

*AMA Guides to the Evaluation of  
Permanent Impairment – 6<sup>th</sup>  
Edition*

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Medical Editor



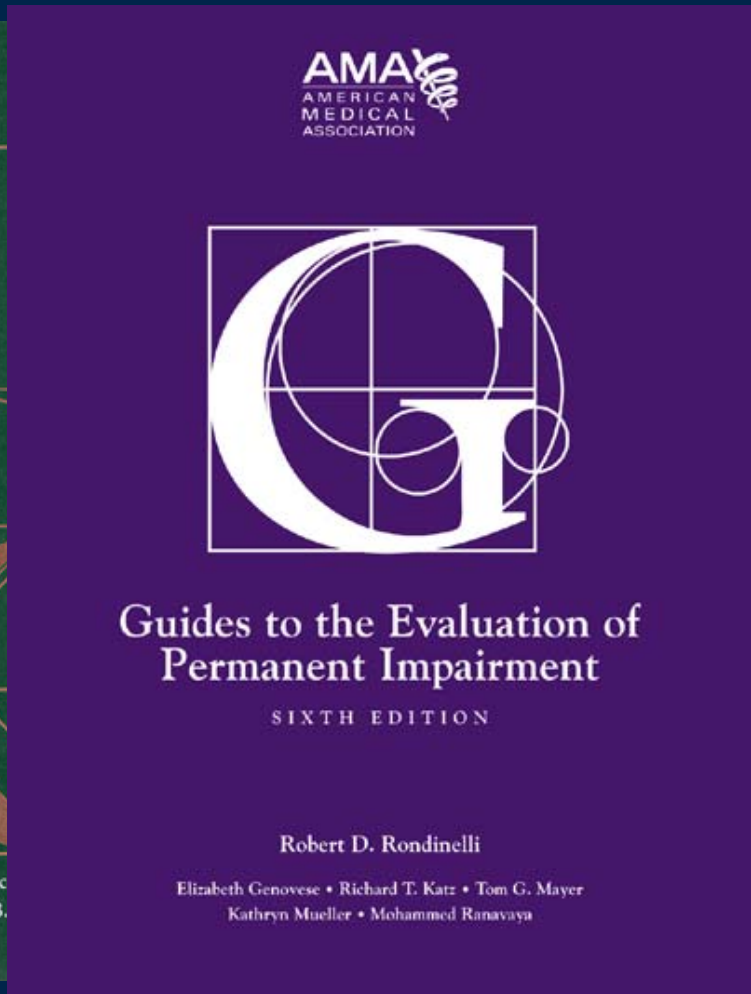
# Disclaimers:

- No formal role as AMA staff representative
  - Medical Editor not employed by nor directly representing AMA
- Financial conflict of interest
  - contractual agreement as Medical Editor

# Essential Elements of Physician Assessment & Reporting:

- 1) What is the clinical problem (diagnosis)?
- 2) What difficulties does the patient report (symptoms; functional loss)?
- 3) What are the examination findings?
- 4) What are the results of clinical studies?

# History of the *Guides*



“If it ain’t broke, don’t fix  
it.”

Bert Lance, *Nation’s Business*, 1977



# Frequent criticisms of the AMA *Guides*

- Inconsistent and ambiguous definitions & terminology of disablement (*Spine* '83; '88; '93; *J Tenn Med Assoc* '80; *Ann Int Med* '86)
- Content & predictive validity questionable (*JAMA* '82; *Arch PM&R* '97; *JBJS* '98; *JAMA* 2000)
- Reliability questionable (*Am J Phys Med Rehabil* '92)
- Gender bias (*Harvard Law Review* '90)

# Shortcomings of *AMA Guides 5<sup>th</sup> ed.*

Spieler et al, *JAMA* 2000

- Confusing/antiquated terminology
- Inadequate evidence-base
- Ratings fail to reflect perceived or actual loss of function
- Lack of internal consistency

