

Attachment 2
pertaining to the Guidelines for the Safeguarding of
Benefits in Cases of Thalidomide Injuries

Medical Points Table

Physical injuries established under § 14 paragraph 2 in conjunction with § 19 paragraph 2 of State Liability Law are to be assessed according to the following 'Medical Points Table':

I.

Physical injuries are to be assessed separately according to the following areas:

1. Orthopaedic injuries,
2. Internal injuries,
3. Eye injuries,
4. ENT injuries.

II.

If several areas are affected, total points from individual areas should be calculated according to the following multiplication system while the maximum number of points for each area may not exceed 100:

$$100 - 100 \quad x \quad \frac{100 - S_o}{100} \quad x \quad \frac{100 - S_a}{100} \quad x \quad \frac{100 - S_h}{100} \quad x \quad \frac{100 - S_i}{100} = G$$

So = Sum of points Orthopaedics

Sa = Sum of points Eyes

Sh = Sum of points ENT

Si = Sum of points Internal

G = Total number of points determining the level of monthly pension (Attachment 3) and compensation payout (Attachment 1).

Example 1

			<u>Points</u>
Orthopaedics:	Absence of both thumbs	(4+4)	8
Eyes:	Slight eye injury		4
ENT:	Complete deafness, bilateral		60
Internal:	Inguinal hernia, bilateral	(3)	10
	Cholecystic aplasia	(2)	
	Pelvic kidney	(5)	

$$100 - 100 \times \frac{100 - 8}{100} \times \frac{100 - 4}{100} \times \frac{100 - 60}{100} \times \frac{100 - 10}{100} =$$

$$100 - 100 \times \frac{100 - 8}{100} \times \frac{100 - 4}{100} \times \frac{100 - 60}{100} \times \frac{100 - 10}{100} =$$

$$100 - 100 \times \frac{92}{100} \times \frac{96}{100} \times \frac{40}{100} \times \frac{90}{100} =$$

$$100 - 100 \times 0.92 \times 0.96 \times 0.4 \times 0.9 =$$

$$100 - 31.80 = \mathbf{68.2 \text{ Total Points}}$$

Example 2

			<u>Points</u>
Orthopaedics:	Absence of both thumbs	(4+4)	8
Eyes:	Incomplete eyelid closure		4
ENT:	Slight deafness, bilateral		5
Internal:	Heart defect without noticeable disability	(10)	20
	Cholecystic aplasia	(2)	
	Inguinal hernia, bilateral	(3)	
	Pelvic kidney	(5)	

$$100 - 100 \times \frac{100 - So}{100} \times \frac{100 - Sa}{100} \times \frac{100 - Sh}{100} \times \frac{100 - Si}{100} =$$

$$100 - 100 \times \frac{100 - 8}{100} \times \frac{100 - 4}{100} \times \frac{100 - 5}{100} \times \frac{100 - 20}{100} =$$

$$100 - 100 \times \frac{92}{100} \times \frac{96}{100} \times \frac{95}{100} \times \frac{80}{100} =$$

$$100 - 100 \times 0.92 \times 0.96 \times 0.95 \times 0.8 =$$

$$100 - 67.12 = \mathbf{32.88 \text{ Total Points}}$$

Example 3

				<u>Points</u>
Orthopaedics:	Amelia, bilateral	(22+22+12)	(56)	
	Frontal synostosis	7 - 10	(10)	66

Eyes: -

ENT: -

Internal: Pelvic Kidney 5

$$100 - 100 \times \frac{100 - So}{100} \times \frac{100 - Sa}{100} \times \frac{100 - Sh}{100} \times \frac{100 - Si}{100} =$$

$$100 - 100 \times \frac{100 - 66}{100} \times \frac{100 - 0}{100} \times \frac{100 - 0}{100} \times \frac{100 - 5}{100} =$$

$$100 - 100 \times \frac{34}{100} \times \frac{1}{100} \times \frac{1}{100} \times \frac{95}{100} =$$

$$100 - 100 \times 0.34 \times 1 \times 1 \times 0.95 =$$

$$100 - 32.3 = \mathbf{67.7 \text{ Total Points}}$$

III.

