PENDAFTAR
MAHKAMAH TINGGI MALAYA
ARAS 2, ISTANA KEHAKIMAN
PRESINT 3
62506 PUTRAJAYA *"BUAT KERJA"*

Telefon : 03-88803500
Faks : 03-88803954
Laman Web : http://www.kehakiman.gov.my

Ruj Tuan :

Ruj. Kami :

Tarikh :

23 Januari 2009

Pengurus
Pusat Tanggungjawab
Mahkamah Sesyen
SEMENANJUNG MALAYSIA

Tuan/Puan ,

GUIDELINES FOR AWARDS IN PERSONAL INJURY CLAIMS

Adalah saya diarahkan oleh Yang Amat Arif Hakim Besar Malaya untuk merujuk kepada perkara di atas.

2. Bersama-sama ini disertakan sesalinan garis panduan di atas untuk diedarkan kepada semua Hakim Mahkamah Sesyen dan Majistret di bawah seliaan Tuan/Puan.

3. Saya juga ingin membawa perhatian Tuan/Puan bahawa buku ini bertindak sebagai garis panduan kepada Hakim Mahkamah Sesyen dan Majistret dalam menjalankan tugas dan ianya bukanlah bersifat nas duluan yang mengikat dalam menentukan kuantum yang akan diputuskan.

Sekian, terima kasih

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah

(ABU BAKAR BIN KATAR)
Pendaftar Mahkamah Tinggi Malaya
Istana Kehakiman
Putrajaya

TERIMA
28 JAN 2009
UNIT PERPUSTAKAAN

(Sila nyatakan rujukan kami apabila menjawab surat ini)

s.k :

1. Y.A.A Hakim Besar Malaya
   Aras 5, Istana Kehakiman
   PUTRAJAYA

2. Ketua Pendaftar
   Mahkamah Persekutuan Malaysia
   Aras 3, Istana Kehakiman
   PUTRAJAYA

3. Ketua Bahagian
   Bahagian Penyelidikan Kehakiman & Perhubungan Awam
   Mahkamah Persekutuan Malaysia
   Aras 2, Istana Kehakiman
   PUTRAJAYA

4. Ketua Unit Perpustakaan
   Mahkamah Persekutuan Malaysia
   Istana Kehakiman
   PUTRAJAYA

PENGURUS
PUSAT TANGGUNGJAWAB
MAHKAMAH SESYEN DAN MAJISTRET
KOMPLEKS MAHKAMAH KUALA LUMPUR
JALAN DUTA
50592 KUALA LUMPUR

Telefon: 03-6209 4000
Fax : 03-6209 4040

Ruj. Tuan:

Ruj. Kami:

Tarikh:
9 Januari 2009

KAMAR Y.A.A. DATO' ARIFIN B. ZAKARIA
HAKIM BESAR MALAYA
MAHKAMAH PERSEKUTUAN MALAYSIA
62506 PUTRAJAYA
15 JAN 2009
TERIMA

Y.A.A. Dato' Arifin bin Zakaria
Hakim Besar Malaya
Mahkamah Persekutuan Malaysia
Istana Kehakiman
Presint 3
Pusat Pentadbiran Kerajaan Persekutuan
62506 PUTRAJAYA

Yang Amat Arif Dato',

Garis Panduan Ganti Rugi Untuk Kecederaan Diri

Adalah saya dengan hormatnya merujuk kepada perkara di atas.

2. Bersama-sama ini disertakan sesalinan garis panduan yang telah disemak semula dan dipersetujui oleh ahli Jawatankuasa Kerja Bersama untuk arahan Yang Amat Arif seterusnya.

Sekian, terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Untuk Tindakan	
PMT	✓
Peg. Khas I	
Peg. Khas II	
Lain-lain	
Tarikh :	

Saya yang menurut perintah,

(HARMINDAR SINGH DHALIWAL)
Hakim dan Pengurus Pusat Tanggungjawab
Mahkamah Kuala Lumpur
Selaku
Pengerusi,
Jawatankuasa Kerja Bersama Bagi Merangka Garis Panduan Ganti Rugi
Untuk Kecederaan Diri

(Sila nyatakan rujukan kami apabila menjawab surat ini)

GUIDELINES FOR AWARDS IN PERSONAL INJURY CLAIMS

Compiled By
The Joint Working Committee

Judiciary
Tuan Harmindar Singh Dhaliwal
Tuan Gunalan a/l Muniandy
Tuan Wong Teck Meng
Puan Sabariah bt Othman

KL Bar
Mr R Ravindra Kumar
Mr Brendan Navin Siva
Mr Santhana Dass Savarinathan
Encik Razlan Hadri bin Zulkifli
Mr John S N Fam
Mr Americk Singh Sidhu
Mr Siva Dharma Rudra Deva
Mr S L Tan

CONTENTS

Introduction 1

Orthopaedic Injuries

Skull 2
Facial Bones 3
Teeth 4
Clavicle and Shoulder 4-5
Arm in General 5-6
Amputations of Arm 6-7
Rib Cage 8
Pelvis 8-9
Leg in General 9-10
Amputations of Leg 11
Spinal/Nerve Injuries 12-13

