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GOVERNMENT OF THE PUNJAB
DIRECTORATE GENERAL OF SOCIAL WELFARE
& BAIT-UL-MALL PUNJAB,
41-EMPRESS ROAD, LAHORE

Dated 22/10/2018, 2018

To,

All The Divisional Directors,
Social Welfare & Bait-ul-Maal,
Department, Punjab.

SUB:- REVISED DISABILITIES ASSESSMENT
GUIDELINES.

I am directed to enclose herewith "Revised Disability Assessment Guidelines" developed by the Provincial Assessing Committee for Persons with Disabilities as addendum to the existing guidelines for circulation to the concerned District Assessment Boards accordingly.

Waheed
22/10/18
(IRSHAD WAHEED)
DIRECTOR (PCRDP)

P.C:-

1. PS to Secretary, Social Welfare & Bait-ul-Maal, Punjab, Lahore.
2. PSO to Director General, Directorate General of Social Welfare & Bait-ul-Maal, Punjab, Lahore.
3. The Section Officer (G), Social Welfare & Bait-ul-Maal, Punjab, Lahore.
4. Dr. Khalid Mehmood (Chief Consultant ENT Rtd), House No. 2, Block A-3, Johar Town, Lahore / Member of Provincial Assessing Committee for the Persons with Disabilities (PWDs).
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6. Dr. Muhammad Nasar Syed Khan (Professor & Head of Psychiatric Department), Psychiatrist Department Services Hospital, Lahore / Member of Provincial Assessing Committee for the Persons with Disabilities (PWDs).
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**REVISED DISABILITIES GUIDELINES FOR
ASSESSMENT OF PERSONS WITH
DISABILITIES (PWDS) OF ALL CATEGORY.**

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Guidelines and Instructions for District Assessment Board for Rehabilitation of the Physically Disabled:

1. Definition of Disability :

Physical or Mental impairment resulting in restriction or lack of ability to perform any activity of daily living in a normal manner.

2. It should be clearly determined whether the disability is temporary & correctable or permanent. The certificate should be issued only to permanently disabled. The temporary disabled may be referred to Zakat or Bait-ul-Mall for assistance regarding treatment etc.
3. Diagnosis should be clear and complete regarding the extent & area involved in detail.
4. In case of difficulty in diagnosis and assessment of disability, opinion should be taken from specialist concerned and reports should be attached with the documents.
5. Photograph of the disabled person showing disability should be part of the record.
6. In case of Amputation, level of amputation should be mentioned. (e.g in hand amputations whether it is through proximal, middle or distal phalanx, below or above elbow /knee etc).
7. In case of Polio stroke and other Neuromuscular disease involving muscular weakness, degree of muscular weakness and the muscles involved should be mentioned.
8. In case of blindness, loss of vision from one eye and other eye is normal or mild disability. If weakness of vision is correctable with ordinary glasses or lenses then it is no disability.
9. In case of Kyphoscoliosis; the severity should be assessed, whether it hampers mobility or not (Cobb's angle more than 50 degree is disability).
10. Speech difficulty and Stammering is not included in disability.
11. Gait, should be described (whether uses assistive device) and cause of gait disturbance should be mentioned.
12. Patient's dominant side should be explained whether right handed / left handed.
13. Deformity of hand/foot/others should be described in detail & whether it hampers activities of daily living.
14. Simple Dwarfism with normal activities of daily living is no disability but when it is associated with other systemic diseases then it should be considered for disability.
15. Shortening more than 5 cm due to fracture/Polio, with or without nerve injury is Moderate Disability.
16. Parkinsonism which hampers activities of daily living and gait is moderate disability.

17. Ankylosing Spondylitis with deformities which hampers activities of daily living is moderate disability.
18. Osteoarthritis with deformities leading to use of assistive devices for gait is moderate disability.
19. Rheumatoid arthritis with deformities of Peripheral joints is moderate to severe disability.
20. The category of disability should also be assessed as under :

A. Mild :

Disability of the patients does not affect major activity of daily living. Such individual qualify for medical treatment, financial assistance or compensation only.

B Moderate:

Disability of the patients affect one or more major activities of the daily living. These patients qualify for jobs/admissions for education/medical treatment /financial assistance.

