

**RECOMMENDATIONS OF DOCTORS OF THE MEDICAL BOARDS IN TAMILNADU AT THE STATE LEVEL WORKSHOP ON DISABILITY EVALUATION AND CERTIFICATION JOINTLY ORGANISED BY NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (CHENNAI) AND NATIONAL INSTITUTE FOR ORTHOPAEDICALLY HANDICAPPED(KOLKATA) IN COLLABORATION WITH DEPARTMENT OF HEALTH AND FAMILY WELFARE, GOVT.OF TAMILNADU BETWEEN 17<sup>TH</sup> – 19<sup>TH</sup> AUGUST 2009 AT THE RESIDENCY TOWERS, CHENNAI.**

The recommendations are as follows:

**A. GENERAL RECOMMENDATIONS TO THE CENTRAL GOVERNMENT - DGHS**

1. There should be records maintained after issuing disability certificates even in camps.
2. ESI Act is not to be considered; only guidelines as per Gazette of 2001 is to be taken into account. Workmen compensation Act along with recommendations of Gazette 2001 may be considered for disabilities, for court cases related to work field.
3. Disparity in percentage can occur as there is range for each disability. Courts/Lawyers should be made aware of this.
4. Knowledge about certification must be provided to all the officials in the field of rehabilitation.
5. A two page booklets about disability percentage calculation as per disciplines need to be prepared for each specialties.
6. Notification by state Governments through DGHS to private Specialists, may be issued for speeding the process of issuing certificates.
7. Duplication of Disability certificates can be avoided by putting the seal in the ration card by the issuing authorities.
8. Summated value of multiple disabilities may be calculated using the telescopic formula
$$\frac{a+b(100-a)}{100}$$

a is the higher value.  
b is the lower value  
and not a+b (90-a / 100) as given in the guidelines .
9. Even disabilities having less than 40% should be given certificates.
10. It is the duty of the specialist having higher value to summate and give the combined value.
11. A separate page is to be inserted in the present National ID card for multiply disabled
12. Decentralization of powers for issuing Disability certificates – PHC Doctors may be empowered to give certificates for clear cut cases eg Amputees, Phthisis bulbi, Anophthalmia, PPRP with inability to walk, Spastic Quadriplegia, SCI with bed sores etc., as per the guide lines.
13. PHC Doctors need to be trained in issuing certificates to specific groups of notified disabilities.
14. Permanent disability certificate can be used for all purposes throughout life. There is no need for separate certificates to be issued for Educational / Professional training courses / Job applications, or for every railway journey.
15. An orientations programme on this topic must be arranged for all service providers.
16. Guidelines need to be given for issuing railway concessions on ‘those who cannot travel without an escort’.
17. Soft wares must be developed to ease the procedure of disability evaluation and certification.

18. An attempt can be made in the future, to assess the functional abilities of the impaired person.
19. People above 60 yrs of age who are getting OAP should also be allowed to get disability certificate as they are discriminated in certain districts
20. Pediatric kit & automated perimetry should be supplied to all medical college hospitals, District & subdistrict hospitals.
21. Disability certificate should be printed in regional languages.
22. Guidelines may be formed regarding fitness for personal and professional drivers.
23. Specific Govt. Guidelines has to be notified and displayed at the disability certification camp sites also.
24. Disability evaluation and certification should be included in the syllabus in post graduate curriculum.
25. This type of training and sensitization programme should be done periodically and all Medical officers sitting on Medical boards should compulsorily undergo this training.
26. The facilities/Benefits available for the disabled should be intimated to the Medical officers of the Boards.
27. Review of disability certification should be recommended according to the individual cases.

**B. SPECIFIC RECOMMENDATIONS TO THE CENTRAL GOVERNMENT - DGHS AS RECOMMENDED BY THE MEDICAL BOARD MEMBERS OF TAMIL NADU**

**I. Working Group of Ophthalmologists:**

- 1.1 Printing error should be corrected in page.37 (It is 6/60 and not 6/40 in category II) in the booklet supplied by NIOH.
- 1.2 In page.38, box showing visual acuity may be removed and colour vision may be added and percentage of 5% may be given.
- 1.3 Percentage for 20 to 50 field defects should be recommended after consultation with ophthalmic association.
- 1.4 Recommendations of disability percentage for hemianopia:  
     Binasal – 100%  
     Bitemporal, left and right homonymous – 60%
- 1.5 Altitudinal defects involving lower fields should be give 75% disability.
- 1.6 One eyed persons should be given 40% disability.
- 1.7 Additional 10% can be given for the following conditions in one eyed persons:
  - a) disfigurement
  - b) Strabismus
  - c) Lid colobomas
  - d) Steven Johnson syndrome
  - e) Pain in involved eye
  - f) Recurrent uveitis in involved eye
  - g) In cases where prosthesis cannot be fitted.
- 1.8 Divergent squint with alternate fixation can be given 10% disability.
- 1.9 Guidelines for pseudophakic patients to be formed.
- 1.10 Associated cranial nerve palsies should be given 20% each.

**II. Working Group of ENT Surgeons**

- 2.1 According to the current Guidelines the minimum requirement to issue a Hearing disabled certificate is
  - a) Well calibrated audiometer with speech discrimination test facilities.
  - b) A qualified Audiologist/Speech Pathologist.

c) Sound treated room facility. So the above facilities should be made available before asking the

ENT surgeon to certify.

2.2 Under the heading Speech & Hearing disability, only Hearing disability is discussed in guidelines. Guidelines for speech impairment should be included.