Internal Injuries

Brain 14-15
Eyes 15-16
Ears/Hearing 16-17
Sense of Smell/Taste 17
Voice Box (Larynx) 18
Lungs 18
Abdomen 19
Sexual Organs 20

External Injuries 21-22

Skeletal system
(Extracted from 1994 Clark Boardman Callaghan)

Skeleton 23
Skull & Face; Skull 24
Skull & Face; Le Fort Classification of Facial Fractures 25
General; Vertebral Column 26
Lumbosacral; Vertebrae 27
Shoulder 28
Elbow & Forearm 29
Wrist & Hand 30
Wrist & Hand; Scaphoid Fracture 30
Wrist Bones 31
Wrist & Hand; Carpal Dislocation 31
Ribs; Rib Cage 32
Pelvis, Hip & Thigh; Male Pelvis 33
Pelvis, Hip & Thigh; Hip Joint 34
Knee & Leg 35
Knee & Leg; Anterior Cruciate & Medial Collateral Ligament Tears 36
Knee & Leg; Posterior Cruciate & Lateral Collateral Ligament Tears 36
Ankle & Foot 37

INTRODUCTION

These guidelines are intended to be used in the analysis of appropriate awards to be made in respect of the different types of injuries that can be suffered by a claimant in a personal injury suit or claim. As the title suggests, these are guidelines only and may have to be adapted to suit the myriad of injuries potentially sufferable by a claimant as a result of an accident.

Under each injury, a range of figures have been tabulated, based on the contemporary trend of awards in Malaysian Courts and should be adapted to suit the particular type and nature of an injury being dealt with bearing in mind hardly any two injuries are ever identical in nature and more so the individuals suffering them.

Naturally the lower figure suggested is reflective of the relatively minor nature of that simple injury under that particular head, rising in value, depending on a variety of factors, but not necessarily confined to any complications that may arise from that injury, but also taking into account the position of the person suffering that injury, particularly in relation to the issue of loss of amenities, which is separate from the question of pain and suffering.

This guide begins with the setting out of orthopaedic injuries from top to toe, literally, and then deals with internal injuries affecting the organs, including the brain.

It must always be borne in mind that an overlap of injuries, both external and internal, may inevitably occur, in which case an element of over lapping will have to be taken into account.

ORTHOPAEDIC INJURIES

THE SKULL (CRANIUM)

The skull is composed of bone which is separated into different areas, and has the primary function of protecting the brain. Each specific area is not really different from the other in terms of the pain generated from a fracture and can therefore be treated in the same way as far as quantum is concerned.

There are however instances where the skull is fractured so badly that it shatters resulting in the necessity of removing these bone fragments and replacing the affected area with an artificial substance to protect the brain. This is called a cranioplasty and ought to be considered an injury attracting a higher figure.

Injury	Low	High
Parietal / Temporal / Frontal / Occipital/ Spenoid bone or base of skull	10,000	15,000
Any of these fractures requiring a cranioplasty	15,000	25,000
Mastoid and/or styloid processes	8,000	12,000

FACIAL BONES

There are a number of bones in the face which are sometimes separated, in medical literature, into their component parts, and at other times referred to in groups or 'complexes'.

Therefore any reference to the 'zygomatic complex' for instance, will in fact be a reference to both the zygoma and the orbit, and may include part of the maxilla as well.

Mandibles are a little easier to deal with as they represent the most easily identifiable facial bone, which stretches from the ear to the chin on each side of the face and is usually referred to as the 'lower jaw'.

The alveolar is the bone in which the upper incisors are embedded and therefore its fracture inevitably involves some front teeth as well.

Facial fractures, more than any other fractures, give rise to much overlap in awards and therefore some understanding of the medical terminology used in describing these fractures should be appreciated before an appropriate choice of figures can be made.

A bilateral fracture describes fractures on both sides of the facial asymmetry.

Injury	Low	High
Mandible	12,000	25,000
Maxilla, Le Fort I , II, or III	12,000	25,000
Zygoma	8,000	10,000
Orbit	6,000	8,000
Alveolus	6,000	8,000
Nasal Bone	6,000	10,000

TEETH

There are a number of injuries that can be suffered by the teeth. They can be chipped, fractured, partially broken or lost, in an accident.

Whatever the damage, dental work is required apart from the initial trauma. The cosmetic effects of the loss of the front teeth have also to be taken into account when making an award under this head. A subtle distinction has also to be made in respect of the different type of teeth, ie incisor, molar and/or pre molar.

The number of teeth lost, fractured or broken will also have an impact on an award, which may not necessarily involve overlapping, but may attract an 'exacerbated' or 'aggravated' award due to the loss of the ability to chew and digest food properly, the more teeth that are lost.

Injury	Low	High
Broken tooth	1,000	1,500
Fractured tooth	1,000	1,500
Loss of tooth	2,000	2,500
Loss of 1 - 5 teeth	2,000	10,000
Loss of 5-10 teeth	10,000	18,000
Loss of 10-20 teeth	18,000	30,000

CLAVICLE AND SHOULDER

The clavicle is more commonly known as the collar bone and the scapula the shoulder bone.

