



**GOVERNMENT OF ANDHRA PRADESH
ABSTRACT**

Disabled Welfare – Employment of Disabled – Preference to the severely Disabled in Employment and other welfare programmes – Orders – Issued.

WOMEN DEVELOPMENT, CHILD WELFARE AND DISABLED WELFARE (DW) DEPT.

G.O.Ms.No.56

Dated: 02.12.2003

Read the following

1. The Persons with Disabilities (Equal Opportunities, Protection of Rights and full participation) Act, 1995
2. From the Commissioner, Disabled Welfare Dept., Lr.No.S.II/2449/2002. dt.29.10.2002.

ORDER:-

The Commissioner, Disabled Welfare, Hyderabad in his letter read above has submitted proposals for giving priority to the totally disabled persons in recruitment as well as admissions and other concessions/facilities.

Section 2(t) of the persons with Disabilities (Equal Opportunities protection of rights and full participation), Act 1995, states that a person with disability, means, a person suffering from net less than 40% of any disability as certified by a medical authority. A copy of the Uniform Guidelines of the Government of India communicated in D.O.Lr.No.16-22/99-N1-1 (PWD), dated 17.1.2000 is annexed.

Having examined the proposal of the Commissioner, Disabled Welfare and having regard to the disadvantages faced by the severely disabled and with a view to addressing the needs of the severely disabled in employment, the Government hereby order that if all relevant factors government recruitment are equal, preference in employment shall be given to the disabled having higher degree of disability.

All the recruiting agencies are requested to take necessary action for assessing the genuineness of the medical certificates and in case of ambiguity or doubt, refer the same to the appellate medical boards as per the instructions issued in the Government Memo No.110195/DW.A2/2002, dt: 18-11-2002 of WDCW&DW(DW) Department.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

MINNIE MATHEW
PRL.SECRETARY TO GOVERNMENT

To
The commissioner, Disabled Welfare, Hyderabad.

Copy to:-

All Secretariat Departments.

All Heads of Departments.

All Collectors

The Secretary,A.P.P.S.C,Hyderabad.

The Commissioner, Land Revenue, Hyderabad.

SF/SC

ANNEXURE

UNIFORM GUIDELINES ISSUED BY THE GOVERNMENT OF INDIA

VISUALLY HANDICAPPED

Chapter-I, Section 2(b) of PWD Act, 1995, “blindness” refers to a condition where a person suffers from any of the following conditions namely:-

- (1) total absence of sight: or
- (2) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or
- (3) Limitation of the field of vision subtending an angle of 20 degree of worse;

As per section 2(a) “persons with low vision” means a person with impairment or visual functioning even after treatment or standard refractive correction but who used of is potentially capable of using vision for the planning or execution of a task will appropriate assistive device.

Visually Impairment disability Categories bases on its severity and proposed disability percentages

Category	All with corrections		Percentage impairment
	Better eye	Worse eye	
Category 0	6/9 – 6/18	6/24 to 6/36	20%
Category I	6/18 – 6/36	6/60 to nil	40%
Category II	6/60 -4/60 or Field of vision 110-20	3/60 to nil	75%
Category III	3/60 to 1/60 or field of vision 100	F.C. at 1 ft. to nil	100%
Category IV	F.C. at 1 ft. to nil or Field of vision 100	F.C. at 1 ft. to nil or field of vision 100	100%
One eyed persons	6/6	F.C. at 1 ft. to nil	30%

The method of evaluation shall be the same as recommended in hand book of Medical examination.

Impairment of 20% - 40% or less may only be entitled to aids and appliances.

