الهيئة العامة لشئون ذوي الاعاقة
Public Authority for Disability Affairs

# دليل الكويت للإعاقة 2025

# KUWAIT DISABILITY INDEX 2025

حضرة صاحب السمو أمير البلاد

**الشيخ مشعل الأحمد الجابر الصباح**

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# الشيخ صباح خالد الحمد الصباح

## كلمة الدكتورة أمثال هادي الحويلة

وزير الشؤون الاجتماعية وشؤون الأسرة والطفولة

إن اهتمام دولة الكويت بالإنسان لم يكن وليد لحظة الحاضر، بل هو نهج وطني راسخ حرصت عليه قيادتنا الحكيمة منذ عقود طويلة، وجاء بتدرج طبيعي من رحم مجتمعٍ، كان التكافل والترابط بين مكوناته، وسيظل، عنواناً له. وفي قائمة أولويات هذا النهج، تتصدر غاية الإعتراف غير المشروط بحقوق الأشخاص ذوي الإعاقة، وغاية دعمهم وتمكينهم في كافة جوانب الحياة.

ولقد كانت الكويت، بفضل رؤية قادتها وعطاء أبنائها، من الدول السباقة في المنطقة بإرساء القواعد التشريعية والإجتماعية الشاملة لضمان الحياة الكريمة والمشاركة الفاعلة لهذه الفئة العزيزة من أبناء الوطن في بنائه وتنميته.

واليوم نعتز بإصدار هذا الدليل الإرشادي الشامل، الذي تم تطويره بالتعاون مع نخبة من خبراء المنظمات الأممية، منظمة الأمم المتحدة ومنظمة الصحة العالمية، والهيئة العامة لشئون ذوي الإعاقة، ووزارة الصحة، ليشكل مرجعًا وطنيًا موحدًا لجميع العاملين والمهتمين بمجال تقييم وتصنيف الإعاقات.

إن إصدار هذا الدليل يعكس إيماننا العميق بحق كل إنسان في الحصول على فرص متساوية في الرعاية الصحية والتعليم والعمل والمشاركة المجتمعية دون أي تمييز أو عقبات.

ونؤكد مجددًا على أن الإلتزام بحقوق الأشخاص ذوي الإعاقة لا يتوقف عند إصدار القوانين والتشريعات، بل يستمر ويتعزز بممارسات يومية تضمن لهم حياة مستقرة وآمنة، وبيئة اجتماعية دامجة، تحقق مبادئ العدالة والمساواة وتكافؤ الفرص، انسجامًا مع رؤية الكويت التنموية، وتماشيًا مع استراتيجية الأمم المتحدة لإدماج الأشخاص ذوي الإعاقة.

ختامًا، نؤكد بأن دعمنا لقضايا الأشخاص ذوي الإعاقة ليس مجرد واجب وطني فحسب، بل هو رسالة إنسانية وحضارية نؤمن بها ونلتزم بترجمتها على أرض الواقع، لأن بناء الأوطان لا يكون إلا ببناء الإنسان، ولكل أبناء الكويت حقوق متساوية في العيش الكريم، والمستقبل الآمن، والمساهمة في مسيرة التنمية والتقدم.

# الفهرس

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# تمهيد

تمت صياغة المعايير الخاصة بالإعاقة في دولة الكويت بالتعاون مع خبراء من منظمة الأمم المتحدة في عام 2015، ومراجعتها مع رؤساء اللجان الطبية في الهيئة العامة لشئون ذوي الإعاقة والأطباء العاملين في وزارة الصحة.

وقد بدأ العمل بالمعايير المعتمدة في جميع لجان الهيئة(الطبية والفنية العليا والتظلمات)منذ 2015 وحتى تاريخه.

وتم ترتيب وإعادة صياغة المعايير بحيث تكون دليل إرشادي معتمد لكل العاملين والمهتمين في مجال الإعاقة.

# مقدمة

يعتبر إصدار «دليل الكويت للإعاقة 2025» صفحةً جديدةً مضيئة في سجلّ دولة الكويت الإنساني، بوصفه الإصدارَ الوطني المُحدَّث لتقييم الإعاقة، بعد سنوات من الخبرة والمراجعات العلمية المبنية على أحدث المعايير الدولية، وثمرة شراكة مهنية بين خبراء كويتيين وخبراء أمميين من منظمة الأمم المتحدة ومنظمة الصحة العالمية.

تعود ريادة دولة الكويت في رعاية الأشخاص ذوي الإعاقة إلى ستينيات القرن الماضي، حيث أُنشئت المدارس المتخصصة للمكفوفين والصم وذوي الإعاقات الذهنية، كما أُنشئت مراكز طبية واجتماعية خاصة لرعاية الأشخاص ذوي الإعاقات الشديدة تحت رعاية وزارة الشؤون الإجتماعية سواء بنظام الرعاية النهارية أو الإيوائية الكاملة.

واستكمالاً لتلك الريادة، ولتعزيز حماية حقوق الأشخاص ذوي الإعاقة، وتماشيًا مع ميثاق الأمم المتحدة لعام 1961 وإعلان الأمم المتحدة بشأن حقوق الأشخاص ذوي الإعاقة، فقد توجت تلك الجهود بمنظومة تشريعية رائدة مع صدور القانون رقم (8) لعام 2010.

وبصدور هذا القانون، استُبدل المجلس الأعلى للأشخاص ذوي الإعاقة-القائم آنذاك-، بالهيئة العامة لشئون ذوي الإعاقة (PADA). وتختص الهيئة بإقرار السياسات العامة لرعاية الأشخاص ذوي الإعاقة، ومتابعة تنفيذها، ووضع اللوائح، وتحديد الإجراءات المتعلقة بتطبيق قوانين الدولة لتقديم الخدمات للأشخاص ذوي الإعاقة. ويضم المجلس الإستشاري في PADA ممثلين عن مختلف جمعيات النفع العام المعنية بالإعاقة كأعضاء، ويشاركون في عمليات صنع القرارات المتعلقة بالأشخاص ذوي الإعاقة.

وتقدم الهيئة تقييمًا متخصصاً لأي فرد يتقدم بطلب للحصول على تشخيص للحالة من خلال لجانها الطبية المتخصصة، التي تُقيّم مختلف أنواع الإعاقات مهنيًا باستخدام المعايير والمقاييس الدولية المعتمدة، مع مراعاة القوانين المحلية في الدولة، كما تُسهّل جمع ونشر البيانات والمعلومات المتعلقة بالإعاقة، لإستخدامها في رسم الإستراتيجيات وتطبيق البرامج المختلفة.

في دولة الكويت، واستناداً إلى القانون سابق الذكر، وإلى الأدوار المناطة بالهيئة العامة لشئون ذوي الإعاقة، يتمتع الأشخاص ذوو الإعاقات المختلفة بذات مستوى وجودة الرعاية الصحية والتعليمية المجانية المتاحة لغيرهم. وقد طُبقت سياسات الشمول في الكويت منذ عقود عديدة، وتمت مراجعتها وتحسينها وفق إرشادات استراتيجيات إدماج الأشخاص ذوي الإعاقة في قطاعات الصحة والتعليم والعمل، في ضوء توصيات الأمم المتحدة لإدماج الأشخاص ذوي الإعاقة (UNDIS). حيث تتوفر لجميع المرضى، دون استثناء، إمكانية الوصول بسهولة ويسر إلى الخدمات الطبية المجانية. ويشمل ذلك خدمات الطوارئ، وعيادات طب الأسرة، وخدمات المستشفيات العامة والتخصصية، ومعدات إعادة التأهيل والأجهزة التعويضية، كما تتوفر علاجات طبية حديثة كعلاجات الاضطرابات الوراثية. وتُعطى الأولوية في خدمات التقييم والرعاية للمرضى من ذوي الإعاقة في جميع المستشفيات والعيادات. كما يُقدم الدعم الاجتماعي، بما في ذلك برامج الخدمات النفسية والإجتماعية، والزيارات الطبية والتمريضية المنزلية، والأولوية في التوظيف، والمساعدات المالية، والتسهيلات في بيئة العمل بموجب القانون.

**دليل الكويت للإعاقة 2025 ...**

لا يكتفي الدليل المحدث الذي تصدره دولة الكويت اليوم بتصنيف الأمراض ونِسَب العجز فحسب، بل يربط التشخيص بالقدرة الفعلية على التعلّم والعمل والمشاركة المجتمعية، انسجامًا مع نهج منظمة الصحة العالمية واستراتيجية الأمم المتحدة لإدماج الأشخاص ذوي الإعاقة. إنّه خارطة طريق تدعو مؤسسات الدولة على اختلافها إلى الانتقال من منطق الرعاية إلى منطق التمكين، عبر خلق بيئةٍ دامجة، وبنيةٍ تحتيةٍ مُهيّأة، وفرص عملٍ عادلة، وتقنياتٍ مسانِدةٍ متطورة.

وإذ تطلق دولة الكويت هذا المرجع الوطني، فإنها تجدّد عهدها لأبنائها من ذوي الإعاقة بأن يظلّ الوطن منصّةً لحماية حقوقهم وانطلاق مواهبهم، وأن يتحوّل الدليل إلى جسرٍ يصلهم بكافة أوجه الرعاية التي يستحقونها. كما تؤكد التزامها الراسخ بتحقيق أهداف التنمية المستدامة، وعدم ترك أحدٍ خلف الركب، مستلهمةً بدستورها الذي كفل الكرامة والعدالة لكلّ إنسانٍ على هذه الأرض الطيبة.

# Introduction

The publication of the "Kuwait Disability Index 2025" marks a new, bright page in the State of Kuwait's humanitarian record. It is the updated national version of disability assessment, following years of experience and scientific reviews based on the latest international standards. It is the product of a professional partnership between Kuwaiti experts and international experts from the United Nations and the World Health Organization.

Kuwait's leadership in caring for people with disabilities dates back to the 1960s, when specialized schools were established for the blind, deaf, and those with mental disabilities. Specialized medical and social centers were also established under the auspices of the Ministry of Social Affairs to care for people with severe disabilities, providing both day care and full residential care.

In continuation of this leadership, and to enhance the protection of the rights of persons with disabilities, and in line with the United Nations Charter of 1961 and the United Nations Declaration on the Rights of Persons with Disabilities, these efforts culminated in a pioneering legislative system with the issuance of Law No. (8) of 2010.

With the issuance of this law, the then-existing Higher Council for Persons with Disabilities was replaced by the Public Authority for Persons with Disabilities Affairs (PADA). The Authority is responsible for approving general policies for the care of individuals with disabilities, monitoring their implementation, drafting regulations, and determining procedures related to implementing State laws for providing services to individuals with disabilities. PADA's Advisory Council includes representatives from various NGOs concerned with disability as members, and they participate in decision-making processes related to individuals with disabilities.

The Authority provides a specialized assessment for any individual who applies for a diagnosis through its specialized medical committees, which professionally evaluate various types of disabilities using approved international standards and criteria, while taking into account the country's local laws.

It also facilitates the collection and dissemination of data and information related to disability, for use in formulating strategies and implementing various programs.

In the State of Kuwait, based on the aforementioned law and the roles assigned to the Public Authority for Disabled Affairs, persons with various disabilities enjoy the same level and quality of free healthcare and education available to others. Inclusion policies in Kuwait have been implemented for decades and have been reviewed and improved in accordance with the guidelines of the Strategies for the Inclusion of Persons with Disabilities in the Health, Education, and Work Sectors, in light of the United Nations Disability Inclusion Recommendations (UNDIS). All patients, without exception, have easy and convenient access to free medical services. This includes emergency services, family medicine clinics, general and specialized hospital services, rehabilitation equipment and prosthetic devices, and modern medical treatments, such as those for genetic disorders. Priority is given to assessment and care services for patients with disabilities in all hospitals and clinics. Social support is also provided, including psychosocial services programs, home medical and nursing visits, priority in employment, financial assistance, and accommodations in the work environment, as stipulated by law.

**Kuwait Disability Guide 2025...**

The updated guide, issued today by the State of Kuwait, not only classifies diseases and disability rates, but also links diagnosis to actual ability to learn, work, and participate in society, in line with the approach of the World Health Organization and the United Nations Strategy for the Inclusion of Persons with Disabilities. It is a roadmap calling on various state institutions to move from a logic of care to one of empowerment, by creating an inclusive environment, enabling infrastructure, equitable employment opportunities, and advanced assistive technologies.

**As the State of Kuwait launches this national reference, it renews its pledge to its people with disabilities that the nation will remain a platform for protecting their rights and unleashing their abilities, and that the Index will become a bridge connecting them to all aspects of the care they deserve. It also affirms its unwavering commitment to achieving the Sustainable Development Goals and leaving no one behind, inspired by its Constitution, which guarantees dignity and justice for every human being on this blessed land.**

# التعاريف:

## 1. المرض

يُعرّف بأنه حالة غير طبيعية تُهاجم بنية أو وظيفة جزء من الجسم أو الجسم كله، ولها سبب وعلامات وأعراض محددة، وقد يكون المرض حادًا أو مزمنًا، وقد تكون له آثار متبقية مختلفة على الجسم.

## 2. اعتلال

ضعف، أي فقدان أو خلل في البنية، أو الوظيفة النفسية أو الفسيولوجية أو التشريحية، ناتج عن مرض مكتسب أو وراثي.

## 3. الإعاقة

فقدان أو خلل في البنية التكوينية أو الفسيولوجية للجسم يؤدي (بعد استكمال العلاج والتأهيل) إلى تقييد أو نقص في القدرة على أداء نشاط بالطريقة أو ضمن النطاق الذي يُعتبر طبيعيًا للإنسان، وتقيم الإعاقة باستخدام مقاييس معيارية معتمدة عالميا.

من المهم ملاحظة أن الإصابة بمرض/تشخيص ما لا يعني بالضرورة الإعاقة.

# الفئات المستهدفة في التقييم

1. المرضى الذين تتراوح أعمارهم بين 2-65 عامًا والذين يعانون من إعاقة بدنية جسدية أو عقلية دائمة (لأكثر من عام) تُعيق قدرتهم على ممارسة نشاط حياتي يُعتبر طبيعيًا لإنسان ضمن فئتهم العمرية.
2. المرضى الذين استقرت حالاتهم بعد تلقي العلاج والتأهيل (أي غير الخاضعين لعلاج لحالة حادة أو نشطة، كالسرطان، أو ضحايا الحوادث أو الأمراض الحادة).

ملاحظة:

-تحديد الفئات العمرية بالنسبة للأطفال أقل من عامين يرجع الي عدم استقرار الحالات في الطفولة المبكرة وخضوعها لعلاج جراحي قد يؤدي إلى تصحيحها تماما أو بدرجة كبيرة قد تغير من الحالة المرضية للطفل.

-أما فئة كبار السن فترجع إلى التطور الطبيعي لهذه الفئة العمرية من ناحية الإصابة بالأمراض المزمنة و التي تبلغ نسبتها في أغلب المجتمعات أكثر من 80% من السكان في عمر ما فوق 60 عام، (وخروج هذه الفئة وحسب قوانين العمل المعمول بها في أغلب دول العالم) من مجال الإنتاج والعمل، وفي نفس الوقت فإنه يتم شمول هذه الفئة من السكان بقوانين التقاعد ، والتأمينات الاجتماعية ومظلات الرعاية الاجتماعية والصحية في الدولة (مثل إدارة رعاية المسنين حيث توفر الرعاية الطبية والاجتماعية المؤسسية وكذلك المنزلية مع دعم المسن المعوز ماديا وتوفير الرعاية الطبية المنزلية دوريا لهم).