Hardly anything goes wrong with fractures of these bones and there are normally insignificant disabilities associated therewith.

The most common disability with a fractured clavicle would be overlapping of the fractured ends resulting in a certain degree of shortening, which is not much of a functional disability except that the claimant may experience a little difficulty lifting his arm over his head,

Injury	Low	High
Scapula	10,000	16,000
Clavicle	10,000	25,000
Dislocation acromio - clavicular joint	8,000	18,000

ARM IN GENERAL

There are 3 distinct sections of the human arm, namely the upper arm or humerus, the lower arm or the radius and ulna, and of course the hand, made up of a multitude of small bones called the carpals, metacarpals and the finger bones or phalanges, extending from the wrist in that order.

As human beings, we rely a great deal on the dexterity of our fingers and our opposed thumb. This is even more so when the dominant arm is involved. Consideration therefore has to be given to the loss of amenities part of general damages awardable to a claimant as some severe injuries to any part of the arm may have a devastating effect on that particular claimant for example a neuro surgeon or a lead guitar player as opposed to a computer operator or manual labourer.

Fractures near the joints of the arm may result in restricted movements of the elbow (olecranon), or wrist.

Contemporary treatment of fractures of the humerus, and radius and ulna involve an operation with internal fixation using titanium screws or plates. This form of treatment results in less disability but does involve invasive surgery.

Fractured fingers may appear to be a minor injury but a resultant stiff or bent finger can be extremely troublesome, especially on the dominant hand.

Injury	Low	High
Humerus	10,000	23,000
Olecranon	10,000	25,000
Radius	8,000	25,000
Ulna	7,000	23,000
Radius and ulna	15,000	30,000
Carpal (scaphoid/lunate/pisiform)	4,000	7,000
Metacarpal (hand)	3,000	5,000
Phalange (finger)	3,000	12,000

Amputations of any part of the hand, fingers or arm would attract awards proportional to the number of joints lost bearing in mind the paramount importance of the hand as the most important physical tool of any of the body's appendages.

Thus an amputation at the wrist joint would almost be as devastating as an amputation through the upper arm. Cosmetically, it would be easier to fit a lower arm prosthesis than an upper arm one due to the absence of an elbow joint but functionally both would be of little assistance.

Special regard would have to be had to an amputation through the shoulder joint as the fitting of prosthesis would be very difficult and so damages would have to be at the higher end of the scale to reflect this.

Amputations of Arm

Injury	Low	High
Amputation of any 1 finger at proximal phalange	10,000	15,000
Amputation of any 1 finger at distal phalange	8,000	10,000
Amputation of middle and ring fingers at proximal phalange	18,000	20,000
Amputation of middle and ring fingers at distal phalanges	12,000	14,000
Amputation of 3 - 4 fingers	20,000	35,000
Amputation of thumb at proximal phalange	15,000	20,000
Amputation of thumb at distal phalange	12,000	15,000
Amputation of all fingers and thumb	25,000	40,000
Amputation of whole hand at wrist joint	30,000	45,000
Amputation through elbow joint	45,000	50,000
Amputation at mid upper arm level	60,000	70,000
Amputation at shoulder	75,000	80,000

RIB CAGE

The ribs protect the chest cavity and the internal organs within the thorax. They are attached to the spinal column at one end and the sternum at the other. There are exactly 12 ribs in a male but 13 in a female.

Generally a blunt impact to the chest wall may cause rib fractures, the treatment of which is conservative and usually involves a tight binding of the chest wall for about 3 weeks.

Sometimes a fractured rib may penetrate the chest wall and cause a puncture of one of the lungs. This may involve surgery to correct and possible re inflation of the lung involved.

Multiple rib fractures may involve a certain degree of overlapping in an award.

Injury	Low	High
1 Rib	2,000	3,000
2 Ribs	4,000	6,000
Multiple Rib Fractures (6-12)	10,000	20,000
Sternum	8,000	10,000

PELVIS

The pelvic bone has a butterfly appearance and one side mirrors the other.

The larger upper 'wings' are called the Iliac, whilst the lower and smaller 'wings' are referred to as the pubic rami.

The femur attaches to the pelvis via the acetabulum or hip joint, located between the upper and lower structures.

The sacrum connects both sides of the iliac crescents together, and the pubic symphysis joins both pubic rami.

Pelvic injuries generally heal well without remedial treatment, but in some severe cases external fixation is required.

The disability normally associated with a severe disruption of the pelvic girdle or a separation of the symphysis pubis, or sacroiliac joint, is a pelvic 'tilt' affecting gait, or it may affect child bearing in a female.

