

*[Please replace with your own letterhead]*

Date

Requestor's name

Company

Address

City / Suburb

# Whole person impairment assessment report – Noise Induced Hearing Loss

# Name of injured worker

**Date of birth** day month year

**Claim number** **/**

**Date of injury** **/     /**

Dear

Further to your letter of xx month xxxx, I examined worker's name on xx month xxxx at location for a whole person impairment assessment and report.

# Assessor Qualifications

* State qualifications

The worker attended unaccompanied/with {name of support person} *[please select appropriate].*

*Optional:* An official interpreter [name and NAATI number] was present and assisted throughout the consultation.

I explained my role as an accredited assessor of whole person impairment, and that my report from this assessment would be sent to ReturnToWorkSA.

The facts and factual assumptions on which the report is based have been set out in the body of this report. My report distinguishes between objectively verifiable facts and matters of opinion that cannot be (or have not been) objectively verified. This report sets out my reasonings leading from the facts and assumptions on the questions asked.

# Documentary Materials

*Available medical reports and special investigations e.g., audiograms, imaging studies.*

I confirm I reviewed the following documents provided:

*[each document is to be individually listed with date and author]*

1.
2.
3.

4.

5.

6.

# History of Employment and work-related noise exposure

The history of noisy employment contained in the report request, was put to the worker.

This history provided during the examination was / was not consistent with the history provided in the assessment request (detail any inconsistency).

# History

History of trauma and/ or hearing loss development

Non-work-related noise exposure (*e.g. recreational shooting, armed forces, music, motor sports, power tools*)

Relevant family medical history

Social and personal impact relevant to hearing loss

Medical history

*Include details of any relevant prior and present disabilities/injuries, symptoms, and treatment. Please select the applicable disabilities/injuries and provide a detailed history of the condition and any impact on the assessed hearing loss.*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Otosclerosis[ ]  Acoustic Tumour [ ]  Ottis Media[ ]  Neuroma[ ]  Meniere’s Disease | [ ]  Hypertension[ ]  Barotrauma[ ]  Stroke[ ]  Diabetes[ ]  Cholesterol | [ ]  Viral infections - measles/mumps)[ ]  Allergic Rhinitis[ ]  Shingles[ ]  Smoking History | [ ]  Head injury [ ]  Cancer treatment[ ]  Sleep Apnoea[ ]  Menopause[ ]  Other |

Medication History (*including for co-morbidities*) - in particular, please specify any ototoxic drug history.

History of surgical procedures relevant to hearing

Tinnitus History [comment where tinnitus claimed]

*Include details of when tinnitus was first noticed whether unilateral or bilateral, frequency (i.e. intermittent, constant), impact upon Activities of Daily Living (self-care, communication, physical activity, sensory function, travel, sexual function, mood, recreational activities, work, concentration and sleep) and other affects upon the worker (speech discrimination, anxiety, depression).*

Relevant Imaging available

*Detail your consideration of any imaging provided in connection with the assessment (if relevant e.g.in the presence of head trauma). Otologic Imaging should be via x-ray or* *inteleViewer. The Assessor should not rely on the radiological report only.*

Audiograms

*Detail all audiogram/s and comment on the consistency between the audiograms and the worker’s history. Any comments on reliability of prior audiograms must be made separately within the report.*

*Paragraph below to be included where an audiogram post-dates the worker ceasing employment or retirement.*

The worker retired/ceased employment on (insert date) and has not returned to employment since that date.

The worker had an audiogram completed on (insert date(s)), after the date they last worked. The difference in hearing loss sustained after that date of that audiogram, being the most reliable audiogram performed closest to the date the worker retired/ceased employment, and the audiogram undertaken for the purpose of the permanent impairment assessment is X%.

*The assessor must provide their opinion of why any audiogram conducted closest to the date the worker retired/ceased employment or before the audiogram used by the assessor were considered to be unreliable for use in the assessment of NIHL.*

# EXAMINATION

(*Include full clinical findings in accordance with Table 9.1 of the Impairment Assessment Guidelines*)

Noise Exposure in 16 hours prior to the hearing impairment assessment

Any respiratory or viral illness at the time of assessment

General physical examination of the ears and findings

*Include findings from:*

* *Examination of external ear and middle ear functions; eustachian tube function; status of hearing by audiometry; status of electrophysiologic tests as applicable*
* *pneumonotoscopy, tuning-fork tests, hearing tests, balance function tests and radiographic tests and metabolic evaluation*
* *Otologic examination on tuning-fork tests; tympanometry; behavioural, audiometry and auditory brain (evoked) response tests;* *electrocochleaography tests; electroystagmography; metabolic and endocrine studies as necessary.*

# Evaluation of hearing Impairment *(attach copies of audiograms to your report)*

Hearing impairment was assessed in a specifically approved soundproof room, according to the Australian standards by a qualified and experienced Audiologist, using a [specify device] audiometer, calibrated recently to the ISO Standards.