# اعتبارات عامة أثناء التقييم

يجب مراعاة النقاط التالية عند تقييم الأشخاص ذوي الإعاقات المحتملة:

1. ما هو التشخيص؟

2. هل لدينا أدلة داعمة للتشخيص (فحص سريري، فحوصات، إلخ) ؟

3. هل للتشخيص آثار دائمة؟ أم أنه مؤقت/متغير في الأعراض؟

4. ما هي شدة/تأثير الإعاقة على الحياة اليومية، والقدرة التعليمية، والقدرة على العمل؟

5. هل هناك إمكانية لإعادة التأهيل؟

6. توقيت التقييم، هل خصصنا وقتًا مناسبًا للعلاج أو إعادة التأهيل لكل حالة؟ (بعد عام واحد من ظهور المرض.)

7. ما هو الدعم المطلوب لكل مريض؟ "لا يوجد مقاس واحد يناسب الجميع"، مثل سماعة أذن، لوحة سيارة، كرسي متحرك، إلخ.

# Definitions

## 1. Disease

**It is defined as an abnormal condition that attacks the structure or function of part or all of the body, with a cause and specific signs and symptoms. Disease may be acute or chronic and may have different residual effects on the body.**

## 2. Impairment

**Any loss or abnormality of psychological, physiological, or anatomical structure or function that results from an acquired or genetic disease.**

## 3. Disability

**Any restriction or lack of (resulting from an impairment) ability to perform an activity in the manner or within the range considered normal for a human being. One must rate the disability using standard scales.**

**It should be noted that having a Disease/Diagnosis does not always result in Disability.**

# Target Population

1. Patients between 2-65 years of age who are suffering from permanent physical or mental impairment (more than one year) restrict their ability to perform a normal activity considered normal for a human being of their age group.

2. Patients with stable conditions after receiving treatment and rehabilitation (i.e., not under treatment for an acute or active condition e.g., Cancer, victims of accidents, or acute Strokes, M.I.etc.

## General Considerations During Assessment

**The following points must be kept in mind when assessing people with possible disability:**

1. **What is the diagnosis?**
2. **Do we have supporting evidence for the diagnosis (clinical exam, investigations ...etc)?**
3. **Does the diagnosis have permanent consequences, or is temporary/variable in presentation?**
4. **What is the severity / Impact of Disability on daily living, educational ability, and work ability?**
5. **Is there a potential for rehabilitation?**
6. **Timing of assessment, did we allow proper time for treatment or rehabilitation for each condition? (one year after onset of disease)**
7. **What support is needed for each patient? "One size does not fit all," e.g., hearing aid, car plate, wheelchair, etc.**

## 1. Intellectual Cognitive Impairment of Children and Adults

**Cognitive impairments of children and adults require documentation of a medically determinable diagnosis and impairments that lead to limitations of individuals' ability to interact, learn, work, and communicate that are expected to last more than a year**

### a) In children:

**Intellectual disability is a condition that limits intelligence and disrupts abilities necessary for learning, living, and developing independently. The sign of this lifelong condition usually appears during childhood, and the child has certain limitations in cognitive functioning and skills, including conceptual, social, and practical skills, such as language and self-care skills. These limitations may cause a child to develop more slowly or differently than a typically developing child.**

**Some causes of intellectual disability such as Down syndrome, Fragile X syndrome, birth defects and intrauterine infections can happen before birth and some happen while a baby is born or soon after birth (e, g cerebral palsy) Other causes of intellectual disability do not occur until the child is older, these may include head injuries, infections, toxic exposure**

**After establishing the diagnosis/cause of the condition, children with intellectual disability can be assessed using different scales such as DSM-5, approved IQ scales, WISC, Stanford-Binet test, and Developmental scale**

### b) In Adults:

**Cognitive disabilities in adults (less than 65 years) may result from brain injuries, stroke, infections, metabolic disorders, Alzheimer's disease, and other dementias associated with multiple neurological disorders. These disorders may result in memory loss, trouble in concentrating, communicating, understanding, following instructions, solving problems, or completing tasks, including self-care and walking, compared to individuals in their age groups. Scales used to assess these individuals include MMS, MOCA**

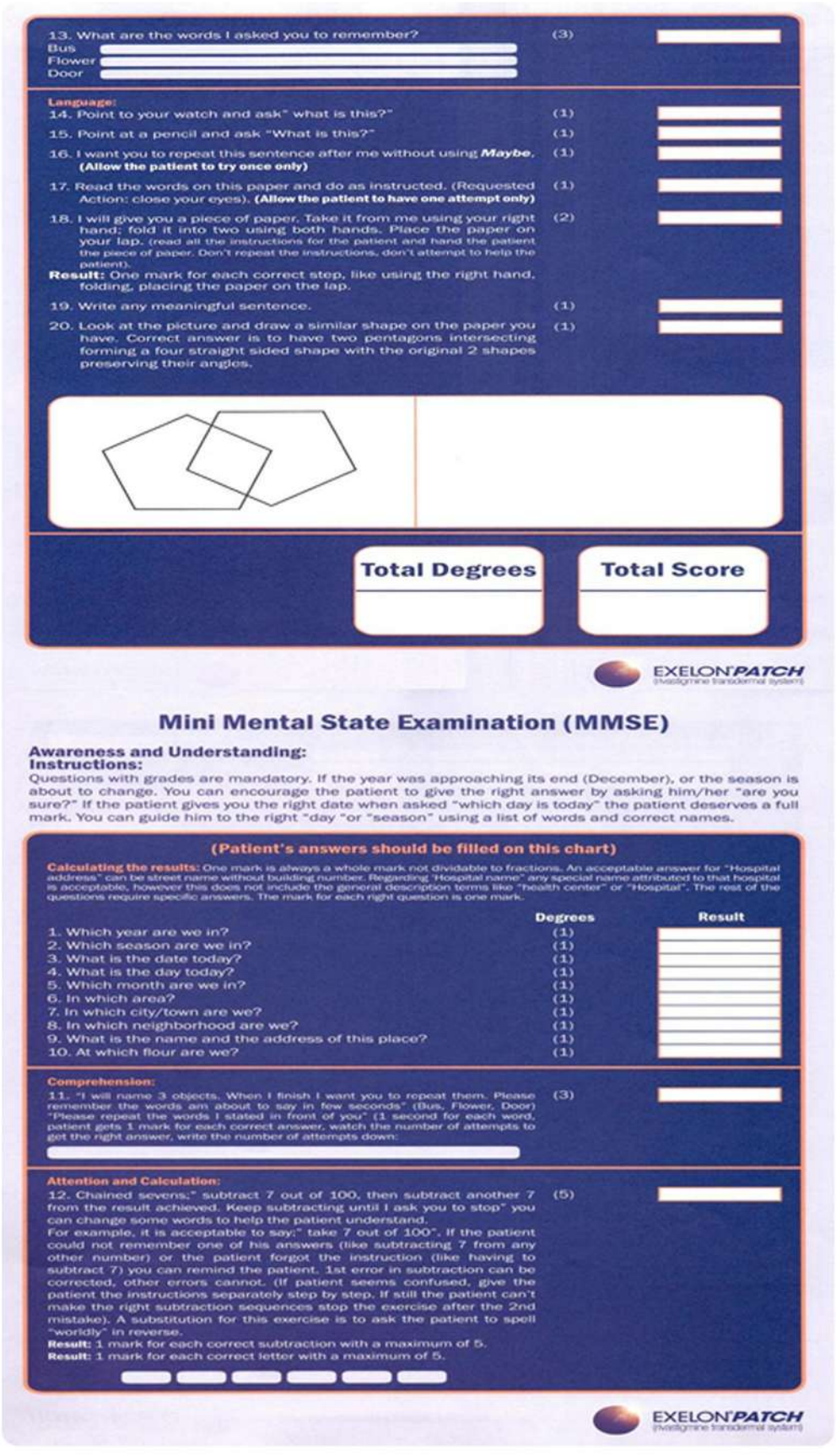
## 2. Psychological Disability

**Psychological or psychiatric mental disorders evaluation requires the documentation of psychological or behavioral like Schizophrenia, Autistic disorders, Anxiety, Depression, Bipolar disorder, that led to functional loss or limitations that make an individual incapable of gainful daily activity. This should be supported with a medical record of the disease from a specialized hospital**

**The Assessment of Diagnosis based**

- **If the symptoms are uncontrolled on 3 medications with < 2 admissions/year**
  **Mild**
- **If symptoms uncontrolled on medications & admissions (> 2/yr) & unstable socially, loosing job) Moderate**

- **If symptoms are Uncontrolled with Multiple admissions & aggressive behavior, negative symptoms, or suicidal attempts**
  **Severe**



13. What are the words I asked you to remember? (3)
Bus
Flower
Door

**Language:**

14. Point to your watch and ask" what is this?" (1)
15. Point at a pencil and ask "What is this?" (1)
16. I want you to repeat this sentence after me without using ***Maybe***, **(Allow the patient to try once only)** (1)
17. Read the words on this paper and do as instructed. (Requested Action: close your eyes). **(Allow the patient to have one attempt only)** (1)
18. I will give you a piece of paper. Take it from me using your right hand; fold it into two using both hands. Place the paper on your lap. (read all the instructions for the patient and hand the patient the piece of paper. Don't repeat the instructions, don't attempt to help the patient). (2)

**Result:** One mark for each correct step, like using the right hand, folding, placing the paper on the lap.

19. Write any meaningful sentence. (1)
20. Look at the picture and draw a similar shape on the paper you have. Correct answer is to have two pentagons intersecting forming a four straight sided shape with the original 2 shapes preserving their angles. (1)

**Total Degrees** **Total Score**

EXELON PATCH (rivastigmine transdermal system)

## Mini Mental State Examination (MMSE)

**Awareness and Understanding:**
**Instructions:**
Questions with grades are mandatory. If the year was approaching its end (December), or the season is about to change. You can encourage the patient to give the right answer by asking him/her "are you sure?" If the patient gives you the right date when asked "which day is today" the patient deserves a full mark. You can guide him to the right "day "or "season" using a list of words and correct names.

**(Patient's answers should be filled on this chart)**

**Calculating the results:** One mark is always a whole mark not dividable to fractions. An acceptable answer for "Hospital address" can be street name without building number. Regarding "Hospital name" any special name attributed to that hospital is acceptable, however this does not include the general description terms like "health center" or "Hospital". The rest of the questions require specific answers. The mark for each right question is one mark.

| | Degrees | Result |
|---|---|---|
| 1. Which year are we in? | (1) | |
| 2. Which season are we in? | (1) | |
| 3. What is the date today? | (1) | |
| 4. What is the day today? | (1) | |
| 5. Which month are we in? | (1) | |
| 6. In which area? | (1) | |
| 7. In which city/town are we? | (1) | |
| 8. In which neighborhood are we? | (1) | |
| 9. What is the name and the address of this place? | (1) | |
| 10. At which flour are we? | (1) | |

**Comprehension:**

11. "I will name 3 objects. When I finish I want you to repeat them. Please remember the words am about to say in few seconds" (Bus, Flower, Door) "Please repeat the words I stated in front of you" (1 second for each word, patient gets 1 mark for each correct answer, watch the number of attempts to get the right answer, write the number of attempts down: (3)

**Attention and Calculation:**

12. Chained sevens:" subtract 7 out of 100, then subtract another 7 from the result achieved. Keep subtracting until I ask you to stop" you can change some words to help the patient understand.
For example, it is acceptable to say:" take 7 out of 100". If the patient could not remember one of his answers (like subtracting 7 from any other number) or the patient forgot the instruction (like having to subtract 7) you can remind the patient. 1st error in subtraction can be corrected, other errors cannot. (If patient seems confused, give the patient the instructions separately step by step. If still the patient can't make the right subtraction sequences stop the exercise after the 2nd mistake). A substitution for this exercise is to ask the patient to spell "worldly" in reverse. (5)

**Result:** 1 mark for each correct subtraction with a maximum of 5.
**Result:** 1 mark for each correct letter with a maximum of 5.

EXELON PATCH (rivastigmine transdermal system)

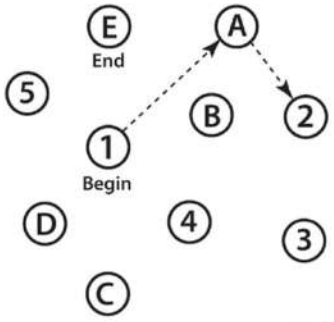
**Figure (1)**

## MONTREAL COGNITIVE ASSESSMENT (MOCA®)

Version 8.1 English

Name:
Education: Date of birth:
Sex: DATE:

**VISUOSPATIAL / EXECUTIVE**

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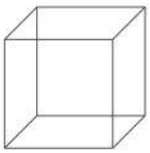


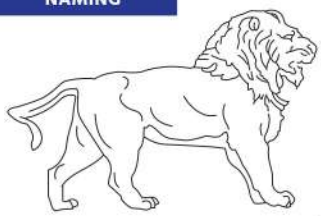
Copy cube

Draw CLOCK ( Ten past eleven )
( 3 points )

[ ] Contour [ ] Numbers [ ] Hands

POINTS __/5

**NAMING**



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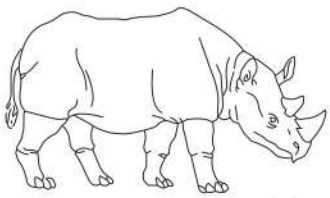

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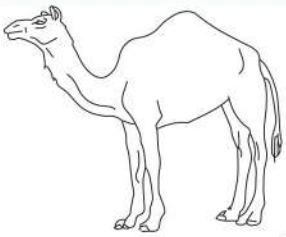

[ ]

__/3

**MEMORY** Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

| | FACE | VELVET | CHURCH | DAISY | RED |
|---|---|---|---|---|---|
| 1ST TRIAL | | | | | |
| 2ND TRIAL | | | | | |

NO POINTS

**ATTENTION** Read list of digits ( 1 digit/ sec. ). Subject has to repeat them in the forward order. [ ] 2 1 8 5 4

Subject has to repeat them in the backward order. [ ] 7 4 2

__/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

__/1

Serial 7 subtraction starting at 100. [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0**

__/3

**LANGUAGE** Repeat: I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

__/2

Fluency: Name maximum number of words in one minute that begin with the letter F. [ ] _____ (N ≥ 11 words)

__/1

**ABSTRACTION** Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

__/2

**DELAYED RECALL** Memory Index Score (MIS)

| (MIS) | Has to recall words WITH NO CUE | FACE | VELVET | CHURCH | DAISY | RED | Points for UNCUED recall only |
|---|---|---|---|---|---|---|---|
| X3 | | [ ] | [ ] | [ ] | [ ] | [ ] | |
| X2 | Category cue | | | | | | MIS = ____ /15 |
| X1 | Multiple choice cue | | | | | | |