# AMA Guides

Five Axioms

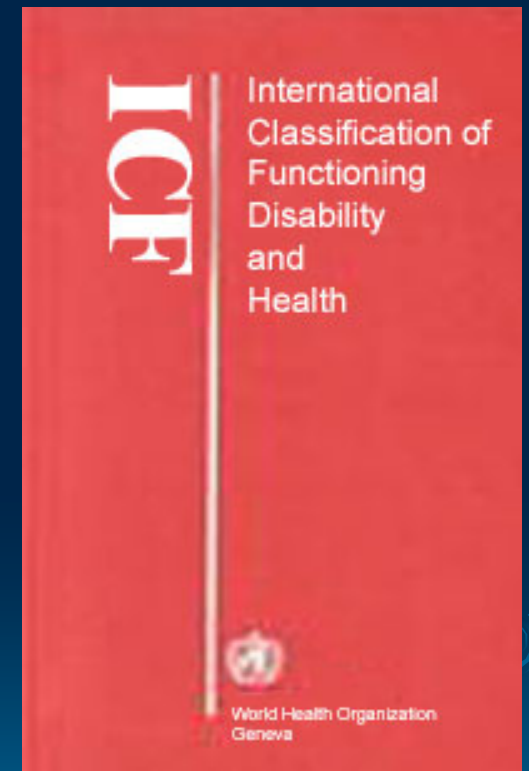




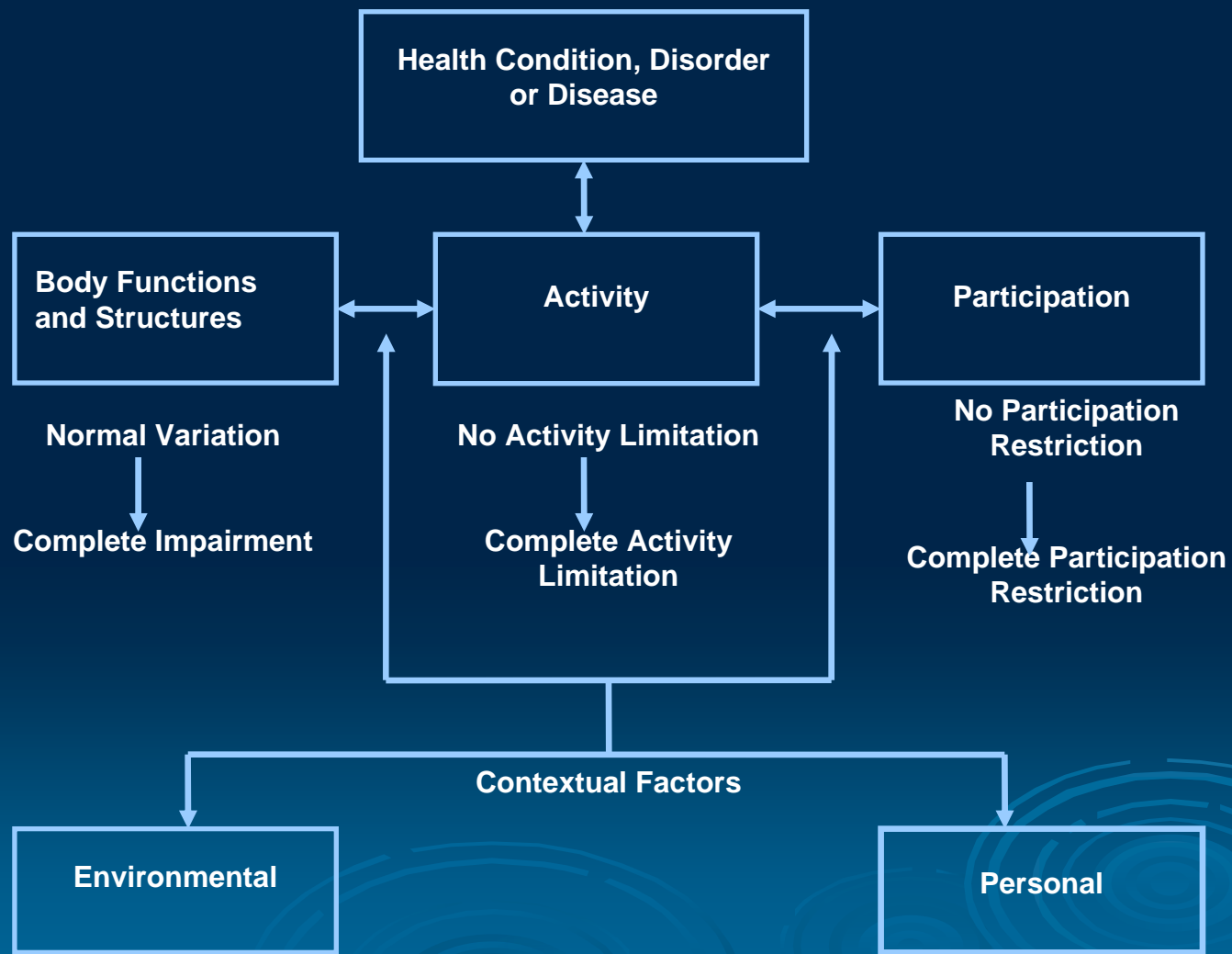
# Axiom 1:

