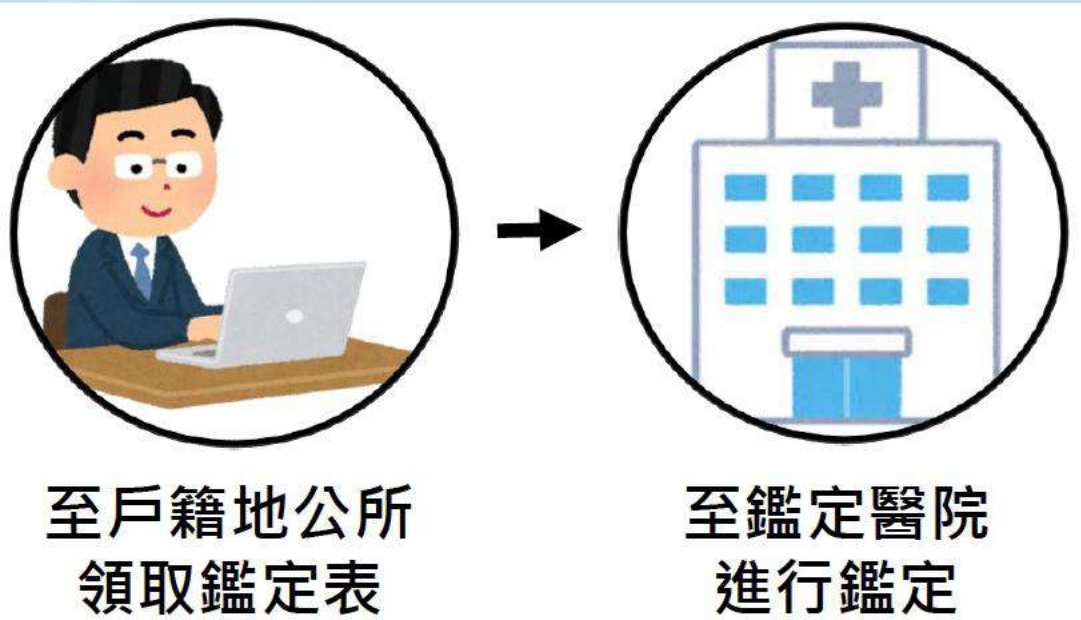
- 障害評分
  - 由醫師主導的初步估計過程，試圖**將障害與個人活動領域中的功能損失**連結起來
  - 基於共識得出的百分比估計，反映了特定健康狀況下活動損失的嚴重程度，以及與日常生活活動（ADLs, Activities of Daily Living）相關的限制程度。
  - 原意並非用來直接估計工作參與限制
  - 在失能評估中，障害評分是失能的諸多決定因素之一

身心障礙者相關法規

身心障礙者相關法規

- 身心障礙者權益保障法
- 身心障礙者權益保障法施行細則
- 身心障礙者鑑定作業辦法
- 身心障礙者輔具費用補助辦法
- 身心障礙者輔具費用補助基準表
- 身心障礙者醫療復健費用及醫療輔具補助辦法
- 醫療復健費用及醫療輔具補助標準

本法所稱身心障礙者，指下列各款身體系統構造或功能，有損傷或不全導致顯著偏離或喪失，影響其活動與參與社會生活，經醫事、社會工作、特殊教育與職業輔導評量等相關專業人員組成之專業團隊鑑定及評估，領有身心障礙證明者



身心障礙鑑定與需求評估

身心障礙綜合等級（2025/01/01後）
- 以身體系統構造或功能綜合等級（0-4）為主
- 若活動參與及環境因素等級高/低2級以上，則增加/減少1

類別	身體功能及構造 鑑定醫師
第一類	神經系統、精神、心智
第二類	眼、耳
第三類	聲音、言語
第四類	循環、造血、免疫、呼吸
第五類	消化、新陳代謝、內分泌
第六類	泌尿、生殖
第七類	神經、肌肉、骨骼
第八類	皮膚

領域	活動參與及環境因素 鑑定人員
1	認知
2	四處走動
3	生活自理
4	與他人相處
5-1	生活活動
5-2	工作／學習
6	社會參與
7	健康對個體和家庭的影響

福利與服務需求評估

身心障礙鑑定與需求評估

台大醫院 雲林分院

身心障礙鑑定與需求評估併同辦理醫院及時段

一、說明

(一)若選擇併同辦理流程，須配合醫院之併同辦理科別、診次與時間及掛號規定，無法指定醫師進行鑑定。

(二)若希望指定鑑定醫師，則請選擇一般流程。

(三)併同辦理之鑑定醫師仍有可鑑定身障類別之限制，務請先洽詢該醫院窗口確認。

(四)實際醫院及時段依各縣市衛生局公布為主。

(五)網址：www.mohw.gov.tw(衛生福利部網站首頁新制身心障礙鑑定專區)

二、臺北市併同辦理醫院及時間表

序號	醫院名稱	時段						聯絡資訊	
		週一	週二	週三	週四	週五	週六	窗口	電話
1	長庚醫療財團法人臺北長庚紀念醫院	□上午 ■下午	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	社會服務組	02-27135211＃3620
2	臺北市立聯合醫院陽明院區	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	□上午 ■下午	□上午 □下午	社會工作課	02-28353456＃5136
3	臺北市立聯合醫院仁愛院區	□上午 □下午	□上午 ■下午	■上午 ■下午	□上午 ■下午	□上午 □下午	□上午 □下午	社會工作課	02-27093600＃3521
4	臺北市立聯合醫院松德院區	■上午 ■下午	■上午 ■下午	■上午 ■下午	■上午 ■下午	■上午 ■下午	□上午 □下午	社工科	02-27263141＃1141
5	臺北醫學大學附設醫院	□上午 ■下午	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	社會工作室 醫事室	02-27372181＃3545(社工室) ＃8160(醫事室)
6	新光醫療財團法人新光吳火獅紀念醫院	□上午 □下午	□上午 □下午	□上午 □下午	□上午 □下午	■上午 □下午	□上午 □下午	社會服務課	02-28332211＃8833
7	臺北市立萬芳醫院-委託財團法人私立臺北醫學大學辦理	■上午 □下午	□上午 □下午	□上午 □下午	■上午 □下午	■上午 □下午	□上午 □下午	社會工作室	02-29307930＃1813

活動參與及環境因素

- 十八歲以上或十五歲以上未滿十八歲有工作無學籍者：身心障礙鑑定功能量表A版
- 六歲以上未滿十五歲或十五歲以上未滿十八歲有學籍者：身心障礙鑑定功能量表B版
- 鑑定人員資格條件
  - 物理治療師、職能治療師、語言治療師、社會工作師、臨床心理師、諮商心理師、護理師、聽力師、呼吸治療師，具有本國合格證照且具有一年以上臨床經驗者(具有身心障礙者相關臨床服務經驗者優先)
  - 特殊教育教師，具有本國合格證照且從事特殊教育教學服務，服務三年以上資歷者。
  - 職業輔導評量員，具備職業輔導評量員資格，且從事就業服務或職業重建個案管理相關工作三年以上者。

活動參與及環境因素

1.十八歲以上或十五歲以上未滿十八歲有工作無學籍者

領域t.直接施測	
題目	能力
上肢活動 下肢活動	(0)：無協助 (1)：監督或提醒 (2)：一些協助 (3)：很多協助 (4)：完全協助

領域1.認知					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D1.1專心	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D1.2記得	(0)無、(+8)有		(0)無、(+8)有		
D1.3解決	(0)無、(+8)有		(0)無、(+8)有		
D1.4學習	(0)無、(+8)有		(0)無、(+8)有		
D1.5了解	(0)無、(+8)有		(0)無、(+8)有		
D1.6交談	(0)無、(+8)有		(0)無、(+8)有		

領域2.四處走動					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D2.1 長站	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D2.2 站起	(0)無、(+8)有		(0)無、(+8)有		
D2.3 移動	(0)無、(+8)有		(0)無、(+8)有		
D2.4 外出	(0)無、(+8)有		(0)無、(+8)有		
D2.5 走遠	(0)無、(+8)有		(0)無、(+8)有		

領域3.生活自理					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D3.1洗澡	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D3.2穿衣	(0)無、(+8)有		(0)無、(+8)有		
D3.3吃	(0)無、(+8)有		(0)無、(+8)有		

領域4.與他人相處					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D4.1 陌生人	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D4.2 朋友	(0)無、(+8)有		(0)無、(+8)有		
D4.3 親近者	(0)無、(+8)有		(0)無、(+8)有		
D4.4 新朋友	(0)無、(+8)有		(0)無、(+8)有		

領域5-1.生活活動					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D5.1 處理家務	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D5.2 做好家務	(0)無、(+8)有		(0)無、(+8)有		
D5.3 完成家務	(0)無、(+8)有		(0)無、(+8)有		
D5.4 盡快家務	(0)無、(+8)有		(0)無、(+8)有		

領域5-2.工作/學習					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D5.5 工作/學校	(0)無、(+8)有		(0)無、(+8)有	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用	(0)：沒有困難 (1)：輕度 (2)：中度 (3)：重度 (4)：極重度 (9)：不適用
D5.6 做好任務	(0)無、(+8)有		(0)無、(+8)有		
D5.7 做完任務	(0)無、(+8)有		(0)無、(+8)有		
D5.8 盡快任務	(0)無、(+8)有		(0)無、(+8)有		

活動參與及環境因素

領域6.社會參與					
題目	輔具	輔具名稱	別人協助	表現困難程度	生活情境下能力困難程度
D6.1 社區活動	（0）無、（+8）有		（0）無、（+8）有	（0）：沒有困難 （1）：輕度 （2）：中度 （3）：重度 （4）：極重度 （9）：不適用	（0）：沒有困難 （1）：輕度 （2）：中度 （3）：重度 （4）：極重度 （9）：不適用
D6.2 戶外運動	（0）無、（+8）有		（0）無、（+8）有		
D6.3 逛街購物	（0）無、（+8）有		（0）無、（+8）有		
D6.4交通工具	（0）無、（+8）有		（0）無、（+8）有		
D6.5公民活動	（0）無、（+8）有		（0）無、（+8）有		
D6.6宗教活動	（0）無、（+8）有		（0）無、（+8）有		

領域7.健康對個體和家庭的影響	
題目	影響或困難程度
D7.1影響情緒	（0）：無影響 （1）：輕度 （2）：中度 （3）：重度 （4）：極重度
D7.2放鬆娛樂	
D7.3時間花費	
D7.4影響經濟	
D7.5影響家人	
D7.6環境致困難	
D7.7尊嚴	

要去哪裡申請身心障礙鑑定?鑑定的流程是什麼?

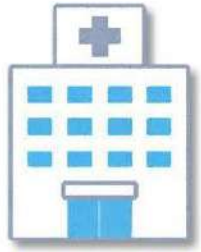
■ 領取**鑑定表**至**身心障礙鑑定醫院**辦理身心障礙鑑定。

■ **約35日**(醫院作業10日+衛生局作業10日+社會局(處)作業15個工作天)可拿到身心障礙證明。

備妥1吋照片及身分證影本等資料
(未滿14歲者得檢附戶口名簿影本)

至戶籍地公所請領身心障礙者鑑定表

醫療鑑定



本人攜帶鑑定表至身心障礙鑑定醫院

鑑定醫師鑑定身體構造及功能(bs碼)

鑑定人員鑑定活動參與及環境因素(de碼)

10日

衛生局審查鑑定表及鑑定報告

10日

需求評估及核發證明

社會局第一階段需求評估
(判定一般性福利服務+與收入狀況連結提供相關現金補助)

15個工作日

社會局核發身心障礙證明

20個工作日

社會局第二階段需求評估

衛生福利部
護理及健康照護司
身心障礙鑑定介紹懶人包

如果因為身體狀況沒辦法到醫院進行鑑定怎麼辦？

■**符合以下情形之一者**，向戶籍地鄉(鎮、市、區)公所申請到宅鑑定。(身心障礙者鑑定作業辦法第11條)

編號	申請情形
1	全癱無法自行下床
2	需24小時使用呼吸器或維生設備
3	長期重度昏迷
4	其他特殊困難，且經戶籍所在地縣（市）衛生局認定。

戶籍地衛生局審核
並協調居住地衛生局
指派鑑定醫院

居住地鑑定醫院的
專業團隊進行到宅鑑定

衛生福利部護理及健康照護司
身心障礙鑑定介紹懶人包

鑑定需要費用嗎?

■目前鑑定者無須負擔鑑定服務必要的診察、診斷或檢查等項目費用，但仍需**自付到院鑑定之掛號費、同時使用健保所衍生費用(部分負擔)或其它自費項目**。(身權法第6條第4項)

項目	鑑定費	掛號費	部分負擔	檢查費	診斷證明書費
費用	X	V	▲	▲	◆

註:

▲：如未使用健保就醫，僅單純做鑑定者，免再自付。

◆：因障礙情況改變而自行申請重新鑑定，須附3個月內的身心障礙相關診斷證明書正本。

領有身心障礙證明會有什麼保障及福利嗎？

衛生福利部護理及健康照護司
身心障礙鑑定介紹懶人包

■目前地方政府依據家庭經濟狀況、身心障礙嚴重程度、需求評估結果等提供經費補助及福利服務：

經費補助項目	福利服務項目
生活補助費或日間照顧及住宿式照顧費用補助	四小福利（1.復康巴士、2.身心障礙專用停車位識別證、3.公民營風景區、康樂場所與文教設施必要陪伴者優惠、4.搭乘國內大眾運輸工具必要陪伴者優惠）
社會保險保險費補助(健保、勞保、就保、農保、公保、軍保及退休人員保險等)	
稅捐優惠(牌照稅、綜所稅等)	個人照顧服務(居家照顧、生活重建、心理重建、家庭托顧、課後照顧、自立生活支持、手語服務等)
居家照顧費用補助	
輔具費用補助	家庭照顧者服務(臨時照顧、訓練及研習、關懷訪視等)
維生器材及必要生活輔具用電補助	搭乘大眾運輸交通工具優惠
就學費用減免	免服兵役或服補充兵役
購買停車位貸款利息補貼或承租停車位補助	特殊教育及特考資格
房屋租金及購屋貸款利息補貼	退休年齡提早

■可撥打1957專線或洽縣(市)政府社會局(處)詢問身心障礙福利服務問題。

Ch1：個人功能

- 行動能力
  - 移位：在同一空間點改變身體位置的動作（例如，仰臥轉側臥、仰臥坐起、坐至站立）。
  - 步行：將身體從一個空間點移動到另一個空間點的動作（例如，走路、爬樓梯、輪椅行動）。
- 自我照顧
  - 日常生活活動（ADLs）：在個人領域內進行的基本自我照顧活動（例如，進食、洗澡、衛生、穿衣）。
  - 工具性日常生活活動（IADLs）：複雜的自我照顧活動（例如，財務管理、服藥、烹飪），這些活動可能委託給他人。
- 在個人的基線條件下，能夠一致且安全地執行給定活動的最高獨立水平被視為該個人的功能水平。
  - 獨立完成（不需要助手或適應性輔具）
  - 獨立地調整（需要使用適應性輔具，但不需要助手）
  - 需要助手協助，不論是否使用適應性輔具

TABLE 1-1

Self-Care
Activities of Daily Living (ADLs)
Bathing, showering
Bowel and bladder management
Dressing
Eating
Feeding
Functional mobility
Personal device care
Personal hygiene and grooming
Sexual activity
Sleep/rest
Toilet hygiene
Instrumental Activities of Daily Living (IADLs)
Care of others (including selecting and supervising caregivers)
Care of pets
Child rearing
Communication device use
Community mobility
Financial management
Health management and maintenance
Home establishment and maintenance
Meal preparation and cleanup
Safety procedures and emergency responses
Shopping

Source: Youngstrom.[26]

巴氏日常生活活動量表
〔The Barthel Index (0－100)〕

項目		分數
進　食	將食物放置桌餐盤,可自行進食	10
	別人將食物放置桌前餐盤，需要部份協助下才可進食	5
	完全依賴	0
洗　澡	可獨立完成（不論盆浴或淋浴）	5
	在協助下完成	0
梳　洗	能自行洗臉、洗手、刷牙及梳頭髮	5
	需要別人幫助（完全依賴）	0
穿脫衣服	能自行穿脫衣服及鞋子	10
	需協助，可自己完成一半	5
	完全依賴	0
排便控制	不會失禁，若便秘時可自行使用栓劑、甘油球	10
	偶會失禁（每週不超過一次）或使用栓劑時需人幫忙	5
	失禁，完全依賴	0
排尿控制	日夜皆不會失禁，脊髓損傷患者能自行獨立使用小腿尿帶	10
	尿失禁（每週不超過一次）或尿急（無法等待便盆或無法及時趕到廁所）或需協助使用輔助物（如尿套尿布）	5
	失禁，完全依賴（無法自解需要導尿）	0
如　廁	可自行進入廁所，不會弄髒衣物，並能穿好衣服	10
	需要幫忙保持姿勢的平衡、整理衣物或使用衛生紙	5
	完全依賴	0
移　位	自行使用輪椅，包括輪椅的煞車及移開腳踏板	15
	需要稍微協助（例如：予以輕扶以保持平衡）或需口頭	10
	可自行從床上坐起來，但移位時需別人幫助	5
	完全依賴	0
步　行	不需旁人協助使用或不使用輔助器，皆可走 4.5 公尺	15
	需稍微扶持或口頭指導才可走 4.5 公尺	10
	不能行走，但能獨立操縱輪椅	5
	完全依賴	0
上下樓	可自行上下樓（允許抓扶手用拐杖）	10
	需要別人給予協助或監督	5
	完全依賴	0

註：0-20 分：完全依賴　21-60 分：嚴重依賴　61-60 分：中度依賴　91-99 分：輕度依賴 61-60 分：中度依賴　91-99 分：輕度依賴 100 分：完全獨立

工具性日常生活活動量表 Instrumental Activities of Daily Living (IADL) scale

項　目	等級	計分	內容
使用電話的能力	（1）	1＝	自動自發使用電話－查電話號碼，撥號等。
	（2）	1＝	只會撥幾個熟知的電話
	（3）	1＝	會接電話，但不會撥號。
	（4）	0＝	完全不會使用電話
上街購物	（1）	1＝	獨立處理所有的購物需求
	（2）	0＝	可以獨立執行小額購買
	（3）	0＝	每一次上街購物都需要有人陪伴
	（4）	0＝	完全不會上街購物
做飯	（1）	1＝	獨立計畫、烹煮和擺設一頓適當的飯菜
	（2）	0＝	如果備好一切材料，會做一頓適當的飯菜
	（3）	0＝	會將已做好的飯菜加熱和擺設、或會做飯，但做得不夠充分
	（4）	0＝	需要別人把飯菜煮好、擺好
做家事	（1）	1＝	能單獨處理家事或偶而需要協助（如：幫忙比較重的家事）
	（2）	1＝	能做較輕的家事，如：洗碗、鋪床、疊被
	（3）	1＝	能做較輕的家事，但不能達到可被接受的清潔程度
	（4）	1＝	所有家事都需要別人協助
	（5）	0＝	完全不會做家事
洗衣	（1）	1＝	會洗所有的個人衣物
	（2）	1＝	會洗小件衣物，清洗襪子、褲襪等
	（3）	0＝	所有的衣物都要由別人代洗
交通方式	（1）	1＝	能自己搭乘公共交通工具或自己開車
	（2）	1＝	能自己搭計程車，但不會搭公共交通工具
	（3）	1＝	當有人協助或陪伴時，可以搭公共交通工具
	（4）	0＝	只能在別人協助下搭計程車或私用車
	（5）	0＝	完全不能出門
自己負責服藥	（1）	1＝	能自己負責在正確的時間服用正確的藥物
	（2）	0＝	如果能事先將藥物的份量備妥，則可以自行服藥
	（3）	0＝	不能自己負責服藥
處理財務的能力	（1）	1＝	獨立處理財務（自己做預算，寫資料，付租金，付帳單，上銀行），自己匯集收入並清楚支用預算
	（2）	1＝	可以處理日常的購買，但需要別人協助與銀行的往來，或大宗的購買等
	（3）	0＝	不能處理錢財

附註:1.男性應去除做飯、家事、洗衣三項的計分（故總分 5 分）。分數越高，獨立性越好。

2.上街購物、外出活動、食物烹調、家務維持、洗衣服等五項中有三項以上需要協助者即為輕度失能。

Ch1：用途

- 在「最大醫療改善」（MMI）時確定診斷及其相關的身體和功能損失百分比
- 使一個有障害評分的患者能夠從暫時性失能的體系中退出（例如，在MMI之前根據職災補償的暫時性完全或部分失能）
- 提供障害的診斷和分類，以過渡到長期失能的其他體系

損害賠償

法院鑑定

私人鑑定

失能年金給付個別化專業評估

Ch1：用途

- 不法侵害他人之身體或健康者，對於被害人因此喪失或減少勞動能力或增加生活上之需要時，應負損害賠償責任。（民法193）

損害賠償

法院鑑定 | 私人鑑定

Ch1：用途

- 本條例所定經評估為終身無工作能力者，指符合下列情形之一：
  - 一、失能狀態經審定符合本標準附表所定失能狀態列有「終身無工作能力」者。
  - 二、被保險人為請領失能年金給付，依本條例第五十四條之一第二項規定，經個別化之專業評估，其工作能力減損達百分之七十以上，且無法返回職場者。
- 前項第二款所定個別化之專業評估，依被保險人之全人損傷百分比、未來工作收入能力、職業及年齡，綜合評估其工作能力。（勞工保險失能給付標準第4條）

失能年金給付個別化專業評估

Ch1：用途

- 嚴重失能：按平均月投保薪資百分之五十發給。
  - 整體失能程度符合失能等級第一等級至第九等級，並經個別化專業評估，其工作能力減損達百分之七十以上，且無法返回職場者。
- 部分失能：按平均月投保薪資百分之二十發給。
  - 整體失能程度符合失能等級第一等級至第九等級，並經個別化專業評估，其工作能力減損達百分之五十以上者。

失能年金給付個別化專業評估

Ch2：用途

- 職災補償：美國（90%+轄區，強制或建議）、加拿大、澳洲
- 車禍事故損害賠償：美國（非強制）、加拿大安大略省、澳洲（近半轄區）
- 所有損害賠償案件：紐西蘭

損害賠償

法院鑑定

私人鑑定

失能年金給付個別化專業評估

Ch1：評分步驟與通用評分表範本

- 對應於ICF分類，障害評分分成五個障害等級（class）
- 評分標準主要分為
  - 臨床病史
  - 身體檢查發現
  - 臨床檢查或客觀檢查發現
  - 功能史或功能性評估

TABLE 1-3

ICF Codes and Functional Levels

5-Scale Taxonomy
ICF Code
xxx.0 NO problem (none, absent, negligible ...)
xxx.1 MILD problem (slight, low ...)
xxx.2 MODERATE problem (medium, fair ...)
xxx.3 SEVERE problem (high, extreme ...)
xxx.4 COMPLETE problem (total ...)

診斷（DBI）

病史(Hx)/
功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

Ch1：評分步驟與通用評分表範本

1. 決定關鍵因素
   - 多採臨床病史（如神經及肌肉骨骼）
   - 特定器官可能採客觀檢查為主（如心肺腎等）
   - 偶爾也會採身體檢查或其他
2. 每一障害等級（class）會有對應的障害評分範圍，通常這個範圍會切分成五個等第（grade, A-E）。
3. 先選擇關鍵因素中五個等第中中間那個（C）作為初步評分
4. 依據非關鍵因素調整初步評分：非關鍵因素等級與關鍵因素等級相減，正/負多少就往上/下移動幾個等第
5. 但不可移出關鍵因素該等級之外
6. 關鍵因素等級4要如何上移，會在相關章節說明

TABLE 1-5 Generic Template for Impairment Classification Grids

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RATING (%)	0	Minimal %	Moderate %	Severe %	Very Severe %
SEVERITY GRADE (%)		(ABCDE)	(ABCDE)	(ABCDE)	(ABCDE)
HISTORY OF CLINICAL PRESENTATION[a]	No current symptoms *and/or* intermittent symptoms that do not require treatment	Symptoms controlled with continuous treatment *or* intermittent, mild symptoms despite continuous treatment	Constant mild symptoms despite continuous treatment *or* intermittent, moderate symptoms despite continuous treatment	Constant moderate symptoms despite continuous treatment *or* intermittent, severe symptoms despite continuous treatment	Constant severe symptoms despite continuous treatment *or* intermittent extreme symptoms despite continuous treatment
PHYSICAL EXAMINATION OR PHYSICAL FINDINGS[b]	No current signs of disease	Physical findings not present with continuous treatment *or* intermittent, mild physical findings	Constant mild physical findings despite continuous treatment *or* intermittent moderate findings	Constant moderate physical findings despite continuous treatment *or* intermittent severe findings	Constant severe physical findings despite continuous treatment *or* intermittent extreme findings
CLINICAL STUDIES OR OBJECTIVE TEST RESULTS[c]	Testing currently normal	Consistently normal with continuous treatment *or* intermittent mild abnormalities	Persistent mild abnormalities despite continuous treatment *or* intermittent moderate abnormalities	Persistent moderate abnormalities despite continuous treatment *or* intermittent severe abnormalities	Persistent severe, abnormalities despite continuous treatment *or* intermittent extreme abnormalities

[a, b] Descriptors will be disease-specific; mild, moderate, severe, and extreme need to be defined.

[c] Descriptors will be disease-specific and based on the number of abnormalities found.

The following is used as a grade modifier in the musculoskeletal chapters:

FUNCTIONAL HISTORY[d]	Asymptomatic	Pain/symptoms with strenuous/vigorous activity; Able to perform self-care activities independently	Pain/symptoms with normal activity; Able to perform self-care activities with modification but unassisted	Pain/symptoms with less than normal activity (minimal); Requires assistance to perform self-care activities	Pain/symptoms at rest; Unable to perform self-care activities

[d] Based on self-report or scores from the PDQ, *Quick*DASH, Lower Limb Outcomes Questionnaire, or other self-report tool.

The following will be added in selected chapters when compliance with treatment minimizes objective evidence of organ dysfunction but results in a significant compromise in ADLs:

BURDEN OF TREATMENT COMPLIANCE[e]	None	Will be based on factors such as number and route of medications taken or the need to regularly undergo diagnostic tests or invasive procedures if *not* already considered in the preliminary rating

[e] Based on information in Appendix B; depending on the score, the examiner can opt to add 1 to 3 percentage points.

TABLE 1-5 Generic Template for Impairment Classification Grids

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RATING (%)	0	Minimal %	Moderate %	Severe %	Very Severe %
SEVERITY GRADE (%)		(ABCDE)	(ABCDE)	(ABCDE)	(ABCDE)
HISTORY OF CLINICAL PRESENTATION[a]	No current symptoms *and/or* intermittent symptoms that do not require treatment	Symptoms controlled with continuous treatment *or* intermittent, mild symptoms despite continuous treatment	Constant mild symptoms despite continuous treatment *or* intermittent, moderate symptoms despite continuous treatment	Constant moderate symptoms despite continuous treatment *or* intermittent, severe symptoms despite continuous treatment	Constant severe symptoms despite continuous treatment *or* intermittent extreme symptoms despite continuous treatment

A B C D E

A B C D E

A B C D E

1. 障礙程度1亦即輕度；障礙程度2亦即中度；障礙程度3亦即重度；障礙程度4亦即極重度。

Ch1：評分的一般性原則與規則

- 使用「臨床病史」、「身體檢查發現」或「客觀檢查發現」作為關鍵因素（取決於身體部位或疾病過程），在第三行將受試者分配到一個障害等級（0-4），並為該障害等級分配一個等第（A-E），作為初始的全人障害評分。如果嚴重度不明確，預設為中位數等第（等第C）。關鍵因素始終決定最終障害將落在哪個等級內。
- 根據其餘兩行的其他（非關鍵）障害標準分配等級。
- 提高（當非關鍵等級更高時）或降低（當非關鍵等級較低時）初始評分1個或更多等級（取決於後續每行的因素評分與初始關鍵因素等級或等第的差異大小）。以此決定器官系統的障害百分比。
- 在罕見情況下，還會計算治療依從性負擔（Burden of Treatment Compliance, BOTC），並根據結果進一步調整等第（當沒有其他容易量化的因素時，甚至以此為基礎決定等級，如內分泌系統）。
- 合併不同器官系統的評分，得出最終的全人障害評分（whole person impairment, WPI）。

Ch2：WPI的範圍

- WPI的範圍從正常(0%)到完全依賴他人照顧（90+%）到瀕死（100%）。

勞保失能等級	CLA94-A03[1]	等比分配	日數比例分配	日數	強制險（萬元）[2]
1	75-100%	100%	100%	1,200	200
2		100%	83.33%	1,000	167
3	50-74%	100%	70.00%	840	140
4		92.28%	61.67%	740	123
5		84.59%	53.33%	640	107
6	25-49%	76.90%	45.00%	540	90
7		69.21%	36.67%	440	73
8		61.52%	30.00%	360	60
9	0-24%	53.83%	23.33%	280	47
10		46.14%	18.33%	220	37
11		38.45%	13.33%	160	27
12		30.76%	8.33%	100	17
13		23.07%	5.00%	60	10
14		15.38%	3.33%	40	7
15		7.69%	2.50%	30	5

[1]行政院勞工委員會勞工保險局委託研究報告「勞工保險殘廢給付『軀幹』『上下肢』障害系列審查標準之研究」

[2] 強制汽車責任保險給付標準

Ch2：WPI的範圍

- 臺北市政府國家賠償事件賠償計算基準（20211228修正）
  - 勞動能力喪失或減少之損害賠償：
    - 勞動能力減少之損害賠償總額，應以**請求權人之平均薪資**所得乘以**勞動能力減少之比例**，再乘以**勞動能力減損期間**計算之。
    - 平均薪資所得依第二款第二目規定辦理。但有勞動能力而未就業者，依事故
    - 勞動能力減少比例之認定，應就請求權人提出依法評鑑合格之地區教學醫院以上開具之下列證明文件之一，並參考請求權人事故發生前之職業、智能、年齡、身體或健康狀態等因素酌定之：
      - 符合勞工保險失能給付標準第四條規定之終身無工作能力。
      - **勞工保險失能給付標準附表中之失能項目及失能等級。以請求權人經判定之失能等級之給付標準日數，除以失能等級第一等級之給付標準日數所得之比例計算之。**
      - 其他經鑑定勞動能力減少之比例。
    - 請求權人勞動能力減損期間之認定，自事故發生日起計算至法定退休年齡止。但已核算不能工作之薪資損失期間，應予扣除。
    - .一次給付賠償總額者，依司法院建置之霍夫曼一次試算表，選擇首期給付不扣除中間利息之方式，扣除依法定利率計算之中間利息計算之。

Ch2：指引的基礎原則 1/2

- 任何障害的全人障害評分（WPI）都不得超過100%。任何來自身體某部位或器官的障害都不得超過該部位截肢的值。
- 同一器官或身體系統中的所有區域障害應按規則合併，首先在同一層級合併，然後再於全人層級與其他區域的障害進一步合併。
- 必須根據相關器官/系統（傷害主要發生的器官/系統，或者是與客觀記錄的遺存病理相符的最大功能障礙所在）的章節對障害進行評分。
- 只有在認證（certified, 以診斷書證明）達到最大醫療改善（MMI）狀態後，才能根據指引對永久性障害進行評估。
- 障害評估需要醫學知識。由適當司法轄區正式認可的醫師應在其適用的執業範圍和專業領域內進行這些評估。
- 基於指引的有效障害評估報告，必須包含「三步驟方法」（下詳）。

Ch2：區域vs.全人障害

- 多數章節以全人障害評分
- 少數章節提供區域障害評分：Ch11 聽損、Ch 15-17 肌肉骨骼
  - 可轉換為全人障害評分，除非特定法律轄區有不同規定

- 全人障害的階序性
  - 上肢障害評分（UEI）100% = WPI 60%
    - 大拇指障害 100% = 手障害（HI）40%
    - 食指、中指障害 100% = HI 20%
    - 無名指、小指障害 100% = HI 10%
    - HI 100% = UEI 90%
  - 下肢障害評分（LEI）100% = WPI 40%

Ch2：障害合併

- 原理：當評估第二個（或其後的）障害時，應該只應用於在第一個障害（和其他障害）評估之後剩餘的部分進行應用，而不是應用於整體。

- 方法
  - 公式：A c B= A+ B(1-A) = A+B-AB ≤ A+B
  - 查表：從大合併到小

- 原則
  - 當涉及多個器官系統時，應先估計最重要（主要）的障害，並相對於它評估其他損傷，且可能需參考多個章節的標準和估計
  - 相關但獨立的狀況應分開評分，評分再合併起來（除非第二個障害的標準已包含在主要障害中）
  - 評估醫師應通過仔細考慮與主要器官系統相關的基礎病生理學，避免重複評分（雙重評價）和/或膨脹評分

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Appendix A. Combined Values Chart

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	2																																																	
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28	29	29	30	31	32	32	33	34	34	35	36	37	37	38	39	40	40	41	42	42	43	44	45	45	46	47	47	48																
29	30	30	31	32	33	33	34	35	35	36	37	38	38	39	40	40	41	42	42	43	44	45	45	46	47	47	48	49	50															
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31	32	32	33	34	34	35	36	37	37	38	39	39	40	41	41	42	43	43	44	45	45	46	47	48	48	49	50	50	51	52	52													
32	33	33	34	35	35	36	37	37	38	39	39	40	41	42	42	43	44	44	45	46	46	47	48	48	49	50	50	51	52	52	53	54												
33	34	34	35	36	36	37	38	38	39	40	40	41	42	42	43	44	44	45	46	46	47	48	48	49	50	50	51	52	52	53	54	54	55											
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47	48	48	49	49	50	50	51	51	52	52	53	53	54	54	55	55	56	57	57	58	58	59	59	60	60	61	61	62	62	63	63	64	64	65	66	66	67	67	68	68	69	69	70	70	71	71	72	
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49	50	50	51	51	52	52	53	53	54	54	55	55	56	56	57	57	58	58	59	60	60	61	61	62	62	63	63	64	64	65	65	66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

The values are derived from the formula A + B (1–A) = combined value of A and B, where A and B are the decimal equivalents of the impairment ratings. In the chart all values are expressed as percents. To combine any two impairment values, locate the larger of the values on the side of the chart and read along that row until you come to the column indicated by the smaller value at the bottom of the chart. At the intersection of the row and the column is the combined value.

For example, to combine 35% and 20%, read down the side of the chart until you come to the larger value, 35%. Then read across the 35% row until you come to the column indicated by 20% at the bottom of the chart. At the intersection of the row and column is the number 48. Therefore, 35% combined with 20% is 48%. Because of the construction of this chart, the larger impairment value must be identified at the side of the chart.

If three or more impairment values are to be combined, select any two and find their combined value as above. Then use that value and the third value to locate the combined value of all. This process can be repeated indefinitely, the final value in each instance being the combination of all the previous values. In each step of this process the larger impairment value must be identified at the side of the chart.

Note: If impairments from two or more organ systems are to be *combined* to express a whole person impairment, each must first be expressed as a whole person impairment percent.

例：13% c 5% c 3%

0.13+0.05-0.13*0.05=0.1735~0.17

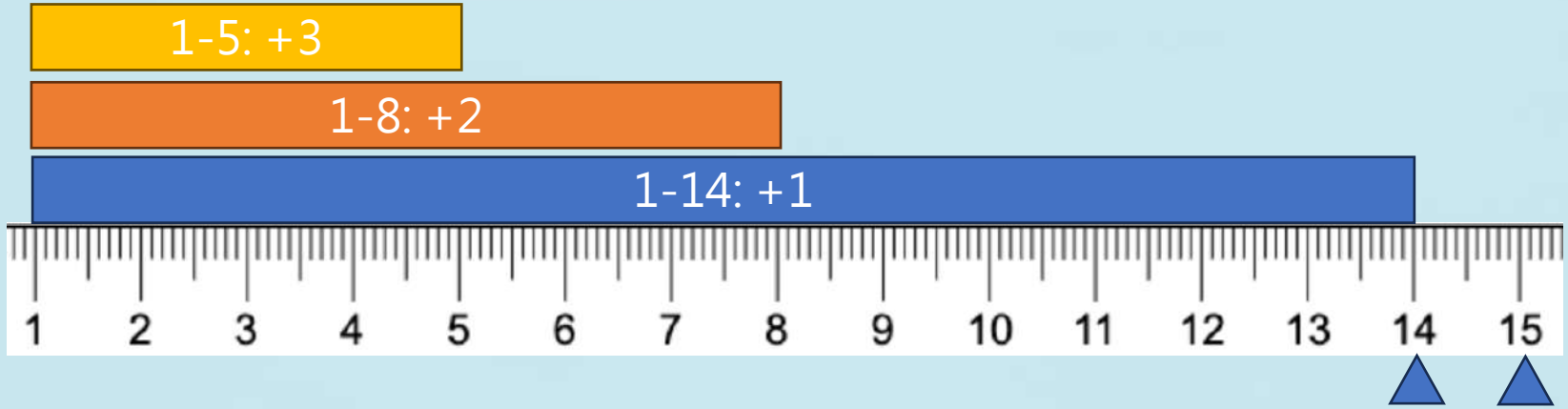
0.17+0.03-0.17*0.03=0.1948~0.19

災保失能合併升等

- 符合本標準附表之任何一項目者，按該項目之失能等級核定之。
- 符合本標準附表之任何兩項目以上者，除依第三款至第六款規定辦理外，按其最高失能等級核定之。
- 符合本標準附表之第十四等級至第一等級間任何兩項目以上者，按其最高失能等級再升一等級核定之。但最高等級為第一等級時，按第一等級核定之。
- 符合本標準附表之第八等級至第一等級間任何兩項目以上者，按其最高失能等級再升二等級核定之。但最高等級為第二等級以上時，按第一等級核定之。
- 符合本標準附表之第五等級至第一等級間任何兩項目以上者，按其最高失能等級再升三等級核定之。但最高等級為第三等級以上時，按第一等級核定之。
- 不符合本標準附表所定之各項目時，得衡量其失能程度，比照同表所定之失能狀態，定其失能等級。
- 依第三款至第六款規定所核定失能等級之日數，超過各該失能等級分別計算日數之合計額時，應按其合計額核定之。

災保失能合併升等

勞保失能等級	日數
1	1,200
2	1,000
3	840
4	740
5	640
6	540
7	440
8	360
9	280
10	220
11	160
12	100
13	60
14	40
15	30



Ch2：指引的使用1/2

- 障害評分的前提是準確的診斷
- 以類比方式評分，僅有在指引未提供對於「客觀可辨識之障害」的評分方法時，方可允許
- 評分者，其角色與責任
  - 以醫師為主（各該轄區認定為宜）
  - 非醫師可分析評分，檢視其是否與指引一致
  - 治療醫師評分可能會造成角色衝突
  - 評估過程不構成醫病關係
  - 評分是否會影響個體工作能力？此問題超出指引範疇，醫師可依其專業提出合理意見

Ch2：指引的使用2/2

- 評估時機
  - 最大醫療改善（MMI），臨床發現顯示醫療狀況穩定
  - 經過痊癒或康復所需的合理期間
  - **若病患拒絕或無法順應手術、藥物或其他治療**，而無法達到最佳的疾病控制和器官功能恢復
    - 仍需確認最大醫療改善
    - 病人有權拒絕治療，這項決定並不會增加或減少障害評分，也不會因此無法進行障害評估
    - 醫師應在報告中註記治療方法的適合性，以及病患拒絕的基礎為何
    - 醫師並應表明病患已達到不接受此項治療下的最大醫療改善
    - 醫師也應推估若病患合作接受建議治療的障害評分（！）

Ch2：指引應用的規則1/2

- 保密性
- 一致性
  - 主觀主訴（例如：疲勞、無法專注、睡眠困難、無力等）若未伴隨臨床徵象或其它可測量的異常，通常不給予獨立障害評分
  - 疼痛主訴以Ch3評估
  - 評估者必須在最大程度上基於客觀因素來進行障害評估
  - 患者在檢查過程中的主觀性可能會導致身體檢查結果和客觀檢查結果的不一致
  - 當偵測到這種「症狀放大」（即誇大的疼痛行為和與可觀察到的病理不成比例的自我施力抑制）時，評估者應適當地對此予以折扣，而不應質疑患者缺乏動力或裝病。當這些發現明顯與根據既定醫學原則所預期的情況相矛盾時，不得用以證明障害評分。
- 內插與四捨五入

Ch2：指引應用的規則 2/2

- 疼痛：多數章節已考慮到多數伴隨疼痛的功能性損失。餘見Ch3。
- 評估時使用輔具
  - 若個案須規律性使用義肢、矯正支架等輔具，應戴上輔具評分
  - 但若輔具可輕易移除，醫師也可以選擇針對戴或不戴輔具分別評分
  - 因為補償解剖學損失的想法，許多地區不考慮輔具造成的功能恢復

Ch2：重要概念-因果

- 可能性（possibility）與概率性（probability）
  - 法律上的probable：>50%
  - 醫學上的probable：>95%
- 因果關係、惡化（aggravation）與暫時惡化（exacerbation）
- 因果分割
  - 「總」評分（A）
  - 「基線」評分（B）：只考慮既有狀況，不考慮連帶或造成惡化的再傷害
  - 最終評分（C）= A-B
  - 需要準確的資訊和數據確定在最近的傷害前和後的所有障害評分(!)
  - 如果使用了不同版本的指引，醫師必須評估其相似性，以決定是否能直接相減
  - 如果之前沒有評分，評估者須使用可得最佳資訊推估新傷害前的評分(!)

Ch2：重要概念

- 先前評分後，障害的變化
  - 儘管先前的評分者認定障害已屬永久性，仍可能出現非預期的變化（變好或變壞）
  - 醫師應依據指引評估現況
- 最大醫療改善（Maximum Medical Improvement, MMI）
  - 患者在接受可得的醫療和手術治療後達到的最佳狀態
  - 從這個時間點開始，不再預期會有進一步的恢復或惡化，進一步的正式治療也無法預期再改善潛在的障害
    - 雖然隨著時間推移（超過12個月），可能會有一些預期的變化
    - 指引無法對未來評分（以石綿暴露為例）。
  - 復原到達症狀可預期維持穩定的階段，或可以藉由緩和性措施（不會大幅改變潛在障害者）控制
  - 並非以症狀或主觀主訴消失為限
  - 並**不排除隨時間推移可能出現的狀況惡化**或正常老化過程的結果
  - 也**不排除持續追蹤以達到最佳的醫療狀況維持**
  - 個案若需永久性治療以確保疾病完全緩解，且病患因此未能恢復先前的功能，醫師可酌加1-3%（不可與BOTC重複評分）；某些永久性治療本身會造成障害（如：免疫抑制劑、抗凝血劑），應納入評估並與原始障害合併

Ch2：重要概念

- 永久性（permanency）
  - 障害在有或無醫療治療之下都變得穩定，且即使經過醫療治療，未來也不太可能緩解。
  - 經常可以當作MMI的同義詞，當所有有望改善病情的合理醫療治療都已提供時。
  - 許多系統性或器官基礎的疾病本質上是動態的而非靜態的，並且在某種程度上永遠不會達到永久性狀態。在這種情況下，通常可以根據疾病過程的自然病史預期未來的功能下降。

MMI

個案在經過各項積極性的合理醫療行為後，其傷病具備固定性及永久性狀態，在至少未來一年中無論接受治療與否，減損狀態不會再發生重大變化

台大醫院雲林分院

MDGuidelines®

Dashboard > Health Advisor > Rotator Cuff Tear

Expand All

Rotator Cuff Tear

Maximum Medical Improvement

MMI depends on size of tear, treatment, and age.

A young individual with an acute tear should reach MMI within 120 to 180 days.

A middle aged individual with a large tear and osteoarthritis should reach MMI within 180 to 240 days.

An older individual with a chronic tear should reach MMI within 240 to 360 days.

A non-surgical individual, 60 to 120 days if stable on two consecutive visits.

MMI

個案在經過各項積極性的合理醫療行為後，其傷病具備固定性及永久性狀態，在至少未來一年中無論接受治療與否，減損狀態不會再發生重大變化

8. 被保險人罹患傷病應治療多久方能開具失能診斷書（治療多久才可以申請失能給付）？

應於治療後症狀固定，診斷為永久失能時開具。（詳如下表）

失能系列種類	合理治療期間
精神失能	須治療2年以上且經診斷為永久失能。
神經失能	須治療6個月以上始得認定；如經手術，須最後1次手術後6個月以上始得認定。
眼失能	須治療後症狀固定且經診斷為永久失能（白內障須經手術治療後，方可診斷，無法手術者附醫師證明）。
耳失能	須治療後症狀固定且經診斷為永久失能。
鼻失能	須治療後症狀固定且經診斷為永久失能。
口失能（含咀嚼吞嚥、言語機能、牙齒）	1. 咀嚼、吞嚥或言語機能失能者，須經最後1次手術後6個月以上，始得認定；未經手術而以放射或化學治療者，於放射或化學治療終止後6個月以上，始得認定。但全喉切除所致之言語機能失能者於行全喉切除術出院之日即可認定。 2. 牙齒缺損者，須治療後症狀固定且經診斷為永久失能。

MMI

個案在經過各項積極性的合理醫療行為後，其傷病具備固定性及永久性狀態，在至少未來一年中無論接受治療與否，減損狀態不會再發生重大變化

胸腹部臟器失能	1. 機能性失能須經治療6個月以上，始得認定；如經手術，須最後一次手術後6個月以上，始得認定；未經手術而以放射或化學治療者，於放射或化學治療終止後6個月以上，始得認定。但肝病除申請第12等級者外，需經住院治療且已觀察滿6個月以上，始得以診斷失能最近1次之評估報告進行判定。 2. 器質性失能（例如：胰臟、胃、脾臟...等有明訂項目者）或器官移植(例如：心臟、肺臟、肝臟、腎臟等)於器官切除或移植出院之日即可認定。 3. 慢性腎衰竭長期透析治療之患者，應於診斷慢性腎衰竭初次接受透析治療（洗腎）之日診斷認定。
軀幹（含脊柱畸型或運動失能）	1. 脊柱失能者須經治療1年以上，始得認定，如經多次手術治療者，須最後1次手術後1年以上，始可認定（拔釘除外）。 2. 因惡性腫瘤所致，經醫師診斷已無好轉可能，無法期待其治療效果者，得治療6個月以上認定。
頭、臉、頸部缺損	須經治療1年以上，始得認定；如經手術，須最後一次手術後1年以上始得認定。
皮膚失能	應於最後1次外科手術後1年以上始得認定；如未經手術者，須經治療1年以上，始得認定。

MMI

個案在經過各項積極性的合理醫療行為後，其傷病具備固定性及永久性狀態，在至少未來一年中無論接受治療與否，減損狀態不會再發生重大變化

上肢（含手指）、下肢（含足趾）缺損失能	須治療後症狀固定且經診斷為永久失能（住院手術切除者，於出院時即可認定）。
上肢、下肢機能失能	須經治療1年以上，始得認定；如經手術，須最後一次手術後1年，始得認定（拔釘除外）。
手指、足趾機能失能	須治療後症狀固定且經診斷為永久失能。

註：各失能治療期間雖已逾6個月、1年或2年，惟如症狀尚未固定，應暫不得申請失能給付。

AMA	勞保失能給付標準	治療多久才可以申請失能給付
Ch4 心血管系統	七、胸腹部臟器	• 機能性失能：6個月；手術後6個月；放射或化學治療終止後6個月 • 肝病除申請第12等級者外，需經住院治療且已觀察滿6個月以上 • 器質性失能或器官移植：於器官切除或移植出院之日即可認定 • 慢性腎衰竭長期透析：診斷慢性腎衰竭初次接受透析治療（洗腎）之日診斷認定
Ch5 肺臟系統	七、胸腹部臟器	
Ch6 消化系統	七、胸腹部臟器	
Ch7 泌尿/生殖系統	七、胸腹部臟器	
Ch8 皮膚	十、皮膚	1年；手術後1年
Ch9 造血系統	七、胸腹部臟器	
Ch10 內分泌系統	七、胸腹部臟器	
Ch11 耳鼻喉及相關結構	四、耳，五、鼻，六、口，九、頭/臉/頸	• 咀嚼、吞嚥或言語機能失能：手術後6個月；放射或化學治療終止後6個月 • 全喉切除所致之言語機能失能：全喉切除術出院之日 • 頭/臉/頸：1年；手術後1年
Ch12 視覺系統	三、眼	白內障須經手術（除非醫師證明）
Ch13 中樞神經系統	二、神經	治療6個月；手術後6個月
Ch14 精神及行為疾患	一、精神	治療2年
Ch15 上肢	十一、上肢	缺損失能：住院手術切除者，於出院時 機能失能：1年；手術後1年（拔釘除外）
Ch16 下肢	十二、下肢	
Ch17 脊椎/骨盆	七、胸腹部臟器，八、軀幹	脊柱失能者：1年；手術後1年 • 惡性腫瘤所致，經醫師診斷已無好轉可能，無法期待其治療效果：6個月

MMI

- 被保險人領取失能年金後，保險人應至少每五年審核其失能程度。但經保險人認為無須審核者，不在此限。
- 保險人依前項規定審核領取失能年金者，認為其失能程度減輕，仍符合失能年金給付條件時，應改按減輕後之失能程度發給失能年金；其失能程度減輕至不符合失能年金給付條件時，應停止發給失能年金，另發給失能一次金。
- 第一項之審核，保險人應結合職能復健措施辦理。

MMI

- 因創傷或罹患慢性精神、神經系統或內外科疾病，以致身體系統構造或功能損傷，且經積極治療，仍無法矯治使其脫離顯著失能狀態，或有足夠醫學證據推斷將造成長期（一年以上）顯著失能者，方適合接受身心障礙鑑定。惟鑑定向度另有規定者，從其所定。

MMI

經中央衛生主管機關認定因罕見疾病致身體系統構造或功能障礙者，若八大身心障礙類別無適當之鑑定向度但經評估其獨立自理生活、從事半技術性或簡單技術性工作，受到該疾病之影響者，其身體系統構造或功能，至少應以程度1級列等。

附表三　身心障礙無法減輕或恢復之基準

(一)中華民國一百零一年七月十一日以後(簡稱現制)新申請身心障礙鑑定者，應符合下列之一規定，始得判定為無法減輕或恢復，無須重新鑑定：

1.符合附表二甲等級判定原則(二)之規定，於六歲前經一次以上(≧1次)現制身心障礙鑑定，且年滿六歲後經一次以上(≧1次)現制身心障礙鑑定者。

2.符合附表二甲等級判定原則(二)之規定，於年滿六歲後經二次以上(≧2次)現制身心障礙鑑定。

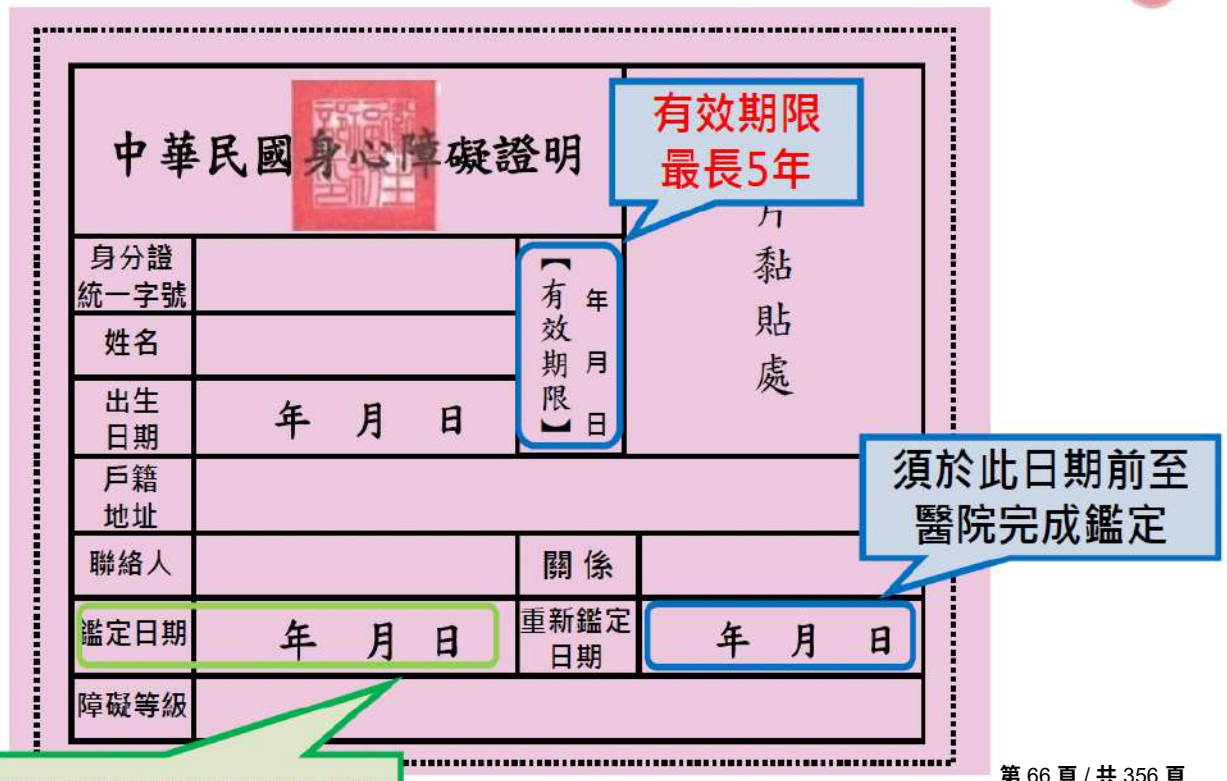
3.符合下表規定之身心障礙類別及判定基準者：

類別	無法減輕或恢復，無須重新鑑定之判定基準	備註
第一類	鑑定向度為b110(意識功能)，障礙程度為4且診斷為植物人狀態(ICD-10-CM為R40.2或R40.3)，經二次以上(≧2次)現制鑑定。	經診斷為情感疾病(情緒障礙症/疾患)如：ICD-10-CM碼為F30-34者，不得納入無法減輕或恢復，無須重新鑑定者資格，應依醫師專業判斷進行重新鑑定。
	鑑定向度為b117(智力功能)，障礙程度為2以上(≧2)，經三次以上(≧3次)現制鑑定，至少一次(≧1次)於年滿十八歲後鑑定且最後一次鑑定時間與同鑑定向度第一次鑑定時間間隔十年以上(≧10年)。	
	鑑定向度為b144(記憶功能)或b164(高階認知功能)，障礙程度為3以上(≧3)，係因功能無可恢復之腦部器質病變所致(有具體腦影像檢查或生理功能儀器顯示相關之病變)，年滿十八歲後經一次以上(≧1次)現制鑑定，其障礙程度持續十年以上(≧10年)。	
	鑑定向度為b167(語言功能)、b16700(口語理解功能)或b16710(口語表達功能)，障礙程度為2以上(≧2)，係因功能無可恢復之腦部器質病變所致(有具體腦影像檢查或生理功能儀器顯示相關之病變)，年滿十八歲後經一次以上(≧1次)現制鑑定，其障礙程度持續十年以上(≧10年)。	

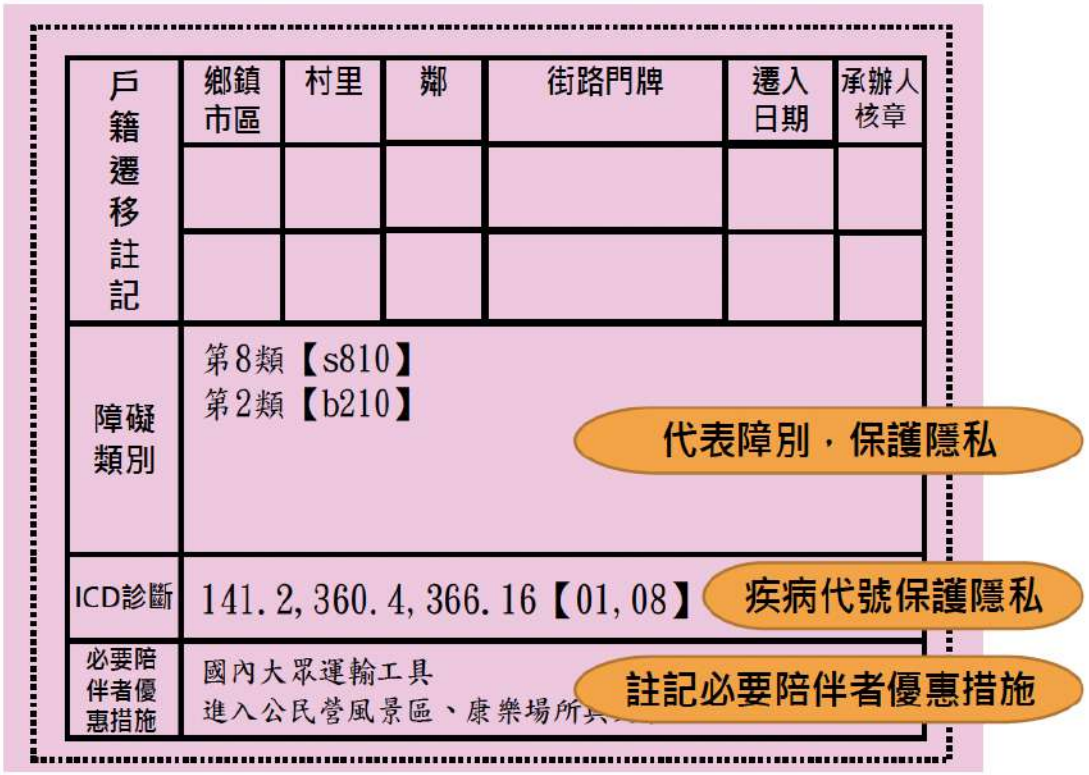
身心障礙證明是永久的嗎?(1)

■目前身心障礙證明依法**有效期限最長5年**。(身權法第14條第1項)

正面



背面



身心障礙證明是永久的嗎?(2)

■如果經鑑定可符合「無法減輕或恢復，無須重新鑑定」規定(身心障礙者鑑定作業辦法 附表三 身心障礙無法減輕或恢復之基準)，則於證明正面的有效期限及重新鑑定日期欄顯示「空白」(即無註記有效期限)，並每五年進行需求評估。

無法減輕或恢復，無須重新鑑定

正面

不克受託的常見原因

- 「當事人最初非於本院就診，疾患發生原因，建議由原檢查診斷之醫院進行鑑定。疾患與職業因素間之因果關係釐清，建議逕向勞動部職安署正式申請職業傷病鑑定，或允以職業傷病給付當時派員訪視結果，俾利完整評估職業因素、非職業因素、時序性等面向。」
- 「法院來函所述傷害與事故之因果關係、失能機轉、聘用看護之必要性、醫療行為是否終止、喪失工作能力期間等鑑定事項，建議由當事人過往就診之專科評估鑑定。」
- 「本部僅能就當事人目前遺存之勞動能力減損比例進行鑑定，無法分開評估同部位過往不同時間點所受傷害。」
- 「無法回覆貴院所詢之事故與勞動力減損之因果關係(該勞動力減損係因第一次或第二次車禍所致?)，亦無法追溯過去不同時間點之勞動能力減損比例。為避免爭議，本部不克受託，請法院確認是否接受以目前遺存之勞動能力減損比例進行鑑定」

不克受託的常見原因

- 「傷勢之復原程度及其後欲行之治療方式，建議以函詢其原主要診治醫院為宜」
- 「來函所述針對個案多種疾病相關症狀之完整評估、傷害與事故之因果關係、及醫療照護建議等，其傷病範圍較廣，包含神經科、耳鼻喉科、眼科、精神科等等，建請法院委託原負責診治之各專科醫師進行鑑定，確認各疾患是否仍需積極追蹤治療、抑或是已達復原穩定期，如經專科醫師評估確認各疾患已屬穩定，再請將個案所有醫療相關資料一併轉交本部，俾利本部後續評估個案之勞動能力減損情形。」
- 「個案最後一次接受手術的時間距今尚未滿一年，推估目前個案傷病可能未具備固定性及永久性狀態，為避免爭議本部暫不克受託，建議術後至少滿一年以上再送本部評估是否受託。若貴院仍亟需於目前進行勞動能力減損鑑定，貴院須可以接受目前個案傷病可能未具備固定性及永久性狀態所造成之後續減損狀態變化(可能變高或變低)，本部方可受託。」

不克受託的常見原因

- 「依勞工保險失能給付標準，神經失能等級之審定基本原則：審定時，須由神經科、神經外科或復健科專科醫師診斷開具失能診斷書，因此建議由當事人過往就診之前述專科評估鑑定。」

Ch2：報告三步驟

- 臨床評估
  - 在評分前審視所有病歷
  - 身體檢查：確保一致性和可複製性；比較未受傷的「正常」側
  - 審視所有可得的診斷性檢查和實驗室數據
- 分析發現
  - 討論特定發現與診斷結論和MMI狀態的關係
  - 參考目前ADL能力及任何驗證過的缺陷
  - 解釋為何缺少任何一種相關數據，以及醫師如何在資料受限下評分
- 討論障害評分如何計算
  - 與指引標準對照
  - 解釋特定評分為何未納入最終評分（測量或檢查結果不可信等）
  - 若可行，進行因果分割
- 前兩步驟務必要由醫師進行

Ch2：報告格式範本

FIGURE 2-3

Sample Report for Permanent Medical Impairment

Patient Name: _____ Birthdate: _____ Sex: M___ F___

Address: _____ Phone: _____

ID Number: _____ Exam Date: _____ Injury Date: _____

Diagnosis: _____

Introduction: Purpose (impairment or IME evaluation, personal injury, workers compensation) and procedures (who performed the exam, patient consent, location of examination) _____

History of Clinical Presentation: _____

Functional History: _____

Physical Examination or Physical Findings: _____

Clinical Studies or Objective Test Results: _____

Burden of Treatment Compliance: (when applicable) _____

診斷（DBI)

病史（Hx）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

Ch2：報告格式範本

Impairment Rating and Rationale: Organ System and Whole Person Impairment (WPI)

Body Part or System	Chapter Number, Page Number, Table Number	Key Factor and Class	Grade Modifiers for: Functional History, Physical Exam, Clinical Studies & BOTC (if applicable)	Final Class and Grade Used in Rating	Whole Person Impairment (%)
1.					
2.					
3.					