Injury	Low	High
Iliac crescent	8,000	12,000
Sacro iliac joint	8,000	10,000
Superior and inferior pubic rami	8,000	12,000
Diasthesis symphysis pubis	10,000	20,000
Bilateral fractures of Iliac / Pubic rami	15,000	25,000
Sacrum	10,000	12,000
Acetabulum	20,000	30,000
Multiple hip fractures with hip disabilities	35,000	60,000

LEG IN GENERAL

The femur or upper leg is the longest bone in the body and attaches to the hip by a rounded top called the femoral head, to the acetabulum, in a ball and socket joint.

The knee is a complex structure protected by the patella or knee cap and supported by a number of ligaments which are important for stability.

The tibia and fibula form the lower leg. The fibula is a minor bone compared to the load bearing tibia.
The ankle joint is made up of the bottom of the tibia and fibula (malleoli), followed by the foot consisting of the tarsals, metatarsals and phalanges in that order.

Fractures of the long bones of the leg are normally treated by operation and internal fixation involving titanium plates and screws. This procedure reduces the extent of any shortening of these bones by the overlapping of the fragments of a fracture.

Fractures of some of the bones of the leg, such as the malleoli and patella are generally fixed by screws whilst the foot bones are secured by K - wiring.

Shortening and restriction of movement of the joints affected are the main sequelae of leg injuries whilst torn ligaments (posterior and inferior cruciate) of the knee ought not to be treated lightly due to potential instability problems.

Injury	Low	High
Femur (simple fracture/shortening)	18,000	40,000
Patella	12,000	15,000
Knee ligaments (anterior/posterior cruciate)	15,000	25,000
Tibia (simple fracture/shortening)	15,000	35,000
Fibula	10,000	12,000
Tibia and fibula	18,000	40,000
Femur, Tibia and fibula (with shortening)	30,000	50,000
Medial /Lateral malleoli	8,000	22,000
Tarsal (Navicular, Cuneiform, Cuboid)	8,000	12,000
Metatarsal	6,000	10,000
Phalange	3,000	6,000
Calcaneum	10,000	15,000
Loss of heel pad	10,000	25,000

Awards for the above injuries ought to be adjusted to accommodate the degree of disability occasioned by the particular injury or by multiple injuries to the bones of the leg, and do not necessarily involve adding up the award for each injury and arriving at a figure as an element of overlapping is always involved.

In any event, as a rule of thumb, no award should be made which would exceed an award for an above knee amputation except in exceptional circumstances where the disabilities are so severe as to be worse than an amputation in terms of mobility and function.

Amputations of Leg

Injury	Low	High
Big toe	10,000	12,000
Little Toe	6,000	8,000
2-4 Toes	12,000	25,000
All Toes	18,000	30,000
Foot	25,000	40,000
At ankle	45,000	50,000
Below Knee	55,000	65,000
Through Knee	65,000	70,000
Above knee	70,000	75,000
At Hip	75,000	80,000

SPINAL / NERVE INJURIES

The spinal column is made up of a column of vertebra extending from the base of the skull to the sacrum and ending in the coccyx.

The vertebra are divided into the cervical (C1 to C7), thoracic (T1 to T12), and lumbar (L1 to L5), sections, in order of descent. Each vertebrae consists of a main bone with appendages called the transverse or spinous processes.

The spinal cord runs down the central canal of the spinal column and consists of nerve fibres from the brain which supply the entire body, similar to a conduit of various cables transmitting electrical impulses to different parts of the body.

If this conduit is traumatized to the extent that the cables are damaged or severed, no electrical impulses are able to be transmitted resulting in the loss of control to that part of the body supplied by the same.

As a rule of thumb, a victim becomes paralyzed below the level at which the trauma to the spinal cord occurs. Paralysis may be partial or complete. Grade 5 is used to denote full power of the limbs whilst Grade 0 reflects complete paralysis. Some partial use of the limbs may be available in incomplete paralysis.

On occasion, nerve damage may occur to the nerves supplying the arms without damage to the spinal cord and this is called a brachial plexus injury, commonly caused by trauma to the upper arm region.

Injury	Low	High
Simple fracture of the body of a vertebrae (wedge/compression)	12,000	15,000
Fractures of 2 - 5 vertebra	18,000	35,000
Fractures of vertebra causing restriction of movement of neck or back	18,000	35,000
Fracture of the vertebra causing quadraplegia	250,000	350,000
Fracture of the vertebra causing paraplegia	180,000	250,000
Brachial plexus injury to upper limb	40,000	65,000

INTERNAL INJURIES

BRAIN

Injuries to the brain are generally caused by blunt trauma to the skull, or velocity related trauma in which the brain is caused to recoil within the skull due to a sudden and violent halt. The brain is covered by a protective sheath called the dura. An injury to the brain may cause internal bleeding which puts pressure on the blood vessels supplying blood to the brain so that less blood is able to flow through it resulting in some of the cells being deprived of oxygen and dying as a result.

A sub dural, or extra dural haematoma, for instance, means that there is a build up of blood under or above the dura and therefore the best way of treating the same is by a burr hole craniotomy which has the effect of releasing the build up of pressure by making a 'release' hole in the skull.

The faster this is attended to, the less likely the brain will be damaged. The more of the brain that is deprived of oxygen combined with the length of time it is deprived will determine the extent of the brain tissue that dies and therefore the severity of brain damage.