- The *AMA Guides* must adopt the terminology and conceptual framework of disablement as put forward by the International Classification of Functioning, Disability and Health (ICF).

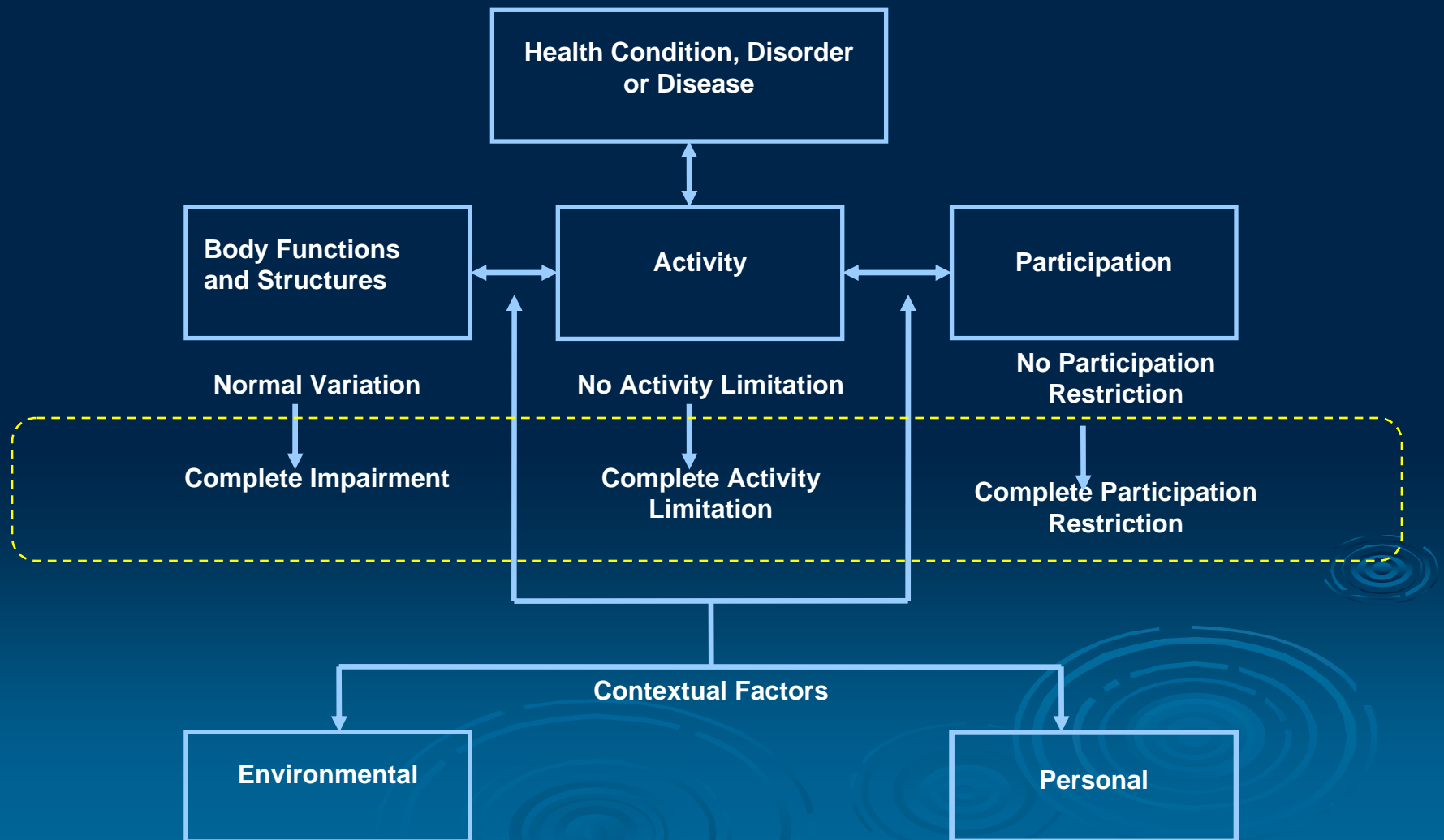
*(WHO, 2001)*



# New ICF model (WHO, 2001)



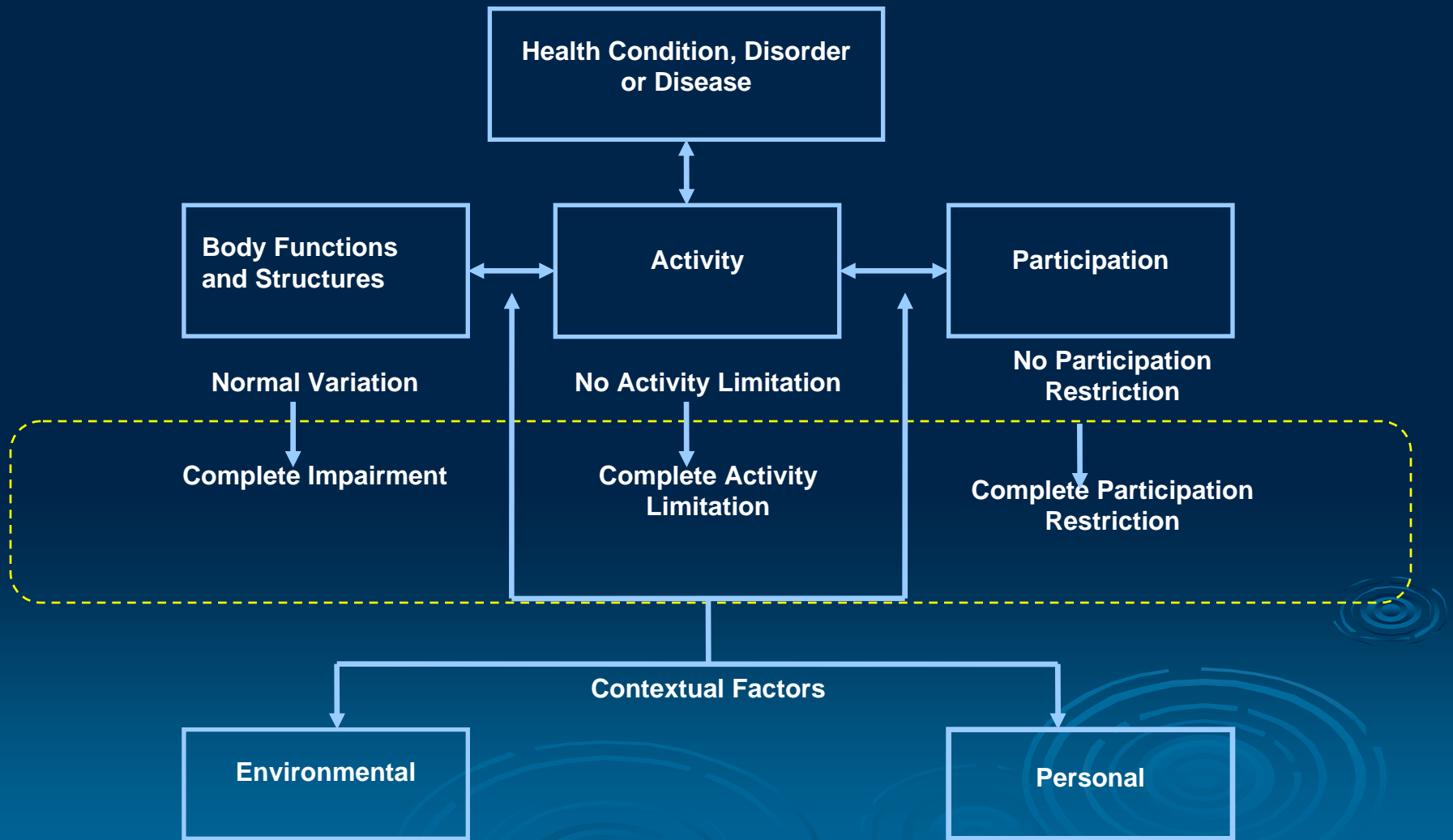
# Disability as a Continuum Within ICF



# AMA Definition

- *Impairment rating* – a consensus-derived percentage estimate of loss of activity, which reflects *severity of impairment* for a given health condition, and the *degree of associated limitations in terms of activities of daily living (ADLs)*

# Impairment Ratings Occupy Left Side of Disability Continuum



# Relevance of Impairment Ratings:

- Proxy estimates of
  - functional loss (ADLs)
  - work disability
  - nonwork disability
  - residual quality of life

