



**GENERAL TERMS  
ADDITIONAL GROUP INSURANCE  
FOR PERMANENT DAMAGE  
ON HEALTH OF THE INSURED PERSON  
CAUSED BY A PERSONAL ACCIDENT**

The table below contains the general terms and conditions of supplementary group insurance in the event of a permanent health detriment to the insured due to a heart attack or an intracerebral haemorrhage, terms and conditions code TUGP55 (GTC) which govern the rules for exclusions of the insurer. These provisions constitute a part of the GTC, and their indications are a result of the legal regulations (Article 17, section 1 of the Insurance and Reinsurance Act).

No.	Type of information	Record number
1.	Conditions for benefit payment	items 1-2 tems 4-6 tems 10-12 tem 30 tems 31-43 tem 44
2.	Restrictions and exemptions of the facility's liability insurance granting the right to refuse or reduce the payment of benefits or to reduce them	tems 1-2 tem 6 tems 7-9 tems 27-28 tem 29 tem 44

Information about the insurance are available from:

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## GENERAL CONDITIONS FOR SUPPLEMENTARY GROUP INSURANCE IN CASE OF PERMANENT HEALTH IMPAIRMENT OF THE INSURED PERSON CAUSED BY A PERSONAL ACCIDENT

GTC code: TUGP55

The Management Board of PZU Życie SA established the general conditions for supplementary group insurance against permanent health impairment of the insured caused by an accident by Resolution No. UZ/202/2021 of November 9, 2021 (referred to as the hereinafter the GTC).

These General Terms and Conditions shall enter into force on 01 December 2021 and shall apply to insurance agreements concluded from 1 January 2022.

he policyholder shall read the GTC carefully before concluding the contract and communicate the GTC to anyone who wishes to take out insurance.

**Please read the GTC you have received from your policyholder carefully before you take out insurance.**

### SŁOWNICZEK

– czyli co oznaczają użyte terminy

1. the GTC uses the following terminology:

- 1) **insurance protection period** – the period of time during which our liability to the insured under the supplementary insurance continues;
  - 2) **permanent health impairment** – is the irreversible structural damage to an organ, organ or system or the permanent impairment of its functions, which will not improve with treatment or rehabilitation;
  - 3) **supplementary insurance** – the insurance agreement to which these GTC apply;
  - 4) **basic insurance** – PZU Na Życie Plus group insurance agreement, to which the policyholder has the right to take out additional insurance;
2. The other terms used in these GTC are defined in the general terms and conditions of the basic insurance – the same terms retain the same meaning.

### OBJECT OF INSURANCE

– what do we insure

3. We insure your health.

### SCOPE OF INSURANCE AND THE BENEFIT AMOUNT

– which events do we pay for and what amounts

4. The supplementary cover includes the occurrence of permanent damage to your health as a result of an accident during the period of cover.
5. If you suffer a permanent injury, we will pay a benefit for 1% of the permanent injury equal to the percentage of the sum insured current at the date of the accident, as specified in the policy and in the individual confirmation of insurance.
6. The right to payment of the benefit is:
  - 1) if, from a medical point of view, there is a causal link between the accident and the permanent injury;
  - 2) maximum for 100% of permanent injury due to one accident.

### EXCLUSIONS OF PROTECTION

– i.e. cases in which you are not eligible for a benefit

7. For the purposes of defining our exclusions of protection, we use the term competitive sports – meaning the practice of sports by:
  - 1) members of the personnel of clubs who take part in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or

- 2) individuals who play individual sports and participate in professional, national or international competitions. These competitions must be organised by: the sports federation or professional sports federation responsible for the sport in question – or
- 3) persons who receive remuneration, as well as scholarships or reimbursement of expenses related to the practice of individual sports or team games (per diems, allowances) – on the basis of an employment contract or a civil law contract.
8. Our liability does not cover injury to a child as a result of an accident if the accident occurred before the start of the period of cover or has occurred:
  - 1) during war operations;
  - 2) as a result of active participation of the insured in the acts of terror or mass social unrest;
  - 3) as a result of the commission or attempted commission by the insured of an act which fulfils the requirements of an intentional crime;
  - 4) as a result of a traffic accident while the insured was driving a vehicle:
    - a) without holding the authority to drive as defined by the law
    - b) being under the influence of alcohol or in a state of intoxication as defined by the regulations on education in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of the provisions on counteracting drug addiction, – insofar as any of these circumstances played a role in the traffic accident;
  - 5) when the Insured was intoxicated within the meaning of regulations on upbringing in sobriety and counteracting alcoholism or after using: drugs, narcotics, psychotropic substances or substitutes within the meaning of regulations on counteracting drug addiction - if any of these circumstances influenced the accident;
  - 6) as a result of the insured's self-harm or attempted suicide;
  - 7) directly as a result of intoxication by alcohol, drugs, narcotics, psycho-tropic substances or substitutes – within the meaning of the regulations on counteracting drug addiction;
  - 8) as a result of the use of medicinal products by the insured not in accordance with the doctor's recommendation or not in accordance with the information in the leaflet accompanying the medicinal product;
  - 9) because the child was involved in competitive sports.
9. Our liability does not cover the occurrence of injury to a child as a result of bodily injuries that were caused by treatment or diagnostic procedures, regardless of who performed them - unless it was to treat the direct consequences of an accident.

## **SUM INSURED**

– what is it, and where is it indicated

10. The sum insured is the amount which we use as the basis for determining the benefit due.
11. The amount of the sum insured can be included in the policy and in the individual confirmation of insurance.
12. The sum insured does not change throughout the duration of the agreement. The sum insured is fixed, but may be changed by mutual agreement;

## **PREMIUM**

– what does it depend on and when to pay it

13. Amount of the premium per the insured:
  - 1) it is fixed, but may be changed by mutual agreement;
  - 2) it depends on:
    - a) the sum insured,
    - b) benefit amount
    - c) the number, age structure and gender of those who take out insurance, as well as the type of work they do.
14. The amount of the premium applicable to the additional insurance agreement is specified in the application for conclusion of the agreement as well as in the policy.
15. The policyholder pays us the premiums for the supplementary insurance on a monthly basis, together with the premium for the primary insurance.

## **TAKING OUT AND JOINING SUPPLEMENTARY INSURANCE**

– – i.e., How do we insure you

16. Supplementary insurance may be taken out either with or during the conclusion of the basic insurance.
17. The additional insurance may be joined by insured persons who joined the basic insurance.

## **DURATION OF SUPPLEMENTARY INSURANCE**

– i.e., which period we take out the supplementary insurance for

18. The policyholder may take out supplementary insurance with us for a limited period. We confirm the duration of the additional insurance in the policy. If the additional insurance is taken out between policy anniversaries, our cover continues until the next policy anniversary.

## **EXTENSION OF SUPPLEMENTARY INSURANCE**

– what are the rules for extending supplementary insurance

19. Unless otherwise agreed by either party to the agreement and provided that the primary insurance is in force, the supplementary insurance shall be automatically extended for the next policy year – under the same conditions. In this case, as an insured, you do not have to re-submit the declaration of membership.
20. Either party has the right to cancel the extension of the supplementary insurance, of which it shall notify the other party in writing. This must be done at the latest 30 days before the termination of this insurance.

## **WITHDRAWAL FROM SUPPLEMENTARY INSURANCE**

– i.e. the conditions under which a policyholder may withdraw from the supplementary insurance

21. The cancellation of the additional insurance is carried out in accordance with the rules laid down in the basic insurance.
22. If the policyholder cancels the primary insurance, this results in cancellation of the secondary insurance.
23. If the policyholder withdraws from the additional insurance, this does not result in withdrawal from the primary insurance.

## **TERMINATION OF SUPPLEMENTARY INSURANCE**

– i.e. the manner in which the policyholder can cancel the supplementary insurance

24. The termination of the supplementary insurance is carried out in accordance with the rules outlined in the basic insurance.
25. In the event the policyholder terminates the primary insurance, this results in the termination of the additional insurance.
26. If the policyholder terminates the additional insurance, this does not result in termination of the primary insurance.

## **THE BEGINNING OF OUR PROTECTION**

– when our insurance protection starts

27. Coverage under the supplementary insurance commences as described in the basic insurance.
28. Cover under the additional insurance shall only commence if the cover under the basic insurance is in force.

## **THE CESSATION OF OUR PROTECTION**

– i.e. when the supplementary insurance ends

29. The cover under the supplementary insurance ceases:
  - 1) from the date of termination of cover under the primary insurance;
  - 2) from the date on which we receive the policyholder's declaration that he or she is withdrawing from the additional insurance;
  - 3) on the date of termination of cover under the supplementary insurance – if not renewed;
  - 4) on the last day of the month in which you cancel the supplementary insurance;
  - 5) at the end of the month of the supplementary insurance on the current terms and conditions, if you have not given the required consent to change the supplementary insurance;
  - 6) as from the date of expiry of the notice period of the supplementary insurance;
  - 7) as from the date on which the supplementary insurance is terminated.

## **PERSONS ENTITLED TO OBTAIN THE BENEFIT**

– the person to whom the payment is due

30. In such case you have the right to receive the benefit.

## **PROVISION OF THE HEALTH BENEFIT**

– when we pay the benefit

31. If there is an injury to your child, provide us with:
  - 1) a request for payment of a benefit,
  - 2) such medical records as confirm the occurrence of the permanent injury and the circumstances under which it occurred.
32. If the documents provided are not sufficient to consider that you are entitled to a benefit payment and in what amount, we may ask you for other necessary documents.
33. He have the right to seek additional information by:
  - 1) asking for the opinion of the doctor identified by us;
  - 2) order medical examinations– if such action are required.
34. We cover the costs of the doctor's opinion and the medical tests we order.

- 35. If the documents we have requested are in a language other than Polish, you must provide us with a Polish translation. This translation must be carried out by a sworn translator.
- 36. We decide on the payment of the benefit on the basis of the documentation provided.
- 37. We determine permanent damage to health if, from a medical point of view, the consequences of a heart attack or stroke are permanent and will not improve with treatment or rehabilitation, and we pay the full amount of the benefit.
- 38. In the event that is not possible to determine the final amount of permanent impairment, we determine the undisputed part of the impairment, i.e. the part that will not change regardless of further treatment and rehabilitation and pay the amount of the benefit to which there was no doubt. We carry out the final assessment of permanent health impairment no later than 24 months after the occurrence of the accident.
- 39. A change in the amount of permanent health impairment after 24 months following a heart attack or stroke is not a basis for a change in benefit.
- 40. If an organ, organ or system has been damaged as a result of the accident, the amount of permanent health impairment is determined as the difference between the state after the accident and the state existing immediately before the accident.
- 41. We determine the amount of permanent health impairment based on the Table of standards for the assessment of percentage of permanent health impairment. The table constitutes an appendix to the GTC.
- 42. When we determine the amount of permanent impairment, we do not take into account the type of work or activities you do.
- 43. We issue the benefit for the permanent damage to health caused by a heart attack or stroke in a single payment of the full amount due – subject to paragraphs 6 and 38.