The brain is a unique organ and therefore the extent of damage can sometimes be very subjective and can range from mild personality changes, aggressive behaviour, memory impairment to more severe and debilitating manifestations such as intellectual impairment, loss of sight, speech, hearing, paralysis and becoming vegetative.

Brain injuries are some of the most difficult injuries to quantify with any precision due to the wide range of resultant disabilities that may occur combined with the subjective nature of the sequalae.

Injury	Low	High
Simple cerebral concussion	3,000	5,000
Sub dural haematoma with burr hole craniotomy	15,000	25,000
Mild personality or behavioural changes	20,000	40,000
Memory impairment	20,000	45,000
Intellectual impairment/ insanity	50,000	150,000
Impairment of senses	30,000	100,000
Motor impairment (weakness of limbs) hemiplegia	40,000	65,000
Bedridden state with awareness	250,000	300,000
Persistent vegetative state (coma)	150,000	200,000

EYES

Damage to the eyes may be caused as a result of a brain injury affecting the optic nerve or a traumatic impact with a hard object.

Enucleation means the complete removal of the whole eyeball.

Injuries to the eyes generally result in degrees of loss of vision to complete blindness. A specialists report will generally state the percentage loss of vision of the eye and this is a good guideline for an award.

Again, an award will also be dependant on the victim suffering the injury as a visually challenged air line pilot would be more devastated by this injury than would a mee goreng seller.

Injury	Low	High
Haematoma to the eyes	2,000	3,000
Loss of peripheral vision	10,000	20,000
Diplopia (double vision)	10,000	20,000
Traumatic cataract	5,000	8,000
20 % - 50% loss of vision in 1 eye	20,000	30,000
20% - 50% loss of vision in both eyes	35,000	70,000
50%-80% loss of vision in 1 eye	25,000	60,000
50%-80% loss of vision in both eyes	50,000	120,000
Blindness in 1 eye	70,000	75,000
Blindness in both eyes	175,000	180,000
Loss of Eye	80,000	85,000
Loss of both eyes	180,000	190,000

EARS / HEARING

Damage to the ears can be caused by impact or by nervous damage.

External injury to the ears may result in the actual ear being ripped off, which will cause a cosmetic blemish as well as difficulty in trapping sound waves resulting in some loss of hearing in that ear.

The tympanic membrane or ear drum can become perforated by trauma which can lead to a degree of deafness, or the inner ear or cochlea can be affected by a disruption in nerve supply.

The degree of deafness varies depending on the trauma associated with the injury.

Tinnitus is a condition in which there is a constant 'ringing' in the ear.

Injury	Low	High
Ear ripped off	5,000	15,000
Tinnitus	10,000	15,000
Partial loss of hearing in 1 ear	10,000	25,000
Partial loss of hearing in both ears	30,000	45,000
Complete loss of hearing in 1 ear	35,000	40,000
Complete loss of hearing in both ears	90,000	100,000

SENSE OF SMELL / TASTE

Damage to the olfactory nerve may result in a loss of sense of smell in varying degrees.

The 9th cranial nerve serves the taste buds of the tongue.

Therefore the cause of loss of taste or smell is more often than not associated with nerve damage as a result of trauma to the head and can be complete or partial.

In either case, the loss of amenity in being able to enjoy food and savour pleasant odours is what determines the quantum of an award.

Injury	Low	High
Complete loss of sense of smell	35,000	40,000
Complete loss of sense of taste	35,000	40,000
Partial loss of sense of smell	10,000	30,000
Partial loss of sense of taste	10,000	30,000

VOICE BOX (LARYNX)

This is an organ situated at the upper end of the trachea and may sometimes be affected by a neck injury to the extent that the result of that trauma is a hoarse voice, a soft voice or even the total loss of the ability to speak.

Again, attention has to be paid to the type of victim as an opera singer would suffer a greater loss of amenities than would a bus conductor.

Injury	Low	High
Hoarseness	10,000	25,000
Whisper	20,000	35,000
Loss of Voice	80,000	120,000

LUNGS

The lungs are two inflatable bags on either side of the thorax, surrounded by a membrane called the pleura, and separated from the organs of the abdomen by a structure known as the diaphragm.

Lung damage is normally associated with trauma to the chest, fracture of a rib which punctures a lobe, and haemopneumothorax, which is an accumulation of blood and gas in the pleural cavity surrounding the lungs.

The diaphragm is important in the control of the normal breathing pattern, by expansion and contraction in association with the intercostals muscles between the ribs.

Injury	Low	High
Collapse of lung (puncture)	5,000	6,000
Diaphragm damage	15,000	18,000
Haemopneumothorax	5,000	6,000

ABDOMEN

The abdomen contains a variety of internal organs whose primary functions are concerned with the digestion of food and the excretion of waste products.

Some of these organs are not as important as others and their loss has minimal after effects (such as a splenectomy). However, trauma to others may cause devastating effects (nephrectomy), requiring dialysis for life.

