

# IMPAIRMENT INSIDER

ISSUE 17  
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## Introduction

Welcome to Issue 17 of the Impairment Insider.

I'm pleased to start this edition by welcoming Amy Harvey to the Impairment Assessment Services team. Amy joins us with considerable experience in Whole Person Impairment, having previously worked at EML as a Team Leader within the WPI team.

At the same time, we farewell Sue Fieldhouse as she commences her well-earned retirement. Sue's been a pillar of the impairment assessment landscape, having been involved from the early days. Sue's made a significant contribution during that time, bringing not only a wealth of knowledge and expertise but also a steady and thoughtful approach that has been highly regarded by all.

While Sue has been clear that she prefers a quiet farewell, it's important to recognise the lasting impact she's made. On behalf of the team and ReturnToWorkSA, I would like to sincerely thank Sue for her dedication and professionalism, and to wish her all the very best for a well-earned and fulfilling retirement.

### Jodie Yorke

Manager, Provider Programs



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# IAG UPDATE

## Seeking clarification of your assessment report

Paragraph 1.60 of the Third Edition of the Impairment Assessment Guidelines (the Guidelines) outlines the technical review process that must occur when a whole person impairment assessment report is received. Paragraph 1.60 directs:

*The requestor, on receipt of an assessment report, must check that the report complies with these Guidelines. This confirmation is to occur via the completion of a technical review, which will consider whether:*

- (a) the whole person impairment calculation, established by the assessor as part of their assessment report is correct; and*
- (b) there are typographical errors in the report that are material; and*
- (c) the methodology in conducting the assessment has been correctly applied as provided by these Guidelines; and*
- (d) the report includes reasoning as to how the assessor decided to allocate an injury impairment to a particular class and, having made that allocation, selected a percentage within a percentage range, if applicable.*

*Any consideration of medical issues raised in the report or clinical judgement applied by the assessor in completing the assessment will not form part of the technical review.*

*If it is not clear to the requestor that a report has been completed in accordance with these Guidelines, the requestor may seek clarification from the assessor who prepared the report.*

As the **Return to Work Act 2014** (the Act) requires whole person impairment assessments to be made in accordance with the Guidelines, ReturnToWorkSA may, from time to time and in accordance with paragraph 1.60, seek clarification from assessors to confirm that reports comply with the Guidelines. Whilst paragraph 1.60 does not allow for medical issues to be raised, clarification may still be sought in relation to matters involving methodology and clinical reasoning in accordance with other sections of the Guidelines. It is therefore important that reports include detailed reasoning, supported by the objective evidence relied upon to support assessments provided.



## Rationale for class selection and selecting a value with the range

A whole person impairment assessment report is required to be clear, comprehensive, accurate and fair, and must provide detailed reasoning to support the assessment provided.

Paragraph 1.54 of the Guidelines outlines the essential components of a whole person impairment assessment report and includes direction for providing assessments when class selection applies, in particular, that rationale as to how the assessor has arrived at a particular class and percentage within the given range is required.

As an example, when assessing peripheral nerves with reference to Tables 16.10 and 16.11, the assessor must provide a detailed rationale for both the selected severity grade and the percentage assigned within the applicable range. The highest value must not be automatically applied. In these assessments, the Impairment Assessment Services team often see that while the severity grade may be clearly justified, no rationale is provided for the percentage selected within the available range, and clarification is therefore required.

Providing a clear rationale is essential, as it translates clinical judgment into a clear, evidence-based assessment, supporting fair, objective, and consistent outcomes while ensuring transparency in how the assessment was determined.





## Activities of daily living across the body systems

When completing an assessment, it is important to have a clear understanding of the worker's activities of daily living (ADL), both pre and post injuries. Whilst not all body systems provide additional impairment ratings for the impact on ADL, it remains important to identify which injuries are impacting a worker's daily activities.