A. Recommendations about the Categories and the Tests Required

1. Recommended classification

S. No.	Category	Type of impairment	DB level and/or	Speech discrimination	Percentage of impairment.
1.	I	Mild hearing impairment	dB 26 to 40 dB in better ear	80 to 100% in better ear	Less than 40%
2.	II	Moderate hearing impairment	41 to 55 dB in better ear	50 to 80% in better ear	40-50%
3.	III	Severe hearing impairment	56 to 70 dB Hearing impairment in better ear.	40 to 50%	50 to 75%
4.	IV	(a) Total deafness	No hearing	No discrimination	100%
		(b) Near total deafness	91 dB and above in better ear	-do-	100%
		(c) Profound hearing impairment	71 to 90 dB	Less than 40% in better ear	75-100%

(Pure tone average of hearing in 500. 1000 and 2000 Hz by air conduction should be taken as basis for consideration as per the test recommendations)

Further it should be noted that

- a) When there is only an island of hearing present in one or two frequencies in better ear, it should be considered as total loss of hearing.
- b) Whenever, there is no response (NR) at any of the 3 frequencies (500, 1000, 2000 Hz). It should be considered as equivalent to 130 dB loss for the purposes of classification of disability and in arriving at the average. This is based on the fact that maximum intensity limits in most of the Audiometers is 110 dB's and some audiometers has additional facilities for + 20 dB for testing.

II. Recommendations about the categories of disability (Hearing impairment – physical aspect only – Test recommended).

- a) Pure tone audiometry (ISO R 383-1970 at present is being used as Audiometric Standard in most of the audiometers. Hence the audiometers used in testing should be accordingly deliberated). Three frequency average at 500, 1000 and 2000 Hz by Air Conditions (A.C.) will be used for categorization.
- b) Wherever possible the pure tone audiometric results should be supplemented by the Speech discrimination score-Tested at Sensation level (S.L) i.e., the speech discriminations test is conducted at dB above the patient's hearing threshold. The stimuli used be either phonetically balance words (Pb) of the particular language or its equivalent material. At present only a few Indian languages have standard speech material for testing. Hence, wherever the standardized test material is not available, either standardized Indian English Test could be made use of with English knowing population or equivalent material to Pb be used.
- c) Wherever children are tested and pure tone audiometry becomes not possible free field testing should be employed.

B. Suggestions of the Facilities to be Offered to the Disabled for Rehabilitation

Category I	No Special benefits
Category II	Considered for Hearing Aids at Free or concessional costs only.
Category III	Hearing aids free of cost or at concessional rates. Jobs reservation Benefit of special Employment Exchange.
Category IV	Hearing Aids – facilities of reservation – special employment exchange. Special facilities in schools like Scholarship. Hearing aids – Exemption from 3 language formula (to study in recommended single language).

It is felt for consideration of admission under special category for courses conducted by institutions like Indian Institute of Technology (IIT), Industrial Training Institute (ITI) and others. Categories 2, 3 and 4 only should be considered for reservation of seats, provided they fulfill the other educational stipulations for the course. Further, such hearing handicapped candidates who on their own merit get selected purely on merit on the basis of marks, should not be debarred for admission in Engineering Colleges.

We have considered the different type of hearing affection i.e. conductive VS Sensory neural, and agree that the disability will be judged by the conditions prevalent in the patient at the time of referral and examination. In case of failure of surgery or other therapeutic interventions, the patient will be considered and categorized on the basis of the recommended tests.

1. GUIDELINES FOR EVALUATION OF VARIOUS DISABILITIES

(1) Locomotor Disability

UPPER LIMB

1. The estimation of permanent impairment depends upon the measurement of functional impairment and is not expression of a personal opinion.
2. The estimation and measurement must be made when the clinical condition is fixed and unchangeable.
3. The upper extremity is divided into two component parts the arm component and the hand component.

4. Measurement of the loss of function of arm component consists in measuring the loss of motion, Muscle strength and coordinated activities.
5. Measurement of the loss of function of hand component consists in determining the prehension, sensation & Strength. For estimation of prehension opposition, lateral pinch, cylindrical grasp, spherical grasp and hook grasp have to be assessed as shown in the column of "Prehension component" in the proforma.
6. The impairment of the entire extremity depends on the combination of the functional impairment of both components.