Calculated Total Whole Person Impairment: _____ %

Discussion of Rationale of Impairment and any Possible Inconsistencies in the Examination: _____

Recommendation: (Further diagnostic or therapeutic follow-up care) _____

Work Ability, Work Restrictions: (if requested, review abilities and limitations in reference to essential job activities) _____

Examining Physician: Printed Name: _____ **Signature:** _____

Date: _____ **Examination Location:** _____

醫院如何決定是否受託鑑定？

- 第一步：讀公文

7)→受鑑定者基本資料：↓

(1)·姓名：[redacted]↓

(2)·國民身分證統一編號：[redacted]↵

8)→發文機關：臺灣[redacted]法院↓

本院收文日期：中華民國 112 年[redacted]日↓

法院發文字號：[redacted]號↵

9)→法院問題（僅列本部鑑定回覆事項）：↵

(三)原告因本件車禍事故致受有系爭傷害，請鑑定右側股骨頸閉鎖性骨折、右側恥骨、右手第 2、3、5 掌骨閉鎖性骨折、右臂神經叢損傷等傷害是否有造成其勞動能力之減損（如是，請具體說明上開傷害中何種傷害造成其勞動能力之減損，例如股骨、恥骨、掌骨之傷勢是否因不能回復而亦造成其勞動能力之減損）？並請說明據以判斷原告勞動能力減損比例之具體事由（請斟酌原告所受傷害與其職業、智能、性向、年齡、教育等因素加以適當調整並鑑定上開減損程度及比例，請勿僅失能給付標準逕為認定其勞動能力減損比例）↵

醫院如何決定是否受託鑑定？

- 哪些問題可以回覆？哪些不能？

O 本部評估之對象，限於遺存且已達穩定之勞動能力喪失或減少。
X「事故或其他傷病肇因」與「勞動能力喪失或減少」之因果關係
X 各疾患是否仍需積極追蹤治療、抑或是已達復原穩定期；傷勢之復原程度及其後欲行之治療方式
X「有無回復之可能？」、「若可完全回復，則需時多久？」等預測性問題
X 聘用看護之必要性、醫療行為是否終止、喪失工作能力期間、失能機轉...
X 同部位過往不同時間點所受傷害、追溯過去不同時間點之勞比例
X 嗅覺（可洽北榮、中榮）、兒童認知心理...
△ MMI

醫院如何決定是否受託鑑定？

- 第二步：速讀卷宗
  - 審判卷證：
    - 車禍事故時間點、原告和被告交通工具、機轉
    - 其他資料多不重要，快速翻過就好
  - 診斷書：
    - 抓出納入障害評分的診斷（最重要，因為WPI是diagnosis-based為主）
    - 骨架：架構時間線（事故、急診、住院、手術、出院、門診追蹤）
  - 病歷
    - 在骨架上填入血肉：不需要所有細節都填入，重要的是關鍵處置（術式）和關鍵檢查結果，也就是評估是會用到的
    - 例如HIVD有沒有MRI和NCV檢查支撐診斷，Compression fracture有沒有影像，TBI後認知問題有沒有神經心理衡鑑，眼睛問題有沒有視力和視野檢查
    - 病人近況的描述：最近一次門診追蹤病人的殘餘症狀為何？ADL？步行能力？ROM？
    - 光碟不要漏看，特別是和評分分數直接有關的影像，確認有沒有包含
    - 核對病歷診斷和診斷書診斷之間是否有落差

醫院如何決定是否受託鑑定？

10)事件及醫療過程簡述：(詳細細節請參考公文附件內容)

根據法院提供之卷宗資料，個案[redacted](原名[redacted])於民國(下同)109年[redacted]日發生意外事故，送至[redacted]醫院急診，影像檢查載明有 fracture at right femoral neck with displacement、non-displaced fracture at right pubic bone、suspicious hematomas near right subclavian vessels、nondisplaced fracture at proximal region of right 2nd、3rd、5th metacarpal bones、spinal cord injury with edematous change in C3~6 level，後續個案轉診至[redacted]醫院，於[redacted]日進行右側股骨復位固定手術，術後收治神經外科病房，並於109年[redacted]出院，出院診斷有右側臂神經叢損傷、右側股骨頸骨折、右手掌骨骨折、右髖挫傷，出院後安排門診追蹤。

個案於109年[redacted]日入住[redacted]醫院手外科，隔日進行第一階段神經轉位(對側第七頸神經轉位)手術，於[redacted]日出院，於109年[redacted]日再次入住手外科，隔日進行第二階段神經轉位(肋間神經轉位)手術，於[redacted]日出院。出院後安排門診追蹤。109年[redacted]日核磁共振檢查顯示：C5-C8右側臂神經叢損傷等。109年[redacted]、111年[redacted]日神經傳導檢查顯示：C5-T1右側臂神經叢嚴重完全損傷。110年[redacted]日骨盆腔電腦斷層檢查顯示：右股骨頸骨折術後未癒合(minimal impaction)。

....個案於110年[redacted]日入住花蓮慈濟醫院骨科病房，隔日進行右下肢植入物移除手術，於110年[redacted]日出院。110年[redacted]日花蓮慈濟醫院神經外科診斷證明書載明個案有右側臂神經叢損傷、頸椎脊髓損傷、右側股骨骨折、右側掌骨骨折。110年[redacted]日臂神經叢核磁共振檢查顯示：C3-T1右側脊髓病變(myelopathy)。110年[redacted]日神經傳導檢查顯示：acute denervational changes of multiple cervical polyradiculopathy from the middle to lower cervical level。個案於111年[redacted]日入住臺北榮民總醫院，並於住院期間進行右上肢 nerve transfer、debridement、Split-thickness skin graft 手術，於[redacted]日出院。個案因持續疼痛，111年[redacted]日入住花蓮慈濟醫院神經外科病房，隔日進行 intrathecal catheter placement，並進行 morphine pump 測試達到疼痛控制。111年[redacted]日神經外科門診病歷紀錄仍有疼痛。

11)鑑定時評估項目：

✓→右臂神經叢損傷：

✓→右側恥骨骨折：

✓→右側股骨頸骨折、右髖挫傷：

✓→右手第2、3、5掌骨閉鎖性骨折：

✓→頸椎脊髓損傷：

醫院如何決定是否受託鑑定？

- 資料不足：要補哪些資料？

■相關資料不足：僅檢附OO醫院之病歷資料，建請法院提供O君車禍後於OO醫院、OO醫院、OO醫院、OO醫院、OO醫院等就醫之病歷紀錄，俾利完整評估O君傷病情形。
■相關資料不足：本次所附卷宗僅列載原告於OO醫院急診病歷，並未包含後續之治療及追蹤等就醫紀錄。為避免爭議，本部暫不克受託。懇請 貴院函覆原告於此件事故發生後之完整就醫紀錄(包含住院、手術、檢驗、檢查、門診紀錄、影像光碟與文字報告及診斷書等)，本部方能判斷是否可受託鑑定。
■相關資料不足：敬請提供當事人事故發生後於OO醫院之急診、門診病歷，各項手術紀錄、治療紀錄、檢查/檢驗報告、醫療影像光碟/文字報告等。若當事人有復健相關之醫療病歷紀錄，亦請一併附上(法院僅提供OO醫院之骨科出院病摘及診斷書)，俾利完整評估當事人之傷病情形，本部方能判斷是否可受託鑑定。

醫院如何決定是否受託鑑定？

- 第三步：鑑定時評估項目

11)鑑定時評估項目：(請鑑定住院醫師分項敘明各項勞損評估過程及結果)

✓右臂神經叢損傷：

■建議參考 Table 15-20、Table 15-21 等評估是否仍有損傷，輔以 Table 15-7 至 Table 15-9 做為加分與否項目，若有需要可再安排神經傳導、肌電圖等客觀性檢查。

✓右側恥骨骨折:

■建議參考 Table 17-11 等評估是否仍有損傷，輔以 Table 17-12 至 Table 17-14 做為加分與否項目，若有需要可再安排影像學等客觀性檢查。

✓右側股骨頸骨折、右髖挫傷：

■建議參考 Table 16-4 評估是否仍有損傷，輔以 Table 16-6 至 Table 16-8 做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以 Table 16-18 至 Table 16-24 評估，輔以 Table 16-6、Table 16-17 做為加分與否項目。

✓右手第 2、3、5 掌骨閉鎖性骨折：

■建議參考 Table 15-2 評估是否仍有損傷，輔以 Table 15-7 至 Table 15-9 做為加分與否項目，若有需要可再安排影像學等檢查；若遺存顯著關節活動度限制，可改以 Table 15-30 至 Table 15-34 評估，輔以 Table 15-7、Table 15-36 做為加分與否項目。

✓頸椎脊髓損傷：(請鑑定住院醫師計算納入和不納入此項的分數)

■建議參考 Table 13-11 至 Table 13-17 等評估是否仍有遺存症狀或功能損失。

✓加州校正

■考慮加州校正。

醫院如何決定是否受託鑑定？

- 第四步：決定disposition

6)　本部是否受託鑑定：
□不克受託。原因：
□相關資料不足：
□同意受託。
(1) 法院發文問題中，本部將回覆者：　□全部。　□部份。
　　將回覆之問題為：_____　　。
(2) 是否照會其他科部，以共同鑑定：　□否。　□是。
　　請先照會_____科，確認其是否同意協助評估_____

醫院如何決定是否受託鑑定？

- 照會他科

■是。請先照會眼科，確認其是否同意協助評估當事人目前雙眼視力及視野損失情形
■是。請先照會精神科，確認其是否同意協助評估 憂鬱症、創傷壓力症候群遺存症狀
■是。請先照會 精神科，確認其是否同意協助評估 鑑定事項(一)及創傷壓力症候群目前遺存症狀及BPRS、GAF、PIRS

「不克受託」中的一些問題，也可能照會其他科是否願意回答
■是。請先照會復健科，確認其是否同意協助評估鑑定事項(二)

醫院如何決定是否受託鑑定？

- 總結：
  - 第一步：讀公文（法院問題）
  - 第二步：速讀卷宗（審判卷證、診斷書、病歷）
  - 第三步：鑑定時評估項目
  - 第四步：決定disposition

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch10 內分泌系統

Ch5 肺臟系統

Ch9 造血系統

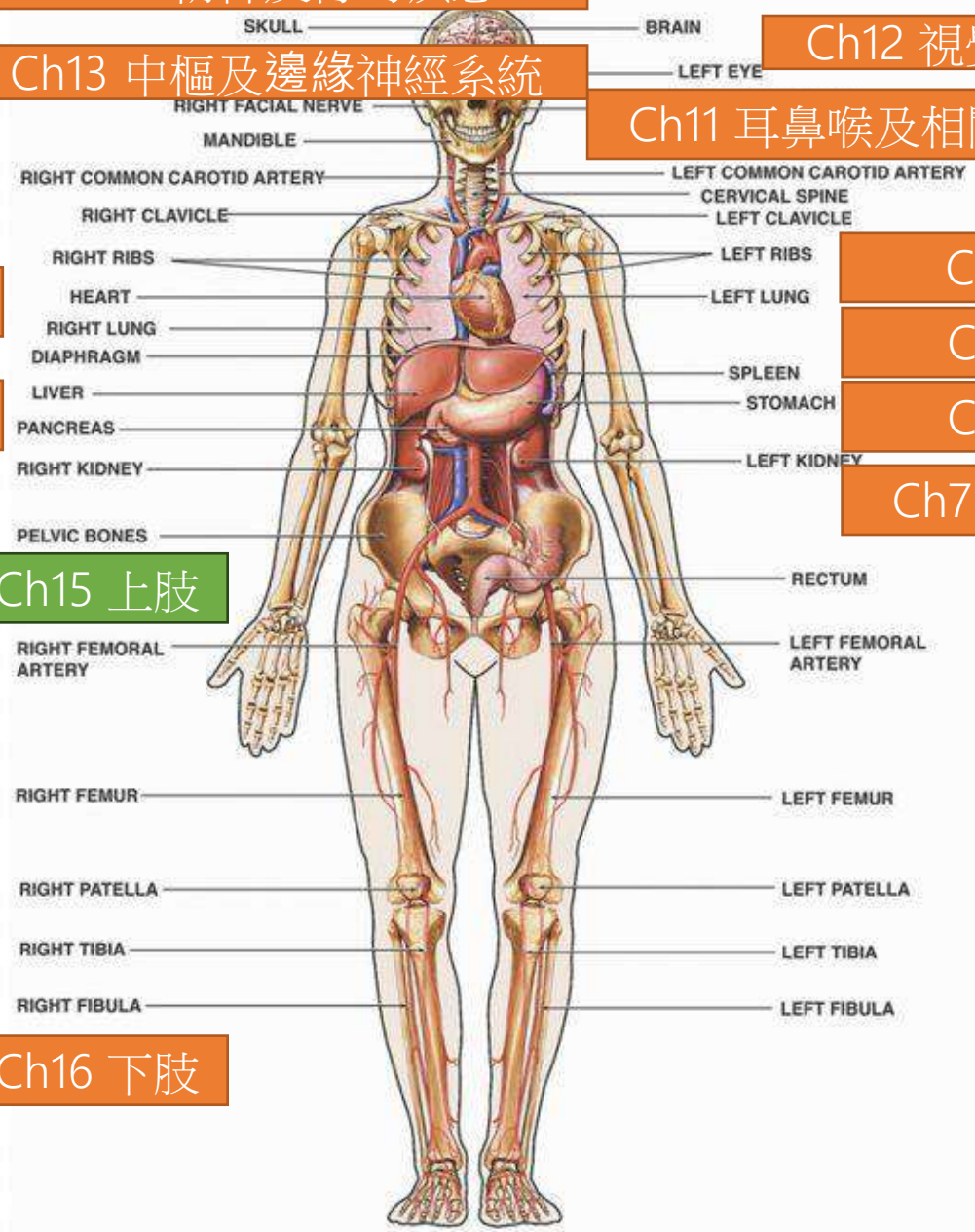
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

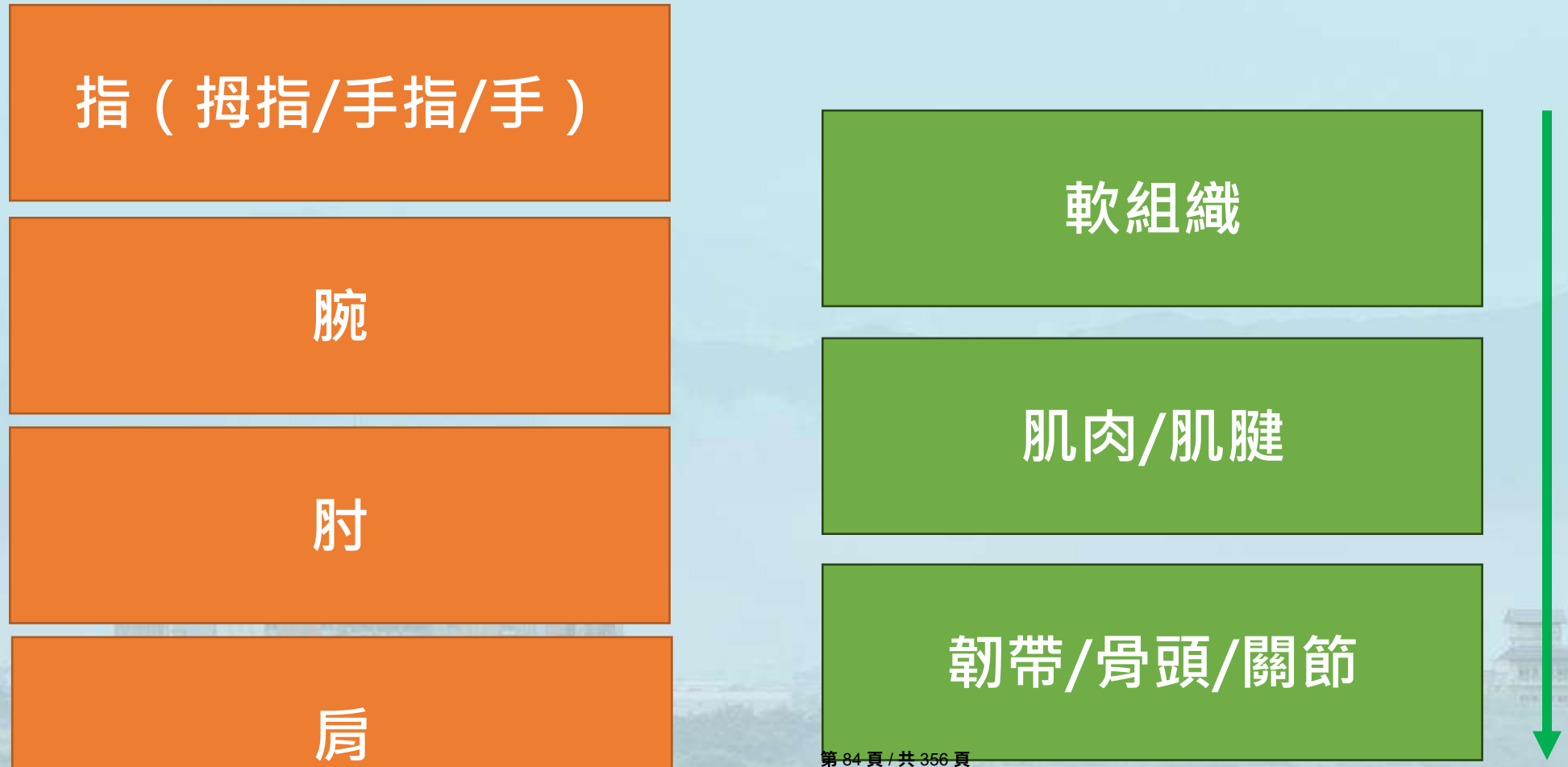
Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

以診斷為基礎的障害（DBI）

- 若特定診斷未包含於表格，應使用所列類似的狀況作為指引決定評分，並充分解釋類比的理由



385, 389

以診斷為基礎的障害（DBI）

- 不會因為手術本身額外加分；只有在手術會影響MMI時評估的功能狀態時，手術與否才會影響評分
- 若有超過一個診斷可用，選擇最高的、因果相關的障害評分
- 疼痛相關疾患在一個部位只能評一次
- 倘若身體檢查或客觀檢查用以定義DBI，則不可再用於調整
- 指障害以DI表示，同一指的DI先合併再轉成HI，不同指的HI再相加
- 腕、肘、肩障害以UEI表示

以診斷為基礎的障害（DBI）

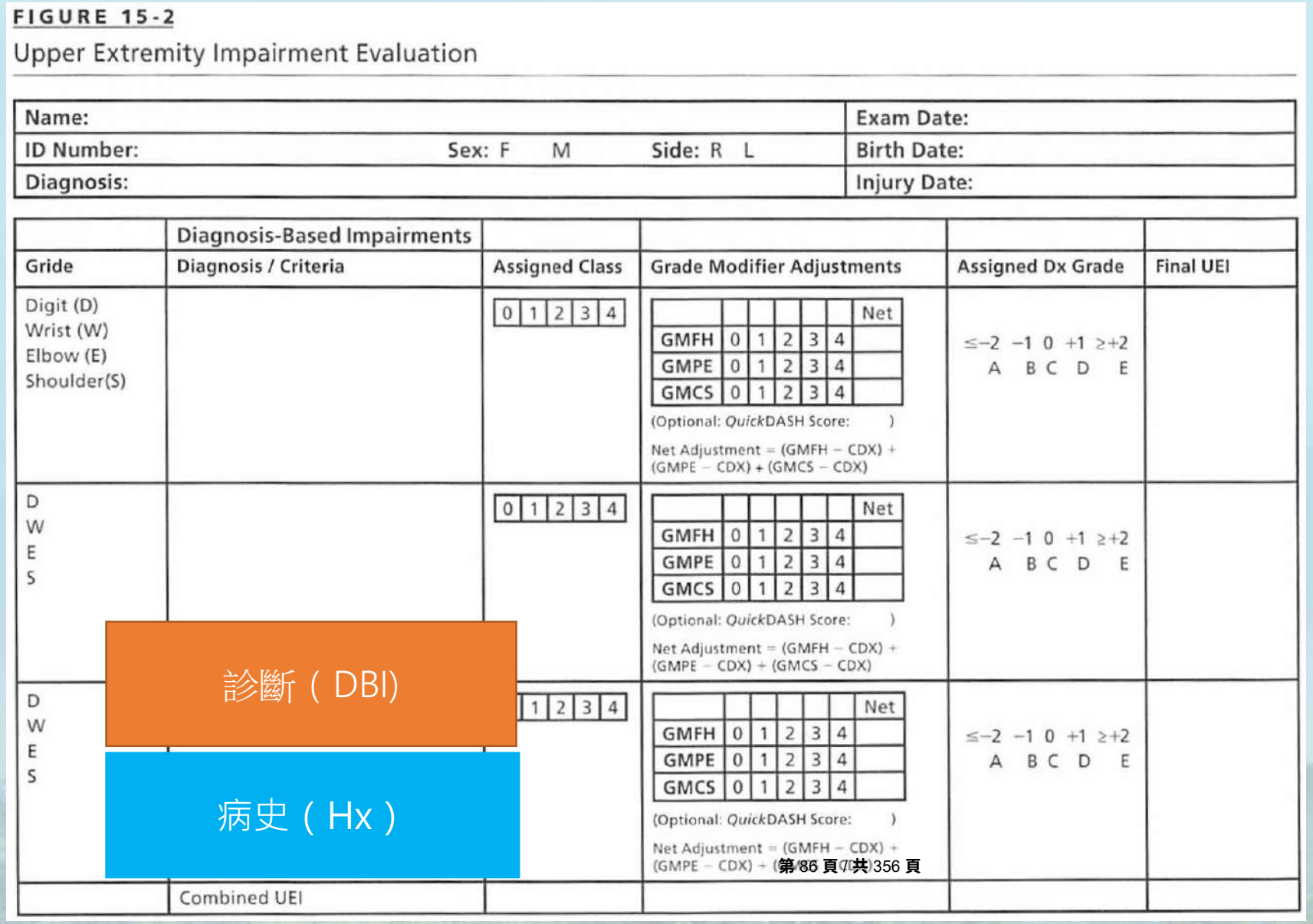


FIGURE 15-2

Upper Extremity Impairment Evaluation

Name:	Exam Date:
ID Number: Sex: F M Side: R L	Birth Date:
Diagnosis:	Injury Date:

	Diagnosis-Based Impairments				
Gride	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI
Digit (D) Wrist (W) Elbow (E) Shoulder(S)		0 1 2 3 4	GMFH 0 1 2 3 4 Net GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: *Quick*DASH Score:) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B C D E	
D W E S		0 1 2 3 4	GMFH 0 1 2 3 4 Net GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: *Quick*DASH Score:) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B C D E	
D W E S		1 2 3 4	GMFH 0 1 2 3 4 Net GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: *Quick*DASH Score:) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B C D E	
	Combined UEI				

診斷（DBI)

病史（Hx）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

以診斷為基礎的障害（DBI）

TABLE 15-2 Digit Regional Grid: Digit Impairments

Digit Regional Grid

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (digit)	0	1%–13% Digit	14%–25% Digit	26%–49% Digit	50%–100% Digit
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
SOFT TISSUE					
Pain in digit* nonspecific hand pain post acute injury or surgery (not otherwise specified)	0 No significant symptoms or signs at MMI	0 0 1 1 1 History of painful injury, residual symptoms without consistent objective findings (this impairment can only be given once per digit in an individual's lifetime)			

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以診斷為基礎的障害（DBI）

Healed minor soft-tissue or skin injury,* including digit pain despite full motion, no instability, and no pulp loss	0 Healed with no residual symptoms or findings other than skin scarring	2 3 4 5 6 Residual symptoms and consistent objective findings at MMI (eg, painful posttraumatic joint enlargement, nail deformity involving <50% of a nail, tender scar, retained foreign body of <3 mm in size, retained ganglion cyst or mucous cyst)*			
Healed with more significant soft tissue or skin injury,* including nail abnormalities involving >50% of a nail secondary to trauma, residual distal phalanx pulp loss, retained foreign body ≥3 mm*	0 Healed with no residual symptoms or findings other than skin scarring	6 7 8 9 10 Loss of <50% of pulp, nail abnormalities involving >50% of a nail secondary to trauma, retained foreign body ≥3 mm	16 18 20 22 24 Loss of >50% of pulp; complications of osteomyelitis		

391-394

以診斷為基礎的障害（DBI）

TABLE 15-2 (CONTINUED) Digit Regional Grid: Digit Impairments

IMPAIRMENT CLASS	CLASS 0	CLASS 1
IMPAIRMENT RANGES	0	1%–13% Digit
GRADE		A B C D E
MUSCLE/TENDON		
Sprain/strain* includes initial diagnoses of first-, second-, and third-degree sprain, now at MMI*	0 No residual findings: No pain and no residuals	4 5 6 7 8 Residual pain and/or functional loss with normal motion
Digital stenosing tenosynovitis* (trigger digit)	0 No residual findings: +/− surgical treatment	4 5 6 7 8 Symptomatic trigger finger +/− surgery. Persistent triggering with normal motion
Extensor tendon rupture/laceration* (commonly described as mallet finger; extensor digitorum communis, or extensor indicis)	0 No residual findings: +/− surgical treatment	4 5 6 7 8 Residual loss +/− symptoms; functional with normal motion
Flexor tendon rupture/laceration* (flexor digitorum profundus or sublimis; or flexor pollicis longus)	0 No residual findings: +/− surgical treatment	4 5 6 7 8 Residual loss +/− symptoms; functional with normal motion

391-394

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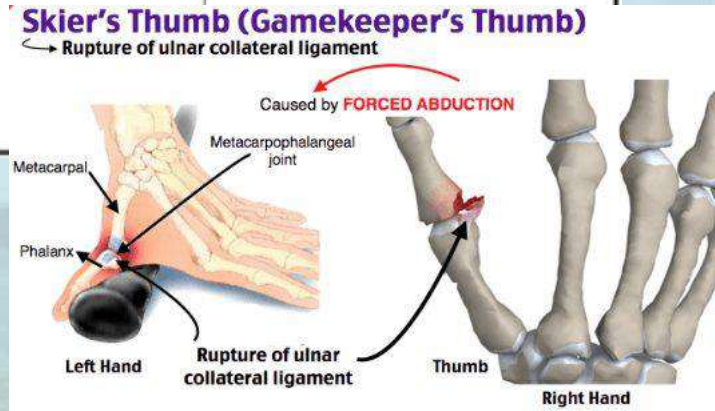
以診斷為基礎的障害（DBI）

LIGAMENT/BONE/JOINT					
Posttraumatic degenerative joint disease*	0 No residual findings	4 5 6 7 8 Residual pain and/or functional loss with normal range of motion			
Joint dislocation or sprain*					
Thumb MCP*	0 No residual findings	1 2 3 4 5 <10° Instability 3 4 5 6 7 10°–20° Instability 8 9 10 11 12 >20° Instability			

側方壓力測試（Varus / Valgus Stress Test）

- 固定較近端的骨頭
- 對較遠端的骨頭施加外翻/內翻壓力
- 測量造成的側方開角（angular laxity）
- 與健側比較



391-394

以診斷為基礎的障害（DBI）

*Fractures**					
Thumb metacarpal, intra-articular*	0 No residual findings	8 9 10 11 12 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Distal phalanx*	0 No residual findings	2 3 4 5 6 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Proximal phalanx, middle phalanx, metacarpal*	0 No residual findings	4 5 6 7 8 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Metacarpal head*	0 No residual findings	6 7 8 9 10 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			

391-394

以診斷為基礎的障害（DBI）

*Arthroplasty**					
Thumb CMC*				26 28 30 32 34 Residual symptoms, consistent objective findings and/or functional loss, with normal motion	
Finger DIP*		3 4 5 6 7 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Finger PIP*		8 9 10 11 12 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Finger MP*			16 18 20 22 24 Residual symptoms, consistent objective findings and/or functional loss, with normal motion		

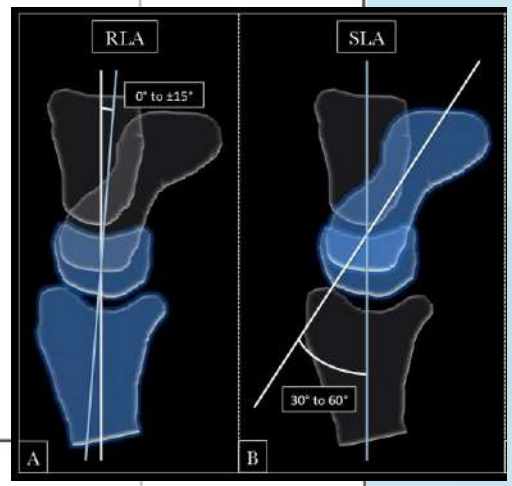
391-394

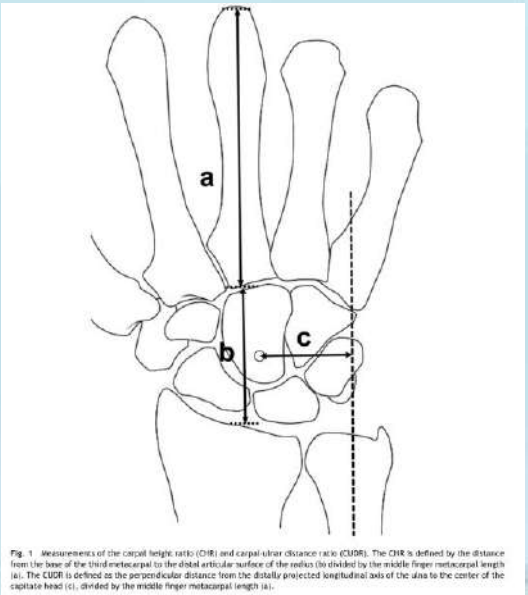
以診斷為基礎的障害（DBI）

TABLE 15-3 (CONTINUED) Wrist Regional Grid: Upper Extremity

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLAS
IMPAIRMENT RANGES (upper extremity %)	0	1%–13% UE	14%–25% UE	26%–49
GRADE		A B C D E	A B C D E	A B C
LIGAMENT/BONE/JOINT*				
Wrist sprain/h/o dislocation* including carpal instability	0 No residual findings: +/− surgical treatment	6 7 8 9 10 Mild instability (grade modifier 1 per radiographic studies and criteria in Table 15-9) *(clinical studies excluded from adjustment process)*	14 15 16 17 18 Moderate instability (grade modifier 2 per radiographic studies and criteria in Table 15-9) 20 22 24 25 25 Severe instability (grade modifier 3 per radiographic studies and criteria in Table 15-9) *(clinical studies excluded from adjustment process)*	
Triangular fibrocartilage complex (TFCC) tear*	0 No residual findings: +/− surgical treatment	6 7 8 9 10 Documented TFCC injury +/− surgery with residual findings		
Fracture*	0 No residual findings: +/− surgical treatment	1 2 3 4 5 Residual symptoms, consistent objective findings and/or functional loss, w~~ith normal motion~~		

Wrist (see text for explanation)		Radiolunate angle 11°–20° Scapholunate angle 61°–70° Scapholunate gap 3–5 mm Triquetrolunate stepoff >1 mm Ulnar translation mild	Radiolunate angle 21°–30° Scapholunate angle 71°–80° Scapholunate gap 6–8 mm Triquetrolunate stepoff >2 mm Ulnar translation moderate	Radiolunate angle >30° Scapholunate angle >80° Scapholunate gap >8 mm Triquetrolunate stepoff >3 mm Ulnar translation severe





Ulnar Translation
整個腕骨向尺側移位
CUDR 0.3/0.4/0.6

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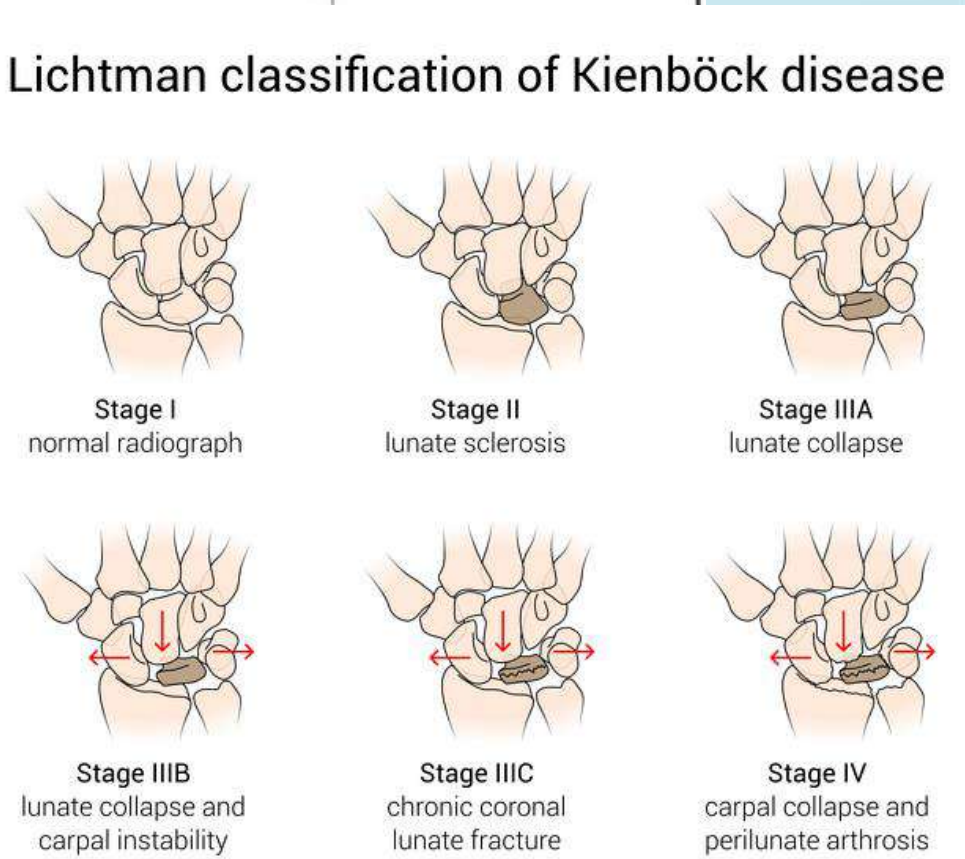
395-397

以診斷為基礎的障害（DBI）

Avascular necrosis (AVN) of lunate Kienbock's disease*		1 2 2 3 4 Stage 1 normal bone architecture on plain X rays, MRI may be normal or show early stages 3 4 5 6 7 Stage 2 abnormal bone architecture on plain X rays or MRI but no carpal lunate collapse	14 15 16 17 18 Stage 3 abnormal bone architecture on plain X rays or MRI with lunate collapse or fragmentation 17 19 22 23 25 Stage 4 abnormal bone architecture on plain X rays or MRI with lunate collapse or fragmentation and adjoining bones affected. If treated surgically, wait until MMI and rate by type of surgical treatment	



395-397

以診斷為基礎的障害（DBI）

TABLE 15-3 Wrist Regional Grid: Upper Extremity Impairments

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (upper extremity %)	0	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
LIGAMENT/BONE/JOINT					
Posttraumatic degenerative joint disease* (DJD)	Posttraumatic, No residual findings: +/− surgical treatment	1 3 5 7 9 Posttraumatic DJD with documented specific injury, asymmetric arthritic changes noted on imaging	*If motion loss, may assess per Section 15.7, Range of Motion Impairment (not combined with diagnosis impairment)*		
Arthrodesis (fusion) Intercarpal fusion* Scaphoid-capitate Capitate-hamate Hamate-triquetrum		8 9 10 11 12 Successful fusion	*If nonoptimal positioning, assess per Section 15.7, Range of Motion Impairment*		
Wrist arthrodesis (fusion)*				26 28 30 32 34 Wrist arthrodesis in functional position (10° [illegible] flexion, radial 5° to ulnar 10°)	*If nonoptimal positioning assess per Section 15.7, Range of Motion Impairment*

395-397

以診斷為基礎的障害（DBI）

* If motion loss is present, this impairment may alternatively be assessed using Section 15.7, Range of Motion Impairment. A range of motion impairment stands alone and is not combined with diagnosis impairment.

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DBI是首選的方法，但當出現關節活動度（ROM）受限時，評估者可以將其視為一種替代方法，特別是當障害無法根據DBI模式進行評估時。

395-397

以診斷為基礎的障害（DBI）

MUSCLE/TENDON*					
Epicondylitis: Lateral or medial*	0 No significant objective abnormal findings at MMI	0 1 1 2 2 History of painful injury, residual symptoms without consistent objective findings (this impairment can only be given once in an individual's lifetime) 3 4 5 6 7 s/p surgical release of flexor or extensor origins with residual symptoms			
Distal biceps tendon rupture*	0 No residual findings: +/− surgical treatment	3 4 5 6 7 Residual loss of strength, functional with normal motion			

398-400

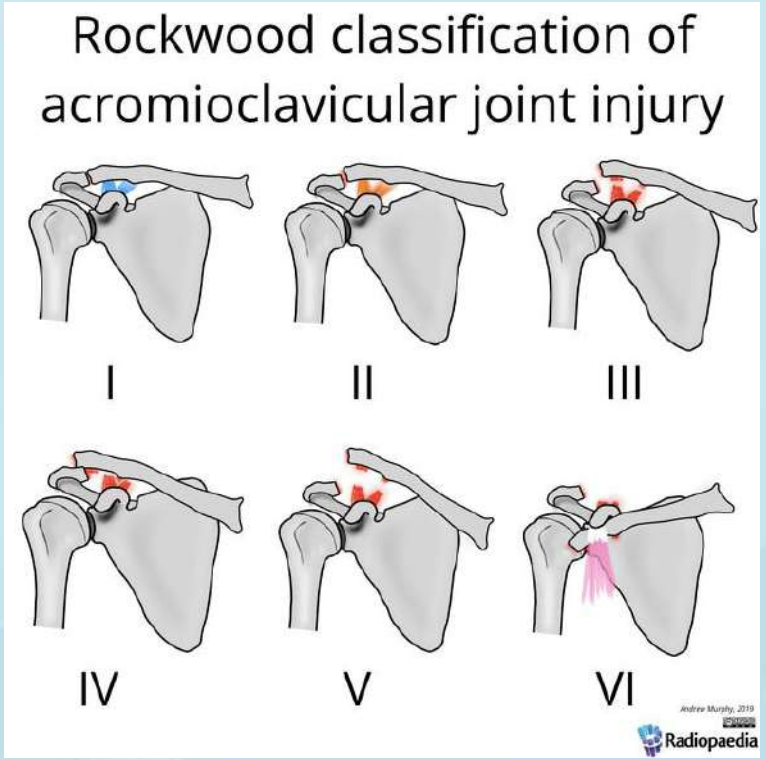
以診斷為基礎的障害（DBI）

LIGAMENT/BONE/JOINT*					
Collateral ligament injury: medial, ulnar or lateral*	0 No residual findings: +/− surgical treatment	3 4 5 6 7 Recurrent instability: occasional 8 9 10 11 12 Recurrent instability: frequent; resulting in functional limitation			
Persistent elbow subluxation or dislocation*	0 No residual findings: +/− surgical treatment	8 9 10 11 12 Mild: can be completely reduced manually	16 18 20 22 24 Moderate: cannot be completely reduced manually	34 37 40 43 46 Severe: cannot be reduced	
Fracture*	0 No residual findings: +/− surgical treatment	1 2 3 4 5 Residual symptoms, consistent objective findings and/or functional loss, with normal motion			
Loose bodies or osteochondral lesions*	0 No residual findings: +/− surgical treatment	3 4 5 6 7 Residual loss, functional with normal motion			

398-400

以診斷為基礎的障害（DBI）

LIGAMENT/BONE/JOINT*					
Rotator cuff injury, full-thickness tear*	0 No significant objective abnormal findings at MMI	1 2 3 4 5 History of painful injury, residual symptoms without consistent objective findings (this impairment can only be given once in an individual's lifetime) 3 4 5 6 7 Residual loss, functional with normal motion			
Acromioclavicular (AC) joint injury or disease*	0 No significant objective abnormal findings at MMI	1 2 3 4 5 History of painful injury, residual symptoms without consistent objective findings (this impairment can only be given once in an individual's lifetime) 1 2 3 4 5 Residual loss, functional with normal motion 8 9 10 11 12 s/p Distal clavicle resection or AC separation type III (complete disruption AC joint capsule and coracoclavicular ligaments)	16 18 20 22 24 AC separation type IV (complete disruption AC joint capsule and coracoclavicular ligaments and avulsion of coracoclavicular ligament from clavicle) or higher severity		

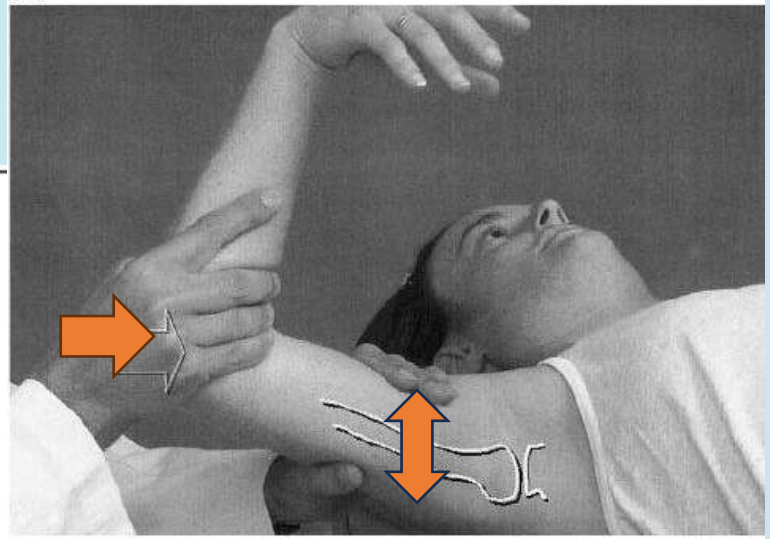


- type I: normal radiographic appearance with clavicle not elevated with respect to the acromion
- type II: widened acromioclavicular joint (>7 mm) with <25% clavicular elevation
- type III: clavicle elevated above the superior border of the acromion, but the coracoclavicular distance is less than twice normal (i.e. <25 mm; or >5 mm compared to the contralateral side)
- type IV: clavicle displaced posterior into the trapezius
- type V: clavicle markedly elevated and coracoclavicular distance more than double normal (i.e. >25 mm) - bilateral weight-bearing projections are able to distinguish type V injuries
- type VI: clavicle inferiorly displaced behind coracobrachialis and biceps tendons

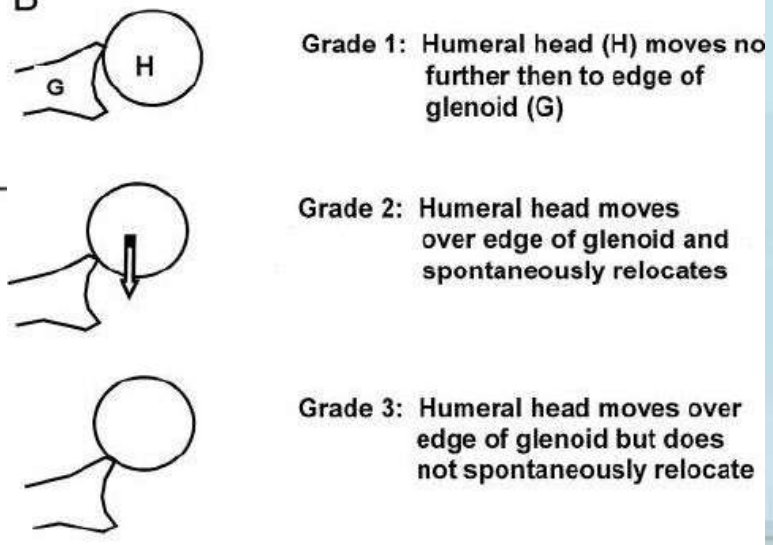
以診斷為基礎的障害（DBI）

Unidirectional shoulder instability*	0 No residual findings: +/− surgical treatment	4 5 6 7 8 Occult (consistent relationship of symptoms with activities and grade 1 instability) 9 10 11 12 13 Subluxing humeral head (confirmed history of acute trauma, consistent relationship of symptoms with activities, grade 2 instability)	20 22 24 25 25 Dislocating humeral head (confirmed history of acute trauma, consistent relationship of symptoms with activities, grade 3 or 4 instability)
Multidirectional shoulder instability (excluding patients with bilateral multidirectional shoulder instability)*	0 No significant objective abnormal findings of soft-tissue injury at MMI	9 10 11 12 13 History of traumatic episode and shoulder instability demonstrated in 2 or more directions Post op patients with persistent symptoms with no instability may be rated with ROM. If ROM is normal rate by nonspecific shoulder pain*	22 23 24 25 25 Dislocating humeral head (confirmed history of acute trauma, consistent relationship of symptoms with activities, grade 3 or 4 instability)

A



B



Grade 1: Humeral head (H) moves no further then to edge of glenoid (G)

Grade 2: Humeral head moves over edge of glenoid and spontaneously relocates

Grade 3: Humeral head moves over edge of glenoid but does not spontaneously relocate

Load-and-shift test

Shoulder		Grade 1 (slight) instability; subluxable	Grade 2 (moderate) instability; easily subluxable	Grade 3 (serious) instability; dislocatable with anesthesia or sedation	

401-405

非關鍵因素（調整因素）：FHx

- 僅應用於調整單一、最高的DBI。但某些法律轄區可能會將其用於調整每一個DBI，或不考慮調整。
- 如果和身體或臨床檢查結果差距2以上，應視為不可靠，並排除於評分外

TABLE 15-7

Functional History Adjustment: Upper Extremities

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Class Definitions	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
	Asymptomatic	Pain/symptoms with strenuous/vigorous activity; +/− medication to control symptoms	Pain/ symptoms with normal activity; +/− medications to control symptoms	Pain/symptoms with less than normal activity (minimal); +/− medications to control symptoms	Pain/symptoms at rest; +/− medications to control symptoms
		AND able to perform self-care activities independently	AND able to perform self-care activities with modification but unassisted	AND requires assistance to perform self-care activities	AND unable to perform self-care activities
*Quick*DASH Score	0–20	21–40	41–60	61–80	81–100

QuickDASH量表

上肢功能受損程度問卷（簡短版）
Chinese *Quick* DASH

第一部份：活動能力

請評估你過去一星期內，進行下列活動的能力，並圈出最適合的數字作答。

	沒有困難	少許困難	中度困難	非常困難	不能做到
1. 扭開緊或新的瓶蓋	1	2	3	4	5
2. 做消耗大量體力的家務（例如：抹窗或洗擦地板）	1	2	3	4	5
3. 攜帶購物袋或公事包	1	2	3	4	5
4. 清洗背部	1	2	3	4	5
5. 用刀切食物	1	2	3	4	5
6. 進行一些需要上肢（包括肩膊、手臂或手部）發力或承受衝力的餘閒活動（例如：打高爾夫球、打排球、打網球、錘擊等）	1	2	3	4	5

	完全沒有	少許	中度	相當大程度	極度
7. 過去一星期內，因為你肩膊、手臂或手部的問題而影響你和家人、朋友、鄰居或團體的正常社交活動，其程度有多大？	1	2	3	4	5

	完全沒有限制	少許限制	中度限制	非常受限制	不能做到
8. 過去一星期內，你的工作或其他日常活動，有沒有因你肩膊、手臂或手部的問題而受到限制？	1	2	3	4	5

第二部份：病癥嚴重程度

請根據你過去一星期內，以下病癥的嚴重程度，圈出最適合的數字作答。

	沒有	輕微	中度	嚴重	極度
9. 肩膊、手臂或手部感到痛楚	1	2	3	4	5
10. 肩膊、手臂或手部有被針刺的感覺	1	2	3	4	5

	沒有困難	少許困難	中度困難	非常困難	困難至不能入睡
11. 過去一星期內，由於你肩膊、手臂或手部的痛楚而引致睡眠困難，其程度有多大？	1	2	3	4	5

Quick DASH Disability/ Symptom score $= \left(\left[\frac{\text{(sum of n responses)}}{n}\right] - 1\right) \times 25$

(May not be calculated if there is greater than 1 missing item)

Sum of responses from Part I and II : _____

No. of responses (n) from Part I and II : _____

https://dash.iwh.on.ca/sites/dash/public/translations/QuickDASH_Chinese_HK_QMH_2013.pdf

QuickDASH量表

Free Online QuickDASH Score Calculator-- OrthoToolKit

About the score

Supporting literature

About the score developer

QuickDASH Score: 54.5 / 100 = 54.5 %

Graphical QuickDASH Score: (%)

Click here to download a completed PDF report

Click here to download a blank PDF report

https://orthotoolkit.com/quickdash/

Please rate your ability to do the following activities in the last week:

Open a tight or new jar

No difficulty (0)	Mild difficulty (25)	☑ Moderate difficulty (50)	Severe difficulty (75)	Unable (100)

Do heavy household chores (e.g. wash walls, wash floors)

No difficulty (0)	Mild difficulty (25)	Moderate difficulty (50)	☑ Severe difficulty (75)	Unable (100)

Carry a shopping bag or briefcase

No difficulty (0)	☑ Mild difficulty (25)	Moderate difficulty (50)	Severe difficulty (75)	Unable (100)

Wash your back

No difficulty (0)	Mild difficulty (25)	☑ Moderate difficulty (50)	Severe difficulty (75)	Unable (100)

Use a knife to cut food

No difficulty (0)	Mild difficulty (25)	☑ Moderate difficulty (50)	Severe difficulty (75)	Unable (100)

Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc.)

No difficulty (0)	Mild difficulty (25)	Moderate difficulty (50)	☑ Severe difficulty (75)	Unable (100)

During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?

Not at all (0)	☑ Slightly (25)	Moderately (50)	Quite a bit (75)	Extremely (100)

During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?

Not limited at all (0)	Slightly limited (25)	☑ Moderately limited (50)	Very limited (75)	Unable (100)

Please rate the severity of the following symptoms in the last week:

Arm, shoulder or hand pain

None (0)	Mild (25)	☑ Moderate (50)	Severe (75)	Extreme (100)

Tingling (pins and needles) in your arm, shoulder or hand

None (0)	Mild (25)	Moderate (50)	☑ Severe (75)	Extreme (100)

During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?

No difficulty (0)	Mild difficulty (25)	Moderate difficulty (50)	☑ Severe difficulty (75)	So much difficulty I can't sleep (100)

非關鍵因素（調整因素）：PEx

TABLE 15-8

Physical Examination Adjustment: Upper Extremities

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Class Definitions	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Observed and Palpatory Findings (tenderness, swelling, mass, or crepitance)	No consistent findings	Minimal palpatory findings, consistently documented, without observed abnormalities	Moderate palpatory findings, consistently documented, and supported by observed abnormalities	Severe palpatory findings, consistently documented, and supported by observed moderate or greater abnormalities	Very severe palpatory findings, consistently documented, and supported by observed severe abnormalities
Stability	Stable	Grade 1 (slight) instability	Grade 2 (moderate) instability	Grade 3 (serious) instability	Gross instability
Hand/finger/thumb		Pain with stressing of ligament, but no opening of joint with stress	Pain and slight opening	Pain and >5 mm of joint opening with stress	Severe instability
Wrist		Clicking or clunking by history, but not reproducible	Clicking or clunking by history, and reproducible on physical examination		
Wrist excessive passive/active mediolateral joint deviation degrees compared to normal		<10° passive <20° active	10°–20° passive 20°–30° active	>20° passive >30° active	

varus/valgus stress

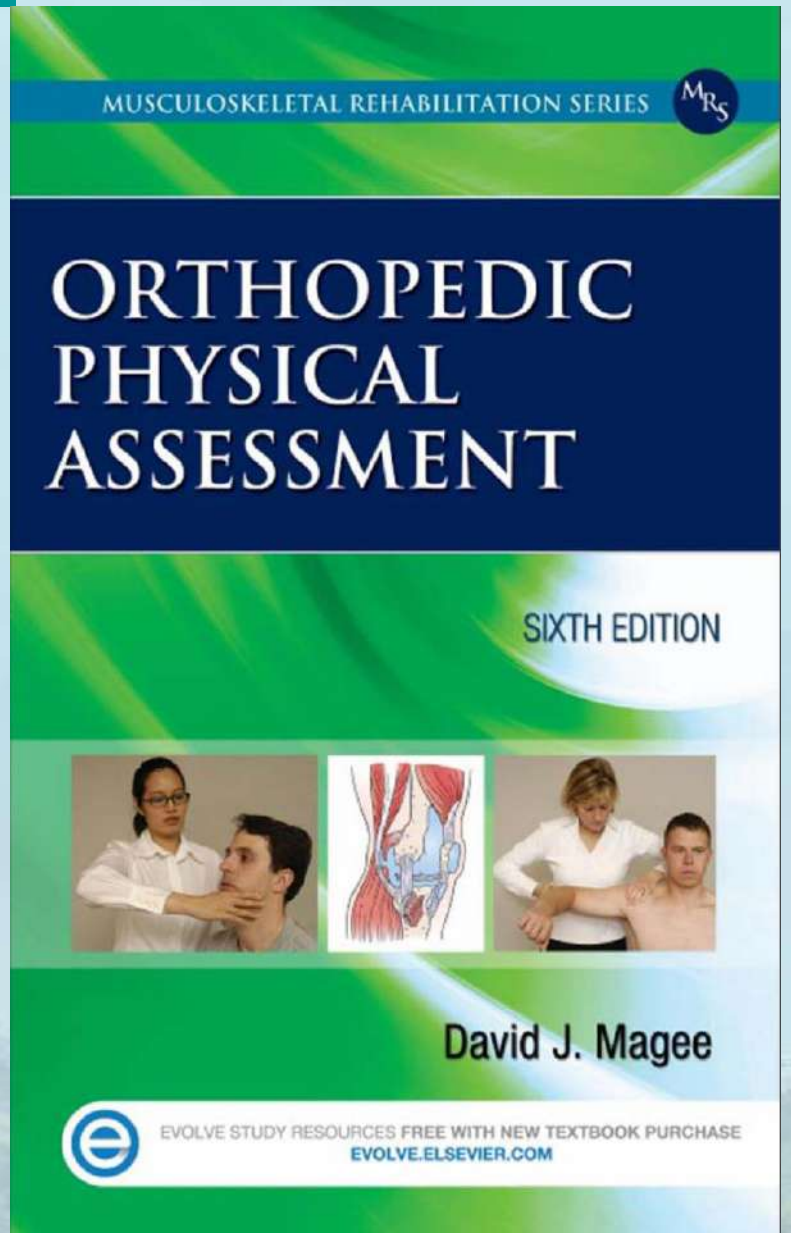
臨床判斷，或參考影像檢查

非關鍵因素（調整因素）：PEx

Shoulder		Grade 1 (slight) instability; subluxable	Grade 2 (moderate) instability; easily subluxable	Grade 3 (serious) instability; dislocatable with anesthesia or sedation	
Alignment/ Deformity	Normal for individual with symmetry to opposite side	Mild	Moderate	Severe	Very severe
Range of Motion (reference Section 15.7)	None	Mild decrease from normal or uninjured opposite side For digit impairments only, this reflects a total digit impairment <20% digit impairment. For wrist, elbow, and shoulder this reflects a total joint impairment of <12% upper extremity impairment.	Moderate decrease from normal or uninjured opposite side For digit impairments only, this reflects a total digit impairment of 20% to 39% digit impairment. For wrist, elbow, and shoulder this reflects a total joint impairment of 12% to 23% upper extremity impairment.	Severe decrease from normal or uninjured opposite side For digit impairments only, this reflects a total digit impairment of 40% to 70% digit impairment. For wrist, elbow, and shoulder this reflects a total joint impairment of 24% to 42% upper extremity impairment.	Very severe decrease from normal or uninjured opposite side For digit impairments only, this reflects a total digit impairment >70% digit impairment. For wrist, elbow, and shoulder this reflects a total joint impairment >42% upper extremity impairment.
Muscle Atrophy (asymmetry compared to opposite normal)	<1 cm	1.0–1.9 cm	2.0–2.9 cm	3.0 cm–3.9 cm	4.0 cm +

臨床判斷，或參考影像檢查

非關鍵因素（調整因素）：PEx



Key Tests Performed at the Forearm, Wrist, and Hand Depending on Suspected Pathology[*59,60]

- *For ligament, capsule and joint instability:*
  - ? Axial load test
  - ? Catch-up clunk test
  - ? Dorsal capitate displacement apprehension test
  - ! Ligamentous instability test (fingers)
  - ! Lunotriquetral ballottement (Reagan's) test
  - ! Murphy's sign
  - ? Sitting hands test
  - ? Supination lift test
  - ! Thumb ulnar collateral ligament laxity or instability test
  - ? Triangular fibrocartilage complex load test (Sharpey's test)
  - ! Ulnar fovea sign test
  - ! Ulnar styloid triquetral impaction (USTI) provocation test
  - ✓ Ulnomeniscotriquetral dorsal glide test
  - ✓ Watson (scaphoid shift) test

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Figure 7-62 Ulnomeniscotriquetral dorsal glide test.

Figure 7-63 Watson (scaphoid shift) test.

非關鍵因素（調整因素）：CSx

- 只有影像陽性，不足以構成障害

TABLE 15-9

Clinical Studies Adjustment: Upper Extremities

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Class Definitions	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Imaging Studies	No available clinical studies or relevant findings	Clinical studies confirm diagnosis, mild pathology	Clinical studies confirm diagnosis, moderate pathology	Clinical studies confirm diagnosis, severe pathology	Clinical studies confirm diagnosis, very severe pathology
Shoulder			Clinical studies confirm one of the following symptomatic diagnoses: rotator cuff tear, SLAP or other labral lesion, biceps tendon pathology		Clinical studies confirm more than one of the following symptomatic diagnoses: rotator cuff tear, SLAP or other labral lesion, biceps tendon pathology. The most significant diagnosis is the only one rated.

非關鍵因素（調整因素）：CSx

X rays					
Arthritis		Cartilage interval normal or mild joint space narrowing and/or osteophytes	Cartilage interval: moderate joint space narrowing with cystic changes on 1 or both sides of joint and/or osteophytes; radiographic evidence of mild posttraumatic arthrosis; avascular necrosis without collapse	Cartilage interval severe joint space narrowing with cystic changes on both sides of joint and/or osteophytes; or avascular necrosis with bony collapse/ fragmentation	No cartilage interval; radiographic evidence of severe posttraumatic arthrosis
Stability					
Joint laxity (based on stress testing)		<10° Instability	10°–20° Instability	20°–30° Instability	>30° Instability
Wrist (see text for explanation)		Radiolunate angle 11°–20° Scapholunate angle 61°–70° Scapholunate gap 3–5 mm Triquetrolunate stepoff >1 mm Ulnar translation mild	Radiolunate angle 21°–30° Scapholunate angle 71°–80° Scapholunate gap 6–8 mm Triquetrolunate stepoff >2 mm Ulnar translation moderate	Radiolunate angle >30° Scapholunate angle >80° Scapholunate gap >8 mm Triquetrolunate stepoff >3 mm Ulnar translation severe	

非關鍵因素（調整因素）：CSx

Latency prolonged

Amplitude decreased

Nerve Conduction Testing	Normal	Conduction delay (sensory and/or motor)	Motor conduction block	Partial axonal loss	Total axonal loss/denervation
Electrodiagnostic Testing *Note:* If the EMG test results meet some of, but not all of, the criteria for a specific class, the next lower class is the class to be used in rating the impairment	Normal	Needle EMG done at least 3 wk but less than 9 mo after injury shows at least 1+ fibrillation potentials and positive waves in at least 2 muscles innervated by the injured nerve. If the EMG study is first done more than 9 mo post injury, the exam shows high-amplitude polyphasic muscle potentials in at least 1 muscle and recruitment in that muscle is at least mildly reduced.	Needle EMG done at least 3 wk but less than 9 mo after injury shows at least 2+ fibrillation potentials and positive waves in at least 2 muscles innervated by the injured nerve. If the EMG study is first done more than 9 mo post injury, the exam shows high-amplitude polyphasic muscle potentials in at least 2 muscles and recruitment in those muscles is at least moderately decreased.	Needle EMG done at least 3 wk but less than 9 mo after injury shows at least 3+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 mo post injury, the exam shows high-amplitude polyphasic muscle potentials in at least 3 muscles and recruitment in those muscles is severely decreased.	Needle EMG done at least 3 wk but less than 9 mo after injury shows at least 4+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 mo post injury, the exam shows no motor units (fibrofatty replacement of muscle) in at least 2 muscles.

Subacute (Denervation)

Chronic (Re-inervation)

評分方法總覽

- 先確認關鍵因素的等級（0-4）
- 再使用非關鍵因素調整
  - 若同一非關鍵因素有多個評級，選擇最高的
  - 若此調整因素不可靠或不一致，不要納入評分
  - 若此非關鍵因素以用於決定等級，不要再用來調整
  - FHx原則上只應用於最高的DBI
  - 若原始等級為4，每一個調整因素都+1

Net Adjustment Formula: Mathematical Explanation

Net adjustment may be obtained by a mathematical formula and then use of the resultant value to define the grade. The following abbreviations are used:

CDX = Class of Diagnosis (Regional Grid)
GMFH = Grade Modifier for Functional History
GMPE = Grade Modifier for Physical Examination
GMCS = Grade Modifier for Clinical Studies

Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)

Grade Assignments

Net Adjustment (from default C)	**Grade**
−2	A
−1	B
0	C
1	D
2	E

For example, if the diagnosis is in impairment class 2, then CDX = 2. If net adjustment value is −2, then the Grade is A.

評分方法總覽

- 個案描述
- 病史
- 目前症狀
- 身體檢查
- 臨床檢查
- 診斷
- 障害評分

評分方法總覽

- 指障害（例：左手食指骨折）
  - 建議參考Table 15-2等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。
- 腕障害（例：左側遠端橈骨骨折及脫臼）
  - 建議參考Table 15-3等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。

評分方法總覽

- 肘障害（例：左臂肌腱拉傷）
  - 建議參考Table 15-4等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。
- 肩障害（例：右肩脫位、右側近端肱骨骨折）
  - 建議參考Table 15-5等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。

周邊神經障害

- 15.4c：手部因指神經損傷引起的感覺能力障害
- 15.4d：涉及手部的純感覺神經障害
- 15.4e：創傷性神經損傷（包含臂神經叢損傷）和慢性局部疼痛症候群（CRPS）第二型
- 15.4f：神經擠壓症候群（例如：腕隧道症候群、肘隧道症候群等），不屬於孤立的創傷性事件

419, 423

指神經損傷

TABLE 15-15

Sensory Quality Impairment Classification

Two-point discrimination, mm	Monofilament, grams of force	Sensory Loss	Sensory Quality Impairment, %
≤6	≤2.83	None	0
7–15	3.22–6.65	Partial	50
>15	>6.65	Total	100

指神經損傷

TABLE 15-15

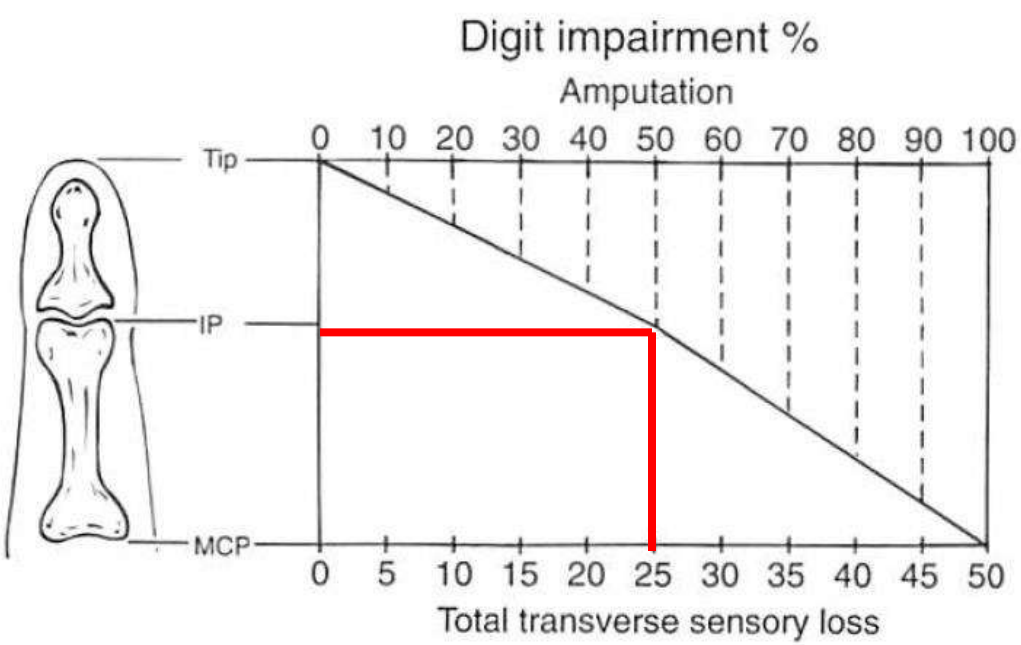
Sensory Quality Impairment Classification

Two-point discrimination, mm	Monofilament, grams of force	Sensory Loss	Sensory Quality Impairment, %
≤6	≤2.83	None	0
7–15	3.22–6.65	Partial	50
>15	>6.65	Total	100

FIGURE 15-4

Digit Impairment due to Thumb Amputation at Various Lengths (top scale) or Total Transverse Sensory Loss (bottom scale)

Total transverse sensory loss impairments correspond to 50% of amputation values.



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

TABLE 15-16

Digit Impairment for Transverse and Longitudinal Sensory Losses in *Thumb* and *Little Finger* Based on Percent of Digital Length Involved

Percent of Digit Length	Percent of Digit Impairment					
	Transverse Loss		Longitudinal Loss			
	Both Digital Nerves		Ulnar Digital Nerve		Radial Digital Nerve	
	Total	Partial	Total	Partial	Total	Partial
100	50	25	30	15	20	10
90	45	23	27	14	18	9
80	40	20	24	12	16	8
70	35	18	21	11	14	7
60	30	15	18	9	12	6
50	25	13	15	8	10	5
40	20	10	12	6	8	4
30	15	8	9	5	6	3
20	10	5	6	3	4	2
10	5	3	3	2	2	1

From Swanson AB, de Groot Swanson G, Hagert CG. Evaluation of impairment of hand function. In: Hunter JM, Mackin E, Callahan AD, eds. *Rehabilitation of the Hand. Surgery and Therapy.* Fourth ed. St Louis, Mo: CV Mosby, 1995

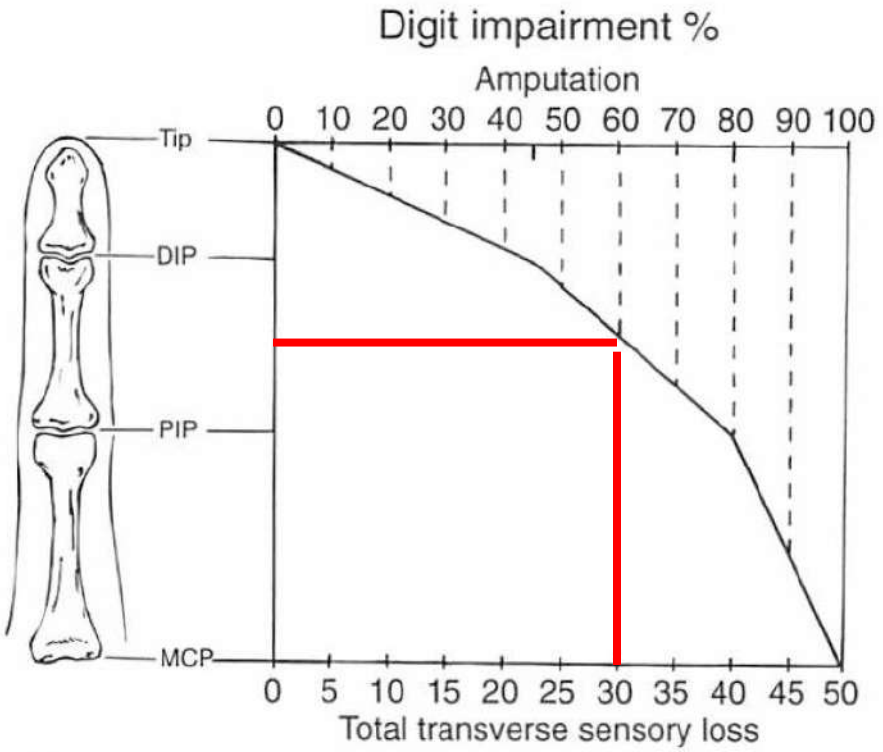
Add

指神經損傷

FIGURE 15-5

Digit Impairment due to Finger Amputation at Various Lengths (top scale) or Total Transverse Sensory Loss (bottom scale)

Total transverse sensory loss impairments correspond to 50% of amputation values.



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

TABLE 15-15

Sensory Quality Impairment Classification

Two-point discrimination, mm	Monofilament, grams of force	Sensory Loss	Sensory Quality Impairment, %
≤6	≤2.83	None	0
7–15	3.22–6.65	Partial	50
>15	>6.65	Total	100

Digit Impairment for Transverse and Longitudinal Sensory Losses in *Index, Middle,* and *Ring Fingers* Based on Percent of Digital Length Involved

Percent of Digit Length	Percent of Digit Impairment					
	Transverse Loss		Longitudinal Loss			
	Both Digital Nerves		Ulnar Digital Nerve		Radial Digital Nerve	
	Total	Partial	Total	Partial	Total	Partial
100	50	25	20	10	30	15
90	45	23	18	9	27	14
80	40	20	16	8	24	12
70	35	18	14	7	24	11
60	30	15	12	6	18	9
50	25	13	10	5	15	8
40	20	10	8	4	12	6
30	15	8	6	3	9	5
20	10	5	4	2	6	3
10	5	3	2	1	3	2

From Swanson AB, de Groot Swanson G, Hagert CG, Evaluation of impairment of hand function. In: Hunter JM, Mackin E, Callahan AD, eds. *Rehabilitation of the Hand. Surgery and Therapy.* Fourth ed. St Louis, Mo: CV Mosby; 1995

手部純感覺神經障害

TABLE 15-18

Impairment for Sensory Only Peripheral Nerve Injury

Category	Minimal	Mild	Moderate	Severe
Description	Retained protective sensation, but no pain	Retained protective sensation and some pain	No protective sensation (no sharp-dull discrimination ability) or significant pain	Injury to multiple purely sensory nerves, with no protective sensation (no sharp-dull discrimination ability) and significant pain
Impairment	1% UEI	2% UEI	3% UEI	4% UEI

正中神經和尺神經掌面和背面表皮分支；淺橈神經；前臂內側、外側和後側表皮神經等

周邊神經障害

- 確定受傷的神經，其起源和功能、 運動/感覺支配範圍。
- 使用表15-14對感覺和運動缺損進行嚴重度分級。
- 使用表15-20評估臂神經叢損傷，使用表15-21評估周邊神經障害
  - 在最左列確定受影響的神經
  - 確定感覺和/或運動缺損的嚴重度
  - 以非關鍵因素調整，但排除PEx（表15-8）
  - 合併運動和感覺障害於UEI

周邊神經障害

TABLE 15-13

Monofilament Test Criteria

Grams of Force	Interpretation
1.65 to 2.83	Normal
3.22 to 3.61	Diminished light touch
3.84 to 4.31	Diminished protective sensation
4.56 to 6.65	Loss of protective sensation
≥6.65	No response, no sensation

TABLE 15-14

Sensory and Motor Severity

Deficit	Severity 0	Severity 1	Severity 2	Severity 3	Severity 4
	Normal	**Mild**	**Moderate**	**Severe**	**Very severe or complete loss**
Sensory	Normal sensibility and sensation Normal monofilament and normal 2-point discrimination	Distorted superficial tactile sensibility Abnormal monofilament (diminished sensibility) and normal 2-point (≤6 mm)	Distorted superficial tactile sensibility with abnormal sensation Abnormal monofilament (diminished sensibility) and abnormal 2-point (>6 mm)	Decreased superficial cutaneous pain and tactile sensibility Decreased protective sensibility	Absent superficial pain and tactile sensibility
Motor	Normal (Grade 5)	Grade 4/5 (against gravity with some resistance)	Grade 3/5 (against gravity only without resistance)	Grade 2/5 (movement with gravity eliminated)	Grade 0–1/5 (no evidence of contractility or no joint movement) No motion

424-425

周邊神經障害

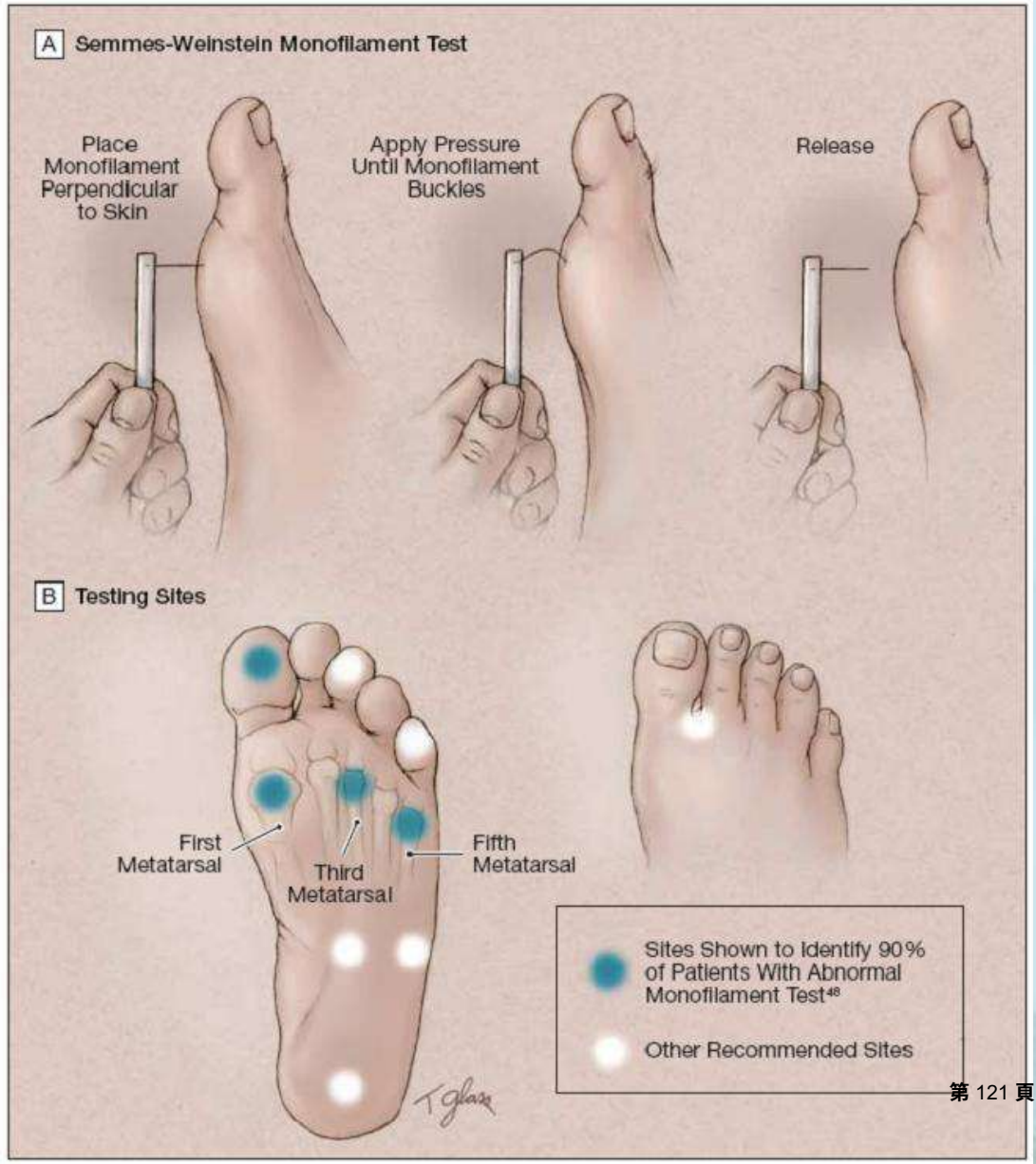


TABLE 15-13

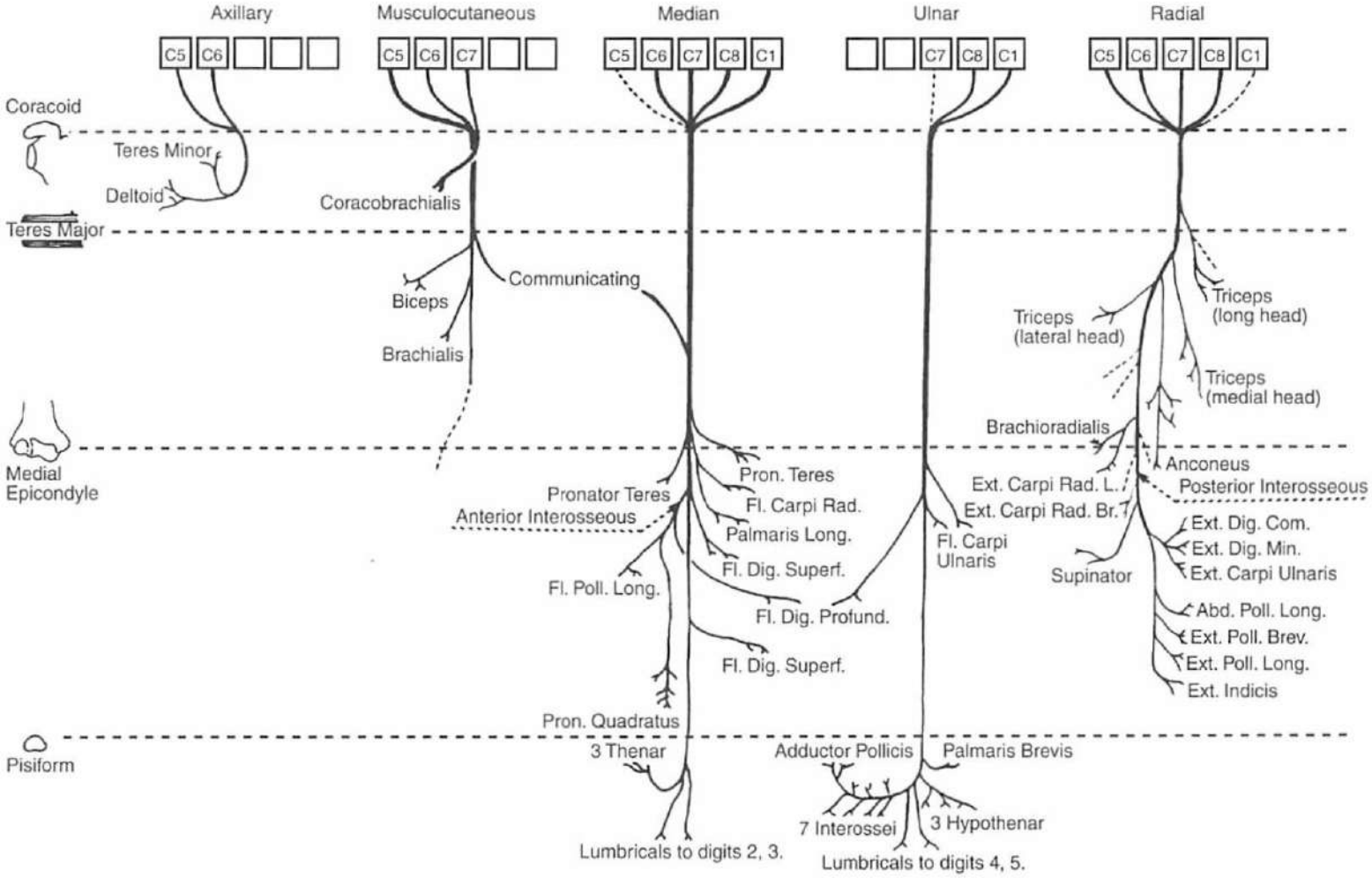
Monofilament Test Criteria

Grams of Force	Interpretation
1.65 to 2.83	Normal
3.22 to 3.61	Diminished light touch
3.84 to 4.31	Diminished protective sensation
4.56 to 6.65	Loss of protective sensation
≥6.65	No response, no sensation

周邊神經障害

FIGURE 15-7

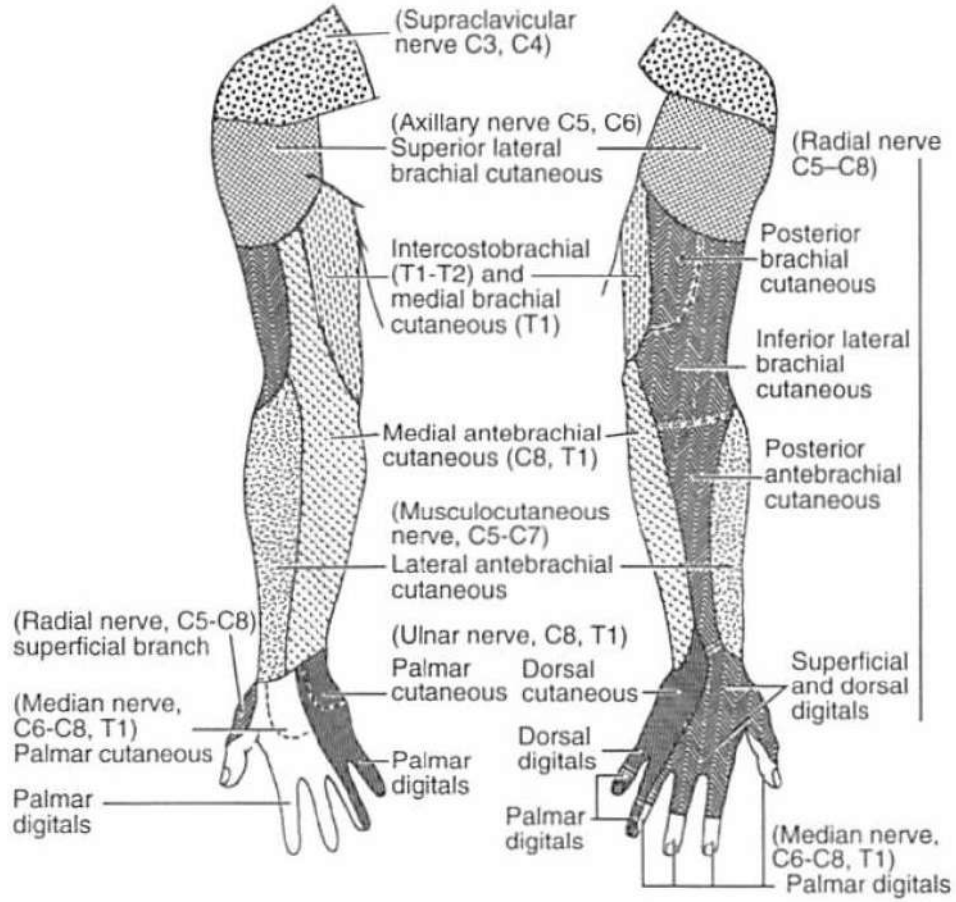
Motor Innervation of the Upper Extremity



From Swanson AB, de Groot Swanson G. Evaluation of permanent impairment in the hand and upper extremity. In: Doege TC, ed. *Guides to the Evaluation of Permanent Impairment*. Fourth ed. Chicago, Ill: American Medical Association; 1993.