2.4 of AMA5 (pg. 19), notes that *"Impairments often involve more than one body system or organ system; the same condition may be discussed in more than one chapter. Generally, the organ system where the problems originate or where the dysfunction is greatest is the chapter to be used for evaluating impairment"*. This highlights the importance of accurately identifying the primary source of limitation when considering ADL impact.

Table 1-2, AMA 5 provides guidance for the assessment of rating ADL, including self-care and personal hygiene, communication, physical activity, sensory function, non-specialised hand activities, travel, sexual function and sleep. These assist assessors in evaluating how impairment affects day-to-day functioning.

For impairments where ADL are used to support ratings within a class or range, the assessor must provide a detailed rationale linking the impacted ADL to the impairment rating. This applies to a range of conditions, including (but not limited to), CRPS, heart and lung conditions/injuries, tinnitus assessment ratings, digestive, sleep conditions and brain injuries.

The spine chapter provides specific direction for assessment of ADL impact and allows up to 3% WPI to be allocated for impact on ADLs such as yard/garden tasks, sports and recreation, home care and self-care. In applying this, the assessor must provide rationale consistent with 4.27 of the Guidelines. Where multiple spinal regions are assessed, the assessor should clearly explain how ADL impacts have been attributed.

Paragraph 4.28 of the Guidelines further emphasises that *"where there are impairments to other body parts, only those activities of daily living which are affected by the spine impairment are ratable, to avoid duplication of ratings, and this must be recorded"*.

For example, a worker with a cervical spine injury reports difficulty buttoning shirts and buckling a belt. The worker also has carpal tunnel and ulnar neuritis. The assessor must clearly distinguish which condition is responsible for the ADL limitation and provide a clear rationale to demonstrate how potential overlapping symptoms have been considered and duplication of rating avoided.

Thus, it is important to take a detailed history of compensable and non-compensable injuries or conditions which may impact on the ability to perform ADL. Equally, it is important to understand the worker's pre-injury function, as this provides a baseline against which injury limitations can be accurately assessed.

# IAG UPDATE

## Assessment of tinnitus

In providing assessments for tinnitus, it is essential that clear and detailed rationale is provided. Clause 9.12 of IAG 3 directs that tinnitus is to be classified as mild, moderate or severe, and that *“the severity of tinnitus is to be determined by the assessor, with consideration given as to its impact on ADL.”*

A tinnitus loading should only be applied when tinnitus is classified as severe.

Assessors should ensure that reports clearly:

- 1. Classify tinnitus severity as mild, moderate, or severe**
- 2. Provide reasoned justification for the classification**
- 3. Document the functional impact on ADL in sufficient detail**

Within the context of tinnitus, particular attention should be given to ADL such as:

- Sleep, including difficulty initiating or maintaining sleep
- Communication, especially in quiet environments where tinnitus may be intrusive
- Concentration and cognitive tasks, impacting everyday functioning
- Emotional wellbeing, including irritability or distress

Sleep is a core ADL for tinnitus and should be clearly rationalised where impacted. Examples have been included in the guidelines to assist assessors with the assessment of tinnitus.

Reports must contain sufficient rationale to support the determination of severity and, where applicable, the addition of an impairment rating for severe tinnitus.



## Assessing pending claims

A common question arising in whole person impairment assessments is whether a pending or undetermined claim can be considered a ‘work injury’ for the purposes of undertaking an impairment assessment. This issue was considered in the decision of *Lohmann*, where the SAET examined when it’s appropriate for a whole person impairment assessment to be arranged. The Judge reasoned that it is both practical and consistent with the purpose of the legislation for a compensating authority to arrange an impairment assessment where it is required to support:

- a claim for potential lump sum compensation; or
- an assertion that a worker is, or may be, seriously injured.

The Judge further determined that the term ‘work injury’ as it appears in section 22(1) of the Act can reasonably be interpreted to include a ‘claimed work injury’. Accordingly, a ‘work injury’ is not confined to injuries that have been formally accepted, but also includes injuries that are claimed where liability is pending.