C. Severe:

Disability of the patients is so severe that it affects major activities of the daily living and such individual qualifies for medical treatment/financial assistance but may qualify for job / admission under special sheltered conditions.

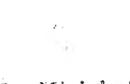
D. Very Severe:

Disability of the patients is so severe that it affects his/her major activities of daily living (so badly that such individuals are unfit for any job, admission for education but qualify only for medical / financial assistance.

21. The certificate should be prepared by some responsible person (preferably typed) , filling all columns appropriately)
22. Cases with mild disability should not be issued disability certificate, as it does not hamper the activities of daily living & should only be referred to appropriate Hospital/Authority for treatment compensation or financial assistance.


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BROAD PRINCIPLES OF DISABILITY ASSESSMENT

A person is said to be disabled if he is unable to perform activities of daily living, which a normal person can perform in normal manner.

1. Disability can be temporary or permanent.
2. Permanently disabled can be given Medical treatment assistance or financial assistance as well as job quota and admission in educational institutions.
3. Authorities to give a disability certificate will be a medical board duly constituted by the MS of district hospital. The medical board should consist of at least three members, out of which one shall be a specialist in the concerned disability subject. The standard guidelines and tools mentioned in the notification have to be used in evaluation of disability for proper certificate.
4. The certificate should be valid for a period of five years.
5. Diagnosis should be clear and complete.
6. In case of ambiguity in diagnosis or difficulty, case should be referred to Provincial Assessment Committee (PAC) photograph of disabled should be attached showing his disability.
7. In case of amputation level of amputation should be mentioned clearly.
8. In case of Polio, stroke and other neuromuscular disease degree of muscular weakness (grading) should be mentioned.

Grading of Muscle Power.

Grade 0 : No muscle power or complete paralysis.

Grade 1 : Flicker of contraction.

Grade 2 : Movement is possible if gravity but no resistance.

Grade 3 : Movement against gravity but no resistance.

Grade 4 : Movement is possible against some resistance.

Grade 5 : Normal power.

In case of kyphoscoliosis disability depends upon severity of disease whether it hampers vital capacity or not. Cobs angle should be measured.

Shortening of limb more than 4 inches without neuromuscular involvement is included in disability.

Dwarfism or cretinism is no disability until it is complicated by secondary disease.

Ankylosing spondylitis in advance stage, if it hampers activities of daily living is disability.

Osteoarthritis and rheumatoid arthritis is disability in advance stage leading to deformities and use of assistive devices.

Dysarthria is no disability.

BROAD PRINCIPAL OF DISABILITY ASSESSMENT.

CATEGORIES OF DISABILITY.

Mild, Moderate, Severe and Very Severe.

A. MILD

Disability does not hamper major activities of daily living. Such patients qualify for free medical treatment and financial assistance.

B. Moderate.

Disability hampers one or more major activities of daily living. Such patients qualify for free medical treatment, financial assistance, job and admission for education.

C. Severe.

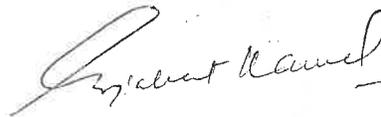
Disability hampers major activities of daily living. Such patients qualify for free medical treatment, financial assistance, job and admission for education under sheltered condition.

D. Very Severe.

Disability is so severe that it affects major activities of daily living. Such patients for free medical treatment and financial assistance but does not qualify for job and admission for education even under sheltered conditions.

Testing tools and guidelines: The standard guidelines and tools have to be used in evaluation of disability for proper certificate. For purpose of certification, disability should be assessed when the specialist is satisfied that further medical treatment / intervention is not likely to reduce the extent of disability.

NCS-EMC, studies should be done if the accessing board considers. It is useful in diagnosis.