FIGURE 15-8

Cutaneous Innervation of the Upper Extremity and Related Peripheral Nerves and Roots



Adapted with permission from an original painting by F.H. Netter In: *The Atlas of Human Anatomy*. Summit, NJ: CIBA-GEIGY Corp; 1989.

臂神經叢損傷

TABLE 15-20 Brachial Plexus Impairment: Upper Extremity Impairments

Brachial Plexus Impairment-UEI

Note: Grade severity of sensory and motor deficits per objective parameters specified in Table 15-14.

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (UE %)	0	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Brachial Plexus (C5 through C8, T1)	0	1 7 13 13 13 Mild sensory deficit or mild CRPS II (objectively verified) 1 7 13 13 13 Mild motor deficit	14 17 20 23 25 Mild sensory deficit or mild CRPS II approaching moderate (objectively verified)	26 35 43 49 49 Moderate sensory deficit or moderate CRPS II (objectively verified) 26 32 38 44 49 Moderate motor deficit	61 65 71 75 80 Severe sensory deficit or severe CRPS II (objectively verified) 81 86 90 95 99 Very severe sensory deficit or very severe CRPS II (objectively verified) 51 57 63 69 75 Severe motor deficit 71 79 88 93 99 Very severe motor deficit

434-435

周邊神經障害

TABLE 15-21 (CONTINUED) Peripheral Nerve Impairment: Upper Extremity Impairments

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (UE %)	0	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Median					
Anterior interosseous branch	0	0[a] 1 2 3 4 Mild motor deficit 4 5 6 7 8 Moderate motor deficit 8 8 9 10 11 Severe motor deficit 11 12 13 13 13 Very severe motor deficit			
Below midforearm—entire nerve *(See Table 15-23 for carpal tunnel syndrome)*	0	0[a] 3 5 8 10 Mild sensory deficit or mild CRPS II (objectively verified) 0[a] 1 1 2 3 Mild motor deficit 3 3 4 4 5 Moderate motor deficit 5 6 6 7 8 Severe motor deficit 7 8 9 9 10 Very severe motor deficit	14 14 17 20 23 Moderate sensory deficit or moderate CRPS II (objectively verified)	26 26 27 29 31 Severe sensory deficit or severe CRPS II (objectively verified) 32 33 35 37 39 Very severe sensory deficit or very severe CRPS II (objectively verified)	

436-444

擠壓性神經病變-MMI

- 感覺神經通常比運動神經早恢復
- 腕部病灶通常需要6-9個月，而更近端的神經軸突損傷(axon loss)可能需要1-2年
- Tinel sign是良好的預後指標
- 在腕隧道手術後，肌力可能逐漸進步直到兩年，但評分不應因此遲延
- 雖然神經功能進步可能需要兩年，但若沒有額外進步且沒有特定必要治療，且若手術後2次回診間隔一個月狀況穩定，仍可在9個月到2年之前考慮為MMI
- 如果QuickDASH < 60，但個案選擇不手術，需考慮量表誇大的可能
- 若是術前NCV正常，術後異常，可改用周邊神經障害評分（視為神經切割傷）

擠壓性神經病變-多重神經障害

- 如果有三個局部神經病變，最小的那個不可納入評分
- 如果超過三個，改用Ch 13（神經）

擠壓性神經病變

TABLE 15-23

Entrapment/Compression Neuropathy Impairment

Clinical	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
TEST FINDINGS	Normal	Conduction delay (sensory and/or motor)	Motor conduction block	Axon loss	Almost dead nerve
HISTORY	Asymptomatic	Mild intermittent symptoms	Significant inter-mittent symptoms	Constant symptoms	NA
PHYSICAL FINDINGS	Normal	Normal	Decreased sensation	Atrophy or weakness	NA
FUNCTIONAL SCALE	Normal (0–20) 0 Mild (21–40) 1 Moderate (41–60) 2	Normal (0–20) 0 Mild (21–40) 1 Moderate (41–60) 2	Mild (21–40) 1 Moderate (41–60) 2 Severe (61–80) 3	Mild (21–40) 1 Moderate (41–60) 2 Severe (61–80) 3	NA
UE IMPAIRMENT	0	1 2 3	4 5 6	7 8 9	NA

Note: NA indicates not applicable; UE, upper extremity.

平均

臨床檢查（CSx）

病史（Hx）

身體檢查（PEx）

功能史（FHx）

調整

評分方法總覽

- 左側腕部尺神經損傷：
  - 建議參考Table 15-21等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排神經傳導等客觀性檢查。
- 左側臂神經叢損傷：
  - 建議參考Table 15-20、Table 15-21等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排神經傳導、肌電圖等客觀性檢查。
- 雙手腕隧道症候群：
  - 建議參考Table 15-21、Table 15-23等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排神經傳導等客觀性檢查。

周邊神經/擠壓

診斷（DBI）

功能史（FHx）

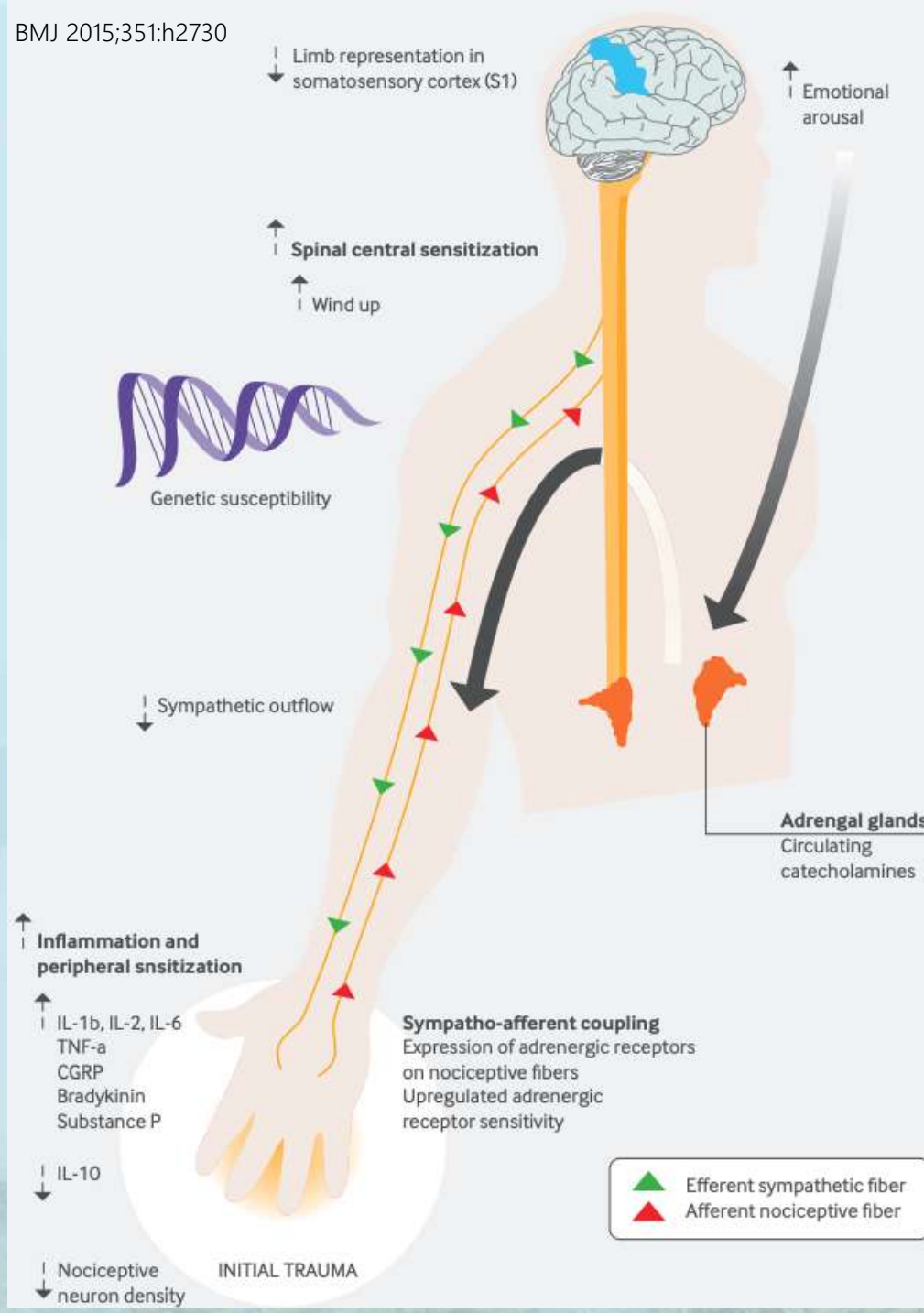
身體檢查（PEx）

臨床檢查（CSx）

Peripheral Nerve/ Entrapments					
Nerve	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Combined UEI
	Sensory Deficit 0 1 2 3 4 n/a Motor Deficit 0 1 2 3 4 n/a	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4 n/a	GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
Entrapment					
	Electrodiagnostics:		Test 0 1 2 3 4 n/a History 0 1 2 3 4 n/a Physical 0 1 2 3 4 n/a	Average: Functional Grade: Normal Mild Moderate Severe	

CRPS

- Complex regional pain syndrome 複雜性局部疼痛症候群
  - Type I: Reflex Sympathetic Dystrophy (RSD) 交感神經失養症
  - Type II: causalgia 灼熱神經痛
- 出現在無刺激或運動的情況下，發生在單個周邊神經的領域之外，且與任何懷疑的誘發事件不成比例。
- 鑑別診斷包括：使用不足萎縮、未發現的一般醫學問題、身體化疾患（somatoform disorder）、裝病症候群（ factitious disorder ），和詐病。



CRPS

可被評分的前提：持續至少一年，超過一位醫師確認診斷
客觀確認診斷，排除所有其他鑑別診斷（包含心理）

TABLE 15-24

Diagnostic Criteria for Complex Regional Pain Syndrome

1) Continuing pain, which is disproportionate to any inciting event.
2) Must report at least 1 symptom in *3 of the 4* following categories: ____ Sensory: Reports of hyperesthesia and/or allodynia ____ Vasomotor: Reports of temperature asymmetry and/or skin color changes and/or skin color asymmetry ____ Sudomotor/Edema: Reports of edema and/or sweating changes and/or sweating asymmetry ____ Motor/Trophic: Reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)
3) Must display at least 1 sign[a] at time of evaluation in *2 or more* of the following categories: ____ Sensory: Evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch and/or deep somatic pressure and/or joint movement) ____ Vasomotor: Evidence of temperature asymmetry and/or skin color changes and/or asymmetry ____ Sudomotor/Edema: Evidence of edema and/or sweating changes and/or sweating asymmetry ____ Motor/Trophic: Evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)
4) There is no other diagnosis that better explains the signs and symptoms.
[a] A sign is counted only if it is observed and documented at time of the impairment evaluation.

CRPS

若3以下，看看是否改用Ch3 (疼痛)

TABLE 15-26 Complex Regional Pain Syndrome (Type I): Upper Extremity Impairments

Complex Regional Pain Syndrome (UEI)

Note: Prior to using table, examiner must review Sections 15.1 and 15.5. The diagnosis of CRPS must be defined by Table 15-24, Diagnostic Criteria for Complex Regional Pain Syndrome, and specified points threshold must be met as defined by Table 15-25, Objective Diagnostic Criteria for Complex Regional Pain Syndrome. The default value for impairment is grade C and modified by reliable findings and use of adjustment grids.

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (UE %)	0% UE	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
OBJECTIVE FINDINGS (POINTS THRESHOLD)		≥4 points	≥6 points	≥8 points	≥8 points
SEVERITY		Mild	Moderate	Severe	Very severe
GRADE	0; CRPS diagnosis not supportable	A B C D E 1 3 7 11 13	A B C D E 14 17 20 23 25	A B C D E 26 32 38 44 49	A B C D E 50 60 70 80 90

Note: UE indicates upper extremity; CRPS, complex regional pain syndrome.

TABLE 15-25

Objective Diagnostic Criteria Points for Complex Regional Pain Syndrome

Local clinical signs	Points
Vasomotor changes:	
• Skin color: mottled or cyanotic	1
• Skin temperature: cool	1
• Edema	1
Sudomotor changes	
• Skin dry or overly moist	1
Trophic changes:	
• Skin texture: smooth, nonelastic	1
• Soft tissue atrophy: especially digit tips	1
• Joint stiffness and decreased passive motion	1
• Nail changes: blemished, curved, talonlike	1
• Hair growth changes: fall out, longer, finer	1
Radiographic signs	
• Radiographs: trophic bone changes, osteoporosis	1
• Bone scan: findings consistent with CRPS	1

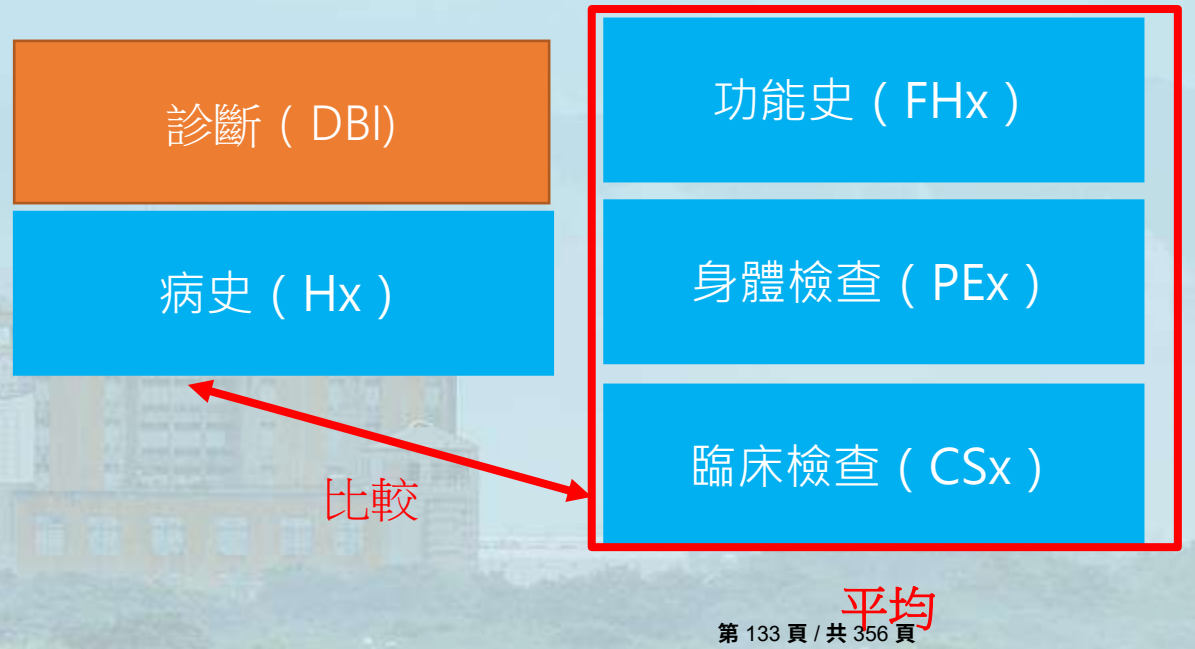
Note: CRPS indicates complex regional pain syndrome.

Marinus J, Moseley GL, Birklein F, Baron R, Maihöfner C, Kingery WS, van Hilten JJ. Clinical features and pathophysiology of complex regional pain syndrome. Lancet Neurol. 2011 Jul;10(7):637-48.

453-454

CRPS

CRPS I Impairment				
Points	Assigned Class	Adjustments	Assigned Grade	Final UEI
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	



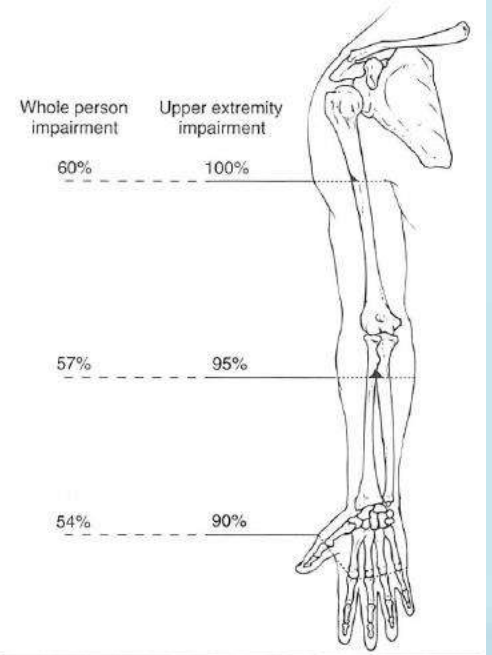
若X≥Y則為Class Y
若X<Y則為Class X
臨床判斷調整

截肢

TABLE 15-28
Impairment for Upper Limb Amputation at Various Levels

Amputation Level	Digit	Impairment % Hand	Upper Extremity	Whole Person
Thumb at:				
IP joint	50	20	18	11
MCP joint	100	40	36	22
Half metacarpal		41	37	22
Metacarpal at CMC		42	38	23
Index or Middle Finger at:				
DIP joint	45	9	8	5
PIP joint	80	16	14	9
MCP joint	100	20	18	11
Half metacarpal		21	19	11
Metacarpal at CMC		22	20	12
Ring or Little Finger at:				
DIP joint	45	5	5	3
PIP joint	80	8	7	4
MP joint	100	10	9	5
Half metacarpal		12	11	7
Metacarpal at CMC		13	12	7
Hand: all fingers at MP joints except thumb	—	60	54	32
Hand: all digits at MP joints	—	100	90	54
Forearm/hand: from distal to bicipital insertion to transmetacarpophalangeal loss of all digits	—	—	94–90	56–54
Arm/forearm: from distal to deltoid insertion to bicipital insertion	—	—	95	57
Arm: deltoid insertion and proximally	—	—	100	60
Shoulder disarticulation	—	—	100	60
Scapulothoracic (forequarter)	—	—		70

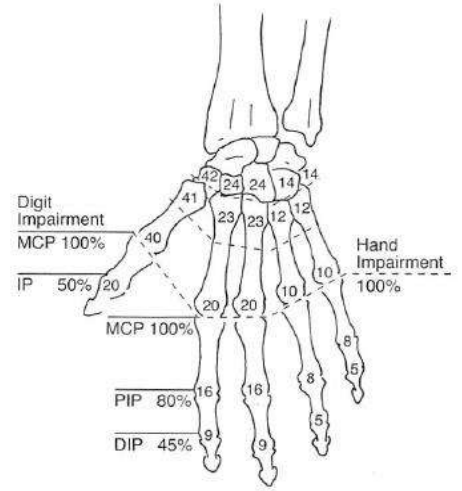
FIGURE 15-9
Impairment Estimates for Upper Extremity Amputation at Various Levels



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

FIGURE 15-10
Impairments of the Digits (values outside digits) and the Hand (values inside digits) for Amputation at Various Levels

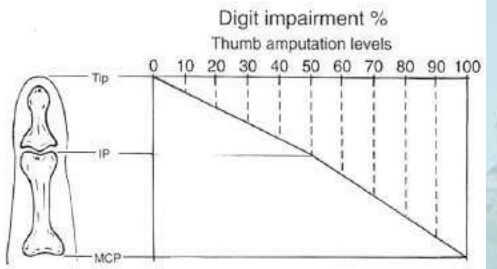
Transmetacarpophalangeal amputation of all digits represents 100% hand impairment



MCP = metacarpophalangeal
PIP = proximal interphalangeal
DIP = distal interphalangeal

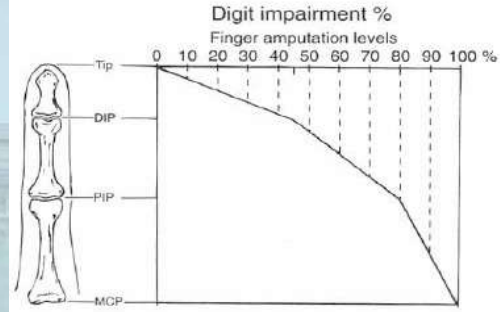
Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

FIGURE 15-11
Digit Impairment Percent for Thumb Amputation at Various Levels



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

FIGURE 15-12
Digit Impairment Percent for Finger Amputation at Various Levels



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940

456-458

截肢

TABLE 15-29 Amputation Impairment

Amputation Impairment

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (UE %)	0% UE	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Thumb, at:			18 18 18 20 22 IP joint	36 36 36 38 40 MCP joint 37 37 37 39 41 Half Metacarpal 38 38 38 40 42 Metacarpal at CMC	
Index or Middle Finger, at:		8 8 8 9 10 DIP joint	14 14 14 16 18 PIP joint 18 18 18 20 22 MCP joint 19 19 19 21 23 Half Metacarpal 20 20 20 22 24 Metacarpal at CMC		
Ring or Little Finger, at:		5 5 5 6 7 DIP joint 7 7 7 8 9 PIP joint 9 9 9 10 11 MCP joint 11 11 11 12 13 Half Metacarpal 12 12 12 13 13 Metacarpal at CMC			
Hand, at:					54 54 54 58 58 All fingers at MP joints except thumb 90 90 90 92 94 All digits at MP joints 92 92 92 94 96 Distal to biceps insertion to transmetacarpophalangeal loss of all digits
Arm, at:					92 92 92 94 96 Distal to deltoid insertion to bicipital insertion 100 100 100 100 100 Deltoid insertion and proximally
Shoulder, at:					100 100 100 100 100 Shoulder disarticulation

Note: IP indicates interphalangeal; MCP, metacarpophalangeal; CMC, carpometacarpal, DIP, distal interphalangeal; PIP, proximal interphalangeal; and UE, upper extremity.

454-459

截肢

- 若是同時存在截肢和神經損傷，在截肢部位不可將失去感覺的神經損傷納入評分
- 截肢障害評分已納入一般疼痛和不適、殘肢的異常軟組織輪廓、以及血管變化（如對寒冷的耐受度）
- 指尖或遠端指節截肢可依圖15-11及15-12按比例評分。若因指尖軟組織損失或疼痛性疤痕導致無法執行功能性任務，可額外合併10% DI。
- 掌指關節以上的截肢，因障害已超過90% UEI，殘肢症狀、幽靈痛、血管、神經或關節活動度限制問題通常不額外加分。但若真的顯著影響剩餘肢體的所有運用，原始得分90-94%者可提高至95%，95%以上者可提高至100%
- 比截肢關節近端的關節活動度限制問題，以ROM表格評估並與截肢障害（原則上選擇中位等第，除非有顯著需調整問題）合併，但不可超過該單位（DI、HI或UEI）的100%。

評分方法總覽

- 雙側肘下截肢術後（雙側前臂壓砸傷合併橈、尺骨開放性骨折）：
  - 建議參考Table 15-29等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。 糝

  - ~~本案建議評估穿戴義肢前後勞動能力減損差異。~~
- 右手第3、4、5指壓砸傷併截肢，穿戴義肢 糝
  - 建議參考Table 15-29等評估是否仍有損傷，輔以Table 15-7至Table 15-9做為加分與否項目，若有需要可再安排影像學等客觀性檢查；周邊神經損傷可參考Table 15-13至Table 15-17評估；若遺存顯著關節活動度限制，可改以Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目。

截肢

Amputation				
Level	Assigned Class	Adjustments	Assigned Grade	Final UEI
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

診斷（DBI)

病史（Hx）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

關節活動度（ROM）

FIGURE 15-13

Upper Extremity Range of Motion Record

Name _____ Date _____

File No. _____ Dominant Side ___Right ___Left ___Ambidextrous

Injured Side ___Right ___Left ___Bilateral

				Right ___Injured ___Uninjured			Left ___Injured ___Uninjured			Impaired ___Right ___Left
		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
Thumb										
	IP	Flexion	≥80°			% Digit		% Digit		% Digit
		Extension	≥+10°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	MCP	Flexion	≥60°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	CMC	Adduction	≤2 cm			% Digit		% Digit		% Digit
		Radial Abduction	≥50°			% Digit		% Digit		% Digit
		Opposition	≥7 cm			% Digit		% Digit		% Digit
		Add All CMC				% Digit		% Digit		% Digit
	Total	Add IP, MP, CMC				% Digit		% Digit		% Digit
		Convert to Hand				% Hand		% Hand		% Hand
Index		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
	DPI	Flexion	≥70°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	PIP	Flexion	≥100°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	MCP	Flexion	≥90°			% Digit		% Digit		% Digit
		Extension	≥+20			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	Total	Combined DIP, PIP and MP				% Digit		% Digit		% Digit
		Convert to Hand				% Hand		% Hand		% Hand
Middle		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
	DPI	Flexion	≥70°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	PIP	Flexion	≥100°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	MCP	Flexion	≥90°			% Digit		% Digit		% Digit
		Extension	≥+20			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	Total	Combined DIP, PIP and MP				% Digit		% Digit		% Digit
		Convert to Hand				% Hand		% Hand		% Hand
Ring		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
	DPI	Flexion	≥70°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	PIP	Flexion	≥100°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	MCP	Flexion	≥90°			% Digit		% Digit		% Digit
		Extension	≥+20			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	Total	Combined DIP, PIP and MP				% Digit		% Digit		% Digit
		Convert to Hand				% Hand		% Hand		% Hand
Little		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
	DPI	Flexion	≥70°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	PIP	Flexion	≥100°			% Digit		% Digit		% Digit
		Extension	≥0°			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	MCP	Flexion	≥90°			% Digit		% Digit		% Digit
		Extension	≥+20			% Digit		% Digit		% Digit
		Add Flexion & Extension				% Digit		% Digit		% Digit
	Total	Combined DIP, PIP and MP				% Digit		% Digit		% Digit
		Convert to Hand				% Hand		% Hand		% Hand
Total Hand		Add All Hand % for All Digits				% Hand		% Hand		% Hand
		Convert to Upper Extremity				% UE		% UE		% UE
Wrist		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
		Flexion	≥60°			% UE		% UE		% UE
		Extension	≥60°			% UE		% UE		% UE
		Add Flexion & Extension				% UE		% UE		% UE
		Radial Deviation	≥20°			% UE		% UE		% UE
		Ulnar Deviation	≥30°			% UE		% UE		% UE
		Add Radial & Ulnar				% UE		% UE		% UE
	Total	Add All Wrist				% UE		% UE		% UE
Elbow		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
		Flexion	≥140°			% UE		% UE		% UE
		Extension	≥0°			% UE		% UE		% UE
		Add Flexion & Extension				% UE		% UE		% UE
		Pronation	≥80°			% UE		% UE		% UE
		Supination	≥80°			% UE		% UE		% UE
		Add Pronation and Supination				% UE		% UE		% UE
	Total	Add All Elbow				% UE		% UE		% UE
Shoulder		Motion	Normal	Motion	Impairment		Motion	Impairment		Impairment
		Flexion	≥180°			% UE		% UE		% UE
		Extension	≥50°			% UE		% UE		% UE
		Add Flexion & Extension				% UE		% UE		% UE
		Abduction	≥170°			% UE		% UE		% UE
		Adduction	≥40°			% UE		% UE		% UE
		Add Abduction & Adduction				% UE		% UE		% UE
		Internal Rotation	≥80°			% UE		% UE		% UE
		External Rotation	≥60°			% UE		% UE		% UE
		Add Rotations				% UE		% UE		% UE
	Total	Add All Shoulder				% UE		% UE		% UE
Combined		Combine Hand, Wrist, Elbow and Shoulder				% UE		% UE		% UE
		Convert to Whole Person				% WP		% WP		% WP

關節活動度（ROM）

- 獨立評分項目（stand-alone）
- 截肢部位近端之關節活動度限制，可與截肢障害合併
- 優先採用aROM結果，但兩個都要測量。若兩者差距顯著，需解釋其病理性原因。
  - aROM：神經、肌肉、肌腱、活動出力、疼痛造成肌肉防衛、症狀誇大、自我抑制
  - pROM：關節、固定攣縮、拮抗肌肉或肌腱
- 以未受傷側定義正常值
- 所有活動度需四捨五入
- 測量前先熱身，每個關節三次平均以上

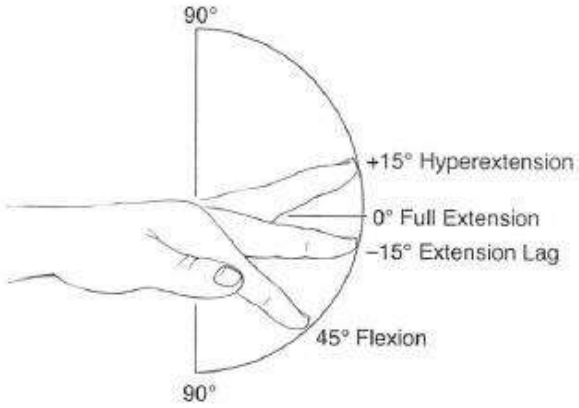
AMA6 (2023): Edited to reinforce DBI as preferred method, but, when presented with decreased ROM, a rater can consider that as an alternative method when the impairment isn't able to be rated with the DBI paradigm.

Grade Modifier	Severity	Range of Motion
0	Normal	
1	Mild	60%–90% of normal motion (average: 75% of normal motion)
2	Moderate	30%–60% of normal motion (average: 45% of normal motion)
3	Severe	<30% of normal motion (average: 15% of normal motion)
4	Very severe	Joint ankylosis

FIGURE 15-14

Measurement of MCP Joint Position in Flexion, Extension Lag, Full Extension, and Hyperextension

Full extension or the neutral position is considered to be 0°



Redrawn with permission from Swanson AB. Evaluation of impairment of function in the hand. *Surg Clin North Am.* 1964;44:925–940.

461, 464-465

關節活動度（ROM）

Opposition: largest achievable distance between the flexor crease of the thumb IP joint and the distal palmar crease directly over the third (middle finger) MCP joint

TABLE 15-30

Thumb Range of Motion

Grade Modifier		0	1	2	3	4
Severity		None (Normal)	Mild	Moderate	Severe	Ankylosis
Motion (percentage compared to normal)		≥90%	61% to 90%	31% to 60%	≤30%	
Joint						
IP	15% Thumb					
Flexion	Motion° = % Thumb Impairment (% DI) (compared to normal)	≥80° = 0%	60° to 70° = 1% DI	50° to 30° = 3% DI	≤20° = 6% DI	20° = 7% DI +10° to −10° or −30° to −40° = 9% DI ≥+10° or ≥ −50° = 13% DI
Extension		≥+10° = 0%	0° = 1% DI	−10° to −30° lag = 3% DI	> −30° lag = 6% DI	
MCP	10% Thumb					
Flexion	Motion° = % Thumb Impairment (% DI)	≥60° = 0%	40° to 50° = 2% DI	30° to 20° = 4% DI	≤10° = 5% DI	20° = 5% DI +10° to 10 or 30° to 40° = 7% DI ≥+10° or ≤50° = 9% DI
Extension		≥0° = 0%	−10° to −20° lag = 1% DI	−30° to −40° lag = 4% DI	≥ −50° lag = 5% D	
CMC	75% Thumb					
Adduction	Motion° = % Thumb Impairment (% DI)	≤2 cm = 0%	3 to 5 cm = 4% DI	5 to 7 cm = 8% DI	≥8 cm = 20% DI	4 cm = 10% DI ≤3 cm or ≥5 cm = 15% DI
Radial Abduction		≥50° = 0%	40° = 2% DI	30° = 5% DI	≤20° = 10% DI	30° to 40° = 6 % DBI ≤20° or ≥50° = 10% DI
Opposition		≥7 cm = 0%	5 to 6 cm = 4% DI	3 to 4 cm = 9% DI	2 cm = 20% DI ≤1 cm = 40% DI	5 cm = 22% DI 4 cm = 6 cm = 27% DI ≤3 cm = 40% DI

Note: IP indicates interphalangeal; DI, digit impairment; MCP, metacarpophalangeal; and CMC, carpometacarpal.

FIGURE 15-15 Neutral Position (top) and Flexion (bottom) of Thumb IP Joint

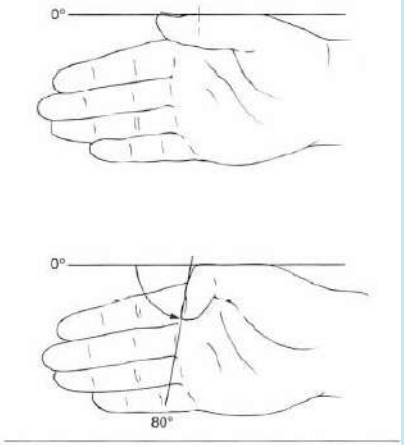


FIGURE 15-16 Flexion of Thumb MCP Joint

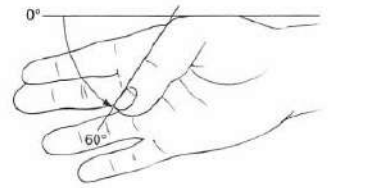


FIGURE 15-17 Neutral Position of Thumb MCP Joint

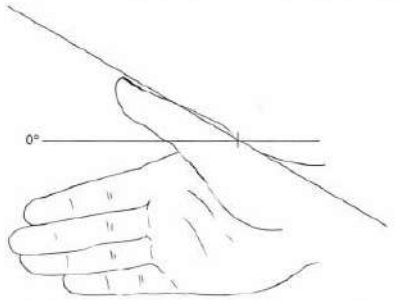


FIGURE 15-18 Thumb Radial Abduction

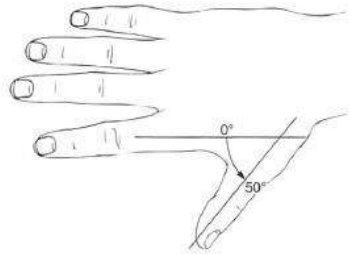


FIGURE 15-19 Adduction of Thumb

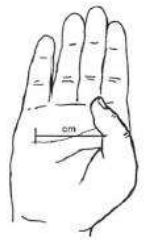
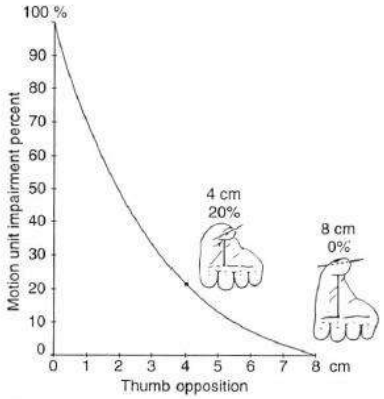


FIGURE 15-20 Linear Measurements of Thumb Opposition (cm) at Various Positions

Motion unit impairment curve for lack of opposition.



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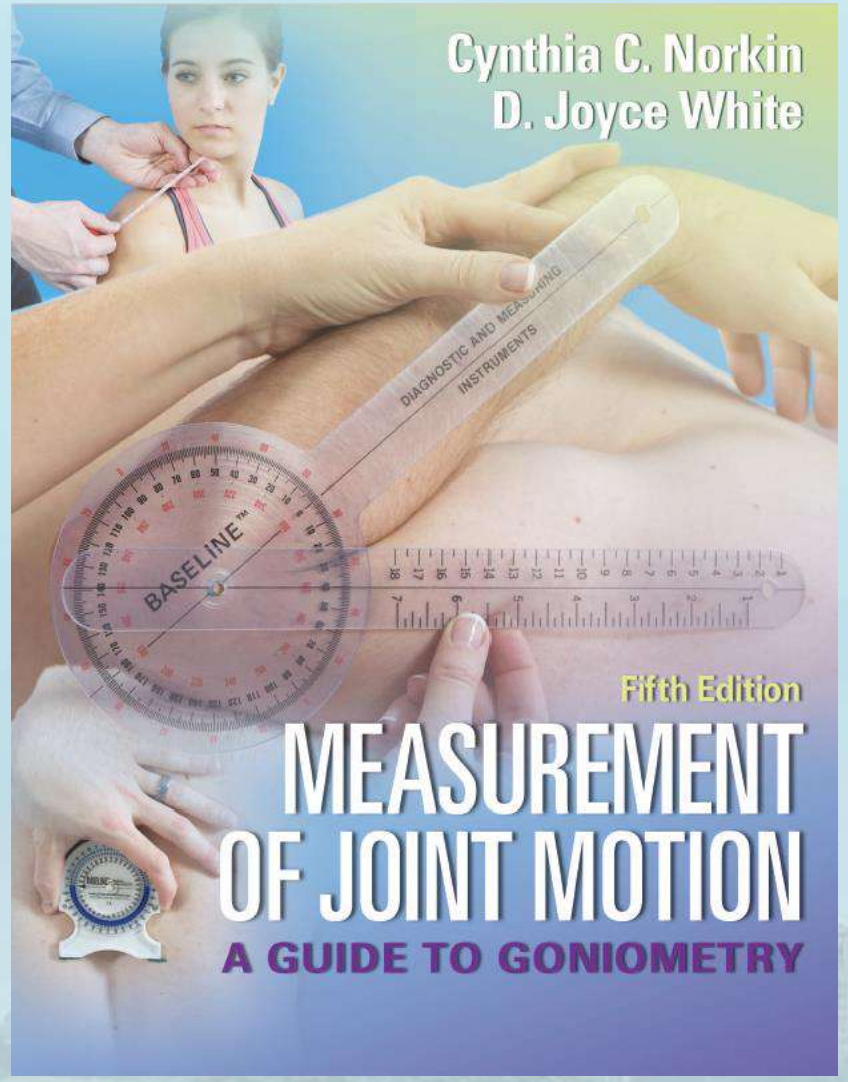
關節活動度（ROM）



467-468

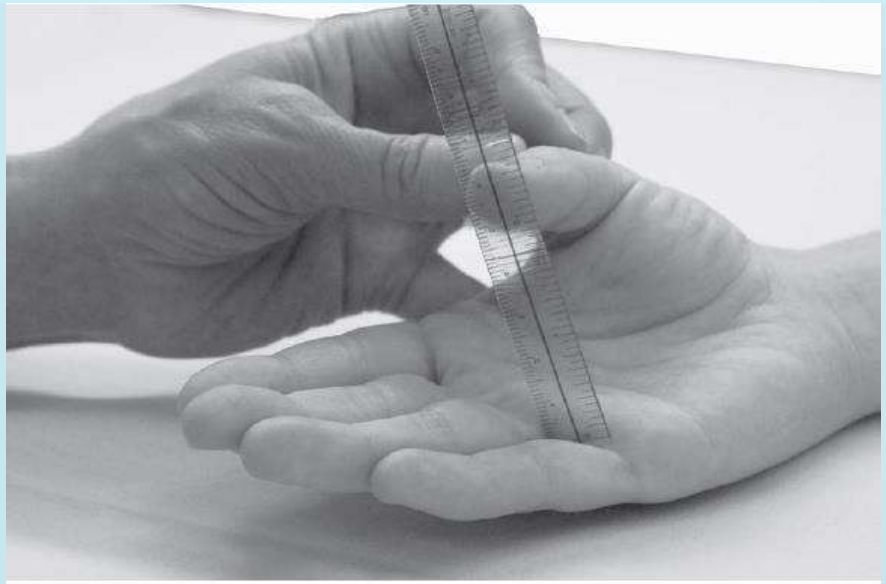


FIGURE 7.47 The range of motion (ROM) in opposition can be determined by measuring the shortest distance between the tip of the thumb and the proximal digital crease of the little finger. The examiner is using the arm of a goniometer to measure, but any ruler would suffice. This individual's hand does not have full ROM in opposition.

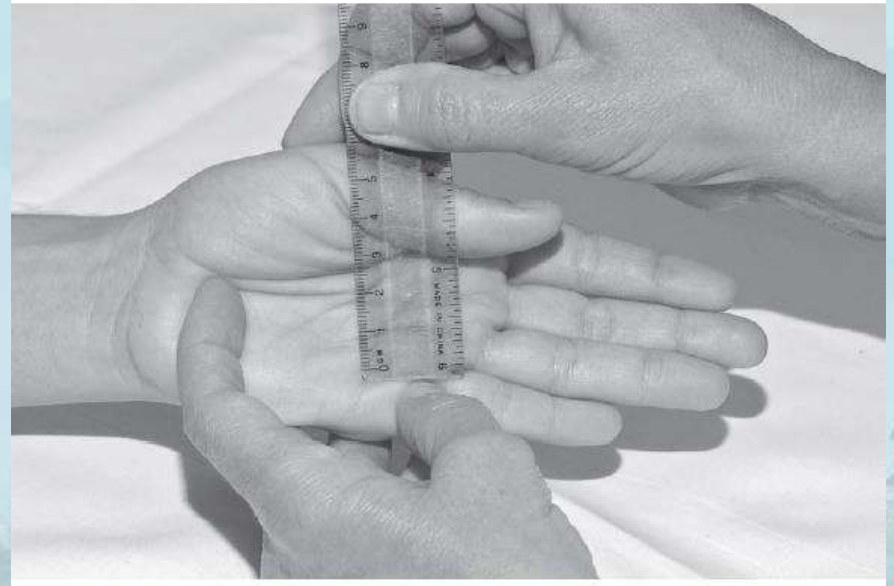


FIGURE 7.48 A second method of measuring thumb opposition is to record the distance between the proximal digital crease of the thumb and the distal palmar crease over the fifth metacarpophalangeal (MCP) joint. This method avoids the inclusion of MCP and IP flexion of the thumb.

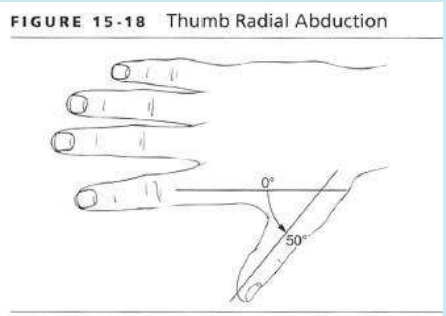


FIGURE 15-18 Thumb Radial Abduction

FIGURE 15-19 Adduction of Thumb

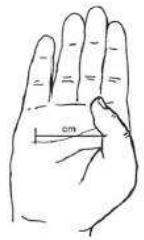
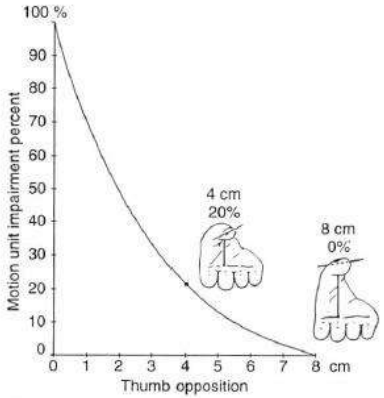


FIGURE 15-20 Linear Measurements of Thumb Opposition (cm) at Various Positions

Motion unit impairment curve for lack of opposition.



關節活動度（ROM）

TABLE 15-31

Finger Range of Motion

Grade Modifier		0	1	2	3	4
Severity		None (Normal)	Mild	Moderate	Severe	Ankylosis
Motion (percentage compared to normal)		≥90%	61% to 90%	31% to 60%	≤30%	
Joint						
DIP	45% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥70° = 0%	40° to 60° = 10% DI	10° to 30° = 25% DI	<10° = 40% DI	−20° = 30% DI +10° to −10° or −30° to −50° = 35% DI ≥+20° or ≤−60° = 45% DI
Extension		≥0° = 0%	−10° to −20° lag = 2% DI	−30° to −40° lag = 12% DI	≥−50 ° lag = 32% DI	
PIP	80% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥100° = 0%	90° = 6% DI 50° to 80° = 21% DI	20° to 40° = 42% DI	≤10° = 54% DI	−40° = 50% DI +10° to −10 or −50° to −70° = 60% DBI ≥+20° or ≤−80° = 80% DI
Extension		≥0° = 0%	−10° lag = 3% DI	−20° to −50° lag = 14% DI	≥−60° lag = 58% DI	
MCP	100% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥90° = 0%	80° = 6% DI 40° to 70° = 19% DI	20° to 30° = 35% DI	≤10° = 48% DI	−30° = 45% DI ≥−30° or −40° to −60° = 60% DI ≤−70° = 90% DI
Extension		≥+20° = 0%	+10° to −20° lag = 7% DI	−30° to −60° lag = 34% DI	≥−70° lag = 91% DI	

Note: DIP indicates distal interphalangeal; DI, digit impairment; PIP, proximal interphalangeal; and MCP, metacarpophalangeal.

FIGURE 15-21 Neutral Position (top) and Flexion (bottom) of Finger DIP Joint

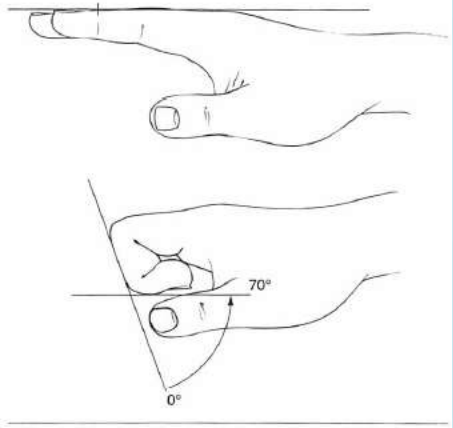


FIGURE 15-22 Neutral Position (top) and Flexion (bottom) of Finger PIP Joint (isolated joint measurement shown)

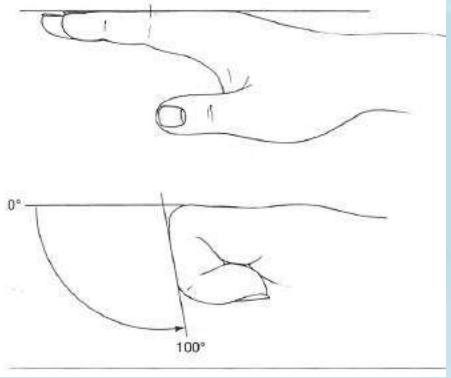
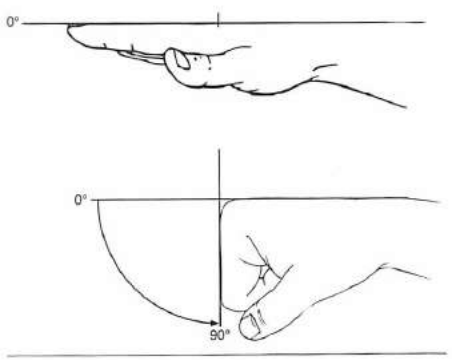


FIGURE 15-23

Neutral Position (top) and Flexion (bottom) of Finger MCP Joint (total active range of motion measurement shown)



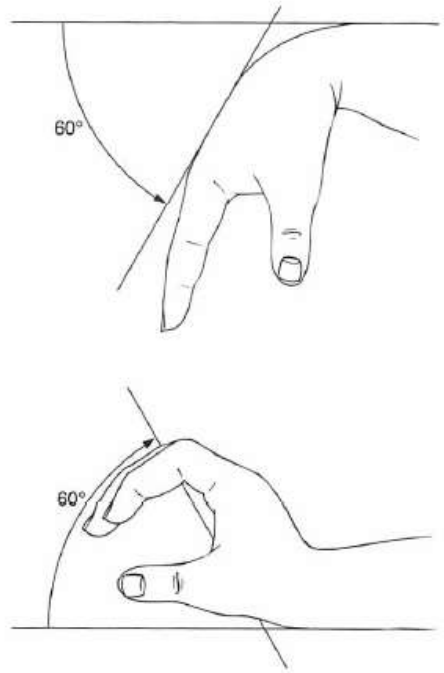
關節活動度（ROM）

TABLE 15-32

Wrist Range of Motion

Grade Modifier		0	1	2	3	4
Severity		None (Normal)	Mild	Moderate	Severe	Ankylosis
Motion (percentage compared to normal)		≥90%	61% to 90%	31% to 60%	≤30%	
Joint						
Wrist	70% Wrist					
Flexion	Motion° = % Upper Extremity Impairment (% UEI)	≥60° = 0%	30° to 50° = 3% UEI	20° = 7% UEI	≤10° = 9% UEI	−10° to + 10° = 21% UEI +20° to +40° or −20° to −40° = 25% UEI ≥+50° or ≤−50° = 40% UEI
Extension		≥60° = 0%	30° to 50° = 3% UEI	20° = 7% UEI	≤10° = 9% UEI	
Wrist	30% Wrist					
Radial Deviation	Motion° = % Upper Extremity Impairment (% UEI)	≥20° = 0%	10° = 2% UEI	0° = 4% UEI	≥10° ulnar deviation = 12% UEI	0° to 10° ulnar deviation = 9% UEI 10° radial deviation or 20° ulnar deviation = 14% UEI ≥20° radial deviation or ≥30° ulnar deviation = 18% UEI
Ulnar Deviation		≥30° = 0%	20° = 2% UEI	10° to 0 ° = 4% UEI	≥10° radial deviation = 12% UEI	

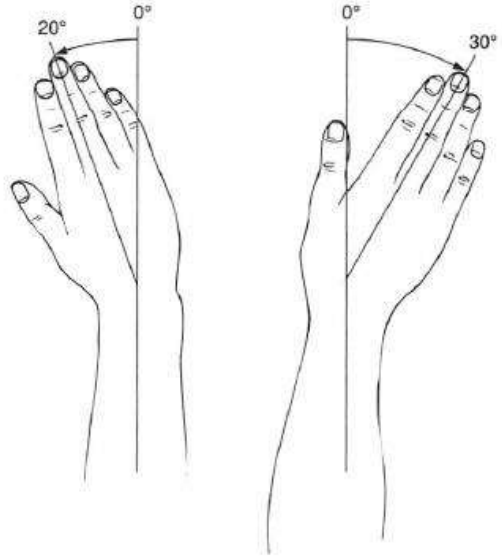
Wrist Flexion (above) and Extension (below)



Redrawn with permission from Swanson AB, Hagert CG, de Groot Swanson G. Evaluation of impairment of hand function. In: Hunter JM, Schneider LH, Mackin E, Calahan A, eds. *Rehabilitation in the Hand.* St Louis, Mo: CV Mosby Co; 1978:31–69.

FIGURE 15-25

Radial Deviation (left) and Ulnar Deviation (right) of the Right Wrist



Redrawn with permission from Swanson AB, Hagert CG, de Groot Swanson G. Evaluation of impairment of hand function. In: Hunter JM, Schneider LH, Mackin E, Calahan A, eds. *Rehabilitation in the Hand.* St Louis, Mo: CV Mosby Co; 1978:31–69.

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關節活動度（ROM）

TABLE 15-33

Elbow/Forearm Range of Motion

Grade Modifier		0	1	2	3	4
Severity		**None (Normal)**	**Mild**	**Moderate**	**Severe**	**Ankylosis**
Motion (percentage compared to normal)		≥90%	61% to 90%	31% to 60%	≤30%	
Joint						
Elbow	60% Elbow					
Flexion	Motion° = % Upper Extremity Impairment (% UEI)	≥140° = 0%	110° to 130° = 3% UEI 70° to 100° = 8% UEI	60° to 20° = 27% UEI	≤10° = 40% UEI	80° = 21% UEI 50° to 70° or 90° to 100° = 25% UEI ≤40° or ≥110° 38% UEI
Extension		0° = 0%	10° to 40° lag = 2% UEI 50° to 60 lag = 5% UEI	70° to 90° lag = 11% UEI	≥90° lag = 30% UEI	
Forearm	40% Elbow					
Pronation	Motion° = % Upper Extremity Impairment (% UEI)	≥80° = 0%	70° to 50° = 1% UEI	40° to 20° = 3% UEI	≤10° = 10% UEI	20° pronation = 8% UEI 30° to 60° pronation or 10° pronation to 20° supination = 15% UEI ≥70° pronation or ≥30° supination = 25% UEI
Supination		≥70° = 0%	60° to 50° = 1% UEI	40° to 20° = 2% UEI	≤10° = 10% UEI	

FIGURE 15-26

Flexion and Extension of Elbow

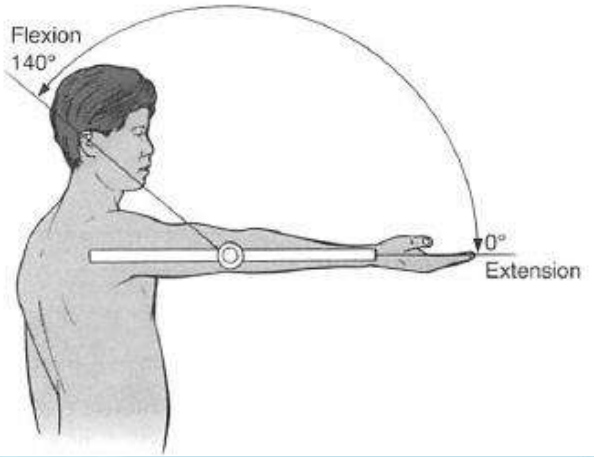
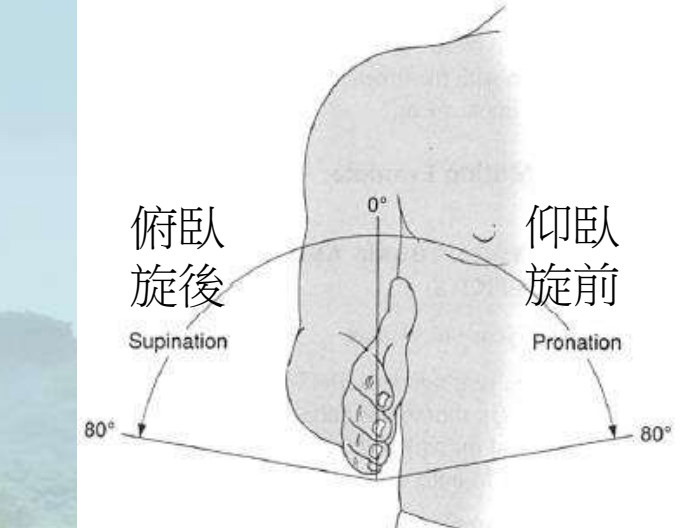


FIGURE 15-27

Pronation and Supination of Forearm



474-475

關節活動度（ROM）

TABLE 15-34

Shoulder Range of Motion

Grade Modifier		0	1	2	3	4
Severity		None (Normal)	Mild	Moderate	Severe	Ankylosis
Motion (percentage compared to normal)		≥90%	61% to 90%	31% to 60%	≤30%	
Joint						
Shoulder	50% Shoulder					
Flexion	Motion° = % Upper Extremity Impairment (% UEI)	≥180° = 0%	90° to 170° = 3% UEI	20° to 80° = 9% UEI	≤10° = 16% UEI	20° to 40° flexion = 15% UEI 10° flexion to extension or ≥50° flexion = 25% UEI
Extension		≥50° = 0%	30° to 40° = 1% UEI	10° extension to 10° flexion = 2% UEI	≥10° flexion= 10% UEI	
Shoulder	30% Shoulder					
Abduction	Motion° = % Upper Extremity Impairment (% UEI)	≥170° = 0%	90° to 160° = 3% UEI	20° to 80° = 6% UEI	≤10° = 10% UEI	20° to 50° of abduction = 9% UEI ≤10° or ≥60° abduction = 16% UEI
Adduction		≥40° = 0%	10° to 30° = 1% UEI	0° to 30° abduction = 2% UEI	≥40° abduction = 10% UEI	
Shoulder	20% Shoulder					
Internal rotation (IR)	Motion° = % Upper Extremity Impairment (% UEI)	≥80° IR = 0%	50° IR to 70° IR = 2% UEI	10° ER to 40° IR = 4% UEI	≤20° ER = 8% UEI	20° to 50° IR = 6% UEI ≥60° IR or 10° IR to ER = 0% UEI
External Rotation (ER)		≥60° ER = 0%	50° ER to 30° IR = 2% UEI	50° IR to 40° IR = 4% UEI	≥60° IR = 9% % UEI	

FIGURE 15-28

Shoulder Flexion and Extension

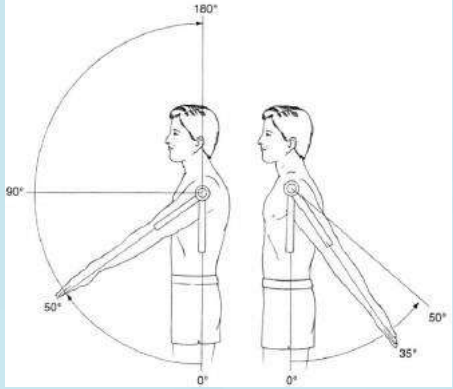


FIGURE 15-29

Shoulder Abduction and Adduction

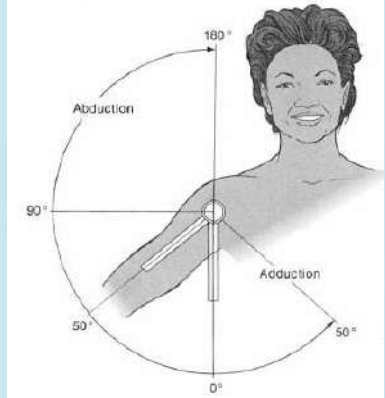
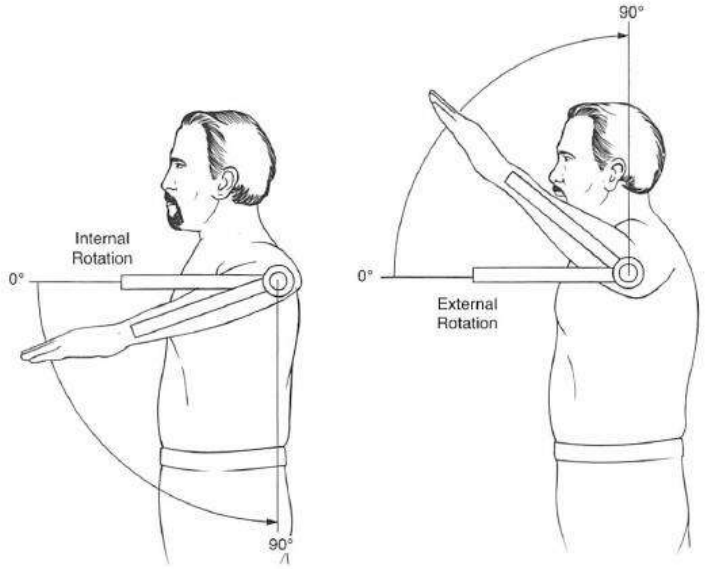


FIGURE 15-30

Shoulder External Rotation and Internal Rotation



關節活動度（ROM）

TABLE 15-35

Range of Motion Grade Modifiers

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Digit	Normal	<20% total digit impairment	20% to 39% digit impairment	40% to 70% digit impairment	>70% digit impairment.
Hand, wrist, elbow, or shoulder		<12% upper extremity impairment for *total* motion impairment	12% to 23% upper extremity impairment for *total* motion impairment	24% to 42% upper extremity impairment for *total* motion impairment	>42% upper extremity impairment for *total* motion impairment

TABLE 15-36

Functional History Grade Adjustment: Range of Motion

Net Modifier	0	1	2	3
Functional History grade adjustment compared to range of motion ICF Class	Equal	1 Higher	2 Higher	3 Higher
Increase to total range of motion impairment	No change	Total Range of Motion Impairment × 5%	Total Range of Motion Impairment × 10%	Total Range of Motion Impairment × 15%
ICF indicates International Classification of Functioning, Disability, and Health.				