## **FINAL PROVISIONS**

### **– what other matters are important**

- 44. Any matters not regulated by the supplementary insurance shall be subject to the general terms and conditions of basic insurance, the provisions of the Civil Code, the Act on Insurance and Reinsurance Activity and any other applicable laws.

## APPENDIX

### TO THE GENERAL CONDITIONS OF SUPPLEMENTARY GROUP INSURANCE IN THE EVENT OF THE INSURED PERSON BREAKING A BONE DUE TO A PERSONAL ACCIDENT

Table of standards for the assessment of percentage of permanent health impairment

	Percentage of health loss
<b>1. Injury to the cranial shell (without bone damage):</b>	
a) cranial lacerations – depending on size, mobility, tenderness of scars, etc.	1–10
Hair removal (depending on the area):	
b) less than 25% of the hairy skin	1–10
c) between 25% and 75% of the hairy skin	11–20
d) over 75% of the surface of the hairy skin	21–30
PLEASE NOTE: Cases of replanting a damaged hairy skin with a skin graft and restoring hairline should be assessed in accordance with item 1 a. In case of successful replantation of the scalp, evaluate in accordance with item 1a.	
<b>2. Damage to the bones of the cranial vault and base (indentations, fissures, fragmentation) – depending on the extent of the damage:</b>	
a) without cerebrospinal fluid leakage	1–10
b) with recurrent nasal and/or ear fluid leakage	10–30
<b>3. Defects in the bones of the cranial vault with a total area - depending on size:</b>	
a) less than 10 cm <sup>2</sup>	1–10
b) between 10 and 50 cm <sup>2</sup>	11–15
c) exceeding 50 cm <sup>2</sup>	16–25
PLEASE NOTE: If the resulting bone defect has been replaced through plastic surgery with good results, the percentage of permanent health impairment assessed for the original defect – must be reduced If, in case of injuries and defects of cranial bones (items 2 and 3), injuries to cranial shell (item 1) occur at the same time, the degree of loss shall be assessed separately for injuries or defects of bones in accordance with items 2 or 3 and separately for injuries to cranial shell in accordance with item 1.	
<b>4. Complications accompanying injuries stated in items 1, 2, 3 in the form of: chronic osteitis, subungual abscess treated surgically, cerebral hernia – are assessed separately – depending on the type</b>	1–25
<b>5. Cerebral palsies and paresis:</b>	
a) hemiplegia, paralysis of the lower limbs preventing independent standing and walking 0–1° at Lovette's scale	100
b) severe hemiparesis of the lower limbs or of both lower limbs severely restricting the use of the limbs 2° or 2/3° at Lovette's scale	60–80
c) medium degree hemiparesis or hemiparesis of both lower limbs 3° or 3/4° at Lovette's scale	40–60
d) slight (slight, discrete) hemiparesis of the lower limbs or both legs of 4° or 4/5° at Lovette's scale	10–40
e) paralysis of the upper limb 0–1° at Lovette's scale with paresis of the lower limb 3–4° at Lovette's scale:	
right	70–90
left	60–80
f) paresis of the upper limb 3–4° at Lovette's scale with paralysis of the lower limb 0–1° at Lovette's scale:	
right	70–90
left	60–80

	Percentage of health loss
g) monoplegia of central origin affecting the upper limb 0–1° at Lovette's scale:	
right	40–50
left	30–40
h) monoplegia of central origin affecting the upper limb 2–3° at Lovette's scale:	
right	30–40
left	25–30
i) monoplegia of central origin affecting the upper limb 3–4° at Lovette's scale:	
right	10–30
left	5–20
j) monoplegia of central origin affecting the lower limb 0° at Lovette's scale:	50
k) monoplegia of central origin affecting the lower limb 1–2° at Lovette's scale:	30–50
l) monoplegia of central origin affecting the lower limb 3–4° at Lovette's scale	10–30

**PLEASE NOTE:**

In the case of coexistence of speech aphasia disorders, they should be additionally assessed in accordance with item 11, taking into consideration that the total health impairment due to brain damage cannot exceed 100%.

In the case of a coexisting motor deficit with other symptoms of organic brain damage, evaluate in accordance with item 9. In the event of a difference in the severity of the paresis between the lower limbs, assess each limb separately in accordance with 5g.

**LOVETTE'S SCALE**

0° – no active contraction of the muscle – no muscle strength, 1° – trace of active contraction of the muscle – 10% of normal muscle strength,

2° – marked contraction of the muscle and ability to perform movement with assistance and relief of the mobile segment – 25% of normal muscle strength,

3° – ability to perform active movement alone with overcoming the gravity of a given stretch – 50% of normal muscle strength,

4° – normal strength, i.e. ability to perform active movement with full resistance – 75% normal muscle strength

5° – normal strength, i.e. ability to perform active movement with full resistance – 100% normal muscle strength

**6. Isolated extrapyramidal syndromes:**

a) persistent extrapyramidal syndrome severely impairing functional capacity and requiring assistance from third parties	100
b) extrapyramidal syndrome affecting systemic compartment with speech impairment, etc.	40–80
c) marked extrapyramidal syndrome	5–30

**7. Balance disorders and other motor impairments besides paresis (ataxia, dysmetria, other signs of cerebellar syndrome) of cerebral origin:**

a) preventing walking	100
b) severely affecting walking and motor skills	50–80
c) moderately affecting walking and motor skills	10–40
d) slightly affecting walking and motor skills	1–10

**8. Epilepsy as an isolated consequence of brain injury:**

a) epilepsy with very frequent seizures – 3 seizures per week or more	50–60
b) epilepsy with seizures – over 2 per month	30–50
c) epilepsy with seizures – 2 or less per month	10–30
d) epilepsy with seizures of varying morphology – without loss of consciousness	1–10



	Percentage of health loss
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**PLEASE NOTE:**

The basis for diagnosis of epilepsy is: repeated epileptic seizures, typical EEG changes, documentation of the course of treatment, established diagnosis by the treating physician.

If epilepsy coexists with other signs of organic brain damage, it should be assessed in accordance with item 9.

**9. Neurological and mental disorders caused by organic brain damage (encephalopathies) according to the severity of the neurological and mental disorders:**

a) severe mental and neurological disorders which make independent living impossible	80–100
b) encephalopathy with changes in character and/or major neurological deficits	50–80
c) encephalopathy with changes in character and/or neurological deficits of moderate severity escalation	30–50
d) encephalopathy with minor changes in character and/or minor neurological deficits	10–30

**PLEASE NOTE:**

The diagnosis of encephalopathy should be confirmed by the presence of deficits in neurological and mental status, documented by psychiatric, psychological and neurological examination and changes in EEG, CT or NMR imaging

**10. Neuroses and other fixed subjective complaints arising in result of craniocerebral trauma or after severe body injury:**

a) subjective complaints related to the head injury or to severe damage to other parts of the body, depending on the degree of disturbance (recurrent headaches and dizziness, fatigue, hyperactivity, impaired memory, attention focus deficits, insomnia, etc.)	1–5
b) post-traumatic stress disorder, persistent neuroses related to craniocerebral trauma or after serious injury - depending on the severity of the disorder, requiring ongoing psychiatric treatment	5–20

**11. Speech disorders:**

a) complete aphasia (sensory or sensorimotor) with agraphia and alexia	100
b) global motor aphasia	60
c) aphasia of moderate and severe severity which impedes communication	20–40
d) minor aphasia	10–20

**12. Hypothalamic syndromes and other endocrine disorders of central origin (uraemia, diabetes mellitus, hyperthyroidism, etc.):**

a) significant impairment of bodily functions	40–60
b) slight impairment of bodily functions	20–30

**13. Partial or complete damage to the motor nerves of the eyeball:**

a) with symptoms of confusion, dropping eyelid and accommodation disorders	20–35
b) with symptoms of confusion and dropping eyelid	10–20
c) with symptoms of visual confusion with dropping eyelid	5–15
d) disorders of accommodation or other disorders of the internal muscles of the eye	1–15

**14. Partial or total damage to the trigeminal nerve – depending on the severity of the damage:**

a) sensory (including post-traumatic neuralgia)	1–10
b) movement	1–10
c) sensorimotor	5–20

	Percentage of health loss
<b>15. Injury of facial nerve</b>	
a) complete peripheral with inability to close the eyelid	20
b) partial peripheral depending on the severity of the issue	5–15
c) isolated central damage	5–10
PLEASE NOTE: Coexistence of facial nerve injury with fracture of the calcaneus to must be assessed in accordance with item 48. with other symptoms indicative of brain damage must be assessed in accordance with items 5 or 9.	
<b>16. Uszkodzenie częściowe lub całkowite nerwów językowo-gardłowego i błędnego – w zależności od stopnia zaburzeń mowy, połykania, oddechu, krążenia i przewodu pokarmowego:</b>	
a) minor	5–10
b) medium	10–25
c) high	25–50
<b>17. Partial or total damage to an additional nerve – depending on the severity of the damage:</b>	3–15
<b>18. Partial or total damage to the sublingual nerve – depending on the severity of the damage:</b>	5–20
PLEASE NOTE: If cranial nerve damage is accompanied by other brain damage, it should be assessed in accordance with item 9.	
<b>19. Damage to facial skin (scars and cavities):</b>	
a) disfigurement without impairment of function – depending on the extent of scars and facial defects	1–10
b) disfigurement associated with severe functional impairment – depending on the extent of the scars and facial losses and the degree of functional impairment	5–30
c) disfigurement combined with major – depending on the extent of scars and facial defects and the degree of functional impairment	30–60
<b>20. Nasal injuries (including nasal bone fractures, cartilage damage, loss of soft parts):</b>	
a) damage to the nose without breathing and olfactory impairment – scars and/or slight deformation of the nose	1–5
b) nasal injury with respiratory distress - significant deformity of the nose or loss of part of the nose	5–15
c) nose injuries with respiratory and olfactory disturbances – depending on the degree of respiratory and olfactory impairment	15–20
d) loss or disturbance of smell following damage to the anterior cranial fossa:	1–5
e) substantial or total loss of the nose (including the nasal bone)	20–30
PLEASE NOTE: In cases where the significant nasal deformity exists with nasal scars, they must be assessed jointly in accordance with item 20. Insofar as the damage to the nose, lips, eyelids is part of a complex of injuries covered by item 19, the assessment should be carried out in accordance with this item (i.e. in accordance with item 19).	
<b>21. Uszkodzenia w obrębie zębów:</b>	
a) partial loss of crown without pulp damage – incisors or canines	1
b) partial loss of crown without pulp damage – other teeth	0,5
c) partial loss of the tooth crown with damage to the pulp – incisors or canines	1,5