DR WAJAHAT KAMAL

Member Disability Board



11686/18 Psychiatry

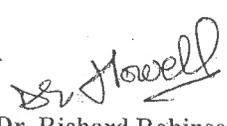
Dated: 25/06/2018

PROPOSED DISABILITY ASSESSMENT GUIDELINES FOR INTELLECTUAL DISABILITY

SOPs FOR ASSESSMENT OF PSYCHIATRIC DISABILITY

1. Psychiatrist and psychologist will separately assess the person on the basis of clinical interview which will comprise of
 - Detailed history of present illness
 - Family history which includes general home atmosphere, past medical and psychiatric history in family etc.
 - Personal history including birth and early development, educational history, occupational history, psychosexual history, marital history, premorbid personality, drug and substance abuse history.
2. Mental state examination will be done separately by both psychiatrist and psychologist.
3. Routine physical medical investigations such as CBC, LFT, RFT, thyroid function test, HIV, Hepatitis test, STDs, EEG, MRI, CT scan and urine for TLC will be carried out if required. CNS, funduscopy and neurological examination shall be done if required.
4. Psychometric assessment shall be conducted by Clinical Psychologist.
5. Medical social officer should provide social history, investigate and take account and give report about the person's neighbourhood and any other relevant places, prior to assessment by psychiatrist/psychologist
6. Diagnosis will be established collaboratively by psychiatrist, psychologist and social medical officer according to the Diagnostic and Statistical Manual of Mental Disorders, DSM V (2013)/ ICD 10 criteria on the basis of clinical interview, mental state examination, physical examination and psychometric assessment.
7. The person for the opinion may be admitted for evaluation in respective psychiatry department if required. During admission the reliable attendant should stay with applicant for 24 hours.
8. Reliable informant should accompany the applicant and preferably responsible for all the needs and requirements of the person.
9. It is suggested that the workshops should be arranged by social welfare department to discuss the guidelines and standardized the procedure across all concerned psychiatry departments.


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Definition of Neurological disability: -215-

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"Any physical, mental, behavioral or psychological disability that leads to restriction of ability to perform activities of daily living, partially or completely, in a normal manner due to the diseases of the brain, spinal cord, nerves or muscles caused by hereditary (genetic), chromosomal (like Down Syndrome), intrapartum developmental (congenital), postpartum developmental, peripartum brain insult (like Cerebral Palsy), metabolic, neurodegenerative, acquired or traumatic insult, either temporary, permanent or episodic (like epilepsy) is called neurological disability."

Guidelines/Criteria:

1. A neurological disability, after complete diagnosis and/or treatment by consultant neurologist, neurosurgeon or a general physician, that persist for more than one year, either static, progressive, remitting /relapsing or episodic (like seizures, leading to residual mental deficit) can be labeled as permanent neurological disability.
2. There is a long and laborious list of neurological disorders comprising more than 50% of the total disabilities worldwide.
3. Examples include but not limited to cerebral palsy, poliomyelitis, stroke, epilepsy, mental retardation, mental regression, dementias, movement disorders such as Parkinsonism and dystonias, multiple sclerosis, neuromuscular disorders, syndromes (examples include down syndrome and rett syndrome), CNS infections, neurological disorders due to alcoholism, toxins, drugs, chemicals, radiation exposure or cancers and traumatic brain injuries.
4. While determining neurological disability, dominant side (right handed or left handed) of the patient must be ascertained.
5. Symptoms and/or signs of the neurological disorder, must be to the extent (generally more than 40 percent disability) that they interfere with or

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reduce the quality of functioning, partially or completely in the daily living, educational, social, work, domestic or other settings.

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6. If needed, semiology may be determined with the help of a neurological diagnostic test like brain imaging, lumbar puncture both diagnostic and/or therapeutic, nerve conduction studies, electromyography, evoked potentials, muscle biopsy, laboratory investigations and the genetic testing may be required to determine the exact nature and/or cause of the disease.

7. A neuropsychological evaluation may also be required to determine the remote effects of the neurological disorders that include an assessment of multiple neurocognitive and emotional functions like intellectual functions, academic skills, receptive and expressive language skills, attention, learning and memory, visuospatial abilities, problem solving and reasoning, sensorimotor skills and social-emotional functioning.

8. Other disorders that mimic neurological disorders like severe depression, primary psychosis, attitude problems or the disorders associated with endocrinological diseases must be considered while finalizing the neurological diseases.

9. Some diseases are paroxysmal and relapsing/remitting, so will need documentations, witnesses and video recordings regarding clinical diagnosis and investigations like electroencephalography and brain imaging (CT/MRI). Examples include epilepsy and multiple sclerosis.