關節活動度（ROM）

Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined ÜEI		

身體檢查（PEx）

功能史（FHx）

合併

Summary	Final UEI
Diagnosis-Based Impairment	
Peripheral Nerve	
Entrapment	
CRPS (Stand-alone)	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

上肢障害總結

FIGURE 15-31

Upper Extremity Impairment Evaluation Example

Name: *John Sample*	Exam Date: *1/1/2008*
ID Number: *1234* Sex: F (M) Side: (R) L	Birth Date: 12/27/50
Diagnosis:	Injury Date: *1/1/2004 (CT)*

	Diagnosis-Based Impairments				
Grid	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI
Digit (D) Wrist (W) Elbow (E) Shoulder(S)	*Triangular fibrocartilage complex (TFCC) tear*	0 (1) 2 3 4	GMFH 0 (1) 2 3 4 — Net *0* GMPE 0 (1) 2 3 4 — Net *0* GMCS 0 (1) 2 3 4 — Net *0* (Optional: *QuickDASH Score: 21*) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B (C) D E	*8%*
D W E S	*Lateral epicondylitis*	0 (1) 2 3 4	GMFH 0 (1) 2 3 4 — Net *n/a* GMPE 0 (1) 2 3 4 — Net *0* GMCS 0 1 2 3 4 — Net *n/a* (Optional: *QuickDASH Score:*) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B (C) D E	*1%*
D W E S		0 1 2 3 4	GMFH 0 1 2 3 4 — Net GMPE 0 1 2 3 4 — GMCS 0 1 2 3 4 — (Optional: *QuickDASH Score:*) Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	≤−2 −1 0 +1 ≥+2 A B C D E	
	Combined UEI				*9% UEI*

上肢障害總結

Peripheral Nerve/CPRS II Impairments					
Nerve	**Sensory and Motor Grading**	**Assigned Class**	**Grade Modifer Adjustments**	**Assigned Dx Grade**	**Combined UEI**
	Sensory Deficit 0 1 2 3 4 n/a Motor Deficit 0 1 2 3 4 n/a	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
Entrapment					
Median Nerve	Electrodiagnostics: *Conduction delay*		Test 0 **1** 2 3 4 n/a History 0 **1** 2 3 4 n/a Physical 0 **1** 2 3 4 n/a	Average: 1 Functional Grade: n/a Mild Moderate Severe	1%

CRPS I Impairment				
Points	**Assigned Class**	**Adjustments**	**Assigned Grade**	**Final UEI**
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Adjustment Abbreviations
S - Shoulder
E = Elbow.
W = Wrist

上肢障害總結

Amputation				
Level	Assigned Class	Adjustments	Assigned Grade	Final UEI
Little at DIP	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	(A) B C D E	*5% UEI*

D - Digit
GMFH = Grade Modifer Functional History
GMPE = Grade Modifer Physical Examination
GMCS = Grade Modifer Clinical Studies

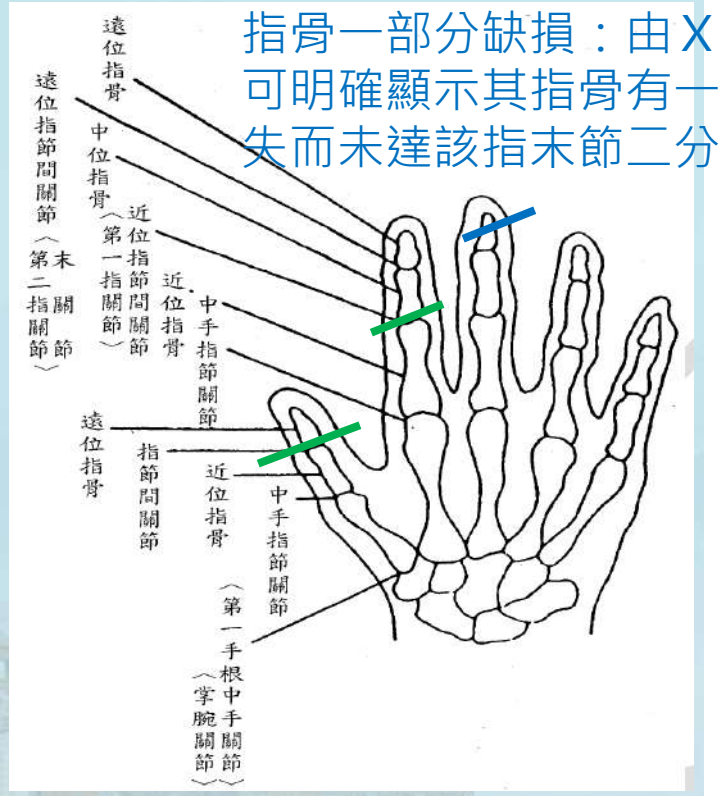
Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

Signed:
Printed name:
Date:

Summary	Final UEI
Diagnosis-Based Impairment	9%
Peripheral Nerve	
Entrapment	1%
CRPS (Stand-alone)	
Amputation	5%
Range of Motion (Stand-alone)	
Final Combined Impairment	15%
Whole Person Impairment	9% WPI
(Regional Impairment)	

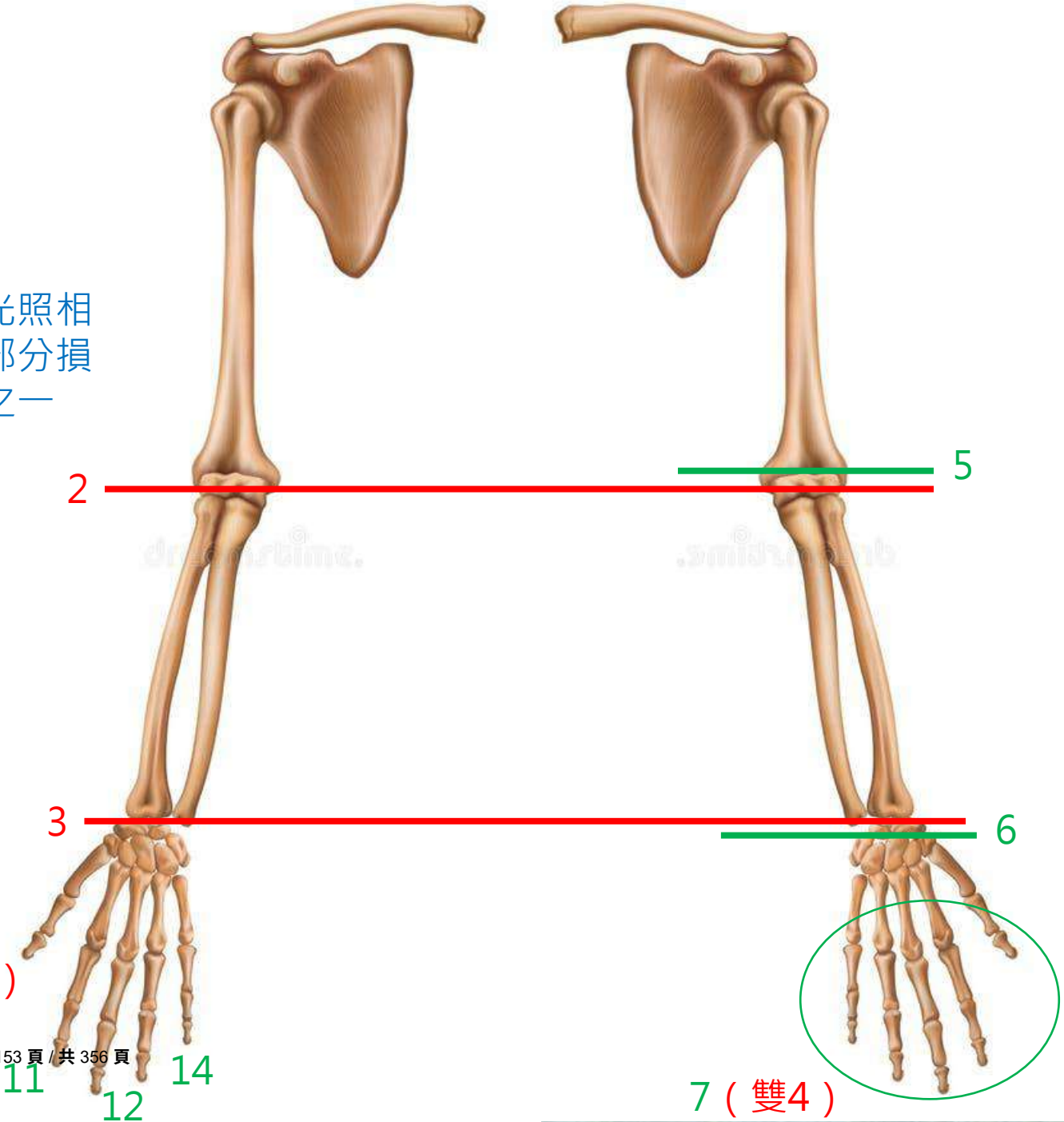
勞保失能-上肢

- 上肢缺損失能
- 手指缺損失能



指骨一部分缺損：由X光照相可明確顯示其指骨有一部分損失而未達該指末節二分之一

拇＋食＋另2：7
拇＋食＋另1：8
拇＋食：8
拇或食＋另2：8
拇＋另1：9
食＋另1：10
中＋無＋小：10
中/無/小之二：11
拇/食指骨一部分缺損：14
中/無/小指骨一部分缺損：15



勞保失能-上肢

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 上肢機能失能*
  - 喪失機能：關節完全強直或完全麻痺
  - 顯著運動失能：喪失生理運動範圍二分之一以上
  - 運動失能：喪失生理運動範圍三分之一以上
  - 機能（運動）失能原因及程度明顯時，採用自動運動之運動範圍
  - 如有心因性因素或失能原因與程度不明確時，則須由他動運動之可能運動範圍參考決定之。
  - 運動神經失能
    - 上臂神經叢完全麻痺：準用「一上肢喪失機能」（6）
    - 上肢部分神經麻痺引起肢關節自動運動失能者，視其因麻痺範圍及引起運動失能之程度與部位，準用肢關節「喪失機能」或「顯著運動失能」各該項規定審定之。
    - 上肢全部神經或多數之神經麻痺時，得按其引起自動運動失能之程度與範圍，參考同一上肢「喪失機能」或「顯著運動失能」定之。
- 畸形失能（上臂骨或前臂骨）

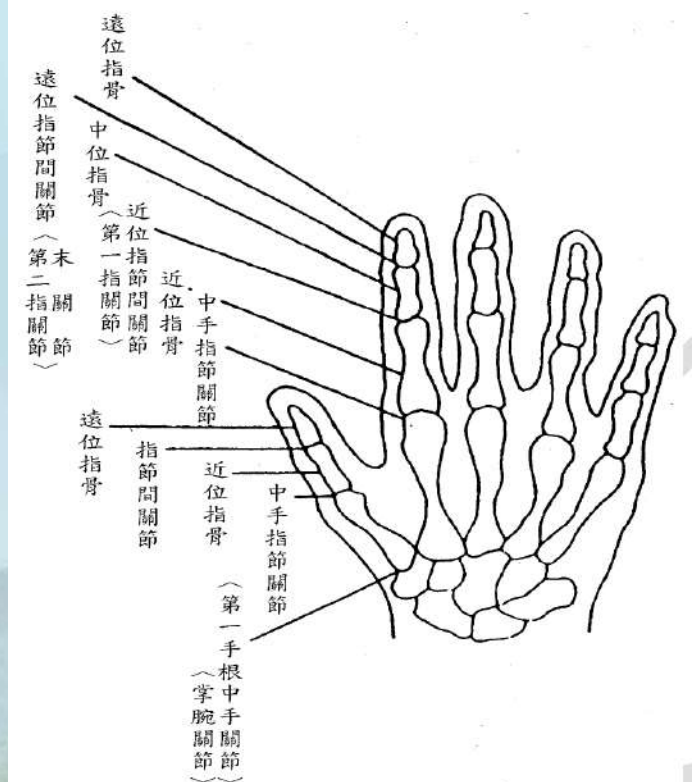
	前舉屈曲掌屈	後舉伸展背屈	活動範圍
肩	180	60	240
肘	145	0	145
腕	80	70	150

勞保失能-上肢

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 手指機能失能
  - 喪失機能
    - 拇指之中手指節關節或指節間關節，喪失生理運動範圍二分之一以上
    - 其他各指之中手指節關節，或近位指節間關節，喪失生理運動範圍二分之一以上
    - 末節切斷達二分之一以上
  - 手指末關節不能屈伸
    - 遠位指節間關節完全強直之狀態
    - 因明確之屈伸肌之損傷致自動屈伸不能

	中手指節關節	（近位）指節間關節
拇指	65-75	100-110
食指	95-105	105-110
中指	95-105	110-120
無名指	100-110	115-125
小指	100-110	100-105



身心障礙-上肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

b710a 關節移動的功能(上肢)	0	未達下列基準。
	1	1.一上肢之肩關節活動度喪失70%以上者。 2.一上肢之肘關節活動度喪失70%以上者。 3.一上肢之腕關節活動完全僵直者。 4.兩上肢之腕關節活動度喪失70%以上者。 5.一手之大拇指及食指完全僵直者。 6.一手之三指(含大拇指)完全僵直者。 7.兩手之大拇指完全僵直者。
	2	1.一上肢之三大關節中，有兩大關節活動完全僵直者。 2.兩上肢之三大關節中，各有一關節活動完全僵直者。 3.兩上肢之肩及肘關節活動度喪失70%以上者。 4.兩手之大拇指及食指完全僵直者。 5.兩手各有三指(含大拇指)完全僵直者。

身心障礙-上肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

b730a 肌肉力量功能(上肢)	0	未達下列基準。
	1	1.一上肢之三大關節中，有兩關節肌力程度為3分以下者。 2.一上肢之肩關節肌力程度為2分者。 3.一上肢之肘關節肌力程度為2分者。 4.一上肢之腕關節肌力程度為零級或1分者。 5.一手之大拇指及食指麻痺者(肌力程度為零級或1分)。 6.一手之五指肌力程度為2分者。
	2	1.一上肢之三大關節中，有兩大關節肌力程度為零級或1分者。 2.兩上肢之三大關節中，各有一關節肌力程度為零級或1分者。 3.兩上肢之肩及肘關節肌力程度為2分或3分者。 4.兩手之大拇指及食指麻痺者(肌力程度為零級或1分)。 5.一手之三指(含大拇指)麻痺者(肌力程度為零級或1分)。 6.兩手之五指肌力程度為2分者。
	3	1.兩上肢之三大關節中，各有兩大關節肌力程度為零級或1分者。 2.兩手各有三指(含大拇指)麻痺者(肌力程度為零級或1分)。

身心障礙-上肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

s730 上肢構造	0	未達下列基準。
	1	1.一手之大拇指及食指自掌指關節處欠缺者。 2.一手之三指(含大拇指或食指)自掌指關節處欠缺者。 3.兩手共四指(其中兩指為食指或中指)自掌指關節處欠缺者。 4.兩手部分指節欠缺之手指共五指以上者。
	2	1.一上肢腕關節及遠端欠缺者。 2.一上肢肘關節及遠端欠缺者。 3.一上肢肩關節及遠端欠缺者。 4.兩手之大拇指及食指中兩指(至少含一大拇指)自掌指關節處欠缺者。 5.兩手各有三指(含大拇指或食指)自掌指關節處欠缺者。
	3	兩上肢腕關節及遠端欠缺者。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

Ch10 內分泌系統

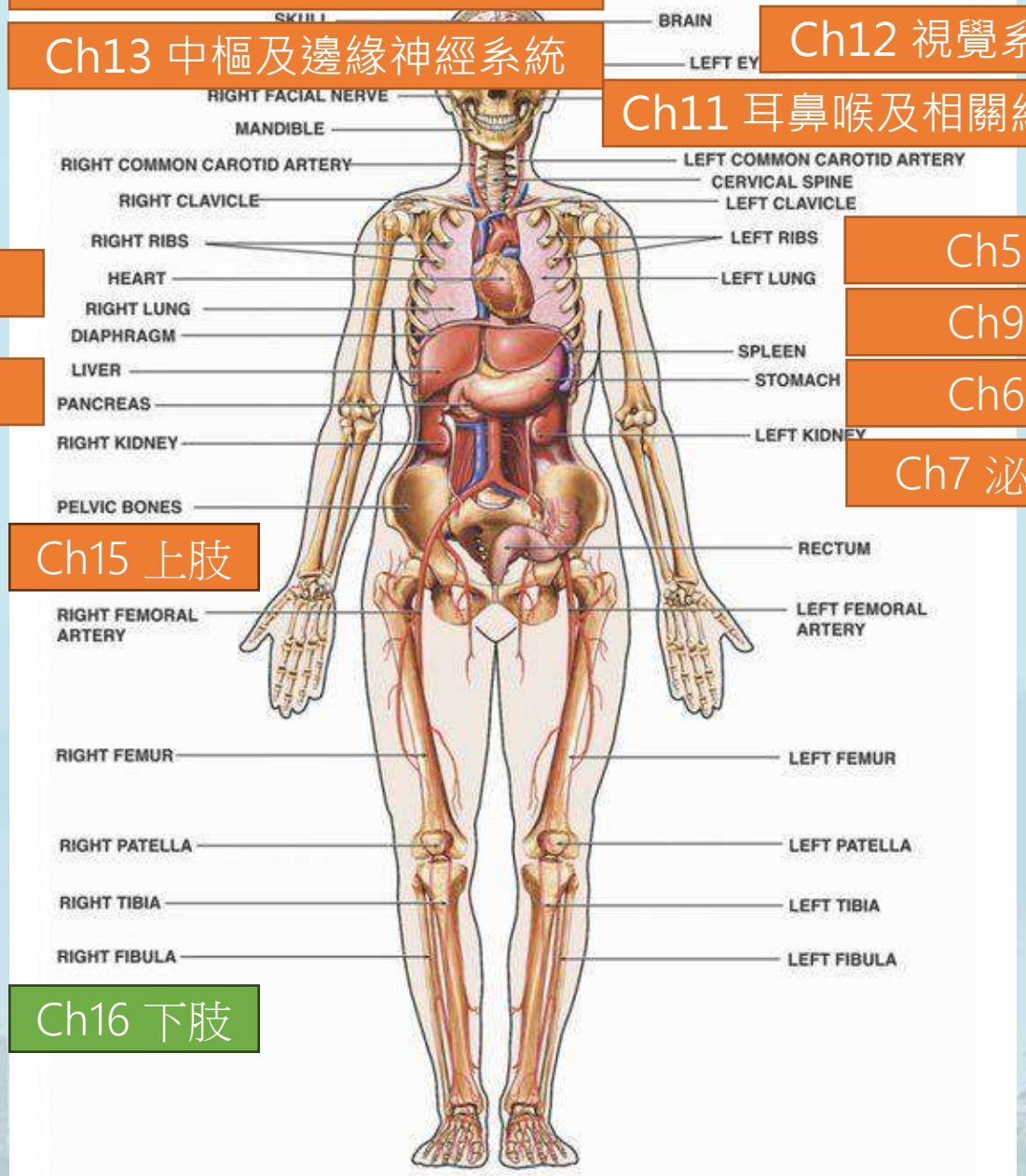
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

以診斷為基礎的障害（DBI）

FIGURE 16-2 Lower Extremity Impairment Evaluation Record

Name:	Exam Date:
ID Number: Sex: F M Side: R L	Birth Date:
Diagnosis:	Injury Date:

	Diagnosis-Based Impairments				
Table	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final LEI
FA K H		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: AAOS Lower Limb Score:) Net Adjustment = (GMFH−CDX)+(GMPE−CDX)+(GMCS−CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	
FA K H		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: AAOS Lower Limb Score:) Net Adjustment = (GMFH−CDX)+(GMPE−CDX)+(GMCS−CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	
FA K H		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: AAOS Lower Limb Score:) Net Adjustment = (GMFH−CDX)+(GMPE−CDX)+(GMCS−CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	

FH applied to single highest diagnosis

診斷（DBI)

病史（Hx）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

以診斷為基礎的障害（DBI）

MUSCLE / TENDON		Do not use PE range of motion if used for diagnostic criteria			
Strain; tendonitis; or h/o ruptured tendon, specifically involving posterior tibial, anterior tibial, achilles, or peroneal tendon (all other tendons below)	0 No significant objective abnormal findings of muscle or tendon injury at MMI	0 1 1 2 2 Palpatory findings and/or radiographic findings 3 4 5 6 7 Mild motion deficits 7 8 10 12 13 Moderate motion deficits and/or significant weakness	14 15 16 17 18 Flexible deformity and loss of specific tendon function	28 31 34 37 40 Fixed deformity and loss of specific tendon function	
Strain; tendonitis; or h/o ruptured tendon All other tendons	0 No significant objective abnormal findings of muscle or tendon injury at MMI	0 1 1 2 2 Palpatory findings and/or radiographic findings 1 2 2 2 3 Mild motion deficits 3 4 5 6 7 Moderate motion deficits and/or significant weakness			

以診斷為基礎的障害（DBI）

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	S
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	
SEVERITY GRADE		A B C D E	A B C D E	A
LIGAMENT / BONE / JOINT				
LIGAMENT		Do not use with CS X ray stability		
Joint instability / ligamentous laxity - traumatic Ankle (including syndesmosis) (reference Table 16-8)	0 No significant objective abnormal findings of muscle or tendon injury at MMI	0 1 1 2 2 Clinical instability 3 4 5 6 7 Mild ligamentous laxity (AP Stress radiograph: 2–3 mm. excess opening or 5–9 degrees varus opening compared to normal opposite side) 7 8 10 12 13 Moderate ligamentous laxity (AP Stress radiograph: 4–6 mm. excess opening or 10–15 degrees varus opening compared to normal opposite side; Lateral stress radiograph: anterior drawer 4–6 mm excess opening compared to normal side)	14 15 16 17 18 Severe ligamentous laxity on stress x-rays (AP Stress radiographs: > 6 mm. excess opening or > 15 degrees varus opening compared to normal opposite side; Lateral Stress radiograph: anterior drawer > 6 mm excess opening compared to normal side)	
STABILITY Foot/Ankle *Note:* Do not use when X-ray stress opening is used in diagnostic impairment definition		AP stress radiograph: 2- to 3-mm excess opening or 5°–9° varus opening compared to normal opposite side	AP stress radiograph: 4- to 6-mm excess translation or 10–15° varus opening compared to normal opposite side Lateral stress radiograph: anterior drawer 4- to 6-mm excess translation compared to normal side	AP stress radiographs: >6-mm excess translation or >15° varus opening compared to normal opposite side Lateral stress radiograph: anterior drawer >6-mm excess translation compared to normal side

Figure 1. (A) Anterior drawer test was performed with 10° of plantar flexion. (B) Varus stress test was done with a specially designed cylinder.

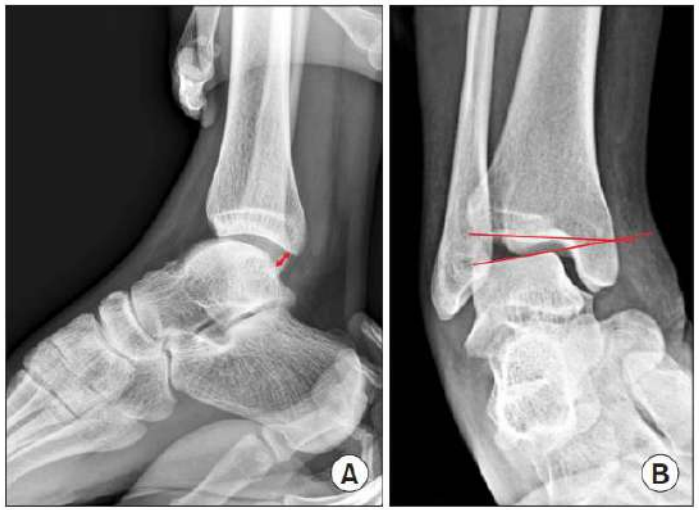


Figure 2. (A) On anterior drawer radiographs, the degree of anterior translation of talus was defined as the nearest distance between the most posterior portion of tibial plafond and talus. (B) With varus stress radiographs, talar tilting was defined as an angle between articular surfaces of tibial plafond and talus.

以診斷為基礎的障害（DBI）

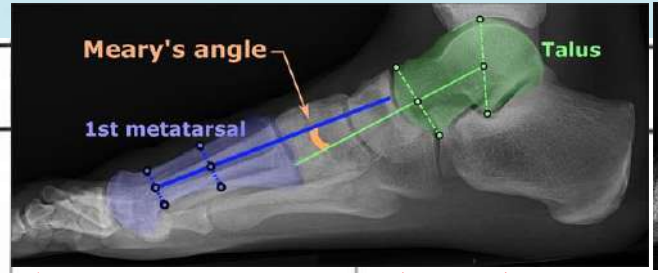
FRACTURE / DISLOCATION		Do not use with CS X ray misalignment or PE ROM or alignment if used in diagnostic criteria			
Tibia (extra-articular)	0 Healed, no objective deficits	3 4 5 6 7 Non-displaced with minimal findings 5 7 9 11 13 Mild motion deficits and/or mild misalignment	14 17 19 21 24 Moderate to severe motion deficits and/or moderate misalignment	26 28 30 32 34 Very severe misalignment, nonunion with angulation or rotational deformity or union with osteomyelitis	50 52 54 56 58 Infected nonunion

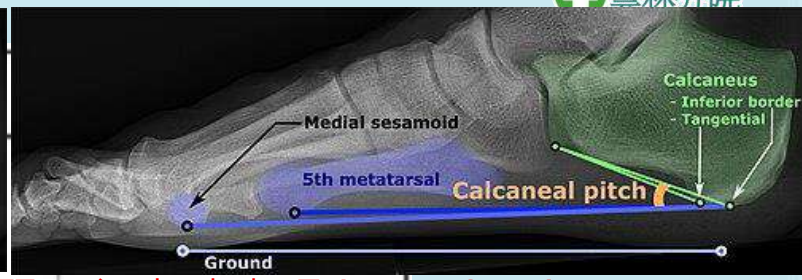
以診斷為基礎的障害（DBI）

Metatarsal(s)	0 Healed, no objective deficits	2 3 3 3 4 1st metatarsal - Non-displaced with minimal findings 7 8 10 12 13 1st metatarsal – with angulation and metatarsalgia 0 1 1 2 2 Other metatarsal - non-displaced with abnormal examination findings 3 4 5 6 7 Other metatarsal – with angulation and metatarsalgia 7 8 10 12 13 Multiple metatarsals with angulation and metatarsalgia			

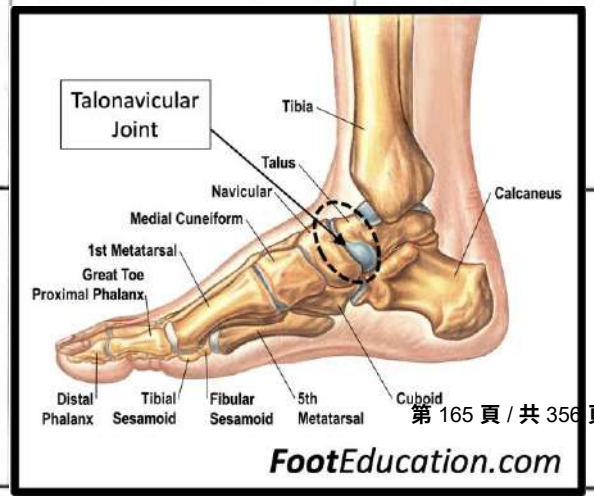
以診斷為基礎的障害（DBI）

Deformity					
Midfoot – cavus 高弓足		1 2 2 2 3 Mild 5 6 7 8 9 Moderate			
Midfoot – "rocker bottom" 搖椅型畸形 Arch collapse		3 4 5 6 7 Mild 7 8 10 12 13 Moderate	16 18 20 22 24 Severe Loss of arch Meary’ s angle ≥15°		
Arthritis		Do not use with CS X ray arthritis	Do not use with CS X ray arthritis	Do not use with CS X ray arthritis	Do not use with CS X ray arthritis
Degenerative condition: unrelated and symmetric	0				
Pan-Talar (Tibial-talar, talar-calcaneal, talar-navicular)				26 28 30 32 34 1–2 mm cartilage interval all 3 joints	52 56 60 64 68 0–1 mm cartilage interval all 3 joints or severe loss of motion in all 3 joints





難以被動矯正，外側足負重明顯，行走時出現 lateral column pain，Meary’ s angle ≥15°，Calcaneal pitch ≥30°

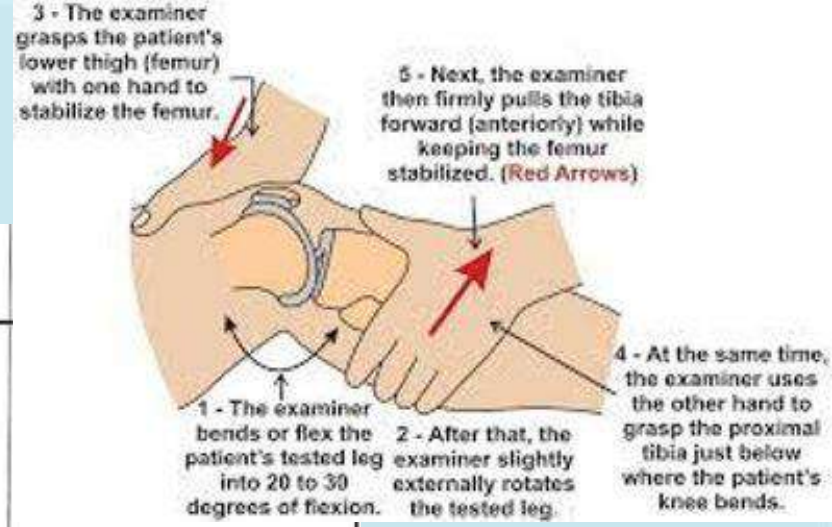


以診斷為基礎的障害（DBI）

Double or triple arthrodesis (talar-calcaneal, talar-navicular, calcaneal-cuboid)		7 8 10 12 13 Neutral position	14 15 16 17 18 Mild malalignment (varus position, 1°–3° greater than the opposite normal or valgus 5–9° of normal)	26 28 30 32 34 Moderate malalignment (varus position, 4°–6° greater than the opposite normal or valgus 10–14° of normal)	52 56 60 64 68 Severe malalignment (varus position, 4°–6° greater than the opposite normal or valgus 10–14° of normal)
Toes		7 8 10 12 13 Great toe only 0 1 1 2 2 Minor toe (per toe)	14 15 16 17 18 Great and minor toes		
Total ankle replacement			21 23 25 25 25 Good result (good position, stable, functional)	31 34 37 40 43 Fair result (fair position, mild instability and/or mild motion deficit)	59 63 67 71 75 Poor result (poor position, moderate to severe instability, and/or moderate to severe motion deficit) 67 71 75 79 83 Poor result with chronic infection

以診斷為基礎的障害（DBI）

LIGAMENT / BONE / JOINT		Do not use with PE stability	Do not use with PE stability	
Meniscal injury		1 2 2 2 3 Partial (medial or lateral) meniscectomy, meniscal tear, or meniscal repair 5 6 7 8 9 Total meniscectomy (medial or lateral) or meniscal transplant (allograft) 7 8 10 12 13 Partial (medial and lateral)	19 20 22 24 25 Total (medial and lateral)	
Cruciate or collateral ligament injury; Surgery not rating factor	0 No instability	7 8 10 12 13 Mild laxity	14 15 16 17 18 Moderate laxity	
Cruciate and collateral ligament injury; Surgery not rating factor	0 No instability	7 8 10 12 13 Mild laxity	19 20 22 24 25 Moderate laxity	31 34 37 40 43 Severe laxity



KNEE		Grade 1 Lachman's test; slight laxity patellar mechanism	Grade 2 Lachman's test; moderate laxity patellar mechanism	Grade 3 Lachman's test; severe laxity patellar mechanism	Multi-directional instability

Grade	Translation Amount[a]	Judgment Description
0 Grade	≤ 2 mm	Tight with firm end-feel
Grade I	3-5 mm	Nominal increase in laxity compared to contralateral knee
Grade II	6-9 mm	Slight increase in anterior translation compared to contralateral knee
Grade III	≥ 10 mm	Excessive anterior translation compared to contralateral knee

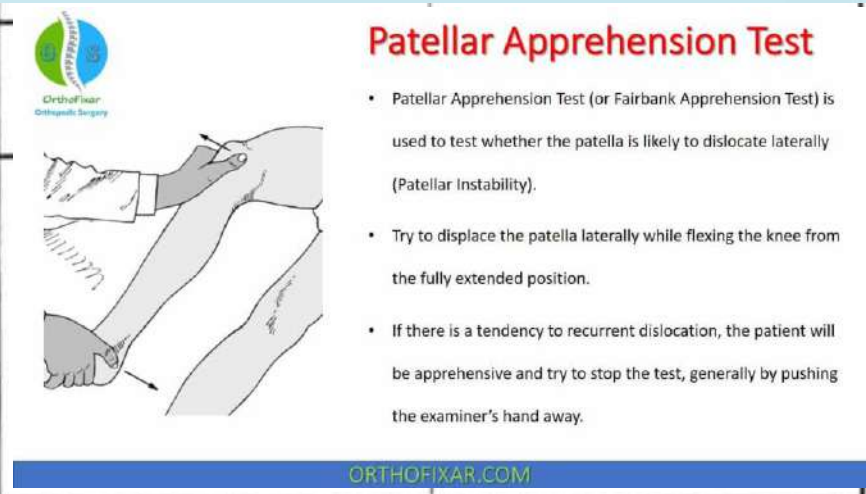
[a] Side-to-side differences in anterior displacement of tibio-femoral joint (eg, anterior translation of tibia relative to femur).

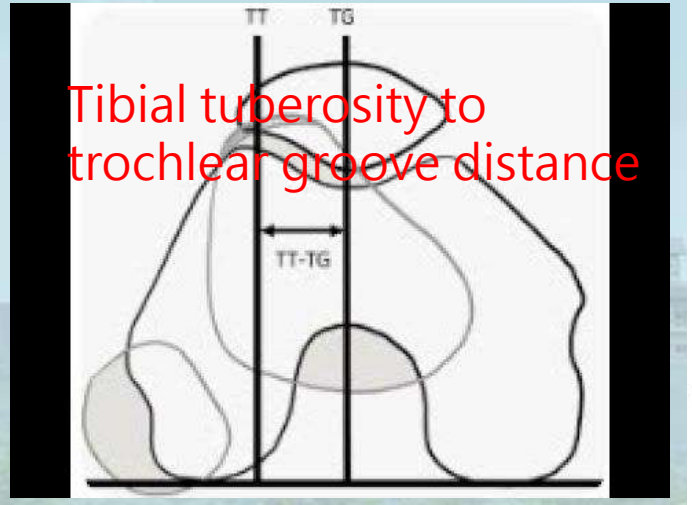
以診斷為基礎的障害（DBI）

Patellar Lesion		Do not use with PE stability	Do not use with PE stability		
Patellar sub-luxation or dislocation	0 No instability	5 6 7 8 9 Mild instability	14 15 16 17 18 Moderate instability 19 20 22 24 25 Severe instability		
Patellectomy		5 6 7 8 9 Partial	19 20 22 24 25 Total		

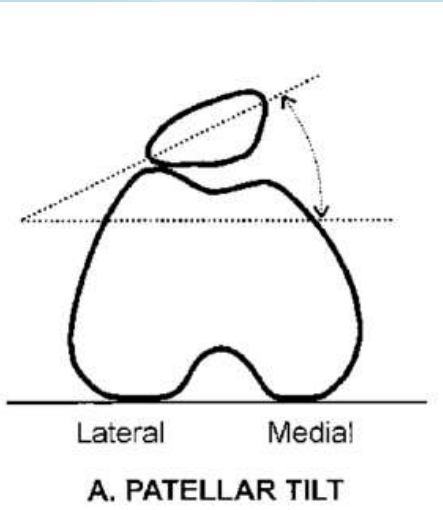
Subluxation
Tilt > 20'
TT-TG 15-20mm

Recurrent dislocation
TT-TG >20mm





Tibial tuberosity to trochlear groove distance



以診斷為基礎的障害（DBI）

Femoral shaft fracture	0 Non-displaced, with no significant objective abnormal findings at MMI	5 6 7 8 9 Abnormal examination findings and <10° angulation	14 15 16 17 18 10°–19° angulation	31 34 37 40 43 20°+ angulation	52 56 60 64 68 Non-union and/or infected
Supracondylar or intercondylar fracture	0 Non-displaced, with no significant objective abnormal findings at MMI	3 4 5 6 7 Non-displaced with abnormal examination findings 7 8 10 12 13 5°–9° angulation	19 20 22 24 25 10°–19° angulation	31 34 37 40 43 20°+ angulation or > 2 mm articular surface step off	52 56 60 64 68 Non-union and/or infected
Patellar fracture	0 Non-displaced, with no significant objective abnormal findings at MMI	5 6 7 8 9 Non-displaced with abnormal examination findings 7 8 10 12 13 Articular surface displaced 3 mm or less	14 15 16 17 18 Displaced with nonunion		
Tibial plateau fracture	0 Non-displaced, with no significant objective abnormal findings at MMI	3 4 5 6 7 Non-displaced with abnormal examination findings 7 8 10 12 13 < 9° angulation	19 20 22 24 25 10°–19° angulation or ≤2 mm articular surface step off	31 34 37 40 43 20°+ angulation or > 2 mm articular surface step off	52 56 60 64 68 Non-union and/or infected, or severe comminuted, displaced

以診斷為基礎的障害（DBI）

TABLE 16-3 (CONTINUED) Knee Regional Grid – Lower Extremity I

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe probl	
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	26%–49% LE	50%–100% LE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Fracture		Do not use with CS x ray alignment	Do not use with CS x ray alignment	Do not use with CS x ray alignment	
Proximal tibial shaft fracture	0 Non-displaced, with no significant objective abnormal findings at MMI	3 4 5 6 7 Non-displaced with abnormal examination findings 7 8 10 12 13 <10° angulation	14 17 19 21 24 10°–19° angulation	26 28 30 32 34 20°+ angulation	50 52 54 56 58 Non-union and/or infected
Arthritis		Do not use with CS x ray arthritis			
Primary knee joint arthritis		5 6 7 8 9 3 mm cartilage interval, full-thickness articular cartilage defect, or ununited osteochondral fracture	16 18 20 22 24 2 mm cartilage interval	26 28 30 32 34 1 mm cartilage interval	50 50 50 54 58 No cartilage interval

Kellgren-Lawrence(KL) Grading System

KL Grade	Grade0	Grade1	Grade2	Grade3	Grade4
Classification	Normal	Doubtful	Mild	Moderate	Severe
Description	No radiographic features of OA	Doubtful joint space narrowing(JSN)	Definite osteophytes Possible JSN	Multiple osteophytes Definite JSN Sclerosis	Large osteophytes Marked JSN Severe scierosis

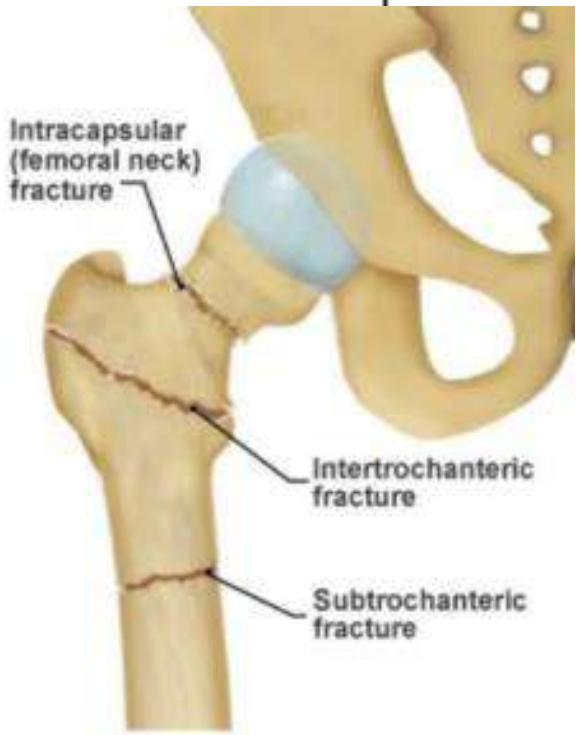
以診斷為基礎的障害（DBI）

LIGAMENT / BONE / JOINT					
Hip dislocation		3 4 5 6 7 Hip dislocation with relocation and no avascular necrosis or joint surface injury 7 8 10 12 13 Hip dislocation with relocation and findings of joint surface injury	14 15 16 17 18 Hip dislocation with relocation and avascular necrosis	26 28 30 32 34 Hip dislocation, recurrent	
Avascular necrosis		7 8 10 12 13 Avascular necrosis of hip with mild range of motion deficit	14 15 16 17 18 Avascular necrosis of hip with moderate range of motion deficit	26 28 30 32 34 Avascular necrosis of hip with severe range of motion deficit	
Acetabular labral tear		1 2 2 2 3 Unoperated tear, tear treated with partial labrectomy or repair 3 4 4 4 5 Tear treated with total labrectomy			

以診斷為基礎的障害（DBI）

Fracture					
Osteochondral fracture		3 4 5 6 7 <1 cm osteochondral fracture (arthroscopically or MRI verified)	14 15 16 17 18 ≥1 cm osteochondral fracture (arthroscopically or MRI verified)		
Osteochondritis dissecans 剝脫性骨軟骨炎		3 4 5 6 7 Osteochondritis dissecans with stable osteochondral fragment 6 7 8 9 10 Osteochondritis dissecans with unstable osteochondral fragment, in situ or removed			

以診斷為基礎的障害（DBI）

Fractures about the hip joint (acetabulum and proximal femur) 	0 No significant objective abnormal findings	5 6 7 8 9 Femoral neck, intertrochanteric, or subtrochanteric fracture with mild motion deficits and/or malalignment 5 6 7 8 9 Nondisplaced acetabular fracture 7 8 10 12 13 Fracture of greater or lesser trochanter with non-union or malunion	16 18 20 22 24 Femoral neck, intertrochanteric, or subtrochanteric fracture with moderate motion deficits and/or malalignment 14 15 16 17 18 Acetabular fracture with 1–2 mm displacement of articular surface 19 20 22 24 25 Acetabular fracture with 3–4 mm displacement of articular surface	26 28 30 32 34 Femoral neck, intertrochanteric, or subtrochanteric fracture with severe motion deficits and/or malalignment (malunion) 31 34 37 40 43 Acetabular fracture with ≥ 5 mm displacement of articular surface	50 50 50 54 58 Infected

cf Ch 17

以診斷為基礎的障害（DBI）

TABLE 16-4 (CONTINUED) Hip Regional Grid – Lower Extremity Impairments

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	26%–49% LE	50%–100% LE
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Osteotomy / Joint Replacement					
s/p Femoral osteotomy			19 20 22 24 25 Fair or good result	31 34 37 40 43 Poor result (effusion, limited motion, instability)	
Partial or total hip replacement			21 23 25 25 25 Good result (good position, stable, functional)	31 34 37 40 43 Fair result (fair position, mild instability and/or mild motion deficit)	59 63 67 71 75 Poor result (poor position, moderate to severe instability, and/or moderate to severe motion deficit) 67 71 75 79 83 Poor result with chronic infection

非關鍵因素（調整因素）：FHx

TABLE 16-6

Functional History Adjustment – Lower Extremities

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
GAIT DERANGEMENT	None	Antalgic limp with asymmetric shortened stance, corrects with footwear modifications and/or orthotics	Antalgic limp (in the presence of objectively defined significant pathology) with asymmetric shortened stance; stable with use of external orthotic device (eg, ankle-foot orthosis), routine use of single gait aid (cane or crutch), or positive Trendelenburg test	Antalgic/unstable transfers and ambulation requires routine use of gait aids (2 canes or crutches) or KAFO brace[a]	Nonambulatory
AAOS LOWER LIMB INSTRUMENT (OR OTHER INVENTORY)	Normal	Mild deficit	Moderate deficit	Severe deficit	Near-total to total deficit

[a] KAFO indicates knee, ankle, foot orthosis; AAOS, American Academy of Orthopaedic Surgeons.

AAOS下肢量表

	Q1	Q2	Q3	Q4	Q5	Q6	Q7
	During the past week, how stiff was your lower limb?	During the past week, how swollen was your lower limb?	Walking on flat surfaces?	Going up or down stairs?	Lying in bed at night?	Which statements best describes your ability to get around most of the time during the past week?	How difficult was it for you to put on or take off socks/ stockings, during the past week?
	1=Not at All 2=Mildly 3=Moderately 4=Very 5=Extremely	1=Not at All 2=Mildly 3=Moderately 4=Very 5=Extremely	1=Not Painful 2=Mildly Painful 3=Moderately Painful 4=Very Painful 5=Extremely Painful 6=Could not do because of pain 7=Could not do because of other			1=Did not need support 2=Mostly walked without support 3=Mostly used 1cane/crutch 4=Mostly used 2 canes/crutches 5=Used a wheelchair 6=Mostly used other supports/someone 7=Unable to get around	1=Not at All 2=A little bit 3=Moderately 4=Very 5=Extremely 6=Cannot do it at all
Record ID	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**
72	5	4	4	3	2	3	4

Record ID	LOWER LIMB CORE SCALE: Standardized Mean		LOWER LIMB CORE SCALE: Normative Score
72	45		17

100	Normal
75-99	Mild deficit
50-74	Moderate deficit
25-49	Severe deficit
0-24	Near-total to total deficit

http://www.aaos.org/research/outcomes/Lower_Limb_pdf
http://www.aaos.org/research/outcomes/Lower_LimbScoring.xls

非關鍵因素（調整因素）：PEx

TABLE 16-7

Physical Examination Adjustment – Lower Extremities

	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
OBSERVED AND PALPATORY FINDINGS (tenderness, swelling, mass, or crepitance)	No consistent findings	Minimal palpatory findings, consistently documented, without observed abnormalities	Moderate palpatory findings, consistently documented, and supported by observed abnormalities	Severe palpatory findings, consistently documented, and supported by observed moderate or greater abnormalities	Very severe palpatory findings, consistently documented, and supported by observed severe abnormalities
STABILITY	Stable	Grade 1 (slight) instability	Grade 2 (moderate) instability	Grade 3 (serious) instability	Gross instability
KNEE		Grade 1 Lachman's test; slight laxity patellar mechanism	Grade 2 Lachman's test; moderate laxity patellar mechanism	Grade 3 Lachman's test; severe laxity patellar mechanism	Multi-directional instability
ALIGNMENT/ DEFORMITY	Normal for individual with symmetry to opposite side	Mild	Moderate	Severe	Very severe

臨床判斷，或參考影像檢查

非關鍵因素（調整因素）：PEx

RANGE OF MOTION (reference Section 16.7)	None	Mild or arthrod-esis in position of function	Moderate	Severe	Very severe
MUSCLE ATROPHY (asymmetry compared to opposite normal)	<1 cm	1.0–1.9 cm	2.0–2.9 cm	3.0–3.9cm+	4.0 cm+
LIMB LENGTH DISCREPANCY	<1.9 cm	2.0–2.9 cm	3–4.9 cm	5.0–5.9 cm+	6.0 cm+

大腿圍：髕骨上10公分繞一圈
小腿圍：小腿最粗處繞一圈

長短腳：髂前上棘（ASIS）-內踝

517-518

非關鍵因素（調整因素）：CSx

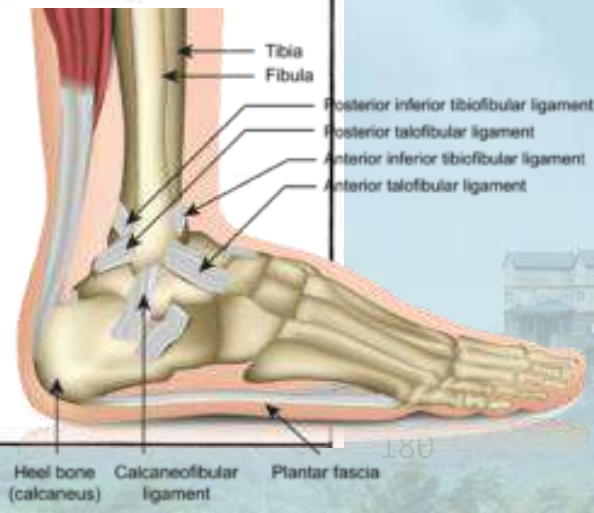
	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
IMAGING STUDIES	No available clinical studies or relevant findings	Clinical studies confirm diagnosis; mild pathology	Clinical studies confirm diagnosis; moderate pathology	Clinical studies confirm diagnosis; severe pathology	Clinical studies confirm diagnosis; very severe pathology
X RAYS					
ARTHRITIS *Note:* Do not use when X-ray cartilage interval is used in diagnostic impairment definition		Cartilage interval normal or less than 25% loss compared to opposite uninjured side; cystic changes on 1 side of joint; loose body <5 mm	Cartilage interval present; however, 25% to 50% loss compared to opposite uninjured side; cystic changes on both sides of joint; loose body 5 mm or greater or multiple loose bodies; radiographic evidence of mild posttraumatic arthrosis or avascular necrosis	Cartilage interval present; however, >50% lost compared to opposite uninjured side; radiographic evidence of moderate posttraumatic arthrosis or avascular necrosis	No cartilage interval; radiographic evidence of severe posttraumatic arthrosis or avascular necrosis

519-520

非關鍵因素（調整因素）：CSx

STABILITY Foot/Ankle *Note:* Do not use when X-ray stress opening is used in diagnostic impairment definition		AP stress radiograph: 2- to 3-mm excess opening or 5°–9° varus opening compared to normal opposite side	AP stress radiograph: 4- to 6-mm excess translation or 10–15° varus opening compared to normal opposite side Lateral stress radiograph: anterior drawer 4- to 6-mm excess translation compared to normal side	AP stress radiographs: >6-mm excess translation or >15° varus opening compared to normal opposite side Lateral stress radiograph: anterior drawer >6-mm excess translation compared to normal side	
ALIGNMENT Foot/Ankle *Note:* Do not use when X-ray angulation is used in diagnostic impairment definition		Syndesmosis normal; healed angulation or rotational deformity <5° in any plane	Syndesmosis laxity with separation demonstrated on foot external rotation AP ankle radiograph compared to opposite normal ankle Healed, angular or rotational deformity 5°–15° in any plane	Healed, angular or rotational deformity >15° in any plane	Severe multiplanar deformity

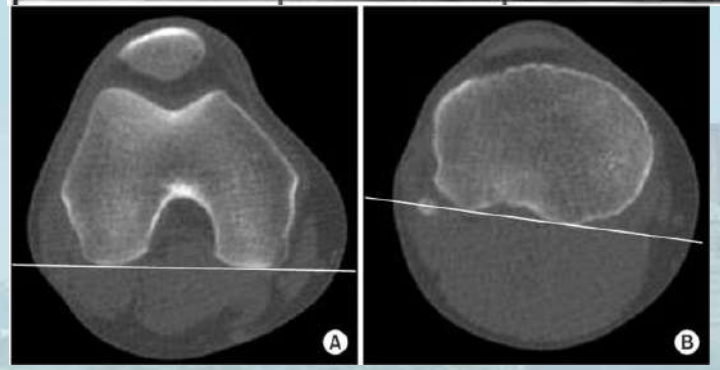
AITFL, PITFL, interosseus membrane



519-520

非關鍵因素（調整因素）：CSx

KNEE *Note:* Do not use when X-ray angulation is used in diagnostic impairment definition		<10° angulation/ rotational deformity single plane	10°–20° angulation/ rotational deformity single plane	>20° angulation/ rotational deformity 1–2 planes	Severe multiplanar deformity
HIP *Note:* Do not use when X-ray angulation is used in diagnostic impairment definition			Femoral osteotomy in good position	Femoral osteotomy in suboptimal position	



The knee rotation angle was measured by a posterior condylar line of the femur (A) and a tibial posterior condylar line (B).

非關鍵因素（調整因素）：CSx

NERVE CONDUCTION TESTING	Normal	Conduction Delay (sensory and/or motor)	Motor Conduction Block	Partial Axonal Loss	Total Axonal Loss/Denervation
ELECTRO-DIAGNOSTIC (EMG) TESTING *Note:* If the test results meet some of, but not all of the criteria for a specific class, the next lower class is the class to be used in rating the impairment	Normal	Needle EMG done at least 3 weeks but less than 9 months after injury shows at least 1+ fibrillation potentials and positive waves in at least 2 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows high amplitude polyphasic muscle potentials in at least 1 muscle and recruitment in that muscle is at least mildly reduced.	Needle EMG done at least 3 weeks but less than 9 months after injury shows at least 2+ fibrillation potentials and positive waves in at least 2 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows high amplitude polyphasic muscle potentials in at least 2 muscles and recruitment in those muscles is at least moderately decreased.	Needle EMG done at least 3 weeks but less than 9 months after injury shows at least 3+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows high amplitude polyphasic muscle potentials in at least 3 muscles and recruitment in those muscles is severely decreased.	Needle EMG done at least 3 weeks but less than 9 months after injury shows at least 4+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows no motor units (fibrofatty replacement of muscle) in at least 2 muscles.

評分方法總覽

- 足踝障害（例：左側脛骨內踝及腓骨幹骨折）
  - 建議參考Table 16-2等評估是否仍有損傷，輔以Table 16-6至Table 16-8做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 16-18至Table 16-24評估，輔以Table 16-6、Table 16-17做為加分與否項目。
- 膝障害（例：右膝挫傷、右膝前十字韌帶部分撕裂、右膝內側半月軟骨撕裂）
  - 建議參考Table 16-3等評估是否仍有損傷，輔以Table 16-6至Table 16-8做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 16-18至Table 16-24評估，輔以Table 16-6、Table 16-17做為加分與否項目。

評分方法總覽

- 髖障害（例：右側髖臼後柱併後壁骨折）
  - 建議參考Table 16-4評估是否仍有損傷，輔以Table 16-6至Table 16-8做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 16-18至Table 16-24評估，輔以Table 16-6、Table 16-17做為加分與否項目。

周邊神經/CRPS II

診斷（DBI）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

Peripheral Ner Impairments					
Nerve	Sensory and Motor Grading	Assigned Class	Adjustments	Assigned Dx Grade	Combined LEI
	Sensory Deficit 0 1 2 3 4 na Motor Deficit 0 1 2 3 4 na	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
	Sensory Deficit 0 1 2 3 4 na Motor Deficit 0 1 2 3 4 na	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
Combined LEI					

周邊神經/CRPS II

TABLE 16-12 (CONTINUED) Peripheral Nerve Impairment – Lower Extremity Impairments

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
CLASS DEFINITIONS	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	26%–49% LE	50%–100% LE
SEVERITY GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Tibial	0 No objective sensory or motor deficits	1 1 2 3 4 Mild sensory deficit or mild CRPS II (objectively verified) 1 2 2 3 4 Mild motor deficit (below midcalf) Moderate sensory deficit or moderate CRPS II (objectively verified); or moderate motor deficit (below midcalf) 1 3 5 7 9 Mild motor deficit (above knee) 9 9 10 11 11 Severe sensory deficit or severe CRPS II; or severe motor deficit (below midcalf)	14 14 14 14 15 Very severe sensory deficit or CRPS II; or very severe motor deficit (below midcalf) 14 14 14 16 18 Moderate motor deficit (above knee) 18 20 22 24 25 Severe motor deficit (above knee)	26 28 31 33 35 Very severe motor deficit (above knee)	

周邊神經/CRPS II

TABLE 16-11 SENSORY AND MOTOR SEVERITY

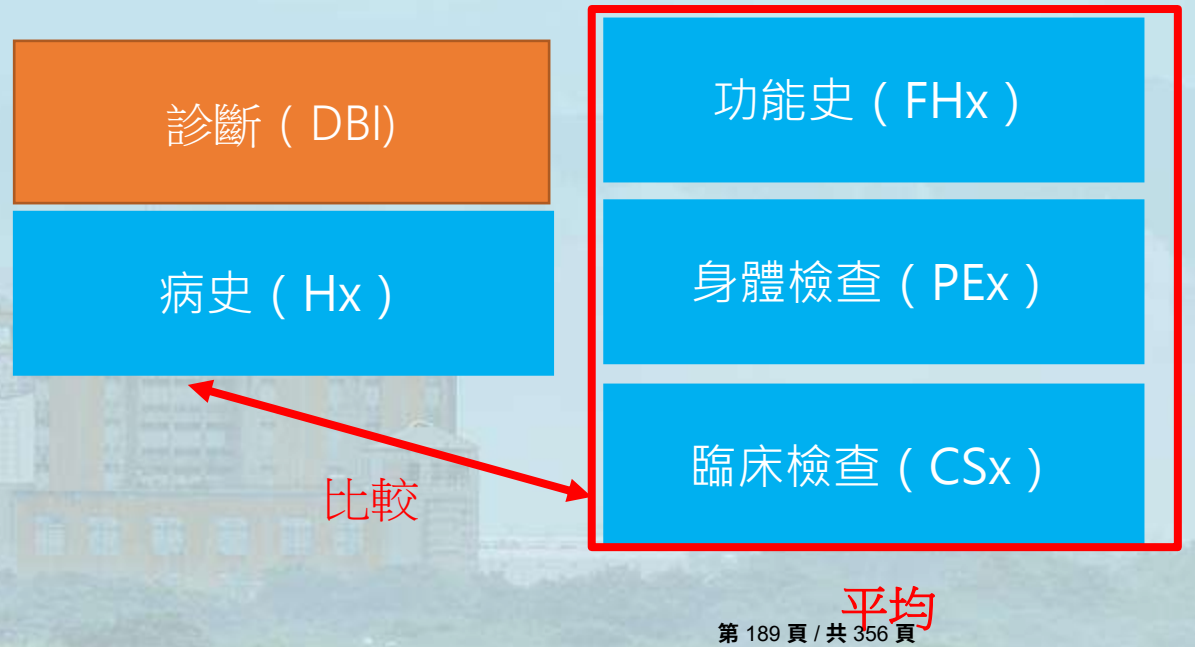
	Severity 0	Severity 1	Severity 2	Severity 3	Severity 4
Severity	Normal	Mild	Moderate	Severe	Very Severe or Complete Loss
Sensory Deficit	Normal sensibility and sensation	Subjectively altered sensory perception but retained light touch and sharp/dull recognition	Impaired light touch, but retained sharp/dull recognition	Impaired sharp/dull recognition, but retained protective sensibility	Absent sensation and no protective sensibility
Motor Deficit	Normal	Grade 4 / 5 (Against gravity with some resistance), mild weakness	Grade 3 / 5 (Against gravity only without resistance), more than 50% of strength	Grade 2 / 5 (Movement with gravity eliminated)	Grade 0–1 / 5 (No evidence of contractility or no joint movement), no motion

評分方法總覽

- 雙側脛神經、腓神經、腓腸神經損傷：
  - 建議參考Table 16-12評估是否仍有損傷，輔以Table 16-6至Table 16-8做為加分與否項目。

CRPS

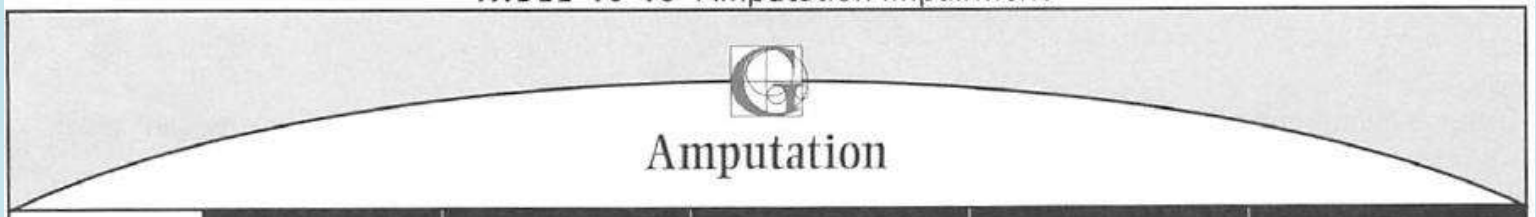
CRPS I Impairment					
Points	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI
	0 1 2 3 4		FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	



若X≥Y則為Class Y
若X<Y則為Class X
臨床判斷調整

截肢

TABLE 16-16 Amputation Impairment



DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	26%–49% LE	50%–100% LE
SEVERITY GRADE		A B C D E	A B C D E	A B C D E	A B C D E
GRADE		2 2 2 3 4 Lesser toes at MTP joint 5 5 5 6 7 Greater toe at interphalangeal joint Metatarsal (other than First) 12 12 12 13 13 Great toe at MTP joint	20 20 20 22 24 First metatarsal 22 22 22 24 25 All toes at metatarsophalangeal (MTP) joint	45 45 45 47 49 Midfoot 40 40 40 42 44 Transmetatarsal	62 62 62 68 70 Syme (hindfoot) 70 70 70 72 74 Below knee, ≥ 3″ 80 80 80 82 84 Below knee, < 3″ Knee disarticulation Above knee - distal 90 90 90 92 94 Above knee – Midthigh 100 100 100 100 100 Above knee Proximal Hip disarticulation

截肢

Amputation					
Level	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI
	0 1 2 3 4	12%	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

診斷（DBI)

病史（Hx）

功能史（FHx）

身體檢查（PEx）

臨床檢查（CSx）

評分方法總覽

- 右足創傷性截肢（右下肢膝蓋以下截肢）：
  - 建議參考Table 16-16等評估是否仍有損傷，輔以Table 16-6至Table 16-8做為加分與否項目，若有需要可再安排影像學等客觀性檢查；若遺存顯著關節活動度限制，可改以Table 16-18至Table 16-24評估，輔以Table 16-6、Table 16-17做為加分與否項目。

關節活動度（ROM）

TABLE 16-18

Lesser Toe Impairments

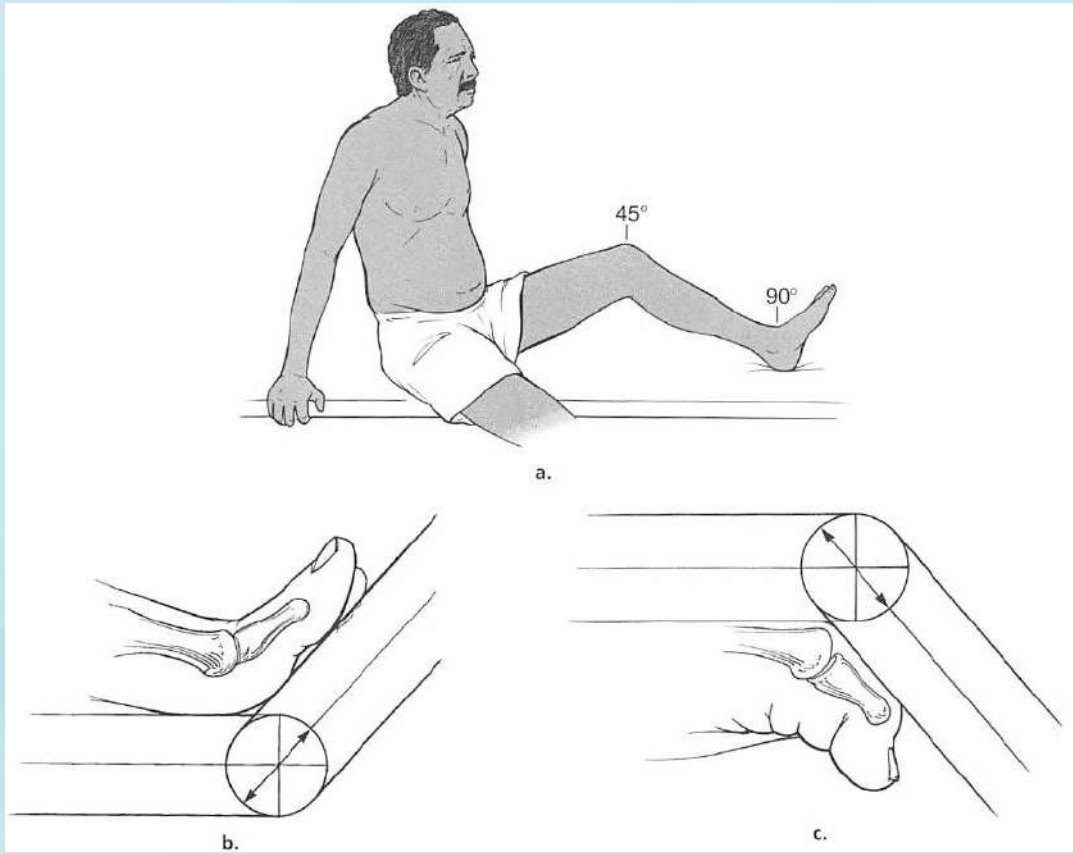
Note: The maximum LEI of 2 or more lesser toes is 6% LEI.

Severity	Mild	Moderate	Severe
Impairment	2% LEI		
Motion			
Metatarsophalangeal, extension	0°–10°		

TABLE 16-19

Greater Toe Impairments

Severity	Mild	Moderate	Severe
Impairment	2% LEI	5% LEI	
Motion			
Metatarsophalangeal, extension	15°–30°	0°–9°	
Interphalangeal, flexion	< 20°		



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關節活動度（ROM）

TABLE 16-20

Hindfoot Motion Impairments

Severity	Mild	Moderate	Severe
Impairment	2% LEI	5% LEI	
Motion			
Inversion	10°–20°	0°–9°	
Eversion	0°–10°		

TABLE 16-21

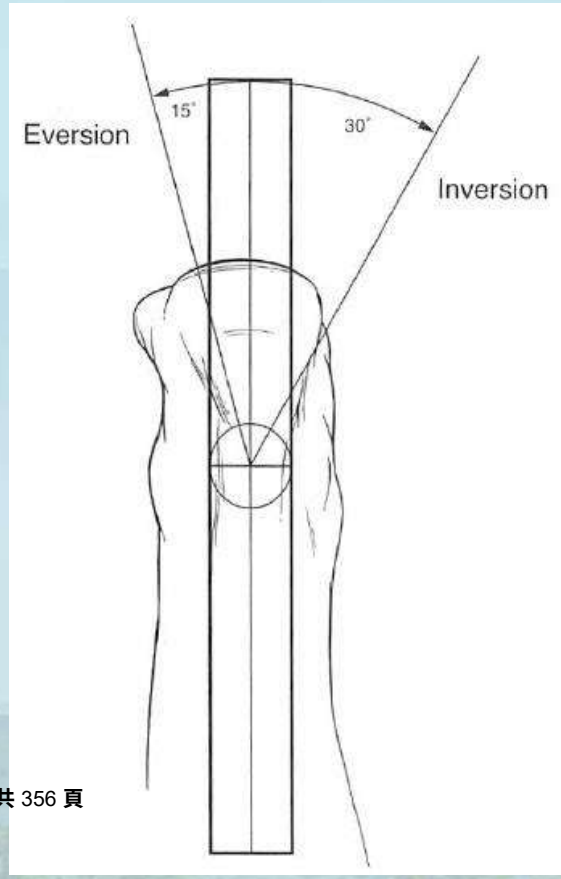
Ankle or Hindfoot Deformity Impairments

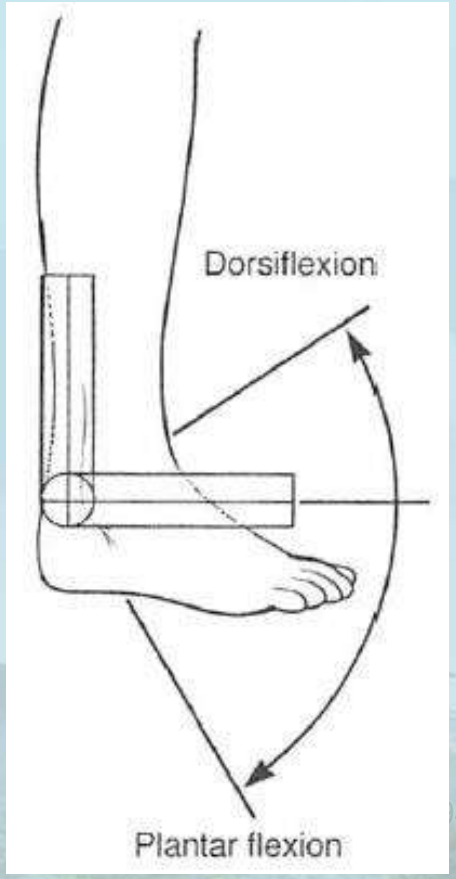
Severity	Mild	Moderate	Severe
Impairment	12% LEI	25% LEI	50% LEI
Motion			
Varus	10°–14°	15°–24°	> 24°
Valgus	10°–20°		

TABLE 16-22

Ankle Motion Impairments

Severity	Mild	Moderate	Severe
Impairment	7% LEI	15% LEI	30% LEI
Motion			
Plantar flexion capability	11°–20°	1°–10°	None
Flexion Contracture (Equinus deformity)		10°–19°	> 19°
Extension (Dorsiflexion)	10°–0° (neutral)		





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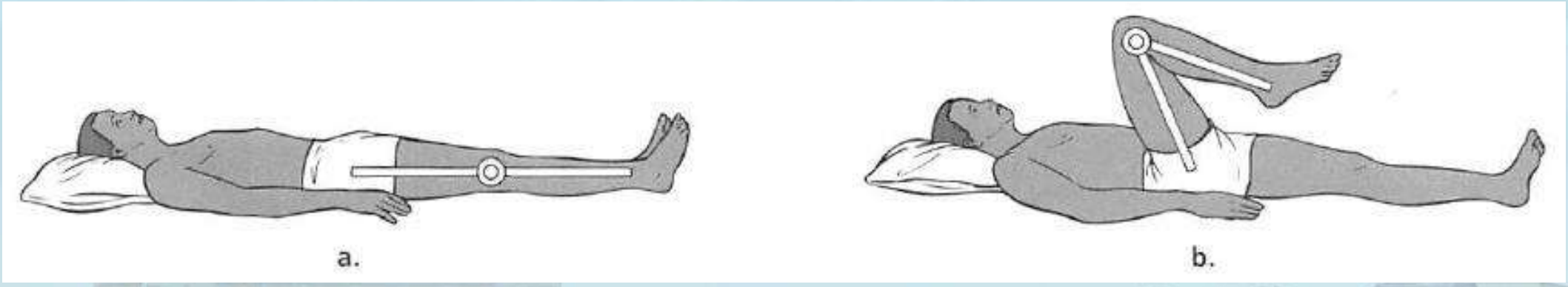
關節活動度（ROM）

TABLE 16-23

Knee Motion Impairments

Note: If multiple deficits of motion the values are added. Varus/valgus Deformity measured by femoral-tibial angle; 3° to 10° valgus is considered normal.

Severity	Mild	Moderate	Severe
Impairment	10% LEI	20% LEI	35% LEI
Motion			
Flexion	80°–109°	60°–79°	< 60°
Flexion Contracture	5°–9°	10°–19°	> 19°



a.

b.