AIM COMPONENT

Total value of arm component is 90%

Principles of Evaluation of range of motion of joints

1. The value of maximum ROM in the arm component is 90%.
2. Each of the three joints of the arm is weighted equally (30%)

Example

A Fracture of the right shoulder joint may affect range of motion so that active abduction is 90%. The left shoulder exhibits a range of active abduction of 180%. Hence there is loss of 50% of abduction movement of the right shoulder. The percentage loss of arm component in the shoulder is 50×0.30 or 15% loss of motion for the arm component.

If more than one joint is involved, same method is applied and the losses in each of the affected joints are added. Say,

Loss of abduction of the shoulder	-	60%
Loss of extension of the wrist	-	40%
Then, Loss of range of motion for The arm = $(60 \times 0.30) + (40 \times 0.30)$	-	30%

Principles of Evaluation of strength of muscles

1. strength of muscles can be tested by manual testing like 0-5 grading
2. Manual muscle grading can be given percentages like

0.	-	100%
1.	-	80%
2.	-	60%
3.	-	40%
4.	-	20%
5.	-	0%

3. The mean percentage of muscle strength loss is multiplied by 0.30.
4. If there has been a loss of muscle strength of more than one joint, the values are added as has been described for loss of range of motion.

Principles of Evaluation of coordinated activities

1. The total value coordinated activities is 90%
2. Ten different coordinated activities are to be tested as given in the proforma
3. Each activity has value of 9%

Combining values for the Arm component

1. The value of loss of function of arm component is obtained by combining the values of range of movement, Muscle strength & co-ordinated activities, using the combining formula

$$a = \frac{b(90-a)}{90}$$

Where a = Higher value & b = Lower value

Example

Let us assume that an individual with a fracture of the right shoulder joint has in addition to 16.5% of motion his arm 8.3% loss of strength of muscles, and 5% loss of coordination. We combine these value as :

$$\begin{array}{l} \text{Range of Motion : 16.5\%} \\ \text{Strength of Muscles: 8.3\%} \end{array} \quad 16.5 \frac{8.3(90-16.5)}{90} = 23.3\%$$

$$\text{Co-ordination : 5\%} \quad 23.3 + \frac{5(90-23.3)}{90} = 27.0\%$$

So total value of arm component = 27.0%

Hand component

Total value of hand component is 90%

The functional impairment of hand is expressed as loss of prehension, loss of sensation loss of strength.

Principles of Evaluation of prehension.

Total value of prehension is 30%. It includes

- (A) Opposition (8%). Tested against
Index finger (2%), Middle finger (2%)
Ring finger (2%) & Little finger (2%)
- (B) Lateral Pinch (5%), Tested by asking the patient to hold a key
- (C) Cylindrical group (6%), Test for
 - (a) Large object of 4 inch size (3%)
 - (b) Small object of 1 inch size (3%)
- (D) Spherical group (6%), Tested for
 - (a) Large object 4 inch size (3%)
 - (b) Small object 1 inch size (3%)
- (E) Hook grasp (5%). Tested by asking the patient to lift a bag

Principal of Evaluation of sensations

Total value of sensation is 30%. It includes

1. Radial side of thump (4.8%)
2. Ulnar side of thumb (1.2%)
3. Radial side of each finger (1.2%)
4. Ulnar side of each finger (1.2%)

Principles of Evaluation of strength

Total value of strength is 30%. It includes

1. Grip strength (20%)
2. Pinch strength (10%)

Strength will be tested with hand dynamo-meter or by clinical method (Grip method) 10% additional weightage to be given to the following factors

1. Infection
2. Deformity
3. Malalignment
4. Contractures
5. Abnormal mobility
6. Dominant extremity (4%)

Combining values of the hand component

The final value of loss of function of hand component is obtained by summing up values of loss of prehension, Sensation and strength.

Combining values for the extremity

Values of impairment of arm component and impairment of hand component are combined by using the combining formula.

Example

$$\text{Impairment of the arm} = 27.0\% \qquad 64 \frac{27(90-64)}{90} = 71.8\%$$

GUIDELINES FOR EVALUATION OF PERMANENT PHYSICAL IMPAIRMENT IN LOWER LIMBS

The lower extremity is divided into two component and stability component.