__/5

**ORIENTATION** [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

__/6

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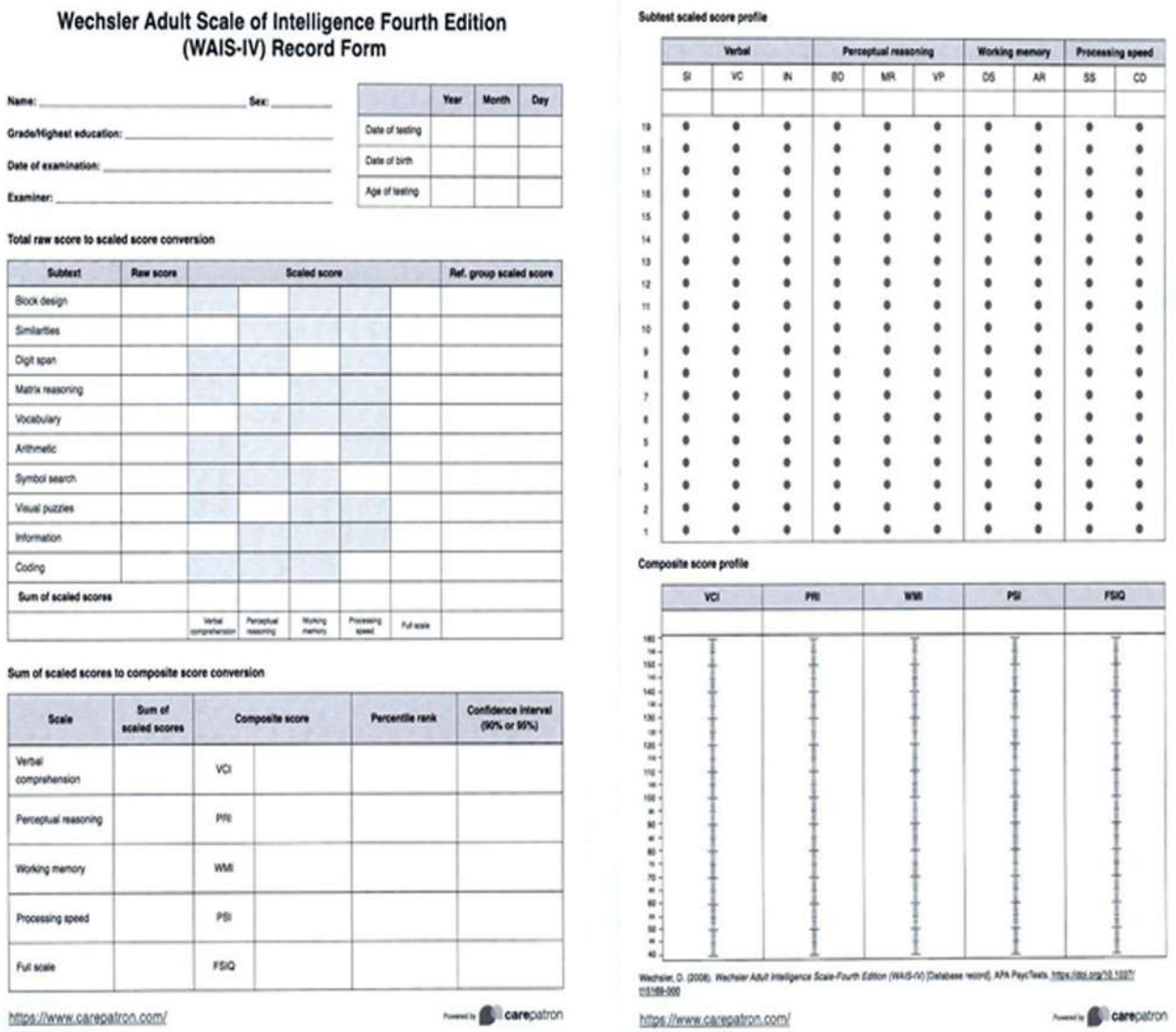
Administered by: _____

**Training and Certification are required to ensure accuracy**

**MIS: /15**
**(Normal ≥ 26/30)**
**Add 1 point if ≤ 12 yr edu**

TOTAL __/30

**Figure (2)**



## Wechsler Adult Scale of Intelligence Fourth Edition (WAIS-IV) Record Form

Name: _____ Sex: _____

Grade/Highest education: _____

Date of examination: _____

Examiner: _____

| | Year | Month | Day |
|---|---|---|---|
| Date of testing | | | |
| Date of birth | | | |
| Age of testing | | | |

**Total raw score to scaled score conversion**

| Subtest | Raw score | Scaled score | | | | | Ref. group scaled score |
|---|---|---|---|---|---|---|---|
| Block design | | | | | | | |
| Similarities | | | | | | | |
| Digit span | | | | | | | |
| Matrix reasoning | | | | | | | |
| Vocabulary | | | | | | | |
| Arithmetic | | | | | | | |
| Symbol search | | | | | | | |
| Visual puzzles | | | | | | | |
| Information | | | | | | | |
| Coding | | | | | | | |
| Sum of scaled scores | | | | | | | |
| | | Verbal comprehension | Perceptual reasoning | Working memory | Processing speed | Full scale | |

**Sum of scaled scores to composite score conversion**

| Scale | Sum of scaled scores | Composite score | | Percentile rank | Confidence interval (90% or 95%) |
|---|---|---|---|---|---|
| Verbal comprehension | | VCI | | | |
| Perceptual reasoning | | PRI | | | |
| Working memory | | WMI | | | |
| Processing speed | | PSI | | | |
| Full scale | | FSIQ | | | |

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**Subtest scaled score profile**

| | Verbal | | | Perceptual reasoning | | | Working memory | | Processing speed | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SI | VC | IN | BD | MR | VP | DS | AR | SS | CD |
| 19 | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 1 | | | | | | | | | | |

**Composite score profile**

| VCI | PRI | WMI | PSI | FSIQ |
|---|---|---|---|---|
| | | | | |

Wechsler, D. (2008). *Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)* [Database record]. APA PsycTests. https://doi.org/10.1037/t15169-000

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**Figure (3)**

**الإعاقة الجسدية:**

يتطلب تقييم الإعاقة المتعلقة بمختلف الأمراض الجسدية إنشاء سجل طبي. ويجب أن يوفر السجل تفاصيل كافية عن المرض، وفحصه، وما إذا كان الفرد قد تلقى العلاج والتأهيل اللازمين. كما يجب أن يوفر السجل الطولي المرتبط بالوقت معلومات حول التعافي الوظيفي أو عدمه، وطبيعة الضعف المتبقي.

وتستخدم المقاييس التالية لتقييم الإعاقة في مختلف الأمراض المدرجة في هذا القسم.

(المقاييس مذكورة أدناه بعد الفقرة المترجمة باللغة الانجليزية)

## 3. Physical Disability:

**Assessing disability related to different physical ailments requires the establishment of a medical record. The record should provide sufficient details of the disease, its investigation, and whether the individual has received the required treatment and rehabilitation. The longitudinal (time-related) record should provide information regarding functional recovery or lack of it and the nature of residual impairment.**

**The following scales are used to assess disability in different diseases included in this section.**

## 1. Cardiac:

**Cardiovascular disease for variant pathologies can result in limitation of activity and social interaction. It can result from congenital heart disease and ischemic heart disease, and other acquired causes that may reduce the individual's function.**

**Disability related to Cardiac causes can be assessed using the following scales:**

**using Cardiac scale based on Ejection fraction and ADL scale (normal 55 -70 %)**

***45-55 % NONE**
***30-45 % Mild**
***<30 % Moderate**

**Ejection Fraction is used with the New York Heart Association (NYHA) Functional Classification.**

**The most commonly used classification system, the New York Heart Association (NYHA) Functional Classification. It places patients in one of four categories based on how much they are limited during physical activity.**

## Class Patient Symptoms in NYHA

- No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).

- Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, and dyspnea (shortness of breath).

- Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.

- Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

## Objective Assessment Class

a) **No objective evidence of cardiovascular disease. No symptoms and no limitations in ordinary physical activity.**

b) **Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.**

c) **Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.**

d) **Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.**

| NYHA Class | Level of Clinical Impairment |
|---|---|
| I  | No limitation of physical activity. Ordinary physical activity does not cause undue breathlessness, fatigue, or palpitations. |
| II  | Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in undue breathlessness, fatigue, or palpitations. |
| III  | Marked limitation of physical activity. Comfortable at rest, but less than ordinary physical activity results in undue breathlessness, fatigue, or palpitations. |
| IV  | Unable to carry on any physical activity without discomfort. Symptoms at rest can be present. If any physical activity is undertaken, discomfort is increased. |

**Figure (4)**

## 2. Respiratory

**Persistent respiratory symptoms from different underlying diseases can result in labored breathing, fatigue, and limitations of activity and mobility**

**Assessing respiratory disability can be done using Pulmonary Function tests**

**Mild restriction** **TLC < 80% > 70% of predicted**
**Moderate restriction** **TLC < 70% > 60% of predicted**
**TLC < 60% of predicted** **Severe restriction**

**or**

| | |
|---|---|
| FEVI/FVC < predicted AND FEVI < 100% > of predicted obstruction | **Mild** |
| FEVI/FVC < predicted AND FEVI <70 > 600/0 of predicted obstruction<br>FEVI/FVC < predicted AND FEVI < 60%>50% of predicted Moderately severe obstruction | **Moderate** |
| FEVI/FVC < predicted AND FEVI < 50%>34% of predicted obstruction | **Severe** |
| EVI/FVC < predicted AND FEVI < 34% of predicted severe obstruction | **very** |

- This definition is not without its pitfalls; for example, if a person is both a little bit obstructed and fairly restricted, the FEVI may be very low, causing you to overestimate the relative role the obstruction is playing in the overall picture of impairment.

## Lung Volumes

We define restriction (decreased lung volume) as a reduction in the total lung capacity (TLC) to values less than the 5th percentile of the predicted value for normal. For most patients, this is usually about 80% of the predicted TLC. The worse the restriction, the lower the TLC. Thus, we grade the severity of restriction as:

TLC < 80% > 70% of predicted **Mild restriction**
TLC < 70% > 60% of predicted **Moderate restriction**
TLC < 60% of predicted **Severe restriction**

- Please note: Bronchial Asthma is not included.

## 3. Renal Disease:

| | |
|---|---|
| End-stage renal disease on Dialysis | Moderate |
| ESRD with Graft rejection | Mild |
| ESRD & Transplant | NONE |

## 4. Liver Disease:

| | |
|---|---|
| End-stage decompensated & Un-transplanted liver Failure | Moderate |
| End-stage Liver disease Transplant | NONE |

## 5. Gastroenterology:

| | |
|---|---|
| Active Inflammatory bowel disease that is uncontrolled despite biological treatment (with at least two relapses per year + systemic complication /year) | Moderate |

## 6. Diabetes Mellitus:

Disability in diabetes mellitus is related to the types of complications the individual develops due to the disease, and is assessed according to relevant scale (Visual, vascular, cardiac, renal, Neurological).

## 7. Autoimmune

**e.g., Rheumatoid arthritis, SLE •**

**Involvement of<than 50% of joints involved or biological treatment or 4 relapses/year** **Mild**

**Involvement of > 50 % of joints (inflammation, effusion) OR with treatment, biological treatment**
**- 2 systems involved in treatment** **Moderate**

## 8. SLE:

**More than 2 systems involved** **Moderate**

## 9. Genetic Disorders & Syndromes:

**Disability assessment: Follow the natural history of the disease and the nature of systems involved.**

## 10. Neurological:

### 1. Epilepsy:

- **If isolated and controlled with 1-2 medications** **NONE**
- **if Mixed with Mental Retardation > to follow IQ test**
- **If uncontrolled on 3 Antiepileptic Drugs medications or Epilepsy surgery or 2 admissions/ year with status Epilepticus** **Moderate**

## 2. Parkinson's Disease :

- Parkinson's disease is a progressive degenerative movement disorder that affects the brain and causes bradykinesia, tremor, imbalance, stiffness, in addition to many non-motor symptoms like cognitive problems, constipation, sleep and mood disorders, trouble thinking, etc.

- Although Parkinson's disease is incurable, symptoms in the early stages of the disease can improve with treatment. As the disease advances, the response will be less, and treatment-related side effects will appear.

- Other neurodegenerative diseases like Corticobasilar degeneration, progressive supranuclear palsy (PSP), Multisystem atrophy, and others present with Parkinson features in addition to other symptoms. They have no known treatment.

- It is very important to have a medical record that describes the longitudinal history of the disease symptoms, its progression, impact on daily activities, and response to treatment.

- Scales like the HOEHN and YAHR scales are used to assess the patient case

  Assessment using "HOEN and YAHR": The scale is used for practical assessment:

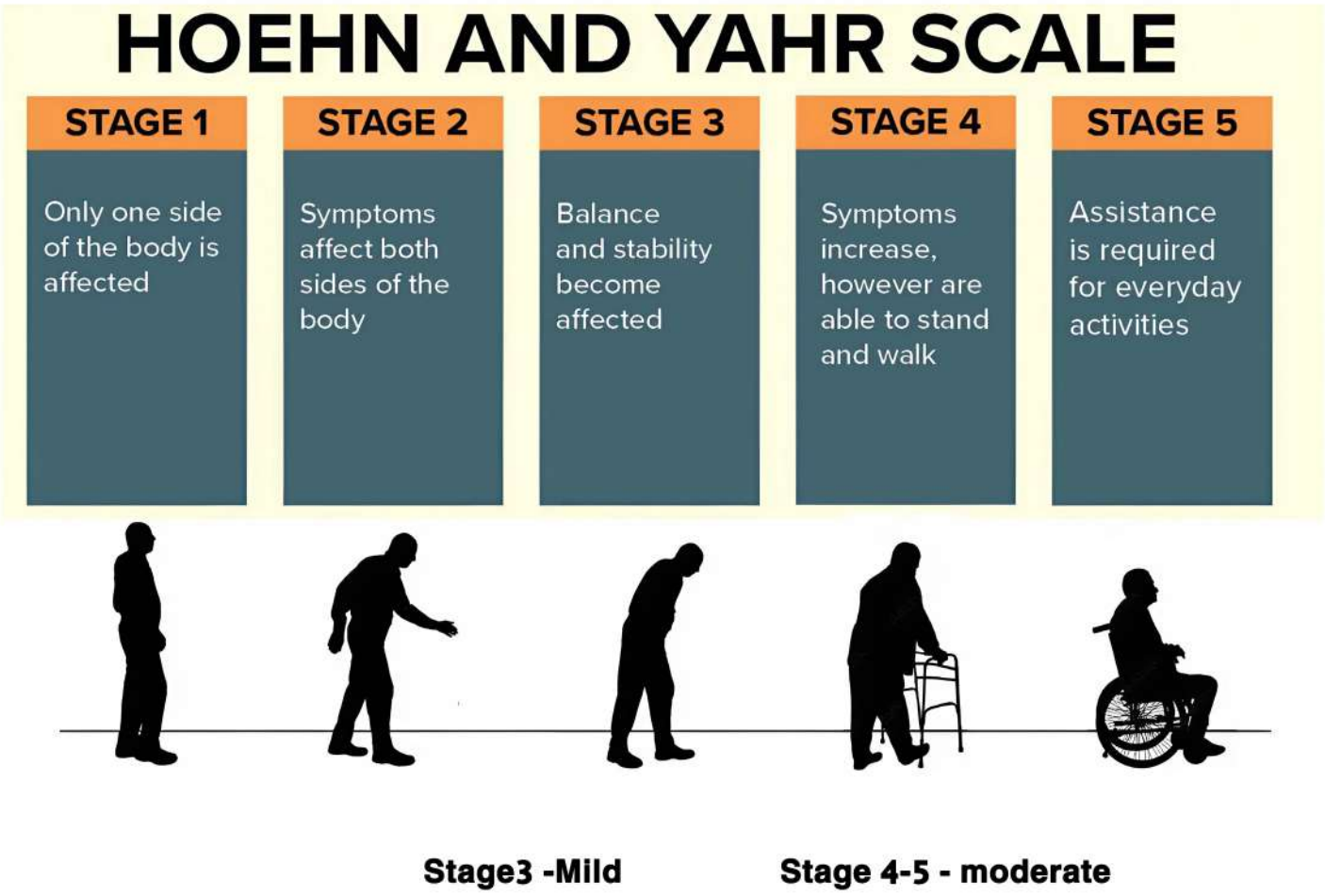

HOEHN AND YAHR SCALE
STAGE 1
Only one side of the body is affected
STAGE 2
Symptoms affect both sides of the body
STAGE 3
Balance and stability become affected
STAGE 4
Symptoms increase, however are able to stand and walk
STAGE 5
Assistance is required for everyday activities
Stage3 -Mild
Stage 4-5 - moderate

**Figure (5)**

## 3. Multiple Sclerosis:

- **Medical record of disease symptoms, signs, and investigation that support the diagnosis of MS**
- **Details of relapses and disease-modifying treatment received should be available during assessment use**