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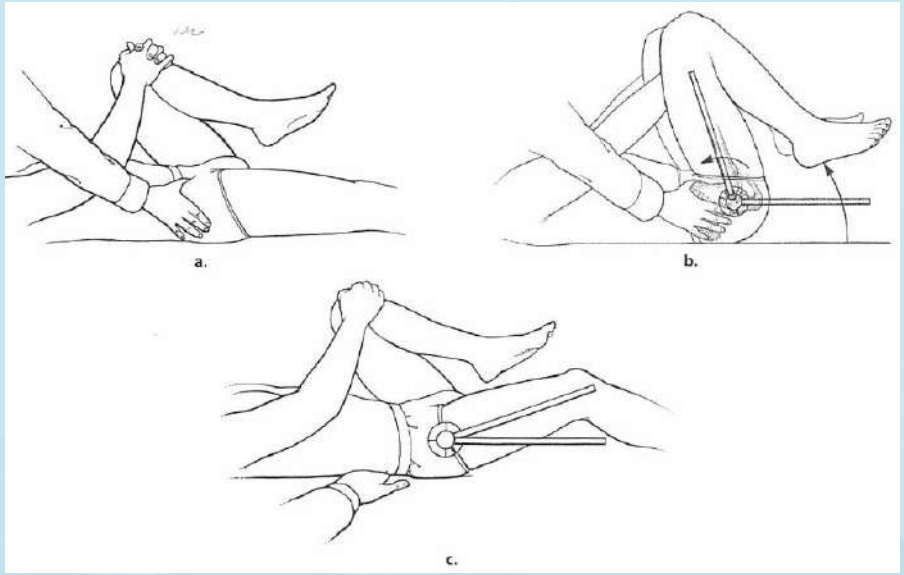
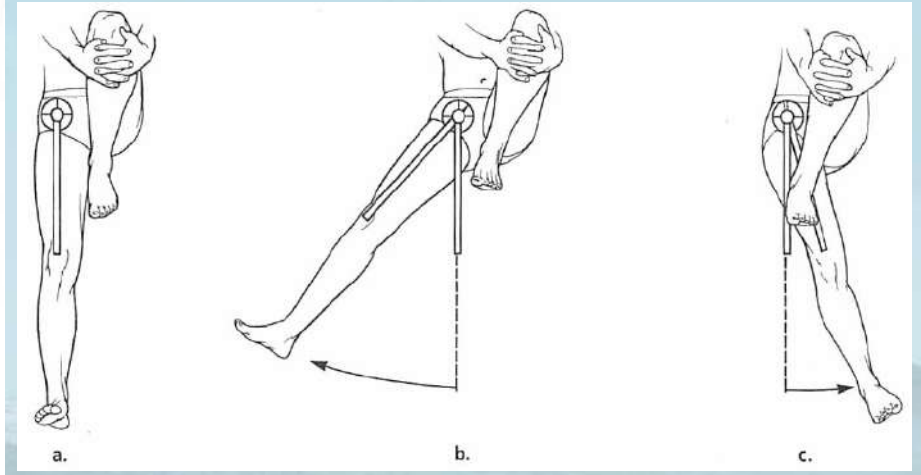
關節活動度（ROM）

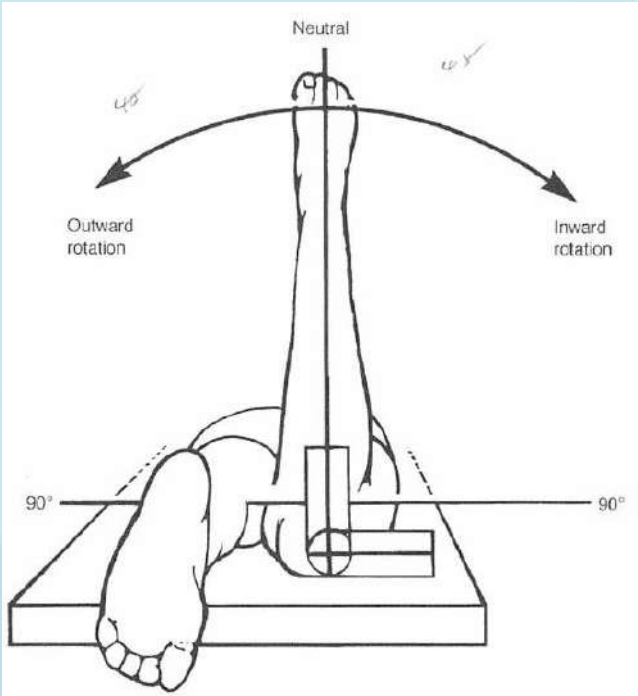
TABLE 16-24

Hip Motion Impairments – Lower Extremity Impairment

Severity	Mild	Moderate	Severe
Impairment	5% LEI	10% LEI	20% LEI
Motion			
Flexion	80°–100°	50°–79°	< 50°
Extension	10°–19° flexion contracture	20–19° flexion contracture	≥ 30° flexion contracture
Internal rotation	10°–20°	0°–9°	
External rotation	20°–30°	0°–19°	
Abduction	15°–25°	5°–14°	< 5°
Adduction	0°–15°		
Abduction Contracture	0°–5°	6°–10°	11°–20°







關節活動度（ROM）

TABLE 16-25 Range of Motion ICF Classification

Range of Motion ICF Classification

DIAGNOSTIC CRITERIA (KEY FACTOR)	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
LOWER EXTREMITY SEVERITY	Normal	Mild	Moderate	Severe	Very Severe or Complete
IMPAIRMENT RANGES	0% LE	1%–13% LE	14%–25% LE	26%–49% LE	50%–100% LE

TABLE 16-17

Functional History Net Modifier

Net Modifier	0	1	2	3
Functional History Grade Adjustment compared to Range of Motion ICF Class	Equal	1 Higher	2 Higher	3 Higher
Increase to Total Range of Motion Impairment	No change	Total Range of Motion Impairment × 5%	Total Range of Motion Impairment × 10%	Total Range of Motion Impairment × 15%

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關節活動度（ROM）

Motion		
Joint	Total LEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined LEI		

身體檢查（PEx）

功能史（FHx）

合併

Summary	Final LEI
Diagnosis-based Impairment	
Peripheral Nerve	
CRPS	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	LEI
Whole Person Impairment	WPI
(Regional Impairment)	

下肢障害總結

FIGURE 16-13

Lower Extremity Impairment Evaluation Record Example

Name: *Jane Doe*	Exam Date: *8/8/07*
ID Number: Sex: (F) M Side: R (L)	Birth Date: *11/9/73*
Diagnosis: *Ankle Fracture, ACL Tear, Amputation Great Toe*	Injury Date: *7/1/05*

	Diagnosis-Based Impairments				
Table	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final LEI
(FA) K H	*Ankle (Fibula) Fracture, healed*	0 (1) 2 3 4	GMFH 0 1 2 3 4 Net GMPE 0 (1) 2 3 4 0 GMCS 0 (1) 2 3 4 0 (Optional: AAOS Lower Limb Score:)	A B (C) D E	5%
FA (K) H	*Anterior cruciate ligament tear, with mild laxity*	0 (1) 2 3 4	GMFH 0 (1) 2 3 4 Net GMPE 0 (1) 2 3 4 0 GMCS 0 (1) 2 3 4 0 (Optional: AAOS Lower Limb Score:)	A B (C) D E	7%
FA K H		0 1 2 3 4	GMFH 0 1 2 3 4 Net GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: AAOS Lower Limb Score:)	A B C D E	
	Combined LEI				12%

FA = Foot Ankle K = Knee H = Hip

FH applied to single highest diagnosis

下肢障害總結

Peripheral Nerve/CRPS II Impairments					
Nerve	Sensory and Motor Grading	Assigned Class	Adjustments	Assigned Dx Grade	Combined LEI
	Sensory Deficit 0 1 2 3 4 na Motor Deficit 0 1 2 3 4 na	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
	Sensory Deficit 0 1 2 3 4 na Motor Deficit 0 1 2 3 4 na	Sensory Deficit 0 1 2 3 4 Motor Deficit 0 1 2 3 4	FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a FH 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	

CRPS I Impairment					
Points	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI
	0 1 2 3 4		FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Adjustment Abbreviations

FA = Foot / Ankle
K = Knee
H = Hip
GMFH = Functional History
GMPE = Physical Exam
GMCS = Clinical Studies

下肢障害總結

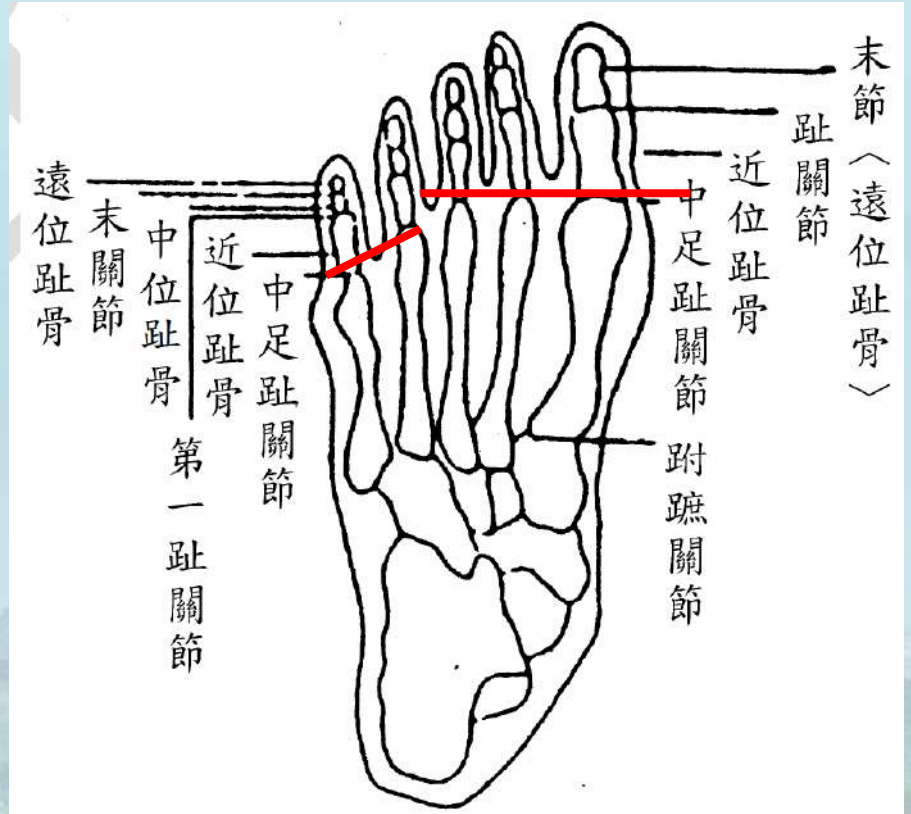
Amputation					
Level	Assigned Class	Default LEI	Adjustments	Assigned Grade	Final LEI
Amputation great toe at MTP	0 (1) 2 3 4	*12%*	FH 0 1 (2) 3 4 n/a PE 0 (1) 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C (D) E	*13%*

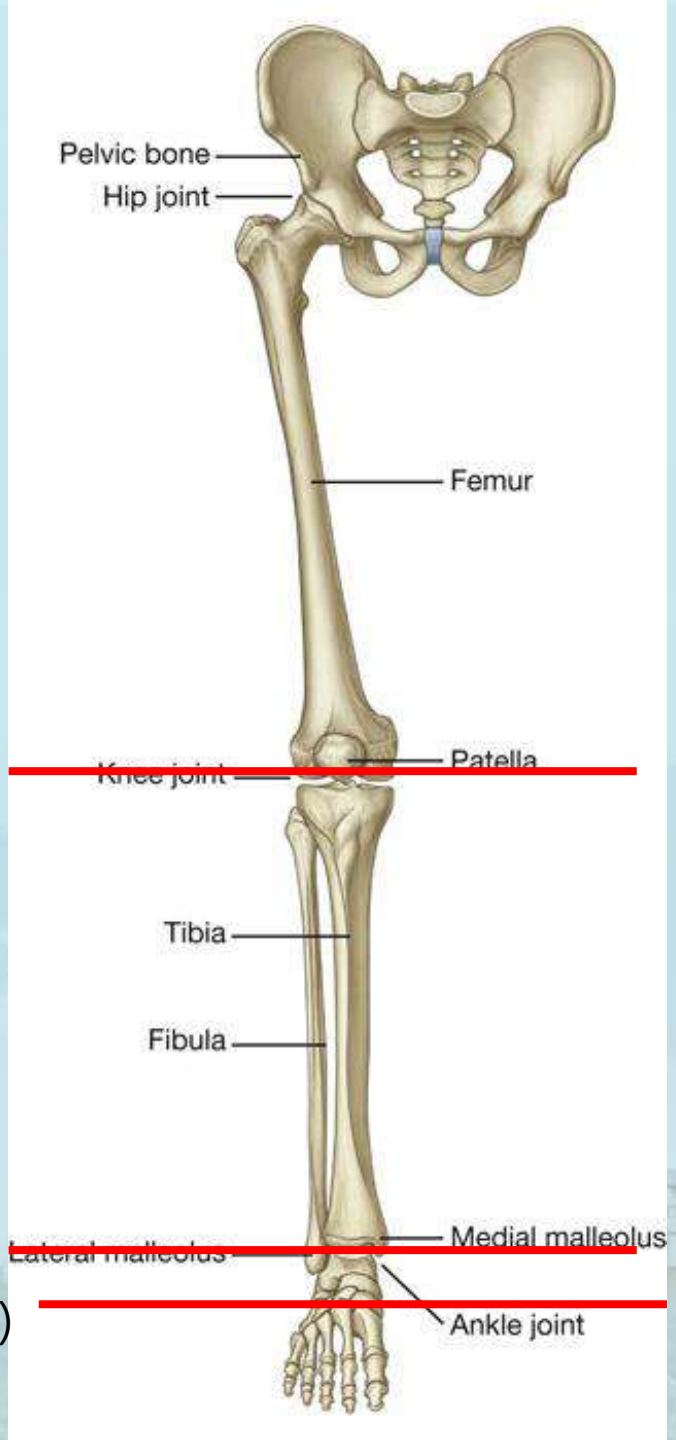
Motion		
Joint	Total LEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined LEI		

Summary	Final LEI
Diagnosis-based Impairment	*12%*
Peripheral Nerve	
CRPS	
Amputation	*13%*
Range of Motion (Stand-alone)	
Final Combined Impairment	*24 %* LEI
Whole Person Impairment	*10 %* WPI
(Regional Impairment)	

勞保失能-下肢

- 下肢缺損失能
- 縮短失能
  - 5cm: 9
  - 3cm: 11
- 足趾缺損失能



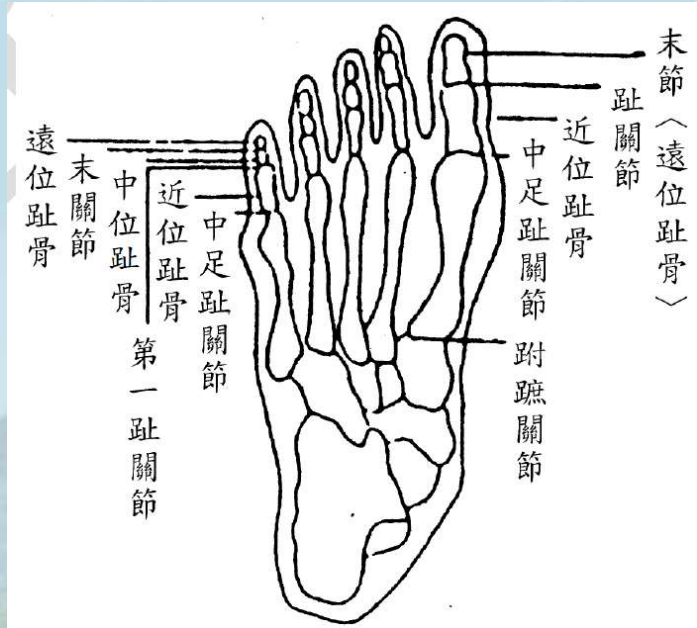


勞保失能-下肢

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 下肢機能失能 *
  - 喪失機能：關節完全強直或完全麻痺
  - 顯著運動失能：喪失生理運動範圍二分之一以上
  - 運動失能：喪失生理運動範圍三分之一以上
- 畸形失能（大腿骨或下腿骨）
- 足趾機能失能
  - 喪失機能
    - 第一趾：末節切斷二分之一以上者，或中足趾關節或趾關節喪失生理運動範圍二分之一以上
    - 第二趾：自末關節以上切斷，或中足趾關節或第一趾關節喪失生理運動範圍二分之一以上
    - 第三、四、五各趾：末關節以上切斷，或中足趾關節及第一趾關節均完全強直

	屈曲 蹠屈	伸展 背屈	活動範圍
髖	125	10	135
膝	140	0	140
踝	45	20	65



勞保失能-上下肢

肢體缺損或機能失能詳況及說明

說明：

1. 肢體機能失能者，請醫師依失能部位將主要活動範圍度數填寫於可活動範圍度數表內；手指、腳趾(足趾)缺損者，請繪圖標示失能部位；又每一勾填或繪圖處均應加蓋醫師章始為有效。
2. 運動限制之測定：以各關節之生理運動範圍為基準。機能（運動）失能原因及程度明顯時，採用自動運動之運動範圍，如有心因性因素，則以他動運動之可能運動範圍參考決定之。
3. 測量運動範圍可活動角度，須在受測者確實配合下完成。
4. 類風濕關節炎、痛風等所致之關節失能（含上、下肢及手指、足趾關節），如關節間隙完整，無明顯關節面損傷或變形，經藥物治療可達緩解者，不在給付範圍；申請前述關節失能者，須加附X光片及外觀照片。
5. 下肢縮短之測定，自患側之腸骨前上棘與內踝下端之長度，與健側下肢比較測定其短縮程度。

拾貳、肢體缺損或機能失能：

1. 上肢缺損（截肢）：

※ 上、下肢缺損(截肢)者，請依據X光片拍攝結果，於下圖標示失能部位

□左上肢 □右上肢　腕關節（含）以上截肢

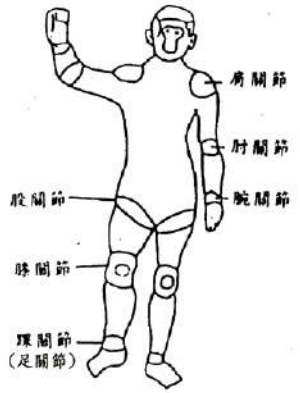
□左上肢 □右上肢　肘關節（含）以上截肢

2. 下肢缺損（截肢）：

□左下肢 □右下肢　跗蹠關節（含）以上截肢

□左下肢 □右下肢　足關節（含）以上截肢

□左下肢 □右下肢　膝關節（含）以上截肢



3. 縮短失能（長短腳）　左下肢＿＿＿公分　右下肢＿＿＿公分

4. 上、下肢體各關節活動範圍度數表

關節名稱	左右 肩關節	左右 肘關節	左右 腕關節	左右 髖關節	左右 膝關節	左右 踝關節
屈曲	前舉 度	度	掌屈 度	度	度	度
伸展	後舉 度	度	背屈 度	度	度	度
可活動度數	度	度	度	度	度	度

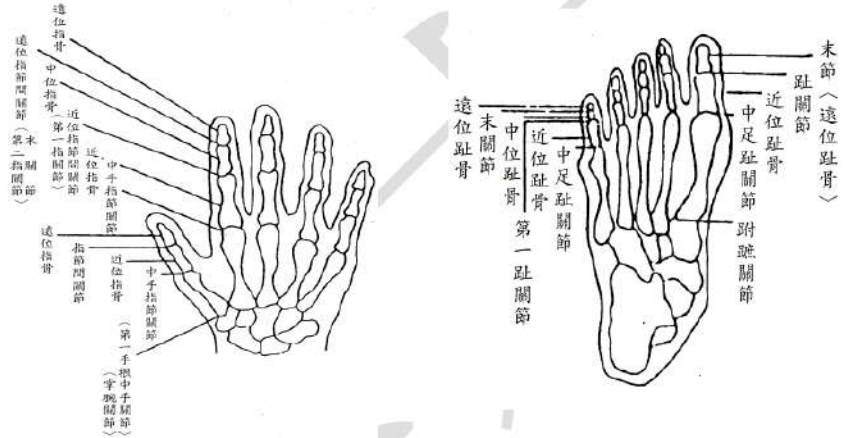
經評估後□符合　□不符合　症狀固定，永久失能

診斷永久失能日期＿＿＿年＿＿＿月＿＿＿日

5. 手指關節可活動度數表

關節	中手指節關節		近位指節關節		遠位指節關節	
部位	左（度）	右（度）	左（度）	右（度）	左（度）	右（度）
拇指			指節間關節	指節間關節	✕	✕
食指						
中指						
無名指						
小指						

※手指、腳趾缺損(截肢)者，請依據X光片拍攝結果，於下圖標示失能部位



6. 腳趾關節可活動度數表

關節	中足趾關節		第一趾關節		末關節	
部位	左（度）	右（度）	左（度）	右（度）	左（度）	右（度）
第一趾			趾關節	趾關節	✕	✕
第二趾						
第三趾						
第四趾						
第五趾						

拾叁、其他失能（前列壹~拾貳項失能以外，身體遺存失能之失能詳況）：

經評估後□符合　□不符合　症狀固定，永久失能

診斷永久失能日期＿＿＿年＿＿＿月＿＿＿日

身心障礙-下肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

b710b 關節移動的功能(下肢)	0	未達下列基準。
	1	1.一下肢之髖關節活動度喪失70%以上者。 2.一下肢之膝關節活動度喪失70%以上者。 3.一下肢之踝關節活動完全僵直者。 4.兩下肢之踝關節活動度喪失70%以上者。
	2	1.一下肢之三大關節中，有兩大關節活動完全僵直者。 2.兩下肢之三大關節中，各有一關節活動完全僵直者。 3.兩下肢之髖及膝關節活動度喪失70%以上者。
	3	兩下肢之三大關節中，各有兩大關節活動完全僵直者。

身心障礙-下肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

b730b 肌肉力量功能(下肢)	0	未達下列基準。
	1	1.兩下肢之三大關節中，各有一關節肌力程度為3分以下者。 2.一下肢之髖關節肌力程度為2分者。 3.一下肢之膝關節肌力程度為2分者。 4.兩下肢或一下肢之踝關節肌力程度為零級或1分者。 5.一下肢之三大關節中，有兩關節肌力程度為3分以下者。
	2	1.一下肢之三大關節中，有兩大關節肌力程度為零級或1分者。 2.兩下肢之髖或膝關節，各有一關節肌力程度為零級或1分者。 3.兩下肢之髖及膝關節肌力程度為2分或3分者。
	3	兩下肢之三大關節中，各有兩大關節肌力程度為零級或1分者。

身心障礙-下肢

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

s750 下肢構造	0	未達下列基準。
	1	1.一下肢踝關節及遠端欠缺者。 2.兩下肢的全部腳趾欠缺者。 3.兩下肢正面X光片由股骨頭上端至脛骨下端之長度，相差5公分以上者。(註：請於身心障礙者鑑定表內填寫下肢長度) 左下肢長度：_____公分；右下肢長度_____公分。 4.兩下肢正面X光片由股骨頭上端至脛骨下端之長度，相差十五分之一以上者。(註：請於身心障礙者鑑定表內填寫下肢長度) 左下肢長度：_____公分；右下肢長度_____公分。
	2	1.一下肢膝關節及遠端欠缺者。 2.一下肢髖關節及遠端欠缺者。 3.兩下肢踝關節及遠端欠缺者。
	3	兩下肢膝關節及遠端欠缺者。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch10 內分泌系統

Ch5 肺臟系統

Ch9 造血系統

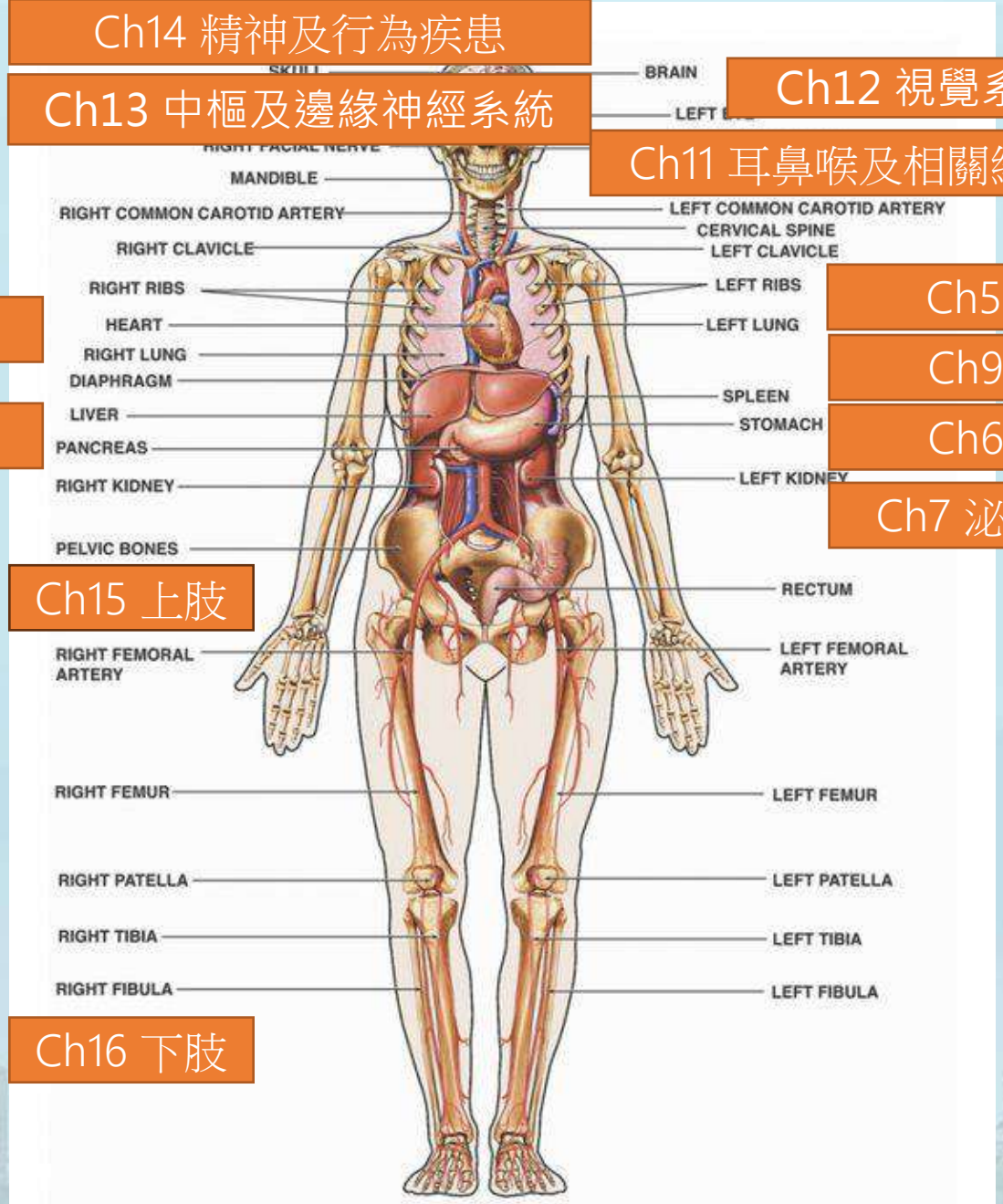
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

脊椎與骨盆

- 頸椎(C)：枕骨-T1
- 胸椎(T)：T1-T12
- 腰椎(L)：T12-S1
- 骨盆：髂骨、骶骨（薦椎, S）和恥骨支

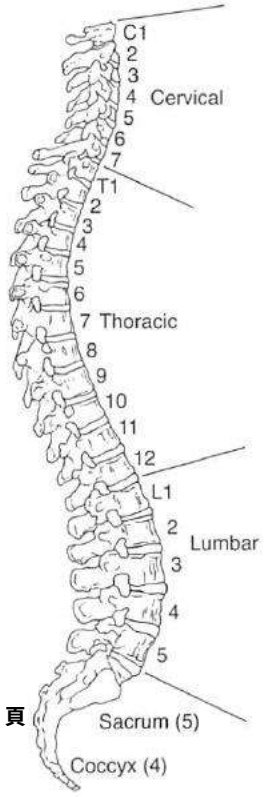
TABLE 17-1

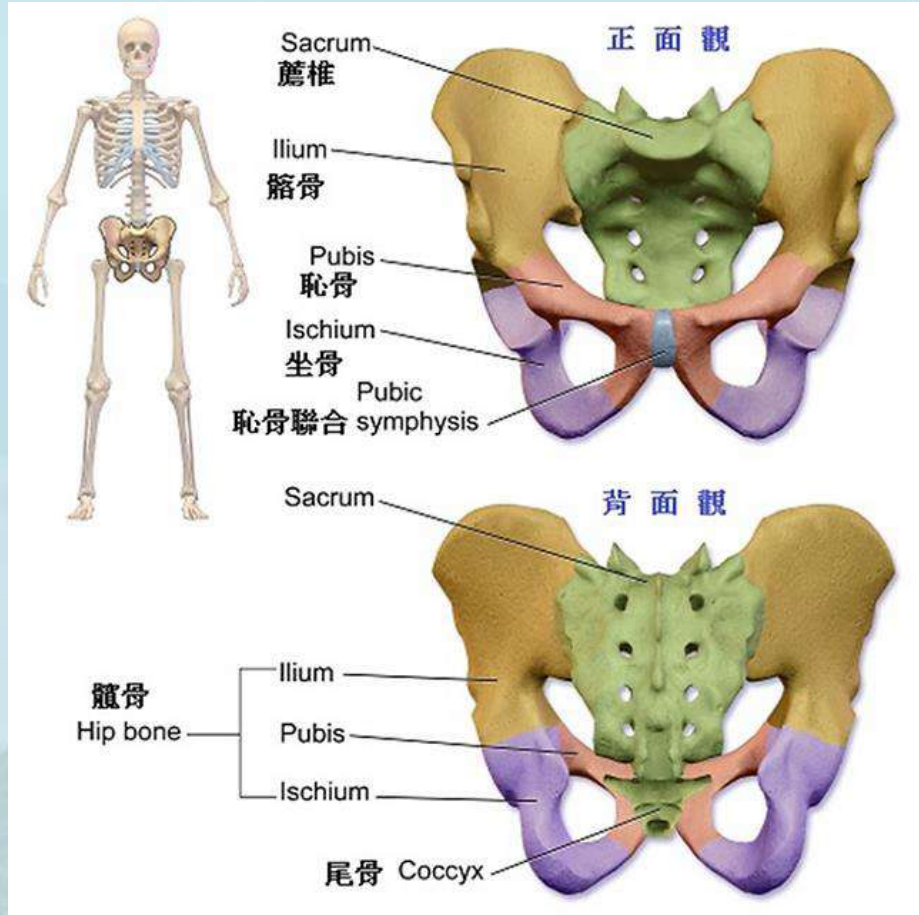
Definition of Impairment Classes and Impairment Ranges

		Whole Person Impairment (%)			
CLASS	PROBLEM	CERVICAL SPINE	THORACIC SPINE	LUMBAR SPINE	PELVIS
0	No objective findings	0%	0%	0%	0%
1	Mild	1%–8%	1%–6%	1%–9%	1%–3%
2	Moderate	9%–14%	7%–11%	10%–14%	4%–6%
3	Severe	15%–24%	12%–16%	15%–24%	7%–11%
4	Very severe	25%–30%	17%–22%	25%–33%	12%–16%

FIGURE 17-1

Spine and Pelvis Regions





557-559

以診斷為基礎的障害（DBI）

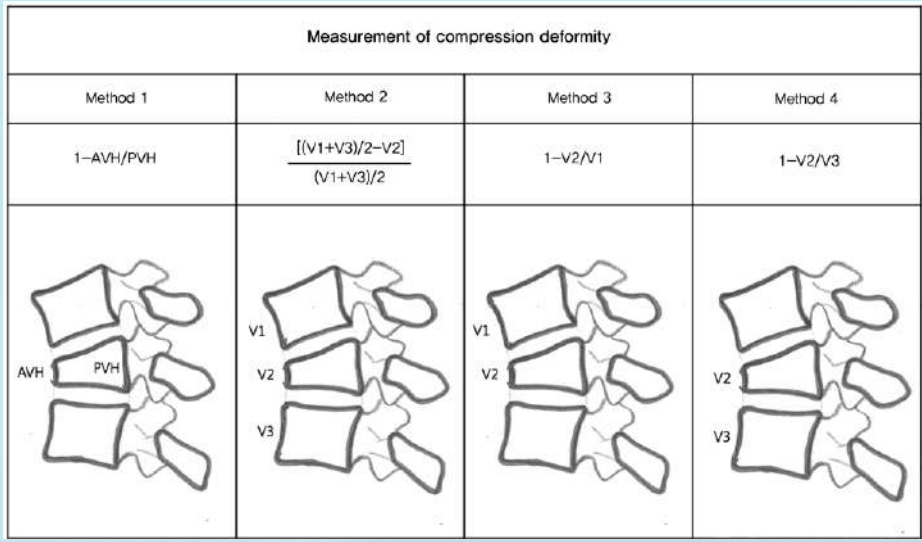
TABLE 17-8

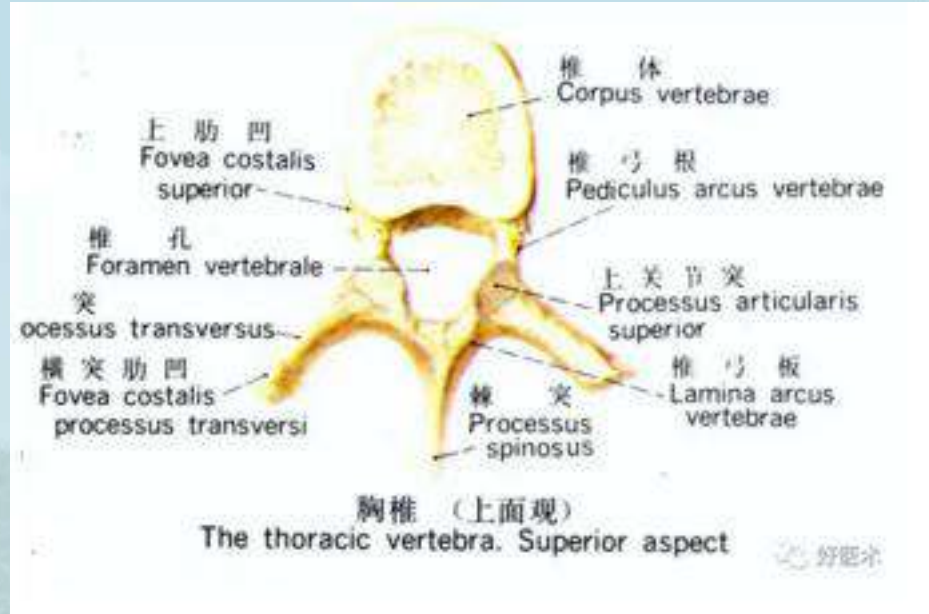
Common Radicular Syndromes

Disk Level	Nerve Root	Motor Deficit	Sensory Deficit	Reflex Compromise
LUMBAR				
L3–4	L4	Quadriceps	Anterior thigh Anterior knee Medial leg and foot	Knee
L4–5	L5	Extensor hallucis longus	Lateral thigh Anterolateral leg Middorsal foot	Medial hamstrings
L5-S1	S1	Ankle plantar flexors	Posterior leg Lateral foot	Ankle
CERVICAL				
C4–5	C5	Deltoid Biceps	Anterolateral shoulder and arm	Biceps
C5–6	C6	Radial wrist extensor Biceps	Lateral forearm and hand Thumb	Brachioradialis Pronator teres
C6–7	C7	Wrist flexors Triceps Finger extensors Ulnar wrist extensor	Middle finger	Triceps
C7-T1	C8	Finger flexors Hand intrinsics	Medial forearm and hand, ring and little fingers	None
T1-T2	T1	Hand intrinsics	Medial forearm	None

以診斷為基礎的障害（DBI）

- 軟組織及非特異性狀況
- 動作節段病灶
  - 椎間盤突出和/或「運動節段整全性變化」（alternation of motion segment integrity, AOMSI）
  - 脊椎狹窄
- 脊椎滑脫
- 骨折或脫位
  - 椎體骨折、後柱組成骨折（椎弓根、椎板、關節突、橫突）、爆裂性骨折
  - 脫位
  - 術後併發症





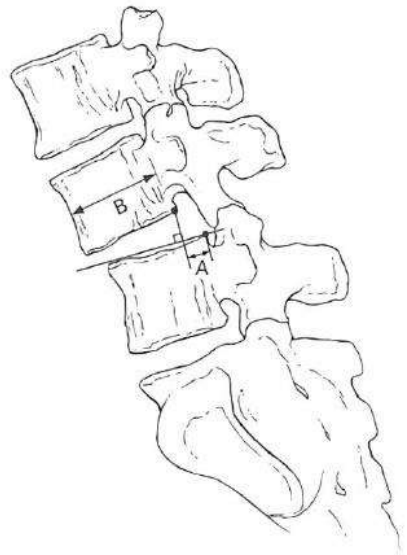
570-572

AOMSI

- 包含不穩定、關節融合術（arthrodesis）、失敗的關節融合術、動態穩定或關節成型術、及上述之組合
- 使用屈曲/伸展X光評估

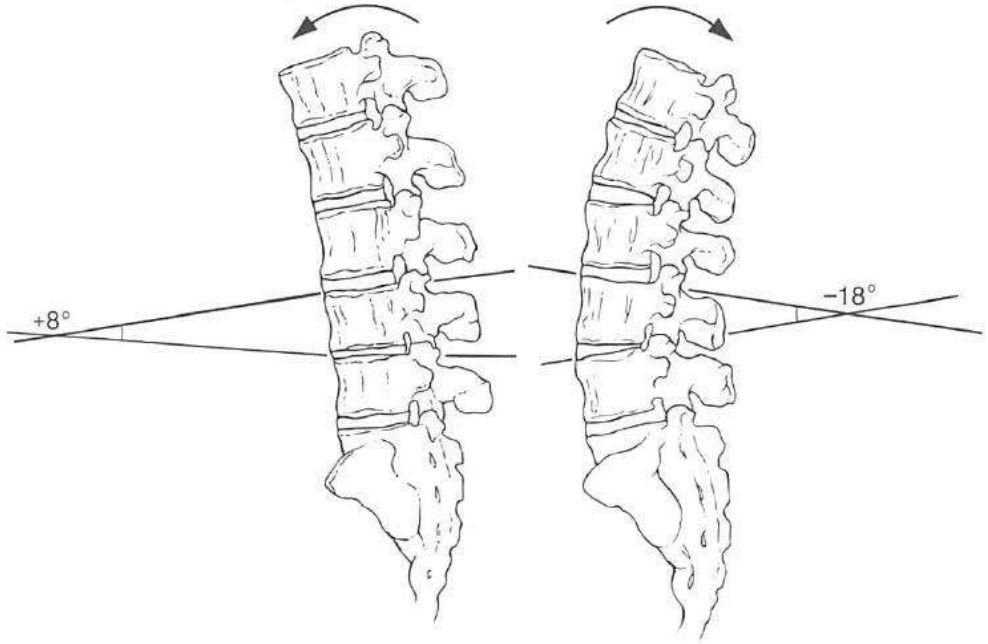
	Translation	Angular motion
C	>20% (前或後)	>11度
T	≥2.5 mm (前或後)	
L1-L5	>8% (前) >9% (後)	>15度 (L1-L3) >20度 (L4-L5)
L5-S1	>6% (前) >9% (後)	>25度

FIGURE 17-5
Loss of Motion Segment Integrity, Translation

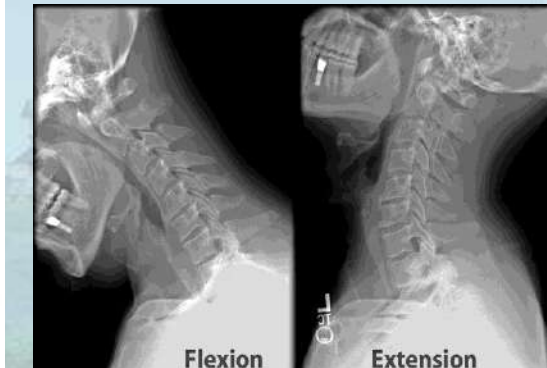


A dot is placed at the posterior superior corner of the lower vertebra, and a separate dot is placed at the posterior-inferior corner of the upper vertebra. The distance (A) is measured as illustrated by the figure, using two parallel lines. Measurements are obtained in flexion and extension. Measure the A-P sagittal plane diameter at the midlevel of the superior vertebra (B). Distance A is then compared to distance B; determine % or distance in mm as specified for each region (see Section 17.3). AOMSI is established if the regional criteria are met.

FIGURE 17-6
Loss of Motion Segment Integrity, Angular Motion (Sagittal R



Lines are drawn along the superior border of the vertebral body of the lower vertebrae and the superior border of the body of the upper vertebrae and the lines extended until they join. The angles are measured and subtracted. Note that lordosis (extension) is represented by a negative angle and kyphosis (flexion) by a positive angle. Loss of motion segment integrity is defined as motion greater than [illegible]–3, and L3–4 and greater than 20° at L4 to L5. Loss of integrity of the lumbosacral joint is defined as angular motion between L5 and S1 that is greater than 25°. The flexion angle is +8° and the extension angle is −18°. In the illustration, the flexion angle is +8°. Therefore (+8) − (−18) = 26° and would qualify for loss of structural integrity at any lumbar level.



578-580

以診斷為基礎的障害（DBI）

結構	一節或多節	一節	多節	多節
神經根病變	復原/不可驗證	一節	一節	多節

MOTION SEGMENT LESIONS					
Intervertebral disk herniation and/or AOMSI[a] *Note:* AOMSI includes instability (specifically as defined in the *Guides*), arthrodesis, failed arthrodesis, dynamic stabilization or arthroplasty, or combinations of those in multiple-level conditions	0 Imaging findings of intervertebral disk herniation without a history of clinically correlating radicular symptoms	5 6 7 8 9 Intervertebral disk herniation(s) or documented AOMSI, at a **single level or multiple levels** with medically documented findings; with or without surgery *and* for disk herniation(s) with documented **resolved radiculopathy or nonverifiable radicular complaints at clinically appropriate level(s),** present at the time of examination[a]	10 11 12 13 14 Intervertebral disk herniation or AOMSI **at a single level** with medically documented findings; with or without surgery *and* with documented **residual radiculopathy at the clinically appropriate level** present at the time of examination *(see Physical Examination adjustment grid in Table 17-7 to grade radiculopathy)*	15 17 19 21 23 Intervertebral disk herniations or AOMSI **at multiple levels,** with medically documented findings; with or without surgery *and* with documented **residual radiculopathy at a single clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)*	25 27 29 31 33 Intervertebral disk herniations and/or AOMSI, **at multiple levels,** with medically documented findings; with or without surgery *and* with documented signs of **residual bilateral or multiple-level radiculopathy at the clinically appropriate levels** present at the time of examination *(see Table 17-7 to grade radiculopathy)*

以診斷為基礎的障害（DBI）

結構	一節或多節	一節	多節	多節
神經根病變	復原/不可驗證	一節	一節	多節

Pseudarthrosis *Note:* Only applies after spinal surgery intended for fusion with resultant documented motion (not necessarily AOMSI by definition provided in footnote) with consistent radiographic findings or hardware failure; with or without surgery to repair	0	5 6 7 8 9 Pseudarthrosis (post surgery) at a **single level or multiple levels** with medically documented findings ***and*** with documented **resolved radiculopathy or non-verifiable radicular complaints** at the clinically appropriate level(s) present at the time of examination	10 11 12 13 14 Pseudarthrosis (post surgery) at a **single level** with medically documented findings may have documented signs of **radiculopathy at the clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)*	15 17 19 21 23 Pseudarthrosis (post surgery) at a **multiple levels** with medically documented findings may have documented **radiculopathy at a single clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)*	25 27 29 31 33 Pseudarthrosis (post surgery) at a **multiple levels** with medically documented findings may have documented signs of **bilateral or multiple level radiculopathy at the clinically appropriate levels** present at the time of examination *(see Table 17-7 to grade radiculopathy)*

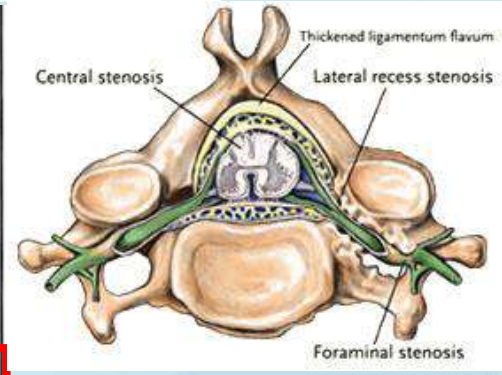
偽關節，即failed fusion

以診斷為基礎的障害（DBI）

中央管
側隱窩
椎間孔

結構	一節或多節	一節	多節	多節
神經根病變	復原/不可驗證	一節	一節	多節

Spinal stenosis[a] (may include AOMSI) *Note:* AOMSI includes instability (specifically as defined in the *Guides*), arthrodesis, failed arthrodesis, dynamic stabilization or arthroplasty, or combinations of those in multiple-level conditions	0 **Lumbar stenosis at 1 or more levels with** axial pain only	5 6 7 8 9 Lumbar stenosis, at a **single level or multiple levels,** (with or without AOMSI) with medically documented findings; with or without surgery *(decompression)* ***or*** **with resolved previously documented neurogenic claudication** ***and*** may have documented resolved radiculopathy at clinically appropriate level(s) or nonverifiable radicular complaints at clinically appropriate level(s), present at the time of examination	10 11 12 13 14 Lumbar stenosis, at a **single level** with or without AOMSI with medically documented findings; with or without surgery *(decompression)* ***and*** **documented** intermittent neurogenic claudication *(see Table 17-7 to grade radiculopathy, but not claudication)* may have documented signs of radiculopathy at the clinically appropriate level present at the time of examination with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	15 17 19 21 23 Lumbar stenosis, **at multiple levels** with or without AOMSI with medically documented findings; with or without surgery *(decompression)* ***and*** **documented** neurogenic claudication, **walking limited to <10 minutes** *(see Table 17-7 to grade radiculopathy, but not claudication)* may have documented **signs of** radiculopathy at a single clinically appropriate level **present at the time of examination** with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	25 27 29 31 33 Lumbar stenosis, **at multiple levels** with or without AOMSI with medically documented findings; with or without surgery *(decompression)* ***and*** severe neurogenic claudication and inability to ambulate **without assistive devices** may have **documented signs of** bilateral or multiple-level radiculopathy at the clinically appropriate levels **present at the time of examination** with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment



脊髓在 L1–L2 終止，之後的神經都是馬尾神經，因此 L2 以下的壓迫不會造成myelopathy，而是周邊神經的 radiculopathy。 若壓迫嚴重或涉及 S2–S4 神經根，則會出現典型的馬尾症候群，包括鞍部麻木、神經性大小便失禁與性功能障礙。

以診斷為基礎的障害（DBI）

結構	一節或多節	一節	多節	多節
神經根病變	復原/不可驗證	一節	一節	多節

SPONDYLOLISTHESIS					
Spondylolisthesis	0 Spondylolysis or spondylolisthesis at one or more levels on imaging studies with axial pain only	5 6 7 8 9 Spondylolisthesis with medically documented injury; with or without surgery ***and*** with documented **resolved radiculopathy or non-verifiable radicular complaints** at clinically appropriate level, present at the time of examination	10 11 12 13 14 Spondylolisthesis with medically documented injury; with or without surgery at a single level ***and*** with documented signs of **radiculopathy** at the clinically appropriate level present at the time of examination *(see Table 17-7 to grade radiculopathy)*	15 17 19 21 23 Spondylolisthesis with medically documented injury; with or without surgery **at multiple levels** ***and*** with documented signs of **radiculopathy at a single clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)*	25 27 29 31 33 Spondylolisthesis with medically documented injury; with or without surgery **at multiple levels** ***and*** with documented signs of **bilateral or multiple-level radiculopathy at the clinically appropriate levels** present at the time of examination *(see Table 17-7 to grade radiculopathy)*

以診斷為基礎的障害（DBI）

壓迫	<25%	25-50%	>50%	>50%
神經根病變	復原/不可驗證	有	一節	雙側/多節

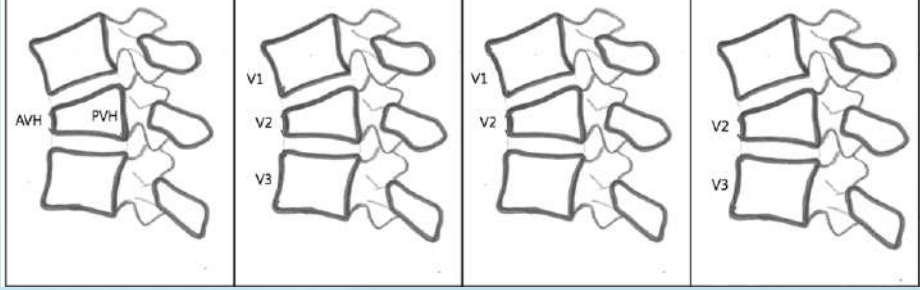
TABLE 17-4 (CONTINUED) Lumbar Spine Regional Grid: Spine Impairments

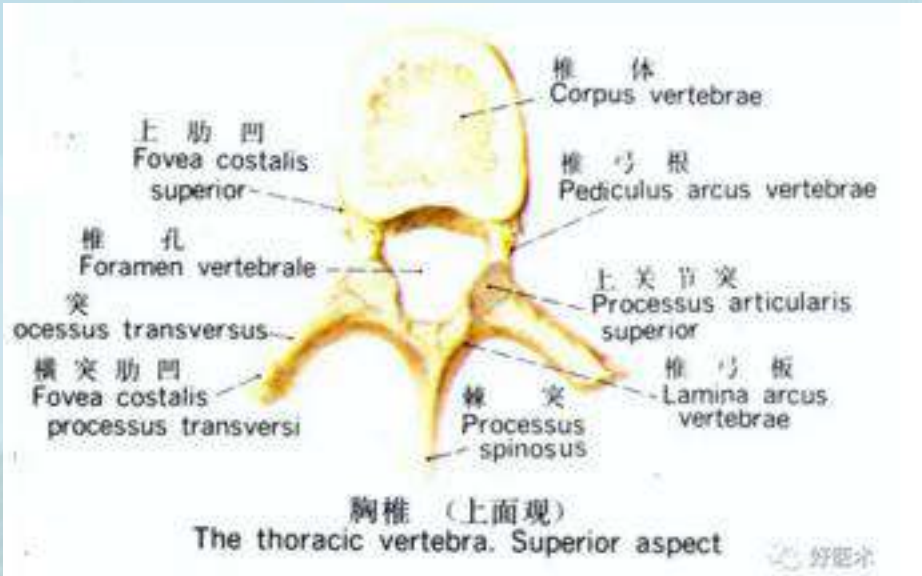
CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RATING (WPI %)	0	1%–9%	10%–14%	15%–24%	25%–33%
FRACTURES/DISLOCATIONS OF THE SPINE					
Fractures of 1 or more vertebral bodies including compression fractures, fracture of posterior element (pedicle, lamina, articular process, transverse process) *and* burst fracture	0	5 6 7 8 9 **Single- or multiple-level fractures with <25% compression** of any vertebral body; with or without retropulsion; with or without pedicle and/or posterior element fracture Healed, with or without surgery *(includes vertebroplasty or kyphoplasty)* *and* may have documented resolved radiculopathy at clinically appropriate level(s) or documented nonverifiable radicular complaints (without radiculopathy) at clinically appropriate level(s), present at the time of examination with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	10 11 12 13 14 **Single- or multiple-level fractures with 25%–50% compression** of any vertebral body; with or without retropulsion; pedicle and/or posterior element fracture Healed, with or without surgery *(including vertebroplasty or kyphoplasty)* with or without residual deformity *and* may have documented **radiculopathy at the clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	15 17 19 21 23 **Single- or multiple-level fractures** with >50% compression of any vertebral body; with or without retropulsion into the canal; pedicle and/or posterior element fracture Healed, with or without surgery *(including vertebroplasty or kyphoplasty)* with or without residual deformity *and* may have **significant radiculopathy at a single clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	25 27 29 31 33 **Single- or multiple-level fractures with >50% compression** of any vertebral body; with or without retropulsion; pedicle and/or posterior element fracture Healed, with or without surgery *(including vertebroplasty or kyphoplasty)* with or without residual deformity *and* may have **significant radiculopathy bilaterally or at multiple clinically appropriate levels** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment

第 218 頁 / 共 356 頁

Measurement of compression deformity

Method 1	Method 2	Method 3	Method 4
1–AVH/PVH	$\frac{[(V1+V3)/2-V2]}{(V1+V3)/2}$	1–V2/V1	1–V2/V3





胸椎（上面观）
The thoracic vertebra. Superior aspect

以診斷為基礎的障害（DBI）

結構	一節或多節	一節	多節	多節
神經根病變	復原/不可驗證	一節	一節	多節

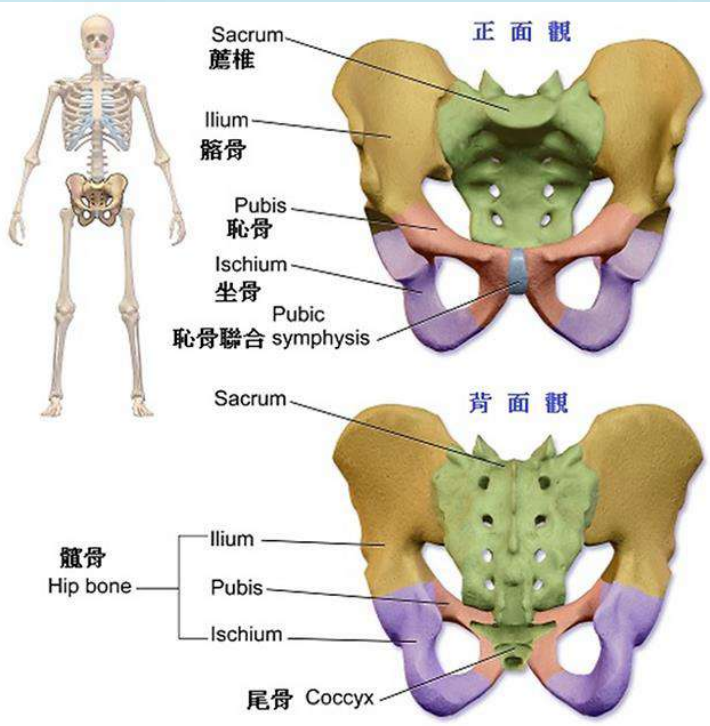
Dislocations/ fracture-dislocation	0 Resolved without surgery with no residual signs or symptoms	5 6 7 8 9 **Single- or multiple-level** dislocations (with or without fractures) healed, with or without surgery may have documented **resolved radiculopathy** or nonverifiable radicular complaints at clinically appropriate level(s), present at the time of examination with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	10 11 12 13 14 **Single-level** dislocation with or without fracture healed, with or without surgical intervention, including fusion may have **documented radiculopathy at the clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	15 17 19 21 23 **Multiple-level** dislocation with or without fracture healed, with or without surgical intervention, including fusion may have documented **radiculopathy at a single clinically appropriate level** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment	25 27 29 31 33 **Multiple-level** dislocation with or without fracture healed, with or without surgical intervention, including fusion ***and*** with documented signs of **bilateral or multiple level radiculopathy at the clinically appropriate levels** present at the time of examination *(see Table 17-7 to grade radiculopathy)* with signs of cauda equina syndrome: use Chapter 13 to calculate additional impairment

以診斷為基礎的障害（DBI）

TABLE 17-11 Diagnosis-Based Impairment Grid: Pelvis

Diagnosis-Based Impairment Grid: Pelvis

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RATING (%)	0	1%–3%	4%–6%	7%–11%	12%–16%
FRACTURES/ DISLOCATIONS					
Fractures of the pubic rami; fractures of the ilium, ischium, and/ or sacrum *Instability is defined as a position shift that occurs when comparing supine and weight-bearing X rays.	0 Nondisplaced, healed fractures without residual structural deformity; no residual symptoms *or* healed fracture with or without surgery with no residual symptoms related to fracture	1 2 2 3 3 Nondisplaced or minimally displaced fractures, with or without surgery healed and stable, including minor separation of the pubic symphysis (>1 cm and <3 cm; unrelated to childbirth); with residual signs and symptoms	4 5 5 6 6 Displaced fractures (>1 cm and <2 cm) of the ilium, ischium, sacrum, or coccyx healed, with or without surgery *or* traumatic separation of the pubic symphysis (≥3 cm) with residual signs but no instability*	7 8 9 10 11 Fractures displaced ≥2cm of the ilium, ischium, sacrum, or coccyx healed, with or without surgery *and* with deformity and instability; traumatic separation of the pubic symphysis ≥3 cm with or without surgery with residual deformity and instability*	12 13 14 15 16 SI joint dislocations, or fracture-dislocations with rupture of the SI ligaments; transverse sacral fractures with spinopelvic dissociation *or* severe complications after surgery, including pseudarthrosis, osteomyelitis, or documented instability*



以診斷為基礎的障害（DBI）

Fracture of the acetabulum	Nondisplaced, healed fractures without residual structural deformity; no residual symptoms *or* healed fracture with or without surgery, with no residual symptoms related to fracture	Evaluate based on restricted motion of the hip joint (Chapter 16, The Lower Extremities)			

非關鍵因素（調整因素）：FHx

TABLE 17-6

Functional History Adjustment: Spine

Functional History Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Activity	Asymptomatic; problem resolved; inconsistent symptoms	Pain; symptoms with strenuous/ vigorous activity	Pain; symptoms with normal activity	Pain; symptoms with less-than-normal activity (minimal activity)	Pain; symptoms at rest, limited to sedentary activity
PDQ or alternative validated functional assessment, scaled appropriately	No disability PDQ 0	Mild disability PDQ 0–70	Moderate disability PDQ 71–100	Severe disability PDQ 101–130	Extreme disability PDQ 131–150

Note: PDQ indicates Pain Disability Questionnaire.

575, 594

PDQ

FIGURE 17-A

Pain Disability Questionnaire (PDQ)

Patient Name: _____ Date: _____

Instructions: These questions ask for your views about how your pain now affects how you function in everyday activities. Please answer every question and mark the ONE number on EACH scale that best describes how you feel.

1. Does your pain interfere with your normal work inside and outside the home?
   Work normally — *Unable to work at all*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

2. Does your pain interfere with personal care (such as washing, dressing, etc.)?
   Take care of myself completely — *Need help with all my personal care*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

3. Does your pain interfere with your traveling?
   Travel anywhere I like — *Only travel to see doctors*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

4. Does your pain affect your ability to sit or stand?
   No problems — *Cannot sit / stand at all*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

5. Does your pain affect your ability to lift overhead, grasp objects, or reach for things?
   No problems — *Cannot do at all*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

6. Does your pain affect your ability to lift objects off the floor, bend, stoop, or squat?
   No problems — *Cannot do at all*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

7. Does your pain affect your ability to walk or run?
   No problems — *Cannot walk / run at all*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

8. Has your income declined since your pain began?
   No decline — *Lost all income*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

9. Do you have to take pain medication every day to control your pain?
   No medication needed — *On pain medication throughout the day*
   0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

10. Does your pain force you to see doctors much more often than before your pain began?
    Never see doctors — *See doctors weekly*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

11. Does your pain interfere with your ability to see the people who are important to you as much as you would like?
    No problem — *Never see them*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

12. Does your pain interfere with recreational activities and hobbies that are important to you?
    No interference — *Total interference*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

13. Do you need the help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain?
    Never need help — *Need help all the time*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

14. Do you now feel more depressed, tense, or anxious than before your pain began?
    No depression / tension — *Severe depression / tension*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

15. Are there emotional problems caused by your pain that interfere with your family, social, and / or work activities?
    No problems — *Severe problems*
    0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

_____
Examiner

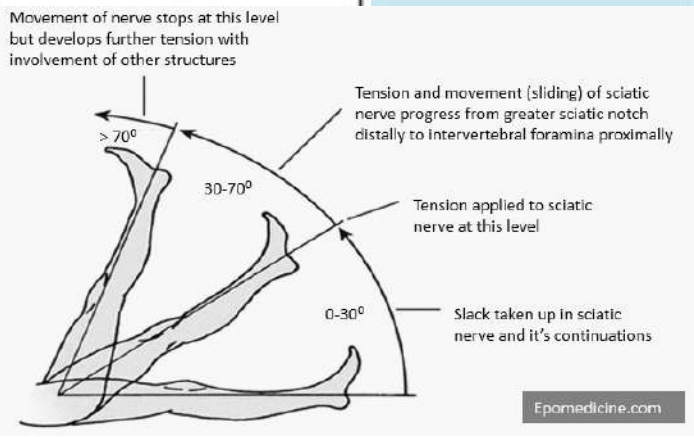
Anagnostis C, Gatchel RJ, Mayer TG. The Pain Disability Questionnaire: A New Psychometrically Sound Measure for Chronic Musculoskeletal Disorders. Spine 2004; 29 (20): 2290-2302.

非關鍵因素（調整因素）：PEx

TABLE 17-7

Physical Examination Adjustment: Spine

Physical Examination Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Lumbar Neural Tension Signs	Negative straight leg raising test for radicular pain or invalid examination		Positive straight leg raising test, with reproducible radicular pain at 35°–70°		
Cervical Compression/ Foraminal Compression	Negative cervical compression/ foraminal compression		Positive cervical compression/foraminal compression (Spurling's test) with reproducible radicular pain		
Reflexes	Normal and symmetrical		New and asymmetrical abnormality consistent with other radicular findings (ie, differentiate between old and new changes)		

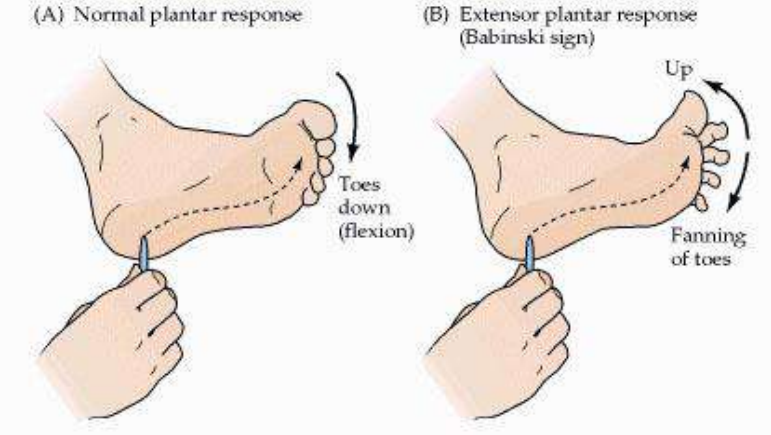


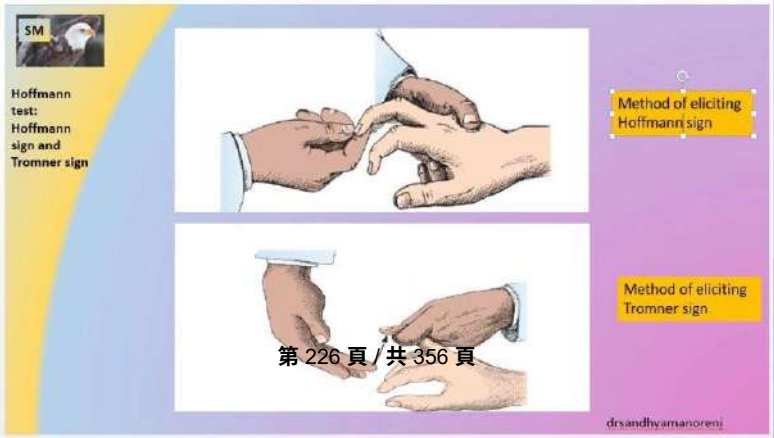
非關鍵因素（調整因素）：PEx

Atrophy UE LE	<1 cm <1 cm	1.0–1.9 cm 1.0–1.9 cm	2.0–2.9 cm 2.0–2.9 cm	3.0–3.5 cm 3.0–3.5 cm	>3.5 cm >3.5 cm
Sensory Deficit	No loss of sensibility, abnormal sensation, or pain	Diminished light touch (with or without minimal abnormal sensations or pain) in a clinically appropriate distribution, that is forgotten during activity	Diminished light touch (with some abnormal sensations or slight pain) in a clinically appropriate distribution, that interferes with some activities	Decreased protective sensibility (with abnormal sensations or moderate pain in a clinically appropriate distribution) that may prevent some activities	Absent superficial pain and tactile sensibility or absent protective sensibility (abnormal sensations, or severe pain) that prevents all activity
Motor Strength	Normal Active movement against gravity with full resistance (5/5)	Active movement against gravity and some resistance (4/5)	Active movement against gravity only, without resistance (3/5)	Active movement with gravity eliminated (2/5)	Slight contraction and no movement or no contraction (0–1/5)

非關鍵因素（調整因素）：PEx

	Radiculopathy	Myelopathy
位置	神經根(PNS)(LMN)	脊髓(CNS)(UMN)
肌力	該神經根 LMN weakness	UMN weakness（反射性僵硬）
感覺異常	Dermatomal 限定區域	Patchy或diffuse
DTR	減弱	亢進
Babinski	-	+
Hoffmann	-	+
Clonus	無	+（踝陣攣）
肌張力	正常或偏低	增加





非關鍵因素（調整因素）：PEx

TABLE 17-13

Physical Examination Adjustment: Pelvis

Physical Examination Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade	
Soft tissue	No tenderness	Mild localized tenderness	Moderate to severe localized tenderness		
Gait *Note:* Not applicable in spinal stenosis or in conditions for which central nervous system ratings are combined	No disorder of gait or station	Rises to standing position; walks but has difficulty with elevations, grades, stairs, deep chairs, and/or long distances	Rises to standing position; walks some distance with difficulty and without assistance but is limited to level surfaces	Rises and maintains standing position with difficulty; cannot walk without assistance	Cannot stand without help, mechanical support, and/or an assistive device
Deformity	No deformity	Mild detectable deformity or pelvic obliquity	Moderate deformity or pelvic obliquity affecting sitting or standing, produced by displaced pelvic fracture and/or dislocation	Severe deformity or pelvic obliquity affecting gait, sitting, *and* standing *or* posttraumatic leg length discrepancy ≥2.5 cm to 4 cm	Posttraumatic leg length discrepancy ≥4 cm *or* instability produced by pseudarthrosis or other posttraumatic complications

左右骨盆高度不一致
PO angle: 5’ /5-10’ />10’

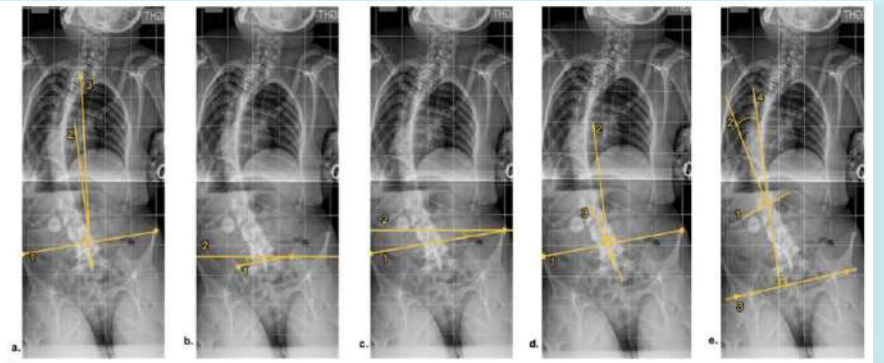


Fig. 1

Pelvic obliquity (PO) measurements demonstrated on a single patient's seated posteroanterior spine radiograph. With the Maloney technique (**Fig. 1-A**), line 1 is drawn across the superior aspects of the iliac crests, and line 2 is drawn perpendicular to that line. Line 3 is drawn from the center of T1 to the center of S1. The PO is the angle where line 3 intersects with line 2. With the O'Brien technique (**Fig. 1-B**), line 1 is drawn across the tips of the sacral alae, the iliac crests, or the greater sciatic notch (in order of priority, depending on visibility), and line 2 is drawn parallel to the upper or lower edge of the radiograph. The PO is measured at the intersection of lines 1 and 2. With the Osebold technique (**Fig. 1-C**), line 1 is drawn between the superior aspects of the iliac crests and line 2 is drawn parallel to the lower end of the radiograph. The PO is measured at the intersection of lines 1 and 2. With the Allen and Ferguson technique (**Fig. 1-D**), line 1 is drawn across the superior aspects of the iliac crests, line 2 is drawn perpendicular to line 1, and line 3 is drawn through the spinous processes of L4 and L5. The PO is the angle created by lines 2 and 3. With the Lindseth technique (**Fig. 1-E**), line 1 is drawn along the superior surface of the top vertebra of the lumbosacral curve if there is a distinct lumbosacral curve (as described in the original publication [12]), or at L1 if there is a sweeping thoracolumbar curve as is found in many patients with neuromuscular disease (set by convention in this study for the purpose of standardizing techniques among raters), and line 2 is drawn perpendicular to that line. Line 3 is drawn along either the superior margins of the acetabula or inferior margins of the ischial tuberosities (in order of priority, depending on visibility), and line 4 is drawn perpendicular to that line. The PO is the angle created by the intersection of lines 2 and 4.

非關鍵因素（調整因素）：CSx

TABLE 17-9

Clinical Studies Adjustment: Spine

Clinical Studies Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Imaging studies: Radiographs, bone scan, MRI	Imaging findings do not support symptoms or structural diagnosis within normal limits *or* normal age-related changes *or* clinically insignificant degenerative changes, or findings on the side opposite clinical presentation		CT/MRI/other imaging findings consistent with clinical presentation, including evidence of AOMSI with segmental instability, fusion, or motion preservation device defined by region (see row below)		Imaging evidence of major surgical complications, including infection or major deformity
Electrodiagnostic testing	Normal		EMG evidence consistent with single nerve root radiculopathy		EMG evidence consistent with multiple nerve root radiculopathy

Note: CT indicates computed tomography; MRI, magnetic resonance imaging; AOMSI, alteration of motion segment integrity; and EMG, electromyographic.

非關鍵因素（調整因素）：CSx

TABLE 17-14

Clinical Studies Adjustment: Pelvis

Clinical Studies Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Imaging studies: radiographs, bone scan, MRI	No clinical test verification of symptoms or structural diagnosis		CT/MRI/other imaging findings consistent with clinical presentation		Imaging findings consistent with pseudarthrosis or other posttraumatic complications, including infection

Note: MRI indicates magnetic resonance imaging; CT, computed tomography.

脊椎/骨盆障害總結

FIGURE 17-7

Spine and Pelvis Impairment Evaluation Record Example (Based on Example 17-2)

Name: *John Smith*	Exam Date: *11/04/07*
ID Number: *356-92-XXXX* Sex: F (M) Side: (R) L	Birth Date: *12/07/1971*
Diagnosis:	Injury Date:

Grid	Diagnosis-Based Impairments: Diagnosis / Criteria	Class Diagnosis (CDX)	Grade Modifier Adjustments	Net Adjustment Value and Assigned Grade Modifier	Whole Person Impairment
Cervical (C)	*Cervical disk herniation with resolved right-sided C6 radiculopathy*	0 (1) 2 3 4	GMFH 0 1 2 3 4 (n/a) GMPE (0) 1 2 3 4 n/a GMCS 0 1 (2) 3 4 n/a Net Adjustment = (GMFH − CDX) + (GMPE − CDX) + (GMCS − CDX)	Adjusted Grade = Net Adjustment applied to Default Value C ≤2 −1 (0) +1 ≥2 A B (C) D E	6%
Thoracic (T)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤2 −1 0 +1 ≥2 A B C D E	
Lumbar (L)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤2 −1 0 +1 ≥2 A B C D E	
Pelvis (P)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤2 −1 0 +1 ≥2 A B C D E	

Signed: *Dr. Know* Date: *11/04/07* Whole Person Impairment: 6%

評分方法總覽

- 頸椎障害（例：第五至第六節頸椎椎間盤突出併神經根病變）
  - 建議參考Table 17-2等評估是否仍有損傷，輔以Table 17-6、Table 17-7、Table 17-9做為加分與否項目，若有需要可再安排影像學、神經電生理學等客觀性檢查。
- 胸椎障害（例：第十二胸椎骨折）
  - 建議參考Table 17-3等評估是否仍有損傷，輔以Table 17-6、Table 17-7、Table 17-9做為加分與否項目，若有需要可再安排影像學、神經電生理學等客觀性檢查。
- 胸椎障害（例：胸椎第十二節爆裂性骨折，合併胸椎第十節以下脊髓損傷）
  - 建議參考Table 17-3等評估是否仍有損傷，輔以Table 17-6、Table 17-7、Table 17-9及第13章做為加分與否項目，若有需要可再安排影像學、神經電生理學等客觀性檢查。

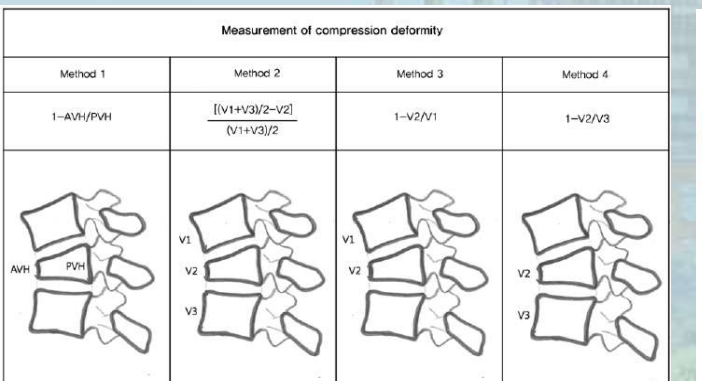
評分方法總覽

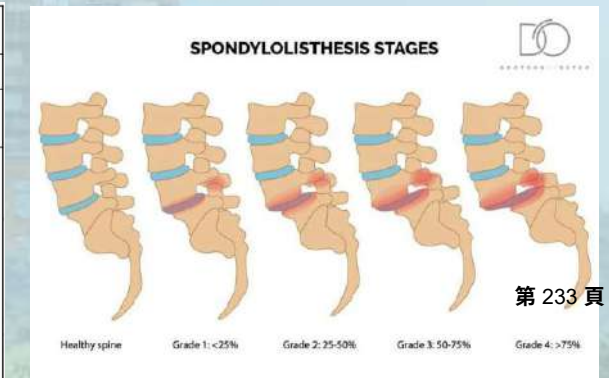
- 腰椎障害（例：第四腰椎椎弓解離併第四、五腰椎滑脫）
  - 建議參考Table 13-11至Table 13-17等評估是否仍有遺存症狀或功能損失。建議參考Table 17-4等評估是否仍有損傷，輔以Table 17-6、Table 17-7、Table 17-9做為加分與否項目，若有需要可再安排影像學、神經電生理學等客觀性檢查。
- 腰椎障害（例：腰椎脊髓損傷合併下半身癱瘓、大小便失禁）
  - 建議參考Table 13-11至Table 13-17等評估是否仍有遺存症狀或功能損失。
- 骨盆（例：下背挫傷疑第5薦椎骨折）
  - 建議參考Table 17-11等評估是否仍有損傷，輔以Table 17-12至Table 17-14做為加分與否項目，若有需要可再安排影像學等客觀性檢查。

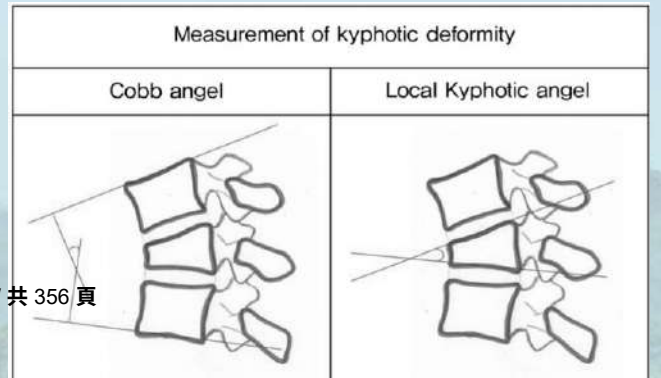
勞保失能-軀幹

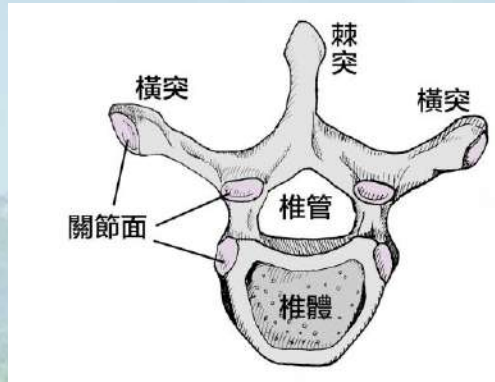
*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 脊柱畸形或運動失能*
  - 遺存顯著運動失能：脊柱連續固定四個椎體及三個椎間盤以上，且喪失生理運動範圍二分之一以上
  - 遺存運動失能：脊柱連續固定四個椎體及三個椎間盤以上，且喪失生理運動範圍三分之一以上
  - 遺存顯著畸形：穿著衣服，由外部可以察知
  - 遺存畸形
    - 脫衣後或由 X 光照片可以察知明顯變形
      - 單節椎體因骨折導致椎體高度喪失50%以上
      - 椎體滑脫25%以上（第二度以上）
      - 脊柱側彎30 度以上
      - 脊柱前傾（kyphosis）50 度以上
    - 經手術切除棘狀突起三個以上者
- 其他軀幹骨畸形失能（鎖骨、胸骨、肋骨、肩胛骨或骨盤骨）









勞保失能-軀幹

拾壹、脊柱失能：①請附最近3個月之脊柱正、側面X光片（須打印被保險人姓名、身分證統一編號或出生日期及拍攝日期）；②脊柱遺存顯著畸形者，應加附穿著衣服所攝照片。

1. 經X光片診斷 □有 □無 明顯之 □骨折 □脫位 □_____病變

2. 脊柱自 □頸椎 □胸椎 □腰椎 第_____椎體至 □頸椎 □胸椎 □腰椎 □薦椎 第_____椎體共有 _____個椎節 _____個椎體 _____個椎間盤 □固定 □融合 □粘連

3. 主要運動範圍可活動度數：

□頸椎：屈曲（前屈）_____度，伸展（後屈）_____度，活動範圍_____度

□胸腰椎：屈曲（前屈）_____度，伸展（後屈）_____度，活動範圍_____度

4. □脊柱遺存顯著畸形。（請參考說明（三）之4）

□脊柱遺存畸形。（請參考說明（三）之4、5）

身心障礙-軀幹

1.骨科2.神經科3.復健科4.神經外科5.整形外科
6.內專風濕科 7.兒專神經科

s760 軀幹	0	未達下列基準。
	1	1.頸椎與胸椎X光片出現脊椎韌帶骨贅變化，皆各有超過一半以上的脊椎融合，且經脊椎側面X光檢查，胸腰椎之脊柱後凸Cobb角度大於70度。 2.頸椎與腰椎X光片出現脊椎韌帶骨贅變化，頸椎有超過一半以上的脊椎融合，且腰椎前彎Schober測試達2公分以下。
	2	頸椎與胸椎X光片出現脊椎韌帶骨贅變化，皆各有超過一半以上的脊椎融合，且經脊椎側面X光檢查，胸腰椎之脊柱後凸Cobb角度大於70度，及腰椎X光片出現脊椎韌帶骨贅變化，且腰椎前彎Schober測試達2公分以下。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch10 內分泌系統

Ch5 肺臟系統

Ch9 造血系統

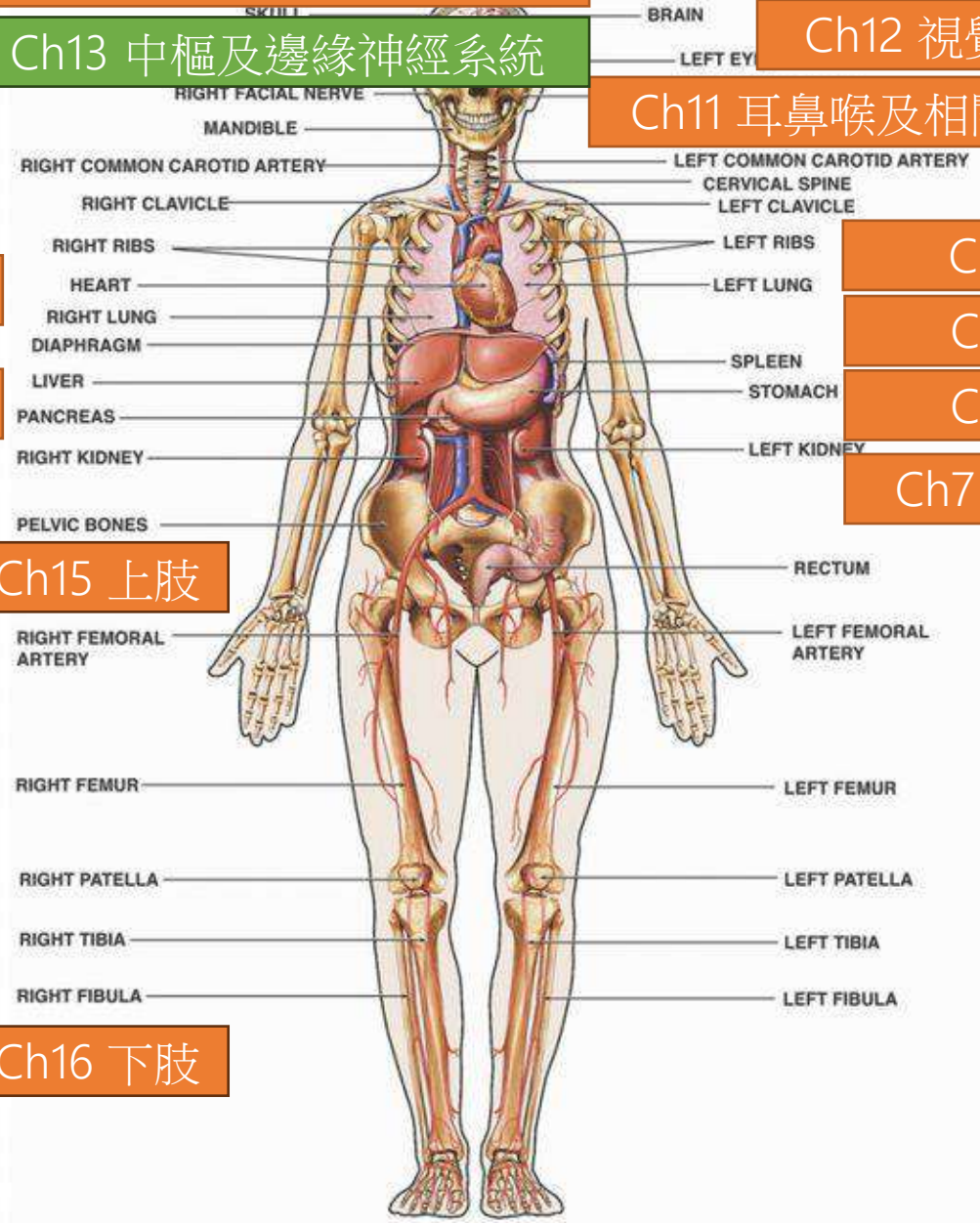
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

以診斷為基礎的障害（DBI）

- Ch 13　AMA6 (2023) 章節改名為「神經系統」
  - 大腦功能
  - 脊髓功能
  - 頭顱痛及頭痛
  - 三叉神經痛、舌咽神經痛
  - 頭部和軀幹的各種神經障礙
  - 神經肌肉接合處障礙
  - 周邊神經病變
  - 肌病障礙
- Ch 17：神經根病變和其他脊髓根障礙
- Ch 15/16
  - 神經叢損傷和其他神經叢病變
  - 與肢體相關的局部神經病變或單神經病變
  - CRPS
- Ch 12：視覺障礙
- Ch 11：
  - 前庭障礙
  - 除三叉神經和舌咽神經痛外的顱神經障礙
  - 構音障礙
- Ch 14：原發性情緒疾患、焦慮疾患和精神病疾患

以診斷為基礎的障害（DBI）：四大面向擇一

- 意識、覺知、喚醒的永久性或間歇性變化（表13-4至13-6）
- 心智狀態和最高整合功能（表13-7至13-8）
- 語言理解及使用（表13-9）
- 能夠影響腦功能之情緒及語言障礙（表13-10）

- 再合併其他的障害

以診斷為基礎的障害（DBI）：四大面向擇一

- 意識、覺知、喚醒的永久性或間歇性變化（表13-4至13-6）

TABLE 13-4 Criteria for Rating Impairment of Consciousness and Awareness

Consciousness and Awareness

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–10%	11%–30%	31%–50%	51%–100%
DESCRIPTION	No alteration in state of consciousness or limitation in performance of ADLs	Brief repetitive or persistent alteration of state of consciousness *and/or* minimal limitation in performance of ADLs	Brief repetitive or persistent alteration of state of consciousness *and* moderate limitation in performance of ADLs	Prolonged alteration of state of consciousness, maximal assist of dependent for ADLs	State of semi-coma with total dependence and subsistence on nursing care and artificial medical means of support *or* irreversible coma requiring total medical support

AMA6 (2023) 加入等級內的等第及調整因素（包含POTG）

以診斷為基礎的障害（DBI）：四大面向擇一

- 意識、覺知、喚醒的永久性或間歇性變化（表13-4至13-6）

TABLE 13-5 Criteria for Rating Impairment due to Episodic Loss of Consciousness or Awareness

Episodic Loss of Consciousness or Awareness

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–10%	11%–20%	21%–35%	36%–50%
DESCRIPTION	No alteration in state of consciousness or limitation in performance of ADLs	Paroxysmal disorder with predictable characteristics *and* unpredictable occurrence that does not limit usual activities but is a *risk* to the individual (eg, cannot drive) *or* blood pressure drop of 15/10 mm Hg without compensatory increase in pulse rate and lasting more than 2 minutes after precipitating event, with mild awareness loss that limits daily activities	Paroxysmal disorder that interferes with *some* daily activities *or* moderate blood pressure drop of 25/15 mm Hg, with loss of awareness or consciousness lasting 1 to 2 minutes and that interferes with *some* daily activities	Severe paroxysmal disorder of such frequency that it limits activities to those that are supervised, protected, or restricted *or* repeated severe blood pressure losses of 30/20 mm Hg, with loss of awareness or consciousness lasting 1 to 2 minutes *and* additional neurologic symptoms or signs of focal or generalized nature	Uncontrolled paroxysmal disorder of such severity and constancy that it severely limits the individual's daily activities *or* repeated severe blood pressure losses of 30/20 mm Hg, with uncontrolled loss of consciousness and muscle control without recognized cause and with risk of body injury

第 240 頁 / 共 356 頁

AMA6 (2023) 改為Episodic Disorders

以診斷為基礎的障害（DBI）：四大面向擇一

- 意識、覺知、喚醒的永久性或間歇性變化（表13-4至13-6）

TABLE 13-6 Criteria for Rating Impairment due to Sleep and Arousal Disorders

Sleep and Arousal Disorders

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	✓ 1%–5%	6%–10%	11%–30%	31%–50%
DESCRIPTION	Normal daytime alertness; no impairment of ADLs	Reduced daytime alertness; sleep pattern such that individual can perform ADLs	Reduced daytime alertness; interferes with ability to perform ADLs (eg, cannot drive)	Reduced daytime alertness; moderate impairment in ADLs	Severe reduction of daytime alertness; individual unable to care for self in any situation or manner

以診斷為基礎的障害（DBI）：四大面向擇一

- 心智狀態和最高整合功能（表13-7至13-8）

TABLE 13-8 Criteria for Rating Neurologic Impairment due to Alteration in Mental Status, Cognition, and Highest Integrative Function (MSCHIF)

建議安排神經心理衡鑑

Alteration in MSCHIF

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–10%	11%–20%	21%–35%	36%–50%
EXTENDED MENTAL STATUS EXAM	Normal	Mild abnormalities	Moderate abnormalities	Severe abnormalities	Most profound abnormalities
NEUROPSYCHOLOGICAL ASSESSMENT AND TESTING[a]	Normal	Mild abnormalities	Moderate abnormalities	Severe abnormalities	Most profound abnormalities
DESCRIPTION	Normal MSCHIF	Alteration in MSCHIF but patient is able to assume all usual roles and perform ADLs	Alteration in MSCHIF that interferes with ability to assume some normal roles or perform ADLs	Alteration in MSCHIF that significantly interferes with ability to assume normal roles or perform ADLs	Alteration in MSCHIF that prohibits performance of normal roles or performance of ADLs

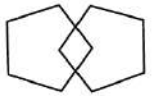
[a] Neuropsychological testing may not always be required but may serve as a useful resource.