Mobility component

Total value of mobility component is 90%. It includes range of movement and muscle strength.

Principles of Evaluation of Range of Movement

1. The value of maximum range of movement in the mobility component is 90%
2. Each of the three joints i.e. hip, knee, foot-ankle component is weighted equally – 0.30

Example

A fracture of the right hip joint may affect range of motion so that active abduction is 27%. The left hip exhibits a range of active abduction of 54%. Hence there is loss of 50% of abduction movement of the right hip. The percentage loss of mobility component in the hip is 50×0.30 or 15% loss of motion for the mobility component.

If more than one joint involved, same method is applied and the losses in each of the affected joints are added.

- b) With persistent pain with mild motor and sensory manifestations 25
 - c) With fusion, healed, no permanent motor or sensory changes 20
- C. Severe dislocation, fair to good reduction with surgical fusion
- a) No residual motor or sensory changes 25
 - b) Poor reduction with fusion, persistent radicular pain, motor involvement only slight weakness and numbness 35
 - c) Same as (b) with partial paralysis, determine additional rating for loss of use of extremities and sphincters.

Cervical inter vertebral disc

- 1. Operative, successful removal of disc, with relief of acute pain, no fusion, no neurologic residual. 10
- 2. Same as (1) with neurological manifestations, persistent pain, numbness, weakness in fingers. 20

Thoracic and Dorsolumbar spine fracture

Percent whole body permanent physical impairment and loss of physical function to whole body.

- A. Compression 25% involving one or two vertebral bodies, mild no fragmentation healed no neurological manifestations. 10
- B. Compression 50% with involvement posterior elements, healed no Neurologic manifestations, Persistent pain, Fusion, indicated. 20
- C. Same as (B) with fusion, pain only on heavy use of back. 20
- D. Total paraplegia 100
- E. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters.

Low lumbar

1. Fracture

- A. Vertebral compression 25% one or two adjacent vertebral bodies, little or fragmentation, no definite pattern or neurologic changes. 15
- B. Compression with fragmentation posterior elements, persistent pain, weakness and stiffness, healed no fusion no lifting over 25 pounds. 40
- C. Same as (B), healed with fusion mild pain.
- D. Same as (B), nerve root involvement to lower extremities; determine additional rating for loss of industrial function to extremities.
- E. Same as (C) with fragmentation of posterior elements, with persistent pain after fusion, no Neurologic findings. 35
- F. Same as (C) with nerve root involvement to lower extremities, rate with functional loss to extremities.
- G. Total paraplegia 100
- H. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters.

2. Neurogenic low back pain – Disc injury

- A. Periodic acute episodes with acute pain and persistent body list test, tests for sciatic pain positive, temporary recovery 5 to 8 weeks. 5
- B. Surgical excision of disc, no fusion, good results, no percent sciatic pain. 10
- C. Surgical excision of disc, no fusion, moderate persistent pain and stiffness aggravated by heavy lifting with necessary modification of activities. 20
- D. Surgical excision of disc with fusion, activities of lifting moderately modified. 15
- E. Surgical excision of disc with fusion persistent pain and stiffness aggravated by heavy lifting, necessitating modification of all activities requiring heavy lifting. 25

Non – Traumatic lesions

Scoliosis

The whole spine has been given rating of 100% and regionwise the following percentages are given:

Dorsal Spine - 50%

Lumbar Spine - 30%

Cervical Spine- 20%

Kobb's method of measurement of angle of curve in standing position is to be used. The curves have been divided into three sub groups.