	Procent uszczerbku na zdrowiu
d) partial loss of the tooth crown with damage to the pulp - remaining teeth	1
e) total loss of crown with preservation of the root – incisors or canines	2
f) total loss of crown with preservation of the root – other teeth	1,5
g) total loss of a tooth – incisors or canines	3
h) total loss of a tooth – other teeth	2
i) post-traumatic loosening of a tooth	0,5
<b>22. Injuries (fractures, dislocations) to the bones of the orbit, jaw, zygomatic bone, mandible, temporomandibular joint – depending on dislocations, deformations, asymmetry of occlusion, impairment of mastication, dilation of oral cavity, sensory disorders:</b>	
a) insignificant degree	1–5
b) medium	5–10
c) severe	10–25
<p><b>PLEASE NOTE:</b>  In the case of orbital injury with dual vision without visual acuity impairment, additional assessment should be made in accordance with item 26 b,  In the case of significant neurological deficits of facial nerves, the certification shall be additionally issued on a nerve-specific basis.  If damage to the craniofacial bones is accompanied by disfigurement, assess only in accordance with item 19.  In case of fracture of the mandible with other craniofacial bones, the consequences of the injury of mandible shall be assessed separately from the fracture of the other craniofacial bones – additionally from item 22 or 23.</p>	
<b>23. Loss of jaw or mandible including disfigurement and loss of teeth - depending on the extent of cavities, disfigurement and complications:</b>	
a) partial	15–35
b) total	40–50
<b>24. Palate loss:</b>	
a) with speech and swallowing disorders – depending on the severity of the disorder	10–25
b) with severe speech and swallowing disorders - depending on the severity of the disorder	25–40
<b>25. Injuries to the tongue, oral vestibule, lips, cavities – depending on scarring, deformities, size of cavities, speech disorders, difficulty swallowing:</b>	
a) tongue damage, damage to the oral vestibule, lips depending on the extent of the damage – minor lesions and losses	1–5
b) defects of the tongue, lesions of the oral vestibule and the lips – moderate changes and lesions causing impairment of nutrition	5–15
c) large tongue lesions and losses – impairing speech and nutrition depending on the degree	15–40
d) total loss of tongue	50

## B. DAMAGE TO THE EYES

	Percentage of health loss
<b>26. Reduced visual acuity or loss of one or both eyes</b>	
a) in the case of reduced visual acuity or loss of vision of one or both eyes, permanent impairment shall be assessed in accordance with table 26a	

TABLE 26A

Visual acuity of the right eye	1,0 (10/10)	0,9 (9/10)	0,8 (8/10)	0,7 (7/10)	0,6 (6/10)	0,5 (5/10)	0,4 (4/10)	0,3 (3/10)	0,2 (2/10)	0,1 (1/10)	0
Visual acuity of the left eye	Percentage of permanent damage										
1,0 (10/10)	0	2,5	5	7,5	10	12,5	15	20	25	30	35
0,9 (9/10)	2,5	5	7,5	10	12,5	15	20	25	30	35	40
0,8 (8/10)	5	7,5	10	12,5	15	20	25	30	35	40	45
0,7 (7/10)	7,5	10	12,5	15	20	25	30	35	40	45	50
0,6 (6/10)	10	12,5	15	20	25	30	35	40	45	50	55
0,5 (5/10)	12,5	15	20	25	30	35	40	45	50	55	60
0,4 (4/10)	15	20	25	30	35	40	45	50	55	60	65
0,3 (3/10)	20	25	30	35	40	45	50	55	60	65	70
0,2 (2/10)	25	30	35	40	45	50	55	60	65	70	80
0,1 (1/10)	30	35	40	45	50	55	60	65	70	80	90
0	35	40	45	50	55	60	65	70	80	90	100

	Percentage of health loss
b) diplopia without disturbance of visual acuity	1–10
c) loss of vision in one eye with simultaneous enucleation of the eyeball	38

## PLEASE NOTE:

Visual acuity is always determined after correction with lenses, both in the case of corneal or lens opacification and in the presence of retinal or optic nerve damage.

The value of the impairment under section 26 c also includes the disfigurement associated with the enucleation of the eyeball.

**27. Accommodation paralysis in the absence of visual acuity impairment after correction:**

a) in one eye	15
b) in both eyes	30

## PLEASE NOTE:

In case of pseudophakia without visual acuity disturbances, evaluate in accordance with item 27, in case of uncorrectable visual acuity disturbances in accordance with item 34.

**28. Injury to the eyeball due to blunt trauma:**

a) with impaired visual acuity	in accordance with Table 26A
b) with a visible cosmetic defect or deformity of the eyeball, corneal scarring – without impairment of visual acuity	1–5

**29. Injury to the eyeball – due to penetrating injuries and an unremoved orbital foreign body:**

a) with impaired visual acuity	in accordance with Table 26A
b) with a visible cosmetic defect or deformity of the eyeball, corneal scarring – without impairment of visual acuity	1–5

	Percentage of health loss
c) an unremoved intraocular foreign body with decreased visual acuity	in accordance with Table 26A + 10%
d) an unremoved intraocular foreign body without reduction of visual acuity	10
e) an unremoved foreign body in the orbit	1–5
<b>30. Damage to the eyeball due to chemical, thermal, electromagnetic radiation and electrical trauma:</b>	
a) depending on the visual acuity disorders	wg tabeli 26A
b) without impairment of visual acuity	1–5
<b>31. Concentric visual field stenosis to be assessed according to Table 31 below, depending on the - more or less favourable location of the visual field stenosis.</b>	

**TABLE 31**

Narrowing to	With the other eye intact	In both eyes	In the event of blindness of the other eye
60°	0	0	20–35%
50°	1–5%	10–15%	35–45%
40°	5–10%	15–25%	45–55%
30°	10–15%	25–50%	55–70%
20°	15–20%	50–80%	70–85%
10°	20–25%	80–90%	85–95%
ponižej 10°	25–35%	90–95%	95–100%

<b>32. Partial and other visual impairments:</b>	
a) bitemporal	60
b) hemianopia	30
c) homonymous	30
d) other loss of visual field (monocular)	1–5
<b>33. Lenslessness without coexisting visual acuity impairment after correction:</b>	
a) in one eye	25
b) in both eyes	40

**PLEASE NOTE:**

In the case of an existing visual acuity impairment, it is further assessed in accordance with table 26a with a limit of 35% for one eye and 100% for both eyes.

<b>34. Pseudophthalmos in the coexistence of uncorrectable visual acuity disorders:</b>	
a) in one eye	in accordance with table 26a, within the range of 15-35
b) in both eyes	in accordance with table 26a, within the range of 30-100
<b>35. Disruption of the permeability of the tear ducts (lacrimation) – depending on the degree and intensity:</b>	
a) in one eye	5–10
b) in one eye	10–15
<b>36. Detachment of the retina in one eye – to be evaluated in accordance with tables 26a and 31 no less than:</b>	15

	Procent uszczerbku na zdrowiu
<b>37. Glaucoma:</b>	
a) without disturbance of the visual field and visual acuity	2
b) including impairment of the visual field and visual acuity shall be assessed in accordance with the table of visual acuity (item 26a) and the table of concentric constriction of the visual field (item 31), under the condition that the overall percentage of impairment shall not exceed 35% for one eye and 100% for both eyes.	
<b>38. Exophthalmus – depending on the degree:</b>	50–100
<b>39. Traumatic cataract – assess in accordance with the visual acuity table (item 26a).</b>	
<b>40. Chronic conjunctivitis, eyelid injuries (burns, trauma, etc.):</b>	
a) minor changes	1–5
b) large lesions, scars and adhesions of the eyelids causing the lack of possibility to close the eyelid	5–10
PLEASE NOTE: The sum of assessed health impairment due to damage to individual eye structures must not exceed the value of impairment provided for total loss of sight in one eye (35%) or in both eyes (100%). If the injury to the eyelids is part of an injury to other parts of the face, assess in accordance with item 19 or 22.	

### C. DAMAGE TO THE EAR

	Percentage of health loss
<b>41. Impairment of hearing acuity:</b>	
a) In the case of hearing impairment, permanent impairment shall be assessed in accordance with the table below:	

**TABLE 41 A**

Obliczanie procentowego uszczerbku na zdrowiu z tytułu utraty słuchu wg Rosera (w mod.)

	Right ear	0-25 dB	26-40 dB	41-70 dB	Pow. 70 dB
Left ear					
<b>0-25 dB</b>		0	5%	10%	20%
<b>26-40 dB</b>		5%	15%	20%	30%
<b>41-70 dB</b>		10%	20%	30%	40%
<b>over 70 dB</b>		20%	30%	40%	50%

PLEASE NOTE:

The average for the right and left ear is calculated separately, taking into account the frequencies at 500, 1000 and 2000 Hz. If the difference between the values at 500 Hz and 2000 HZ is greater than 40 dB, the hearing loss shall be calculated as the average 500, 1000, 2000 and 4000 Hz. If the difference between the values at 500 Hz and 2000 Hz is greater than 40 dB, but the hearing threshold at 4000 Hz is better than at 2000 Hz, the hearing loss is calculated as the average of the three thresholds at 500, 1000, 4000 Hz.

b) post-traumatic tinnitus – depending on its severity	1–5
PLEASE NOTE: If the tinnitus accompanies a hearing deficit, it should be assessed solely in accordance with Table 41a, whereas if it accompanies a balance disorder, it should be assessed in accordance with item 47.	
<b>42. Injuries to the auricle:</b>	
a) disfigurement of the ear (scars, burns and frostbite) or loss of part of the ear	1–10
b) total loss of one ear	15
c) total loss of both ears	30

	Percentage of health loss
<b>43.</b> Narrowing or overgrowth of the external auditory canal – unilateral or bilateral with hearing impairment or dullness:	Assess in accordance with table 41A
<b>44.</b> Chronic suppurative otitis media:	
a) unilateral	5
b) bilateral	10
<b>45.</b> Chronic suppurative otitis media complicated by perloma, bone decay or ear polyp	
a) unilateral	5–15
b) bilateral	10–20
<b>46.</b> Damage to the middle ear, eardrum, ossicles:	
a) without hearing impairment, depending on the scars, deformities	1–5
b) with hearing impairment	Assess in accordance with table 41A
<b>47.</b> Damage to the inner ear:	
a) with hearing impairment	Assess in accordance with table 41A
b) with damage to the static part (dizziness, nausea, slight imbalance)	1–20
c) with damage to the static part (dizziness, balance disorder hindering motor skills, nausea, vomiting)	20–50
d) with damage to the auditory and static part - depending on the degree of damage	30–60
<b>48.</b> Injury to the facial nerve including fracture of the petrous bone:	
a) one-sided – depending on the severity of injury	10–25
b) bilateral	25–60

#### **D. INJURIES TO THE NECK, LARYNX, TRACHEA AND OESOPHAGUS**

	Percentage of health loss
<b>49.</b> Throat injury with impairment of	5–10
<b>50.</b> Damage or narrowing of the larynx, damage to the laryngeal nerves, allowing handling without a tracheal tube – depending on the severity of the damage:	
a) slight intermittent dyspnoea, hoarseness	5–10
b) laryngeal wheezing, dyspnoea on moderate exertion, choking	10–30
<b>51.</b> Injury to the larynx, requiring the permanent wearing of a tracheal tube:	
a) with voice disorders – depending on degree	35–50
b) with voicelessness	60
<b>52.</b> Injury to the trachea – depending on the degree of stenosis:	
a) without respiratory failure.	1–10
b) dyspnoea on exertion	10–20
c) shortness of breath when walking on a level stretch of road, requiring intermittent stopping for air	20–40
d) severe stenosis confirmed by bronchoscopy with resting dyspnoea	40–60
<b>53.</b> Esophageal damage:	
a) with constriction without eating disorders	1–5