If the assessors arrive at the conclusion that owing to an unforeseen combination of injuries, the application of the points system proposed under Section IV would place the child at a disadvantage, the assessment of injuries may be adjusted in favour of the child at their discretion. In this event, an upward adjustment of a maximum of one pension level is permissible in relation to the Points Table of Attachment 3.

Should the Medical Commission establish an anomaly under § 6 Section 1 of this Guideline which is not listed in the Medical Points Table of Section IV, the Medical Commission will assess the severity of the physical injury and the resulting compromise of body functioning under application of § 7 Sentence 1 and 2 as well as § 8 Section 2 of these Guidelines.

IV. Medical Points Table

1. Orthopaedic Injuries

Increments of assessment of orthopaedic injuries are 0.5 points each. These intermediate degrees have been captured in the following table for finger injuries only and need to be established case-by-case for transitional findings.

A. Upper Extremities	Unilateral	Bilateral
1. <u>Distal Type of Ectromelia</u> (All distal and axial forms of ectromelia, excluding amelia and phocomelia)		
1.1 Thumb type, three joints a) Anatomically like 2. Finger with minor hypoplasia	2	4
b) Significant hypoplasia with partial radial abduction of metacarpophalangeal joint with partial	3	6
c) Extreme hypoplasia or dysplasia with partial soft tissue syndactyly of index finger – possibly excluding thumb joint – with partial to total aplasia of 1st metacarpal, partly with pendular thumb	4	8
1.2 Thumb type, two joints a) For 1st metacarpal and thumb without hypoplasia or with minor hypoplasia but developmental delay or hypoplasia or dysplasia of navicular bone	1	2

b) Minor hypoplasia	2	4
b) Significant hypoplasia with partial radial abduction of metacarpophalangeal joint with partial	3	6
d) Extreme hypoplasia or dysplasia with partial soft tissue syndactyly of the index finger – possibly excluding thumb joint – with partial to total aplasia of 1st metacarpal partly with pendular thumb	4	8
e) Aplasia	4	8
1.3 Anomaly(ies) of thumb and hypoplasia or dysmelia of digital rays (To be filled out for all distal and axial forms of ectromelia, do not fill out for cases of amelia and phocomelia)		
a) Minor hypoplasia	0.5	1
b) Significant hypoplasia of 2nd finger	0.5	1
or dysplasia, 3rd finger	0.5	1
partly with web formation, 4th finger	0.5	1
partly with synostosis of metacarpals with free phalanges) 5th finger	1	2

<p>c) Extreme hypoplasia or dysplasia with syndactyly possibly excluding final joint</p> <p>with partial to total aplasia of relevant metacarpal,</p> <p>in cases of syndactyly or synostosis of phalanges a ray is assessed at 1.5 points – and the other – depending on its condition –</p>	0.5-1.5	
d) Aplasia	1.5	3
1.3.1 Per supernumerary dysplastic finger 0.5 points		
<p>1.4 Radius type</p> <p>(All distal and axial forms of ectromelia, not including amelia and phocomelia)</p> <p>(For purposes of evaluation add the condition of the hand)</p>		
a) Minor intrinsic minus hand of radius	1	2
b) Radial hypoplasia with shortening by about $\frac{1}{4}$	2	4
c) Radial hypoplasia or partial aplasia with shortening by about half	3	6
d) Radial hypoplasia or partial aplasia with radio-ulnar synostosis and broad end of distal radius and ulna (therefore only minor talipomanus, but dropped wrist)	3	6

e) Radial hypoplasia or partial aplasia with radio-ulnar synostosis and narrow end of distal ulna (therefore talipomanus as with radial aplasia) and in cases of overpronation	4	8
f) Partial aplasia of radius with shortening by more than half	4	8
g) Aplasia	4	8
1.5 Radius type and significant shortening of ulna		
a) Radial aplasia and shortening of ulna by more than half	5	10
b) Radio-ulnar synostosis with shortening of lower arm by more than half or short radio-ulnar accessory bones of forearm (especially with short axis types)	5	10
1.6 Radius type with minor humeral shortening and hypoplasia or dysplasia of the shoulder and/or elbow joint (Predominantly distal forms of ectromelia, not including axial forms or amelia and phocomelia) To be assessed in addition to the condition of the forearm and hand:		
a) In cases of minor hypoplasticity of elbow joint or a) In cases of minor hypoplasticity of shoulder joint	0.5	1
b) In cases of dysplasia of shoulder joint or dysplasia of elbow joint	1	2