Any operation to investigate a trauma to the abdomen is generically referred to as a 'laporotomy' and is normally associated with a repair of an internal organ or a removal of one, or to remove blood accumulation in the abdominal cavity.

Intestinal damage may result in the removal of a portion of the small intestine or the colon. In severe cases, a victim may have to wear a permanent 'bag' into which the products of digestion are discharged (colostomy).

The ureters are ducts connecting the kidneys to the bladder. The urethra connects the bladder to the exterior. Damage to these structures will necessitate a laporotomy and repair to these ducts.

Liver damage may also necessitate a laporotomy and in severe cases, removal of the damaged part.

Injury	Low	High
Laporotomy	8,000	10,000
Removal of spleen	10,000	12,000
Removal of 1 kidney	30,000	35,000
Removal of 2 kidneys	100,000	120,000
Removal of part of liver	15,000	25,000
Removal of portion of small intestine	15,000	40,000
Removal of portion of colon	20,000	40,000
Bladder rupture	15,000	20,000
Rupture of ureter/urethra	10,000	15,000
Liver laceration	10,000	12,000

SEXUAL ORGANS

The importance of having fully functional sex organs is obviously more important the younger the victim is, both male and female, especially in the child bearing age.

In males, paraplegia will more often than not, result in impotency, which is taken into account in an award for that injury.

Injury	Low	High
Erectile dysfunction	20,000	50,000
Complete impotency	50,000	80,000
Loss of one testicle	15,000	25,000
Loss of both testicles	30,000	60,000
Laceration to scrotum/perineum	6,000	8,000
Amputation of penis	50,000	80,000
Loss of an ovary	15,000	40,000
Loss of both ovaries	30,000	60,000

EXTERNAL INJURIES

External injuries are normally associated with the skin and include soft tissue injuries, lacerations, haematomas, degloving injuries, skin grafts, abrasions and scarring.

A degloving injury is one in which the skin of the forearm and hand, or the leg and foot is ripped off in the same way a glove is removed.

Awards are dependant on the extent of the injury and the location of the same.

Cosmetic effects of the resultant damage are also of concern especially to a young female where clothing would not normally cover scarring.

Disfigurement is also something which needs to be taken into account.

An increased award for loss of amenities would have to be considered in a situation where the victim with facial scarring is an actress or model as opposed to the same injuries in a 60 year old cook.

The pain and suffering associated with reconstructive surgery would also have a bearing on the extent of an award.

Lacerations and abrasions may be minor in nature or may be extensive and scar causing.

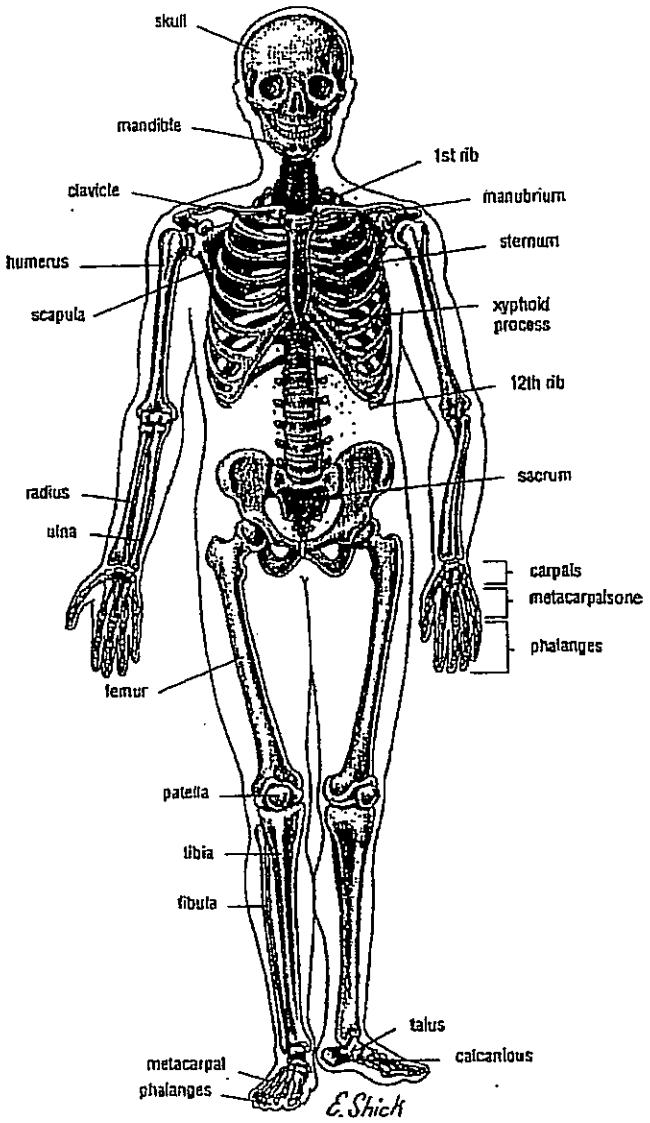
Certain individuals have the genetic propensity for keloid formation and therefore scarring is more pronounced.