	Percentage of health loss
b) with partial feeding difficulties - depending on the severity of the eating disorder	5-30
c) liquid-only nutrition	50
d) complete oesophageal obstruction with a permanent gastric fistula	80
<b>54. Soft tissue damage to skin, muscles, vessels – depending on scarring, neck mobility, head positioning:</b>	
a) minor changes	1-5
b) moderate changes	5-15
c) rozległe blizny, w znacznym stopniu ograniczona ruchomość szyi z niesymetrycznym ustawieniem głowy	15-30

PLEASE NOTE:

Soft tissue injury with concomitant injury to the cervical spine to be assessed in accordance with item 89

## E. CHEST INJURIES AND THEIR CONSEQUENCES

	Percentage of health loss
<b>55. Injuries to the soft parts of the chest, back – depending on the deformity, extent of scarring, muscle loss and degree of respiratory impairment:</b>	
a) deformities, defects and scars restricting chest mobility	1-5
c) medium degree restriction of chest mobility – scarring, muscular losses with moderate reduction of respiratory capacity	5-10
c) medium degree restriction of chest mobility – scarring, muscular losses with moderate reduction of respiratory capacity	10-25
d) significant limitation of chest mobility, extensive astringent scarring, large muscle defects with significant impairment of respiratory capacity	25-40

PLEASE NOTE:

Degrees of respiratory impairment are included in the note after item 62.

### 56. Loss of the papilla:

a) partial, depending on the extent of the scars	1-10
b) total loss of the papilla – depending on gender and age	10-15

PLEASE NOTE:

The degree of impairment after total loss of the papilla should also be assessed in accordance with the expected loss of function.

### 57. Nipple damage or loss depending on the size of the lesions and scarring::

a) partial damage or partial loss, depending on the extent of the loss.	5-15
b) total loss of the nipple – depending on gender and age	20-25
c) loss of the nipple with part of the pectoral muscle depending on gender and age	30-35

PLEASE NOTE:

The degree of impairment after total loss of the nipple should also be assessed in accordance with the expected loss of function.

### 58. Rib fractures:

a) ribs – free from deformities	1
b) ribs – without deformity, without reduction of respiratory capacity	2-5
c) a rib or ribs with the presence of deformities and without reduction of respiratory capacity	2-10
d) rib fractures with moderate limitation of chest mobility – with minor respiratory deficiencies	5-10
e) medium limitation of chest mobility – scars, muscular deficiencies with average reduction in breathing lung capacity	10-25



	Percentage of health loss
f) severe limitation of chest mobility, large drawing scars, severe muscular deficiencies with significant reduction in breathing lung capacity	25–40

**PLEASE NOTE:**

Degrees of respiratory impairment are included in the note after item 62.

<b>59. Fracture of the sternum</b>	
a) without deformities	1–3
b) with the presence of deformities	3–10
<b>60. Fractures of ribs or sternum complicated by chronic osteomyelitis, presence of foreign bodies (except for foreign bodies related to the application of surgical techniques), fistulas – shall be assessed in accordance with items 58-59, increasing the degree of impairment – depending on the degree of complications and impairment of functions by:</b>	1–15
<b>61. Lung and pleural damage (pleural adhesions, lung tissue damage, lung tissue defects, foreign bodies, etc.):</b>	
a) damage to lungs and pleura without signs of respiratory failure	1–5
b) with symptoms of minor respiratory failure	5–10
c) with symptoms of moderate respiratory failure	10–25
d) with significant respiratory failure	25–40
<b>62. Damage to lung tissue complicated by bronchial fistulae, lung abscess - depending on the degree of respiratory failure:</b>	40–80

**PLEASE NOTE:**

When assessing in accordance with points 55, 58, 61 and 62, in addition to X-ray examination, damage to lung tissue and degrees of respiratory failure must be confirmed by spirometry and/or gasometric examination.

In the event that the consequences of chest injuries are assessed under several points of the table and respiratory failure accompanies those consequences, the permanent health impairment resulting from the degree of respiratory failure shall be determined on the basis of only one of these items.

**DEGREES OF RESPIRATORY IMPAIRMENT:**

- medium degree decrease in respiratory capacity – VC 70-70%, FEV1 70-70%, FEV1%VC 70-70% – in relation to normal values,
- medium degree decrease in respiratory capacity – VC 50-70%, FEV1 50-70%, FEV1%VC 50-70% – in relation to normal values,
- significant decrease in respiratory capacity – VC less than 50%, FEV1 less than 50%, FEV1%VC less than 50% – in relation to the values due.

	Percentage of health loss
<b>63. Damage to the heart or pericardium:</b>	
a) with efficient cardiovascular system, EF greater than 55%, greater than 10 MET, without contractile dysfunction.	5–10
b) NYHA class I, EF 50-55%, more than 10 MET, mild contractile dysfunction.	10–20
c) NYHA class II, EF 45%-55% 7-10 MET, moderate contractile dysfunction.	20–40
d) NYHA class III, EF 35%- 45%, 5-7 MET, severe contractile dysfunction.	40–60
e) NYHA class IV, EF <35%, less than 5 MET, significant contractile dysfunction.	60–90

**PLEASE NOTE:**

The degree of cardiovascular fitness must be assessed by clinical examination, cardiac imaging and/or exercise ECG. At least two criteria must be met when classifying the consequences under each subheading.

## NYHA CLASSIFICATION – THE NEW YORK CARDIAC SOCIETY CLASSIFICATION DISTINGUISHES THE FOLLOWING CARDIAC FUNCTIONAL STATES:

<b>Class I.</b>	Heart disease without restriction of physical activity. Basic physical activity does not cause fatigue, shortness of breath, palpitations or coronary pain.
<b>Class II.</b>	Heart disease causing minor limitations in physical activity. Well-being at rest. Basic activity causes fatigue, shortness of breath, palpitations, coronary pains.
<b>Class III.</b>	Heart disease causing limitation of physical activity. Well-being at rest. Lower than basic activity causes fatigue, shortness of breath, palpitations, coronary pains.
<b>Class IV.</b>	A heart condition that causes discomfort upon any physical activity. Symptoms of heart failure or coronary insufficiency may occur even Discomfort increases if any physical activity is undertaken.

### Definition of EF – left ventricular ejection fraction:

**Left ventricular ejection fraction** – the amount of blood that flows out of the left ventricle into the circulatory system during cardiac contraction.

Ejection fraction is usually expressed as a percentage as the ratio of the volume of blood flowing out of the left ventricle during systole to the total left ventricular volume. The ejection fraction determines the heart's ability to contract and is an exponent of cardiac performance. In the case of heart disease leading to heart failure, the ejection fraction is usually below 50%.

### Definition of metabolic equivalent – MET, used in the assessment of an exercise test:

**METs** (MET – metabolic equivalent is a unit of resting oxygen uptake, approximately 3.5 ml of oxygen per kilogram of body weight per minute) is obtained by dividing the oxygen volume (in ml/min) by the product: body weight (in kg) x 3.5. as a value corresponding to oxygen consumption at rest and expressed in millilitres of oxygen per kilogram of body weight per minute.

	Percentage of health loss
<b>64.</b> Damage to the diaphragm – diaphragmatic rupture, diaphragmatic hernias – depending on the degree of impairment of gastrointestinal, respiratory and circulatory function:	
a) without impairment of function – e.g. after surgical treatment .	1–5
b) minor impairment	5–10
c) medium impairment	10–20
d) major impairment	20–40

## F. ABDOMINAL INJURIES AND THEIR CONSEQUENCES

	Procent uszczerbku na zdrowiu
<b>65.</b> Damage to the abdominal shells (traumatic hernias, fistulas, scarring, etc.), lumbar and sacral regions - depending on the nature of the scars, defects, location and extent of the damage:	
a) scars, minor loss of tissue	1–5
b) extensive overgrowth, astringent scarring, muscle defects, persistent hernias	5–15
c) fistulas	15–30

### PLEASE NOTE:

Za przepukliny urazowe uważa się przepukliny spowodowane pourazowym uszkodzeniem powłok brzusznych (np. po rozerwaniu mięśni powłok brzusznych).

Hernias which develop as a result of physical exertion or heavy lifting shall not be considered as consequences of the accident.

<b>66.</b> Damage to the stomach, intestines, tract, mesentery of the intestine:	
a) without impaired gastrointestinal function	1–5
b) with a low degree of functional impairment and sufficient nutritional status	5–15
c) with digestive disorders and insufficient nutritional status, depending on the degree of the disorder and the nutritional status	5–40

	Procent uszczerbku na zdrowiu
d) with digestive disorders and insufficient nutritional status – parenteral nutrition only	50
<b>67. Intestinal fistulas, faecal fistulas and artificial anus – depending on the possibility of supply with stoma equipment</b>	
a) the small intestine	30–80
b) the large intestine	20–70
<b>68. Damage to large blood vessels of the abdomen and pelvis without impairment of function of other organs, depending on the extent of vascular damage:</b>	1–10
<b>69. Injury to the anus, anal sphincter:</b>	
a) scars, constrictions, minor complaints	1–5
b) causing permanent total incontinence of faeces and gas	60
<b>70. Rectal injuries:</b>	
a) full-thickness lesion – no impairment of function	1–5
b) prolapse of the mucous membrane	5–10
c) prolapse of the rectum depending on the degree of prolapse	10–30
<b>71. Damage to the spleen:</b>	
a) treated conservatively (haematoma, organ rupture – confirmed by imaging)	2
b) treated surgically with preservation of the organ	5
c) loss in persons over 18 years of age	15
d) loss in persons under 18 years of age	20
<b>72. Damage to liver and bile ducts, gallbladder or pancreas – depending on complications</b>	
a) without functional disturbance, loss of gallbladder	1–5
b) Child-Pugh class A liver dysfunction, minor extra- and endocrine pancreatic dysfunction or loss of part of an organ	5–15
c) Child-Pugh class B liver dysfunction, average extra- and endocrine pancreatic dysfunction or loss of a significant part of an organ	15–40
d) Child-Pugh class C liver dysfunction, severe extra- and endocrine pancreatic dysfunction	20–60

**PLEASE NOTE:**

The pancreatic fistula should be evaluated in accordance with the amount of secreted contents, the degree of exocrine capacity and secondary changes of the abdominal shells in accordance with item 72 b-d.

The biliary fistula must be assessed in accordance with the amount of secreted contents and secondary abdominal lesions in accordance with item 72 b-d.

Biliary strictures should be adjudicated in accordance with the frequency of recurrent cholangitis and secondary liver lesions in accordance with item 72 b-d.