c) In cases of hypoplasia of shoulder joint and dysplasia of elbow joint or cases of hypoplasia of elbow joint and dysplasia of shoulder joint	1.5	3
d) In cases of dysplasia of elbow joint and shoulder joint	2	4
2. <u>Axial Form of Ectromelia</u> Hypoplasia or partial aplasia with or without synostosis		
2.1 Humeral shortening by about $\frac{1}{4}$	3	6
2.2 Humeral shortening by about $\frac{1}{2}$	4	8
2.3 Humeral shortening by about $\frac{3}{4}$	5	10
2.4 Humeral shortening by more than $\frac{3}{4}$	6	12
2.5 Humeral shortening by more than $\frac{3}{4}$ with synostosis of ulna or with short radio-ulnar bone of forearm	6	12
2.6 Aplasia of humerus	6	12

3. <u>Phocomelia</u> (Add 2 points in cases of aplasia of ulna)		
3.1 Finger, minor hypoplasia	21	42
3.2 Finger, significant hypoplasia	21.5	43
3.3 Finger, extreme hypoplasia or dysplasia	22	44
If there are several fingers in a case of true phocomelia, assessment should be based on the best possible one		
4. Amelia	22	44

B. Lower Extremities**Unilateral****Bilateral****1. Distal Type of Ectromelia**

1.1 Big toe type

2

(Not including axial form or phocomelia)
Doubling, triphalangy, hypoplasia

1

1.2 Tibia type

(To be filled out for axial forms too, not to be filled out for phocomelia and amelia)

- a) Minor hypoplasia of tibia without talipes equinovarus (hypoplasia predominantly proximal)

Note:

2

4

Pronounced gonyctrosis or gonyectyposis as a result of growth disorders of the proximal tibial epiphysis should be included here (or distal femoral epiphysis, if applicable).

Pronounced gonyctrosis or gonyectyposis may only be assigned a maximum of 2 points for femur or tibia.

In the event of patellar luxation on a background of gonyctrosis, allow for: 3 points, up to 6 points for ligament instability affecting weight bearing capacity.

- b) Less than $\frac{1}{4}$ but clearly apparent, close to normal length with talipes equinovarus

4

8

- c) Partial tibial aplasia shortened by about $\frac{1}{4}$

5

10

- d) Partial tibial aplasia shortened by about half

6

12

- e) Tibial aplasia

6

12

- f) Talipes equinovarus without malformation of tibia

3

6

- g) Pes adductus and supinatus without elevated heel, however,

3

6

with minor tibial hypoplasia
without tibial hypoplasia

2

4

Injuries of the hip joints are to be added.		
<p>2. Proximal Form of <u>Ectromelia</u></p> <p>(Include axial forms, excluding phocomelia and amelia)</p> <p>The extreme diminishing of body height with the greater levels of severity of this type of malformation is compensated by self-reliance through walking unaided.</p> <p>The foot is not be added for proximal types excepting deformities impeding walking (malformations of big toes, raised talus as in congenital pes planum).</p> <p>It is already allowed for in the severity of tibia and axis type.</p>		
a) Femoral hypoplasia including femur varum with close to normal length (see annotation at B 1.2 a)		4
b) Femoral hypoplasia with shortening by less than ¼	3	6
c) Femoral shortening by ¼ or pseudoarthrosis of the neck of femur	4	8
d) Femoral shortening by half	5	10
e) Femoral shortening by about ¾ up to complete absence	6	12
<p>Raising of talus in case of proximal type or other foot deformities which impede walking in so far as not already captured under B 1.2.</p> <p>Injuries of the hip joints are to be added.</p>	1	2

