

## AMA Guides 6<sup>th</sup> Edition Impairment Rating Certification

The physicians of Shaw Chiropractic Group have just completed another post graduate training program leading towards certification in the use of the AMA Guides to the Evaluation of Permanent Impairment, 6<sup>th</sup> edition through the American Board of Forensic Professionals. The 6<sup>th</sup> edition guides were first printed in 2007. The AMA quickly released a second printing due to the extraordinary amount of errors in the first printing. In fact, there was a 54 page errata released before the second printing to address the major errors, many of which are still misunderstood and/or misused by the uninformed practitioner, attorney or adjuster. Understanding the guides and having formal training to support opinions leads towards a better perspective of the appropriateness of the ratings a doctor applies and adds to the credibility and plausibility of the impairment.

Even though the sixth edition of the Guides are controversial and still not widely accepted or used by the majority of practitioners, it is essential that the impairment rating evaluator be familiar with the rules and requirements of the Guides so they can authoritatively explain why a rating is valid, or not. It is equally important that the evaluator have some formal training in the Guides so that when providing testimony or expert opinion of any kind they can be disclosed and qualified as an expert in impairment rating. As a Board Certified Chiropractic Orthopedist, impairment rating was part of my core orthopedic training program. However, at that time we were still using the 3<sup>rd</sup> edition, revised. It's now been 30+ years in practice and I have completed nearly 500 hours in training ranging from the 3<sup>rd</sup> edition revised through the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> editions. I even recall part of the training including the American Academy of Orthopedic Surgeon "Yellow Book" which predated the AMA Guides and was about 20 pages in its entirety. The simplicity that existed in the early days is now long gone.

The focus of this newsletter is the importance of having trained impairment evaluators. We have all seen impairment reports that are so ridiculous that it challenges even the most open minded among us. I recently received past medical records on a new case in our office with the following past medical history. The treating doctor rated his patient with 10% each for the cervical, thoracic and lumbar spines and then 7% for the shoulder and the knee. He said the patient had a whole person impairment of 44% which is bad impairment math and completely erroneous. Interestingly, he did this at only 4 months post trauma (and treated the patient almost 60x) and had never performed (or at least documented) an exam or imaging of the shoulder or knee. To make things worse, this was an otherwise uncomplicated strain/sprain injury from a no property damage parking lot injury. It doesn't get less credible than that. While this may be an extreme example of the wrong evaluator, there are many circumstances which are less obvious.

The rules for the 6<sup>th</sup> edition are essentially uniform from chapter to chapter. It is first diagnosis based which gives the minimum and maximum range of impairments available. Then, adjustments up or down are made for clinical studies, functional history and physical exam findings. It sounds simple but in my opinion it is a flawed system that, while theoretically reproducible between examiners, has no crossover to the real world disabilities that may exist. Furthermore, the impairment values from the 6<sup>th</sup> edition are far different from the same injuries that were rated in the earlier editions challenging the actual utility of the 6<sup>th</sup> edition, especially in the context of patients with prior impairments.

Now that our doctors have had additional formal training in the 6<sup>th</sup> edition (and earlier editions), they can justifiably opine about impairments. More important, they can explain, in their professional and education based experience, why they assigned an impairment using the best data from the body of knowledge that is derived from understanding of all the guides' editions in consideration of their experience with their patient, their clinical experience and foundational training as physicians. We rarely rely on the 6<sup>th</sup> edition methodology for our impairments but can defend our impairments referencing sections from all the AMA Guides in the context of our patient. For more information I can be reached by email at [dr.shaw@Shawchiropractic.com](mailto:dr.shaw@Shawchiropractic.com).

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