10. In general, the following substantial impacts to a major life activity may include the spectrum of neurological disability:

1. Learning Skills
2. Educational skills
3. Caring for oneself
4. Performing fine manual task
5. Seeing
6. Hearing
7. Eating
8. Sleeping
9. Walking
10. Standing
11. Bending

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12. Speaking
 13. Breathing
 14. Reading
 15. Writing
 16. Concentrating
 17. Communicating
 18. Working
 19. Lifting the objects
 20. Thinking and executive abilities and
 21. Etc.

11. Lack of precise and accurate diagnosis does not rule out the existence of the disability, as in most of the cases it is expensive and laborious task to determine the exact diagnosis and in itself does not make any difference. So, a person can qualify for Social Security Disability Certificate, irrespective of the diagnosis or cause of disability, if one has any neurological problem that makes it impossible physically or mentally to engage in any gainful employment, social adjustment or any other benefits.

12. Similarly a neurological diagnosis in the absence of disability in itself does not substantiate a disability e.g., some asymptomatic brain lesions or vascular headaches like migraine.

13. Mental disorders are either psychiatric (functional), pure psychological, secondary to neurodegenerative or structural brain disorders, hereditary (genetic), chromosomal, peripartum brain insult, traumatic brain injury or secondary to other medical diseases. So, the cause or domain of mental disorder should be ascertained.

14. There are many conditions in which the patients are mentally retarded but physically fit and some are physically handicapped but mentally are fit. In some cases both conditions are combined. So, while issuing certificates it should be clearly demarcated on the certificates for the maximum social or educational benefits of the disabled.

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Mental Retardation/Intellectual Disability:

Intellectual disability or mental retardation is an impairment of

- Cognitive skills
- Adaptive life skills and
- Social skills

This disability usually ranges from being slow learners (mild MR) to unable to learn, adapt or attain social skills.

Two aspects of MR are;

- Intelligence functioning --- measured by IQ (intelligence quotient) score. The average IQ score is 100. IQ less than 70 is considered intellectually disabled.
- Adaptive skills --- refer to the tasks of daily living, such as communicating with others or being able to take care of one's own needs.

Intellectual disability manifests in itself as deficits in both of these factors.

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Certificate

1. For how long has the person had this disorder? _____
2. What is the probable diagnosis? _____
3. What is the severity of the disorder?

Mild: _____

Moderate: _____

Severe: _____

V. severe: _____

Explain the severity.

4. What is the type of the disability?

Physical: _____	Mental: _____
Behavioral: _____	Psychological: _____
Psychiatric: _____	Other: _____

5. What is the expected duration of disorder?

Chronic: _____	Short Term: _____
Episodic: _____	Remitting/Re.apsing _____

6. How did you reach the diagnosis?

Symptom: _____	Signs: _____
Investigations: _____	Witness: _____
Previous record: _____	

7. Are the neurological tests required? Yes/No

If required mention the names: _____

8. Does psychological assessment required _____ Yes/No

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Is the patient currently on medications? _____ Yes/No

10. Does the patient needs admission? _____ Yes/No

Why? _____

Purpose of getting the certificate:

- 1. Education
- 2. Employment.
- 3. Medical help
- 4. Financial support
- 5. National Identity Card
- 6. Passport/Travelling
- 7. Writing helper
- 8. Special arrangements in the classroom for physical disabled
- 9. Others : _____

Dr's Signature with name, designation and stamp:

Date: _____



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Disability Assessment Guidelines for Visually Impairment

1. visual disability criteria

A. Sight impaired/partially sighted/visual impairment/moderate visual impairment

VA 3/60-6/60 with normal visual field

OR

VA 6/60-6/18 with disabling field loss

B. Severe visual impairment/permanent blindness/legal blindness

VA < 3/60 with normal visual field

3/60-6/60 with disabling field loss

2. category of disability

Mild

Loss of vision from one eye and other eye normal is mild disability. This patient is not declared as disabled. Because this does not affect major activity of daily living.

Moderate/severe

Disability of the patients is such that it affect his/her major activities of daily living so badly. Such individual qualifies for medical treatment/financial assistance but may qualify for job in own category/admission in blind school under special sheltered conditions.