	Cervical Spins	Thoracic Spins	Lumber Spins
Less than 30(Mild)	2%	5%	5%
31 – 60 (Moderate)	3%	15%	12%
Above 60 (severe)	5%	25%	33%

In the curves ranging above 60 cardio-pulmonary complications are to be graded separately. The Junctional curves are to be given that rating depending upon level of apex of curve. For example, if apex of dorso-lumbar curve falls in the dorsal spine the curve can be taken as a dorsal curve. When the scoliosis is adequately compensated, 5% reduction is to be given from final rating (for all assessment primary curves are considered for rating)

Kyphosis

The same total rating (100%) as that suggested for scoliosis is to be given for kyphosis region-wise percentages of physical impairment are

Dorsal	50%
Cervical Spine	30%
Lumbar Spine	20%

For dorsal spine the following further grading are

Less than 20	10%
21- 40	15%
41– 60	20%
above 60	25%

For kyphosis of lumbar and cervical spine 5% and 7% respectively have been allocated. Paralysis of Flexors and extensors of Dorsal and Lumbar spine.

The motor power of these muscles to be grouped as follows:

Normal	-
Weak	5%
Paralysed	10%

Paralysis of muscles of Cervical spine

For cervical spine the rating of motor power is as follows:

	Normal	Weak	Paralysed
Flexors	0	5%	10%
Extensors	0	5%	10%
Rotators	0	5%	10%
Side bending	0	5%	10%

Miscellaneous

Those conditions of the spine which cause stiffness and pain etc are rated as follows.
% Physical Impairment

A	Subjective symptoms of Pain. No involuntary muscle spasm Not substantiated by demonstrable structural pathology	0%
B	Pain, Persistent muscle spasm and stiffness of spine, substantiated by demonstrable mild radiological changes	10%
C	Same as B with moderate radiological changes	15%
D	Same as B with severe radiological changes involving and one of the region of spins (Cervical, dorsal or lumbar)	20%
E.	Same as D involving whole spine	30%

In Kypho-scoliosis, both curves to be assessed separately and then percentage of disability to be summed.

GUIDELINES FOR EVALUATION OF PERMANENT PHYSICAL IMPAIRMENT IS AMPUTEES

Basic Guidelines

1. In case of multiple amputees. If the total sum of percentage permanent physical impairment is above 100% it should be taken as 100%
2. Amputation at any level with uncorrectable inability to wear and use prosthesis should be given 100% permanent physical impairment.
3. In case of amputation in more than one limb percentage of each limb is counted and another 10% will be added by when only toes or fingers are involved only another 5% will be added.
4. Any complication in form of stiffness, neuroma, infection etc., has to be given a total of 10% additional weightage
5. Dominant upper limb has been given 4% extra percentage.

Upper limb Amputations

Percent permanent physical impairment and loss of physical function of each limb.

1. Fore-quarter amputation					100%
2. Shoulder Disarticulation					90%
3. Above Elbow upto upper 1/3 of arm					85%
4. Above Elbow upto lower 1/3 of arm					80%
5. Elbow disarticulation					75%
6. Below Elbow upto upper 1/3 of forearm					70%
7. Below elbow upto lower 1/3 of forearm					65%
8. Wrist disarticulation					60%
9. Hand through carpal bones					55%
10. Thumb through CM or through 1 st MC joint					30%
11. Thumb disarticulation through metacarpophalangeal joint or through proximal phalanx					25%
12. Thumb disarticulation through inter phalangeal joint or through distal phalanx					15%
	Index Finger (15%)	middle Finger (5%)	Ring Finger (3%)	Little Finger (2%)	
13. Amputation through proximal phalanx or disarticulation through MP joint	15%	5%	3%	2%	
14. Amputation through middle phalanx or disarticulation through PIP joint	10%	4%	2%	1%	
15. Amputation through distal phalanx or disarticulation through DIP joint	5%	2%	1%	1%	

Lower limb Amputations

1. Hind Quarter	100%
2. Hip disarticulation	90%
3. Above knee upto upper 1/3 of thigh	85%
4. Above knee upto lower 1/3 of thigh	80%
5. Through knee	75%
6. BK upto 8 cm	70%
7. BK upto lower 1/3 of leg	60%
8. through Ankle	55%
9. Syme's	50%
10. Upto mid-foot	40%
11. upto fore foot	30%
12. All toes	20%
13. Loss of first toe	10%
14. loss of second toe	5%
15. loss of third toe	4%
16. Loss of fourth toe	3%
17. Loss of fifth toe	2%