TABLE 13-7
Mental Status Exam for the Neurologically Impaired Patient

1. Level of consciousness
2. Attention
3. Memory
4. Intellectual function
5. Language function
6. Psychosensory function
7. Psychomotor function
8. Constructional ability
9. Higher cognitive function
10. Thought content
11. Behavioral observations
12. Mood and general emotional status
13. Emotional reactions

簡易智能狀態測驗

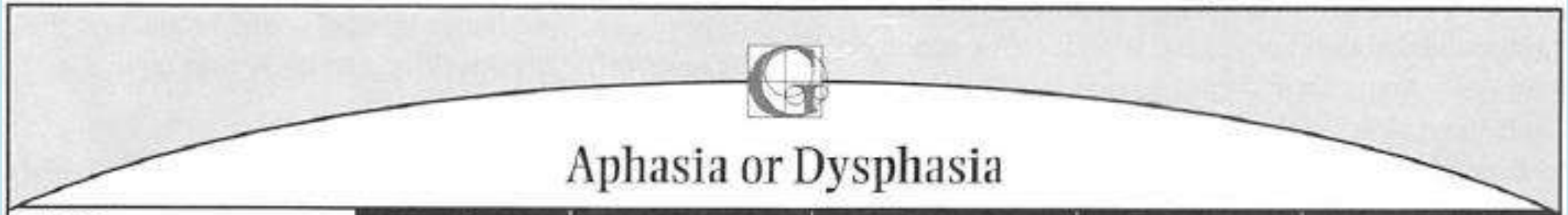
Mini-Mental Status Examination (MMSE)

錯誤	正確	不明	
0	1	9	1) 今年是那一年？
0	1	9	2) 現在是什麼季節？
0	1	9	3) 今天是幾號？
0	1	9	4) 今天是禮拜幾？
0	1	9	5) 現在是那一個月份？
0	1	9	6) 我們現在是在那一個省？
0	1	9	7) 我們現在是在那一個縣、市？
0	1	9	8) 這裡屬於哪一個區或是鄉鎮？
0	1	9	9) 這個社區單位(醫院、診所）的名稱？
0	1	9	10) 現在我們是在幾樓？
0	1	9	11) 藍色 *請重複這三個名稱，按第一次複述結果計分。*
0	1	9	蘋傷 *最多只能重複練習三次；練習次數：_____*
0	1	9	火車
			12) 請從100開始連續減7，一直減7直到我說停為止。*(每減對一次得一分)*
			93_____；86_____；79_____；72_____；65_____；
0	1	9	13) 藍色 *(約五分鐘以後,請說出剛才請你記住的三樣東西,每對一項得一分,不論順序)*
0	1	9	14) 蘋傷
0	1	9	15) 火車
0	1	9	16) （拿出手錶）這是什麼？_____
0	1	9	17) （拿出鉛筆）這是什麼？_____
0	1	9	18) 請跟我唸一句話『白紙真正寫黑字』
0	1	9	19) 請唸一遍並做做看『請閉上眼睛』
0	1	9	20) 請用左/右手（非利手）拿這張紙 *(三步驟指令,每對一步驟得一分)*
0	1	9	把它折成對半
0	1	9	然後置於大腿上面
0	1	9	21) 請在紙上寫一句語意完整的句子。（含主詞動詞且語意完整的句子）
0	1	9	22) 這裡有一個圖形，請在旁邊畫出一個相同的圖形。(兩五邊形,交一四邊形,有兩交點,則給分)
			
	總分		
			（圈選9的部分不予計入，並說明無法施測之原因）

以診斷為基礎的障害（DBI）：四大面向擇一

- 語言理解及使用（表13-9）

TABLE 13-9 Criteria for Rating Impairment due to Aphasia or Dysphasia



CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–10%	11%–20%	21%–35%	36%–50%
DESCRIPTION	Normal mental status	Minimal disturbance in comprehension and production of language symbols for daily living	Moderate impairment in comprehension and production of language symbols for daily living	Severe inability in comprehen-sion and production of language symbols for daily living	Total inability to communicate or comprehend language symbols

AMA6 (2023) 整合為MSCHIF-中的MSE

以診斷為基礎的障害（DBI）：四大面向擇一

- 能夠影響腦功能之情緒及語言障礙（表13-10）

TABLE 13-10

Global Assessment of Functioning (GAF) Impairment Score

GAF	Description	GAF Impairment Score
91–100	Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.	0%
81–90	Absent or minimal symptoms (eg, mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (eg, an occasional argument with family members)	0%
71–80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg, difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (eg, temporarily falling behind in school work)	0%
61–70	Some mild symptoms (eg, depressed mood and mild insomnia) *or* some difficulty in social, occupational, or school functioning (eg, occasional truancy, or theft within the household) but generally functioning pretty well, has some meaningful interpersonal relationships	5%
51–60	Moderate symptoms (eg, flat affect and circumstantial speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (eg, few friends, conflicts with coworkers)	10%
41–50	Serious symptoms (eg, suicidal ideation, severe obsessional rituals, frequent shoplifting) *or* any serious impairment in social, occupational, or school functioning (eg, no friends, unable to keep a job)	15%
31–40	Some impairment in reality testing or communication (eg, speech is at times illogical, obscure, or irrelevant) *or* major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (eg, depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school)	20%
21–30	Behavior is considerably influenced by delusions or hallucinations *or* serious impairment in communication or judgment (eg, sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (eg, stays in bed all day; no job, home, or friends)	30%
11–20	Some danger of hurting self or others (eg, suicide attempts without clear expectation of death, frequently violent, manic excitement) *or* occasionally fails to maintain minimal personal hygiene (eg, smears feces) *or* gross impairment in communication (eg, largely incoherent or mute)	40%
1–10	Persistent danger of severely hurting self or others (eg, recurrent violence) *or* persistent inability to maintain minimal personal hygiene *or* serious suicidal act with clear expectation of death	50%

建議精神科專科評估

AMA6 (2023) 整合為MSCHIF-E

以診斷為基礎的障害（DBI）

TABLE 13-11 Criteria for Rating Impairments of the Upper Extremities due to CNS Dysfunction

Upper Extremity CNS Dysfunction

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–5% Nondominant 1%–10% Dominant	6%–15% Nondominant 11%–20% Dominant	16%–30% Nondominant 21%–40% Dominant	31%–50% Nondominant 41%–60% Dominant
DESCRIPTION	Patient has no impairment of upper extremity function	Individual can use the involved extremity for ADLs and holding but has difficulty with digital dexterity	Individual can use the involved extremity for ADLs, can grasp and hold objects with difficulty, but has no digital dexterity	Individual can use the involved extremity only as a gross assist in ADLs	Individual cannot use the involved extremity for ADLs

TABLE 13-12 Criteria for Rating Impairments due to Station and Gait Disorders

Station and Gait Disorders

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–10%	11%–20%	21%–35%	36%–50%
DESCRIPTION	No disorder of gait or station	Rises to standing position; walks but has difficulty with elevations, grades, stairs, deep chairs, and/or long distances	Rises to standing position; walks some distance with difficulty and without assistance, but is limited to level surfaces	Rises and maintains standing position with difficulty; cannot walk without assistance	Cannot stand without help, mechanical support, and/or an assistive device

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以診斷為基礎的障害（DBI）

TABLE 13-13 Criteria for Rating the Neurogenic Bowel

Neurogenic Bowel

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–5%	6%–10%	11%–20%	21%–50%
DESCRIPTION	Fully continent without special program	Continent with bowel program	Incontinent about once a week despite optimal bowel program	Incontinent about once a day despite optimal bowel program	Totally incontinent

TABLE 13-14 Criteria for Rating the Neurogenic Bladder

Neurogenic Bladder

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0%	1%–5%	6%–15%	16%–20%	21%–30%
DESCRIPTION	Fully continent without catheter or external device	Less than normal voluntary control but no incontinence with bladder management program	Requires indwelling or external catheter to maintain continence	Incontinent about once a day despite optimal bladder management	Total incontinence

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以診斷為基礎的障害（DBI）：其他

- 神經性性功能障害（表13-15）
- 神經性呼吸障害（表13-16）
- 周邊神經病變或脊髓損傷引起的感覺異常痛（表13-17）
- 偏頭痛（表13-18）
- 三叉神經痛、舌咽神經痛（表13-19）
- 其他周邊神經疾患（表13-20）

AMA6 (2023) 整合為Neuropathic pain

評分方法總覽

- 腦部（例：創傷性右顳顱內出血併左枕硬腦膜上出血）
  - 建議參考Table 13-4至Table 13-20等評估是否仍有遺存症狀或功能損失（Table 13-4至Table 13-10之四大面向中選擇障害最高者，再與Table 13-11至13-20之其他障害合併），若有需要可再安排神經心理衡鑑等客觀性檢查。

- 脊髓（例：脊椎硬膜撕裂併馬尾損傷（馬尾症候群））
  - 建議參考Table 13-11至Table 13-17等評估是否仍有遺存症狀或功能損失。

勞保失能-神經*

*審定時，須由**神經科、神經外科或復健科**專科醫師診斷開具失能診斷書，但已達植物人狀態，經查證屬實者除外；必要時保險人得另行指定精神科或職業醫學科專科醫師會同認定。

- 因腦疾、創傷或失智症等所致之認知功能失能，須經**心理衡鑑或職能評估、「簡易智能狀態測驗（MMSE）」、「魏氏成人智力測驗（WAIS）」或「臨床失智評估量表（CDR）」**等評估始可診斷。

2-1	中樞神經系統機能遺存極度失能，終身無工作能力，為維持生命必要之日常生活活動，全須他人扶助，經常須醫療護理及專人周密照護者。	一	2-4	中樞神經系統機能遺存顯著失能，終身僅能從事輕便工作者。	七
2-2	中樞神經系統機能之病變，引起截癱或偏癱，終身無工作能力，為維持生命必要之日常生活活動之一部須他人扶助者。	二			
2-3	中樞神經系統機能遺存顯著失能，終身無工作能力，為維持生命必要之日常生活活動尚可自理者。	三	2-5	神經系統之病變，通常無礙勞動，但由醫學上可證明局部遺存頑固神經症狀者。	十三

- 癲癇
  - 雖經二種或二種以上抗癲癇藥物充分治療，每週仍有一次以上發作致終身無工作能力者：3
  - 雖經二種或二種以上抗癲癇藥物充分治療，每月仍有一次以上發作，勞動能力明顯低下，終身僅能從事輕便工作者：7
  - 雖經二種或二種以上抗癲癇藥物充分治療，每月仍有一次以上發作，但通常無礙勞動者：13
- 頭痛
  - 一般的勞動能力尚存，但因頭痛屢發，不能從事工作，致就業職種之範圍，受相當限制者：9
  - 通常勞動無礙，但有時發作即有礙勞動者：13
- 眩暈
  - 因高度平衡機能失能，僅能維持生命必要之日常生活活動者：3
  - 因中等度平衡機能失能、勞動能力較一般平常人明顯低下者：7
  - 通常無礙勞動，但因眼震盪或其他平衡機能檢查認為有失能所見者：13

勞保失能-神經*

*審定時，須由**神經科、神經外科或復健科**專科醫師診斷開具失能診斷書，但已達植物人狀態，經查證屬實者除外；必要時保險人得另行指定精神科或職業醫學科專科醫師會同認定。

- 「脊髓失能」等級之審定，依其損傷之程度發現四肢等之運動失能、感覺失能、腸管失能、尿路失能、生殖器失能等，依失能審核一之原則，綜合其症狀選用合適等級。
- 「脊神經根及週邊神經功能失能」等級之審定：原則上準用受失能神經支配之身體各部器官之機能失能所定等級，但神經麻痺由於他覺可予證明而無相當等級可資適用時，按第十三等級審定之。

勞保失能-神經*

*審定時，須由**神經科、神經外科或復健科**專科醫師診斷開具失能診斷書，但已達植物人狀態，經查證屬實者除外；必要時保險人得另行指定精神科或職業醫學科專科醫師會同認定。

神經失能詳況及說明

說明：

1. 本失能應由神經科、神經外科或復健科等專科醫師依失能實況及影響生活與喪失工作能力等各項情形，於□打勾或加註文字說明；又每一勾填處均應加蓋醫師章始為有效。
2. 本失能須經治療 6 個月以上始可認定；如經手術，須最後一次手術後 6 個月以上始得認定。
3. 失智症者失能詳況請填載於第 2 頁「精神失能詳況」欄；並請加附最近 3 個月之「臨床失智評估量表」及「簡易智能狀態測驗」。

貳、神經失能：

1. 意識狀態：□正常 □輕中度意識障礙 □重度意識障礙 □無意識狀態

2. 呼吸狀態：□呼吸正常 □經常需借助氧氣器具輔助 □氣切需呼吸器輔助

3. 肢體肌力：分為 0-5 共六等級，請依其程度勾填下表。

		左側						右側						補充說明：
		5	4	3	2	1	0	5	4	3	2	1	0	
上肢	肩	□	□	□	□	□	□	□	□	□	□	□	□	
	肘	□	□	□	□	□	□	□	□	□	□	□	□	
	腕/手	□	□	□	□	□	□	□	□	□	□	□	□	
下肢	股	□	□	□	□	□	□	□	□	□	□	□	□	
	膝	□	□	□	□	□	□	□	□	□	□	□	□	
	踝	□	□	□	□	□	□	□	□	□	□	□	□	

4. 肢體痙攣：□正常 □有阻力 □僵硬

5. 平衡協調：□正常 □肢體失調 □軀幹失調

6. 巴金森氏症經藥物治療後之狀態(Modified Hoehn-Yahr Stage)

□第 0 級：沒有症狀
□第 1 級：單側之症狀
□第 2 級：輕微之兩側症狀，姿態平穩正常
□第 3 級：日常生活已受到一些限制，姿態稍微不平穩，不需他人協助
□第 4 級：可自行站立與慢慢行走，但大部分日常生活與工作有明顯限制
□第 5 級：若沒有人幫助，將完全依靠輪椅或終日臥床

（本項失能詳況內容未完，請續接第 4 頁）

7. 行動能力：□可自力行走
□行動遲滯，但不需要拐杖輪椅等輔助工具
□需扶杖行走
□自行操控輪椅代步
□需他人操控輪椅代步
□完全無法行動

8. 起臥能力：□起臥正常 □臥床但可自行翻身 □臥床且無法自行翻身

9. 工作能力：□正常 □通常無礙勞動，但由醫學上可證明遺存神經症狀
□終身僅能從事輕便工作 □終身無工作能力

10. 攝食狀態：□自行進食 □暫時需人餵食 □永久需人餵食
□暫時鼻胃管灌食 □永久鼻胃管灌食
□暫時性胃造廔 □永久性胃造廔

11. 大小便情形：□尚可自理 □需人扶助 □完全無法自理 □失禁

12. 言語狀態：□正常 □神經損傷致言語不清與溝通能力受損 □神經損傷致喪失言語與溝通能力

13. 癲癇：□經 2 種或 2 種以上抗癲癇藥物充分治療，每月仍有 1 次以上發作
□經 2 種或 2 種以上抗癲癇藥物充分治療，每週仍有 1 次以上發作

14. 失能評估（Modified Rankin Scale）：
□第 0 級：沒有症狀
□第 1 級：除症狀外，無顯著失能，能執行所有日常活動
□第 2 級：輕度失能，無法執行之前所有活動，但能照料自己的事情不須協助
□第 3 級：中度失能，需要一些幫助，但能獨立行走不須協助
□第 4 級：中重度失能，無法不依賴協助而獨立行走及照料自身所需
□第 5 級：重度失能，臥床、失禁，需持續照護及注意

15. 因腦疾、創傷或失智症等所致之認知功能失能者，最近 3 個月檢測結果：
MMSE 為_____分；WAIS 為_____分；CDR 為_____分。

16. 其他補充說明：

經評估後□符合 □不符合 症狀固定，永久失能
診斷永久失能日期 _____年_____月_____日

身心障礙-神經

b110 意識功能	0	未達下列基準。
	1	一年內平均每個月有兩次或持續一日以上明顯的意識喪失，或意識功能改變，導致明顯妨礙工作、學習或影響與外界溝通之嚴重間歇性發作者。
	4	每日持續有意識障礙導致無法進行生活自理、學習及工作者。
b117 智力功能	0	未達下列基準。
	1	智商介於69至55或心智商數(mental quotient)介於69至55，或於成年後心智年齡介於九歲至未滿十二歲之間或臨床失智評估等於1。
	2	智商介於54至40或心智商數(mental quotient)介於54至40，或於成年後心智年齡介於六歲至未滿九歲之間或臨床失智評估等於2。
	3	智商介於39至25或心智商數(mental quotient)介於39至25，或於成年後心智年齡介於三歲至未滿六歲之間或臨床失智評估等於3。
	4	智商小於或等於24或心智商數(mental quotient)小於或等於24，或於成年後心智年齡未滿三歲或臨床失智評估等於3且溝通能力完全喪失。
b122 整體心理社會功能	0	未達下列基準。
	1	整體功能評估介於41至50。
	2	整體功能評估介於31至40。
	3	整體功能評估介於21至30。
	4	整體功能評估小於20(含)。

b140 注意力功能	0	未達下列基準。
	1	持續有重度症狀困擾(如：易分心、注意力無法持續或轉移等)，對社會、職業或學校功能方面有負面影響，產生中度持續顯著失能(如：無朋友；無法保有工作；學業或工作時，經常需他人提醒，經常粗心犯錯，以導致成就明顯低於一般基本水平下限；生活自理經常需要他人提醒，才能勉強在最寬鬆之時限內完成)。
	2	持續有嚴重程度症狀困擾(如：易分心、注意力無法持續或轉移等)，難以對環境之目標依據需求警覺或專注，在社會、職業、學校或生活等多方面都難以獨立維持功能(如：在學校嚴重適應困難，需在他人協助下才能進行學習；無獨立工作能力；經常需要他人提醒或協助，才能完成生活自理，且常無法在最寬鬆之時限內完成)。
	4	持續有極嚴重程度症狀困擾(如：易分心、注意力無法持續或轉移等)，幾乎完全無法有目的注意任何目標，對環境之明顯刺激也難以警覺，幾乎在所有的領域都無法獨立維持功能(如：在他人個別協助之下，仍難以進行學習或工作；需他人持續提醒或協助，才能完成生活自理)。
b144 記憶功能	0	未達下列基準。
	1	有顯著登錄、儲存及提取資訊的記憶困難，以致一般日常生活及學業、工作等方面之活動有明顯持續適應困難。
	2	有嚴重程度登錄、儲存及提取資訊的記憶困難，以致一般日常生活及學業、工作等方面之活動有嚴重適應困難。
	3	因登錄、儲存及提取資訊的記憶困難，幾乎在所有的領域都無法獨立維持功能。
b147 心理動作功能	0	未達下列基準。
	1	整體功能評估介於41至50。
	2	整體功能評估介於31至40。
	3	整體功能評估介於21至30。
	4	整體功能評估小於20(含)。

1.精神科2.神經科3.而專神經科 4.神經外科5.復健科

身心障礙-神經

b164 高階認知功能	0	未達下列基準。
	1	目標導向相關的執行功能有顯著困難，造成一般日常生活及學業、工作等功能方面有明顯持續適應困難或負二個標準差(不含)至負三個標準差(含)或臨床失智評估等於1。
	2	目標導向相關的執行功能有嚴重程度困難，在一般日常生活及學業、工作等多方面之活動有嚴重適應困難或低於負三個標準差或臨床失智評估等於2。
	3	因目標導向相關的執行功能困難，幾乎在所有的領域都無法獨立維持功能或臨床失智評估大於或等於3。
b16700 口語理解功能	0	未達下列基準。
	1	可以聽懂簡單是非問題與指令，亦可理解部分簡單生活對話；對較複雜的語句則無法完全理解。
	2	經常需要協助，才能聽懂日常生活中的簡單對話、指令或與自身相關的簡單詞彙。
	3	完全無法理解口語訊息。
b16710 口語表達功能	0	未達下列基準。
	1	說話時經常因語句簡短不完整、詞不達意等問題，以致只有熟悉者才能瞭解其意思，對日常溝通造成明顯限制。
	2	口語表達有顯著困難，以致熟悉者也僅能了解其部分意思，常需大量協助才能達成簡單生活溝通。
	3	幾乎完全無法口語表達或所說的別人完全聽不懂。
b16701 閱讀功能	0	未達下列基準。
	1	1.閱讀能力測驗得分低於就讀年級負二個標準差〈不含〉。 2.年滿十二歲，且就讀國民中學以上之學校或未就學者，閱讀能力測驗得分低於國小六年級常模負二個標準差。
b16711 書寫功能	0	未達下列基準。
	1	1.書寫語言能力測驗得分低於就讀年級負二個標準差〈不含〉。 2.年滿十二歲，且就讀國民中學以上之學校或未就學者，書寫語言能力測驗得分低於國小六年級常模負二個標準差。

1.精神科2.神經科3.而專神經科 4.神經外科5.復健科

身心障礙-神經

b152 情緒功能 精神科	0	未達下列基準。
	1	整體功能評估介於41至50。
	2	整體功能評估介於31至40。
	3	整體功能評估介於21至30。
	4	整體功能評估小於20(含)。
b160 思想功能 精神科 神經科	0	未達下列基準。
	1	整體功能評估介於41至50。
	2	整體功能評估介於31至40。
	3	整體功能評估介於21至30。
	4	整體功能評估小於20(含)。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

Ch10 內分泌系統

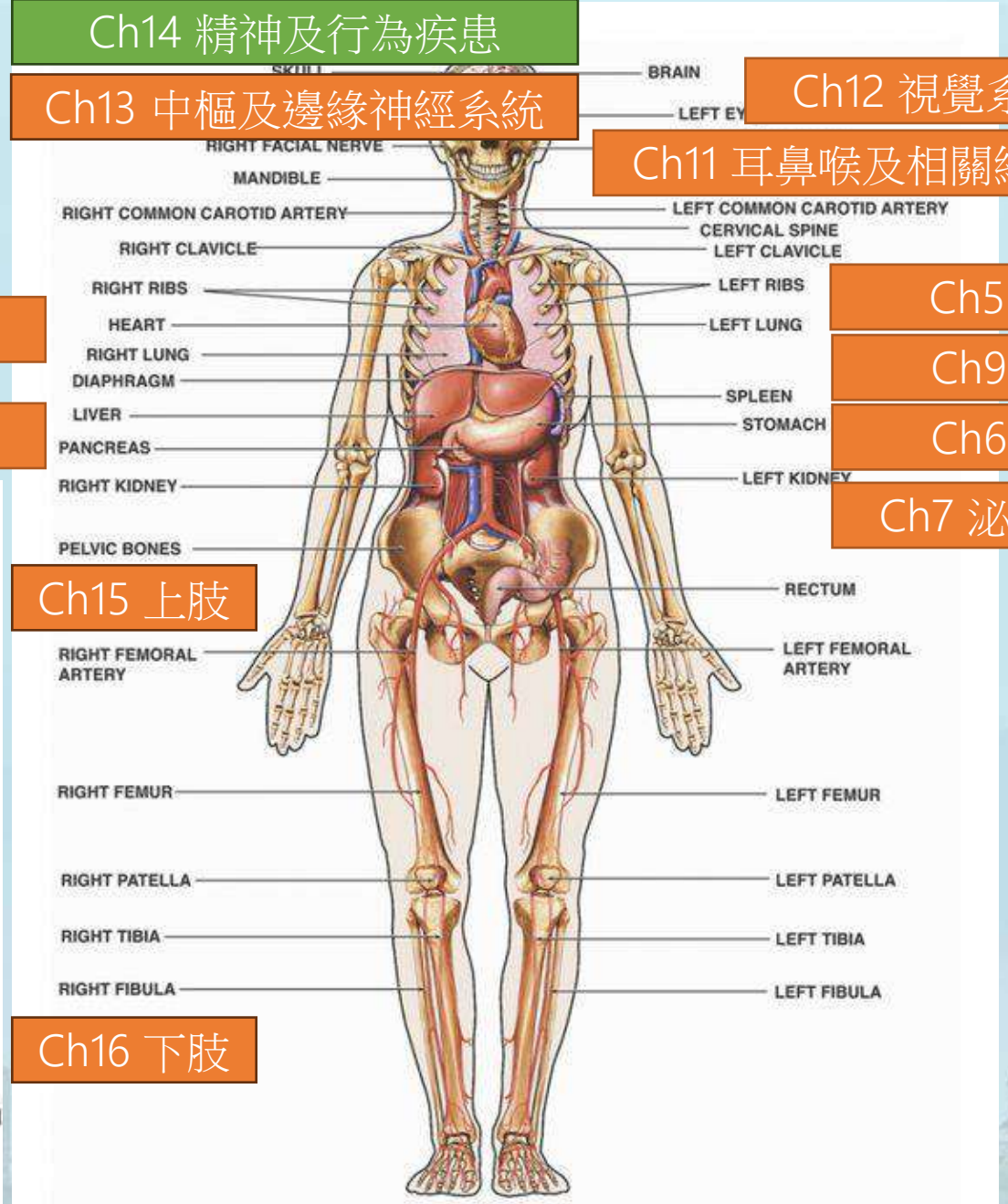
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

以診斷為基礎的障害（DBI）

- 可評估範圍：情緒疾患、焦慮疾患、精神病疾患
- 不可評估範圍：疼痛引起的精神反應、身體化疾患、解離性疾患、人格疾患、性心理疾患、裝病症候群、物質使用疾患、睡眠疾患（Ch13）、失智和譫妄（Ch13）、智力障礙、創傷性腦損傷的精神表現（Ch13）。
- 當精神疾病嚴重時，職業障礙是顯而易見的。然而，當精神疾病較為微妙、法律背景複雜，並且與先前存在的人格因素結合時，評估職業障礙就更加困難。

精神疾患包含：

- F0. 已知的生理狀況導致的精神疾患
- F1. 精神作用物質所致疾患
- F2. 思覺失調症、準思覺失調症與妄想性疾患
- F3. 情感性疾患
- F4. 精神官能性、壓力相關性和擬身體疾患
  - F40. 恐懼性焦慮疾患
  - F41. 其他焦慮疾患
  - F42. 強迫性疾患
  - F43. 嚴重壓力反應及適應障礙
  - F44. 解離性障礙
  - F45. 身體化症狀疾患
  - F48. 其他神經症疾患
- F5. 生理功能障礙與身體因素相關之行為症後群
- F6. 成人人格與行為疾患
- F7. 智能發育疾患
- F8. 心理發展疾患
- F9. 特發兒童期或少年期之行為與情緒疾患

https://www.icd10data.com/ICD10CM/Codes/F01-F99

以診斷為基礎的障害（DBI）

Mental Status Exam

Client Name				Date	
OBSERVATIONS					
Appearance	◻ Neat	◻ Disheveled	◻ Inappropriate	◻ Bizarre	◻ Other
Speech	◻ Normal	◻ Tangential	◻ Pressured	◻ Impoverished	◻ Other
Eye Contact	◻ Normal	◻ Intense	◻ Avoidant	◻ Other	
Motor Activity	◻ Normal	◻ Restless	◻ Tics	◻ Slowed	◻ Other
Affect	◻ Full	◻ Constricted	◻ Flat	◻ Labile	◻ Other
Comments:					
MOOD					
◻ Euthymic	◻ Anxious	◻ Angry	◻ Depressed	◻ Euphoric	◻ Irritable ◻ Other
Comments:					
COGNITION					
Orientation Impairment	◻ None	◻ Place	◻ Object	◻ Person	◻ Time
Memory Impairment	◻ None	◻ Short-Term	◻ Long-Term	◻ Other	
Attention	◻ Normal	◻ Distracted	◻ Other		
Comments:					
PERCEPTION					
Hallucinations	◻ None	◻ Auditory	◻ Visual	◻ Other	
Other	◻ None	◻ Derealization	◻ Depersonalization		
Comments:					
THOUGHTS					
Suicidality	◻ None	◻ Ideation	◻ Plan	◻ Intent	◻ Self-Harm
Homicidality	◻ None	◻ Aggressive	◻ Intent	◻ Plan	
Delusions	◻ None	◻ Grandiose	◻ Paranoid	◻ Religious	◻ Other
Comments:					
BEHAVIOR					
◻ Cooperative	◻ Guarded	◻ Hyperactive	◻ Agitated	◻ Paranoid	
◻ Stereotyped	◻ Aggressive	◻ Bizarre	◻ Withdrawn	◻ Other	
Comments:					
INSIGHT	◻ Good	◻ Fair	◻ Poor	Comments:	
JUDGMENT	◻ Good	◻ Fair	◻ Poor	Comments:	

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TABLE 14-4

Suggestions for the M&BD IME[a]

- Assess personality structure and health with special attention to antisocial, borderline, histrionic, narcissistic, passive-dependent, and passive-aggressive features.
- Evaluate principal defense mechanisms. A key example is somatization, which is a low-level defense mechanism. Scrutinize primary care and secondary medical records for the presence of somatization as a primary defense mechanism.
- Screen individuals for past and current substance abuse, which can mimic symptoms of other psychiatric diagnoses.
- Evaluate the legal history, especially in regard to prior lawsuits, work-related injuries, bankruptcies, driving under the influence, incarcerations, restraining orders, and court-ordered child support.
- Obtain military history: overseas service, adjustment to service, type of discharge, pay grade, military arrests, disability pension.
- Note whether there is a pattern of overendorsing symptoms during the psychiatric interview.
- Assess the patient's motivation vis-à-vis returning to work. Does the disease process diminish the patient's motivation, or does the illness role gratify unconscious or conscious needs in the patient (eg, dependent needs inherent in the underlying personality construct)? Is secondary gain present? Is some combination of all these elements present?
- Determine if symptom exaggeration or malingering is present. Malingering may be subtle, marked, or frank.
- Ask about the patient's attitude to the third-party payer (employer, insurance company, etc). Does the injured worker feel the payer responded appropriately to the patient's situation?
- Assess the influence of the litigation process on return to work (promoting return to work vs illness behavior). Is there a history of failed attempts to return to work? Who decided—physician, patient, or attorney—whether there would be a return to work?
- Determine whether adequate pharmacologic and biological treatment has been provided. Assess whether enough medications have been tried, at adequate dosage, and of adequate duration. Has the patient frequently rejected medications because of side effects? Has the patient accepted and complied with reasonable treatment?

[a] M&BD IME indicates Mental and Behavioral Disorders Independent Medical Examination.

以診斷為基礎的障害（DBI）

- Brief Psychiatric Rating Scale (BPRS)
  - 加總總分，對照障害評分
- Global Assessment of Functioning Scale (GAF)　AMA6 (2021) 刪除GAF
  - 依敘述選擇障害評分
- Psychiatric Impairment Rating Scale (PIRS)
  - 將6題分數由低至高排列，加總中間2個分數，對照障害評分
- M&BD障害評分
  - 將BPRS、GAF、PIRS障害評分由低至高排列，選擇其中位數

- 建議由精神科專科醫師評分三項量表

以診斷為基礎的障害（DBI）：BPRS

TABLE 14-8

BPRS Form[a]

Symptom Construct[b]	Scoring[c]						
1. Somatic concern	1	2	3	4	5	6	7
2. Anxiety	1	2	3	4	5	6	7
3. Depression	1	2	3	4	5	6	7
4. Suicidality	1	2	3	4	5	6	7
5. Guilt	1	2	3	4	5	6	7
6. Hostility	1	2	3	4	5	6	7
7. Elevated mood	1	2	3	4	5	6	7
8. Grandiosity	1	2	3	4	5	6	7
9. Suspiciousness	1	2	3	4	5	6	7
10. Hallucinations	1	2	3	4	5	6	7
11. Unusual thought content	1	2	3	4	5	6	7
12. Bizarre behavior	1	2	3	4	5	6	7
13. Self-neglect	1	2	3	4	5	6	7
14. Disorientation	1	2	3	4	5	6	7
15. Conceptual disorganization	1	2	3	4	5	6	7
16. Blunted affect	1	2	3	4	5	6	7
17. Emotional withdrawal	1	2	3	4	5	6	7
18. Motor retardation	1	2	3	4	5	6	7
19. Tension	1	2	3	4	5	6	7
20. Uncooperativeness	1	2	3	4	5	6	7
21. Excitement	1	2	3	4	5	6	7
22. Distractability	1	2	3	4	5	6	7
23. Motor hyperactivity	1	2	3	4	5	6	7
24. Mannerisms and posturing	1	2	3	4	5	6	7

[a] BPRS indicates Brief Psychiatric Rating Scale.

[b] Construct items 1 to 14 are rated on the basis of the individual's self-report; items 5 to 24, on the basis of observed behavior and speech. Sum the total of the 24 scores.

[c] 1 indicates not present; 2, very mild; 3, mild; 4, moderate; 5, moderately severe; 6, severe; and 7, extremely severe.

TABLE 14-9

Impairment Score of Brief Psychiatric Rating Scale (BPRS)

BPRS Summed Score	BPRS Impairment Score
24–30	0%
31–35	5%
36–40	10%
41–45	15%
46–50	20%
51–60	30%
61–70	40%
71–168	50%

以診斷為基礎的障害（DBI）：GAF

TABLE 14-10

Impairment Score of Global Assessment of Functioning Scale (GAF)

GAF	Description	GAF Impairment Score
91–100	No symptoms; superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities	0%
81–90	Absent or minimal symptoms (eg, mild anxiety before an exam); good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (eg, an occasional argument with family members)	0%
71–80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg, difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (eg, temporarily falling behind in school work)	0%
61–70	Some mild symptoms (eg, depressed mood and mild insomnia) *or* some difficulty in social, occupational, or school functioning (eg, occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships	5%
51–60	Moderate symptoms (eg, flat affect and circumstantial speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (eg, few friends, conflicts with coworkers)	10%
41–50	Serious symptoms (eg, suicidal ideation, severe obsessional rituals, frequent shoplifting) *or* any serious impairment in social, occupational, or school functioning (eg, no friends, unable to keep a job)	15%
31–40	Some impairment in reality testing or communication (eg, speech is at times illogical, obscure, or irrelevant) *or* major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (eg, depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school)	20%
21–30	Behavior is considerably influenced by delusions or hallucinations *or* serious impairment in communication or judgment (eg, sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (eg, stays in bed all day; no job, home, or friends)	30%
11–20	Some danger of hurting self or others (eg, suicide attempts without clear expectation of death, frequently violent, manic excitement) *or* occasionally fails to maintain minimal personal hygiene (eg, smears feces) *or* gross impairment in communication (eg, largely incoherent or mute)	40%
1–10	Persistent danger of severely hurting self or others (eg, recurrent violence) *or* persistent inability to maintain minimal personal hygiene *or* serious suicidal act with clear expectation of death	50%

以診斷為基礎的障害（DBI）：PIRS

- 自我照護、個人衛生及日常生活活動
- 角色功能、社會及娛樂活動
- 旅行/移動
- 人際關係
- 專注、耐心及步調
- 韌性及可受僱性

TABLE 14-11
Self-Care, Personal Hygiene, and Activities of Daily Living

1	No deficit, or minor deficit attributable to the normal variation in the general population.
2	Mild impairment. Able to live independently; looks after self adequately, although may look unkempt occasionally; sometimes misses a meal or relies on take-out food.
3	Moderate impairment. Can't live independently without regular support. Needs prompting to shower daily and wear clean clothes. Does not prepare own meals, frequently misses meals. Family member or community nurse visits (or should visit) 2–3 times per week to ensure minimum level of hygiene and nutrition.
4	Severe impairment. Needs supervised residential care.
5	Totally impaired. Needs assistance with basic functions, such as feeding and toileting.

TABLE 14-12
Role Functioning, Social and Recreational Activities

1	No deficit, or minor deficit attributable to the normal variation in the general population. Regularly participates in social activities that are age, sex, and culturally appropriate. May belong to clubs or associations and is actively involved with these.
2	Mild impairment. Occasionally goes out to such events without needing a support person but does not become actively involved (eg, dancing, cheering favorite team).
3	Moderate impairment. Rarely goes out to such events, and mostly when prompted by family or close friend. Will not go out without a support person. Not actively involved, remains quiet and withdrawn.
4	Severe impairment. Never leaves place of residence. Tolerates the company of family member or close friend but will go to a different room or place when others come to visit family or flat mate/roommate.
5	Totally impaired. Cannot tolerate living with anybody, extremely uncomfortable when visited by close family member.

TABLE 14-14
Interpersonal Relationships

1	No deficit, or minor deficit attributable to the normal variation in the general population. No difficulty in forming and sustaining relationships (eg, partner, close friendships lasting years).
2	Mild impairment. Existing relationships strained. Tension and arguments with partner or close family member, loss of some friendships.
3	Moderate impairment. Previously established relationships severely strained, evidenced by periods of separation or domestic violence. Spouse, relatives, or community services looking after children.
4	Severe impairment. Unable to form or sustain long term relationships. Preexisting relationships ended (eg, lost partner, close friends). Unable to care for dependents (eg, own children, elderly parent).
5	Totally impaired. Unable to function in society. Living away from populated areas, actively avoiding social contact.

TABLE 14-13
Travel

1	No deficit, or minor deficit attributable to the normal variation in the general population. Can travel to new environments without supervision.
2	Mild impairment. Can travel without support person but only in a familiar area such as local shops or a neighbor.
3	Moderate impairment. Cannot travel away from own residence without support person. Problems may be due to excessive anxiety or cognitive impairment.
4	Severe impairment. Finds it extremely uncomfortable to leave own residence even with trusted person.
5	Totally impaired. May require 2 or more persons to supervise when traveling.

TABLE 14-15
Concentration, Persistence, and Pace

1	No deficit, or minor deficit attributable to the normal variation in the general population.
2	Mild impairment. Can undertake a basic retraining course or a standard course of education or training at a slower pace. Can focus on intellectually demanding tasks for up to 30 minutes, then feels fatigued or develops headache.
3	Moderate impairment. Unable to read more than newspaper articles. Finds it difficult to follow complex instructions.
4	Severe impairment. Can read only a few lines before losing concentration. Difficulties following simple instructions. Concentration deficits obvious even during brief conversation. Unable to live alone or needs regular assistance from relatives or community services.
5	Totally impaired. Needs constant supervision and assistance in an institutional setting.

TABLE 14-16
Resilience and Employability

1	No deficit, or minor deficit attributable to the normal variation in the general population. Can work full time. Duties and performance are consistent with the injured worker's education and training. Able to cope with the normal demands of the job.
2	Mild impairment. Can work full time but with modifications, or can work in the same position a reduced number of hours per week.
3	Moderate impairment. Cannot work at all in same position. May be able to work in a less stressful occupation.
4	Severe impairment. Cannot sustain work over time in any position.
5	Totally impaired. Cannot work at all.

TABLE 14-17
Impairment Score of Psychiatric Impairment Rating Scale (PIRS)

Sum of PIRS Middle Scores	PIRS Impairment Score
2	0%
3	5%
4	10%
5	15%
6	20%
7	30%
8	40%
9–10	50%

358-360

評分方法總覽

- 創傷後壓力症候群：
  - 建議參考Table 14-8至14-17等評估是否仍有遺存症狀或功能損失。本案建議參酌精神科之評估診斷進行後續鑑定。

勞保失能-精神*

審定時，須由**精神科**專科醫師診斷開具失能診斷書；必要時保險人得另行指定神經科、復健科、職業醫學科等專科醫師會同認定。

- 精神失能須經心理衡鑑或職能評估、「簡易智能狀態測驗（MMSE）」、「魏氏成人智力測驗（WAIS）」或「臨床失智評估量表（CDR）」等評估始可診斷。
- 精神失能同時併存中樞神經系統機能失能時，須綜合全部症狀定其失能等級。

精神失能詳況及說明

說明：

1. 本失能應由精神科專科醫師依失能實況及影響生活與喪失工作能力等各項情形，於□打勾或加註文字說明；每一勾填處均應加蓋醫師章始為有效。失智症者如由神經科診治，得由該專科醫師診斷出具。
2. 本項失能須經治療2年以上並經心理衡鑑或職能評估、「簡易智能狀態測驗（MMSE）」、「魏氏成人智力測驗(WAIS)」或「臨床失智評估量表（CDR）」等評估始可診斷。
3. 憂鬱症所致之精神失能，須經3線以上之抗憂鬱藥物治療後，仍遺存顯著失能者，始得診斷開具；申請時請加附最近3個月之「魏氏成人智力測驗」及「簡易智能狀態測驗」。
4. 失智症請加附最近3個月之「臨床失智評估量表」及「簡易智能狀態測驗」。

壹、精神失能：①未曾住院治療者 ②已達終身無工作能力者，均請附最近2年之病歷影本。

1. 外觀：□正常 □敵意 □神經質 □多疑 □不合作（可重複勾選）
2. 情感：□正常 □憂鬱 □緊張 □焦慮 □冷漠 （可重複勾選）
3. 行為：□正常 □激躁不安 □攻擊行為 □退縮行為 □自言自語（可重複勾選）
4. 思想：□正常 □妄想 □幻覺 □強迫意念 □自殺意念（可重複勾選）
5. 認知：□正常 □不認識親朋 □記憶思考能力喪失 □現實判斷力障礙（可重複勾選）
6. 職業、社交功能：
   □經治療後，可恢復正常生活 □通常無礙勞動，但由醫學上可證明遺存精神失能
   □功能退化，終身僅能從事輕便工作 □功能退化，終身無工作能力
7. 日常生活
   □正常
   □功能退化，僅能維持日常生活最基本的自我照顧能力
   □功能退化，需他人照護，以維持日常生活最基本的自我照顧能力
   □功能退化，需完全仰賴他人養護或需密切監護
8. 曾接受過治療種類
   □住院（精神科急性病房）治療； 治療期間_____
   □長期復健（精神科日間病房、慢性病房）治療；治療期間_____
   □電氣痙攣治療；次數_____
   【□是 □否】經3線以上之抗憂鬱藥物治療（請詳述與疾病相關之藥物種類，劑量與治療期間）
   藥物名：_____劑量：_____ 治療期間：_____
   藥物名：_____劑量：_____ 治療期間：_____
   藥物名：_____劑量：_____ 治療期間：_____
9. 最近3個月檢測結果：MMSE為_____分；WAIS為_____分；CDR為_____分。
10. 其他補充說明：

經評估後□符合 □不符合 症狀固定，永久失能
診斷永久失能日期 _____年_____月_____日

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

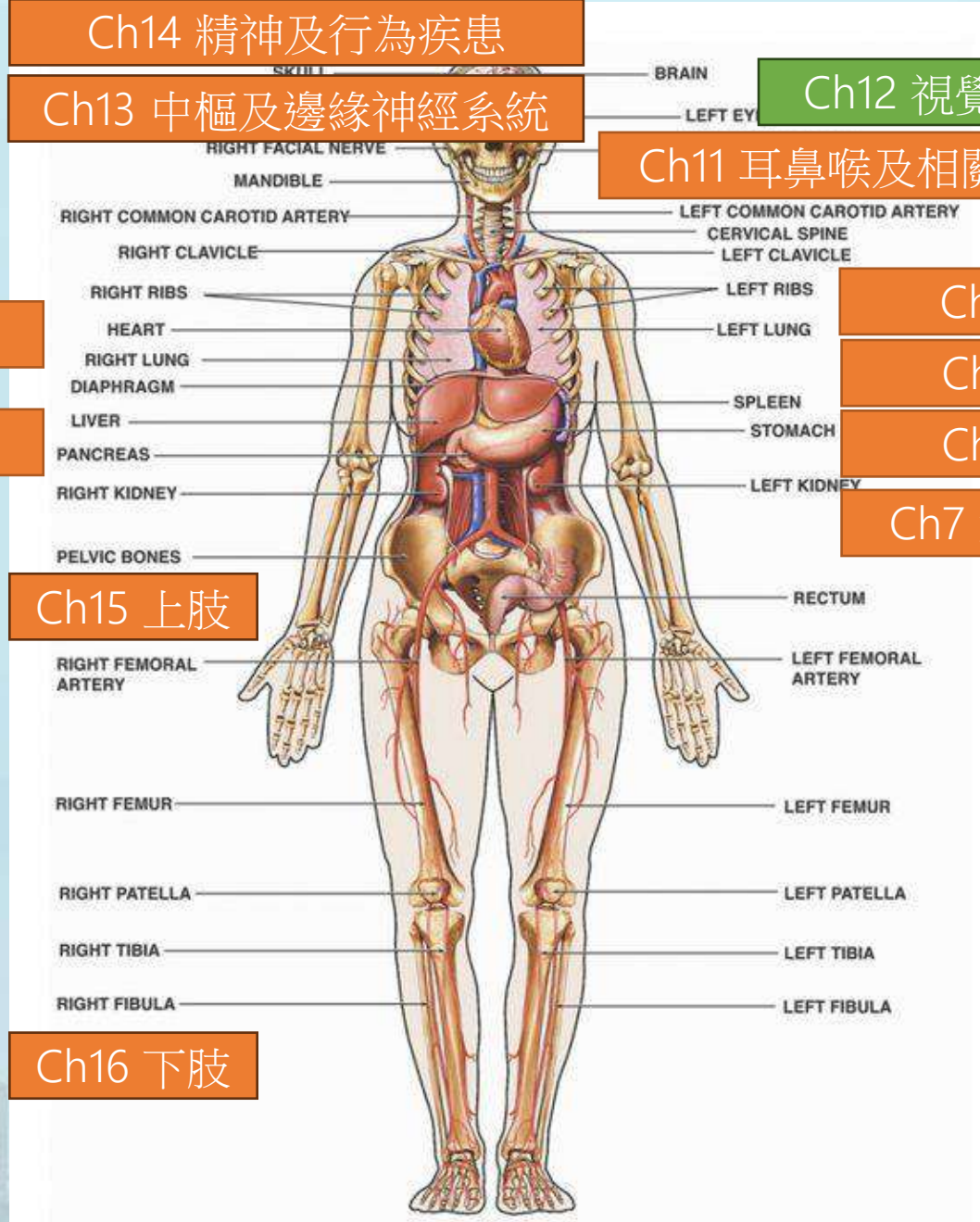
Ch10 內分泌系統

Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆



Ch15 上肢

Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

導言

- 本章的計算不考慮視覺系統中任何成分本身的解剖學變化，而只考慮它們的功能後果。
  - 不考慮可能伴隨眼睛傷害的醜形（見Ch11）
  - 不會只考慮單眼視力的喪失，而忽略了另一隻眼睛中剩餘的視力
- 允許對其他功能缺陷進行個別調整，如果這些缺陷導致了明顯的功能損失，並且這些損失在視力和視野損失的評估中無法反映出來，例如對比敏感度、炫光敏感性、色覺、雙目視能力（binocularity）、立體視能力（stereopsis）、抑制以及複視（12.4b）。

評估原理

- 海倫凱勒的例子可以被引用作為一個極具代表性的例子，儘管她面臨非常嚴重的限制，但她做出了非凡的適應。這些適應措施不應該減少她的障害評級。
- 在本章中，分級範圍的數量比Ch1多一個。這是因為FVS也可以用於視覺復健，需要區分嚴重損失和深度（profound）損失。

TABLE 12-1

Calculation Steps for the Visual System[a]

Measured Visual Functions for OD, OS, OU	How the eyes function	Estimated Functional Vision for the person	How the person functions
Visual Acuity Score (VAS) = count of letters recognized	→	Functional Acuity Score (FAS) combines: 60% OU + 20% OD + 20% OS	
Visual Field Score (VFS) = count of points detected	→	Functional Field Score (FFS) combines: 60% OU + 20% OD + 20% OS	
Optional adjustment for other vision problems	- - - →		
		Functional Vision Score (FVS) estimates general visual *ability* as: FAS × FFS/100 (other losses)	
Combine with Impairment of other organ systems, if applicable	- - - →	Visual system impairment (VSI) estimates visual ability *loss* as: VSI (AMA) = 100 − FVS Whole person impairment (WPI)	

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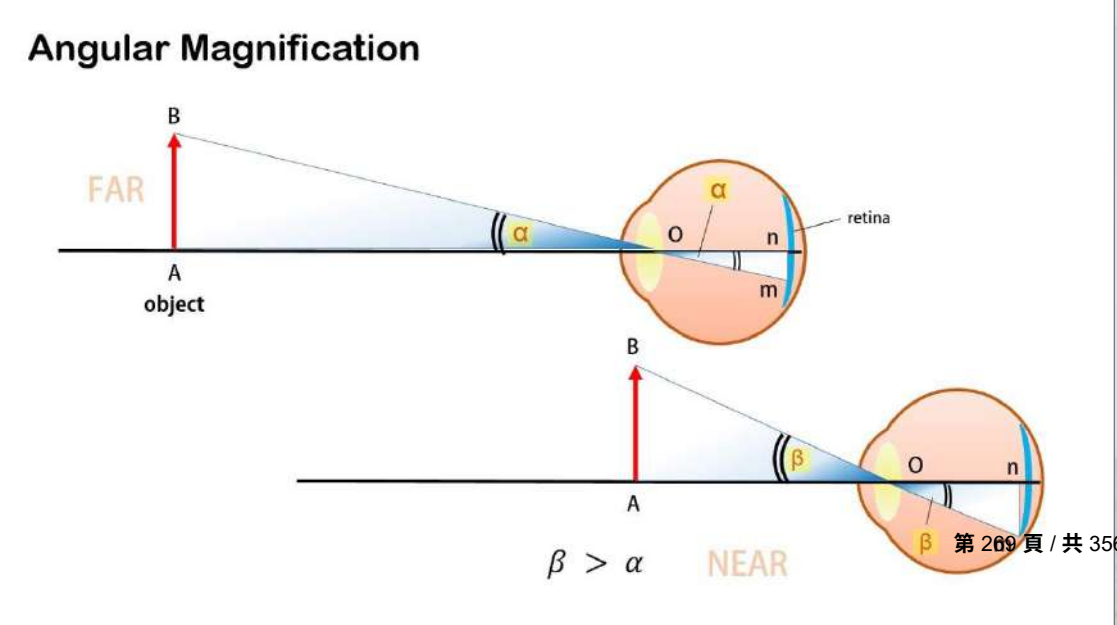
評估元素

- 目前的視覺症狀
- 相關的視覺病史
- 相關的眼睛檢查
- 預後和復健潛力

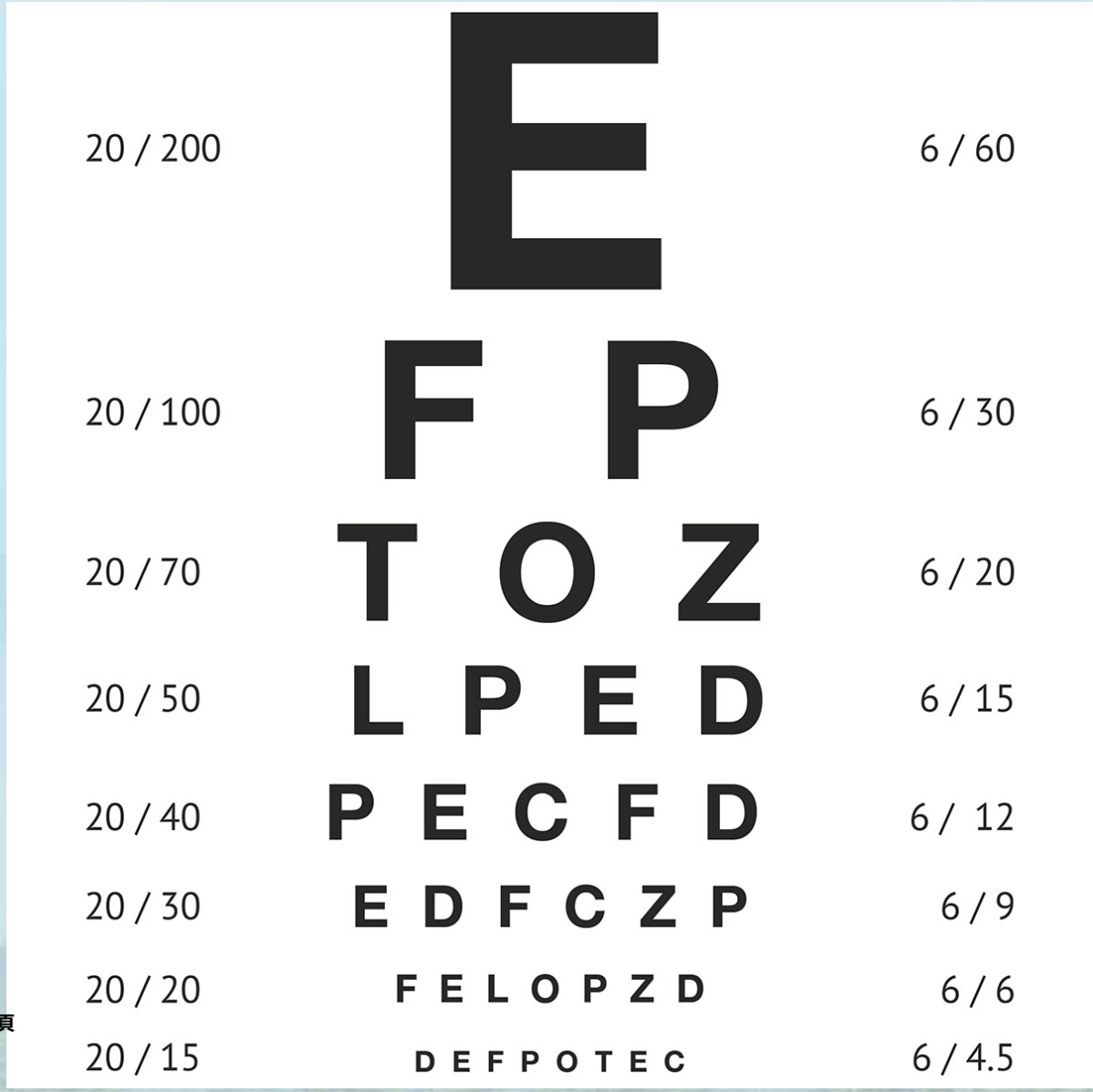
視力

- 眼睛感知細節的能力（←→blurred vision）
- 如果個人需要的字母大小是標準視力的兩倍大（2倍的角度放大angular magnification），視力為1/2。在美國，習慣上將分子標準化為20，因此，視力為1/2被記錄為20/40，視力為1/5被記錄為20/100。
- 正常或平均視力優於20/20的參考標準，因此20/20並不是「正常視力」或「完美視力」。



視力：測試程序

- 最常見的測試距離是6 m（20 ft），因為在這個距離下，眼睛的調節已經放鬆，並且與無限遠的光學差異可以忽略不計。
- 視力障害評級應該考慮到最佳矯正的雙眼視力，以及分別矯正後的每隻眼睛的視力。



視力：測試程序

- 傳統的字母圖表通常只包含幾個用於視力低於20/100的字母。這種圖表對於低視力範圍是不足夠的，並促使使用含糊不清的描述，如「數指頭」（CF）和「手勢」（HM）。
- 通過將圖表靠近進行測試，可以獲得更準確的結果。建議在1 m處進行測試，因為它可以涵蓋整個低視力範圍，包括1/50（20/1000）的視覺敏銳度。
- 當視力在1米處進行測量時，應將其記錄為公制Snellen分數。其中分子表示測試距離（在本例中為1米，因此是1/...），而分母表示閱讀的最小字母大小，用"M-units"（1 M = 1.45 mm，~1/16英寸）來表示。美國標準的記法可以用括號補充。
- 因此，在1米處能夠閱讀8 M的字符應該記錄為1/8（20/160）
- 若資料不完整：
  - CF ~ x ft/200=y m/60
  - HM ~ x ft/1000=y m/300

視力障害評分

TABLE 12-2 Impairment of Visual Acuity[a]

Impairment Ranges (based on *ICD-9-CM*)		Visual Acuity[b] US Notation	Visual Acuity[b] 1 m Notation	Visual Acuity Score (ability)[b]	Impairment Rating (ability loss)	Estimated Reading Ability[c]
(NEAR-) NORMAL VISION	Range of Normal Vision	20/12.5	1/0.63	110	...	Normal reading speed
		20/16	1/0.8	105	...	Normal reading distance
		20/20	1/1	100	0	Reserve capacity for small print
		20/25	1/1.25	95	5	
	Near-Normal Vision (mild loss)	20/32	1/1.6	90	10	Normal reading speed
		20/40	1/2	85	15	Reduced reading distance
		20/50	1/2.5	80	20	No reserve for small print
		20/63	1/3.2	75	25	
LOW VISION	Moderate Low Vision	20/80	1/4	70	30	Near-normal with reading aids
		20/100	1/5	65	35	
		20/125	1/6.3	60	40	Uses low-power magnifier or large-print books
		20/160	1/8	55	45	
	Severe Low Vision	20/200	1/10	50	50	Slower than normal with reading aids
		20/250	1/12.5	45	55	
		20/320	1/16	40	60	Uses high-power magnifiers
		20/400	1/20	35	65	
	Profound Low Vision	20/500	1/25	30	70	Marginal with reading aids
		20/630	1/32	25	75	Uses magnifiers for spot reading, but may prefer talking books
		20/800	1/40	20	80	
		20/1000	1/50	15	85	
(NEAR-) BLINDNESS	Near-Blindness	20/1250	1/63	10	90	No visual reading
		20/1600	1/80	5	95	Must rely on talking books, braille, or other nonvisual sources
		20/2000 or less	1/100 or less		...	
	Total Blindness	No light perception		0	100	

1. 確定每隻眼睛的最佳矯正視力
2. 合併視力分數（VAS），以獲得功能性視力分數（FAS）

$$FAS = (3 \times VAS_{OU} + VAS_{OD} + VAS_{OS})/5$$

TABLE 12-3

Calculation of the Acuity-Related Impairment Rating[a]

Measured Snellen Values	Calculated Visual Acuity Scores
OU: letter chart acuity: 20/___	→ VAS_{OU}: ___ × 3 = ___
OD: letter chart acuity: 20/___	→ VAS_{OD}: ___ × 1 = ___
OS: letter chart acuity: 20/___	→ VAS_{OS}: ___ × 1 = ___
	Add OU, OD, and OS _____
Divide by 5 to calculate the Functional Acuity Score (FAS): _____ for the person	
Acuity-Related Impairment Rating = 100 − FAS = _____	

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視力障害評分

Table 12-4 Classification of Impairment of Visual Acuity[a]

Calculation Results					
FAS: 100-93 VA-IR: 0–7	FAS: 92-73 VA-IR: 8–27	FAS: 72-53 VA-IR: 28–47	FAS: 52-33 VA-IR: 48–67	FAS: 32-13 VA-IR: 68–87	FAS: 12-0 VA-IR: 88–100
AMA Classes					
Class 0	Class 1	Class 2	Class 3a	Class 3b	Class 4
Numerical Visual Acuity Values, Assuming *Equal Vision in Both Eyes*					
20/12.5 20/16 20/20 20/25	20/32 20/40 20/50 20/63	20/80 20/100 20/125 20/160	20/200 20/250 20/320 20/400	20/500 20/630 20/800 20/1000	20/1250 to no light perception
Numerical Visual Acuity Values, Assuming *Vision in 1 Eye Only,* Other Eye NLP					
	20/12.5 20/16 20/20 20/25	20/32, 20/40 20/50 20/63 20/80	20/100, 20/125 20/160 20/200 20/250	20/320, 20/400 20/500 20/630 20/800	20/1000 to no light perception

International Ranges of Vision Loss[b] (based on *ICD-9-CM* and others)					
Range of normal vision	Mild vision loss	Moderate vision loss	Severe vision loss	Profound vision loss	(Near-) Total vision loss
Population surveys: *no code*		Low vision		Blindness	
Estimated Ability to Perform VISUAL ACUITY–Related Activities (such as reading)					
Normal (or near-normal) Performance			Restricted (or failing) Performance		
Has reserve for small print	Lost reserve for small print	Fair with low magnification	Slow with high magnification	No recreational reading	No visual reading
Needs and Means for Vision Rehabilitation					
No need for aids	*Transition from no aids to enhancement aids*	Vision enhancement aids, *eg, magnifiers, lighting*		*Transition from enhancement aids to substitution aids*	Substitution *eg, Braille*

視野

- 視野邊緣偵測能力（ ←→ tunnel vision ）
- Confrontation test：僅用於確認視野正常
- Goldmann III-4-e isopter
- Automated perimetry
  - Eg. Humphrey

Confrontation field testing.

Fig. 1.14 Confrontation test: the patient faces the examiner at a distance of 1 m with his or her eyes at the same level as the examiner's. Each focuses on the other's opposite eye while covering their contralateral eye with the palm of the hand. The examiner moves a pen from the periphery toward the midline in all four quadrants in the nasal and temporal fields and in the superior and inferior fields.

0-V: target size (0.28-9.03 mm in diameter)
1-5: changes in luminance of 5 dB
a-e: brightness decrements of 1 dB
III+4=IV+3=II+5

Barton, J.J.S., Wirth, M.A. (2021). Examination of the Visual Field. In: Albert, D., Miller, J., Azar, D., Young, L.H. (eds) Albert and Jakobiec's Principles and Practice of Ophthalmology. Springer, Cham.

視野：Goldmann

- Kinetic testing（最常用）
  - 在Goldmann視野測試中，目標物被沿著徑向路徑移動，從一個看不見它們的區域開始，通常是從遠處的周邊開始，但有時也可能是從視野盲點內部開始，直到它們到達被感知的位置。這個位置被標記下來，目標物的大小和亮度被視為這個位置的視力閾值。然後，這個過程在整個視野周圍重複進行，直到標記足夠多的點，使得檢查者可以插值連接所有具有相似閾值的點形成一條線。所得到的線稱為等視線isopter。
- Static testing（輔助）
  - 用於探測中央或副中央視野盲點的方法是在這些特定位置放置一個昏暗的目標，並逐漸增加它的亮度或大小，直到患者看到它為止。這樣可以找到在特定位置的靜態閾值，也就是患者能夠看到目標的最小亮度或大小。

Barton, J.J.S., Wirth, M.A. (2021). Examination of the Visual Field. In: Albert, D., Miller, J., Azar, D., Young, L.H. (eds) Albert and Jakobiec's Principles and Practice of Ophthalmology. Springer, Cham.