3. Guidelines/SOPs for visual disability assessment.

- Medical diagnosis/history/record.
- Visual Acuity
- Duration (chronic, episodic, or short term) of the condition
- Severity (mild, moderate, or severe) and an explanation of the severity
- Differential diagnosis and reasons for ruling out these diagnosis
- Explanation of how the symptoms related to the patient's condition cause significant impairment in a major life activity
- Detailed explanation of how the impairment limits the patient's functioning for the learning or testing environment
- List of the patient's current medication (dosage, frequency, and adverse effects) and an explanation of the extent medication mitigates the symptoms of the disorder
- Specific recommendations regarding academic adjustments, auxiliary aids, and/or services related to the patient's condition and a rationale as to the reason these academic adjustments, auxiliary aids, and/or services are warranted based upon the patient's functional limitations

4. Operationalization of early detection Of disability & Suggestions.

1. Newborn's eyes for general eye health. A red reflex test is performed in the newborn nursery. Any baby with an abnormal red reflex requires urgent consultation.
2. From 1 month to 4 years of age, infants and toddlers should have their ocular health assessed at each routine visit. Any concerns raised by the family or noted by the primary care provider should be addressed.
3. Emphasis should be placed on checking visual acuity as soon as a child is cooperative enough to complete the assessment. Generally, this occurs between ages 3 ½ and 4 years.
4. For an uncooperative child needs second attempt at vision testing, should be referred for a comprehensive eye evaluation under GA
5. Photo screening and handheld auto refraction may be electively performed in children 6 months to 3 years of age, allowing earlier detection of conditions that may lead to amblyopia.
6. Formal testing of VA should be performed at preschool and school screening.
7. validity of the disability certificate must be mentioned.

6. Diagnostic and surgical interventions

Recent medical advances have resulted in increased survival of people who in the past would have had an increase probability of dying.

Atiq Ahmad

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Sr. Consultant Ophthalmologist, Eye specialist Unit,
Services Hospital Lahore.

ADDENDUM

There are three categories of Blindness or severe visual impairment as defined by International Sports Federations & World Health Organization (WHO) i.e. Totally Blind (B1), Partially Blind (B2), and partially sighted (B3).

B1 Players

- i. No light perception in either eye up to light perception, but inability to recognize shape of a hand at any distance or in any direction.

B2 Players:

- ii. From ability to recognize the shape of the hand up to a visual acuity of 2/60 or visual field of less than five degrees.

B3 Players:

- iii. From visual acuity above 2/60 up to visual acuity of 6/60 or a visual field of less than 20 degrees.

Atiq Ahmad x * 2017
 Dr. Atiq Ahmad
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 Chief Consultant Ophthalmologist, Eye Special Unit
 Services Hospital, Lahore.

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Disability Assessment Guidelines for Hearing Impairment

GUIDELINES/SOPS

"Disable-- having hearing impairments"

- 1--Initial screening to exclude psychiatric/neurological impairments which can distract attention or influence hearing, its understanding and speech disorders.
- 2--Primary screening has to be done by ENT specialist to take care of the causes in the ear, before referring to audiologist.
- 3--a) Audiological assessment to be done by qualified audiologist from government sector or authorized and notified audiologist from other departments.
 - b) Hearing assessment by subjective or non subjective tests is domain of audiologist.
 - c) Report of audiologist should clearly declare the hearing loss in different frequencies in dB (decibals).
- 4--a) ENT specialist after getting report of the audiologist will declare disability.
 - b) Only the person having 90dB or more hearing loss in at least 3 frequencies in both ears will be declared a disabled person.
 - c) All other cases except the point mentioned above can be considered for compensation or financial help.

Suggestion:-

- i. Early detection of hearing impairments is needed.
- ii. Screening programme for early detection of hearing disabilities should be initiated in all DHQ and THQ hospitals.
- iii. Every child has the right to be assessed, at least before going to school.
- iv. Persons seeking admission in normal class in educational institutes cannot be accommodated with this disability where declared as **disabled person**.

Dr. Khalid Mahmood,
Member Provincial Assessing Committee/
Chief Consultant ENT

Disability Assessment Guidelines for Hearing Impairment

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