**CHILDA-PUGH CLASSIFICATION – WITH REFERENCE TO THE VALUES DUE**

Parameter	Number of points		
	1	2	3
Albumin Albumin (g/dl) in ser.	>3,5	2,8–3,5	<2,8
Bilirubin (umol/l) in ser.	<25	25–40	>40
Prothrombin time (sec. above normal)	<4	4–6	>6
Ascites	none	small	severe

Severity of encephalopathy	none	I-II°	III-IV°
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GROUP A – 5-6 pts, GROUP B – 7-9 pts, GROUP C – 10-15 pts

## G. GENITOURINARY DETRIMENTS

	Percentage of health loss
<b>73. Kidney damage:</b>	
a) kidney damage without dysfunction (haematoma, rupture of an organ – confirmed by imaging)	1-5
b) damage to one or both kidneys resulting in impairment of their function –	10-25
<b>74. Loss of one kidney with the other healthy and functioning properly:</b>	35
<b>75. Loss of one kidney with impairment of the other kidney - depending on the degree of impairment of the remaining kidney:</b>	40-75
<b>76. Damage to the ureter, causing narrowing of its lumen:</b>	
a) without impairment of function	1-5
b) with urinary tract dysfunction	5-20
<b>77. Bladder damage – depending on the degree of bladder capacity reduction, urinary disturbances, chronic inflammation</b>	
a) without impairment of function	1-5
b) minor and moderate impairment of function	5-15
c) significant functional impairment	15-30
<b>78. Fistulas of the upper urinary tract, bladder and urethra:</b>	
a) causing an impairment in the quality of life (depending on the possibilities and method of the management of fistula and other secondary disorders) to a medium degree	10-25
b) causing an impairment in the quality of life (depending on the possibilities and method of the management of fistula and other secondary disorders) to a significant degree	25-50
<b>79. Urethral strictures:</b>	
a) causing difficulties in passing urine without recurrent infections	5-15
b) with recurrent infections	15-30
c) with urinary incontinence or urinary retention	30-75
PLEASE NOTE: The degree of urinary dysfunction should be confirmed by urodynamic studies.	
<b>80. Loss of the penis:</b>	40
<b>81. Penile damage or partial loss of the penis - depending on the degree of damage and functional impairment:</b>	5-30
<b>82. Damage to or loss of one testicle, ovary and other structures of the reproductive system (not included in other sections of the table) – depending on the degree of damage and impairment of function:</b>	5-20
<b>83. Loss of both testicles or both ovaries:</b>	40
<b>84. Post-traumatic hydrocele testis:</b>	
a) surgically cured	2
b) depending on the severity of the lesions	2-10
<b>85. Loss or damage to the uterus:</b>	
a) damage or partial loss	5-20

	Percentage of health loss
b) loss at or before the age of 50	40
c) loss at over 50 years of age	20
<b>86. Injury to perineum, scrotal sac, vulva, vagina, buttocks:</b>	
a) scars, losses, deformities	1-10
b) vaginal prolapse	5-10
c) vaginal and uterine prolapse	30

#### H. ACUTE POISONING, SUDDEN EFFECTS OF CHEMICAL, PHYSICAL AND BIOLOGICAL AGENTS

	Percentage of health loss
<b>87. Sudden poisoning by gases and chemical substances and products:</b>	
a) with evidence of loss of consciousness, hospital observation but without lasting secondary complications	1-5
b) causing permanent impairment of the functions of organs or systems to a moderate degree	10-20
c) causing significant permanent impairment of the function of organs or systems - to be assessed under the headings appropriate to the organ or system concerned.	
d) damage to the haematopoietic system	15-25
<b>88. Other effects of poisoning and general effects of chemical, physical and biological agents (electric shocks, lightning, bites) – depending on the degree of damage:</b>	
a) with evidence of loss of consciousness, hospital observation but without lasting secondary complications	1-5
b) causing permanent impairment of the functions of organs or systems to a moderate degree	5-15
c) causing significant permanent impairment of the functions of organs or systems - to be assessed under the headings appropriate to the organ or system concerned	

#### PLEASE NOTE:

Visual and hearing impairment to be assessed in accordance with relevant tables 26a, 31, 41.

The local effects of chemical, physical and biological agents should be assessed in accordance with the items relevant to the area of the body.

#### I. INJURIES TO THE SPINE, SPINAL CORD AND THEIR CONSEQUENCES

	Percentage of health loss
<b>89. Injury to the cervical spine:</b>	
a) sprain, contusion, minor ligamentous injury – with displacement of vertebrae below 3 mm or angular instability below 12° – depending on mobility impairment	1-5
b) with fracture of border plate or compression of vertebral body up to 25% of vertebral height, other vertebral fracture causing deformation of medium degree, subluxation (confirmed by functional X-ray tests), condition after removal of nucleus pulposus, surgical stiffening – depending on the level of mobility impairment	5-15
c) fracture with vertebrae compression exceeding 25%, other fracture of vertebrae causing large degree of deformation, dislocation, surgical stiffening – depending on degree of mobility disorder	15-40
d) complete stiffness with unfavourable head posture	50

	Percentage of health loss
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**PLEASE NOTE:**

Fracture of more than one vertebrae or removal of more than one nucleus – to be assessed in accordance with item 89 b or c depending on the degree of deformity and mobility impairment.

If the sole cause of limitation of mobility of the cervical spine is a root pain syndrome, assessment shall be made solely in accordance with item 95.

**90. Injury to the thoracic and lumbar spine (Th1-Th11):**

a) fracture of border plate or compression of vertebral body up to 25% of vertebral height, other fracture of vertebra causing deformation of medium degree, condition after removal of nucleus pulposus – depending on degree of disorder of mobility	1–10
b) fracture with vertebrae compression exceeding 25%, other fracture of vertebrae causing large degree of deformation, dislocation, surgical stiffening – depending on degree of mobility disorder	10–20
c) complete stiffness – depending on the alignment of the spine	20–30

**PLEASE NOTE:**

Fracture of more than one vertebrae or removal of more than one nucleus – to be assessed in accordance with item 90 b or c depending on the degree of deformity and mobility impairment.

**91. Injury to the thoracic and lumbar spine (Th12-L5):**

a) sprain, contusion, with minor ligamentous damage - depending on the degree of mobility impairment	1–5
b) fracture of border plate or compression of vertebral body up to 25% of vertebral height, other fracture of vertebra causing deformation of medium degree, condition after removal of nucleus pulposus – depending on degree of disorder of mobility	5–15
c) fracture with vertebrae compression exceeding 25%, other fracture of vertebrae causing large degree of deformation, dislocation, surgical stiffening – depending on degree of mobility disorder	15–30
d) stiffness – depending on the alignment of the spine	30–40

**PLEASE NOTE:**

If a fracture of Th 12 is accompanied by a fracture of an adjacent vertebra in the thoracic segment, evaluate in accordance with item 91 of the table.

Fracture of more than one vertebrae or removal of more than one nucleus – to be assessed in accordance with item 91 b or c depending on the degree of deformity and mobility impairment.

If the only cause of mobility restriction of the lumbar spine is a root pain syndrome, evaluate only in accordance with item 95.

Pseudoarthrosis (degenerative) and true spondylolisthesis (on the background of spondylolisthesis) are not treated as a consequence of an accident.

**92. Isolated fracture of the transverse or bony processes of the vertebrae, nodular bone:**

a) fracture of one transverse or bony process of a vertebra, fracture of a cuneiform bone	1–2
b) multiple fracture of the transverse processes or bony vertebrae (depending on the number, degree of displacement and restriction of spinal mobility)	2–10

**PLEASE NOTE:**

In the presence of nodular pain syndrome

due to contusion or fracture of the cranial bone to be assessed only in accordance with item 95 h.

**93. Spinal injuries complicated by vertebral inflammation, presence of a foreign body (except for foreign bodies resulting from surgical techniques) etc. – shall be assessed in accordance with headings 8992, increasing the degree of damage by**

	5–10
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**94. Spinal cord injury:**

a) paralysis of the upper and/or lower limbs 0-1° on the Lovette scale, profound quadriplegia 2° on the Lovette scale brown-Sequard syndrome, following a cervical hemiplegia with 0-1° Lovette limb paralysis	100
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	Percentage of health loss
b) profound paresis of the upper or lower limbs - 2° on the Lovette scale, quadriplegia 3° on the Lovette scale, brown-Sequard syndrome, a sequela of cervical hemiplegia with Lovette's 2° limb paresis	60-80
c) moderate paresis of the limbs moderate paralysis of the upper or lower limbs - 3° at Lovette scale, Brown-Sequard syndrome with cervical hemiparesis with limb paresis 3° at Lovette scale, or thoracic hemiparesis with lower limb paresis 0-2° at Lovette scale	30-60
d) slight paralysis of the upper and/or lower limbs - 4° at Lovette scale with sphincteric and genital disturbances, syndrome Brown-Sequard, resulting from a cervical spinal cord injury with limb paresis 4° Lovette scale or hemiparesis - with lower limb paresis 3-4° Lovette scale, isolated sphincter and genital disturbances, terminal cone syndrome	5-40
e) slight paresis of the upper and/or lower limbs up to 4° at Lovette's scale, without sphincteric or genital disturbances, trophic disturbances	5-30

**PLEASE NOTE:**

The assessment of sphincteric paralysis and genital disorders falls under the assessment of section 94 a-c.

**95. Traumatic root syndromes (pain, motor, sensory or mixed)**

a) cervical pain	2-5
b) cervical without weaknesses - pain, sensory disturbance, weakness or absence of reflexes	5-15
c) cervical with paresis - depending on the degree of paresis and muscular atrophy	10-30
d) thoracic	2-10
e) lumbosacral pain	2-5
f) lumbosacral without paresis - pain, sensory disturbances, weakness or absence of reflexes	5-15
g) lumbosacral with paresis - depending on the degree of paresis and muscular atrophy	10-30
h) cranial	2-5

**PLEASE NOTE:**

Disruptions found in items 95 a-h should be confirmed by objective medical documentation from treatment and diagnostics of the consequence of the event.

**J. PELVIC INJURIES**

	Percentage of health loss
<b>96. Dislocation of the pubic conjunctiva and/or dislocation of the sacroiliac joint - depending on the degree of displacement and gait disturbance:</b>	
a) diastasis pubis, without sacroiliac joint complaints, without gait ataxia	1-5
b) rozłączenie spojenia łonowego z dolegliwościami ze strony stawów krzyżowo-biodrowych, z zaburzeniami chodu	5-15
c) disruption, dislocation of the pubic symphysis with dislocation of the sacroiliac joint treated surgically, depending on the degree of the gait ataxia	15-35

**PLEASE NOTE:**

If the dissection of the pubic symphysis is accompanied by a fracture of the pelvic bone, evaluate in accordance with item 97 or 99.