**EDSS scale with ADL**

| | | |
|---|---|---|
| EDSS | **3-4** | **Mild** |
| EDDS | **5-6** | **Moderate** |
| EDDS | **> 6** | **Severe** |

EDDS (Expanded Disability Scale)

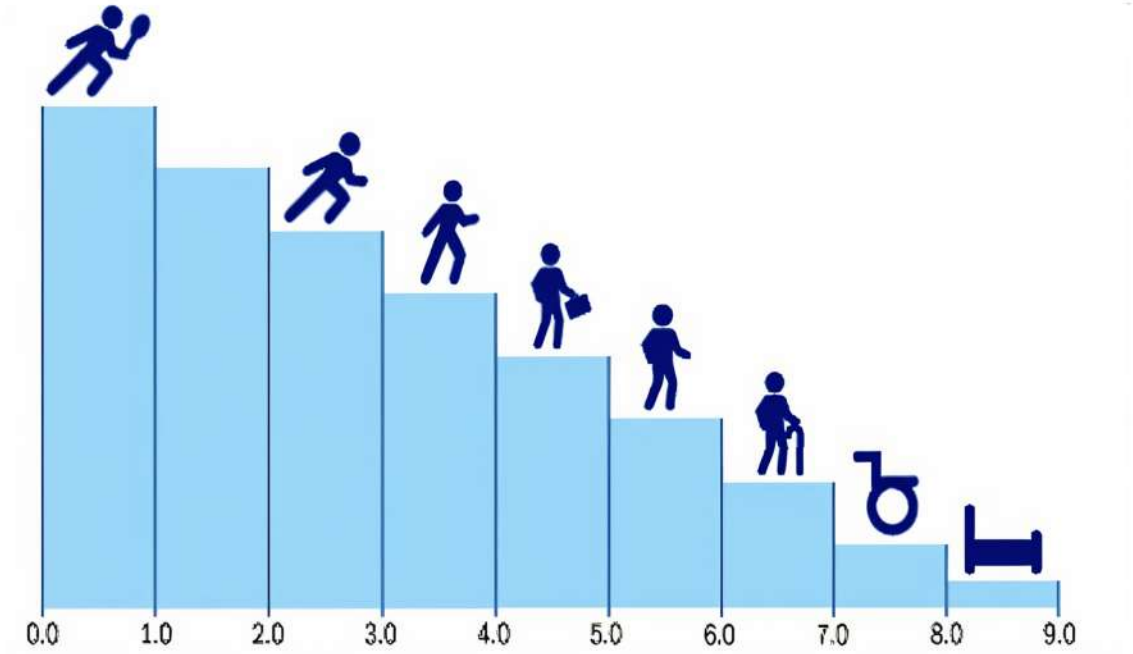



**Figure (6)**

## 4. CIDP & Neuropathy:

**Chronic Inflammatory Demyelinating neuropathy is an acquired autoimmune disease of the peripheral nervous system characterized by progressive weakness and impaired sensory function in the legs and arms. About 90% of patients improve with treatment, with a 50% relapse rate.**

**Peripheral neuropathy refers to damage to nerves that may affect sensation, movement, or organ function. It can result from infections, metabolic problems like Diabetes mellitus, inherited disorders, or exposure to toxins. One of the most common causes is diabetes.**

**When assessing disability related to peripheral nerves (CIDP or Neuropathy), medical records of the underlying causes, symptoms, and signs of the disease should be available.**

**However, in some individuals, permanent nerve damage may happen and result in disability assessment, including ADL**

| | |
|---|---|
| **walks using a cane** | **Mild** |
| **walks using Zimmerman** | **Moderate** |
| **use wheelchair** | **Severe** |

## 5. Myasthenia Gravis:

It is a long-term neuromuscular junction disorder that leads to variable muscle weakness, which can result in double vision, difficulties in talking, walking, swallowing, and breathing. Medical records should include symptoms, medications given, like acetylcholine receptor inhibitors, steroids, immunosuppressants, and surgical procedures done (thymectomy), and plasma. The patient's response to treatment and the presence of residual symptoms should be clarified

| | |
|---|---|
| (Not Ocular) Generalized MG Symptomatic+2 relapses/year with impact on ADL despite best medical treatment | Moderate |

## 6. Pain:

Pain from various disorders can result in limitations of activities, especially when it's chronic pain lasting more than 6 months and fails to respond to pain medication. Medical records of the underlying cause of chronic pain should be available, with a description of the nature of medications or procedures used to control pain.

| | |
|---|---|
| More than 2 spinal surgery operations and a failed back surgery, which symptoms limit their daily activity | Mild |
| Patients using spinal cord stimulators and implanted pain modulation pumps, and/or chronic use of restricted opioids in formal medical reports | Moderate |

## Motor disability

**Motor disability is the partial or total loss of function of a body part, usually a limb or limbs.**

**This may result in muscle weakness, poor stamina, lack of muscle control, or total paralysis. It may result from many disorders like trauma, amputation, cerebral palsy, hemiplegia, or congenital anomalies.**

**Motor disability can impair access to public places, transportation, and affect daily activities, significantly limiting the mobility and independence of individuals.**

## الإعاقة الحركية:

الإعاقة الحركية عبارة عن عدم قدرة الشخص على الحركة والنشاط الحيوي، أي عدم قدرته على الحركة كليا أو جزئيا لأسباب مختلفة تختلف في حدتها وأعراضها، فقد تنتج الإعاقة الحركية عن أمراض وراثية أو مكتسبة كإصابات الجهاز العصبي نتيجة الحوادث، أو الجلطات الدماغية، أو نقص الأكسجين لدى الأطفال في حالات الشلل الدماغي، أو أمراض في الجهاز الحركي الهيكلي، أو العظام والمفاصل، والإعاقة الحركية تفرض حدود على إمكانات وقدرات الفرد في ممارسة النشاط الحياتي اليومي.

والإعاقة الحركية لدى الأطفال تؤثر على نموهم الجسدي واكتسابهم المهارات التنموية المختلفة بصورة كبيرة، وعلى ممارستهم اللعب، والرياضة، والاندماج في النظام التعليمي بنشاطاته المختلفة مع الأطفال الأصحاء في نفس فئتهم العمرية.

أما لدى البالغين، فإن أسباب الإعاقة الحركية تصيب الفرد المكتمل النمو والمهارات نتيجة أسباب مختلفة، منها أمراض تؤثر على تحكم الجهاز العصبي في حركة الجسم أو أمراض عضلية، أو إصابات وحوادث تؤثر على الأطراف تتسبب في فقد الأطراف أو فقدان حركتها.

# Motor Disability According to Diagnosis

## 1. Cerebral Palsy and Global Development Delay conditions, evaluated according to Gross Motor Function Classification System (GMFCS) (tables attached)

| Disability | GMFCS |
|---|---|
| Mild | GMFCS 1 |
| Moderate | GMFCS 2-3 |
| Sever | GMFCS 4-5 |

## 2. Obstetric Brachial Plexus Palsy (OBPP)

From Birth to 1 year, the disability will be issued up to the age of two years only, then permanent disability is issued after the age of 2. This is evaluated using the scale of Mallet score (table attached)

| Disability | Mallet Score and Lesion |
|---|---|
| Mild | Mallet Score 15- 20 in Upper/Extended Lesion, i.e., (C5,6 - C5,6,7) |
| Moderate | Mallet Score < 15 in Upper/Extended Lesion, i.e., (C5,6 - C5,6,7) |
| Sever | Complete OBPP (C5-T1) |

## 3. Meningomyelocele

From Birth to 1 year, the disability will be issued up to the age of two years only, then permanent disability is issued after two years of age.

| Disablity | Level |
|---|---|
| Moderate | Below L 3,4 with the ability to walk with assistance/ support |
| Sever | Above L3,4 with inability to walk/- wheelchair bound |

## 4. Duchenne Muscular Dystrophy (DMD), Spinal Muscular Atrophy (SMA), other Dystrophinopathies

| Disability | Description |
|---|---|
| Mild | Able to walk alone with proximal weakness |
| Moderate | Able to walk, frequent falls, inability to get up from the floor |
| Sever | Unable to walk/wheelchair for mobility |

## 5. Amputations (Upper Limb)

| Disability | Description |
|---|---|
| Mild | More than two finger |
| Moderate | Partial hand amputation thumb amputation/ |
| Sever | All finger amputation/Wrist amputation, and above |

### Lower Limb

| Disability | Description |
|---|---|
| Mild | Big Toe/Partial foot amputation |
| Moderate | Below Knee Amputation |
| Sever | Through knee / Above Knee Amputation |

## 6. Congenital Dislocation of The Hip in Adults

| Disability | Description |
|---|---|
| Mild | Unilateral Post op with marked reduced ROM |
| Moderate | Bilateral DDH with limitation of ROM |

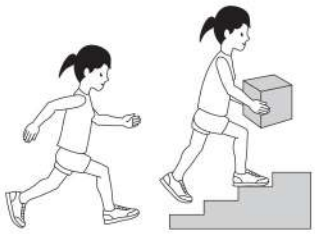
## 7. Radial Club Hand

According to Heikle Classification of Radial Dysplasia. (Table attached)

| Disability | Description |
|---|---|
| Mild | Type1 |
| Moderate | Type 2 |
| Severe | Type 2 + absent Thumb-type3/4 |

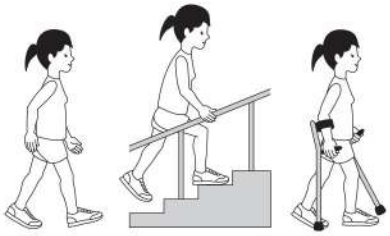
| Disease / Condition | Description | Disability |
|---|---|---|
| Osteogenesis Imperfecta | Walker | Moderate |
| | Non Walker | Sever |
| Achondroplasia | - | Moderate |
| Dwarfism | < 122cm | Moderate |
| LLD | 5 cm After treatment | Mild |
| Joint Fusion | Pan Talar / Ankle | Mild |
| | Hip/knee/Hand/ Shoulder/Elbow | Moderate |
| Joint AVN / Arthritis Arthrogryposis CTEV Polio/Peripheral Neuropathies/ motor disability due to genetic abnormalities Post-brain tumors or trauma sequelae Other non-classified conditions | Apply; Lower Extremity Functional Scale (LEFS) Upper Extremity Functional Scale (UEFS) | 61-80 No Disability 41-60 Mild 21-40 Moderate 0-20 Sever |
| Spinal Cord Injury | Complete Para/ Quadriplegia | Sever |

# GMFCS E & R between 12th and 18th birthday: Descriptors and illustrations



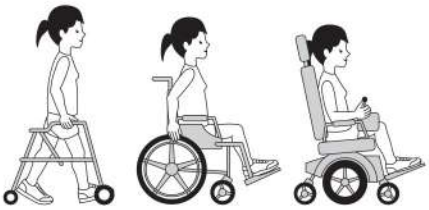
## GMFCS Level I

Youth walk at home, school, outdoors and in the community. Youth are able to climb curbs and stairs without physical assistance or a railing. They perform gross motor skills such as running and jumping but speed, balance and coordination are limited.



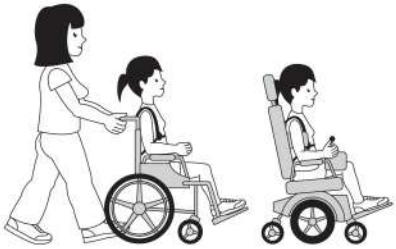
## GMFCS Level II

Youth walk in most settings but environmental factors and personal choice influence mobility choices. At school or work they may require a hand held mobility device for safety and climb stairs holding onto a railing. Outdoors and in the community youth may use wheeled mobility when traveling long distances.



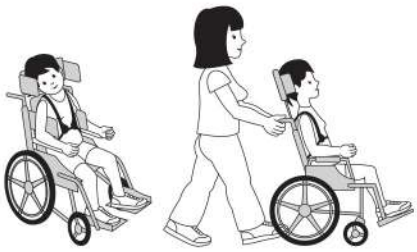
## GMFCS Level III

Youth are capable of walking using a hand-held mobility device. Youth may climb stairs holding onto a railing with supervision or assistance. At school they may self-propel a manual wheelchair or use powered mobility. Outdoors and in the community youth are transported in a wheelchair or use powered mobility.



## GMFCS Level IV

Youth use wheeled mobility in most settings. Physical assistance of 1-2 people is required for transfers. Indoors, youth may walk short distances with physical assistance, use wheeled mobility or a body support walker when positioned. They may operate a powered chair, otherwise are transported in a manual wheelchair.



## GMFCS Level V

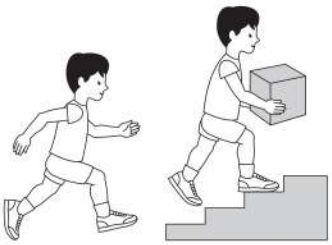
Youth are transported in a manual wheelchair in all settings. Youth are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements. Self-mobility is severely limited, even with the use of assistive technology.

GMFCS descriptors: Palisano et al. (1997) Dev Med Child Neurol 39:214-23
CanChild: www.canchild.ca

Illustrations Version 2 © Bill Reid, Kate Willoughby, Adrienne Harvey and Kerr Graham, The Royal Children's Hospital Melbourne ERC151050

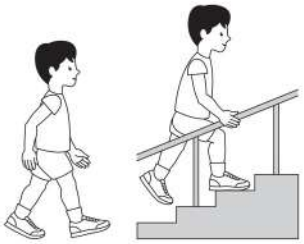
**Figure (7)**

# GMFCS E & R between 6th and 12th birthday: Descriptors and illustrations



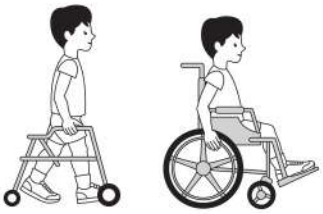
## GMFCS Level I

Children walk at home, school, outdoors and in the community. They can climb stairs without the use of a railing. Children perform gross motor skills such as running and jumping, but speed, balance and coordination are limited.



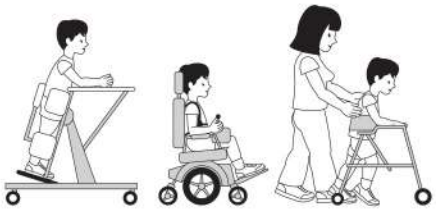
## GMFCS Level II

Children walk in most settings and climb stairs holding onto a railing. They may experience difficulty walking long distances and balancing on uneven terrain, inclines, in crowded areas or confined spaces. Children may walk with physical assistance, a hand-held mobility device or used wheeled mobility over long distances. Children have only minimal ability to perform gross motor skills such as running and jumping.



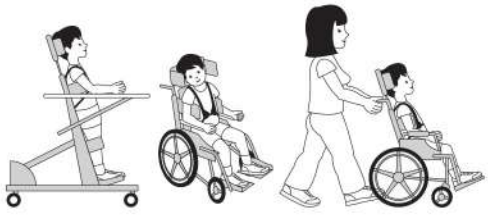
## GMFCS Level III

Children walk using a hand-held mobility device in most indoor settings. They may climb stairs holding onto a railing with supervision or assistance. Children use wheeled mobility when traveling long distances and may self-propel for shorter distances.



## GMFCS Level IV

Children use methods of mobility that require physical assistance or powered mobility in most settings. They may walk for short distances at home with physical assistance or use powered mobility or a body support walker when positioned. At school, outdoors and in the community children are transported in a manual wheelchair or use powered mobility.



## GMFCS Level V

Children are transported in a manual wheelchair in all settings. Children are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements.