Importantly, assessors and referring parties must still ensure that:

- all relevant requirements of Guidelines are met;
- the condition has stabilised sufficiently to allow for assessment; and
- appropriate clinical evidence is available to support the evaluation.

# Updated noise induced hearing loss assessment template

ReturnToWorkSA has completed a review of the Noise Induced Hearing Loss Template used by accredited assessors to conduct Whole Person Impairment assessments for injured workers.

The review is now finalised, and the revised [Noise Induced Hearing Loss Template](#) can be accessed on the ReturnToWorkSA website

All Assessors are reminded that, as outlined in section 3.4.5 of the Impairment Assessor Accreditation Scheme, “Assessors must provide assessments and impairment assessment reports in accordance with the Guidelines, the Act, and by using the relevant ReturnToWorkSA mandatory Impairment Assessment Report template.”

Copies of all mandatory Impairment Assessment Report templates are available on the ReturnToWorkSA website under Impairment Assessment - <https://www.rtwsa.com/service-providers/assessment-services/impairment-assessment>



**ReturnToWorkSA**

## Peer Support Program

Assessments that are consistent, objective, and fair.

**IAAS Quality Management**

In partnership with SAPMEA, ReturnToWorkSA provides the Peer Support Program to help assessors deliver assessments that are consistent, objective, and fair.

### Working with a Peer Support Assessor will help you:

- maintain consistency, objectivity, and fairness through collegial guidance
- strengthen medical reasoning by discussing complex cases
- stay compliant with Guidelines, the Act, and AMA Guides
- communicate more effectively and apply a fair, transparent process in your assessments
- reduce errors and improve report quality, ensuring correct entitlements are supported.

### How to contact a Peer Support Assessor?

Click [here](#) to select your Peer Support Assessor.

For further enquiries, please contact SAPMEA at [psp@sapmea.asn.au](mailto:psp@sapmea.asn.au) or call (08) 8239 0786

More Information on the program, click [here](#).



Your support

[psp@sapmea.asn.au](mailto:psp@sapmea.asn.au) (08) 8239 0786

# GENERAL UPDATES

## SAET Tribunal Readiness session

Thank you to all that attended the SAET Tribunal Readiness Session on 22 April 2026.

A special thank you to the President of SAET, Honourable Justice Steven Dolphin for taking the time to prepare and present to those that attended either in person or online.

Some key take aways from the session that may be of benefit if a matter is going through the dispute process.

### Report writing tips:

- Quality reports allow cases to be resolved at conciliation or prior to hearings/trials. Providing details to support your clinical judgement and rationale assists parties to reach resolution.
- Honesty and accuracy are all that is required, you are not an advocate for, or against, the person involved. You have been consulted because your expert opinion is required. Stay within your area of expertise.
- An accurate history is very important. That is because there are many disputes about what somebody reported when and to whom:
  - If you copy and paste a provided “history” from a commissioning letter or other document acknowledge that this is where you have obtained that history from.
  - The best course is to obtain a history directly from the person you are examining. For example, On xx/xx/xxx I examined Mr X, he told me that on xx/xx/xxxx he injured himself at work when \_\_\_\_\_ happened to him. He said that since then he has had pain in his \_\_\_\_\_, that has not resolved to this day. Etc etc”
- “Say it once, say it well” – Be clear and consistent in your report. Cut out unnecessary repetition of facts and opinions.