**97. Fracture of the pelvis with interruption of the lower limb rim single or multiple locations - depending on deformity and gait impairment:**

a) in the anterior segment unilateral (pubis bone, pubic bone and ischium)	1-20
b) in the anterior segment bilaterally	5-25

	Percentage of health loss
c) in the anterior and posterior segments (Malgaigne type)	15–40
d) in the anterior and posterior segments bilaterally	40–45

**PLEASE NOTE:**

Stable fractures of the pelvic bones, avulsion fractures to be assessed in accordance with item 99.

**98.** Fracture of the acetabulum of the hip joint with or without central dislocation of the joint – depending on the impairment of the joint function:

a) fracture of a small fragment of the acetabulum without central dislocation or with central dislocation I°	1–10
b) other central dislocations and acetabular fractures – with moderate functional limitation functions	10–25
c) other central dislocations and acetabular fractures – with significant limitation of joint function	25–40
d) significant changes, stiffness in the joint	40–60

**PLEASE NOTE:**

Hip joint injury healed with an artificial joint to be assessed in accordance with item 143.

**99.** Isolated fractures of the pelvic bone and sacrum without disruption of the lower limb rim:

a) single-site fracture of the pelvic bone (np. złamanie jednej gałęzi kości łonowej lub kulszowej), kości krzyżowej – bez zniekształcenia i bez zaburzenia funkcji	1–5
b) multiple fractures of the pelvic and/or sacral bones – without deformity and without impairment of function functions	2–7
c) a single-location fracture of the pelvic and/or sacral bones – with deformation and functional impairment and with impaired functions	3–10
d) multiple fractures of the pelvic and/or sacral bones with deformation and functional impairment and with impaired functions	5–20

**PLEASE NOTE:**

Accompanying fractures with pelvic organ damage and neurological symptoms are additionally assessed according to the headings for the relevant pelvic organ damage or neurological damage.

## K. DEFECTS OF THE UPPER LIMB

Girdle of the upper limb	Health detriment percentage	
	Right	Left
<b>100.</b> Fracture of the scapula:		
a) healed fracture of the scapula with slight displacement without significant impairment of the function of the limb	1–10	1–5
b) healed fracture of the scapula with significant displacement and significant impairment of the function of the limb	10–30	5–25
c) with severe displacement, contracture of the scapulohumeral joint, severe muscle atrophy and other changes	30–55	25–45

**PLEASE NOTE:**

The standards of item 100 also take into account possible neurological complications.

**101.** Depending on the degree of deformity and/or restriction of movement

a) slight deformity without restriction of movement	1–3	1–2
b) moderate deformity and limitation of movement of a moderate degree	3–10	2–5
c) severe deformation and restriction of movement	10–25	5–20



Girdle of the upper limb		Health detriment percentage	
		Right	Left
<b>102.</b> Pseudarthrosis of the clavicle - depending on deformity, displacement, impairment of limb function:		10–25	5–20
PLEASE NOTE: In the case of a clavicle fracture complicated by a pseudarthrosis, to be assessed solely under item 102.			
<b>103.</b> Subluxation, dislocation of the clavibrachial or clavicothoracic joint - depending on limitation of movement, degree of deformity and functional impairment:			
a) minor changes.		1–5	1–3
b) moderate changes		5–15	3–12
c) severe changes		15–25	12–20
PLEASE NOTE: In cases where the deficit in upper limb function is due to the overlapping effects of the clavicle fracture and the neurological damage, the deficit in limb function should be assessed only in accordance with item 182, while the degree of clavicle deformity should be assessed in accordance with items 101– 103. In case of non-overlapping deficits, assess additionally in accordance with item 182.			
<b>104.</b> Spinal injuries complicated by vertebral inflammation, presence of a foreign body (except for foreign bodies resulting from surgical techniques) etc. – shall be assessed in accordance with headings 101103, increasing the degree of damage by			1–5
<b>105.</b> Scapulohumeral joint damage (dislocations, fractures of the head, proximal humeral epiphysis, sprains) and injuries to other structures of the shoulder – depending on scars, tissue loss, restriction of movement, muscle atrophy, dislocations and deformities:			
a) low degree		1–10	1–5
b) medium		10–20	5–15
c) high		20–30	15–25
<b>106.</b> Aged irreducible dislocation of the scapulohumeral joint depending on the range of motion and alignment of the limb:		20–35	15–30
<b>107.</b> Habitual dislocation:			
a) after surgical treatment, depending on limitation of mobility		5–25	5–20
b) not surgically treated		25	20
PLEASE NOTE: A habitual dislocation should not be regarded as another unfortunate accident, but as the result of a recent traumatic dislocation of the scapulohumeral joint. Upon assessment in accordance with item 107, take a detailed history of previous traumatic joint dislocations and review additional medical records to determine the date of the last traumatic dislocation and the date of the first habitual dislocation.			
<b>108.</b> Cephalic joint following post-traumatic bone loss - depending on functional impairment:		25–40	20–35
PLEASE NOTE: The flail joint due to paralysis is assessed in accordance with neurological standards.			
<b>109.</b> Shoulder joint ankylosis:			
a) in a functionally favourable setting - depending on the setting and function		20–35	15–30
b) in a functionally unfavourable position		40	35
<b>110.</b> Scar spasm depending on joint dysfunction: decide in accordance with item 105 or 109.			
<b>111.</b> Injury of the forearm complicated by chronic osteomyelitis, fistulas, presence of foreign bodies (with the exception of foreign bodies related to the application of surgical techniques), bone tissue loss and neurological changes – shall be assessed in accordance with items 105110, increasing the degree of permanent impairment, depending on the extent of complications:		1–35	1–25

Girdle of the upper limb	Health detriment percentage	
	Right	Left
<b>112.</b> Loss of limb at the shoulder:	75	70
<b>113.</b> Loss of limb including scapula:	80	75

Arm	Health detriment percentage	
	Right	Left
<b>114.</b> Humerus base fracture – depending on dislocations, restrictions of movement in the scapulo-humeral and elbow joints and neurological disorders:		
a) minor changes	3–15	2–10
b) moderate changes	15–30	10–25
c) major lesions, chronic osteomyelitis, fistulas, lack of fusion, pseudarthrosis alleged	30–55	25–50
<b>115.</b> Skin damage, muscle defects, damage to tendons, vessels, nerves of the arm – depending on secondary changes and functional impairment:		
a) minor changes	1–5	1–5
b) medium changes	5–10	5–10
c) major changes	10–50	10–45

**PLEASE NOTE:**

Only damage without bone fracture should be assessed in accordance with this item. In case of coexisting bone fractures, assess in accordance with item 114.

<b>116.</b> Loss of a limb within the arm:		
a) with only the proximal third of the humerus preserved	70	65
b) in case of longer stumps	65	60
<b>117.</b> Muscular hernias of the shoulder - depending on size:	1–8	1–6

Elbow	Health detriment percentage	
	Right	Left
<b>118.</b> Fractures of the elbow (distal epiphysis of the humerus, proximal epiphysis of the radius and ulna) – depending on deformity and restriction of movement at the elbow joint and neurological deficits:		
a) minor changes	1–5	1–4
b) medium pathologies	5–15	4–10
c) large lesions, chronic osteomyelitis, fistulas, lack of fusion, pseudarthrosis	15–50	10–45
<b>119.</b> Stiffness of the elbow joint:		
a) in near-right flexion and with preserved forearm rotation (70-105°)	30	25
b) with no rotary movements	35	30
c) in an erect or close position (0°-20°)	50	45
d) in other settings – depending on the functional suitability of the limb	30–45	25–40
<b>120.</b> Injuries to the elbow – dislocations, sprains, soft tissue damage, skin damage and neurological disorders – depending on scarring, restriction of movement, muscle atrophy, dislocations, deformities, neurological deficits:		
a) minor changes	1–5	1–4
b) moderate changes	5–15	4–10
c) major changes, fistulous tracts	15–45	10–40

Elbow	Health detriment percentage	
	Right	Left
PLEASE NOTE: Only damage without bone fracture should be assessed in accordance with this item. In case of coexisting bone fractures, assess in accordance with item 118.		
<b>121.</b> – depending on the degree of laxity and muscle condition:	15–30	10–25
<b>122.</b> Loss of upper limb at the level of the elbow joint:	65	60
PLEASE NOTE: Functional full extension of the elbow joint 0°, full flexion 140°, supination and pronation 0°–80°.		

Forearm	Health detriment percentage	
	Right	Left
<b>123.</b> Fractures of the distal epiphyses of one or both forearm bones, resulting in restrictions of wrist mobility, forearm rotation, finger mobility and deformations, depending on the degree of functional disruptions:		
a) without or with slight deformity without significant mobility impairment (e.g. subperiosteal fractures in children, fractures without displacement, isolated fractures of the styloid process)	1–3	1–2
b) medium deformities with restricted mobility without secondary disorders	3–10	2–8
c) medium or severe deformity with moderate limitation of mobility, with secondary changes (e.g. Sudeck's syndrome and others)	10–20	8–15
d) significant deformity with severe limitation of movement, with secondary changes (e.g. Sudeck's syndrome and others)	20–30	15–25
<b>124.</b> Fractures of the shafts of one or both forearm bones – depending on dislocations, deformations		
a) minor changes	1–5	1–4
b) medium pathologies	5–20	4–15
c) major lesions, secondary lesions and other	20–35	15–30
<b>125.</b> Damage to the soft parts of the forearm, skin, muscles, tendons, vessels - depending on the extent, damage and impairment of function, secondary changes (trophic, circulatory, scarring and others):		
a) minor changes	1–5	1–4
b) medium pathologies	5–10	4–8
c) severe changes	10–20	8–15
PLEASE NOTE: Only damage without bone fracture should be assessed in accordance with this item. In case of coexisting bone fractures, assess in accordance with items 123, 124, 126, 127.		
<b>126.</b> Pseudarthrosis of the elbow or radius bone – depending on deformity, bone loss, functional impairment and other secondary changes:		
a) medium degree	10–20	10–15
b) high degree	20–35	15–30
PLEASE NOTE: In the case of a fracture of one forearm bone complicated by a pseudarthrosis, adjudicate only under item 126.		
<b>127.</b> Lack of fusion, pseudarthrosis of both forearm bones – depending on the deformity, bone loss, functional impairment and other secondary changes:		
a) medium degree	10–25	10–20
b) high degree	25–40	20–35

Forearm	Health detriment percentage	
	Right	Left
PLEASE NOTE: In case of fracture of both bones of the forearm complicated by a pseudarthrosis, adjudicate only under item 127.		
<b>128.</b> Injury of the forearm complicated by chronic osteomyelitis, fistulas, presence of foreign bodies (with the exception of foreign bodies related to the application of surgical techniques), bone tissue loss and neurological changes – shall be assessed in accordance with items 123127, increasing the degree of permanent impairment, depending on the extent of complications: by the degree of permanent damage depending on the severity of the complications:	1–15	1–15
<b>129.</b> Loss of a limb within the forearm – depending on the nature of the stump and its suitability for prosthetics:	55–65	50–60
<b>130.</b> Loss of forearm in the wrist area:	55	50