<p>3. <u>Injuries of Hip Joints</u> (Not with phocomelia and amelia)</p>		
<p>a) Possibly prearthrotic deformity</p> <p>e.g. cases of coxa valga with almost horizontal proximal femoral epiphysis joints, with minor developmental disorders of femoral head, with good cups, roofing good, femoral neck normal,</p> <p>in cases of coxa vara with a collum diaphysis angle greater than 90 degrees with good acetabular roof and well developed femoral head</p>	2	4
<p>b) Probable prearthrotic deformity</p> <p>e.g. cases of coxa valga with horizontal epiphysis joints and good acetabular roof to signs of dysplasia of acetabular roof,</p> <p>in cases of minor developmental disorders of femoral head together with coxa valga with good acetabular roof to signs of dysplasia of acetabular roof,</p> <p>in cases of coxa vara with an angle greater than 90 degrees and minor developmental disorders of femoral head,</p> <p>in addition to minor degrees of</p>	4	8
<p>c) With almost certain prearthrotic deformity</p> <p>e.g. severe cases of developmental disorders of femoral head,</p> <p>cases of high-level femoral head dysplasia, with subluxation,</p> <p>cases of sharp angles of coxa vara (angle and 90</p>	6	12
<p>d) Luxation of hip joint or aplasia</p>	6	12

4. Axial Form of Ectromelia The axial form is made up of proximal and distal assessment: the total number of points under B is carried over		
5. Phocomelia and amelia of lower extremities	20	40

C. Spine	
Complete ankylosis including cervical spine = 20 points, normal findings = 0 points	20
The following assessments are to be made across this range: (Early) juvenile changes without narrowing of intervertebral discs	1
In addition to scoliosis up to Grade 1 or kyphosis with the relevant intervertebral disc changes	2
Minor static scoliosis	1
Narrowing of occasional intervertebral discs (up to 3) including scoliosis 1st Grade	4
4 to 6 instances of narrowing including scoliosis, 1st Grade	5
7 and more (or scoliosis, 2nd Grade	6
(Frontal) synostosis isolated	4
In addition to narrowing of intervertebral discs	5
(Frontal) synostosis 2 – 3	6
In addition to narrowing of intervertebral discs	7
(Frontal) synostosis 4 – 6	8
In addition to narrowing of intervertebral discs	9
(Frontal) synostosis 7 – 10	10
In addition to narrowing of intervertebral discs	11
(Frontal) synostosis of more than 10 parts of the spine	12
1 Hemivertebra	4
In the case of several hemivertebrae, apply increments as for synostosis	

Significant gap formation including spondylolisthesis, not including minor cases of spina bifida occulta	2
Partial to total arch and joint aplasia, per segment a maximum of	2
Dysgenesis of sacrum, low-grade	2
Dysgenesis of sacrum, moderately severe with obvious asymmetry	4
Hemiagenesis of sacrum	6
Total agenesis of sacrum	8
Add scoliosis and kyphosis according to their level of severity	1 – 6
Assess paralyses as a result of malformations of the spine according to their severity:	
Vesicorectal paralysis	up to 20
Loss of sensitivity of both lower extremities	up to 20
Loss of motor function of both lower extremities	up to 20
Complete paraplegia including vesicorectal paralysis	60

D. Special Factors	
	Points
For particularly severe grades of malformations of both upper extremities, allow for an additional maximum of	12
For particularly severe grades of malformations of both lower extremities, allow for an additional maximum of	10
<p>In cases of coinciding severe injuries of upper and lower extremities:</p> <p>Number of points of upper extremities from D plus number of points of lower extremities from D plus half the total number of points of upper and lower extremities</p> <p>= Total number of points for D</p> <p>For injuries of the hip 'a', the assessment for the upper extremity (in so far as D was assessed) is added to the hip injury and further injuries of the lower extremity if applicable. It is therefore not arrived at by also halving the total of upper and lower extremity.</p> <p>Cases of minor hip injuries are precluded from further increases.</p> <p>Paralyses are assessable along the lines of comparable malformations.</p>	
<p>1. Upper extremity:</p> <p>The number of points applies to both upper extremities. For different injuries a median value for both sides is to be calculated.</p>	
a) Amelia and phocomelia of both upper extremities	12
b) Short axial type and intermediate axial type with humeral shortening by more than $\frac{3}{4}$ of the normal length of both upper extremities	10