GMFCS descriptors: Palisano et al. (1997) Dev Med Child Neurol 39:214-23
CanChild: www.canchild.ca

Illustrations Version 2 © Bill Reid, Kate Willoughby, Adrienne Harvey and Kerr Graham, The Royal Children's Hospital Melbourne ERC151050

**Figure (8)**

# Mallet Score application in OBBP vs Disability

**If you apply Mallet score on an unaffected person the total score is 25.**
**Upper and extended OBPP i.e. (C5,6 -C5,6,7)**

**Mild** Score 15- 20

**Moderate** Score < 15

**Complete OBPP .**

**Severe** Disability

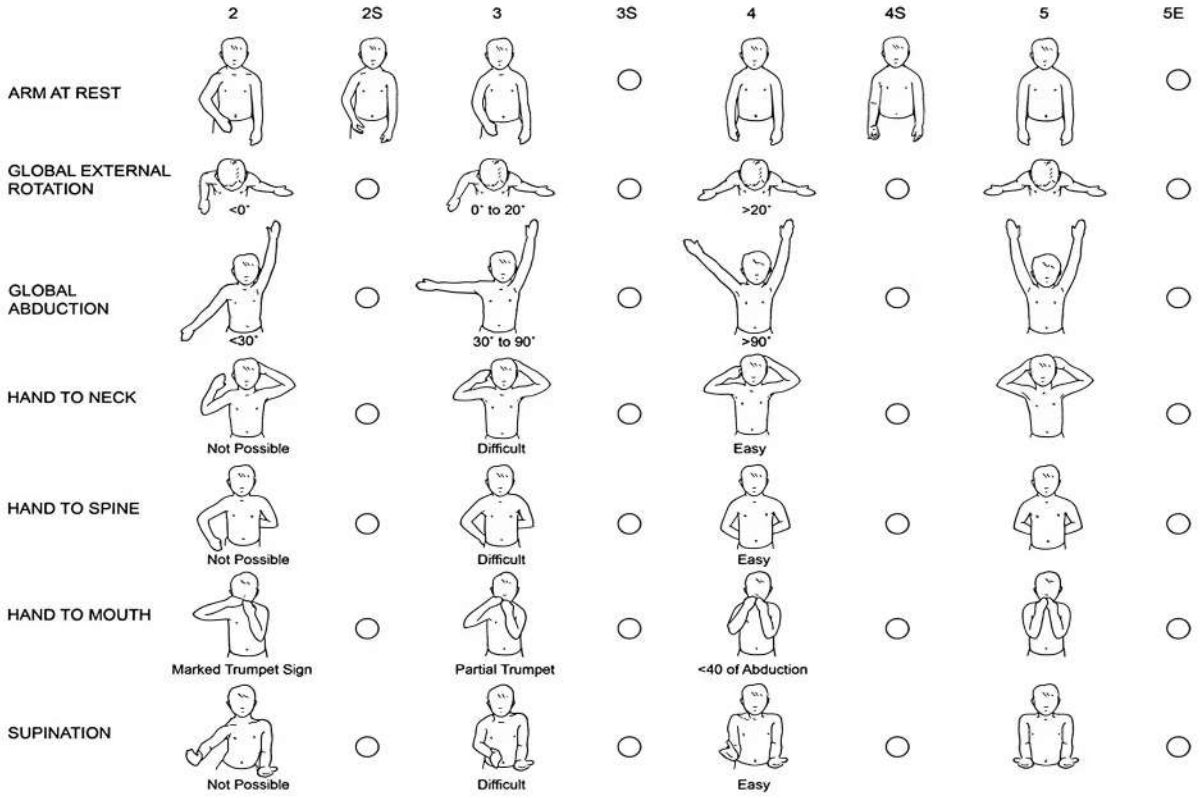



**Figure (9)**

Type 1
Type 2
Type 2 with Absent thumb
Type 3 and Type 4

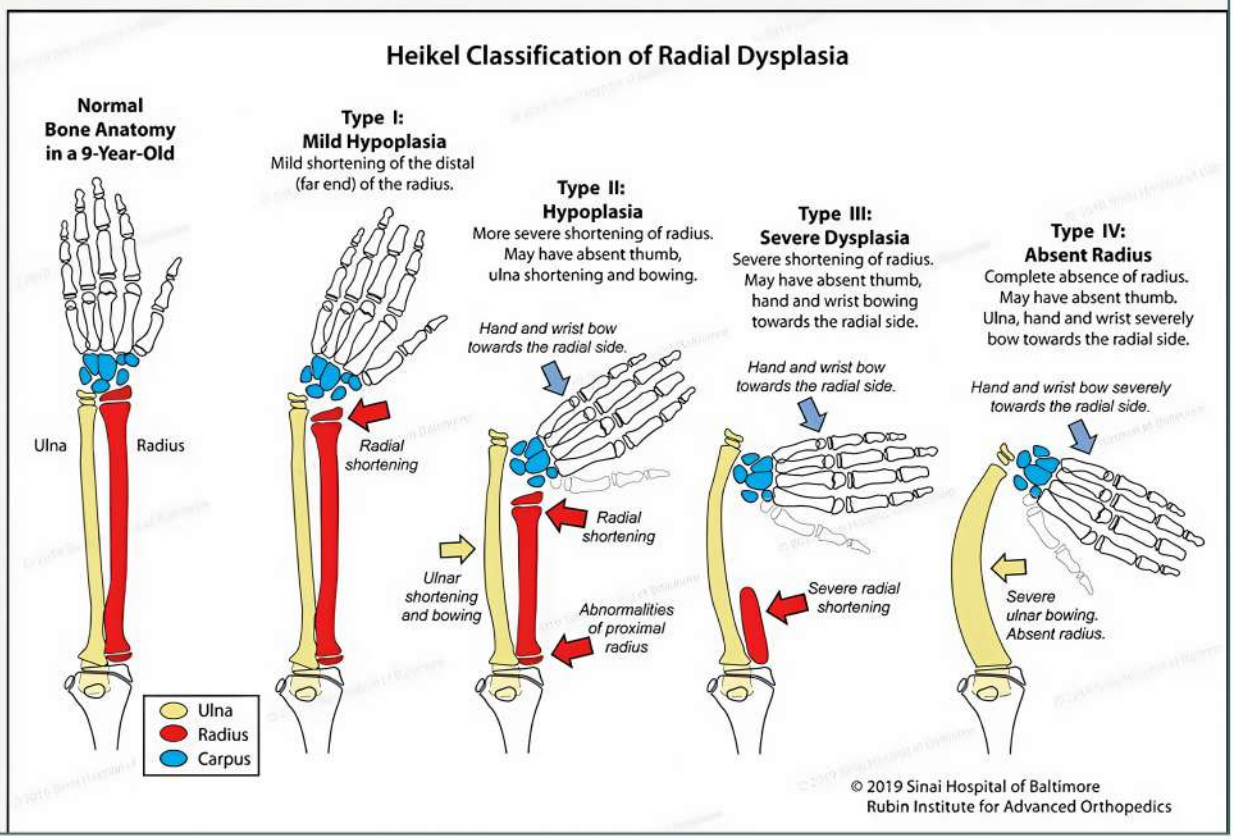



**Figure (10)**

## Instructions

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity.

**Today, *do you* or *would you* have any difficulty at all with:**

| Activities | Extreme difficulty or unable to perform activity | Quite a bit of difficulty | Moderate difficulty | A little bit of difficulty | No difficulty |
|---|---|---|---|---|---|
| 1. Any of your usual work, housework or school activities. | 0 | 1 | 2 | 3 | 4 |
| 2. Your usual hobbies, recreational or sporting activities. | 0 | 1 | 2 | 3 | 4 |
| 3. Getting into or out of the bath. | 0 | 1 | 2 | 3 | 4 |
| 4. Walking between rooms. | 0 | 1 | 2 | 3 | 4 |
| 5. Putting on your shoes or socks. | 0 | 1 | 2 | 3 | 4 |
| 6. Squatting. | 0 | 1 | 2 | 3 | 4 |
| 7. Lifting an object, like a bag of groceries from the floor. | 0 | 1 | 2 | 3 | 4 |
| 8. Performing light activities around your home. | 0 | 1 | 2 | 3 | 4 |
| 9. Performing heavy activities around your home. | 0 | 1 | 2 | 3 | 4 |
| 10. Getting into or out of a car. | 0 | 1 | 2 | 3 | 4 |
| 11. Walking 2 blocks. | 0 | 1 | 2 | 3 | 4 |
| 12. Walking a mile. | 0 | 1 | 2 | 3 | 4 |
| 13. Going up or down 10 stairs (about 1 flight of stairs). | 0 | 1 | 2 | 3 | 4 |
| 14. Standing for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| 15. Sitting for 1 hour. | 0 | 1 | 2 | 3 | 4 |
| 16. Running on even ground. | 0 | 1 | 2 | 3 | 4 |
| 17. Running on uneven ground. | 0 | 1 | 2 | 3 | 4 |
| 18. Making sharp turns while running fast. | 0 | 1 | 2 | 3 | 4 |
| 19. Hopping. | 0 | 1 | 2 | 3 | 4 |
| 20. Rolling over in bed. | 0 | 1 | 2 | 3 | 4 |
| **Column Totals:** | 0 | 1 | 2 | 3 | 4 |

# UPPER EXTREMITY FUNCTIONAL SCALE (UEFS)

**Patient Name:** _____ **Date:** _____

**We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity.**

**Today, do you or would you have any difficulty at all with: (circle one number on each line)**

| Activities | Extreme Difficulty or Unable to Perform Activity | Quite a Bit of Difficulty | Moderate Difficulty | A Little Bit of Difficulty | No Difficulty |
|---|---|---|---|---|---|
| Any of your usual work, household or school activities | 0 | 1 | 2 | 3 | 4 |
| Your usual hobbies, recreational or sporting activities | 0 | 1 | 2 | 3 | 4 |
| Lifting a bag of groceries to waist level | 0 | 1 | 2 | 3 | 4 |
| Lifting a bag of groceries above your head | 0 | 1 | 2 | 3 | 4 |
| Grooming your hair | 0 | 1 | 2 | 3 | 4 |
| Pushing up on your hands (i.e. from bathtub or a chair) | 0 | 1 | 2 | 3 | 4 |
| Preparing food (i.e. peeling, cutting) | 0 | 1 | 2 | 3 | 4 |
| Driving | 0 | 1 | 2 | 3 | 4 |
| Vacuuming, sweeping, or raking | 0 | 1 | 2 | 3 | 4 |
| Dressing | 0 | 1 | 2 | 3 | 4 |
| Doing up buttons | 0 | 1 | 2 | 3 | 4 |
| Using tools or appliances | 0 | 1 | 2 | 3 | 4 |
| Opening doors | 0 | 1 | 2 | 3 | 4 |
| Cleaning | 0 | 1 | 2 | 3 | 4 |
| Tying or lacing shoes | 0 | 1 | 2 | 3 | 4 |
| Sleeping | 0 | 1 | 2 | 3 | 4 |
| Laundering clothes (i.e. washing, ironing, folding) | 0 | 1 | 2 | 3 | 4 |
| Opening a jar | 0 | 1 | 2 | 3 | 4 |
| Throwing a ball | 0 | 1 | 2 | 3 | 4 |
| Carrying a small suitcase with your affected limb | 0 | 1 | 2 | 3 | 4 |
| **Column Totals** | | | | | |

***UEFS Score*** _____/80 ***Maximal Function (UEFS Score)/80 x 100 =*** _____%. ****Medicare Rating:*** _____%

****For a Medicare patient, the Impairment/Limitation/Restriction % is the opposite of the Maximal Function for UEFS. Example: 60/80 x 100 = 75% (UEFS %) and 100% – 75% = 25% (MCR rating)***

**Provider Signature:** _____

## ● الإعاقة الذهنية والإدراكية لدى الأطفال والبالغين:

تتطلب الإعاقة الذهنية لدى الأطفال والبالغين توثيق تشخيص طبي قابل للتحديد، بالإضافة إلى إعاقات تؤدي إلى تقييد قدرة الأفراد على التفاعل والتعلم والعمل والتواصل، ومن المتوقع أن تستمر لأكثر من عام.

### 1- الإعاقة الذهنية لدى الأطفال:

الإعاقة الذهنية هي حالة تحد من الذكاء وتعطل القدرات اللازمة للتعلم والعيش والنمو بشكل مستقل.
عادةً ما تظهر أعراض هذه الحالة المستمرة مدى الحياة خلال مرحلة الطفولة، حيث يعاني الطفل من بعض القيود في الأداء والمهارات الإدراكية، بما في ذلك المهارات المفاهيمية والإجتماعية والعملية، مثل مهارات اللغة والعناية الذاتية.

وقد تؤدي هذه القيود إلى نمو الطفل بشكل أبطأ أو مختلف عن نمو الطفل الطبيعي، وقد تحدث بعض أسباب الإعاقة الذهنية، مثل متلازمة داون، ومتلازمة الصبغي X الهش، والعيوب الخلقية، والإلتهابات داخل الرحم قبل الولادة، وبعضها يحدث أثناء الولادة أو بعدها بفترة وجيزة، مثل الشلل الدماغي. ولا تحدث أسباب أخرى للإعاقة الذهنية إلا بعد أن يكبر الطفل، وقد تشمل هذه الأسباب إصابات الرأس، والإلتهابات، والتعرض للمواد السامة.

بعد تحديد تشخيص/سبب الحالة، يمكن تقييم الأطفال ذوي الإعاقة الذهنية باستخدام مقاييس مختلفة مثل DSMV، ومقاييس الذكاء المعتمدة، وWISC، واختبار ستانفورد بينيه، ومقياس النمو.

## 2- الإعاقة الذهنية لدى البالغين:

قد تنجم الإعاقات الإدراكية لدى البالغين (أقل من 65 عامًا) عن إصابات الدماغ، والسكتة الدماغية، والإلتهابات، والإضطرابات الأيضية، ومرض الزهايمر، وأنواع الخرف الأخرى المرتبطة بإضطرابات عصبية متعددة. قد تؤدي هذه الإضطرابات إلى فقدان الذاكرة، وصعوبة في التركيز، والتواصل، والفهم، وإتباع التعليمات، وحل المشكلات، أو إكمال المهام، بما في ذلك العناية بالنفس والمشي، مقارنةً بالأفراد في فئاتهم العمرية.
تشمل المقاييس المستخدمة لتقييم هؤلاء الأفراد مقياس MMS، ومقياس MOCA

### ● الإعاقة النفسية:

يتطلب تقييم الاضطرابات النفسية أو العقلية توثيق الإضطرابات النفسية أو السلوكية، مثل الفصام، واضطرابات التوحد، والقلق، والإكتئاب، والإضطراب ثنائي القطب، التي تؤدي إلى فقدان أو قيود وظيفية تجعل الفرد غير قادر على ممارسة الأنشطة اليومية المثمرة.

يجب دعم ذلك بسجل طبي للمرض من مستشفى متخصص.

# Psychological Disability Assessment Requirements:

1. More than one year old detailed report from KCMH (Psychiatry Hospital or Specialized Mental Health clinic in a general hospital.

2. The Report should include the diagnosis, symptoms, treatment, and response to treatment with effect on ADL

3. Patients should not be assessed if they have poor compliance with medications or are under a suboptimal treatment protocol.