視野障害評分

1. 確定每隻眼睛的視野範圍
   1. Goldmann：畫isopter
   2. Humphrey：畫pseudoisopter (sensitivity 10 dB以上者)
2. 確定每隻眼睛的VFS
   1. 畫經線meridians

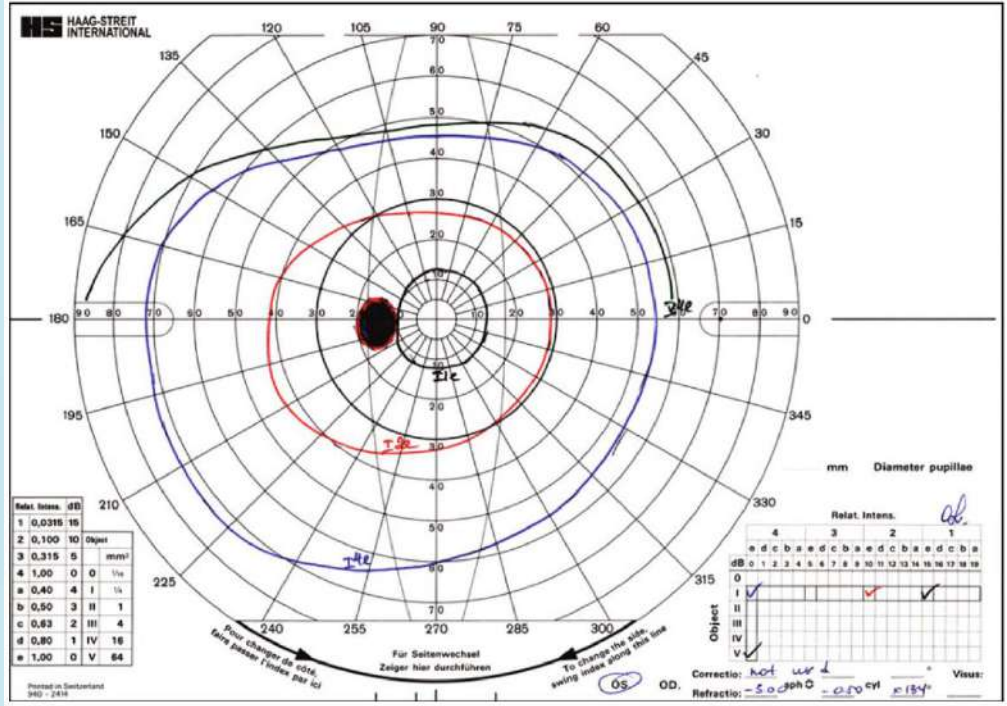


Fig. 5 Normal Goldmann map of a visual field, with three isopters mapped fully (I4e, I2e, I1e) and one isopter mapped in the superior field alone (V4e)

FIGURE 12-1

Distribution of the Grid Points for Visual Field Evaluation

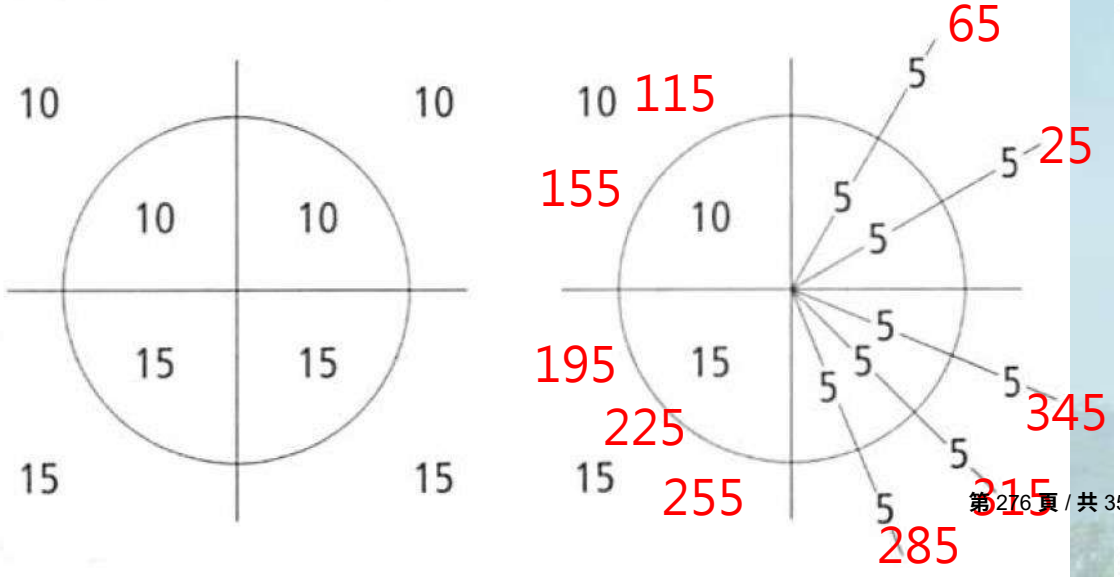
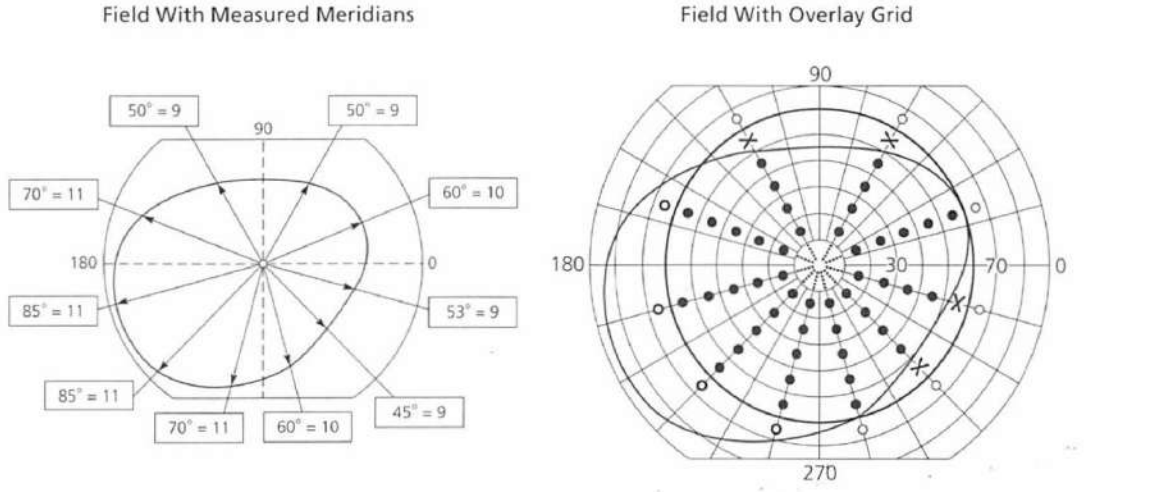


FIGURE 12-2

Normal Visual Field[a]



[a] X indicates solid dots missed; boldface open circle (O), open dots seen.

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視野障害評分

2. 確定每隻眼睛的VFS

2. 確定每條經線的範圍：10度內，最近2度；10度外，最近10度

TABLE 12-6 Conversion of Field Radius to Field Score

Rounded peripheral field limits:												
Extent:	0°	2°	4°	6°	8°	10°	20°	30°	40°	50°	60°	70° or more
Score:	0	1	2	3	4	5	6	7	8	9	10	11
Subtract for scotomata within 10°:												
Radial extent:		1°	2°	3°	4°	5°	6°	7°	8°	9°		
Subtract:		0	1	1	2	2	3	3	4	4		
Subtract for scotomata outside 10°:												
Radial extent:	1–4°		5–14°		12–24°		25–34°		35–44°		45–54°	
Subtract:	0		1		2		3		4		5	

(10 + 9) + (9 + 11) +
(11 + 11 + 11) + (10 + 9 + 9) = 100

或100-4x+4o=100

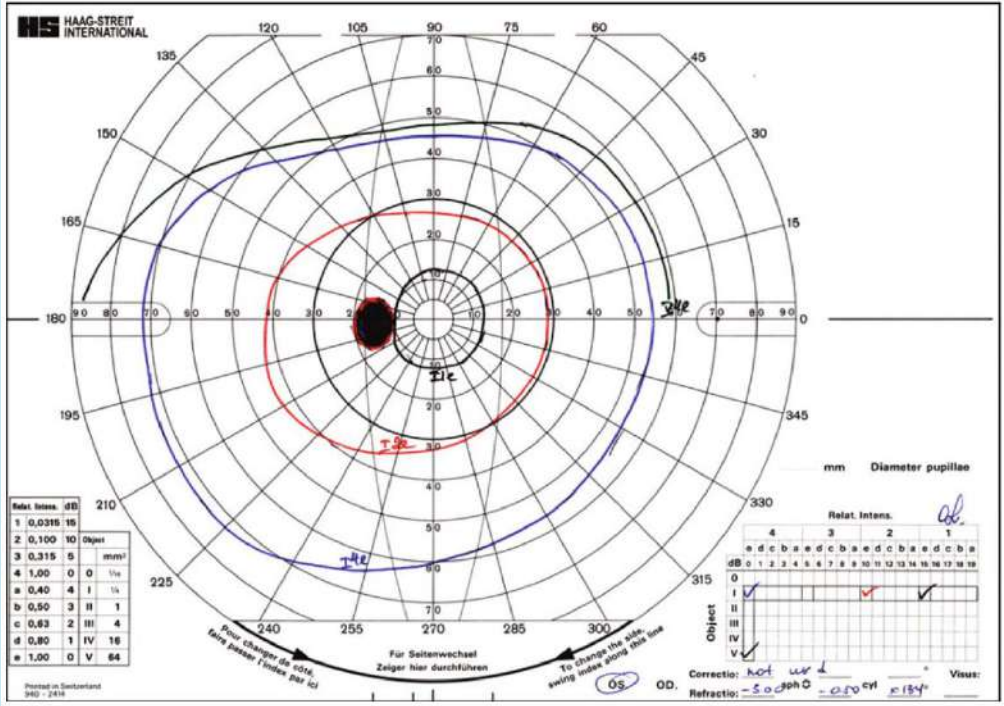
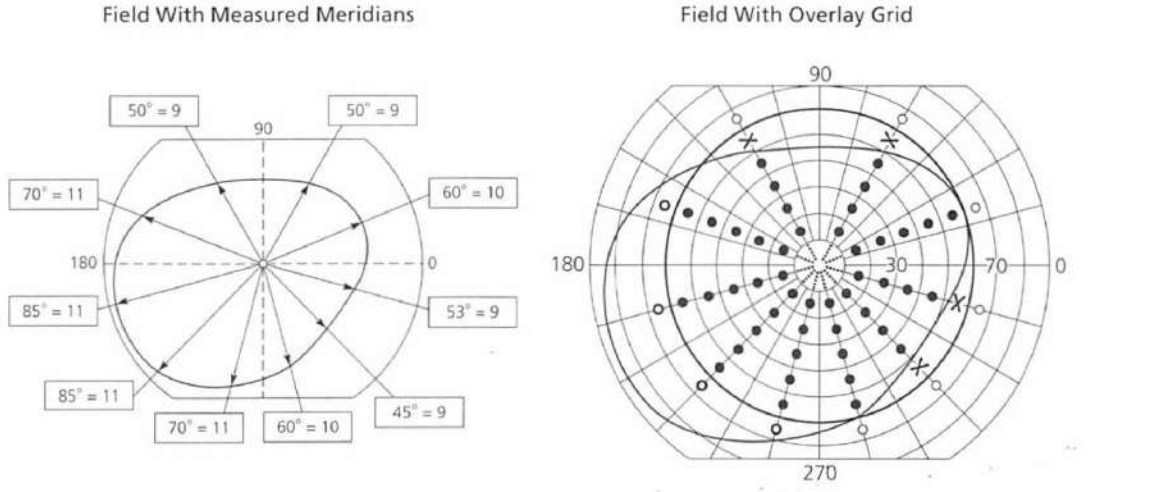


Fig. 5 Normal Goldmann map of a visual field, with three isopters mapped fully (I4e, I2e, I1e) and one isopter mapped in the superior field alone (V4e)

FIGURE 12-2
Normal Visual Field[a]



[a] X indicates solid dots missed; boldface open circle (O), open dots seen.

296, 299

視野障害評分

2. 確定每隻眼睛的VFS

2. 確定每條經線的範圍：10度內，最近2度；10度外，最近10度

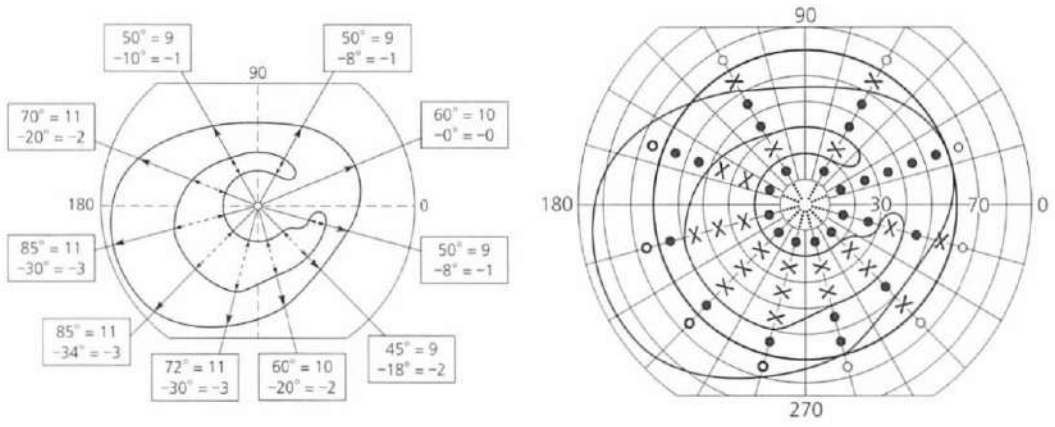
TABLE 12-6 Conversion of Field Radius to Field Score

Rounded peripheral field limits:											
Extent:	0°	2°	4°	6°	8°	10°	20°	30°	40°	50°	60°	70° or more
Score:	0	1	2	3	4	5	6	7	8	9	10	11
Subtract for scotomata within 10°:											
Radial extent:		1°	2°	3°	4°	5°	6°	7°	8°	9°		
Subtract:		0	1	1	2	2	3	3	4	4		
Subtract for scotomata outside 10°:											
Radial extent:	1–4°		5–14°		12–24°		25–34°		35–44°		45–54°	
Subtract:	0		1		2		3		4		5	

(10+9-1) + (9+11-1-2) +
(11+11+11-3-3-3) + (10+9+9-2-2-1)
= 100-18

或100-22x+4o=100-18

FIGURE 12-3
Midperipheral Scotoma[a]



[a] X indicates solid dots missed; boldface open circle (O), open dots seen.

296, 300

視野障害評分

2. 確定每隻眼睛的VFS

2. 確定每條經線的範圍：10度內，最近2度；10度外，最近10度

TABLE 12-6 Conversion of Field Radius to Field Score

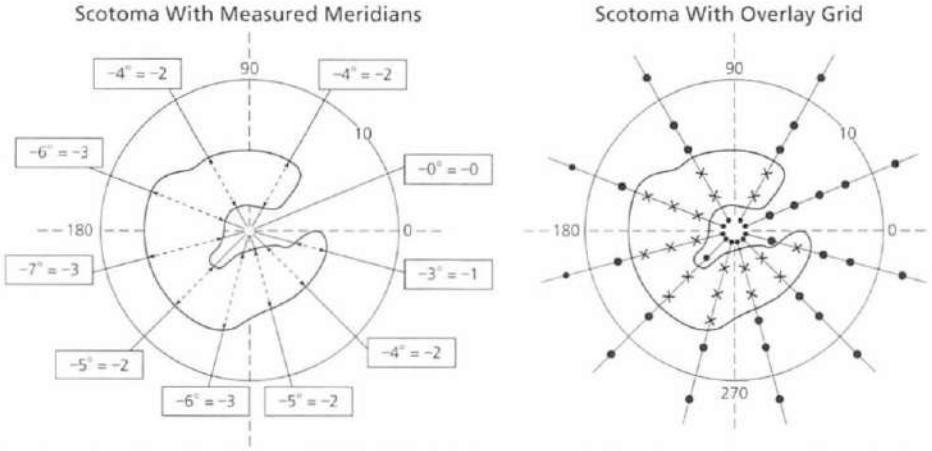
Rounded peripheral field limits:											
Extent:	0°	2°	4°	6°	8°	10°	20°	30°	40°	50°	60°	70° or more
Score:	0	1	2	3	4	5	6	7	8	9	10	11
Subtract for scotomata within 10°:											
Radial extent:		1°	2°	3°	4°	5°	6°	7°	8°	9°		
Subtract:		0	1	1	2	2	3	3	4	4		
Subtract for scotomata outside 10°:											
Radial extent:	1–4°		5–14°		12–24°		25–34°		35–44°		45–54°	
Subtract:	0		1		2		3		4		5	

(10+9-2) + (9+11-2-3) + (11+11+11-3-2-3) + (10+9+9-2-2-1) = 100-20

或100-20x=100-20

FIGURE 12-4

Juxtafoveal Scotoma[a]



[a] Note: These diagrams depict only the central 10° area. X indicates solid dots missed.

296, 300

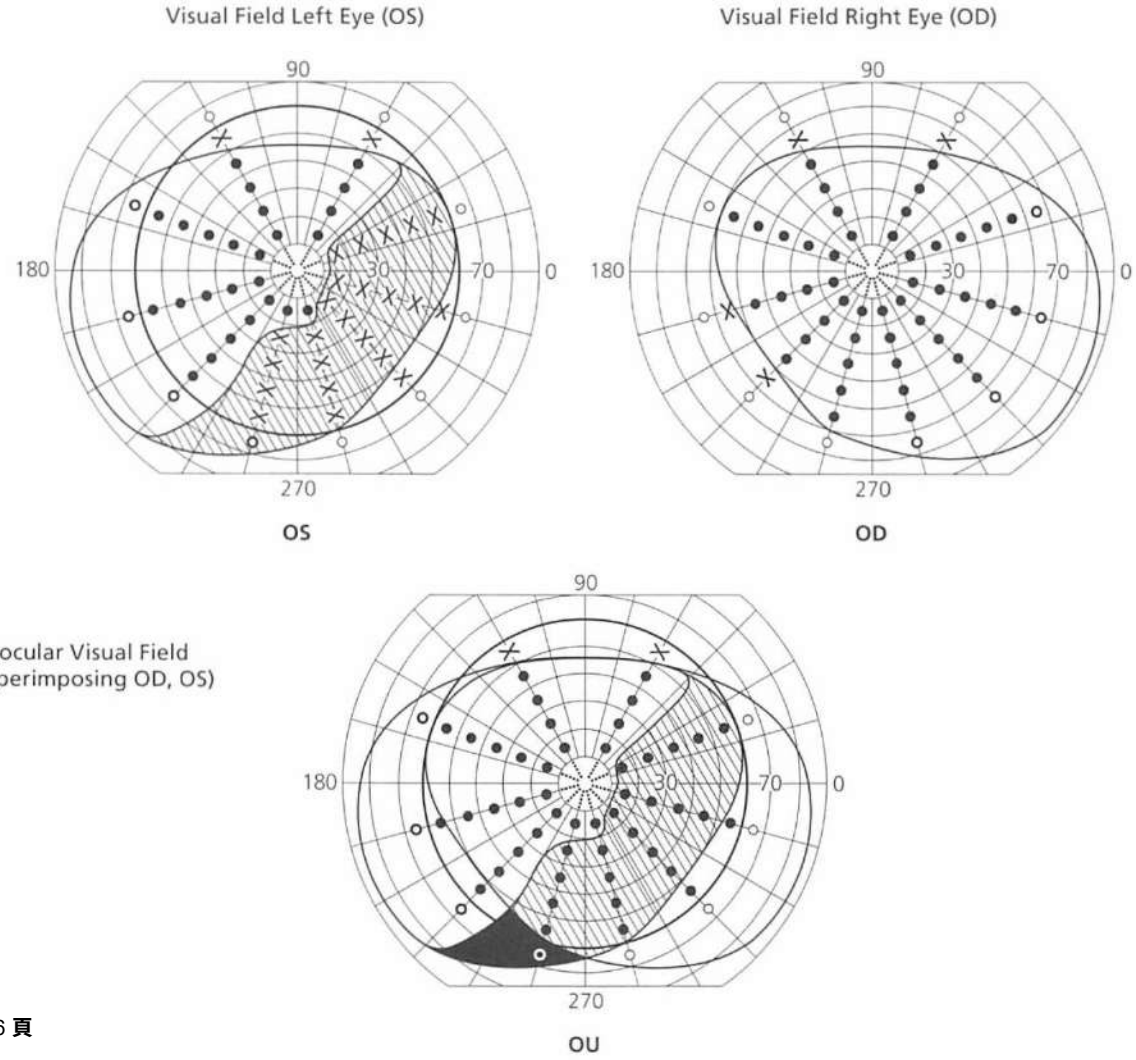
視野障害評分

3. 計算雙眼視野

OD: 100
OS: 100-24+3=79
OU: 100-2+7=105

$$FFS = (3 \times VFS_{OU} + VFS_{OD} + VFS_{OS})/5$$

FIGURE 12-6
Effect of Nasal Field Loss on the Binocular Field[a]



[a] X indicates solid dots missed; boldface open circle (O), open dots seen.

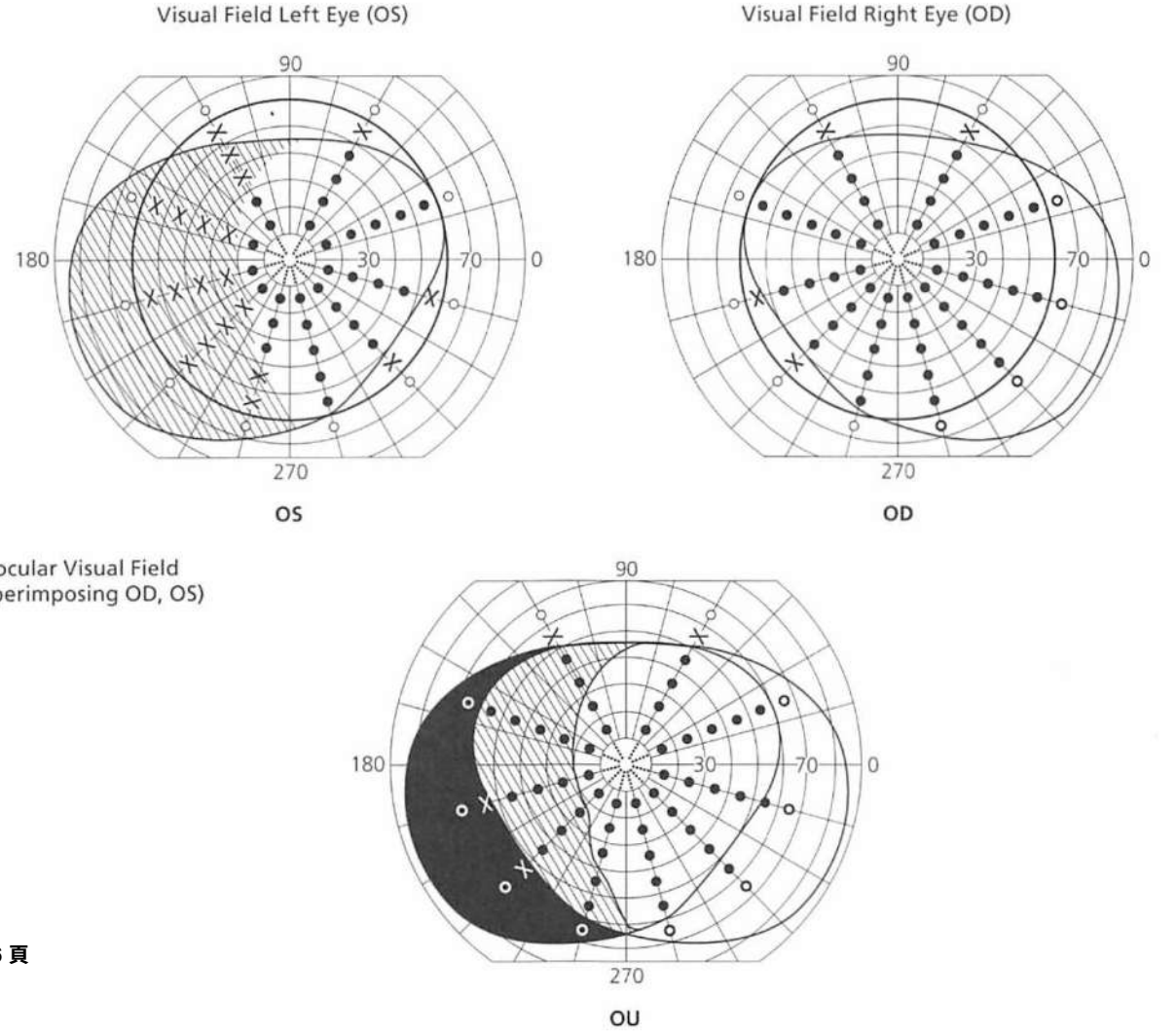
視野障害評分

3. 計算雙眼視野

OD: 100
OS: 100-20=80
OU: 100-4+4=100

$$FFS = (3 \times VFS_{OU} + VFS_{OD} + VFS_{OS})/5$$

FIGURE 12-7
Effect of Temporal Field Loss on the Binocular Field[a]



視野障害評分

Table 12-5 Impairment of Visual Field[a]

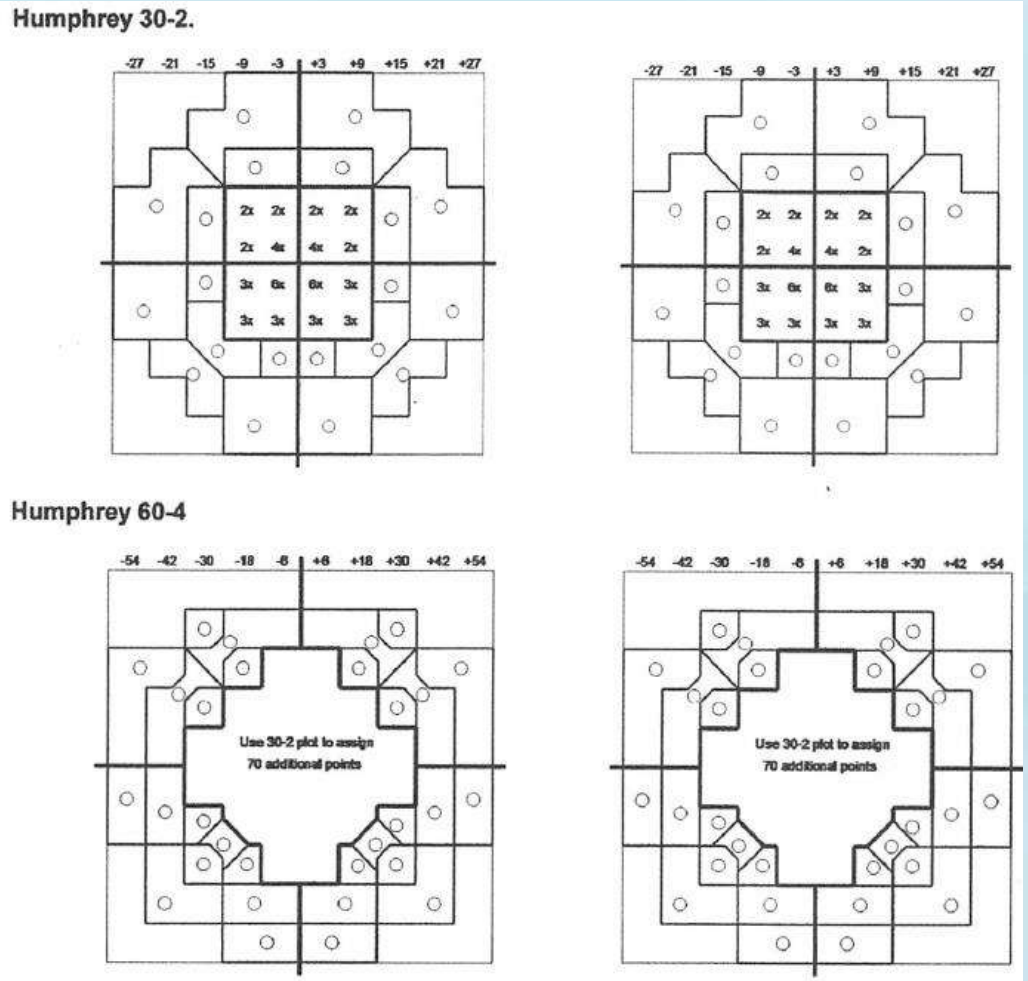
Impairment Ranges (based on *ICD-9-CM*)		Special Conditions	Average Radius if Loss Is Concentric	Visual Field Score (ability)	Impairment Rating (ability loss)	Estimated Ability for Visual Orientation and Mobility ("O + M") Tasks
(NEAR-) NORMAL VISION	Range of Normal Vision		60°	110 105 100 95	... ... 0 5	Normal visual orientation Normal mobility skills
	Near-Normal Vision	Loss of one eye	50° 40°	90 85 80 75	10 15 20 25	Normal "O + M" performance Needs more scanning Occasionally surprised by events on the side
LOW VISION	Moderate Low Vision	Upper field Lost	30° 20°	70 65 60 55	30 35 40 45	Near-normal performance Requires scanning for obstacles
	Severe Low Vision	Hemianopia Lower field Loss	10° 8°	50 45 40 35	50 55 60 65	Visual mobility is slower than normal Requires continuous scanning May use cane as adjunct
	Profound Low Vision		6° 4°	30 25 20 15	70 75 80 85	Must use long cane for detection of obstacles May use vision as adjunct for identification
(NEAR-) BLINDNESS	Near-Blindness		2° 0°	10 5 0	90 95 100	Visual orientation unreliable Must rely on long cane, sound, guide dog, and other blind mobility skills
	Total Blindness	No visual field				

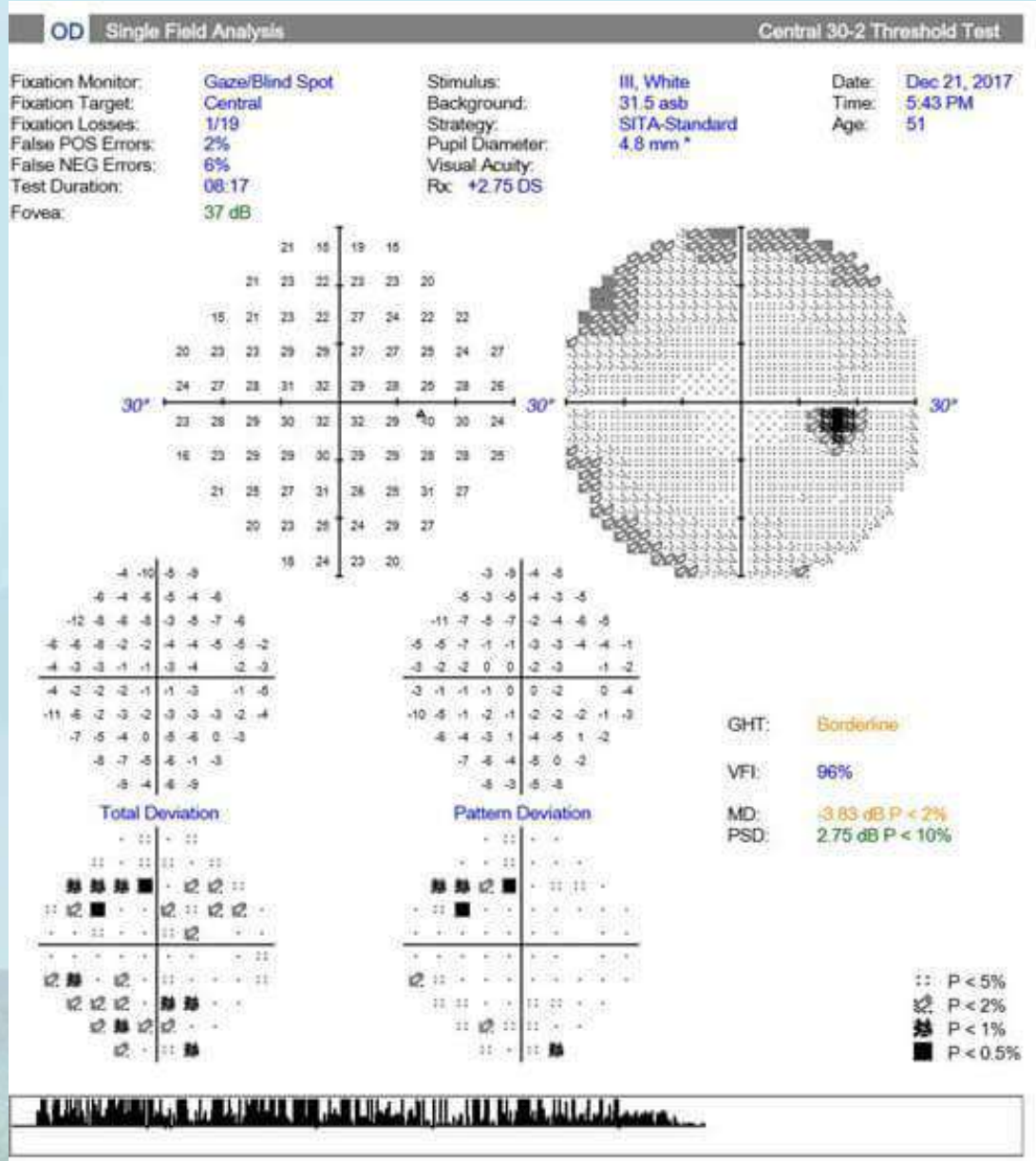
Table 12-8 Classification of Impairment of Visual Field[a]

Calculation Results					
FFS: 100-93 VF-IR: 0–7	FFS: 92-73 VF-IR: 8–27	FFS: 72-53 VF-IR: 28–47	FFS: 52-33 VF-IR: 48–67	FFS: 32-13 VF-IR: 68–87	FFS: 12-0 VF-IR: 88–100
AMA Classes					
Class 0	Class 1	Class 2	Class 3a	Class 3b	Class 4
Average Visual Field Radius, *Assuming Equal Field Loss in Both Eyes* and Normal Acuity					
Better than 60° 60° 55°	50° 45° 30° 35°	30° 25° 20° 15°	10° 9° 8° 7°	6° 5° 4° 3°	2° to no light perception
Average Visual Field Radius, *Assuming Field Loss in 1 Eye Only* With Normal Acuity, Other Eye NLP					
	70° 65° 60° 55°	50°, 45° 40° 35° 30°	25°, 20° 15° 10° 9°	8°, 7° 6° 5° 4°	3° to no light perception

International Ranges of Vision Loss[b] (based on *ICD-9-CM* and others)					
Range of normal vision	Mild vision loss	Moderate vision loss	Severe vision loss	Profound vision loss	(Near-) Total vision loss
Population surveys: *no code*		Low vision		Blindness	
Estimated Ability to Perform VISUAL FIELD–Related Activities (such as mobility)					
Normal (or near-normal) Performance			Restricted (or failing) Performance		
Normal O + M (orientation and mobility)	Normal O + M, some scanning	Scanning for obstacles	Slow mobility, may use cane	Must use cane	No visual mobility
Needs and Means for Vision Rehabilitation					
No need for aids	*Transition from no aids to enhancement aids*	Vision enhancement aids *eg, contrast, lighting, avoid clutter*		*Transition from enhancement aids to substitution aids*	Substitution eg, *cane, guide dog*

視野：Humphrey





平均超過10的區域圈起來，數沒圈起來的地方

視野障害評分 =（左 + 右 + 3*雙）/5

316-317

視覺系統

- FVS=(FAS*FFS)/100
- 計算FAS和FFS時，VAS 和 VFS 可以 >100。只有在將FAS和FFS合併為FVS時，分數需要截斷於100。

- 中央視野盲點的規則（視野和視力損失不獨立）
  - 在視野網格的中央10°區域，點密集的排列意味著即使副中央視野盲點（固定點相鄰的盲點）並不影響中央視力，它們仍然會被計算在內。這是合理的，因為已經證明這樣的視野盲點會顯著干擾閱讀能力和其他日常生活活動。
  - 然而，如果視野盲點是中央的（即覆蓋了固定點），它會影響視力和視野，這兩個障害評分就不能再被視為獨立。使用基本公式，中央視野盲點將被計算兩次。
  - 當視力敏銳度降低時，一些中央視野損失將不被計算。

TABLE 12-9 Correction for Central Scotomata

If the Visual Acuity Score is	100-90	89-80	79-70	69-60	59-50	≤49 or less
that is, if the VAS loss is	0-10	11-20	21-30	31-40	41-50	>50
and visual acuity is	≥20/30	≥20/50	≥20/80	≥20/125	≥20/200	<20/200
Ignore central field loss up to	—	2°	4°		8°	10°

counted as if they were seen

視覺系統

- 個別調整（12.4b）：如果仍有重要因素影響功能性視覺，而這些因素無法通過視力或視野喪失來解釋，則可能需要進一步調整視覺系統的障害評分。需要調整的必要性必須有充分的文檔記錄。調整應限於最多增加視覺系統的障害評分（減少FVS）15點。

全人障害

- 若VSI<50%, WPI=VSI
- 若VSI>50%, WPI=50+0.7*(VSI-50)

306, 313

FIGURE 12-9

Evaluation of Permanent Visual Impairment

Performed by _____ Date _____

Address _____

Patient Name _____ Age: ____ M/F: ____ Occupation: _____

Current Visual Symptoms—Do the Current Symptoms explain the claimed Ability Loss?

Pertinent History, Cause of Vision Loss—Does the History explain the Cause of Current Symptoms? Apportionment?

Pertinent Eye Exam—Is the Eye Exam consistent with Current Symptoms?

Prognosis, Rehabilitation Potential—Is the Current Condition permanent; can Rehabilitation alleviate the consequences?

Visual Acuity *Traditional chart ← | → Logarithmic chart (ETDRS) at 1 m*

Visual Acuity: 20/12 /16 /20 /25 /30 /40 /50 /60 /80 /**100** /125 /160 /**200** /250 /300 /400 /500 /600 /800 /**1000** /1250 /1600 /2000
Visual Acuity Score: **110 105100** 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0

Best-Corrected Visual Acuity	→	Visual Acuity Score (VAS)		*Contrast/Glare sensitivity (optional)*	
R Rx:	20/	VAS-R	= ____	*R 20/*	*VAS R* = ____
L Rx:	20/	VAS-L	= ____	*L 20/*	*VAS L* = ____
Both eyes open:	20/	VAS-Both ×3	= ____	*Both 20/VAS*	*Both* ×3 = ____
		Total:	____		Total: ____

FAS: Functional Acuity Score ____ *(= total/5)* FAS ____

Visual Field *Visual Field Score = Total stimuli seen of 50 stimuli in central 10° + 50 stimuli in periphery.*

	Central		Peripheral	
R:	/50	+	/50	VFS-R: ____
L:	/50	+	/50	VFS-L: ____
Either:	/50	+	/50	VFS-Either: × 3: ____ *(stimuli seen by either Right or Left eye)*
				Total: ____

FFS: Functional Field Score ____ *(= total/5)*

FVS: Functional Vision Score ____ *(= FAS × FFS/100)*

Adjustments for Color vision/Binocularity/Stereopsis/Suppression/Diplopia/Other *(Subtract Max. 15 points) – EXPLAIN.*

Visual System Impairment rating: *(100 – FVS – adjustment)* = ____ %
Adjustments for unrelated nonvisual conditions –EXPLAIN calculations.

Whole Person Impairment Rating *(unless additional physical impairment)* = ____ %

I hereby certify that the above findings were determined on the date noted above, and that the measurements obtained and the calculations performed are in strict accordance with the requirements in the book *Guides to the Evaluation of Permanent Impairment*, Sixth Edition, Chapter 12, The Visual System, published by the American Medical Association. Copies of the relevant visual field plots or other supporting data will be supplied as requested.

Name _____ Signature _____ Date _____

評分方法總覽

- 中樞性視知覺障礙
  - 本案建議參酌眼科之檢查評估後再進行後續鑑定。
  - 參照眼科視力檢查結果，並參考Table 12-2至Table 12-4等評估殘存視力；若另有視野問題，則再輔以Table 12-5至Table 12-10，綜合計算之
- 左側眼眶骨折合併眼神經受損：
  - 建議取得詳細眼科視力檢查結果，並參考Table 12-2至Table 12-4等評估殘存視力；若另有視野問題，則再輔以Table 12-5至Table 12-10計算之。

勞保失能-眼*

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 視力失能
  - 應用萬國式視力表以矯正後視力為準。但矯正不能者，得以裸眼視力測定之。
  - 視力失能之測定，須通過「測盲」檢查。
  - 「失明」包括眼球喪失或摘出或僅能辨明暗或辨眼前一公尺以內手動或辨眼前五公分以內指數者。
- 視野失能
  - 應依最近三個月內「以視神經及黃斑部為中心之眼底神經盤照片」、「視野圖」予以診斷， 且須通過「測盲 」檢查。
- 調節或運動失能
- 眼瞼缺損失能
- 眼瞼運動失能

勞保失能-眼*

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

台大醫院雲林分院

參、眼失能：

※經測盲（Malingering）檢查結果：□正常通過　□異常

1. 視力失能：

初診時視力				診斷失能時視力			
未矯正		矯正後		未矯正		矯正後	
右		右		右		右	
左		左		左		左	

2. 其他眼失能症狀及程度：（請附最近 3 個月之相關檢查報告）

身心障礙-視覺

b210 視覺功能	0	未達下列基準。
	1	1.矯正後兩眼視力均看不到0.3，或矯正後優眼視力為0.3，另眼視力小於0.1(不含)時，或矯正後優眼視力0.4，另眼視力小於0.05(不含)者。 2.兩眼視野各為20度以內者。 3.優眼自動視野計中心30度程式檢查，平均缺損大於10dB(不含)者。
	2	1.矯正後兩眼視力均看不到0.1時，或矯正後優眼視力為0.1，另眼視力小於0.05(不含)者。 2.優眼自動視野計中心30度程式檢查，平均缺損大於15dB(不含)者。
	3	1.矯正後兩眼視力均看不到0.01(或矯正後小於50公分辨指數)者。 2.優眼自動視野計中心30度程式檢查，平均缺損大於20dB(不含)者。

s220 眼球構造	0	未達下列基準。
	3	雙眼結構完全喪失或組織結構，包含無眼球、眼球癆及不可逆之眼球萎縮。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

Ch10 內分泌系統

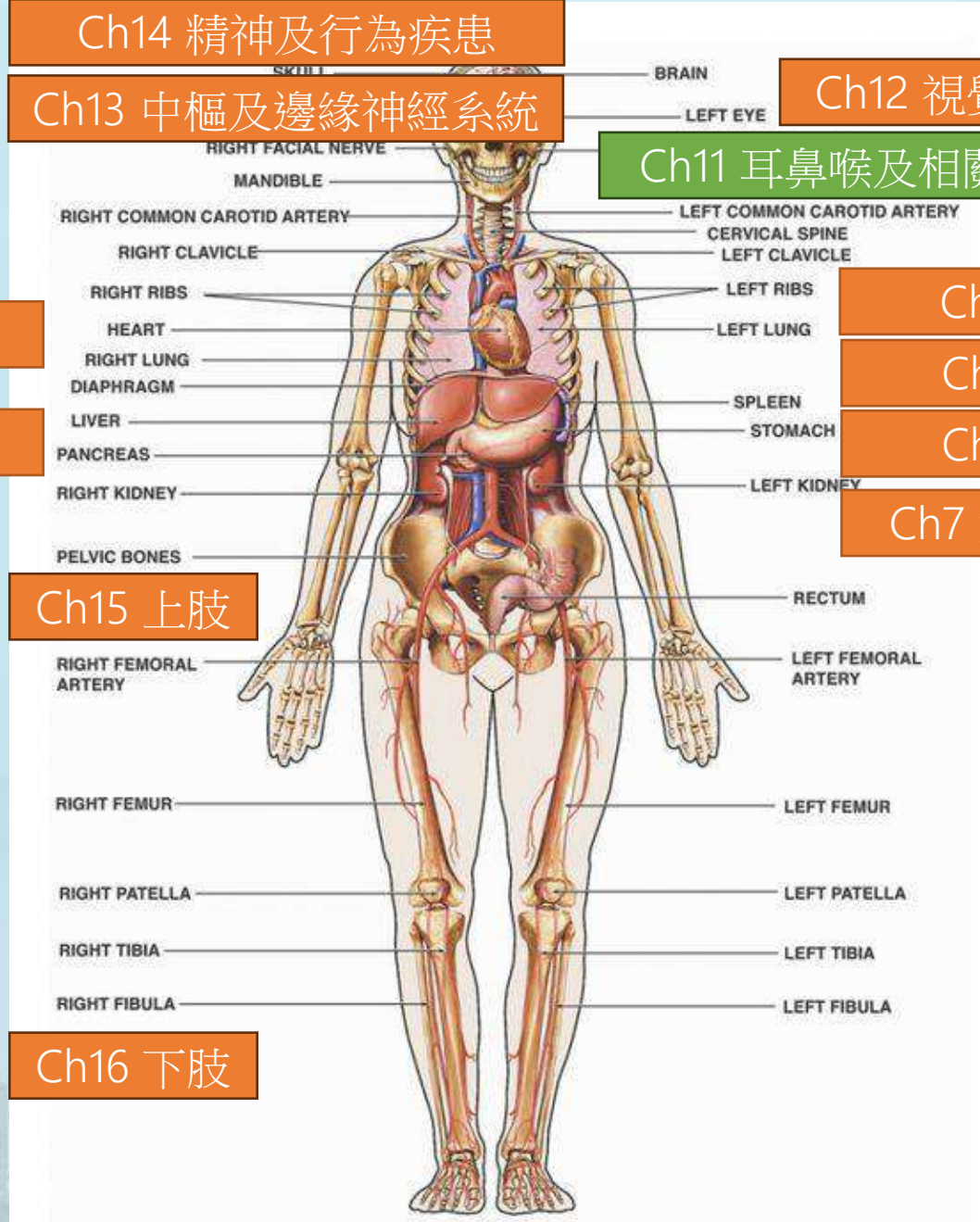
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

聽力

- 純音聽力檢查（0.5, 1, 2, 3 KHz）
  - >100 dB者視為100 dB
  - <0 dB者視為0 dB
- 四頻率相加
- 單耳聽損：查表11-1
- 雙耳聽損：(5*優耳聽損 + 劣耳聽損)/6
- 雙耳聽損換算WPI

TABLE 11-3

Relationship of Binaural Hearing Impairment to Impairment of the Whole Person

% Binaural Hearing Impairment	% Impairment of the Whole Person	% Binaural Hearing Impairment	% Impairment of the Whole Person
0–1.4	0	50.0–52.8	18
1.5–4.2	1	52.9–55.7	19
4.3–7.1	2	55.8–58.5	20
7.2–9.9	3	58.6–61.4	21
10.0–12.8	4	61.5–64.2	22
12.9–15.7	5	64.3–67.1	23
15.8–18.5	6	67.2–69.9	24
18.6–21.4	7	70.0–72.8	25
21.5–24.2	8	72.9–75.7	26
24.3–27.1	9	75.8–78.5	27
27.2–29.9	10	78.6–81.4	28
30.0–32.8	11	81.5–84.2	29
32.9–35.7	12	84.3–87.1	30
35.8–38.5	13	87.2–89.9	31
38.6–41.4	14	90.0–92.8	32
41.5–44.2	15	92.9–95.7	33
44.3–47.1	16	95.8–98.5	34
47.2–49.9	17	98.6–100.0	35

TABLE 11-1

Monaural Hearing Loss and Impairment[a]

DSHL[b]	%	DSHL[b]	%	DSHL[b]	%
100	0	190	33.8	285	69.3
		195	35.6	290	71.2
105	1.9	200	37.5	295	73.1
110	3.8			300	75.0
115	5.6	205	39.4		
120	7.5	210	41.2	305	76.9
		215	43.1	310	78.8
125	9.4	220	45.0	315	80.6
130	11.2			320	82.5
135	13.1	225	46.9		
140	15.0	230	48.8	325	84.4
		235	50.6	330	86.2
145	16.9	240	52.5	335	88.1
150	18.8			340	90.0
155	20.6	245	54.4		
160	22.5	250	56.2	345	91.9
		255	58.1	350	93.8
165	24.4	260	60.0	355	95.6
170	26.2			360	97.5
175	28.1	265	61.9	365	99.4
180	30.0	270	63.8	≥370	100.0
		275	65.6		
185	31.9	280	67.5		

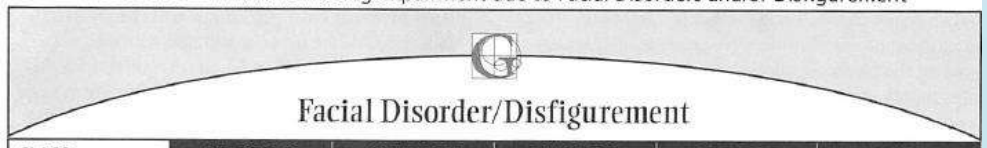
[a] Audiometers are calibrated to ANSI Standard S3.6-1996 reference levels.[4]

[b] Decibel sum of the hearing threshold levels at 500, 1000, 2000, and 3000 Hz.

250, 254

臉部醜型

TABLE 11-5 Criteria for Rating Impairment due to Facial Disorders and/or Disfigurement[a]



CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0	1%–5%	6%–10%	11%–23%	25%–45%
SEVERITY GRADE (%)		1 3 5	6 7 8 9 10	11 14 17 20 23	25 30 35 40 45
HISTORY[b]	Limited cutaneous scarring with no direct physiologic effects	Facial abnormality involving only cutaneous structures with highly visible scar and/or abnormal pigmentation No activities of daily living, including breathing or eating, are affected[a]	Facial abnormality with some loss of supporting structure May have mild obstruction of the nasal passage but no shortness of breath or other clear impairment other than with social interaction	Facial abnormality involves absence of normal anatomic part or area of the face, such as loss of the eye or loss of part of the nose with resulting cosmetic deformity The patient may have some concerns regarding his or her appearance affecting the extent of social activities	Massive or total distortion of normal facial anatomy with severe disfigurement Significant interruption of social activities due to lack of social acceptance
PHYSICAL EXAM	Scar is either small or slightly larger with minimum width, maybe in obvious location, and has no physiologic defects	Significantly visible scar and/or abnormal pigmentation *or* mild unilateral total facial paralysis *or* nasal distortion that affects physical appearance	Loss of supporting structure of part of the face with or without cutaneous disorder, such as depressed cheek or nasal or frontal bones	Exam consistent with above or severe unilateral total facial paralysis or mild bilateral total facial paralysis *or* loss of support tissue affecting multiple facial regions	Findings of the above or severe bilateral total facial paralysis with loss of major portion of or the entire nose ***Move the impairment number up depending on the severity of the facial appearance***
DIAGNOSTIC OR OTHER OBJECTIVE FINDINGS	None	No evidence of involvement of any bony structure or cartilage	May have X rays consistent with changes as noted in history	Consistent with the above findings	Findings consistent with the noted deficit

[a] Any vision loss or losses should be rated in those chapters. Breathing and eating disorders should be rated separately in this chapter and combined. The rater must use caution not to assess the activities of daily living (ADL) impairment in more than 1 section.

[b] Key factor.

咀嚼吞嚥

TABLE 11-7

Impairments of Mastication and Deglutition: Relationship of Dietary Restrictions to Permanent Impairment

Type of Restriction	Impairment of the Whole Person (%)
Diet is limited to semisolid or soft foods[a]	5, 10, 15
Diet is limited to liquid foods[a]	20, 25, 30
Ingestion of food requires tube feeding or gastrostomy	50

[a]The choice of these discrete numbers depends on the range of foods that can be consumed by the individual within the category.

嗅味覺障害

- 11.4c：若嚴重影響ADL，嗅覺或味覺其一雙側部分或完全損失酌予1-5%。

其他

- 前庭障礙（表11-4，DBI）
- 氣流通過缺損（表11-6，DBI）
- 發聲說話障害（表11-8，DBI）

258, 267

評分方法總覽

- 味覺及嗅覺障礙：
  - 建議參考p.270 “11.4c Olfaction and Taste”段落評估味覺及嗅覺功能損失。
- 頭部外傷併臉部撕裂傷：
  - 建議參考Table 11-5評估顏面是否遺存顯著傷疤、畸形、組織缺損、感覺異常等功能損失。
- 右側聽力損失：
  - 本案建議參酌耳鼻喉科之檢查評估後再進行後續鑑定。
  - 建議參考Table 11-1至Table 11-3等評估是否仍有遺存症狀或功能損失，請再安排純音聽力與ABR等客觀性檢查。
- 平衡與前庭功能疾患
  - 建議參考Table 11-4評估是否仍有遺存症狀或功能損失。
- 臉部撕裂傷併上排牙齒斷裂
  - 建議參考Table 11-5評估顏面是否遺存顯著傷疤、畸形、組織缺損、感覺異常等功能損失。
  - 建議參考Table 11-7評估牙齒咬合及功能受損情形。

勞保失能-耳

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

	雙耳	單耳
90 dB	5	10
70 dB	7	11

- 內耳及中耳聽覺失能*
  - 應依最近三個月內之二次「純音聽力檢查（PTA）」（二次測試應間隔二十四小 時以上）、「語言聽閾測試（SRT）」及「聽性腦幹聽力檢查（ABR）」報告予以診斷。必要時得配合Stenger test 氏詐聾測試結果或穩定相位誘發電位檢查（SSEP）診斷。
- 耳廓缺損失能
  - 一側耳廓大部分缺損（耳廓軟骨缺損二分之一以上）：13

肆、聽覺失能：

1. 請附最近 3 個月內之二次純音聽力檢查（PTA）（二次測試應間隔 24 小時以上）、語言聽閾測試(SRT)及聽性腦幹聽力檢查（ABR）等報告。
2. 平均閾值係以 500Hz、1kHz 和 2kHz 之閾值平均計算。
3. 診斷失能時平均聽力閾值為 2 次 PTA 檢測結果，以較佳者為準。
4. 純音聽力檢查(PTA)檢測結果：

來院初診日期：　　年　　月　　日			
初診時平均閾值		診斷失能時平均閾值	
右(R)	分貝	右(R)	分貝
左(L)	分貝	左(L)	分貝

5. 聽性腦幹聽力檢查（ABR）檢測結果：右耳於_____分貝、左耳於_____分貝時有反應。
6. 語言聽閾測試(SRT)檢測結果：右耳於_____分貝、左耳於_____分貝時有反應。

身心障礙-聽覺

b230 聽覺功能	0	未達下列基準。
	1	1.六歲以上：雙耳整體障礙比率介於45.0%至70.0%，或一耳聽力閾值為90分貝以上，且另一耳聽力閾值為48分貝以上者。如無法取得純音聽力閾值者，以ABR聽力閾值作為純音聽力閾值計算。 2.未滿六歲：雙耳整體障礙比率介於22.5%至70.0% 如無法取得純音聽力閾值者，以ABR聽力閾值作為純音聽力閾值計算。六歲以上不適用本項基準。
	2	雙耳整體障礙比率介於70.1%至90.0% 如無法取得純音聽力閾值者，以ABR聽力閾值作為純音聽力閾值計算。
	3	雙耳整體障礙比率大於等於90.1% 如無法取得純音聽力閾值者，以ABR聽力閾值作為純音聽力閾值計算。

s260 內耳構造	0	未達下列基準。
	3	雙耳耳蝸完全喪失。

身心障礙-平衡

1.神經科2.神經外科3.外科4.復健科5.耳鼻喉科

b235 平衡功能	0	未達下列基準。
	1	平衡機能障礙致步行困難者。
	2	平衡機能障礙而無法站立者。
	3	平衡機能障礙而無法坐立者。

勞保失能-口、頭/臉/頸

伍、咀嚼吞嚥機能失能：須經吞嚥復健評估始可診斷。

□除流質食物（果汁、牛奶類）外，不能攝取或吞嚥

□除粥、糊或類似之食物外，不能攝取或吞嚥

□放射線或化學治療後，唾液減少，需佐以液體始能吞嚥

□因頭部外傷、顎骨周圍組織或舌之損傷引起味覺完全喪失

陸、言語機能失能：除全喉切除外，須經語言復健評估始可診斷。

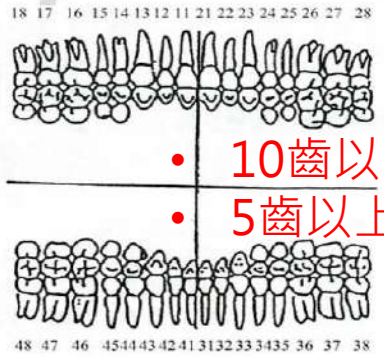
1. 不能構音之語音計有：(可複選)
   □雙唇音 □唇齒音 □舌尖音 □舌根音 □舌面音
   □舌尖後音 □舌尖前音 □緩音機能遺存顯著失能
2. □全喉切除
3. 言語中樞損傷所致之失語症：
   □無法用語言或聲音與人溝通，表達或理解功能嚴重失能
   □語言理解、表達、說話清晰度、流暢性或發聲有困難，表達或理解功能輕度失能

柒、牙齒失能：(請於右圖標示失能部位)

□意外傷害 □疾病造成

(1)原生牙齒完全脫落或拔除＿＿＿＿顆

(2)原生牙齒牙冠斷落二分之一以上之齒數＿＿＿＿顆(不含完全脫落或拔除者)



- 10齒以上：11
- 5齒以上：13

捌、頭、臉、頸部缺損：請附治療1年以上，症狀固定後之4x6近距離彩色照片（附量尺及拍攝日期），並於背面加註姓名及身分證統一編號。

□ 頭部遺存直徑8公分以上面積之瘢痕

□ 頸部、下頷部遺存直徑8公分以上面積之瘢痕

□ 顏面部遺存 □ 直徑5公分以上面積之瘢痕
□ 8公分以上之線狀痕
□ 不同部分之線狀痕合計達12公分以上
□ 直徑3公分以上之組織凹陷

請醫師繪圖標示：

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*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

(一)「喪失言語機能」，係指唇、舌、軟顎、硬顎、喉頭等構造中，有嚴重損傷，致使下列構成言語之七種語音，有五種以上不能構音者。

(二)「言語機能遺存顯著失能」，係指唇、舌、軟顎、硬顎、喉頭等構造中，有嚴重損傷，致使下列構成言語之七種語音，有三種以上不能構音者。

1. 雙唇音：ㄅ、ㄆ、ㄇ(發音部位雙唇)
2. 唇齒音：ㄈ(發音部位唇齒)
3. 舌尖音：ㄉ、ㄊ、ㄋ、ㄌ(發音部位舌尖與牙齦)
4. 舌根音：ㄍ、ㄎ、ㄏ(發音部位舌根與軟顎)
5. 舌面音：ㄐ、ㄑ、ㄒ(發音部位舌面與硬顎)
6. 舌尖後音：ㄓ、ㄔ、ㄕ、ㄖ(發音部位舌尖與硬顎)
7. 舌尖前音：ㄗ、ㄘ、ㄙ(發音部位舌尖與上牙齦)

身心障礙-涉及聲音與言語構造及其功能

- b310嗓音功能、b320構音功能、b330言語功能的流暢與節律：1.神經科 2.兒專神經科 3.神經外科4.復健科5.耳鼻喉科
- s320口構造、s330咽構造、s340喉構造：1.耳鼻喉科2.牙科3.整形外科

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch5 肺臟系統

Ch9 造血系統

Ch10 內分泌系統

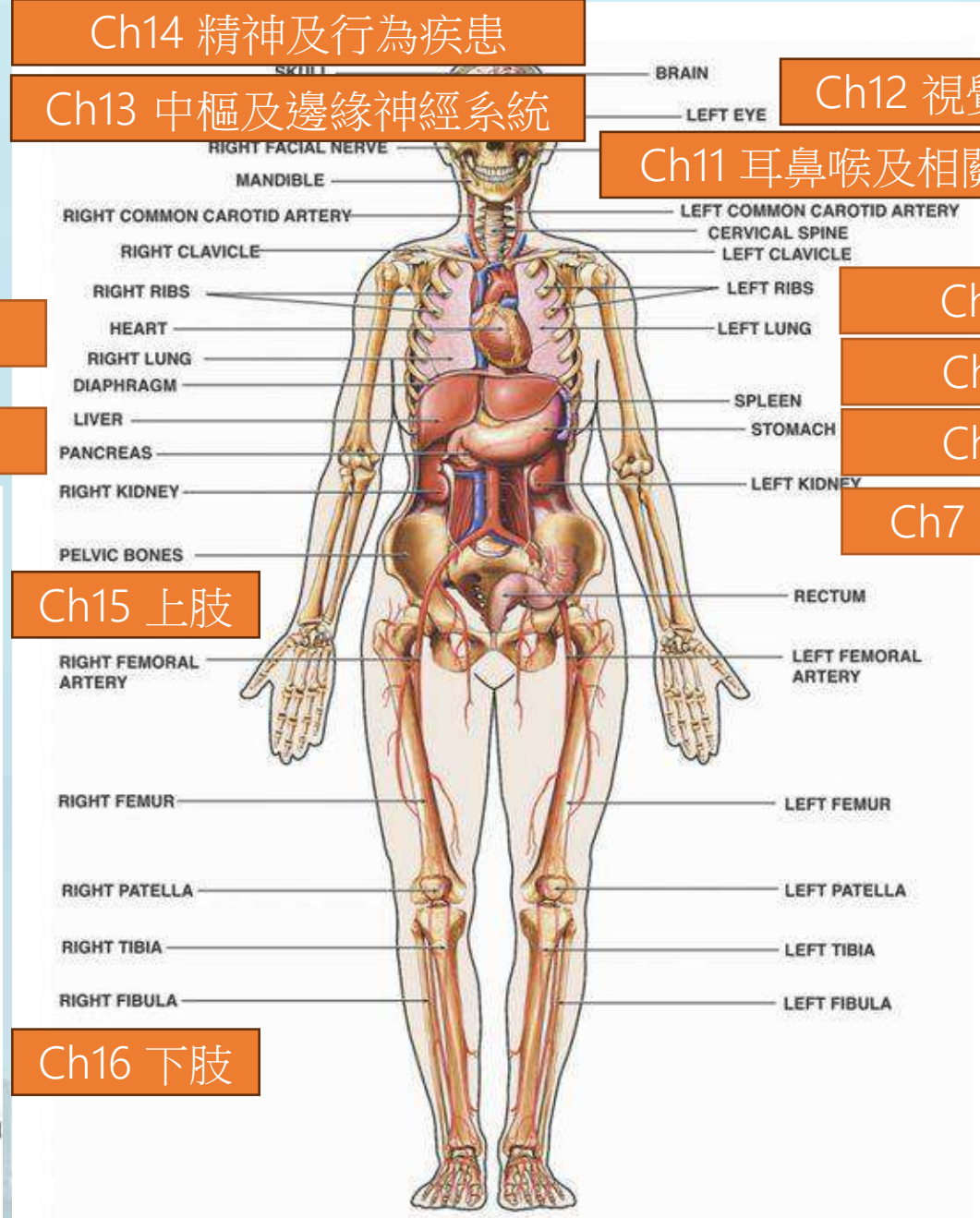
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

以診斷為基礎的障害（DBI）

TABLE 8-2 Criteria for Rating Permanent Impairment due to Skin Disorders

Skin Disorders

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0	1%–9%	√ 11%–27%	30%–42%	45%–58%
SEVERITY GRADE (%)		1 3 5 7 9 (A B C D E)	11 15 19 23 27 (A B C D E)	30 33 36 39 42 (A B C D E)	45 48 51 54 58 (A B C D E)
HISTORY[a,c]	Skin disorder signs have been present in the past but are currently present <1% of the time[b] *and* no medication is necessary *and* there is essentially no interference with activities of daily living (ADLs)	Skin disorder signs and symptoms consistent with Table 8-3 are present 1%–30% of the time[b] *and* may intermittently require treatment with topical medications[e] *and* when signs and symptoms are present, there is minimal interference with ADLs	Skin disorder signs and symptoms consistent with Table 8-3 are present >30%–60% of the time[b] *and* often require treatment with topical or systemic medications *and* when signs and symptoms are present, there is mild interference with some ADLs	Skin disorder signs and symptoms consistent with Table 8-3 are present >60%–90% of the time[b] *and* require intermittent to constant treatment with topical or systemic medications *and* when signs and symptoms are present, there is moderate interference with some ADLs	Skin disorder signs and symptoms consistent with Table 8-3 are present >90% of the time[b] *and* require treatment with topical or systemic medications on a regular basis *and* there is severe interference with most ADLS to the extent that confinement may be required. All cancers not in remission, other than basal cell carcinoma, automatically receive 58% combined with all other systemic or musculoskel- or 100% when terminal.

Scars are present permanently. and thus the time element is not used as part of the rating,

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以診斷為基礎的障害（DBI）

PHYSICAL EXAM FINDINGS[c]		Physical exam findings in accordance with Table 8-3 are present when symptoms are present. When present, the findings (1) do not cover 10% of the body, (2) exclude the face and/or (3) are usually transitory or can be concealed.	Physical exam findings in accordance with Table 8-3 are present when symptoms are present. When present, the findings generally (1) cover 10%–20% of the body but can usually be concealed and/or (2) significantly involve the face or anterior part of the neck and/or hands.	Physical exam findings in accordance with Table 8-3 are usually present. The findings generally (1) cover 20%–40% of the body and can be at least partially concealed in most social situations and/or (2) involve the entire palmar aspect of the hand.	Physical exam findings in accordance with Table 8-3 are present almost all the time. The findings generally cover >40% of the body and are not able to be concealed in most social situations. **May move to highest number in class 4 depending on extent of involvement and ability to conceal.**

Any facial scarring should be graded according to Table 11-5 and then combined with other impairments from this chapter when applicable.

以診斷為基礎的障害（DBI）

DIAGNOSTIC TEST FINDINGS[d]	Diagnostic test findings expected to be positive are either negative or the test or tests have not been performed. For example, for allergic contact dermatitis, class 0 would be assigned if there were no relevant positive patch test reactions (RPPTRs)[e]	Diagnostic test findings expected to be positive are equivocal. For example, for allergic contact dermatitis, class 1 would be assigned for patch test reactions that are equivocal but would be considered relevant if positive.	Diagnostic test findings expected to be positive are positive and in the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 2 would be assigned if there was at least one RPPTR.[e]	Diagnostic test findings expected to be positive are positive and are somewhat beyond the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 3 would be assigned for multiple RPPTRs.[e]	Diagnostic test findings expected to be positive are positive and are significantly beyond the range of results expected in typical cases of the given diagnosis. For example, for allergic contact dermatitis, class 4 would be assigned if multiple RPPTRs[e] were present that indicated that the patient must avoid many widespread substances or crucial occupationally related substances.

The category of Diagnostic Test Findings is not applied to scars. If no diagnostic tests are necessary or expected to be positive, then use number obtained after assessing physical exam findings as final impairment rating.