Wrist	Health detriment percentage	
	Right	Left
<b>131.</b> Sprain, dislocation at the wrist, fracture of the carpal bones (e.g. scaphoid bone), damage to the skin, muscles, vessels - depending on scarring, loss, deformity, instability, extent of damage, impairment of function, trophic changes and other secondary changes:		
a) minor	1–10	1–8
b) medium	10–20	8–15
c) of large degree with functionally unfavourable hand position	20–30	15–25
<b>132.</b> Complete stiffness at the wrist (radiocarpal joint):		
a) in functionally favourable position – depending on the degree of hand and finger dysfunction	15–30	10–25
b) in functionally unfavourable position – depending on the degree of hand and finger dysfunction	25–45	20–40
<b>133.</b> Carpal injury complicated by deep permanent trophic changes, chronic suppurative carpal bursitis, fistulas and neurological changes – to be assessed in accordance with items 131– 132, increasing the degree of impairment – depending on the degree of complications:	1–10	1–10
<b>134.</b> Loss of hand at wrist level:	55	50

Medial	Health detriment percentage	
	Right	Left
<b>135.</b> Fractures of metacarpal bones, injuries to tendons and other soft parts (skin, muscles, vessels, nerves), depending on scars, defects, deformations, impairment of hand and finger functions and other secondary changes:		
a) minor changes	1–5	1–4
b) medium pathologies	5–10	4–8
c) extensive changes	10–20	8–18

Thumb	Health detriment percentage	
	Right	Left
<b>136.</b> Loss in thumb area – depending on the size of the defect, scarring, deformity, quality of the stump, restriction of finger movement, impairment of hand function and other secondary changes:		
a) partial or total loss of the finger pads or permanent loss of the nail plate	1–5	1–4

Thumb	Health detriment percentage	
	Right	Left
b) partial or total loss of a nail phalanx	5–15	4–13
c) loss of a nail phalanx with part of the phalanx lower than 2/3 of the length of the phalanx	15–20	13–18
d) loss of a nail phalanx and phalanx base by more than 2/3 of their length or loss of both phalanges without metacarpal bone	20–28	18–25
e) loss of both phalanges with metacarpal bone	28–35	25–33
<b>137.</b> Other injuries to the thumb: fractures, dislocations, damage to muscles, tendons, vessels, nerves - depending on scarring, anaesthesia, sensory disturbances, restriction of finger movement, impairment of hand function and other secondary changes:		
a) minor changes	1–5	1–4
b) medium pathologies	5–15	4–13
c) severe changes	15–20	13–18
d) very large lesions bordering on loss of thumb (refers to loss of function)	20–23	18–20
e) total loss of use of the thumb	25	23
f) extensive changes, bordering on loss of the first metacarpal bone (concerns loss of function)	25–35	23–33

**PLEASE NOTE:**

In assessing the degree of thumb dysfunction, the ability to counter and grasp should be considered first and foremost.

Index finger	Health detriment percentage	
	Right	Left
<b>138.</b> Loss at the index finger- depending on scars, deformities, quality of the stump, restriction of pointer movement, impairment of hand function:		
a) partial or total loss of the pad, permanent loss of the nail plate	1–5	1–4
b) partial or total loss of a nail phalanx	5–10	4–8
c) loss of a nail phalanx with part of the middle phalanx	10–15	8–13
d) loss of two phalanges	15–20	13–18
e) loss of a basal phalanx or loss of three phalanges	20–25	18–23
f) loss of the index finger in or with the metacarpal bone	25–30	23–27
<b>139.</b> All other damage in the index finger: fractures, dislocations, injuries to muscles, tendons, vessels, nerves – depending on scars, deformities, sensory disturbances, restriction of finger movements, impairment of hand function, joint contractures, stiffness, trophic changes and other secondary changes – depending on the degree:		
a) minor changes	1–5	1–4
b) moderate changes	5–10	4–8
c) major changes	10–15	8–13
d) significant changes, bordering on loss of the index (loss of function of the finger)	15–20	13–18
e) total uselessness of the indicator	23	20

Third, fourth and fifth finger	Health detriment percentage	
	Right	Left
<b>140.</b> Third, fourth and fifth fingers – depending on the severity of the damage:		
a) partial or total loss of the finger pads or permanent loss of the nail plate	1–2,5	1–2

Third, fourth and fifth finger	Health detriment percentage	
	Right	Left
b) partial or total loss of a nail phalanx	2,5-5	2-4,5
c) loss of middle phalanx or loss of two phalanges	5-8	4,5-7
d) loss of a basal phalanx or loss of three phalanges	8-10	7-8,5
<b>141.</b> Loss of III, IV or V fingers within or with metacarpal bone	10-15	8-13

**PLEASE NOTE:**

Injury to finger III in the absence or uselessness of the index is assessed double the third finger. The third finger can replace the index finger, with damage to this finger resulting in a significant impairment of hand function.

**142.** Any other damage to fingers III, IV or V – fractures, dislocations, damage to muscles, tendons, vessels, nerves - depending on scarring, deformities, sensory disturbances, restriction of finger movement, joint contractures, stiffness, trophic changes and other secondary changes – for each finger depending on the degree:

a) minor changes	1-2,5	1-2
b) moderate changes	2,5-5	2-4,5
c) major changes	5-8	4,5-7
d) total uselessness	9	8

**PLEASE NOTE:**

In the case of injuries involving more than one finger, the sum of the percentages for individual finger injuries must not exceed the value provided for the total loss of a hand (for the right hand – 55%, for the left hand – 50%).

## L. LOWER LIMB INJURIES

Hip joint	Percentage of health loss
<b>143.</b> Hip joint injuries - dislocations, fractures of the proximal femoral epiphysis, neck fractures, vertebral fractures, traumatic luxation of the femoral head - depending on range of movement, displacement, shortening, deformity, secondary changes:	
a) with a moderate degree of change	5-10
b) with moderate changes	10-20
c) high	20-40
d) with very severe local changes and secondary ailments (spine, sacroiliac joint, knee, failure of surgical treatment – e.g., hanging hip, etc.)	40-65
e) treatment of the injury with joint replacement depending on the reduction in function	15-40
<b>144.</b> Damage to the soft tissues of the hip area (skin, muscles, vessels, ligament-bag apparatus, nerves) - depending on scarring, defects, neurological deficits, degree of restriction of movement:	
a) minor	1-5
b) medium	5-15
c) severe	15-30
d) significant changes	30-60

**PLEASE NOTE:**

Only damage without bone fracture and dislocations should be assessed in accordance with this item. In case of coexisting bone fractures or dislocations, assess in accordance with item 143. depending on the degree of impairment using the percentage ranges from point 182, corresponding to the individual nerves (e.g. if there is concomitant damage to the sciatic nerve – range 20-60% in point 182 – the assessment should be made in accordance with item 144 c or d.

**145.** Hip joint stiffness – depending on positioning and secondary deficiencies:

a) in a functionally favourable position	15-35
b) in a functionally unfavourable position	35-60

Hip joint	Percentage of health loss
<b>146.</b> Injury of the forearm complicated by chronic osteomyelitis, fistulas, presence of foreign bodies (with the exception of foreign bodies related to the application of surgical techniques), bone tissue loss and neurological changes – shall be assessed in accordance with items 143145, increasing the degree of permanent impairment, depending on the extent of complications:	5–15
<b>147.</b> Loss of the lower limb by hip debridement or subluxation - depending on the deformity, condition of the stump and the possibility of its prosthesis:	75–85

Thigh	Percentage of health loss
<b>148.</b> Femur fracture – depending on deformations, shortening, muscular atrophy, restriction of movements in a hip and knee joint, gait disturbances, disorders of limb function	
a) minor changes – uncomplicated fusion, without disturbance of the limb's axis	1–15
b) medium changes – fracture adhesion, disorders of limb's axis, limb's shortening from 3 to 6 cm, disorders of limb's rotation in medium degree impairing gait	15–30
c) significant changes – delayed fusion, significant distortions of limb's axis, limb's shortening above 6 cm, disturbances of limb's rotation,	30–40
<b>149.</b> Pseudarthrosis of the femur, defects of the femur preventing the limb from being loaded – depending on the degree of impairment, shortening and secondary disorders:	40–60
<b>150.</b> Damage to skin, muscles, tendons (scars, defects, muscle hernias, etc.) – depending on functional impairment, etc:	
a) minor	1–5
b) medium	5–10
c) severe	10–20

**PLEASE NOTE:**

Only damage without bone fracture should be assessed in accordance with this item. In case of coexisting bone fractures, assess in accordance with item 148.

<b>151.</b> Large vessel damage, post-traumatic aneurysms – depending on the severity of the disorder:	5–30
<b>152.</b> Injury to the thigh complicated by chronic suppurative osteitis, fistulas, foreign bodies (except foreign bodies related to surgical techniques), extra-articular ossification and neurological lesions (excluding sciatic nerve) neurological (excluding the sciatic nerve) – shall be assessed in accordance with items 148151, increasing the degree of damage – depending on the severity of complications by	1–20
<b>153.</b> Injury to the thigh complicated by concomitant injury to the sciatic nerve shall be assessed in accordance with points 148-151, increasing the degree of permanent impairment – depending on the extent of nerve damage by:	10–65

**PLEASE NOTE:**

The total degree of damage assessed under headings 148-151 and 153 shall not exceed 70%.

<b>154.</b> Loss of limb – depending on the length of the stump and suitability of its features for prosthetics	50–70
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Elbow	Percentage of health loss
<b>155.</b> Fracture of the epiphyses forming the knee joint and the patella with or without damage to the ligamentous apparatus - depending on the anaesthesia, patella, valgus, contractures, restriction of movement, joint stability, static-dynamic disorders of the limb and other changes:	
a) minor changes – ability to bend to an angle between 90° and 120° and/or deficit in extension to an angle of 5°, slight or moderate straight or slight rotatory instability	1–10

Elbow	Percentage of health loss
b) medium changes – ability to bend to an angle between 40° and 90° and/or deficit in straightening to an angle between 15° and 5°, severe instability of simple or medium degree of rotation or slight or medium degree of complex, disturbance of limb's axis	10–25
c) duże zmiany – możliwość zgięcia do kąta w przedziale od 0°–40° i/lub deficyt wyprostów do kąta powyżej 15°, utrwalone duże niestabilności złożone i rotacyjne, znaczne zaburzenia osi kończyny	25–40
d) stiffness of the knee joint in a functional favourable position 0–15°	30
e) stiffness of the knee joint in adverse functional positions	30–40
<b>156.</b> Sprains and dislocations of the knee joint (including dislocation of the patella) with damage to the ligament-articular system (capsule, ligaments, meniscus) joint (capsule, ligaments, meniscus) - depending on limitation of movement, joint stability, static capacity-dynamic limb:	
a) isolated meniscus damage, state after surgical treatment of meniscus with good effect, ligamentous damage without signs of instability – depending on the degree of impairment of the range of motion	1–5
b) ligamentous damage with or without meniscus damage – causing minor or moderate straight instability, minor rotational instability, the state after surgical treatment of joint structures with good effect – depending on the degree of the movement range impairment	1–10
c) damage to the ligamentous system with or without damage to the meniscus, resulting in a high degree of instability, simple or moderate rotational, or minor or moderate complex instability, depending on the impairment of the range of movement	10–25
d) fixed large complex and rotational instabilities, damage to both cruciate ligaments, significant disorders of limb's axis – depending on the degree of impairment of the range of movement	25–40
<b>157.</b> Other lesions of the knee joint area - skin scars, foreign bodies (except foreign bodies related to the use of surgical techniques), chronic inflammation, fistulas and other secondary lesions - depending on the severity of the lesions:	
a) minor changes	1–5
b) medium pathologies	5–10
c) major changes	10–20
<b>158.</b> Loss of limb at knee joint level:	65
PLEASE NOTE: The correct functional range of motion in the knee joint is from 0° for extension to 120° for flexion. If the knee joint stiffness is due to injuries other than bone fractures, assess under 155 d or e.	