c) Intermediate axial type with humeral shortening by $\frac{1}{2}$ to $\frac{3}{4}$ of normal length of both upper extremities	9
d) Long axial type with humeral shortening by less than $\frac{1}{2}$ of the normal length of both upper extremities	7
e) Distal type with humeral hypoplasia approaching normal length, but with shoulder joint and elbow joint dysplasia of both upper extremities	3
f) Distal type as per e), but only elbow joint dysplasia or shoulder joint dysplasia of both upper extremities	2
g) Thumb type with impaired mobility	1
All minor malformations of upper extremities are excluded from D.	
2. <u>Lower Extremity:</u> For cases of asymmetry refer to the calculation of Upper Extremity (D Figure 1)	
2.1 Incapable of walking unaided (b to d post surgery only)	
a) Amelia and phocomelia of both lower extremities	10
b) Short axial type and intermediate axial type of both lower extremities	10
c) Long axial type of both lower extremities with femur shortened by about $\frac{1}{4}$ Indicate also: Tibia type and hip luxation or Tibia type and severe hip injury (c and d)	7
d) Tibia type of both lower extremities. For hip injuries a maximum of 2 points are to be added.	2
Severe hip injuries are captured under the long axial type.	
Partial aplasia of more than $\frac{1}{2}$ to complete absence.	5
Partial aplasia of less than $\frac{1}{2}$	4
Hypoplasia	2

Talipes equinovarus with close to normal tibia	1.5
Tibia type combined with hip injury 'a' plus	1
Tibia type combined with hip injury 'b' plus	2
2.2 Able to walk unaided but reduction of body height.	
a) Minor femoral shortening by less than $\frac{1}{4}$	1
b) Femoral shortening by about $\frac{1}{4}$	2
c) Femoral shortening by about half	2.5
d) Femoral shortening by about $\frac{3}{4}$ up to complete absence	3
Hip condition is to be added.	
2.3 Hip injuries (Only if these are combined with injuries of the upper extremities listed under D or with proximal forms of ectromelia of lower extremities. Not for axial type or combined hip injury – T tibia type as this is already captured there.)	
a) Hip injury 'a'	1
b) Hip injury 'b'	2
c) Hip injury 'c' and 'd'	3

2. Internal Injuries

	Points
2.1 Heart defect with insufficiency (inoperable)	50
2.2 Heart defect with insufficiency (operable)	30
2.3 Heart defect without noticeable disability across performance spectrum	10
2.4 Bilateral hydronephrosis or hypoplasia	30
2.5 Unilateral kidney aplasia	5
2.6 Pelvic kidney, horseshoe kidney	5
2.7 Unilateral hydronephrosis or hypoplasia	5
2.8 Duodenal atresia or stenosis	5
2.9 Pyloric hypertrophy	1
2.10 Cholecystic aplasia	2
2.11 Anal atresia or stenosis with incontinence post surgery or Colostomy status	30
2.12 Anal stenosis or atresia without insufficiency post surgery	5
2.13 Inguinal hernia, unilateral	2
2.14 Inguinal hernia, bilateral	3

2.15	Cryptorchidism, bilateral	10
2.16	Cryptorchidism, unilateral	2
2.17	Rectovaginal fistula	5
2.18	Brain injury, incapable of schooling	60
2.19	Severe atelognathia with functional disturbance or disfiguring effect	12
2.20	Aplasia of uterus and/or vagina	15
2.21	Atresia of uterus or vagina	10
2.22	Septate uterus or septate vagina	5
2.23	Hypospadias of penis or penile scrotum according to severity	5 – 10
2.24	Double kidney or double renal pelvis	2
2.25 a)	Diminished body height more than M – 2 Sigma	2
2.25 b)	Diminished body height more than M – 3 Sigma	10
2.25 c)	Diminished body height more than M – 4 Sigma	20
2.25 d)	Diminished body height with proven lack of growth hormone, additional	10