The assessment of hearing impairment was completed by:

* [Name] [qualification] on [Date]

My examination of the worker commenced at [Time] and was completed at [Time].

*Record examination time only.*

Diagnosis/Diagnoses

Include reference to attached audiogram(s) utilised for the purpose of this assessment **(***With reasons e.g.,* Conductive Hearing loss, Sensorineural, Mixed, Auditory Neuropathy Spectrum Disorder)

# IMPAIRMENT

Impairment assessment for each work injury

[*Detail methodology, calculations, and rationale, providing all relevant references to the Impairment Assessment Guidelines which were followed and/or complied with, including the assessment and deduction of one or more impairments. If you have not deducted a pre-existing injury or condition identified in the report request, please provide your rationale for this.*

*The information provided in your report should be sufficiently detailed to permit a reviewer to understand clearly how you arrived at your assessment and your compliance with all relevant parts of the Impairment Assessment Guidelines.*

**Relevant extracts of literature referenced in your report in support of your assessment must be provided with your report.**

Audiogram Results

*Insert Audiogram here.*

|  |  |  |
| --- | --- | --- |
| **Frequency (Hz)** | **BHI** | **NIHL** |
| **Left (db)** | **Right (db)** | **%** | **Left (db)** | **Right (db)** | **%** |
| 500 |  |  |  |  |  |  |
| 1000 |  |  |  |  |  |  |
| 1500 |  |  |  |  |  |  |
| 2000 |  |  |  |  |  |  |
| 3000 |  |  |  |  |  |  |
| 4000 |  |  |  |  |  |  |
| TOTAL %  |  |  |  |  |  |  |
| Presbycusis Adjustment  |  |  |  |  |  |  |
| Tinnitus Adjustment |  |  |  |  |  |  |
| Adjusted Total BHI |  |  |  |  |  |  |
| WPI % |  |  |  |  |  |  |

Impairment attributed to frequencies below 2000Hz.

Provide a detailed explanation as to frequency, duration, and source of noise exposure, whether it was constant or intermittent and, if known, decibels. Include a detailed explanation as to why impairments below 2000Hz are (if relevant) included in the assessment of noise induced hearing loss permanent impairment.

Deductions

You have requested that I assess and deduct the following impairments as they are unrelated to the work injury(ies):

*
*

I also identified other injury(ies) or causes, namely       that result(s) in the worker suffering an impairment of       which is unrelated the relevant work injury. I have assessed and deducted the effect of such unrelated injury(ies) for the purpose of this assessment. [Optional]

Provide reasoning for not deducting any impairment where there is a difference in hearing loss sustained after that date of the audiogram closest to retirement/ceasing employment and the audiogram undertaken for the purpose of the permanent impairment assessment.

Summary Table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Body part or system** | **Guidelines****Chapter, page, table/figure** | **AMA5****Chapter, page, table/figure** | **% WPI** | **Pre-existing % WPI** | **Post retirement or cessation of employment % WPI** | **Compensable% WPI** |
| 1. Hearing  | Table 9.1, page 51 |       |       |       |  |       |
| 2. Tinnitus |  |  |  |  |  |  |
|  |

# DECLARATION

I have prepared this report in accordance with the RTWSA *Impairment Assessment Guidelines* (2015) (“Impairment Assessment Guidelines”) and the South Australian Employment Tribunal Rule 66 ‘Content of expert reports’, which came into effect on 3 February 2022 and confirm that its contents are true to the best of my knowledge and belief.

Please phone me on: practice number, or email at: practice email address if I may be of further assistance.

Yours sincerely,

Title, First name, Surname

Accredited by the SA Minister for Industrial Relations for impairment assessment of [body system/s] for the Return to Work Scheme

**Please Note:**

In addition to the guidelines shown under the heading ‘Impairment assessment for each work injury listed’ you need to be aware that the South Australian Employment Tribunal (SAET) has made rules (South Australian Employment Tribunal Rules 2022) which include a rule regarding the content of reports prepared by experts. These Rules should be taken into consideration in authoring your report as your report may become relevant to an application for a decision to be reviewed by the SAET.

The relevant rule states:

**66. Content of expert reports**

(1) If a party proposes to rely on expert evidence in a proceeding, the party must seek a written report from the expert, which must:

1. set out the expert's qualifications to make the report;
2. set out the facts and factual assumptions on which the report is based;
3. identify any documentary materials on which the report is based;
4. distinguish between objectively verifiable facts and matters of opinion that cannot be (or have not been) objectively verified;
5. set out the reasoning of the expert leading from the facts and assumptions to the expert’s opinion on the questions asked;
6. set out the expert’s opinion on the questions asked;
7. be provided on the understanding and acknowledgement that the expert’s primary duty is to be truthful and accurate to the Tribunal rather than to serve the interests of a party or parties;
8. make reference to this rule; and
9. comply with any requirements imposed by any Practice Direction.