## Follow the Chart Below to Calculate a Score:

| | | 0 | 1 | 2 | 3 | Points |
|---|---|---|---|---|---|---|
| 1 | No* of diagnosis | 0 | 1 - 2 | 3 | >3 | |
| 2 | Duration of the (illness (yrs | < 2 years | 2 - 5 | 5 - 10 | >10 | |
| 3 | Presence of positive symptoms | None | 1 - 2 | 3 - 5 | >5 | |
| 4 | Presence of residual chronic or negative symptoms | None | 1 - 2 | 3 - 5 | >5 | |
| 5 | Number of psychiatric medications | None | 1 - 2 | 3 - 4 | >4 | |
| 6 | Response to treatment | Yes | Partial response (more than 60% improvement) | Poor response 30-60%) improvement) | No response (or <30% improvement) | |
| 7 | ADL | Intact | Partially impaired (1) | impaired (2-3) | Significantly impaired (4 or more ) | |
| 8 | IADL (N/A (for ages <18 | Intact | Partially impaired (1) | impaired (2-3) | Significantly impaired (4 or more ) | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 9 | Social impairment | Fair | Partially impaired (1) | impaired (2-3) | Significantly impaired (4 or more ) | |
| 10 | Occupational impairment | Fair | Partially impaired (1) | impaired (2-3) | Significantly impaired (4 or more ) | |
| 11 | Academic impairment | Fair | Partially impaired (1) | impaired (2-3) | Significantly impaired (4 or more ) | |
| | | 0 | | | | |

### Score calculation:

Total score for <18 (max of 3*9 = 27)

Total score for >18 (either occupational/or educational) max of 3*10 = 30

### Younger than 18 :

Mild: 13 and below (49% of 27)

Moderate: 14- 21 (50-77% of 27)

Severe: >21 (>77%)

### Older than 18 :

Mild: 14 and below (49% of 30)

Moderate: 15 -23 (49-77% of 30)

Severe: >23 (>77% of 30)

### Older than 18 and is medically retired or regularly retired (No record on occupational)

Mild: 13 and below (49% of 27)

Moderate: 14- 21 (50-77% of 27)

Severe: >21 (>77%)

## ADL Due to Psychiatric Disorders:

- **Walking,** or otherwise getting around the home or outside. The technical term for this is "ambulating."
- **Feeding,** as in being able to get food from a plate into one's mouth.
- **Dressing and grooming,** as in selecting clothes, putting them on, and adequately managing one's appearance.
- **Toileting,** which means getting to and from the toilet, using it appropriately, and cleaning oneself.
- **Bathing,** which means washing one's face and body in the bath or shower.
- **Transferring,** which means being able to move from one body position to another. This includes being able to move from a bed to a chair or into a wheelchair. This can also include the ability to stand up from a bed or chair to grasp a walker or other assistive device.

## IADL Due To Psychiatric Disorders:

- **Managing finances,** such as paying bills and managing financial assets.
- **Managing transportation,** either via driving or by organizing other means of transport.
- **Shopping,** covers shopping for clothing and other items required for daily life.
- **Meal preparation or obtaining a meal.** This covers everything required to get a meal on the table.
- **Housecleaning and home maintenance.** This means cleaning kitchens after eating, keeping one's living space reasonably clean and tidy, and keeping up with home maintenance.
- **Managing communication,** such as the telephone and mail.
- **Managing medications,** which covers obtaining medications and taking them as directed.

### Social Impairment:

- **Divorced/ never married**
- **Limited circle of friends**
- **Limited interests**
- **Poor communication skills**
- **Does not attend social gatherings passively or actively**
- **Socially withdrawn from family members if living in the house or a minor**

### Academic Impairment:

- **Deterioration in academic attainment**
- **Failed multiple subjects**
- **Repeated grades**
- **Expelled from school**
- **Changed multiple schools**
- **Unable to attend school/extended absence**

### Occupational Impairment:

(only if working/ if medically retired, or retired please drop from Total Score)

- **Multiple sick days/delays**
- **Inability to perform work/difficulty**
- **Extended absence from work**
- **Frequent change of jobs**
- **Low potential for employment (have been out of school due to illness, never employed, out of work for 5 years)**
- **Expelled from work (not medical retirement or regular retirement)**

## Educational Assessment in Adults:

| Resolution | Subject |
|---|---|
| 1- If the IQ is within the average (>=90), there must be an academic assessment to give the disability, and it is granted in this case for a period of 3 years.<br>2- If the IQ is below average (between 79 and 90), and in the case of school certificates (for two years) proving academic difficulty, the disability in this case is granted for one year, and renewal is only carried out in the presence of an academic evaluation<br>3- If the IQ is within the marginal level (between 80 and 70), the disability is granted for 3 years. | Educational disabilities only, no associated disabilities |
| 1- Autism and an IQ within the average, below the average, or borderline, confers a psychological and educational disability<br><br>2- Autism with an intellectual disability confers a psychological and intellectual disability, and the severity is assessed according to the most severe disability, with the severity of each disorder mentioned in the diagnosis | Autism |

| | |
|---|---|
| 1- A disability is granted only in the presence of a report from a psychiatrist or developmental pediatrician<br>2- Disability is granted only in the presence of symptoms that cause academic/social/functional deterioration that may prevent the person from practicing their life functions normally, after exhausting treatment methods.<br>3- According to the committee's assessment, he may be granted a psychological, educational, or educational disability only according to the severity of the symptoms and their impact on his ability to lead a normal life. | Hyperactivity and attention deficit |
| In cases presented for the first time and not under treatment, the committee postpones for 6 months until the patient is on treatment for a period | Mental disorders in general |
| 1- If the committee does not consider that the symptoms of the disorder cause a disability, the committee can reject the disability and give the patient a referral to their treating doctor with their opinion.<br>2- If the committee considers that the disability caused by the symptoms exceeds the diagnosis in the report, the patient shall be referred to his treating doctor with the opinion of the doctors, to re-evaluate and modify the diagnosis in the report if the treating physician deems it appropriate. | If the initial diagnosis of the committee conflicts with the medical report |

- Do not take IQ absolutely in, it is possible to put other considerations in decision-making to be mentioned
- Topics that have not been discussed so far and postponed to the next meeting
- Medical report issued by the Kuwait Center for Mental Health

## الإعاقة البصرية:

يتراوح قصور البصر بين ضعف البصر الشديد والعمى، وقد يعاني الأشخاص الذين لا يمكن تصحيح بصرهم بالنظارات العادية، أو العدسات اللاصقة،أو الأدوية، أو الجراحة من ضعف بصري قد يؤثر على أنشطتهم اليومية ويسبب لهم صعوبة في أداء المهام الروتينية كالقراءة والحركة والعمل، وعند تقييم الإعاقة البصرية، يجب توضيح السبب الكامن.

يتم التشخيص من خلال السجل الطبي للمريض والفحوصات، ويتم تقييم شدة ضعف البصر باستخدام المعايير الواردة بهذا القسم. (باللغة الإنجليزية أدناه)

## Visual Impairment:

**Impaired vision can range from low vision to blindness. People whose vision cannot be corrected by ordinary glasses, Lenses, medications, or surgery can have poor vision that may affect their daily activities and cause difficulty with routine tasks like reading, mobility, and work. When assessing visual disability, the underlying cause needs to be clarified by medical records, and assessment of severity is done using specific guidelines.**

## Visual Disability Guidelines:

**(Visual Acuity)**

| Low Vision Ranges | Visual Acuity | Severity of disability |
|---|---|---|
| Mild Low Vision | First Eye (20/40,6/12) The second is worse than (20/120,6/36) or First Eye (20,60,6/18 The second is worse than (20,60, 6/18) or permanent double vision | Mild |
| Moderate Low Vision | From (20/80,6/24) TO (20/160,6/48) | Moderate |
| Severe Low Vision | From (20/200,6/60) TO (NLP) | Severe |

- Visual acuity must be tested in the better eye with best correction or while both eyes are open.

## (Visual Field)

| Low Vision Ranges | Special conditions | Average radius (concentric) | Severity of disability |
|---|---|---|---|
| Mild low Vision | | More than 30 and less than 120 | Mild |
| Moderate Low Vision | Loss of upper field or Central Scotoma§ | 30 - 15 | Moderate |
| Severe Low Vision | Hemianopia Loss of Lower field Central Scotoma With V.A ., Less than 6/18 | Less than 15 | Severe |

* The visual field must be tested while both eyes are open.

**Note:**

- A one-eyed patient is not considered visually disabled if the other eye's visual acuity is equal to or better than 20/40
- The age and job of the applicant are taken into consideration

### ⋆Ophthalmic Tests:

- Medical Report from Government Hospital
- Clinical Examination of the eyes
- Refraction
- OCT Macula
- OPTOS color Photo
- Penta Cam test
- Humphreys' visual field test
- OCT Optic Nerve test

These tests are done according to the case, not necessarily for every patient.

## الإعاقة السمعية:

قد يُصيب فقدان السمع الجزئي أو الكلي 5% من سكان العالم، ويمكن أن يحدث في أي عمر، وقد يؤدي إلى العزلة الاجتماعية وتقييد النشاط اليومي. وعند الأطفال قد يؤثر على تطور الكلام واللغة إذا لم يُكتشف مبكرًا.

قد ينتج فقدان السمع عن عوامل وراثية، أو التهابات يتعرض لها الجنين داخل الرحم، (مثل الحصبة الألمانية، أو الفيروس المضخم للخلايا)، أو الاختناق أثناء الولادة، أو غيرها من الأمراض التي تُصيب الجنين أو الطفل بعد الولادة، أو الإلتهابات المزمنة، أو التعرض للمواد السامة.

وفي البالغين، تتسبب الأمراض المكتسبة من التهابات تصيب الأذن الوسطي أو الداخلية في فقدان السمع. كما أن العصب السمعي قد يتعرض لأضرار نتيجة الضوضاء الشديدة أو الأمراض أو آثار جانبية لبعض أنواع الأدوية.

## Hearing Disabilities:

**Partial or total hearing loss may affect 5% of the world population and can occur at any age; it can lead to social isolation and restrictions on daily activities. In children, it may affect their speech and language development. If it is not recognized early in life. Hearing loss may result from genetic factors, intrauterine infections (rubella, CMV), perinatal birth asphyxia, and other perinatal morbidity, chronic infections, and toxic exposure.**

# Hearing Impairment Standards

- Hearing impairment of 35٪ of the whole body, and speech impairment of 35٪.

- The degree of hearing impairment is calculated after performing an audiogram and speech discrimination with middle ear pressure and reflex response.

- If the patient's clinical examination does not match the test, the ABR/ASSR Test is requested. For children, a computerized CT scan examination is necessary, and the decision is not made before three months of age, after completing the diagnosis.

- If the patient does not cooperate with all the tests, no decision is made regarding the disability.

- If the reports do not match the examinations and their results, or there is any doubt, the decision will not be taken.

- Children with severe to profound hearing loss have Moderate disability and are re-evaluated after the age of three years.

- Children who need a cochlear implant have Moderate disability and are re-evaluated after rehabilitation sessions (three years). The severity of the disability may increase if the child does not acquire language.

- After the age of forty, it decreases by 0.5 decibels for each year thereafter.

1. Degrees of hearing loss range from mild to very severe hearing loss.

   (Simple, Moderate, Moderate Severe, Severe, Very Severe).

- It applies to all ages when completing the diagnosis after examining the patient and performing the necessary basic tests. If they are not sufficient for the diagnosis, advanced tests are performed to ensure the accuracy of the diagnosis before including the patient in the concept of hearing impairment.

- The degree of hearing loss is not equal to the degree of hearing disability, but rather the result of a mathematical equation calculated for the ears at different frequencies, divided by 4, subtracted from 25, then the result is divided by 6 to calculate the disability from the ears. Then it is multiplied by 35٪ to calculate for the entire body.

- The frequencies used to calculate the disability are 2000, 1000, 500, and 3000 Hz for each ear separately.

- The number of ears is added and divided by 6, and the result is multiplied by 35٪ to obtain the degree of hearing impairment for the entire body, as a speech impairment of 35٪, if present, is added to the degree of hearing impairment.

### Degrees of Hearing Impairment are as follows:

- No hearing impairment
- Minor hearing impairment
- Moderate hearing impairment
- Severe hearing disability

○ Whole body hearing loss ranges from 0-35٪.

- 0-23٪ No hearing impairment.
- From 24-29, the disability is Simple.
- 30-49 years old, Moderate disability.
- 50٪ and above Severe hearing impairment.

| Degree of disability | ٪ |
|---|---|
| There is no disability | 0-23٪ |
| Disability is Mild | 24-29٪ |
| Disability is Moderate | 30-49٪ |
| Disability is Severe | ≥٪50 |

- Speech impairment is added to hearing impairment after diagnosis to obtain the final degree of disability.
- Speech impairment of 0-35٪ is calculated and added to the hearing loss percentage.
- The mathematical equation for hearing impairment is global, not local, and not limited to Kuwait only.
- There are also Tables to calculate the percentage of hearing loss from both ears, and a Table to calculate from the entire body.
- Deaf and dumb patients, hearing impairment in addition to speech impairment, are considered Severe.
- After the age of forty, 0.5 decibels are subtracted for each year after forty.
- Hearing loss in one ear while the other is healthy is not considered a hearing disability.
- Hearing loss in one ear, which was implanted, and the other ear is healthy, so there is no hearing impairment.

- Cases diagnosed with congenital defects and suffering from conductive hearing loss are not classified as disabilities unless hearing deteriorates to the point of disability, which is confirmed by a specialist.
- Note that hearing aids for this category are provided by the Ministry of Health.
- Sudden hearing loss in one ear is not considered a hearing impairment.
- Cases of sudden hearing loss in both ears are considered disability after completion of treatment and stabilization of the hearing level.

### Hearing disability assessment after 70 years old:

- In a hearing disability formula, it is common to assess how much of the hearing loss is due to ARHL and how much to NIHL. In a formula using the H TLS at 500Hz, 1000Hz, 2000Hz, and 4000Hz, it is possible to predict the median (or average) ARHL for an average individual at any age or gender.
- ISO 7029: 1990 reveals that an average male will suffer a hearing loss of 20.6 dB at the age of 70 years. An average female will suffer a hearing loss of 20.25 dB at the age of 78 years.
- The Group therefore recommends that in males over the age of 69 years and in females over the age of 77 years that a percentage be subtracted from the overall hearing disability to allow for ARHL. These percentages have been calculated from ISO 7029: 1990 and are shown below in Table 4 and in Appendix 1.