評分方法總覽

- 臉部、頸部及兩側上肢二至三度燙傷、兩上肢左大腿灼傷後多處肥厚性疤痕：
  - 建議參考Table 8-2、Table 8-3等評估是否仍有損傷。
  - 臉部燙傷部分，建議參考Table 11-5評估顏面是否遺存顯著傷疤、組織缺損、感覺異常等功能損失。
  - 若上肢遺存顯著關節活動度限制，建議參考Table 15-30至Table 15-34評估，輔以Table 15-7、Table 15-36做為加分與否項目；若下肢遺存顯著關節活動度限制，建議參考Table 16-18至Table 16-24評估，輔以Table 16-6、Table 16-17做為加分與否項目。

勞保失能-皮膚*

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

- 身體皮膚排汗功能喪失
  - 外傷或燒燙傷或化學灼傷或手術的影響引起功能失能，除頭、臉、頸部以外身體遺存肥厚性疤痕（含植皮供應之肥厚疤痕）或植皮後疤痕。
  - 以皮膚外觀或疤痕高度、硬度為測量評估標準。必要時應以非侵入性儀器測定排汗異常或經 皮水分蒸發，或以皮膚病理切片輔助作評估。
  - 其失能程度除應以失能診斷書上記載之疤痕占體表面積之百分比（％）外， 並應輔以彩色照片（應附量尺及拍攝日期之4*6 照片）為佐證。

71%	61-70%	51-60%	41-50%	31-40%	21-30%	16-20%	11-15%	6-10%	2-5%
2	3	4	5	6	7	9	11	12	13

勞保失能-皮膚*

*衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

台大醫院雲林分院

拾、身體皮膚排汗失能：請檢附症狀固定後之 4x6 燒燙傷相片（附有量尺及拍攝日期）為佐證，但由設有整形外科或燒燙傷病房之適當層級醫院醫師開具診斷書者，得以圖畫說明替代相片。

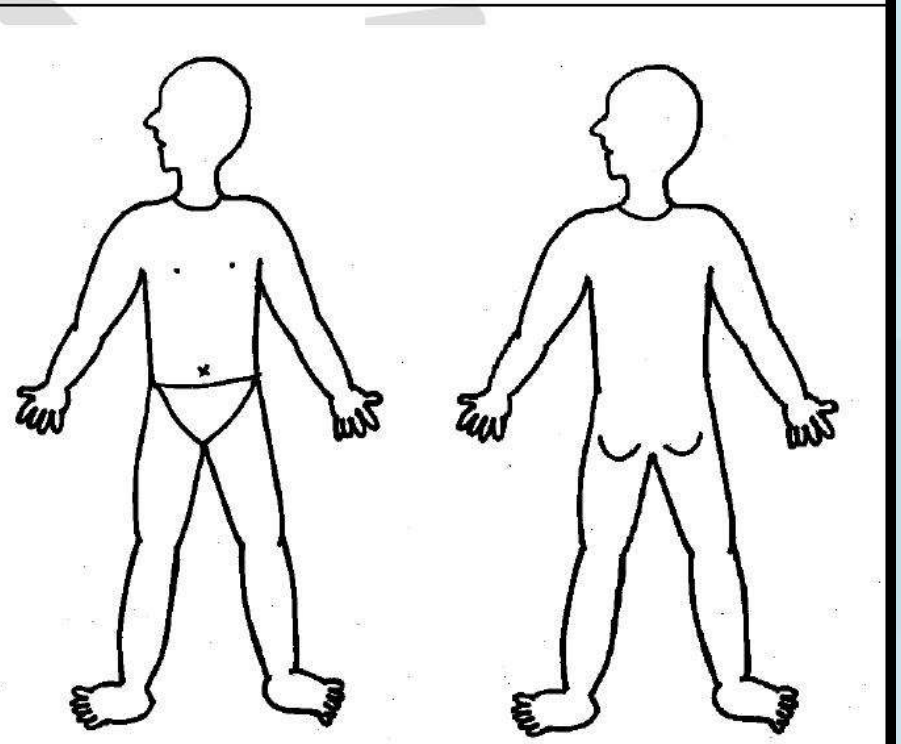
1. 身體皮膚排汗功能喪失程度（不包括頭、臉、頸部之失能面積）：

喪失_____%。（失能面積之計算，以一手掌大小約佔人體面積 1% 為測量基準）

2. 外科手術：
□無
□有，最後 1 次手術日期：_____

3. 身體皮膚排汗功能喪失程度逾 60%者：
□終身僅能從事輕便工作
□終身無工作能力

4. 本診斷書開具醫院是否設有整形外科或燒燙傷病房：□是 □否



71%	61-70%	51-60%	41-50%	31-40%	21-30%	16-20%	11-15%	6-10%	2-5%
2	3	4	5	6	7	9	11	12	13

身心障礙-皮膚

- b810皮膚保護功能、s810皮膚區域構造：1.皮膚科2.臨床病理科3.整形外科4.耳鼻喉科5.口腔顎面外科6.復健科

b810 皮膚保護功能	0	未達下列基準。
	1	由於掌蹠角皮症而對肢體關節活動困難者，請加評關節移動的功能。
s810 皮膚區域構造	0	未達下列基準。
	1	1.缺鼻二分之一，單側上顎或下顎缺損二分之一以下造成明顯中線偏移者。 2.頭、臉、頸部損傷面積佔頭臉頸部30%至39%，而無法或難以修復者。 3.因先天性、後天性疾病造成顏面外觀改變且無法或難以修復，面積佔頭臉頸部30%以上，而對社會生活適應困難者。 4.頭臉頸部以外之身體皮膚損傷面積佔身體皮膚之31%至50%，而無法或難以修復者。
	2	1.缺鼻、眼窩、雙側上顎、下顎二分之一者。 2.頭、臉、頸部損傷面積佔頭臉頸40%至59%，而無法或難以修復者。 3.頭臉頸部以外之身體皮膚損傷面積佔身體皮膚之51%至70%，而無法或難以修復者。
	3	1.頭、臉、頸部損傷面積佔頭臉頸部60%以上，而無法或難以修復者。 2.頭臉頸部以外之身體皮膚損傷面積佔身體皮膚之71%以上，而無法或難以修復者。

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch10 內分泌系統

Ch5 肺臟系統

Ch9 造血系統

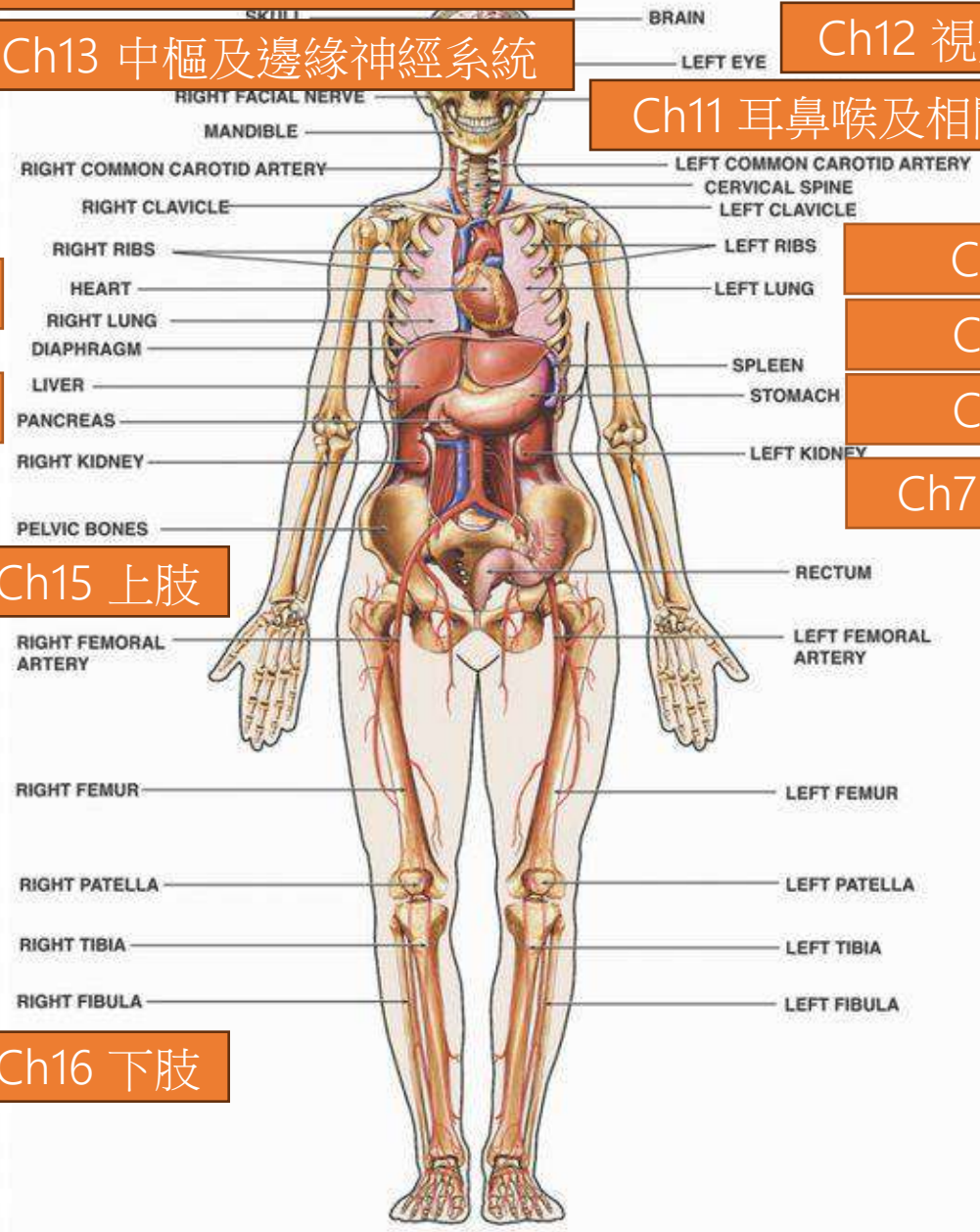
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

導言

- 沒有客觀的方式定量疼痛或它對個體多變的效應，也缺乏實證資料和共識。
- 國際疼痛研究學會：疼痛是一種與實際或潛在的組織損傷相關，或以此類損傷加以描述的不愉快感覺和情緒體驗
- 疼痛的主觀性
- 個別身體部位的痛 vs. 全人的痛
- 疼痛是獨立的問題 vs. 醫療狀況的一部分

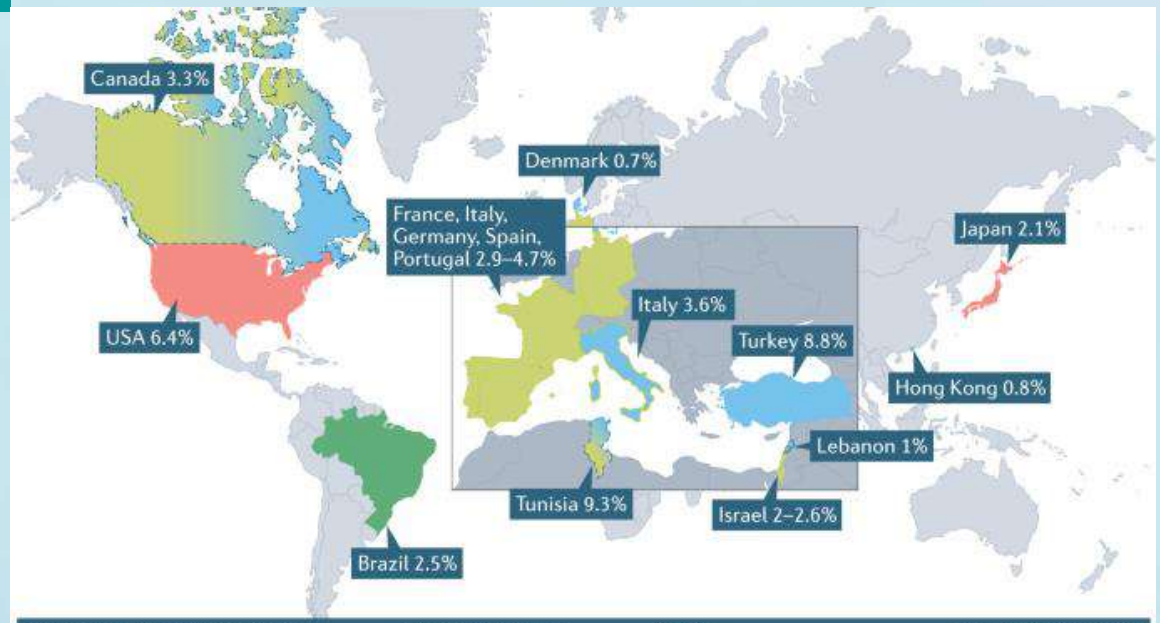
導言

- 慢性疼痛：隨著時間持續的疼痛（例如超過3個月）。
- 慢性疼痛症候群：
  - 使用處方藥物超過建議的持續時間，和/或濫用或依賴處方藥物或其他物質。
  - 過度依賴醫療提供者、配偶或家庭。
  - 由於用進廢退和/或因疼痛而避免體育活動而導致的次發性身體退化。
  - 從社交環境中退縮，包括工作、娛樂或其他社交接觸。
  - 在一段殘疾期後未能恢復受傷前的功能，導致身體能力不足以應對工作、家庭或娛樂需求。
  - 在最初事件後發展心理社會後續症狀，包括焦慮、恐懼-退避、抑鬱或非器質性疾病行為。

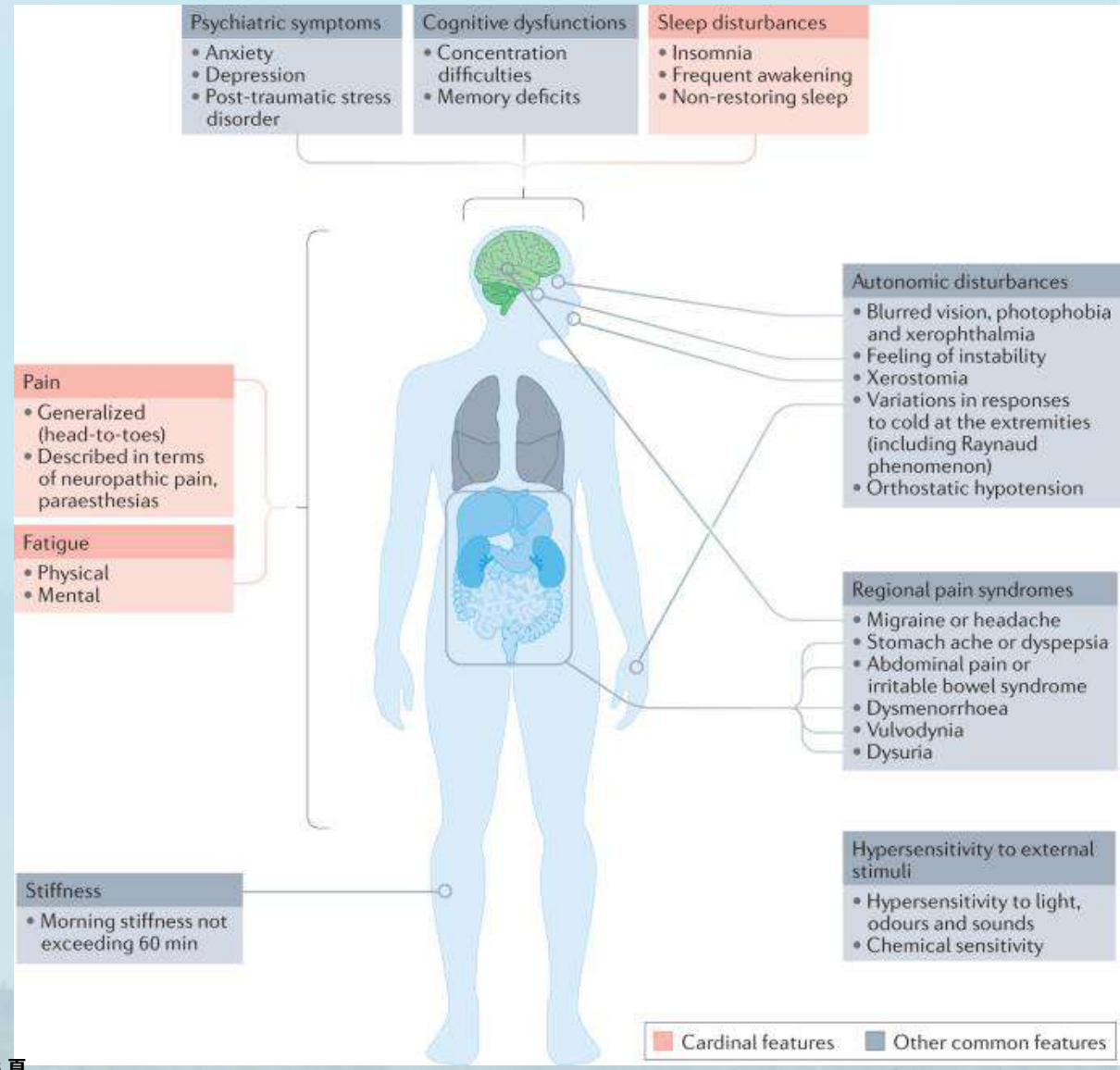
導言

- 感覺接受性疼痛 (Nociceptive pain)
  - 是將組織損傷與疼痛感知連接起來的一系列正常生理事件
  - 通過疼痛途徑的正常激活而引起的疼痛
- 神經病變性疼痛 (Neuropathic pain)
  - 由於受傷或疾病導致神經系統功能異常引起的疼痛
  - 自發痛: 不由外界刺激引起的自主產生的疼痛
  - 感覺異常: 如麻木、刺痛或燒灼感
  - 痛覺過度: 對痛覺刺激的反應超過了正常反應的增強疼痛
  - 觸摸痛 (Allodynia): 通常不會引起疼痛的刺激（如輕觸）引起的疼痛。
- 次發於神經系統敏感（sensitization）的疼痛
  - 如纖維肌痛症（fibromyalgia）

導言



Criteria and/or questionnaire	Country or region	Study	Total prevalence (%)
1990 ACR	Hong Kong	Scudds et al. (2006)[11]	0.8
	Denmark	Prescott et al. (1993)[15]	0.7
	Italy	Salaffi et al. (2005)[16]	3.6
	Turkey	Turhanoglu et al. (2008)[8]	8.8
The 2010 ACR criteria	Japan	Nakamura et al. (2014)[7]	2.1
	USA	Vincent et al. (2013)[12]	6.4
LFESSQ	Israel	Ablin et al. (2012)[14]	LFESSQ-4: 2.6 LFESSQ-6: 2.0
	France, Italy, Germany, Spain and Portugal	Branco et al. (2009)[5]	LFESSQ-4: 4.7 LFESSQ-6: 2.9
COPCORD	Brazil	Rodrigues Senna et al. (2004)[10]	2.5
LFESSQ and the 1990 ACR criteria	Canada	White et al. (1999)[13]	3.3
	Tunisia*	Guermazi et al. (2008)[9]	9.3
COPCORD and the 1990 ACR criteria	Lebanon	Chaaya et al. (2011)[6]	1
	World	Queiroz (2013)[1]	2.7



Sarzi-Puttini P, Giorgi V, Marotto D, Atzeni F. Fibromyalgia: an update on clinical characteristics, aetiopathogenesis and treatment. Nat Rev Rheumatol. 2020 Nov;16(11):645-660.

可被評分的基礎

- 疼痛被確定為具有合理的醫學基礎，例如可以用一般公認的醫學症候群來描述。
- 患者將疼痛確定為主要問題。
- 患者的狀況不能根據第4章至第17章所描述的原則進行評估。
- 疼痛相關障害評分未被相關司法轄區明確排除。

PDQ

TABLE 3-1

Pain-Related Impairment and Whole Person Impairment Based on Pain Disability Questionnaire

Degree of Pain-Related Impairment	Pain Disability Questionnaire Score	Whole Person Impairment (%)
None	0	0
Mild	1–70	0
Moderate	71–100	1
Severe	101–130	2
Extreme	131–150	3

AMA章節分配

Ch14 精神及行為疾患

Ch13 中樞及邊緣神經系統

Ch12 視覺系統

Ch11 耳鼻喉及相關結構

Ch4 心血管系統

Ch10 內分泌系統

Ch5 肺臟系統

Ch9 造血系統

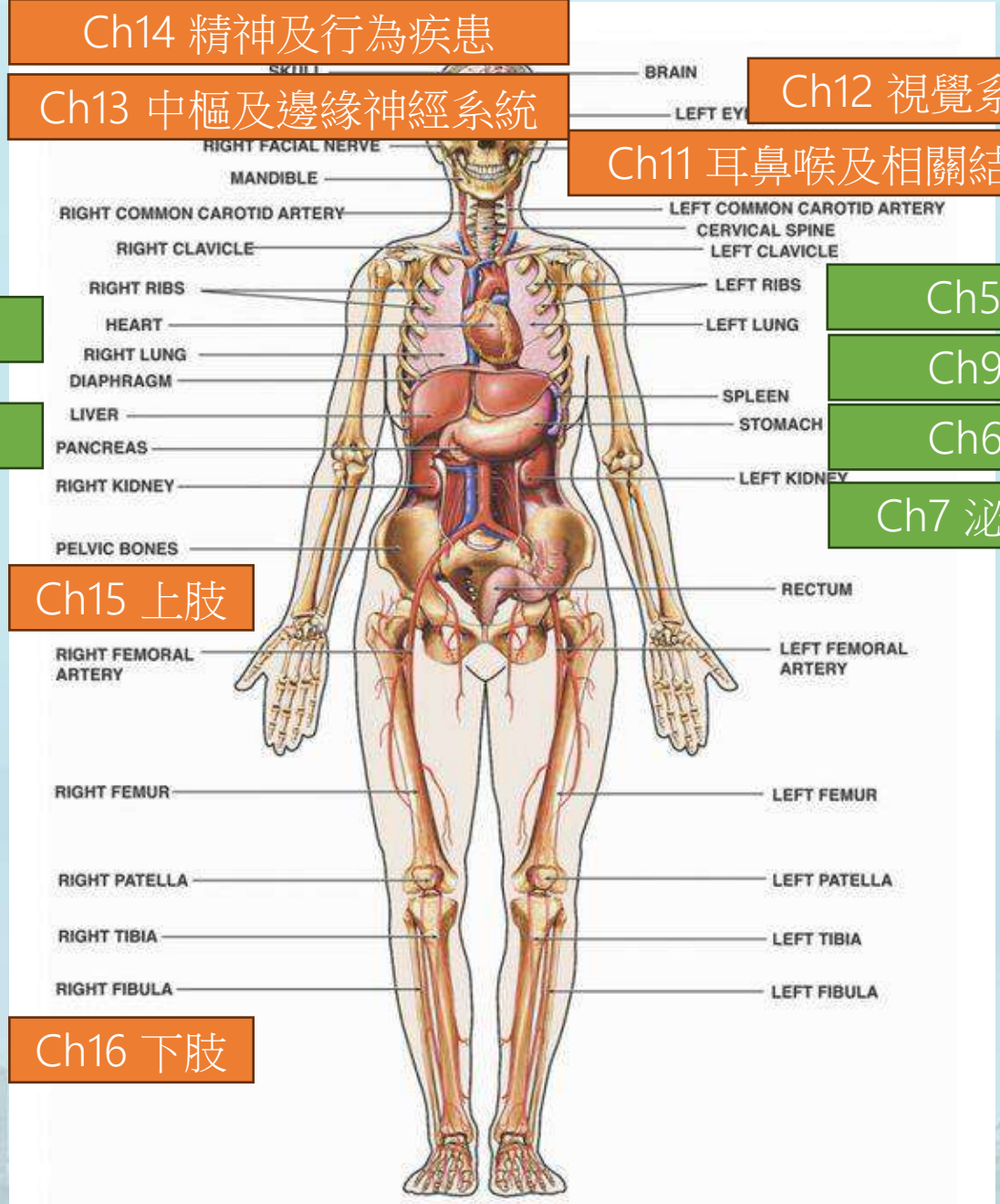
Ch6 消化系統

Ch7 泌尿/生殖系統

Ch8 皮膚

Ch17 脊椎/骨盆

Ch15 上肢



Ch16 下肢

Ch1 概念基礎與哲學
Ch2 指引之實務運用

Ch3 疼痛

AllPosters

評分方法總覽：Ch4 心血管系統

- 關鍵因素主要為客觀檢查結果
- 輔以病史（NYHA Class）及身體檢查

- 表4-5 瓣膜性心臟病
- 表4-6 冠狀動脈疾病
- 表4-7 心肌病變
- 表4-8 心包疾病
- 表4-9 心律不整
- 表4-11 高血壓性心血管疾病
- 表4-12 下肢周邊血管疾病
- 表4-13 上肢周邊血管疾病
- 表4-14 廢動脈疾病

TABLE 4-1

NYHA Functional Classification of Cardiac Disease[a]

Class	Function of Patients
I	Patients with no limitation of activities; they suffer no symptoms from ordinary activities
II	Patients with slight, mild limitation of activity; they are comfortable with rest or with mild exertion
III	Patients with marked limitation of activity; they are comfortable with rest or with mild exertion
IV	Patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest

[a] A functional and therapeutic classification of physical activity for cardiac patients.

Source: New York Heart Association. Heart Failure Society of America

- 例：左鎖骨下動脈撕裂併左臂腔室症候群術後 糟
  - 建議參考 Table 4-13，若有分數較重項目仍建議輔以血管超音波等客觀性檢查。

勞保失能-胸腹部臟器

*機能失能：衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

1. 心臟：請附最近3個月之心臟功能檢查報告及核子醫學左心室功能檢查報告

□符合心臟機能損害分類標準【□第一度 □第二度 □第三度 □第四度】

□曾住院接受【□未超過兩週 □兩週以上 □四週以上】的連續性機械輔助或靜脈注射強心藥物治療，而有無法控制之進行性慢性心臟衰竭

□治療終止最近3個月之核子醫學檢查左心室射出分率功能檢查（LVEF）：_____%

□冠狀動脈心臟病，有心肌梗塞病史或經冠狀動脈攝影術證實者

□瓣膜性心臟病，經心臟超音波檢查證實有【□輕度 □中度 □中重度 □重度】以上之瓣膜異常（狹窄或逆流）者

□心肌疾病（擴大性、肥厚性、侷限性）經心臟超音波檢查證實者

□【□剝離 □非剝離性瘤直徑____公分】主動脈疾病，經適當影像學檢查結果證實有_____

□其他心臟血管疾病_____，【□經_____檢查證實 □經心臟專科醫師診斷】，評估與判定有相當程度之心臟功能失能。

□心臟移植

□心室輔助器植入

□其他 _____

※心臟機能損害分類標準：

①第一度之心臟機能損害：有心臟病，但無運動失能，平常之活動下無疲倦、心悸、呼吸困難或心絞痛等症狀。

②第二度之心臟機能損害：有心臟病，且有輕度運動失能，在休息或輕工作時無症狀，但日常生活較重之工作時，則有疲倦、心悸、呼吸困難或心絞痛等症狀。

③第三度之心臟機能損害：有心臟病，且有重度運動失能，休息時無症狀，但稍有活動即有疲倦、心悸、呼吸困難或心絞痛等症狀。

④第四度之心臟機能損害：有心臟病，且無法活動者，在靜止狀態下仍有疲倦、心悸、呼吸困難或心絞痛等症狀，而活動時症狀加重。

身心障礙-循環

- b410心臟功能、b415血管功能：心臟內外兒科

評分方法總覽：Ch5 肺臟系統

TABLE 5-4 Criteria for Rating Permanent Impairment due to Pulmonary Dysfunction*

Pulmonary Dysfunction

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
WHOLE PERSON IMPAIRMENT RATING (%)	0	2%-10%	11%-23%	24%-40%	45%-65%
SEVERITY GRADE (%)		2 4 6 8 10 (A B C D E) (Minimal)	11 14 17 20 23 (A B C D E) (Mild)	24 28 32 36 40 (A B C D E) (Moderate)	45 50 55 60 65 (A B C D E) (Severe)
HISTORY	No current symptoms *and/or* intermittent Dyspnea that does not require treatment	Dyspnea controlled with intermittent or continuous treatment *or* intermittent, mild Dyspnea despite continuous treatment	Constant mild Dyspnea despite continuous treatment *or* intermittent, moderate Dyspnea despite continuous treatment	Constant moderate Dyspnea despite continuous treatment *or* intermittent, severe Dyspnea despite continuous treatment	Constant severe Dyspnea despite continuous treatment *or* intermittent, extreme Dyspnea despite continuous treatment
PHYSICAL FINDINGS	No current signs of disease	Physical findings not present with continuous treatment *or* intermittent, mild physical findings	Constant mild physical findings despite continuous treatment *or* intermittent, moderate findings	Constant moderate physical findings despite continuous treatment *or* intermittent, severe findings	Constant severe physical findings despite continuous treatment *or* intermittent, extreme findings
OBJECTIVE TESTS					
FVC	FVC ≥80% of predicted *and*		FVC between 70% and 79% of predicted *or*	FVC between 60% and 69% of predicted *or*	FVC between 50% and 59% of predicted *or*	FVC below 50% predicted *or*
FEV_1	FEV_1 ≥80% of predicted *and*		FEV_1 between 65% and 79% of predicted	FEV_1 between 64% and 55% of predicted	FEV_1 between 45% and 54% of predicted	FEV_1 below 45% of predicted
FEV_1/FVC (%)	FEV_1/FVC (%) > lower limits of normal and/or (>75% of predicted) *and*		*or*	*or*	*or*	*or*
DLco	DLco ≥75% of predicted *or*		DLco between 65% and 74% of predicted *or*	DLco between 55% and 64% of predicted *or*	DLco between 45% and 54% of predicted *or*	DLco below 45% of predicted *or*
Vo_2 max	>25mL/(kg·min) or >7.1 METs		between 22 and 25 mL/(kg·min) *or* 6.1–7.1 METs	between 21 and 18 mL/(kg·min) *or* 5.1–6.0 METs	between 17 and 15 mL/(kg·min) *or* 4.3–5.0 METs	<15mL/(kg·min) *or* <4.3 METs

* FVC indicates forced vital capacity; FEV_1, forced expiratory volume in the first second; DLco, diffusion capacity for carbon monoxide; Vo_2 max, maximum oxygen consumption; and METs, metabolic equivalents (multiples of resting oxygen uptake).

- 例：左側肋骨骨折併氣血胸 癒
  - 建議參考Table 5-4等評估是否仍有損傷，若有需要可再安排肺功能等客觀性檢查。

79, 88

322

評分方法總覽：Ch5 肺臟系統

TABLE 5-1

Impairment Classification of Dyspnea (Adapted)[a]

Severity	Definition and Question
Mild	Do you have to walk more slowly on level ground than people of your age because of breathlessness?
Moderate	Do you have to stop for breath when walking at your own pace on level ground?
Severe	Do you ever have to stop for breath after walking about 90 m (100 yd) or for a few minutes on level ground?
Very severe	Are you too breathless to leave the house, or breathless on dressing or undressing?

[a] Adapted from Ferris BG. Epidemiology standardization project: American Thoracic Society. *Am Rev Respir Dis.* 1978;118(6, pt 2): 1–120. The person's lowest level of physical activity and exertion that produces breathlessness denotes the severity of dyspnea.

勞保失能-胸腹部臟器

*機能失能：衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

2. 肺臟：請附診斷失能當時之完整肺功能檢查報告（含吐氣流速容積曲線圖）及 X 光片

□需使用輔助氧氣治療（每天≥15 小時）　□需長期使用人工呼吸器（>6 個月）

□肺功能檢查結果：【檢查日期：　　年　　月　　日】

PaO_2：_____mmHg　　FVC：_____%　　FEV_1：_____%

FEV_1/FVC：_____%　　DLCO/VA：_____%　　VO_2max：_____ml/kg.min

PaO_2：動脈血氧分壓　　FVC：用力肺活量　　FEV_1：第 1 秒分時肺活量

DLCO/VA：氣體交換，肺瀰散功能/受 VA 肺泡容量矯正　　VO_2max：最高耗氧量

□ 肺臟移植

□ 塵肺症 X 光照片影像

分布及密度	疏	密	極密
圓形陰影大小	p	q	r
不規則陰影	s	t	u
大陰影大小	A	B	C
其他影像特徵			

□其他_____

身心障礙-呼吸

- b440呼吸功能、s430呼吸系統構造：1.神經科2.耳鼻喉科3.精神科4.復健科5.胸腔內外兒科 6. 兒專重症 7.兒專神經科

評分方法總覽：Ch6 消化系統

- 關鍵因素主要為病史
- 輔以身體檢查（體重下降至理想體重x%等）及客觀檢查

- 表6-4 上消化道
- 表6-5 大腸及結腸疾病
- 表6-6 肛門疾病
- 表6-7 手術造口
- 表6-8 肝病
- 表6-9 膽道疾病
- 表6-10 疝氣

- 例：肝臟撕裂傷經動脈栓塞術： 糝
  - 建議參考 Table 6-8等評估是否仍有遺存症狀或功能損失，若有分數較重項目仍建議輔以客觀性檢查。

勞保失能-胸腹部臟器

*機能失能：衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

3. 肝臟：請附最近 6 個月之肝功能檢查報告（包括超音波及電腦斷層檢查）【檢查日期：　　年　　月　　日】

□符合 Child-Pugh 肝功能失代償指標分類【□A □B □C】級 （請對照下表勾填各項目之指標分數）

(1) 總膽紅素 【□ 1 分 □ 2 分 □ 3 分】

(2) 血清白蛋白 【□ 1 分 □ 2 分 □ 3 分】

(3) 腹水 【□ 1 分 □ 2 分 □ 3 分】

(4) 肝腦病變 【□ 1 分 □ 2 分 □ 3 分】

(5) 凝血酶原時間（比對照組延長秒數）【□ 1 分 □ 2 分 □ 3 分】

或國際標準比值(INR) 【□ 1 分 □ 2 分 □ 3 分】

□【□頑固難治性 □持續存在】之腹水 □無腹水

□【□二次（含）以上 □曾經】發生肝腦病變 □未曾發生肝腦病變

□合併門脈高壓且內視鏡檢查證明：

【□胃有靜脈瘤 □食道有靜脈瘤】 □無靜脈瘤

□靜脈瘤破裂出血 【□胃 □食道 □無】

□靜脈曲張破裂出血 【□胃 □食道 □無】

□肝臟移植

□其他 _____

Child-Pugh 肝功能失代償指標分項計分法：

項目＼計分	1分	2分	3分
總膽紅素	＜2	2至3	＞3
血清白蛋白	＞3.5	3.0至3.5	＜3.0
腹水	無	少量容易控制	中量以上，不易控制
肝腦病變	無	第1或第2級	第3或第4級
凝血酶原時間（比對照組延長秒數）或國際標準比值(INR)	＜4秒 ＜1.7	4至6秒 1.7至2.3	＞6秒 ＞2.3

A級：6分(含)以下 ； B級：7至9分 ； C級：10分(含)以上

勞保失能-胸腹部臟器

*機能失能：衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

4. 胰臟：□胰臟全切除

□胰臟切除_____%，□是 □否 因胰臟部分切除致糖尿病或致原患糖尿病加重

5. 胃：□胃全切除 □胃切除_____%

6. 脾臟：□脾臟全切除

8. 腸：□大腸 □全切除 □切除_____%

□小腸切除_____%，□有 □無 短腸症候群

9. 肛門：□裝置永久性人工造廔(人工肛門) □肛門括約肌不全致大便失禁 □裝置臨時性人工造廔(人工肛門)

身心障礙-消化

- b510攝食功能：1.神經科2.復健科3.耳鼻喉科4.胸腔外科5.消化內外兒科
- b540胰臟功能：1.兒專內分泌、遺傳或新陳代謝科 2.內專內分泌新陳代謝科
- s530胃構造、 s560肝臟構造：消化內外兒科
- s540腸道構造：消化內外兒科、直腸外科

評分方法總覽：Ch7 泌尿/生殖系統

- 表7-2 上泌尿道疾病（關鍵因素為病史）
- 表7-3 泌尿造口（關鍵因素為病史）
- 表7-4 膀胱疾病（關鍵因素為病史）
- 表7-5 尿道疾病（關鍵因素為客觀檢查）
- 表7-6 陰莖疾病（關鍵因素為病史）
- 表7-7 陰囊疾病（關鍵因素為身體檢查）
- 表7-8 睪丸、附睪及精索疾病（關鍵因素為身體檢查或客觀檢查）
- 表7-9 前列腺疾病（關鍵因素為身體檢查或客觀檢查）
- 表7-10 外陰及陰道疾病（關鍵因素為身體檢查）
- 表7-11 子宮頸及子宮疾病（關鍵因素為身體檢查）
- 表7-12 輸卵管及卵巢疾病（關鍵因素為客觀檢查）

- 例：腎臟撕裂傷合併血腹 糝
  - 建議參考 Table 7-2，若有分數較重項目仍建議輔以客觀性檢查。
- 例：單側卵巢部分切除
  - 建議參考 Table 7-12，若有分數較重項目仍建議輔以客觀性檢查。

勞保失能-胸腹部臟器

*機能失能：衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具。

7. 腎臟：□左側 □右側 腎臟切除 □左側 □右側 腎臟完全喪失功能 □腎臟移植

□二側腎臟無機能終身定期作血液透析，初次接受定期透析治療（洗腎）日期：_____，

目前每週接受血液透析次數：_____次

10. 膀胱：□膀胱切除或機能完全喪失，□有 □無 裝置永久性人工膀胱

□膀胱萎縮容量祇存 50c. c. 以下 □膀胱括約肌變化致尿失禁

**審定時，須由泌尿科專科醫師診斷 開具失能診斷書；必要時保險人得 另行指定婦產科、復健科或婦女泌尿科等專科醫師會同認定。

11. 腎上腺素：□喪失兩側腎上腺，需終身補充荷爾蒙

12. 骨盆：□骨盆環骨折引起尿道外傷，導致嚴重尿道狹窄，無法以外科手術矯正，必須終身置放恥骨上膀胱造口

13. 生殖器：□喪失兩側睪丸 □左側 □右側 睪丸喪失 □陰莖大部分缺損或瘢痕等畸形，致性行為不能

□骨盆環骨折引起骨盆內臟神經（勃起中樞神經）病變所致之陽萎

□割除子宮 □割除兩側卵巢 □左側 □右側 卵巢割除 □左側 □右側 輸卵管割除

□因瘢痕致陰道口狹窄，陰莖不可能插入，致性行為不能 □因放射線或化學治療致喪失機能

14. 乳房：□雙側乳腺全部切除 □左側 □右側 乳腺全部切除 □左側 □右側 乳腺部分切除

勞保失能-胸腹部臟器

二、意識狀態：□正常　□遲鈍　□不清楚　□無意識狀態

三、呼吸狀態：□呼吸正常　□經常需借助氧氣器具輔助　□長期需呼吸器輔助

四、行動能力：□可自力行走

□行動遲滯

□需扶杖行走

□自行操控輪椅代步

□需他人操控輪椅代步

□完全無法行動

五、臥床狀態：□起臥正常

□臥床但可自行翻身

□臥床且無法自行翻身

六、工作能力：□正常

□由醫學上客觀證據可予證明，工作上確有明顯之阻害

□終身僅能從事輕便工作

□終身無工作能力

七、攝食狀態：□自行進食　□暫時需人餵食　□永久需人餵食

□暫時鼻胃管灌食　□永久鼻胃管灌食

□暫時性胃造廔　□永久性胃造廔

八、大小便情形：□尚可自理　□需人扶助　□完全無法自理　□失禁

九、沐浴更衣：□尚可自理　□需人扶助　□完全無法自理

十、惡性腫瘤：□經治療後已達緩解　□經治療後再復發　□已轉移(轉移部位及範圍：　)

十一、其他臟器機能失能或切除(請詳載臟器部位、名稱、遺存之失能或臟器切除後之失能程度)或其他補充說明：

身心障礙-消化

- b610腎臟功能：1.腎臟內外兒科 2.泌尿科3.外科且具有腎臟移植資格
- b620排尿功能：1.復健科2.神經科3.神經外科4.泌尿科5.腎臟內外兒科 6.婦產科
- s610泌尿系統構造：1.復健科2.神經科3.神經外科4.泌尿科5.腎臟內外兒科

評分方法總覽：Ch9 造血系統

- 表9-5 貧血（關鍵因素為病史）
- 表9-6 嗜中性白血球低下（關鍵因素為客觀檢查）
- 表9-7 白血病（關鍵因素為病史）
- 表9-8 HIV（關鍵因素為客觀檢查）
- 表9-9 血小板疾病（關鍵因素為病史）
- 表9-10 血友病（關鍵因素為病史）
- 表9-11 凝血疾病（關鍵因素為病史）
- 表9-12 血栓疾病（關鍵因素為病史）
- 表9-13 淋巴癌和轉移性疾病（關鍵因素為病史）
- 9.4g 脾臟疾病及脾臟切除術後：切除術後反覆感染可酌予5%；脾臟肥大超過肋緣5公分可酌予5%。

TABLE 9-3
Burden of Treatment Compliance

Intervention	% Impairment
Chronic anticoagulant therapy	5%
Chronic oral corticosteroids (discretionary)	Up to 3%
Chronic other immunosuppressant therapy (discretionary)	Up to 3%
Iron chelation or other systemic therapy	Up to 3%
Chronic oral chemotherapy (discretionary)	Up to 5%
Intravenous chemotherapy: per cycle given over the prior 6 months[a]	1%
Radiotherapy: per week given over the prior 6 months[a]	1%
Transfusions: per unit per month	1%
Phlebotomy: per treatment per month	1%
Aphoresis: per treatment per month	3%
Bone marrow transplant	10%

[a] Up to a total of 6%

- 例：脾臟撕裂傷經脾臟全切除手術 糘
  - 建議參考 Chapter 9.4g、Table 9-5, 9-9等，抽血檢驗評估造血器官受損情形。但若有分數較重項目仍建議輔以客觀性檢查。

身心障礙-造血

- b430血液系統功能：內兒專血液科

評分方法總覽：Ch10 內分泌系統

- 關鍵因素為病史
- BOTC為調整因素之一

- 表10-5 腦下垂體-下視丘軸
- 表10-6 甲狀腺異常
- 表10-7 副甲狀腺疾病
- 表10-8 腎上腺皮質疾病
- 表10-9 腎上腺髓質疾病
- 表10-10 糖尿病
- 表10-11 低血糖
- 表10-12 性腺疾病
- 表10-13 乳腺疾病
- 表10-14 代謝骨疾病

- 例：中樞型尿崩症
  - 建議參考Table 10-5，佐以病史及臨床檢驗結果評估。

TABLE 10-2A
Enteral, Intranasal, and Topical Medications

Dosing Frequency	Points
Unscheduled (PRN)	1
1–2 per day	2
>2 per day	3

TABLE 10-2B
Parenteral Medications

Dosing Frequency	Points
Parenteral, once or less per week	2
> once per week but < once per day	3
1–2 per day	4
>2 per day	5

TABLE 10-3
Points Assigned for Dietary Modification

Modification	Points
Dietary modifications—Minimal	2
Dietary modifications—Moderate	5
Dietary modifications—Severe	10

TABLE 10-4
Procedure-Based Points

Procedure	Points
Glucose monitoring—1 time per day	1
Glucose monitoring—2 times per day	2
Glucose monitoring —3 times per day	3
Glucose monitoring—≥4 times per day	4

評分方法總覽：Ch10 內分泌系統

TABLE 10-10 Criteria for Rating Impairment due to Diabetes Mellitus

Diabetes Mellitus

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4*
WHOLE PERSON IMPAIRMENT RATING (%)	0	1%–5%	6%–10%	11%–15%	16%–28%
SEVERITY GRADE (%)		1 2 3 4 5 (A B C D E)	6 7 8 9 10 (A B C D E)	11 12 13 14 15 (A B C D E)	16 19 22 25 28 (A B C D E)
HISTORY[a]	History of impaired glucose tolerance, established biochemically, that does not require treatment or dietary modification	Presence of diabetes and/or metabolic syndrome, established biochemically, treated with a relatively simple single oral medication and/or dietary regimen; no insulin used	Presence of diabetes, established biochemically, generally well controlled with moderate intensity treatment regimen of 2–3 oral agents or insulin and dietary modifications	Presence of diabetes, established biochemically, generally well controlled with complex medications ≥4 oral agents or use of insulin with oral agents and significant dietary modifications	Presence of diabetes, established biochemically, that is not consistently controlled despite use of any treatment regimen and adherence to an aggressive dietary and medication regimen; documented by abnormal glucose measurements
OBJECTIVE TEST RESULTS	Normal HbA_{1c} <0.06 (<6%)	Normal HbA_{1c} 0.06–0.065 (6%–6.5%)	Normal to elevated HbA_{1c} 0.06–0.08 (6.6%–8%)	Elevated HbA_{1c} 0.081–0.10 (8.1%–10%)	Elevated HbA_{1c} > 0.10 (>10%)
BOTC	0 points	1–5 points	6–10 points	11–15 points	≥16 points

[a] Key factor.

TABLE 10-2A
Enteral, Intranasal, and Topical Medications

Dosing Frequency	Points
Unscheduled (PRN)	1
1–2 per day	2
>2 per day	3

TABLE 10-2B
Parenteral Medications

Dosing Frequency	Points
Parenteral, once or less per week	2
> once per week but < once per day	3
1–2 per day	4
>2 per day	5

TABLE 10-3
Points Assigned for Dietary Modification

Modification	Points
Dietary modifications—Minimal	2
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TABLE 10-4
Procedure-Based Points

Procedure	Points
Glucose monitoring—1 time per day	1
Glucose monitoring—2 times per day	2
Glucose monitoring —3 times per day	3
Glucose monitoring—≥4 times per day	4

總結：勞動能力減損評分的困難與挑戰

台大醫院雲林分院

- 因果關係
- MMI
- 納入診斷範圍
- 客觀/主觀證據對應
- 嚴重度決定
- 避免雙重評價

總結：評估醫師

- 勞動能力減損評估
  - 主要為職業醫學科
  - 依據完整治療病歷 + 到院身體評估
  - 部分需要照會其他專科醫師，如眼科（安排視力/視野檢查）、精神科（精神量表評估等）
- 勞保失能診斷
  - 主要為全民健康保險特約醫院或診所
  - 部分需衛生福利部醫院評鑑優等以上、醫院評鑑合格之醫學中心或區域醫院、醫院評鑑及教學醫院評鑑合格之全民健康保險特約醫院出具
  - 精神失能限定精神科，神經失能限定神經科、神經外科或復健科，膀胱失能限定泌尿科

總結：評估醫師

主旨：有關鈞院要求提供診斷證明書開立之內控機制暨失能診斷證明書件數一案，詳如說明段，請鑒核。

說明：

一、依據鈞院108年8月16日校附醫秘字第1080904347號函辦理。

二、本院內部管控措施執行如下：

(一)查核開立日需大於初診日一個月以上。

(二)看診次數需大於三次。

(三)若為手術個案，應為本院執行手術之個案。

(四)每月針對總開立數量大於一個標準差之科部，發送資料供其內部審查，經內審後若有發現異常則召開專案會議逕行討論。

總結：評估醫師

- 身心障礙鑑定
  - 身心障礙鑑定醫院
  - 附表一甲、身體系統構造或功能之鑑定人員資格條件及鑑定方法與鑑定工具
  - 申請人具有最近三個月內之就診紀錄或診斷證明，足以供鑑定機構判定其身體系統構造或功能之障礙程度時，該鑑定機構得免重複前項之診察、診斷或檢查。

鑑定類別及向度			臺北榮民總醫院	國立臺灣大學醫學院附設醫院	三軍總醫院附設民眾診療服務處	長庚醫療財團法人台北長庚紀念醫院	國泰醫療財團法人國泰綜合醫院	台灣基督長老教會馬偕醫療財團法人馬偕紀念醫院	臺北市立聯合醫院(中興院區)	臺北市立聯合醫院(仁愛院區)	臺北市立聯合醫院(和平院區)	臺北市立聯合醫院(婦幼院區)	臺北市立聯合醫院(陽明院區)
第一類	神經系統構造及精神、心智功能	b110意識功能	v	v	v	v	v	v	v	v	v	v	v
		b117智力功能	v	v	v	v	v	v	v	v	v	v	v
		b122整體心理社會功能	v	v	v	v	v	v	v	v	v	v	v
		b140注意力功能	v	v	v	v	v	v	v	v	v	v	v
		b144記憶功能	v	v	v	v	v	v	v	v	v	v	v
		b147心理動作功能	v	v	v	v	v	v	v	v	v	v	v
		b152情緒功能	v	v	v	v	v	v	v	v	v	v	v
		b160思想功能	v	v	v	v	v	v	v	v	v	v	v
		b164高階認知功能	v	v	v	v	v	v	v	v	v	v	v
		b16700口語理解功能	v	v	v	v	v	v	v	v	v	v	v
		b16710口語表達功能	v	v	v	v	v	v	v	v	v	v	v
		b16701閱讀功能	v	v	v	v	v	v	v	v	v	v	v
		b16711書寫功能	v	v	v	v	v	v	v	v	v	v	v

失能年金給付個別化專業評估

- 本條例所定經評估為終身無工作能力者，指符合下列情形之一：
  - 一、失能狀態經審定符合本標準附表所定失能狀態列有「終身無工作能力」者。
  - 二、被保險人為請領失能年金給付，依本條例第五十四條之一第二項規定，經個別化之專業評估，其工作能力減損達百分之七十以上，且無法返回職場者。
- 前項第二款所定個別化之專業評估，依被保險人之全人損傷百分比、未來工作收入能力、職業及年齡，綜合評估其工作能力。（勞工保險失能給付標準第4條）

加州調整（加州永久失能評分表）

ARNOLD SCHWARZENEGGER
GOVERNOR OF CALIFORNIA

SCHEDULE FOR RATING
PERMANENT DISABILITIES

UNDER THE PROVISIONS OF THE

LABOR CODE OF THE STATE OF CALIFORNIA

Compiled and Published by
STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

ANDREA LYNN HOCH
Administrative Director

第 343 頁 / 共 356 頁

January 2005

Impairment, disability, and handicap

加州調整（加州永久失能評分表）

AMA障害標準假設代表一個理論上平均勞工的障害程度，也就是一個身體各部位職業要求皆為平均水準且平均年齡為39歲的勞工。（p.1-5)

身體傷害或醜型的性質/未來收入能力

受傷員工的職業

傷害時的年齡

Labor Code section 4660, amended effective April 19, 2004, provides:

4660(a) In determining the percentages of permanent disability, account shall be taken of the nature of the physical injury or disfigurement, the occupation of the injured employee, and his or her age at the time of the injury, consideration being given to an employee's diminished future earning capacity.

(b)(1) For purposes of this section, the "nature of the physical injury or disfigurement" shall incorporate the descriptions and measurements of physical impairments and the corresponding percentages of impairments published in the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment (5th Edition).

AMA5 (2001)

(2) For purposes of this section, an employee's diminished future earning capacity shall be a numeric formula based on empirical data and findings that aggregate the average percentage of long-term loss of income resulting from each type of injury for similarly situated employees. The administrative director shall formulate the adjusted rating schedule based on empirical data and findings from the Evaluation of California's Permanent Disability Rating Schedule, Interim Report (December 2003), prepared by the RAND Institute for Civil Justice, and upon data from additional empirical studies.

AMA6 (2008)

(c) The Administrative Director shall amend the schedule for the determination of the percentage of permanent disability in accordance with this section at least once every five years. This schedule shall be available for public inspection and, without formal introduction in evidence, shall be prima facie evidence of the percentage of permanent disability to be attributed to each injury covered by the schedule.

未來收入能力

- 75年台上字第1828號
  - 依民法第193條第1項規定，不法侵害他人之身體或健康者，對於被害人因此喪失或減少勞動能力，或增加生活上之需要時，應負損害賠償責任。是因勞動能力喪失或減少所生之損害，不以實際已發生者為限，即將來之收益，因勞動能力喪失或減少之結果而不能獲致者，被害人亦得請求賠償。
  - 此與民法第184條規定侵權行為之損害賠償責任以受有實際損害為成立要件者，居於特別規定之地位。

- 基於實證資料：各種傷病在類似情況員工下的長期收入損失的平均百分比

RAND Institute for Civil Justice

查依民法第一百九十三條第一項規定，不法侵害他人之身體或健康者，對於被害人因此喪失或減少勞動能力，或增加生活上之需要時，應負損害賠償責任。是因勞動能力喪失或減少所生之損害，不以實際已發生者為限，即將來之收益，因勞動能力喪失或減少之結果而不能獲致者，被害人亦得請求賠償。此與民法第一百八十四條規定侵權行為之損害賠償責任以受有實際損害為成立要件者，居於特別規定之地位。本件原審謂：勞動能力減

加州調整（加州永久失能評分表）

Table A

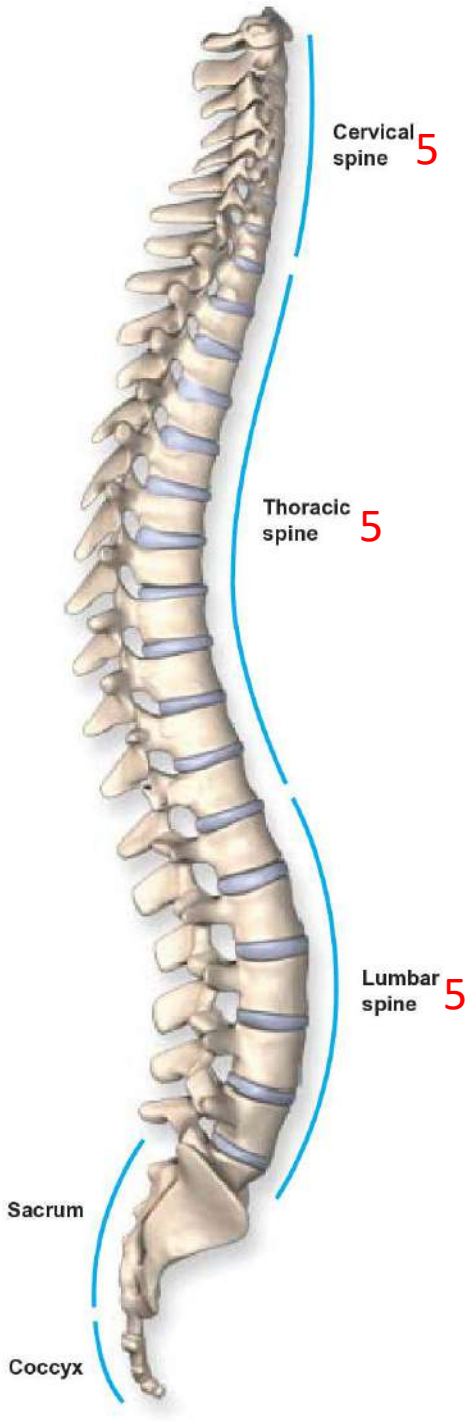
公式：([1.81/a]*0.1）+1

Range of Ratios			10-40%
Low	**High**	**FEC Rank**	**Adjustment Factor**
1.647	1.810	One	1.100000
1.476	1.646	Two	1.1429857
1.305	1.475	Three	1.185714
1.134	1.304	Four	1.2286571
0.963	1.133	Five	1.271429
0.792	0.962	Six	1.3143286
0.621	0.791	Seven	1.357143
0.450	0.620	Eight	1.400000

Table B

a

Part of the Body	Ratio of Rating over Losses	FEC Rank
Hand/fingers	1.810	One
Vision	1.810	One
Knee	1.570	Two
Other	1.530	Two
Ankle	1.520	Two
Elbow	1.510	Two
Loss of grasping power	1.280	Four
Wrist	1.210	Four
Toe(s)	1.110	Five
Spine Thoracic	1.100	Five
General lower extremity	1.100	Five
Spine Lumbar	1.080	Five
Spine Cervical	1.060	Five
Hip	1.030	Five
General upper extremity	1.000	Five
Heart disease	0.970	Five
General Abdominal	0.950	Six
PT head syndrome	0.930	Six
Lung disease	0.790	Seven
Shoulder	0.740	Seven
Hearing	0.610	Eight
Psychiatric	0.450	Eight



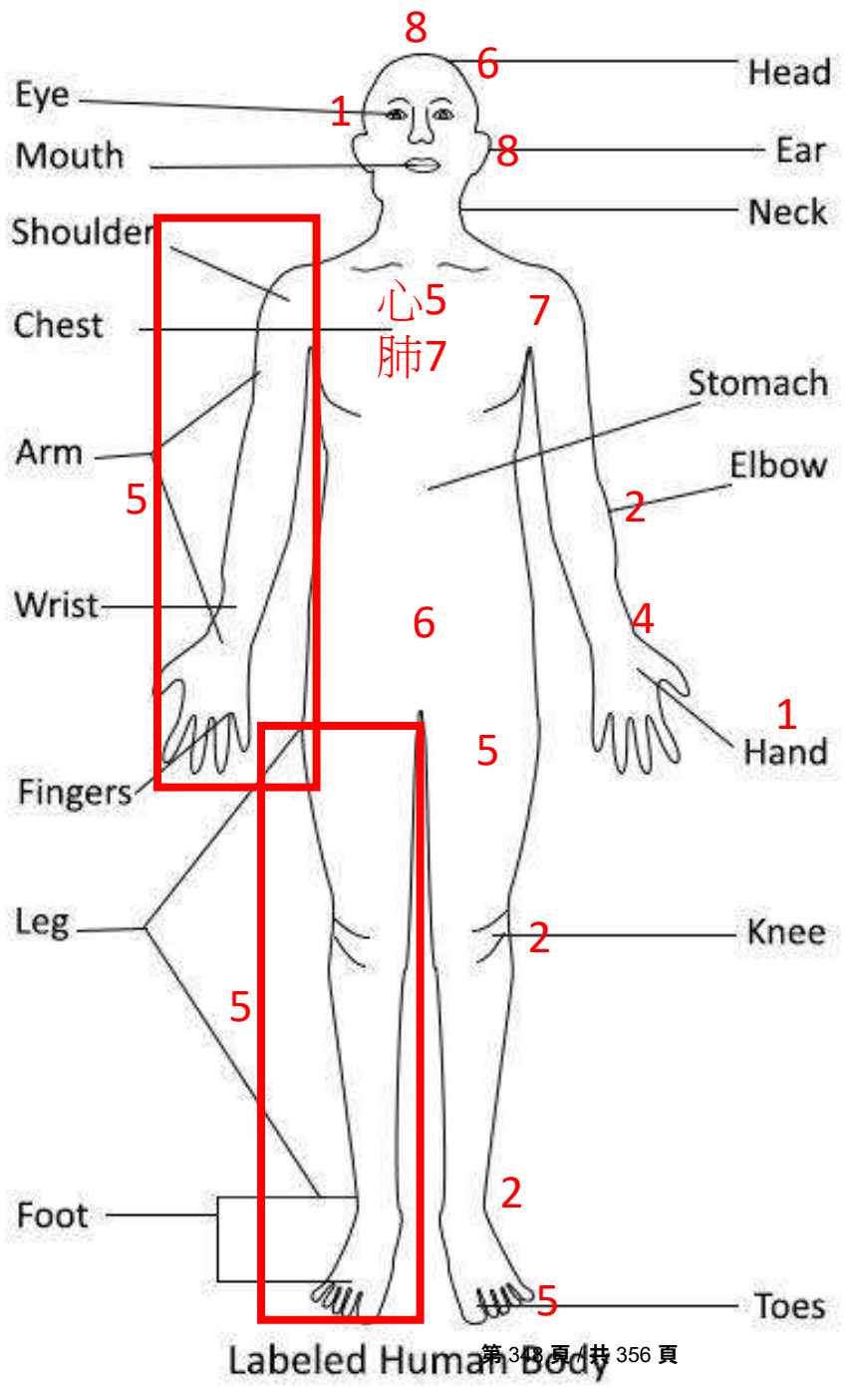


Table B

a

Part of the Body	Ratio of Rating over Losses	FEC Rank
Hand/fingers	1.810	One
Vision	1.810	One
Knee	1.570	Two
Other	1.530	Two
Ankle	1.520	Two
Elbow	1.510	Two
Loss of grasping power	1.280	Four
Wrist	1.210	Four
Toe(s)	1.110	Five
Spine Thoracic	1.100	Five
General lower extremity	1.100	Five
Spine Lumbar	1.080	Five
Spine Cervical	1.060	Five
Hip	1.030	Five
General upper extremity	1.000	Five
Heart disease	0.970	Five
General Abdominal	0.950	Six
PT head syndrome	0.930	Six
Lung disease	0.790	Seven
Shoulder	0.740	Seven
Hearing	0.610	Eight
Psychiatric	0.450	Eight

加州調整（加州永久失能評分表）

# Impairment	FEC Rank	Impairment
17.03.05.00	5	Hip – Muscle Strength
17.03.06.00	5	Hip – Other
17.03.10.01	5	Hip – Diagnosis-based Estimate – Hip/Replacement
17.03.10.02	5	Hip – Diagnosis-based Estimate – Hip/Femoral Neck Fracture
17.03.10.03	5	Hip – Diagnosis-based Estimate – Hip/Arthroplasty
17.03.10.04	5	Hip – Diagnosis-based Estimate – Trochanteric bursitis
17.04.10.00	5	Femur – Diagnosis-based Estimate – Fracture
17.05.01.00	2	Knee – Muscle Atrophy
17.05.02.00	2	Knee – Ankylosis
17.05.03.00	2	Knee – Arthritis
17.05.04.00	2	Knee – Range of Motion
17.05.05.00	2	Knee – Muscle Strength
17.05.06.00	2	Knee – Other
17.05.10.01	2	Knee – Diagnosis-based Estimate – Subluxation/dislocation
17.05.10.02	2	Knee – Diagnosis-based Estimate – Fracture
17.05.10.03	2	Knee – Diagnosis-based Estimate – Patellectomy
17.05.10.04	2	Knee – Diagnosis-based Estimate – Menisectomy
17.05.10.05	2	Knee – Diagnosis-based Estimate – Cruciate/collateral Ligament
17.05.10.06	2	Knee – Diagnosis-based Estimate – Plateau Fracture
17.05.10.07	2	Knee – Diagnosis-based Estimate – Supra/Intercondylar Fracture
17.05.10.08	2	Knee – Diagnosis-based Estimate – Total Replacement
17.05.10.09	2	Knee – Diagnosis-based Estimate – Proximal Tibial osteotomy
17.06.10.00	5	Tibia/fibula – Diagnosis-based Estimate – fracture
17.07.01.00	2	Ankle – Muscle Atrophy
17.07.02.00	2	Ankle – Ankylosis
17.07.03.00	2	Ankle – Arthritis

Impairment#	FEC Rank	Impairment
17.07.04.00	2	Ankle – Range of Motion
17.07.05.00	2	Ankle – Muscle Strength
17.07.06.00	2	Ankle – Other
17.07.10.01	2	Ankle – Diagnosis-based Estimate – Ligament Instability
17.07.10.02	2	Ankle – Diagnosis-based Estimate – Fracture
17.08.01.00	2	Foot – Muscle Atrophy
17.08.02.00	2	Foot – Ankylosis
17.08.03.00	2	Foot – Arthritis
17.08.04.00	2	Foot – Range of Motion
17.08.05.00	2	Foot – Muscle Strength
17.08.06.00	2	Foot – Other
17.08.10.01	2	Foot – Diagnosis-based Estimate – Hind Foot Fracture
17.08.10.02	2	Foot – Diagnosis-based Estimate – Loss of Tibia
17.08.10.03	2	Foot – Diagnosis-based Estimate – Intra-articular Fracture
17.08.10.04	2	Foot – Diagnosis-based Estimate – Calvus
17.08.10.05	2	Foot – Diagnosis-based Estimate – Rocker Bottom
17.08.10.06	2	Foot – Diagnosis-based Estimate – Avascular Necrosis
17.08.10.07	2	Foot – Diagnosis-based Estimate – Metatarsal fracture
17.09.01.00	5	Toes – Muscle Atrophy
17.09.02.00	5	Toes – Ankylosis
17.09.03.00	5	Toes – Arthritis
17.09.04.00	5	Toes – Range of Motion
17.09.05.00	5	Toes – Muscle Strength
17.09.06.00	5	Toes – Amputation
17.09.07.00	5	Toes – Other

18 – PAIN

18.01.00.00 Pain – use FEC rank for involved body part.

加州調整（加州永久失能評分表）

FEC Rank	AMA Whole Person Impairment Standard																			
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
One	1	2	3	4	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21	22
Two	1	2	3	5	6	7	8	9	10	11	13	14	15	16	17	18	19	21	22	23
Three	1	2	4	5	6	7	8	9	11	12	13	14	15	17	18	19	20	21	23	24
Four	1	2	4	5	6	7	9	10	11	12	14	15	16	17	18	20	21	22	23	25
Five	1	3	4	5	6	8	9	10	11	13	14	15	17	18	19	20	22	23	24	25
Six	1	3	4	5	7	8	9	11	12	13	14	16	17	18	20	21	22	24	25	26
Seven	1	3	4	5	7	8	10	11	12	14	15	16	18	19	20	22	23	24	26	27
Eight	1	3	4	6	7	8	10	11	13	14	15	17	18	20	21	22	24	25	27	28

FEC Rank	AMA Whole Person Impairment Standard																			
	21	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**
One	23	24	25	26	28	29	30	31	32	33	34	35	36	37	39	40	41	42	43	44
Two	24	25	26	27	29	30	31	32	33	34	35	37	38	39	40	41	42	43	45	46
Three	25	26	27	28	30	31	32	33	34	36	37	38	39	40	42	43	44	45	46	47
Four	26	27	28	29	31	32	33	34	36	37	38	39	41	42	43	44	45	47	48	49
Five	27	28	29	31	32	33	34	36	37	38	39	41	42	43	45	46	47	48	50	51
Six	28	29	30	32	33	34	35	37	38	39	41	42	43	45	46	47	49	50	51	53
Seven	29	30	31	33	34	35	37	38	39	41	42	43	45	46	48	49	50	52	53	54
Eight	29	31	32	34	35	36	38	39	41	42	43	45	46	48	49	50	52	53	55	56

加州調整（加州永久失能評分表）

Group No.	Occupation	Industry
211	PARIMUTUEL TICKET SELLER	amuse. & rec.
490	PARK RANGER	government ser.
250	PARKING ENFORCEMENT OFFICER	government ser.
240	PARKING LOT ATTENDANT, BOOTH	automotive serv.
214	PARKING LOT ATTENDANT	automotive ser.
490	PAROLE OFFICER	profess. & kin.
214	PARTS CLERK	clerical
214	PARTS ORDER AND STOCK CLERK	clerical
460	PASTEURIZER	dairy products
250	PATROL OFFICER, VOLUNTEER	government serv.
230	PATTERN-PUNCHING MACHINE OPERATOR	tex. prod., nec
320	PATTERNMAKER, ALL-AROUND	foundry
320	PATTERNMAKER, METAL	foundry
320	PATTERNMAKER, WOOD	foundry
221	PEELER, HAND	can. & preserv.
230	PEELER, MACHINE	can. & preserv.
320	PERCUSSION INSTRUMENT REPAIRER	any industry
310	PERFUSIONIST	medical ser.
390	PERSONAL TRAINER	amuse. & rec.
111	PERSONNEL RECORDS CLERK	clerical
111	PERSONNEL RECRUITER	profess. & kin.
220	PHARMACIST	medical ser.
220	PHLEBOTOMIST	medical ser.
211	PHOTOCOPYING MACHINE OPERATOR	clerical
221	PHOTOENGRAVER	print. & pub.
221	PHOTOFINISHING LABORATORY WORKER	photofinishing
213	PHOTOGRAPHER	amuse. & rec.
212	PHOTOGRAPHER, STILL	profess. & kin.
221	PHOTOGRAPHIC PLATE MAKER	electron. comp.
213	PHOTOJOURNALIST	print. & pub.
230	PHOTOTYPESETTER OPERATOR	print. & pub.
310	PHYSIATRIST	medical ser.
311	PHYSICAL THERAPIST	medical ser.
340	PHYSICAL THERAPY AIDE	medical ser.
212	PHYSICIAN ASSISTANT	medical ser.
220	PHYSICIAN, GENERAL PRACTITIONER	medical ser.
320	PIANO TECHNICIAN	any industry

PART B - OCCUPATIONAL GROUP CHART

OCCUPATION DESIGNATOR		STRENGTH DESIGNATOR 1 Very Light	2 Light	3 Medium	4 Heavy	5 Very Heavy
1	Professional, Technical, Clerical	110, 111, 112 Case worker Auditor Editor	210, 211, 212, 213, 214 Adm. clerk Bank clerk Clerk, general	310, 311 Physical therapist Chiropractor Psych. tech.		
2	Hand Intensive	120 Drafter, civil Cartoonist Assemb/semi-cond.	220, 221 Dentist Microelect. tech. Surgeon	320, 321, 322 Die maker Meter repair Precision assem.	420 Butcher Saddle maker Hide puller	
3	Machine Operators, Tenders		230 Coil winder Cutter, machine Palletizer oper.	330, 331, 332 Bend. mach. Oper. Cut-off sawyer Laminating mach.	430 Boiler maker Metal fabricator Welder-arc	
4	Cleaners, Attendants		240 Child monitor Restroom attend. Ticket taker	340, 341 Auto washer Janitor Nurse's aide		
5	Drivers		250, 251 Coin-mach. collector Bus driver	350, 351 Truckdriver/ Tractor-trailer Truckdriver/ dump		
6	Laborers, Material Handlers			360 Warehouse worker Crate maker Material expediter	460 Baker's helper Material stacker Ramp attendant	560 Ambul. Attendant Furniture mover Miner
7	Mechanics, Installers, Repairers, Servicers			370 Mechanic-tractor Precision assemb. Welder, gas	470 Mechanic-diesel Furn. assemb/heavy TV tech.	

加州調整（加州永久失能評分表）

Group 220

Fine precision Occupations in medical, electronic and optical industries

Very high demands for vision; high demands for hand activity – use of hand tools; highest variants in this strength category for fingering and arm Disabilities.

Typical occupations: Dental Hygienist, Instrument Maker & Repairer, Surgeon

Spine	E
Shoulder	F
Elbow	G
Wrist	H
Finger motion	H
Grip	F
Leg	E
Psych	J

		110	111	112	120	210	211	212	213	214	220	221	230	240	250	251	290	310	311	320	321	322	330
03.01 – 03.06	CARDIO-HEART	G	F	E	E	F	F	G	G	G	G	E	E	F	G	G	F	G	H	F	F	F	F
04.01.00.00	HYPERTENSION	G	F	E	E	F	F	G	G	G	G	E	E	F	G	G	F	G	H	F	F	F	F
04.02.00.00	AORTIC DISEASE	G	F	E	E	F	F	G	G	G	G	E	E	F	G	G	F	G	H	F	F	F	F
04.03.01.00	PERIPH - UE	E	G	H	H	E	G	F	E	G	H	G	G	E	F	F	G	F	G	H	G	G	G
04.03.02.00	PERIPH - LE	D	D	D	D	E	E	E	F	F	E	E	E	E	F	E	E	F	F	F	F	F	F
04.04.00.00	PULM CIRC	F	E	D	D	H	E	F	F	F	E	E	E	E	F	F	F	F	G	F	F	F	F
05.01 – 05.03	RESPIRATORY	F	E	D	D	H	E	F	F	F	E	E	E	E	F	F	F	F	G	F	F	F	F
06.01.00.00	UPPER DIGEST	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
06.02.00.00	COLON, RECTUM	F	F	F	F	F	F	F	H	F	F	F	F	G	G	G	F	F	F	F	F	F	F
06.03.00.00	FISTULAS	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
06.04.00.00	LIVER	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
06.05.00.00	HERNIA	C	C	C	C	C	D	E	F	F	D	D	E	E	F	E	D	F	G	F	F	F	F
07.01 – 07.04	URINARY	F	F	F	F	F	F	F	H	F	F	F	F	G	G	G	F	F	F	F	F	F	F
07.05.00.00	REPRODUCTIVE	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
08.01 – 08.02	SKIN-SCARS	I	I	I	H	J	I	I	H	J	J	G	E	J	H	J	J	I	J	E	E	H	E
08.03 – 08.04	DERMATITIS	F	F	F	F	F	F	F	F	F	G	F	F	F	F	F	H	F	G	G	F	H	F
08.05.00.00	SKIN CANCER	F	F	F	F	F	F	F	H	F	F	F	F	G	G	G	F	F	F	F	F	F	F
09.01.00.00	HEMATOPOIETIC	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
10.01.00.00	DIABETES	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
11.01.01.00	EAR-HEARING	J	H	I	F	J	H	I	H	J	H	D	E	H	H	J	I	J	J	E	D	H	E
11.01.02.00	VESTIBULAR	D	D	D	D	E	D	E	H	F	F	F	F	E	G	F	E	F	F	F	F	F	F
11.02.01.00	FACE-COSMETIC	I	I	I	H	J	I	I	H	J	J	G	E	J	H	J	J	I	J	E	E	H	E
11.02.02.00	FACE-EYE	I	I	J	J	J	I	I	I	J	J	H	G	G	I	I	J	I	J	I	H	H	G
11.03.01.00	NOSE - SMELL	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	G	F	F	F	F	H	F
11.03.02.00	MASTICATION	I	H	H	F	J	H	I	H	J	I	F	F	G	G	I	H	H	I	F	F	G	F
11.03.03.00	TASTE-SMELL	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	G	F	F	F	F	H	F
11.03.04.00	VOICE-SPEECH	J	I	I	F	J	I	I	H	J	I	D	D	H	H	J	I	I	I	D	C	G	D
12.01 – 12.03	VISION	H	I	J	J	I	I	I	I	I	J	H	G	F	I	H	I	I	I	I	H	G	G

加州調整（加州永久失能評分表）

OCCUPATIONAL ADJUSTMENT TABLE

Standard Rating Percent	C	D	E	F	G	H	I	J	Standard Rating Percent	C	D	E	F	G	H	I	J
51	42	45	48	51	54	57	60	64	**76**	68	70	73	76	78	80	82	84
52	43	46	49	52	55	58	61	65	**77**	69	71	74	77	79	81	83	85
53	44	47	50	53	56	59	62	65	**78**	70	72	75	78	80	82	84	86
54	45	48	51	54	57	60	63	66	**79**	71	74	76	79	81	83	84	86
55	46	49	52	55	58	61	64	67	**80**	72	75	77	80	82	83	85	87
56	47	50	53	56	59	62	65	68	**81**	73	76	78	81	83	84	86	88
57	48	51	54	57	60	63	66	69	**82**	74	77	79	82	84	85	87	88
58	49	52	55	58	61	64	67	70	**83**	76	78	81	83	84	86	87	89
59	50	53	56	59	62	65	68	71	**84**	77	79	82	84	85	87	88	90
60	51	54	57	60	63	66	69	72	**85**	78	81	83	85	86	88	89	90
61	52	55	58	61	64	67	69	72	**86**	79	82	84	86	87	89	90	91
62	53	56	59	62	65	68	70	73	**87**	81	83	85	87	88	89	90	92
63	54	57	60	63	66	69	71	74	**88**	82	84	86	88	89	90	91	92
64	55	58	61	64	67	69	72	75	**89**	84	85	87	89	90	91	92	93
65	56	59	62	65	68	70	73	76	**90**	85	87	88	90	91	92	93	94
66	57	60	63	66	69	71	74	77	**91**	86	88	89	91	92	93	93	94
67	58	61	64	67	70	72	75	77	**92**	88	89	91	92	93	93	94	95
68	59	62	65	68	71	73	76	78	**93**	89	91	92	93	94	94	95	96
69	60	63	66	69	71	74	76	79	**94**	91	92	93	94	95	95	96	96
70	61	64	67	70	72	75	77	80	**95**	93	93	94	95	96	96	97	97
71	62	65	68	71	73	76	78	80	**96**	94	94	95	96	96	97	98	98
72	63	66	69	72	74	77	79	81	**97**	95	96	96	97	97	98	98	98
73	65	67	70	73	75	77	79	82	**98**	97	97	98	98	98	98	98	99
74	66	68	71	74	76	78	80	83	**99**	99	99	99	99	99	99	100	100
75	67	69	72	75	77	79	81	83	**100**	100	100	100	100	100	100	100	100

加州調整（加州永久失能評分表）

Rating	AGE AT TIME OF INJURY									
	21 and under	22 - 26	27 - 31	32 - 36	37 - 41	42 - 46	47 - 51	52 - 56	57 - 61	62 and over
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	3	3	3
3	2	2	3	3	3	3	3	4	4	4
4	3	3	3	4	4	4	5	5	5	6
5	4	4	4	5	5	5	6	6	6	7
6	5	5	5	6	6	6	7	7	8	8
7	5	6	6	7	7	8	8	9	9	10
8	6	6	7	7	8	9	9	10	10	11
9	7	7	8	8	9	10	10	11	12	12
10	8	8	9	9	10	11	11	12	13	13
11	8	9	10	10	11	12	13	13	14	15
12	9	10	10	11	12	13	14	15	15	16
13	10	11	11	12	13	14	15	16	16	17
14	11	11	12	13	14	15	16	17	18	19
15	12	12	13	14	15	16	17	18	19	20
16	12	13	14	15	16	17	18	19	20	21
17	13	14	15	16	17	18	19	20	21	22
18	14	15	16	17	18	19	20	21	23	24
19	15	16	17	18	19	20	22	23	24	25
20	16	17	18	19	20	21	23	24	25	26
21	17	18	19	20	21	22	24	25	26	27
22	17	18	20	21	22	23	25	26	28	29
23	18	19	20	22	23	24	26	27	29	30
24	19	20	21	23	24	25	27	28	30	31
25	20	21	22	24	25	27	28	29	31	32

調整方法總覽

障害標準評分　未來收入能力調整後評分　職業變數　年齡調整後評分30歲

15.01.02.02 – 8 - [5]10 - 470H – 13 – 11%

障害編號
頸椎軟組織病灶

未來收入能力排行
FEC rank

職業類群編號
傢俱組裝者，重度

職業調整後評分

身體傷害或醜型的性質/未來收入能力	受傷員工的職業	傷害時的年齡

- 單一肢體傷病調整後的分數，不得超過單一肢體截肢調整後的分數

台大醫院雲林分院

◇ 島嶼的邊緣

◇ 世界的中心

◇ 飛躍未來的醫學中心

以上報告，謝謝聆聽

THANK YOU!

National Taiwan
University Hospital
Yunlin Branch