# Institute of Medicine Model:

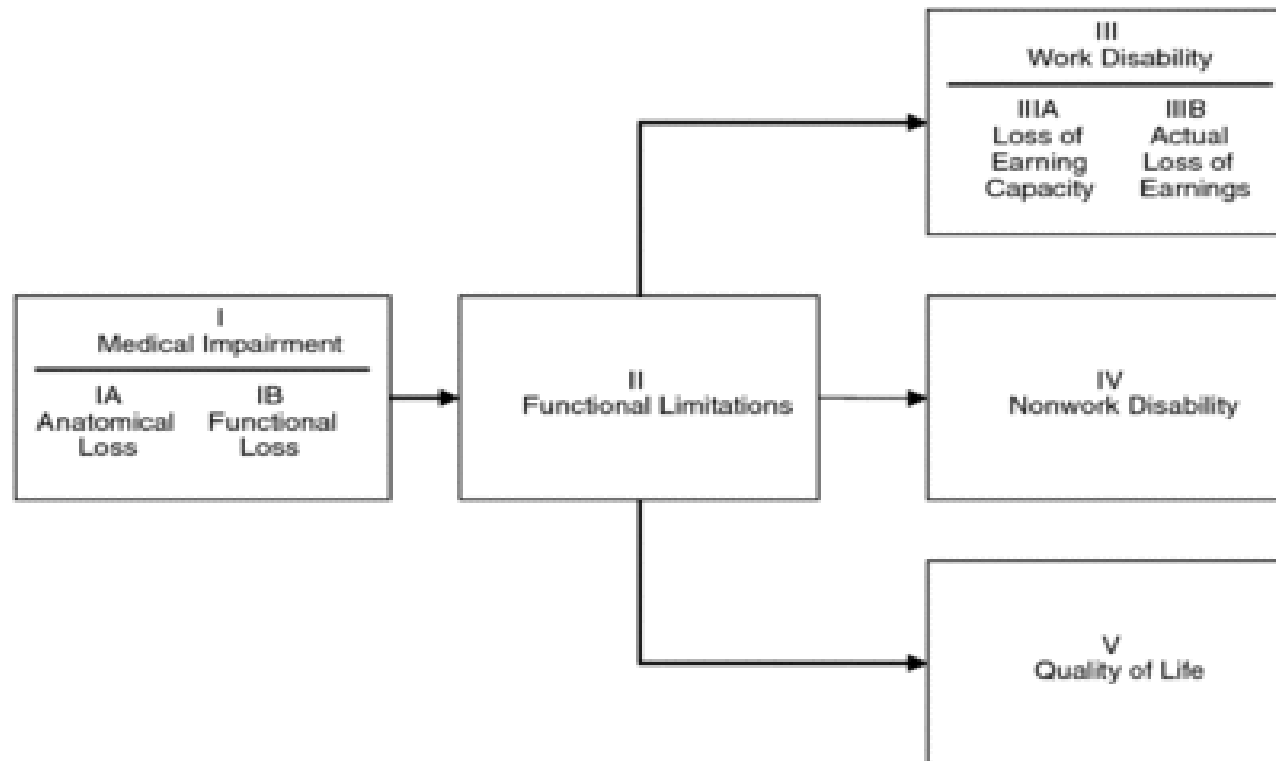


FIGURE 4-1 The consequences of an injury or disease.

## Axiom 2:

- The *AMA Guides* must continue to become more evidence-based.