## Table 4. Disability Percentage Age Correction Factor

| Age (years) | | Females |
|---|---|---|
| 70 | 2% | |
| 71 | 3% | |
| 72 | 4% | |
| 73 | 5% | |
| 74 | | |
| 75 | | |
| 76 | 7% | |
| 77 | 8% | |
| 78 | | |
| 79 | 11% | |
| 80 | 12% | 2% |

**Table 11-2** Computation of Binaural Hearing Impairment*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ≤100 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 0.3 | 1.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 0.6 | 2.2 | 3.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 0.9 | 2.5 | 4.1 | 5.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 1.3 | 2.8 | 4.4 | 5.9 | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | 1.6 | 3.1 | 4.7 | 6.3 | 7.8 | 9.4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 1.9 | 3.4 | 5.0 | 6.6 | 8.1 | 9.7 | 11.3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 135 | 2.2 | 3.8 | 5.3 | 6.9 | 8.4 | 10.0 | 11.6 | 13.1 | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 2.5 | 4.1 | 5.6 | 7.2 | 8.8 | 10.3 | 11.9 | 13.4 | 15.0 | | | | | | | | | | | | | | | | | | | | | | |
| 145 | 2.8 | 4.4 | 5.9 | 7.5 | 9.1 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | | | | | | | | | | | | | | | | | | | | | |
| 150 | 3.1 | 4.7 | 6.3 | 7.8 | 9.4 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | | | | | | | | | | | | | | | | | | | | |
| 155 | 3.4 | 5.0 | 6.6 | 8.1 | 9.7 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | | | | | | | | | | | | | | | | | | | |
| 160 | 3.8 | 5.3 | 6.9 | 8.4 | 10.0 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | | | | | | | | | | | | | | | | | | |
| 165 | 4.1 | 5.6 | 7.2 | 8.8 | 10.3 | 11.9 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | | | | | | | | | | | | | | | | | |
| 170 | 4.4 | 5.9 | 7.5 | 9.1 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | | | | | | | | | | | | | | | | |
| 175 | 4.7 | 6.3 | 7.8 | 9.4 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | | | | | | | | | | | | | | | |
| 180 | 5.0 | 6.6 | 8.1 | 9.7 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | | | | | | | | | | | | | | |
| 185 | 5.3 | 6.9 | 8.4 | 10.0 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | | | | | | | | | | | | | |
| 190 | 5.6 | 7.2 | 8.8 | 10.3 | 11.9 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | | | | | | | | | | | | |
| 195 | 5.9 | 7.5 | 9.1 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | | | | | | | | | | | |
| 200 | 6.3 | 7.8 | 9.4 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | | | | | | | | | | |
| 205 | 6.6 | 8.1 | 9.7 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | | | | | | | | | |
| 210 | 6.9 | 8.4 | 10.0 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35 | 36.6 | 38.1 | 39.7 | 41.3 | | | | | | | | |
| 215 | 7.2 | 8.8 | 10.3 | 11.9 | 13.4 | 15 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40 | 41.6 | 43.1 | | | | | | | |
| 220 | 7.5 | 9.1 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45 | | | | | | |
| 225 | 7.8 | 9.4 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | | | | | |
| 230 | 8.1 | 9.7 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | | | | |
| 235 | 8.4 | 10.0 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | | | |
| 240 | 8.8 | 10.3 | 11.9 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | | | |
| 245 | 9.1 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45.0 | 46.6 | 48.1 | 49.7 | 51.3 | | | |
| 250 | 9.4 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | 48.4 | 50.0 | 51.6 | | | |
| 255 | 9.7 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | 50.3 | 51.9 | | | |
| 260 | 10.0 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | 52.2 | | | |
| 265 | 10.3 | 11.9 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | 52.5 | | | |
| 270 | 10.6 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45.0 | 46.6 | 48.1 | 49.7 | 51.3 | 52.8 | | | |
| 275 | 10.9 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | 48.4 | 50.0 | 51.6 | | | | |
| 280 | 11.3 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | 50.3 | 51.9 | | | | |
| 285 | 11.6 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | 52.2 | | | | |
| 290 | 11.9 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | 52.5 | | | | |
| 295 | 12.2 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45.0 | 46.6 | 48.1 | 49.7 | 51.3 | 52.8 | | | | |
| 300 | 12.5 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | 48.4 | 50.0 | 51.6 | 53.1 | | | | |
| 305 | 12.8 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | 50.3 | 51.9 | 53.4 | | | | |
| 310 | 13.1 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | 52.2 | 53.8 | | | | |
| 315 | 13.4 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | 52.5 | 54.1 | | | | |
| 320 | 13.8 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45.0 | 46.6 | 48.1 | 49.7 | 51.3 | 52.8 | 54.4 | | | | |
| 325 | 14.1 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | 48.4 | 50.0 | 51.6 | 53.1 | 54.7 | | | | |
| 330 | 14.4 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | 50.3 | 51.9 | 53.4 | 55.0 | | | | |
| 335 | 14.7 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | 52.2 | 53.8 | 55.3 | | | | |
| 340 | 15.0 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | 52.5 | 54.1 | 55.6 | | | | |
| 345 | 15.3 | 16.9 | 18.4 | 20.0 | 21.6 | 23.1 | 24.7 | 26.3 | 27.8 | 29.4 | 30.9 | 32.5 | 34.1 | 35.6 | 37.2 | 38.8 | 40.3 | 41.9 | 43.4 | 45.0 | 46.6 | 48.1 | 49.7 | 51.3 | 52.8 | 54.4 | 55.9 | | | | |
| 350 | 15.6 | 17.2 | 18.8 | 20.3 | 21.9 | 23.4 | 25.0 | 26.6 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 35.9 | 37.5 | 39.1 | 40.6 | 42.2 | 43.8 | 45.3 | 46.9 | 48.4 | 50.0 | 51.6 | 53.1 | 54.7 | 56.3 | | | | |
| 355 | 15.9 | 17.5 | 19.1 | 20.6 | 22.2 | 23.8 | 25.3 | 26.9 | 28.4 | 30.0 | 31.6 | 33.1 | 34.7 | 36.3 | 37.8 | 39.4 | 40.9 | 42.5 | 44.1 | 45.6 | 47.2 | 48.8 | 50.3 | 51.9 | 53.4 | 55.0 | 56.6 | | | | |
| 360 | 16.3 | 17.8 | 19.4 | 20.9 | 22.5 | 24.1 | 25.6 | 27.2 | 28.8 | 30.3 | 31.9 | 33.4 | 35.0 | 36.6 | 38.1 | 39.7 | 41.3 | 42.8 | 44.4 | 45.9 | 47.5 | 49.1 | 50.6 | 52.2 | 53.8 | 55.3 | 56.9 | | | | |
| 365 | 16.6 | 18.1 | 19.7 | 21.3 | 22.8 | 24.4 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.8 | 35.3 | 36.9 | 38.4 | 40.0 | 41.6 | 43.1 | 44.7 | 46.3 | 47.8 | 49.4 | 50.9 | 52.5 | 54.1 | 55.6 | 57.2 | | | | |
| ≥370 | 16.7 | 18.2 | 19.8 | 21.4 | 22.9 | 24.5 | 26.0 | 27.6 | 29.2 | 30.7 | 32.3 | 33.9 | 35.4 | 37.0 | 38.5 | 40.1 | 41.7 | 43.2 | 44.8 | 46.4 | 47.9 | 49.5 | 51.0 | 52.6 | 54.2 | 55.7 | 57.3 | | | | |
| ANSI 1969 | ≥100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 205 | 210 | 215 | 220 | 225 | 230 | | | | |

الهيئة العامة لشئون ذوي الاعاقة
Public Authority for Disability Affairs

## نموذج طلب لجنة سمعية
The committees audio applivation form

| | | | |
|---|---|---|---|
| Appointment Data: | | | مصدر التحويل |
| Retered To: | | | يحول إلى |
| C.I.D: | | الجنس | اسم المريض |
| Age: | | الجنسية | تاريخ الميلاد |

- Audiometery ☐
- Tympanometry ☐
- Acoustic Reflrxes ☐
- Speech Discrimination ☐

Hospital Seal ختم المستشفى

ختم الطبيب Doctors Seal

* يعتمد ختم طبيب السمعيات كل من المستشفيات التالية:
- مركز الشيخ سالم العلي للسمع والنطق
- مستشفى العدان
- مستشفى الفروانية
- مستشفى جابر

* الأطفال دون سن 5سنوات يحضر الفحوصات السمعية الشاملة

حولي ـ قطعة ١١ شارع بيروت مقابل مدرسة البيان ثنائية اللغة ـ تلفون 1861111 __ 22672300 __ 22672300
الفاكس: 22672333 __ ص.ب: 64929 الشويخ 70460 الكويت

## الإعاقات التطورية:

ينمو الأطفال ويتطورون في كافة المجالات عبر فترات زمنية متشابهة وعبر مراحل متلاحقة بتدرج وتسلسل، إذ لا يكتسب الطفل قدرة زمنية إلا إذا كان قد أتم اكتساب القدرة السابقة، ويشمل التطور الجزء الذهني، والمعرفي والحركي من مفاهيم بسيطة إلى مفاهيم متقدمة، فالحركة تنمو من بسيطة (حركة أطراف بسيطة إلى هادفة ومعقدة(كالجلوس، والوقوف، والمشي والركض.

وتنمو المفاهيم الحسية أيضا من المفاهيم البسيطة والمحسوسة والملموسة ماديا إلى المفاهيم المعقدة والمجردة معنويا. كما تنمو كذلك القدرات الذهنية إلى مستوى يسمح باكتساب نطق وتواصل ومعارف وعلوم ومهارات للحياة.

إذا حصل اضطراب ما في عملية تنامي القدرات في مجال أو في آخر من شأنه أن ينعكس عجزا أو قصورا في أول مهمة أو نشاط أو وظيفة فينحرف مسار النشاط أو يتعطل. فالإعاقات التطورية إذاً هي تعطل في مجال أو أكثر من أعمال وظيفية فكرية كانت أو حركية للطفل.

# Developmental Disability Criteria:

The International Classification of Functioning, Disability, and Health (ICF) is a framework developed by the World Health Organization (WHO) in 2001. It provides a standardized way to describe and measure health, functioning, and disability across different cultures and health conditions. The ICF emphasizes the following key components:

1) **Functioning and Disability:** This includes the domains of body functions and structures, activities, and participation. It recognizes that functioning is a dynamic interaction between the individual and their environment.

2) **Health Conditions:** The ICF categorizes diseases, disorders, injuries, and other health-related conditions that can impact functioning.

3) **Contextual Factors:** These include environmental and personal factors that can facilitate or hinder an individual's functioning. Environmental factors encompass aspects of the physical, social, and attitudinal environment, while personal factors include characteristics such as age, gender, and lifestyle.

4) **Holistic Approach:** The ICF uses a biopsychosocial model, considering biological, psychological, and social factors rather than focusing solely on medical diagnoses.

The ICF is used in various fields, including healthcare, rehabilitation, education, and policymaking, to promote a comprehensive understanding of health and disability, guiding assessments, interventions, and research.

**There are various categories under which childhood disabilities are evaluated. This includes:**

- **Intellectual Disorders: Conditions such as autism, intellectual disabilities, and emotional disorders.**
- **Genetic Disorders: Conditions like Down syndrome and other chromosomal abnormalities.**
- **Musculoskeletal Disorders: Issues affecting the bones, joints, and muscles.**
- **Neurological Disorders: Conditions such as epilepsy and cerebral palsy.**
- **Sensory Impairments: Including vision and hearing impairments.**

**The child's age should be considered when evaluating the impact of the disability. Children are assessed differently from adults, with an emphasis on developmental milestones and how the disability affects their growth and learning.**

**To support a claim for Childhood Disability, families must provide:**

1. **Medical records, including evaluations and treatment history.**
2. **Educational records, such as school certificates or Individualized Education Programs (IEPs), if applicable.**
3. **Statements from caregivers, teachers, and other professionals who can attest to the child's limitations.**

**The process for applying for Childhood Disability benefits includes:**

1. Applying
2. Providing necessary documentation.
3. Undergoing a review process, which may involve medical examinations.

**The classification of disabilities,** including whether they are considered Mild, Moderate, or Severe, typically does not rely solely on a specific percentage of deficit. Instead, these classifications are based on a combination of factors, including:

- **Functional Impact:** Mild disabilities generally indicate that the child has some challenges but can typically function well with appropriate support. They may struggle in specific areas but can manage daily activities and learning with minimal assistance.

- **Standardized Assessments:** Professionals often use standardized tests to gauge cognitive, academic, and adaptive functioning. A Mild disability might be indicated if a child's scores fall within one standard deviation below the mean (typically around the 15th percentile or higher).

- **Contextual Factors:** The context in which the disability affects the child is crucial. A child may have a mild cognitive delay but still perform well in certain subjects or activities.

- **Professional Judgment:** A diagnosis and severity classification should be made by qualified professionals who can assess the child's overall functioning and needs.

# Intellectual Disability

## Diagnostic Criteria:

Intellectual disability is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

1. **Deficits in intellectual functions,** such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

2. **Deficits** in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

3. **Onset of intellectual** and adaptive deficits during the developmental period.

| Severity level | Conceptual domain | Social domain | Practical domain |
|---|---|---|---|
| Mild F70 | For preschool children, there may be no obvious conceptual differences. For school-age children and adults, there are difficulties in learning academic skills involving reading, writing, arithmetic, time, or money, with support needed in one or more areas to meet age-related expectations. In adults, abstract thinking, executive function (i.e., planning, strategizing, priority setting, and cognitive flexibility), and short-term memory, as well as functional use of academic skills (e.g., reading, money management), are impaired. There is a somewhat concrete approach to problems and solutions compared with age-mates. | Compared with typically developing age-mates, the individual is immature in social interactions. For example, there may be difficulty in accurately perceiving peers' social cues. Communication, conversation, and language are more concrete or immature than expected for age. There may be difficulties regulating emotion and behavior in an age-appropriate fashion; these difficulties are noticed by peers in social situations. There is limited understanding of risk in social situations; social judgment is immature for age, and the person is at risk of being manipulated by others (gullibility). | The individual may function age-appropriately in personal care. Individuals need some support with complex daily living tasks in comparison to their peers. In adulthood, supports typically involve grocery shopping, transportation, home and child-care organizing, nutritious food preparation, and banking and money management. Recreational skills resemble those of age-mates, although judgment related to well-being and organization around recreation requires support. In adulthood, competitive employment is often seen in jobs that do not emphasize conceptual skills. Individuals generally need support to make health care decisions and legal decisions, and to learn to perform a skilled vocation competently. Support is typically needed to raise a family. |

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| **Moderate F71** | All through development, the individual's conceptual skills lag markedly behind those of peers. For preschoolers, language and preacademic skills develop slowly. For school-age children, progress in reading, writing, mathematics, and understanding of time and money occurs slowly across the school years and is markedly limited compared with that of peers. For adults, academic skill development is typically at an elementary level, and support is required for all use of academic skills in work and personal life. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life, and others may take over these responsibilities fully for the individual. | The individual shows marked differences from peers in social and communicative behavior across development. Spoken language is typically a primary tool for social communication but is much less complex than that of peers. Capacity for relationships is evident in ties to family and friends, and the individual may have successful friendships across life and sometimes romantic relations in adulthood. However, individuals may not perceive or interpret social cues accurately. Social judgment and decision- making abilities are limited, and caretakers must assist the person with life decisions. Friendships with typically developing peers are often affected by communication or social limitations. Significant social and communicative support is needed in work settings for success. | The individual can care for personal needs involving eating, dressing, elimination, and hygiene as an adult, although an extended period of teaching and time is needed for the individual to become independent in these areas, and reminders may be needed. Similarly, participation in all household tasks can be achieved by adulthood, although an extended period of teaching is needed, and ongoing supports will typically occur for adult-level performance. Independent employment in jobs that require limited conceptual and communication skills can be achieved, but considerable support from coworkers, supervisors, and others is needed to manage social expectations, job complexities, and ancillary responsibilities such as scheduling, transportation, health benefits, and money management. A variety of recreational skills can be developed. These typically require additional supports and learning opportunities over an extended period of time. Maladaptive behavior is present in a significant minority and causes social problems. |

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| **Profound F73** | Conceptual skills generally involve the physical world rather than symbolic processes. The individual may use objects in goal-directed fashion for self-care, work, and recreation. Certain visuospatial skills, such as matching and sorting based on physical characteristics, may be acquired. However, co-occurring motor and sensory impairments may prevent functional use of objects. | The individual has very limited understanding of symbolic communication in speech or gesture. He or she may understand some simple instructions or gestures. The individual expresses his or her own desires and emotions largely through nonverbal, nonsymbolic communication. The individual enjoys relationships with well-known family members, caretakers, and familiar others, and initiates and responds to social interactions through gestural and emotional cues. Co-occurring sensory and physical impairments may prevent many social activities. | The individual is dependent on others for all aspects of daily physical care, health, and safety, although he or she may be able to participate in some of these activities as well. Individuals without severe physical impairments may assist with some daily work tasks at home, like carrying dishes to the table. Simple actions with objects may be the basis of participation in some vocational activities with high levels of ongoing support. Recreational activities may involve, for example, enjoyment in listening to music, watching movies, going out for walks, or participating in water activities, all with the support of others. Co- occurring physical and sensory impairments are frequent barriers to participation (beyond watching) in home, recreational, and vocational activities. Maladaptive behavior is present in a significant minority. |

## Intellectual Disability:

- A group of conditions that are characterized by significant limitations in both intellectual functioning and adaptive behavior.
- The condition originates during the developmental period, before the age of 18 years (DSM-5).