### Process of giving evidence

- Whilst some may refer to the hearing as a “trial”, that is an old-fashioned word relating to criminal matters. In SAET hearings, oral evidence is provided under an oath or affirmation to be accurate and truthful.
- Hearings are in public; the judgments delivered can be accessed on the internet via Austlii South Australian Employment Tribunal
- You may ask the party who has scheduled your attendance to provide you with any documents that you will be asked to comment on during your oral evidence, for example other medical reports, scans etc.
- You will probably be asked to consult your notes, reports and other documents so bring them with you to the hearing. Not having access to those documents may put you at a disadvantage and may result in a loss of confidence in the witness box.
- Get there early. It is recommended you arrive 15-30 minutes before your scheduled time. If you have time constraints, make it known to the arranging party.
- Your responsibility is to SAET, you are being called to assist the Judge in their task to resolve the dispute.
- The parties are predominately represented by barristers, referred to as “counsel”. Each side will have a turn to ask you questions. Counsel will ask questions in a way to shape the direction of the response to assist their case. Their job is to get you to agree with propositions that will assist their case. If you disagree, explain why.
- Getting into arguments with counsel is unadvisable. Remember, if counsel is opposing your view, it’s their job to take that position. State your views and politely disagree with counsel rather than trying to convince them of your view. The point is not to convince counsel of your view, but to assist the Judge to decide the case.

- The Judge will disallow any irrelevant or unreasonable questions; you don't get to determine which questions you would like to answer and which ones not. Attempting to avoid answering a particular question will probably lead to continued questioning.
- "Stay in your lane" - Don't get dragged into arguments or topics not within your expertise.
- Be careful about doggedly sticking by an earlier opinion you may have given in a report when the facts may have changed which would reasonably lead to a revised opinion. Give ground reasonably dependant on the propositions put to you.
- If you are presented with a document for the first time when you are in the witness box, you can ask for time to consider that document properly. Depending on the length and complexity of the document the Judge may adjourn for a short period of time so that you can read, understand and then provide your opinion on that document.
- It is not your job to solve the dispute: that the Judge's job. It is your job to provide your expert opinion and to explain your reasoning that unpins that.

### **SAET calendar**

2026 and 2027 calendars are available on the [South Australian Employment Tribunal website](#).

The scheduled dates are subject to change at short notice.

If you have any questions, please contact the Registry on 8177 3500.

## Significant case update

### ***Hanton v Return to Work Corporation of South Australia [2026] SAET 27:***

This is a decision of His Honour Deputy President Judge Rossi delivered on 5 March 2026.

The decision is concerned with matters of methodology, namely, the correct methodology by which permanent impairment assessors evaluate impairments within a region (e.g. lower extremity) where it is also necessary to make deductions (or disregard) impairments arising from previous injuries or conditions.

The methodological issue will arise where:

- (a) there are multiple impairments to be assessed;
- (b) the multiple impairments are within the same region of the body (e.g. lower extremity);
- (c) the impairments arise in circumstances that call for combination, and
- (d) there are pre-existing impairments which need to be accounted for in accordance with sections 22(8)(b) and 22(8)(g) of the Act.

Briefly, by way of background, the worker, a carer at the QEH, tripped at work and landed on her left side in February 2019 and suffered with aggravations of her prior left knee and hip conditions.

She had undergone previous surgical procedures to the left knee by way of a medial meniscectomy in or about 1980, surgical treatment of a neuroma in 1981, a patellectomy in 1984 and a subsequent reconstruction of the knee. She had pre-existing osteoarthritis in both her left knee and hip. In her left hip, the imaging in 2019 showed a 3mm cartilage interval.

A permanent impairment assessment was undertaken in June 2024.

The assessor assessed each joint separately. So, they assessed the current overall impairment of the left knee as a lower extremity impairment (LEI) and then deducted the pre-existing impairment for the left knee. They then did the same for the left hip. They then combined the resulting LEI for the left knee with the resulting LEI for the left hip and converted that to a whole person impairment (WPI), which they then combined with the scarring. This gave the worker a 27% WPI.

ReturnToWorkSA took the view that the assessor did not comply with the requirements of the Impairment Assessment Guidelines. The report was marked non-compliant and the worker was advised.