# Levels of Evidence

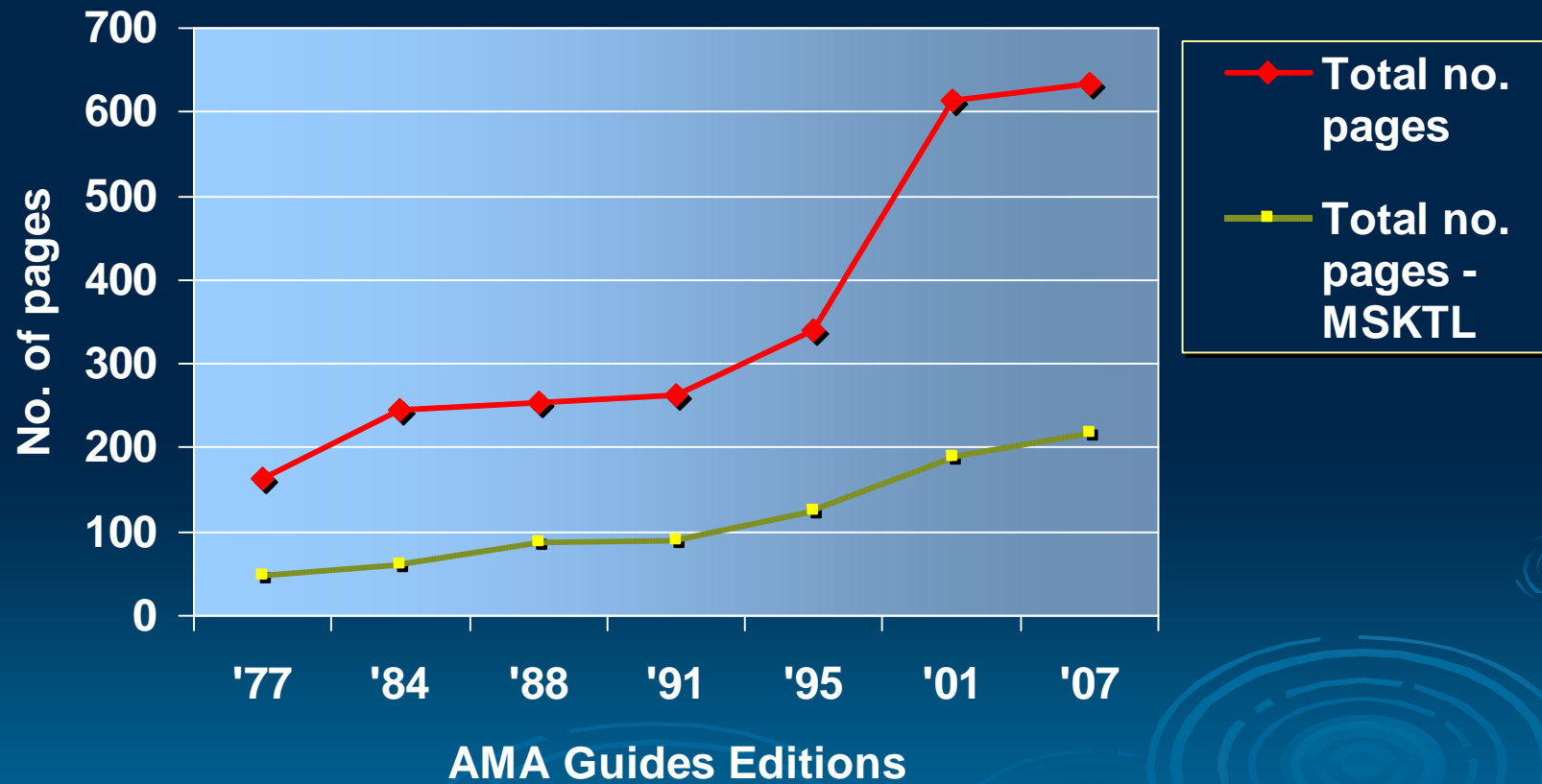
- Level 1: Systematic review or meta-analysis
- Level 2: One or more well designed RCTs
- Level 3: Non-randomized trials, cohort studies, etc.
- Level 4: Case report, clinical experience