Lower leg	Percentage of health loss
<b>159.</b> Fracture of the shafts of the bones of the lower leg of one or both – depending on deformity, displacement, secondary complications, trophic and functional changes of the limb, etc:	
a) minor changes – uncomplicated fusion, slight misalignment of the limb, slight shortening	5–15
b) medium changes – fracture fusion or features of delayed fusion, disorders of limb's axis in a medium degree impairing gait	15–30
c) severe changes with associated functional limitations of adjacent joints – complicated by chronic osteoarthritis with fistulas, bone loss, pseudarthrosis, aseptic necrosis, neurological and other secondary changes	30–50
<b>160.</b> Isolated fibula fracture (does not include the lateral ankle) – depending on displacement, deformity, impairment of limb function:	1–5
PLEASE NOTE: In case of coexistence of permanent damage to the fibula nerve, the damage shall be assessed additionally in accordance with point 182 u.	



Lower leg		Percentage of health loss
<b>161.</b> Damage to soft tissues of the lower leg, skin, muscles, vessels, nerves of the lower leg, Achilles tendon and other tendons – depending on the extent of damage, foot deformity and functional limitations, neurological, vascular, trophic and other changes:		
a) minor changes		1–5
b) medium pathologies		5–15
c) significant impairment of foot function, significant neurological changes		15–35
PLEASE NOTE: Only damage without bone fracture should be assessed in accordance with this item. In case of coexisting bone fractures, assess in accordance with items 159, 160.		
<b>162.</b> Limb loss in the lower extremity - depending on the nature of the stump, length, suitability for prosthetics and secondary changes to the limb:		
a) with a stump length of up to 8 cm, measured from the articular crevice (in children under 10 years of age with a stump length of up to 6 cm)		60
b) in case of longer stumps		40–55
Shin-ankle and ankle-foot joint, foot		Percentage of health loss
<b>163.</b> Shin and/or ankle/foot joint injury – sprains, contusions, ligament damage, capsule damage, soft tissue damage, scarring – depending on deformity, foot function, secondary changes and other complications:		
a) the consequences of sprains causing slight mobility impairment, slight deformations, scars, losses		1–2
b) moderate movement and deformation after partial ligament damage without joint instability		2–5
c) medium degree of mobility impairment and deformity following partial ligament damage, with instability		5–10
d) large lesions with persistent symptoms of functional joint instability, after total ligament rupture		10–20
<b>164.</b> Fractures and dislocations of bones of the ankle and/or ankle and heel joints, distal epiphyses of shin bones - depending on deformities, restrictions of foot mobility, static-dynamic disorders of the foot, ankylosing spondylitis and/or ankylosing spondylitis – depending on the persistence of the problem:		
a) a slight limitation of ankle joint function		2–5
b) moderate impairment of ankle joint function		5–10
c) significant ankle joint dysfunction or stiffness at near-right angles to the mouth		10–20
d) ankylosis in a functionally unfavourable position		20–30
e) severe disruptions of functions in the ankle joints, complicated by chronic osteoarthritis, fistulas, necrosis, trophic changes and other secondary changes, stiffness in an unfavourable position		20–40
PLEASE NOTE: Where fractures or dislocations are accompanied by ligamentous damage, permanent health impairment shall be assessed		
<b>165.</b> Fractures in the ankle and/or heel (not included in item 164) – depending on the persisting discomfort, dislocations, deformations, foot position, static-dynamic disorders, trophic changes and other complications:		
a) minor changes		1–10
b) medium pathologies		10–20
c) major changes		20–30

Shin-ankle and ankle-foot joint, foot	Percentage of health loss
<b>166.</b> Loss of ankle and/or heel bone - depending on size, scarring, deformity, static-dynamic disorders of the foot and other complications:	
a) partial loss	20-30
b) total loss	30-40
<b>167.</b> Złamania i zwichnięcia kości stępu w zależności od przemieszczeń, zniekształceń i innych zmian wtórnych:	
a) minor – depending on the degree of functional impairment	1-5
b) medium – depending on the severity of the functional impairment	5-10
c) significant or with other complications - depending on the severity of the disorder	10-20
<b>168.</b> Severe or with other complications – depending on displacement, foot deformity, static-dynamic disorders and other changes:	
a) fracture of one metatarsal bone – I or V	1-10
b) fracture of one metatarsal bone – II, III or IV	1-5
c) fracture of two metatarsal bones	2-15
d) fracture of three or more metatarsal bones	5-20
<b>169.</b> Fractures of metatarsal bones complicated by osteitis, fistulas, secondary tro- fic changes and neurological changes - shall be assessed according to item 168, increasing the degree of impairment – depending on the severity of complications:	1-10
<b>170.</b> Other damages to the areas of the ball of the foot and metatarsal region – sprains, contusions, injuries of skin, muscles, tendons, vessels, nerves – depending on the extent of scars, deformations, trophic changes, dynamic disorders of foot and other secondary changes:	
a) minor changes	1-5
b) medium pathologies	5-10
c) major changes	10-15
<b>171.</b> Complete loss of the foot:	50
<b>172.</b> Complete loss of the foot at Chopart's joint:	45
<b>173.</b> Loss of foot at Lisfranc joint:	35
<b>174.</b> Metatarsal bone loss of the foot - depending on the extent of forefoot loss and stump features:	20-30
Toes	Percentage of health loss
<b>175.</b> Foot loss in the metatarsal area– depending on scars, deformities, size of defects, nature of the stump, statics and gait disturbances and other secondary changes:	
a) partial or total loss of the finger pads or permanent loss of the nail plate	1-3
b) partial or total loss of a nail phalanx on the toe	3-8
c) loss of toe at the level of the proximal phalanx	8-14
d) total loss of the toe	15
<b>176.</b> Toe injuries – dislocations, fractures, soft tissue damage – depending on the extent of scarring, defects, deformity, impairment of foot function:	
a) minor changes	1-3
b) medium pathologies	3-6

Toes	Percentage of health loss
c) major changes with unfavourable positioning	6-10
<b>177.</b> Loss of toe including metatarsal bone - depending on the extent of the metatarsal bone loss:	15-25
<b>178.</b> Loss in the area of fingers II, III, IV and V:	
a) partial loss of a finger at the level of the middle phalanx – for each finger	1
b) total loss – for each finger	2
<b>179.</b> Loss of V toe with metatarsal bone:	3-15
<b>180.</b> Loss of toes II, III and IV with metatarsal bone – depending on the extent of metatarsal bone loss, foot position and other secondary changes – for each toe:	3-5
<b>181.</b> Injuries to the 2nd, 3rd, 4th and 5th fingers – dislocations, fractures, soft tissue injuries – depending on the extent of scarring, defects, deformity, alignment, degree of functional impairment and the number of fingers injured adjudicate together:	1-5

**PLEASE NOTE:**

The value of the impairment determined for damage to one finger shall not exceed the value provided for the total loss of that finger.

**M. PARALYSIS OR PARESIS OF PARTICULAR PERIPHERAL NERVES**

	Health detriment percentage	
	Right	Left
<b>182.</b> Partial or total damage – depending on the degree of impairment:		
a) the phrenic nerve below its junction with the subclavian nerve		5-15
b) the long thoracic nerve	7-15	5-10
c) axillary nerve – sensory, motor or whole nerve	3-25	2-20
d) ulnar nerve – sensory, motor or whole nerve	3-25	2-20
h) the radial nerve following the exit from the canal of the retroversus muscle of the forearm – sensory, motor or whole nerve	3-45	2-35
f) the radial nerve following the exit from the canal of the retroversus muscle of the forearm – sensory, motor or whole nerve	5-35	3-25
g) the radial nerve above the entrance to the canal of the extensor muscle of the forearm – sensory, motor or whole nerve	3-25	2-20
h) the radial nerve following the exit from the canal of the retroversus muscle of the forearm – sensory, motor or whole nerve	2-15	1-10
i) median nerve in the arm area – sensory, motor or whole nerve	4-40	3-30
j) median nerve in the wrist area – sensory, motor or whole nerve	3-20	2-15
k) ulnar nerve – sensory, motor or whole nerve	2-25	1-20
l) supraclavicular (upper) plexus	10-25	5-20
m) subclavian (lower) plexus	15-45	10-40
n) other cervicothoracic		1-15
o) obturator nerve – sensory, motor or whole nerve		2-20
p) thigh nerve – sensory, motor or whole nerve		2-30
q) gluteal nerves (superior and inferior)		3-20
r) the common vulvar nerve		3-25

	Health detriment percentage	
	Right	Left
s) the sciatic nerve before division into the tibial and fibular nerves	20–60	
t) lower leg nerve – sensory, motor or whole nerve	5–40	
u) peroneal nerve – sensory, motor or whole nerve	5–30	
v) lumbosacral plexus	30–70	
w) other nerves of the lumbar	1–10	

**PLEASE NOTE:**

According to section 182, only peripheral nerve damage is assessed. In case of coexistence of bone, muscle and nerve injuries, the assessment in accordance with the points for upper and lower limb injuries should be used.

<b>183.</b> Causalgias confirmed through hospital observation – depending on the degree:	30-50
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**PLEASE NOTE:**

This assessment includes the deficit associated with nerve-specific damage.

**GENERAL REMARKS:**

In the case of multisite injuries to the upper limb or

In the case of multisite injuries to an upper or lower limb (or part thereof), the total function of the limb (or part thereof) should be taken into account in determining the final amount of permanent health impairment, and not just the mathematical result of adding up the percentages of permanent impairment for individual injuries. muscles, nerves, bones shall not exceed the value for the total loss of the limb or part of the limb affected.

Permanent damage to health caused by uncomplicated surgical scars associated with the treatment of organs and systems is included in the points of the table provided for the assessment of damage to these organs or systems and is not subject to additional adjudication.

If scarring is the only permanent consequence of treatment or if complications such as scarring or hernias have arisen, evaluate in accordance with the relevant points in the table

Damage to the stump of amputated limbs requiring prosthesis changes, re-amputation or inability to use a prosthesis should be assessed in accordance with the amputation at the higher level.

In the case of upper limb injuries in left-handed people, use the assessment of impairment for the left upper limb in the amount of impairment provided for the right upper limb.