2.3 Congenital deformities and Craniofacial disabilities - proper Guidelines need to be formulated.

2.4 Post traumatic/post surgical loss of Hearing & Speech.

- Proper Guidelines to be formulated to include in the disability category eg. Laryngectomy patients, permanent Tracheostomy patients, sensorineural Hearing loss/Facial palsy following Mastoidectomy

2.5 Neurological voice problems should be include in the disability.

2.6 Mandibular / Facial disfigurement guidelines should be evolved.

### **III. Working Group of Psychiatrists / Psychologists**

3.1 In the absence of Government Clinical Psychologists, Private Psychologists' psychometry report can be accepted.

3.2 MR certification can be done only for the age of 3 years and above.

3.3 Certification of Mental Illness to be issued only for social benefits and not for legal issues like Guardianship Incase of legal issues further detailed assessments is required.

3.4 Mental Illness to be included for Railway concession.

3.5 For a patient to be certified for Mental Illness he/she should have undergone minimum of 1 year period of continuous treatment.

3.6 The scale of CARS / ISAA for evaluation of Autism starts with 40% while all the other disabilities have value lesser than 40% also. This anomaly should be corrected. Otherwise a multiply disabled child for eg. A child with MR and Autistic features (less than 40%) will not get the benefit of additional value for the Autistic features.

### **IV Working Group of Orthopaedic Surgeons & Physiatrists**

Guidelines need to be evolved for quantification of percentage for UMN lesions – Quadriplegia, Quadriparesis etc with mild, moderate severe spasticity etc. A separate sub committee may be constituted.

In evaluation on non traumatic lesions of the spine (point 3.2 of the gazette) point nos 3.2.4, 3.2.5, 3.2.6 have not been printed in the NIOH booklet supplied. These may be added in NIOH booklet.

### **C. GENERAL RECOMMENDATION TO THE STATE GOVERNMENT,** **GOVT. OF TAMIL NADU**

1. There should be records maintained after issuing disability certificates even in camps.
2. ESI Act is not to be considered; only guidelines as per Gazette of 2001 is to be taken into account. Workmen compensation Act along with recommendations of Gazette 2001 may be considered for disabilities, for court cases related to work field.
3. Disparity in percentage can occur as there is range for each disability. Courts/Lawyers should be made aware of this.
4. Knowledge about certification must be provided to all the officials in the field of rehabilitation.
5. The maximum of 30 beneficiaries can only be assessed per day by a specialist in each camp for issuing of certificates at a good pace.

6. 2001 guide lines could be uploaded from NIEPMD website- [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) or NIOH website [www.nioh.nic.in](http://www.nioh.nic.in).
7. Duplication of Disability certificates can be avoided by putting the seal in the ration card by the issuing authorities.
8. Summated value of multiple disabilities may be calculated using the telescopic formula
 
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9. Even disabilities having less than 40% should be given certificates.
10. It is the duty of the specialist having higher value to summate and give the combined value.
11. A separate page is to be inserted in the present National ID card for multiple disabled.
12. Decentralization of powers for issuing disability certificates – PHC Doctors may be empowered to give certificates for clear cut cases eg Amputees, Phthisis bulbi, Anophthalmia, PPRP with inability to walk, Spastic Quadriplegia, SCI with bed sores etc., as per the guide lines.
13. PHC Doctors need to be trained in issuing certificates to specific groups of notified disabilities.
14. Permanent disability certificate can be used for all purposes throughout life. There is no need for separate certificates to be issued for Educational / Professional training courses / Job applications or for every railway journey.
15. An orientation programme must be arranged for all service providers.
16. TA, DA and remuneration equal to the day's salary may be provided by State Government.
17. If records are to be maintained and database has to be created, computers should be provided.
18. Soft wares must be developed to ease the procedure of disability evaluation and certification.
19. People above 60 yrs of age who are getting OAP should also be allowed to get disability certificate as they are discriminated in certain districts
20. Pediatric kit & automated perimetry should be supplied to all medical college hospitals, District & sub district hospitals.
21. Disability certificate should be printed in regional languages.
22. Guidelines may be formed regarding fitness for personal and professional drivers.
23. Specific Govt. Guidelines has to be notified and displayed at the screening camp sites also.
24. Disability evaluation and certification should be included in the syllabus in post graduate curriculum. Informations to be sent to the academic officer, MGR Medical University for inclusion of certification process in MBBS/PG curriculum of all related specialties.
25. This type of training and sensitization programme in Disability Evaluation and Certification should be done periodically and all Medical officers sitting in Medical board should compulsorily undergo this training.
26. The facilities/Benefits available for the disabled should be intimated to the Medical officers of the Boards (Specialty wise)
27. Clinical Psychologists to be appointed in all district mental hospitals equipped with Psychometric tools.
28. Notification by State Government through DGHS, to private specialists may be issued for speeding the process of issuing certificates.

**D. SPECIFIC RECOMMENDATIONS TO THE STATE GOVERNMENT,**  
**GOVT. OF TAMIL NADU**

1. According to the current Guidelines the minimum requirement to issue a hearing disabled certificate is
  - a) Well calibrated audiometer with speech discrimination test facilities.
  - b) A qualified Audiologist/Speech Pathologist.
  - c) Sound treated room facility. So the above facilities should be made available before asking the  
ENT surgeon to certify.
2. In the absence of Government Clinical Psychologists, Private Psychologists' psychometry report can be accepted.
3. MR certification can be done only for the age of 3 years and above.
4. Certification of Mental Illness to be issued only for social benefits not for legal issues like Guardianship. In case of legal issues further detailed assessments is required.
5. Mental Illness to be included for State Health Insurance scheme.
6. For a patient to be certified for Mental Illness he/she should have undergone minimum of 1 year period of continuous treatment.