# Axiom 3:

- Wherever/whenever evidence-based criteria are lacking...
  - Simplicity and ease-of-application, in addition, must be given highest priority.



# Historical Trends & Growth of *AMA Guides*



## Axiom 4:

- Rating percentages derived according to the *AMA Guides* must be functionally-based, whenever possible.
  - patient functional history can be assessed according to basic ADLs
  - self-report functional assessment tools also available and applicable

# ICF codes and functional levels

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, ...)

# Sample impairment functional classification

Functional Class
0 No symptoms with strenuous activity (independent)
1 Symptoms with strenuous activity; no Symptoms with normal activity (independent)
2 Symptoms with normal activity (independent)
3 Symptoms with minimal activity (partially dependent)
4 Symptoms at rest (totally dependent)

# Orthopedic Functional Assessment Tools


- QuickDASH
- Pain Disability Questionnaire (PDQ)
- AAOs Lower Limb Outcomes Questionnaire

# Axiom 5:

- *AMA Guides* must stress conceptual and methodological congruity within and between organ system ratings.



# Internal Consistency

- Uniform “impairment grid” methodology adopted to the fullest extent possible
  - Attempt is made to normalize impairment ratings across organ systems to improve internal consistency
  - Decisions, in such cases, remain consensus-based and await future validation studies
- 

# Features of AMA *Guides* 6<sup>th</sup> ed:

- ICF Model of Disablement (WHO 2001) replaces outdated ICDH model (WHO 1980)
- AMA *Guides* is regularly updated with latest, evidence-based diagnostic information
- AMA *Guides* is increasingly diagnosis-based, hence physician-friendly and easy to learn and to use

## Features of AMA *Guides* 6<sup>th</sup> ed: (2)

- AMA *Guides* is internally-consistent, hence easy to apply across multiple organ systems
- AMA *Guides* is functionally-based to help capture impact of impairment upon ADLs
- AMA *Guides* has high precision and resolution of impairment ratings
- AMA *Guides* is transparent and promotes
- greater inter-rater reliability and agreement



Questions