## Global Developmental Delay:

| F88 |
| --- |
| This diagnosis is reserved for individuals under the age of 5 years when the clinical severity level cannot be reliably assessed during early childhood. This category is diagnosed when an individual fails to meet expected developmental milestones in several areas of intellectual functioning and applies to individuals who are unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing. This category requires reassessment after a period. |

- A group of conditions that begin during the developmental period may impact day-to-day functioning, and usually last throughout a person's lifetime. This includes autism spectrum disorder, global developmental delay, language delay or disorder, and other developmental delays and disorders.

- The condition results in substantial functional limitations in the following major life activities:
  - Communication
  - Cognitive development
  - Motor
  - Self-direction
  - Self-care
  - Activities of daily living

- Reflect the need for a combination and sequence of interdisciplinary care, treatment, or other services that are of lifelong or for extended duration and individually planned and coordinated.

- This term is used for children aged 5 and younger and for children aged between 5 and 6 years whose cognitive assessment is difficult to perform because of behavioral, attentional difficulties, or limited communication and or understanding of instructions.

- Developmental disability will be granted to children above the age of two years.

- Developmental disability will be considered mild for children who have global developmental delay without an underlying diagnosis of neurological, genetic, or metabolic illness and have had no previous intervention.

- Global developmental delays with neurological, genetic, or metabolic illnesses can be considered as Mild, Moderate, or Severe, and each case will be assessed individually.

## Unspecified Intellectual Developmental Disorder (Intellectual Disability)

| F79 |
| --- |
| This category is reserved for individuals over the age of 5 years when assessment of the degree of intellectual developmental disorder (intellectual disability) by means of locally available procedures is rendered difficult, or impossible because of associated sensory or physical impairments, as in blindness or prelingual deafness; locomotor disability; or presence of severe problem behaviors or co-occurring mental disorder. This category should only be used in exceptional circumstances and requires reassessment after a period of time. |

## Social (Pragmatic) Communication Disorder:

| Diagnostic Criteria<br>F80.82 |
| --- |
| A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following: |

1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.

2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.

3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.

4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

5. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.

6. The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).

7. The symptoms are not attributable to another medical or neurological condition or low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual developmental disorder (intellectual disability), global developmental delay, or another mental disorder.

## Assessment of the severity

of social pragmatic communication disorder depends on the age of the child. For children below the age of five, it will be assessed as a developmental disability. Children above the age of five will be assessed according to the criteria of intellectual and learning disabilities.

## Autism Spectrum Disorder:

Diagnostic Criteria

F84.0

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route or eat the same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyperreactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).

1. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
2. These disturbances are not better explained by intellectual developmental disorder (intellectual disability) or global developmental delay. Intellectual developmental disorder and autism spectrum disorder frequently co-occur; to make a comorbid diagnosis of autism spectrum disorder and intellectual developmental disorder, social communication should be below that expected for the general developmental level.

## Severity levels for Autism Spectrum Disorder (examples of the level of support needed)

| Severity level | Social communication | Restricted, repetitive behaviors |
|---|---|---|
| Level 1 "Requiring support " | Without supports in place, deficits in social communication cause noticeable impairments Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful | Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence. |
| Level 2 "Requiring substantial support" | Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication | Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action |

| | | |
|---|---|---|
| **Level 3 "Requiring very substantial support "** | **Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches** | **Inflexibility of behavior, extreme difficulty coping with change, or /other restricted repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or .action** |

**Assessment of the severity of autism spectrum disorder depends on the age of the child. For children below the age of five, it will be assessed as a developmental disability. Children above the age of five will be assessed according to the criteria of intellectual and learning disabilities.**

# Attention-Deficit/Hyperactivity Disorder

## Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

**Note:** The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
2. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
3. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
5. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
7. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile
8. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
9. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. Hyperactivity and Impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

1. Often fidgets with or taps hands or feet or squirms in seat.
2. Often leaves the seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
3. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, it may be limited to feeling restless.)
4. Often unable to play or engage in leisure activities quietly.
5. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
6. Often talks excessively.
7. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
8. Often has difficulty waiting his or her turn (e.g., while waiting in line).
9. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).
10. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
11. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
12. There is clear evidence that the symptoms interfere with or reduce the quality of, social, academic, or occupational functioning.
13. E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

**14. Specify whether:**

**F90.2 Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) have been met for the past 6 months.**
**F90.0 Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.**
**F90.1 Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.**

**Attention deficit and hyperactivity disorder is a treatable condition. Children with attention deficit and hyperactivity disorder will be assessed for disability after the age of six years. Disability will be granted to children who fail to show an appropriate response to treatment and continue to have comorbidity due to ADHD.**

# Specific Learning Disorder

## Diagnostic Criteria:

A.

Difficulties learning and using academic skills, as indicated by the presence of at least one of the following symptoms that have persisted for at least 6 months, despite the provision of interventions that target those difficulties:

1. Inaccurate or slow and effortful word reading (e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words).
2. Difficulty understanding the meaning of what is read (e.g., may read text accurately but not understand the sequence, relationships, inferences, or deeper meanings of what is read).
3. Difficulties with spelling (e.g., may add, omit, or substitute vowels or consonants).
4. Difficulties with written expression (e.g., makes multiple grammatical or punctuation errors within sentences; employs poor paragraph organization; written expression of ideas lacks clarity).
5. Difficulties mastering number sense, number facts, or calculation (e.g., has poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost amid arithmetic computation and may switch procedures).
6. Difficulties with mathematical reasoning (e.g., has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems).

**B.** The affected academic skills are substantially and quantifiably below those expected for the individual's chronological age, and cause significant interference with academic or occupational performance, or with activities of daily living, as confirmed by individually administered standardized measures, comprehensive clinical assessment, or a documented history of impairing learning difficulties by school certificates. (For children aged 10 and below; The deficit in academic performance should be equal to or more than two academic years)

**C.** Assessment tools that have not been standardized to the population of Kuwait will not be considered in the assessment of disability.

**D.** The learning difficulties begin during school-age years but may not become fully manifest until the demands for those affected academic skills exceed the individual's limited capacities (e.g., as in timed tests, reading or writing lengthy, complex reports for a tight deadline, excessively heavy academic loads).

**E.** The learning difficulties are not better accounted for by intellectual disabilities, uncorrected visual or auditory acuity, other mental or neurological disorders, psychosocial adversity, lack of proficiency in the language of academic instruction, or inadequate educational instruction.

**Note:** The diagnostic criteria are to be met based on a clinical synthesis of the individual's history (developmental, medical, family, educational), school reports, and psychoeducational assessment.

### F81.0 With impairment in reading:

- Word reading accuracy
- Reading rate or fluency
- Reading comprehension

### F81.1 With impairment in written expression:

- Spelling accuracy
- Grammar and punctuation accuracy
- Clarity or organization of written expression

### F81.2 With impairment in mathematics:

- Number sense
- Memorization of arithmetic facts
- Accurate or fluent calculation
- Accurate math reasoning

## Developmental Coordination Disorder:

### Diagnostic Criteria:
### F82

A. The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning and use. Difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors or cutlery, handwriting, riding a bike, or participating in sports).

1. The motor skills deficit in Criterion A significantly and persistently interferes with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance), and impacts academic/school productivity, prevocational and vocational activities, leisure, and play.
2. The onset of symptoms is in the early developmental period.
3. The motor skills deficits are not better explained by intellectual developmental disorder (intellectual disability) or visual impairment and are not attributable to a neurological condition affecting movement (e.g., cerebral palsy, muscular dystrophy, degenerative disorder).

Children with developmental coordination Disorder will be assessed according to the presence or absence of learning disability.

## Other Specified Neurodevelopmental Disorder:

### F88

This category applies to presentations in which symptoms characteristic of a neurodevelopmental disorder that cause impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the neurodevelopmental disorders diagnostic class.

The other specified neurodevelopmental disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific neurodevelopmental disorder. This is done by recording "other specified neurodevelopmental disorder" followed by the specific reason (e.g., "neurodevelopmental disorder associated with prenatal alcohol exposure").

An example of a presentation that can be specified using the "other specified" designation is the following:

## Unspecified Neurodevelopmental Disorder:

| F89 |
| --- |
| This category applies to presentations in which symptoms characteristic of a neurodevelopmental disorder that cause impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the neurodevelopmental disorders diagnostic class. The unspecified neurodevelopmental disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific neurodevelopmental disorder and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings). |

الهيئة العامة لشئون ذوي الإعاقة
Public Authority of The Disabled

# طلبات دخول اللجنة التطورية

## من عمر (2) – (5) سنوات

- ☐ *Valid medical report*
- ☐ *Vision test*
- ☐ *Hearing test*

## من عمر (6) سنوات – (13) سنة

### دخول أول مرة

- ☐ *تقرير طبي معتمد*
- ☐ *اختبار ذكاء*
- ☐ *تقييم أكاديمي*
- ☐ *شهادات دراسية*
- ☐ *Vision + Hearing test*

### تجديد الإعاقة

- ☐ *تقرير طبي*
- ☐ *شهادات دراسية*

حولي – قطعة 11 شارع بيروت مقابل مدرسة البيان ثانية اللغة
تلفون: 1861111 – 22672300 – 22672300 – فاكس: 22672333 – ص.ب: 64929 الشويخ 70460 الكويت

الهيئة العامة لشؤون ذوي الإعاقة
Public Authority of the Disabled

نموذج طلب اللجنة التطورية
The committees Evolutionary application form

| | | | |
|---|---|---|---|
| Appointment Date: | | | مصدر التحويل |
| Referred To: | | | يحول إلى |
| C.I.D: | الجنس | | اسم المريض |
| Age: | الجنسية | | تاريخ الميلاد |

**اختبارات:**

- ☐ *Vineland test*
- ☐ *Wisc test*
- ☐ *Stanford test*
- ☐ *IQ test*
- ☐ *تقرير طبي معتمد*
- ☐ *تقييم أكاديمي*
- ☐ *شهادات دراسية*
- ☐ *Vision + Hearing test*

ختم الطبيب Doctors Seal

ختم المستشفى Hospital Seal

- يعتمد ختم طبيب الطب التطوري كلاً من المستشفيات الحكومية

حولي – قطعة 11 شارع بيروت مقابل مدرسة البيان ثنائية اللغة
تلفون: 1861111 – 22672300 – 22672300 – فاكس: 22672333 – ص.ب: 64929 الشويخ 70460 الكويت

# Physical disability guidelines In Children

## Cardiac:

Most cardiac diseases in children are congenital malformations or acute illnesses that can be cured or improved by surgical or medical interventions. Assessment is not finalized until all treatment levels are finished

- A doctor's note/report declaring the end of interventional treatment with or without maintenance treatment is necessary to evaluate the impact of the disease on the child.
- The level of handicap is based on the degree of impact the disease has on the essential activities of the child and his dependence on a caregiver. Also, the need for continuous oxygen supply has a role in the assessment.

### The following are some common cases:

Pulmonary hypertension with desaturation that is irreversible may fit in the Moderate to Severe handicap category.

Single ventricle congenital heart disease with complications, desaturation, or with AV valve issues may fit Moderate to Severe (should be reassessed yearly because of fatality).

Acquired dilated cardiomyopathy should not be assessed before at least 8 months after diagnosis to determine the prognosis

Congenital dilated cardiomyopathy is evaluated based on the child's age, ejection fraction, and complications like arrhythmia.

Artificial devices implantation (pacemaker, stent, valve, wire) by itself is not a disability, but complications and residual effects with limitation in essential daily activities are evaluated individually.

## Respiratory:

Chronic lung diseases that limit the child's normal life routine and restrict their major activities are graded according to the degree of impact.

Cystic fibrosis, although it is a chronic degenerative disease it does not cause disability in childhood unless frequent hospital admissions or severe lung disease complications exist that seriously limit major life activities

Asthma is usually not a disability because it is easily treated with medication, but it needs good compliance.

The need for home oxygen therapy is assessed after one year, as many recover after a temporary need.

The permanent need for intermittent/night home oxygen/pressure support is assessed differently from the need for continuous home oxygen.

Tracheostomy and/or ventilator dependence must be assessed after one year to document permanency.

## Renal disease:

Many renal diseases are chronic, slowly progressing, or need lifelong supplements, but they do not cause disability/handicap because the patient's functional abilities are not affected, and no limitations on daily activities if he is compliant with treatment.

End-stage renal disease on dialysis that is anticipated to be chronic by the treating doctor is a Moderate disability until the patient gets a kidney transplant.

A kidney transplant that is functioning and stable after 1 year is not a disability, as it does not interfere with the patient's functional abilities and daily activities

Kidney transplant with complications like lymphoma or rejection is assessed after completion of treatment. It is compared to similar conditions like chronic kidney disease or cancer.

The following diseases are most likely to impact the patient's life and limit his functional abilities and cause disability at some point in his life:

Sanjad sakati syndrome: if causing severe growth retardation and the patient is care giver dependent in essential life activities
(may need intellectual/learning evaluation too)

Clean intermittent catheterization to empty the bladder may entitle the patient to disability certificate if needed frequently as every2- 3 hours and the patient is too young and dependent on caregiver, otherwise it is not a disability

Congenital nephrotic syndrome: if complicated and has central line and on daily albumin transfusion (until kidney transplant)

Gastroenterology and liver disease:

Uncompensated, end stage liver disease with symptoms (ascites, poor appetite, hypoalbuminemia...) and frequent hospital visits is a disability until liver transplant. After transplant the assessment depends on presence of complication or rejection and on frequency of hospital visits (more than twice a month is frequent)

Uncomplicated liver disease and post liver transplant stable for 1 year do not fit the disability category, patient can live with no limitation of daily activities

Inflammatory bowel diseases are assessed according to severity of symptoms and its impact on the child's normal activities including school attendance. Assessment is done after treatment and if proven failure to biological treatment

Constipation and chronic diarrhea are not included in handicap definition except in severe cases where patient is incontinent (not only soiling) and on diaper

Chronic enteropathy would fit the disability category if dependent on TPN

Gastric tube of Nasogastric tube feeding may entitle the patient a disability degree if it is permanent and solely dependent on tube for feeding

## Endocrine:

**Most of endocrine diseases (unless complicated) don't fit the handicap definition as most of them are easily managed by supplements or medications and rarely affect the patient's essential life activities**

## Blood diseases and cancer

**Hemoglobinopathies and anemias like thalassemia major and sickle cell diseases, and different types of anemia are assessed according to the need for hospital admissions.**

**Before bone marrow transplant, the disease may impact the essential life activities of a child if he needs frequent hospital admissions for crises (3-4 per year), is on hydroxyurea medication, or transfusions (6 per year).**

**After a bone marrow transplant, the disease is cured and is no longer a disability any more.**

**Hemophilia and other bleeding tendencies are usually not a disability because the patients are on maintenance medications/transfusions that prevent bleeding and are allowed for most of the normal activities (except contact sports), so it does not interfere with the major life activities.**

**If a complication occurred (like joint bleeding, it will be assessed by the effect of that complication (motor).**

## Leukemia, lymphomas, solid organ cancer

**May apply after discharge from the hospital, may be eligible for handicap if the essential activities are restricted.**

**After completion of intensive therapy, if the patient is stable for one year, then they are not eligible for disability.**

## Bone diseases

- Osteogenesis imperfecta
- Osteopetrosis

## Neurology

Epilepsy well-controlled on medication doesn't meet disability criteria. Uncontrolled on multiple drugs that affect essential life activities may be eligible for disability certificate.

## Inherited and Metabolic Diseases

VLCAD, if diagnosed early and treated, then the patient can have a life without any limitation of essential daily functions.

LCAD severe and limiting the major life function, usually results in a Moderate disability diagnosis.

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