The methodology that ReturnToWorkSA applied was that the overall LEI for the left hip and left knee was combined, before converting that to a whole person impairment (WPI). Then the pre-existing LEI for the left hip and left knee was combined, before converting that to a WPI. The combined pre-existing WPI was then deducted from the combined overall WPI. The resulting WPI was then combined with the 1% for scarring to give a total WPI of 19%.

This approach prevents artificial separation of impairments that are functionally related.

The matter came before His Honour Deputy President Judge Rossi, who found that ReturnToWorkSA was correct in relation to the methodology adopted by the assessor as not being in accordance with section 22 of the Act and the applicable medical guidelines.

His Honour held:

- Section 22 of the Act requires the assessor to assess the presenting impairment and then to disregard to deduct any impairment not arising from the work injury.
- Chapter 3 of the Impairment Assessment Guidelines has modified the methodology of the assessment of the AMA5 and requires regional impairments of the same lower limb injured at the same time to be combined, as to lower extremity impairments, in the assessment of the presenting impairment and, separately, in the assessment of the impairment to be deducted, and for the remaining work-related lower extremity impairment to then be converted to a % WPI.
- The worker is to be compensated by reference to a 19% WPI.





# GENERAL UPDATES

## New applications

We are currently accepting applications for these body systems:

- Haematology
- Endocrinology
- Ophthalmology
- Cardiovascular
- Gastroenterology
- Urology
- Respiratory
- ENT / Hearing Loss

If you have any colleagues interested in applying to become an Accredited Permanent Impairment Assessor in the Accreditation Scheme, please ask them to contact Scott on **(08) 8233 2112** or [wpi@rtwsa.com](mailto:wpi@rtwsa.com) for further discussion.



## Did you know you can access previous editions of this newsletter?

Have a question about how to manage a particular assessment? Try looking through some previous editions of the Impairment Assessor Insider in case we have clarified it earlier.

The **[Impairment Assessor news and resources page](#)** on the ReturnToWorkSA website contains all recent editions, as well as notices, templates and other resources.

If you wish to access past versions, or have an idea for an article or resource, please contact the Impairment Assessment Services team on **(08) 8238 5960** or [wpi@rtwsa.com](mailto:wpi@rtwsa.com)



## Update your Assessor listing

To ensure our **public listings** are current, please notify us if your details require updating.

This may include changes to your address, practice details, COVID-19 vaccination requirements or an update to your referral requirements.

We also publish information about areas of special clinical interest, spoken languages and consultation in rural and remote areas.

Please email us at [wpi@rtwsa.com](mailto:wpi@rtwsa.com) or call our Impairment hotline on **(08) 8238 5960**.

A requirement of your accreditation is to maintain adequate insurance cover. If you have renewed this recently, please provide us with a copy of your certificate of public liability and professional indemnity insurance.



## Questions, concerns or content suggestions

The whole person impairment process is extensive, complex and prone to change, in light of significant legal decisions. We aim to make these newsletters engaging and relevant to current topics.

If you have any queries, concerns or content suggestions email us at [wpi@rtwsa.com](mailto:wpi@rtwsa.com) or phone our Impairment hotline on **(08) 8238 5960**.

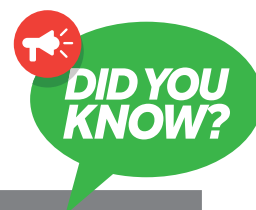


### Preferred communication method



To ensure that you are receiving all relevant information, please advise ReturnToWorkSA of any changes to your preferred private method of communication.

If you have changed your private communication preference, please contact [wpi@rtwsa.com](mailto:wpi@rtwsa.com) with your preferred private method of communication (eg. email or phone preferences).



Where ReturnToWorkSA requires clarification before your report can be marked as compliant, this is not considered a supplementary report.

Corrections and amendments to a report after initial submission are covered in the agreed PIA fee and do not attract an additional fee.

Supplementary fees apply where a request for further opinion after the fact has been made by the requestor.