3. Eye Injuries

	Points
3.1 Blindness, bilateral	60
3.2 Blindness or visual impairment equivalent to blindness up to 1/50 or less of one eye and high-level visual impairment – V = 1/20 and less - of the other eye	50
3.3 High-level visual impairment – V = 1/20 and less – bilateral	48
3.4 Blindness or visual impairment equivalent to blindness up to 1/50 or less of one eye and visual impairment of 0.3 to 1/15 or other manner of visual impairment of the same degree of severity through eye malformation or strabismic amblyopia of the other eye	30
3.5 High-level visual impairment – V = 1/20 and less of the other eye and visual impairment of 0.3 to 1/15 or other manner of visual impairment of the same degree of severity through eye malformation or strabismic amblyopia of the other eye	28

3.6 Visual impairment because of 0.3 to 1/15 or other manner of visual impairment of the same degree of severity through eye malformation or strabismic amblyopia, bilateral	25
3.7 Blindness or visual impairment equivalent to blindness up to 1/50 and less of one eye with normal vision or refraction anomaly of the other eye responsive to adjustment with spectacles	10
3.8 High degree of visual impairment – V = 1/20 and less – of one eye normal sight of the other eye or refraction anomaly of the other eye responsive to adjustment with spectacles	8
3.9 Abducens nerve palsy, unilateral or bilateral	4
3.10 Visually noticeable strabismus, missing binocular vision	4
3.11 Incomplete eyelid closure	4

4. Nose, Ear and Throat Injuries

	Points
4.1 Absence of outer ears or rudiments only which do not form a cohesive auricle, bilateral	10
4.2 Absence of outer ears or rudiments only which do not form a cohesive auricle, unilateral	5
4.3 Disfiguring malformation of auricle with a size of less than 2/3 normal, bilateral	5
4.4 Disfiguring malformation of auricle with a size of less than 2/3 normal, unilateral	2
4.5 Cheiloschisis and palatoschisis	20
4.6 Palatoschisis with speech impediment	10
4.7 Deafness or loss of hearing above 90 dB or above 60 dB at 125 – 250 Hz, bilateral	60
4.8 Deafness or loss of hearing above 90 dB or above 60 dB at 125 – 250 Hz, unilateral and significant hearing impairment (60 – 90 dB), contralateral	50
4.9 Deafness or loss of hearing above 90 dB or above 60 dB at 125 – 250 Hz, unilateral and medium-level hearing impairment (30 – 59 dB), contralateral	30
4.10 Deafness or loss of hearing above 90 dB or above 60 dB at 125 – 250 Hz, unilateral and slight hearing impairment (less than 30 dB), contralateral	20

4.11 Deafness or hearing impairment above 90 dB or more than 60 dB at 125 – 250 Hz unilateral and normal contralateral	15
4.12 Significant hearing impairment (60 – 90 dB), bilateral	40
4.13 Significant hearing impairment (60 – 90 dB), unilateral and medium-level hearing impairment (30 – 59 dB), contralateral	25
4.14 Significant hearing impairment (60 – 90 dB), unilateral and slight hearing impairment (less than 30 dB), contralateral	15
4.15 Significant hearing impairment (60 – 90 dB), unilateral and normal contralateral	10
4.16 Medium-level hearing impairment (30 – 59 dB), bilateral	20
4.17 Medium-level hearing impairment (30 – 59 dB), unilateral and slight hearing impairment (less than 30 dB), contralateral	10
4.18 Medium-level hearing impairment (30 – 59 dB), unilateral and normal contralateral	5
4.19 Slight hearing impairment (less than 30 dB), bilateral	5
4.20 Facial nerve injury and partial palsy, unilateral	5
4.21 Facial nerve palsy, complete, unilateral or bilateral	12
4.22 Paralysis of soft palate	5
4.23 Stricture of auditory canal, unilateral	1
Stricture of auditory canal, bilateral	2
4.24 Noticeable dysplasia or nasal tip (platyrrhine nose) according to severity	2 – 4
4.25 Choanal atresia (closure of nasal passage towards the back, unilateral	2
Choanal atresia, bilateral	3

4.26 Non-existent formation or malformation of vestibular organ, unilateral	5
Non-existent formation or malformation of vestibular organ, bilateral	25