Injuries are sometimes overlapping and this needs to be taken into account before a figure is decided upon.

Injury	Low	High
Degloving injury to leg	10,000	20,000
Degloving injury to arm	12,000	25,000
Lacerations (single to multiple)	1,000	5,000
Abrasions (single to multiple)	1,000	4,000
Minor scarring to leg	1,000	2,500
Minor scarring to arm	1,500	3,000
Extensive scarring to leg	4,000	10,000
Extensive scarring to arm	5,000	15,000
Facial scarring	5,000	30,000
Operation scars	2,000	10,000
Haematoma	1,000	2,000
Skin grafting	4,000	12,000

Extracted from 1994 Clark Boardman Callaghan

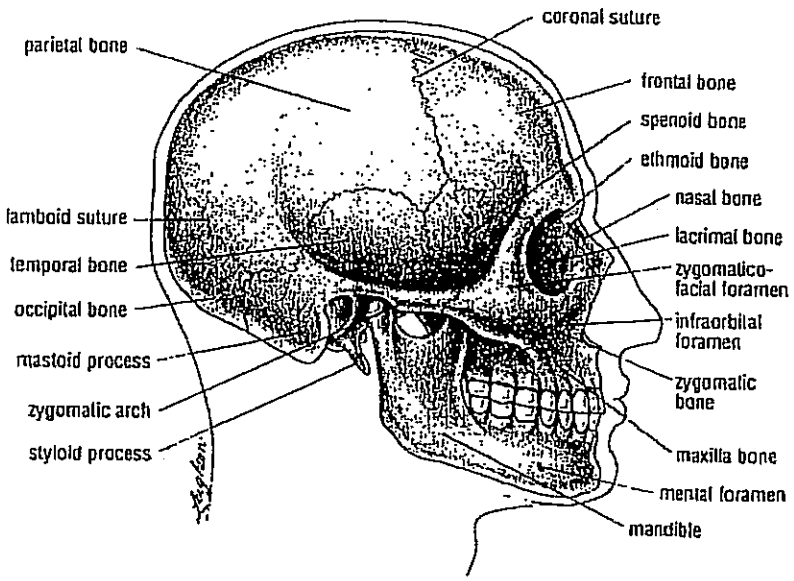
Skeletal system; skeleton; anterior view; normal



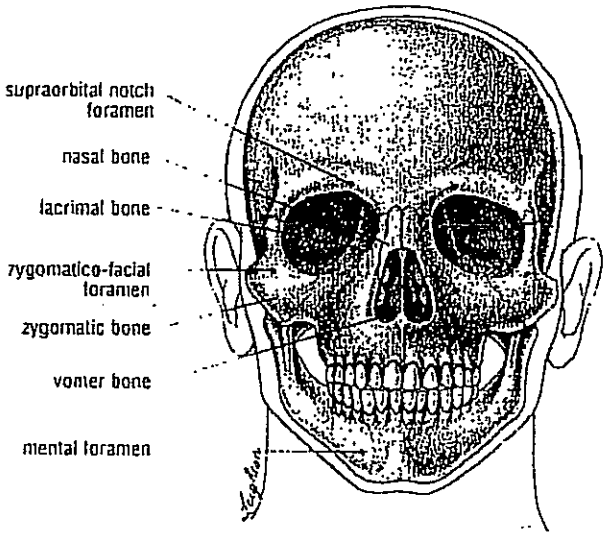
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Skull & face; skull; lateral view; normal



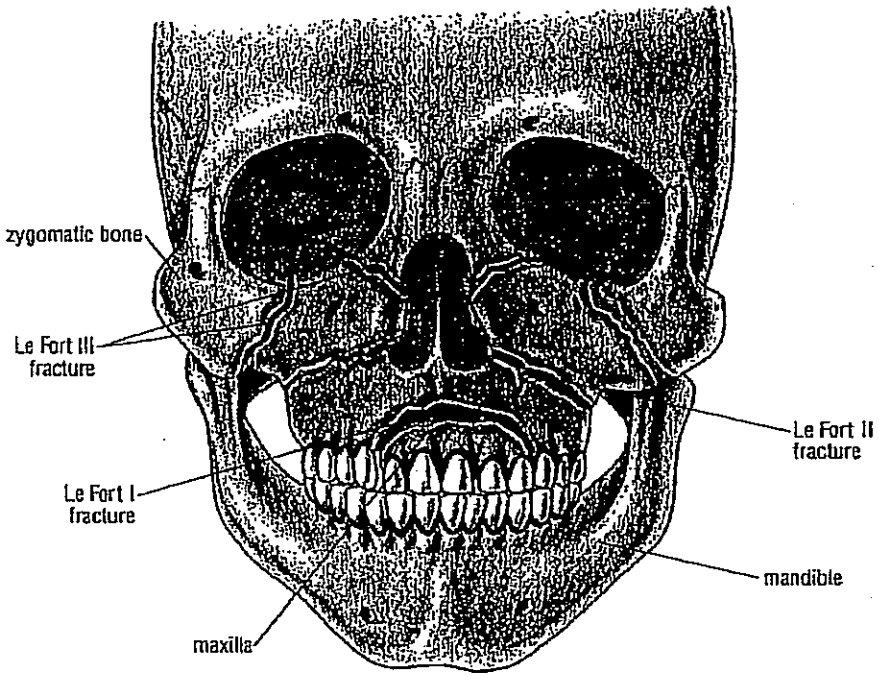
Skull & face; skull; anterior view; normal



© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

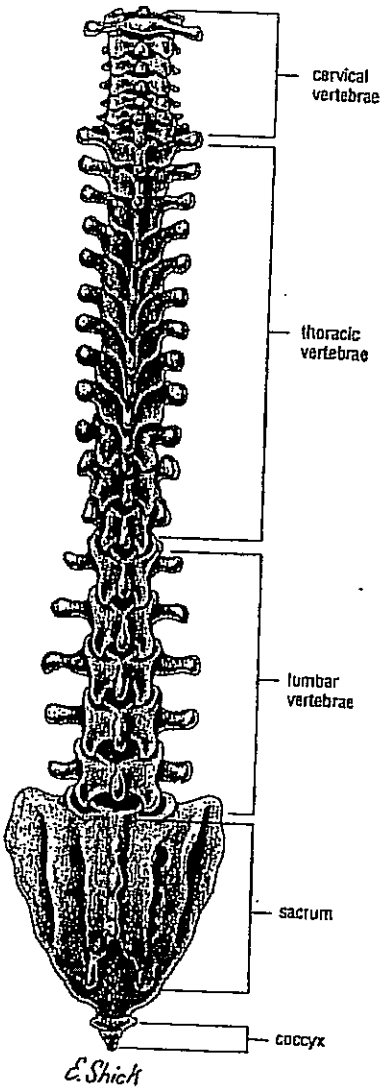
Skull & face; Le Fort classification of facial fractures; anterior view; trauma



© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

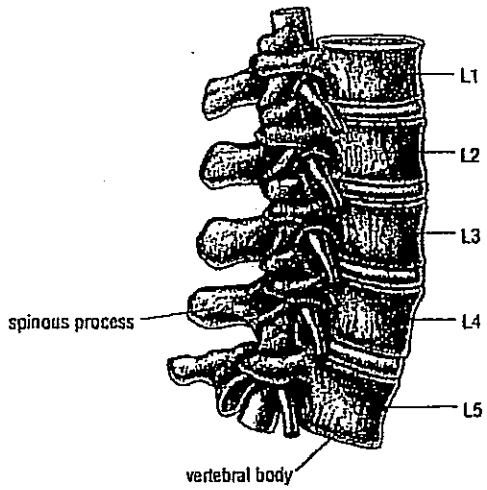
General; vertebral column; posterior view; normal



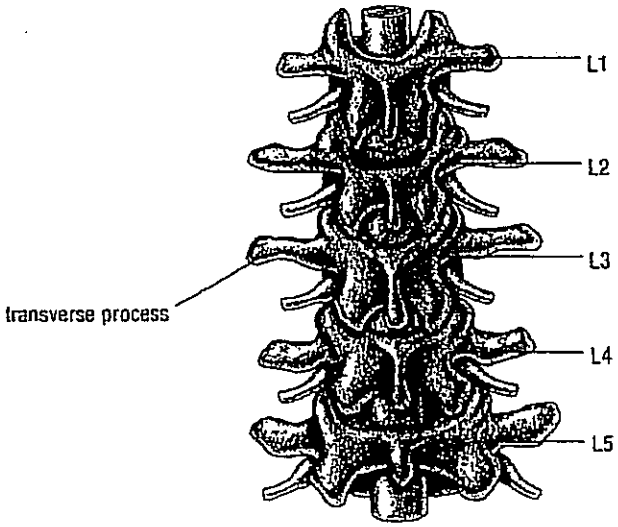
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Lumbosacral; vertebrae; lateral view; normal



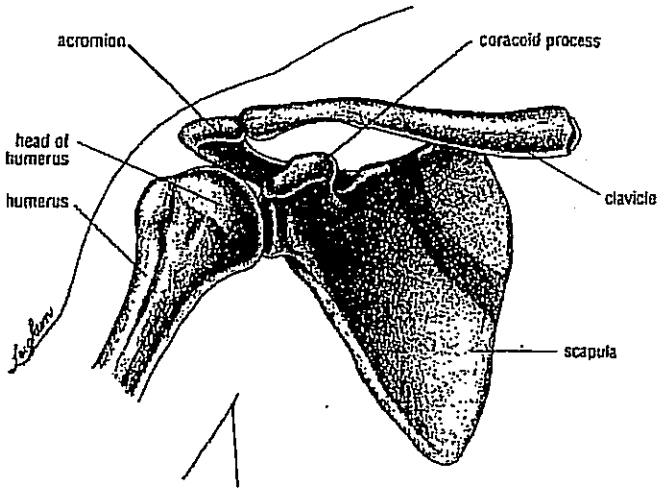
Lumbosacral; vertebrae; posterior view; normal



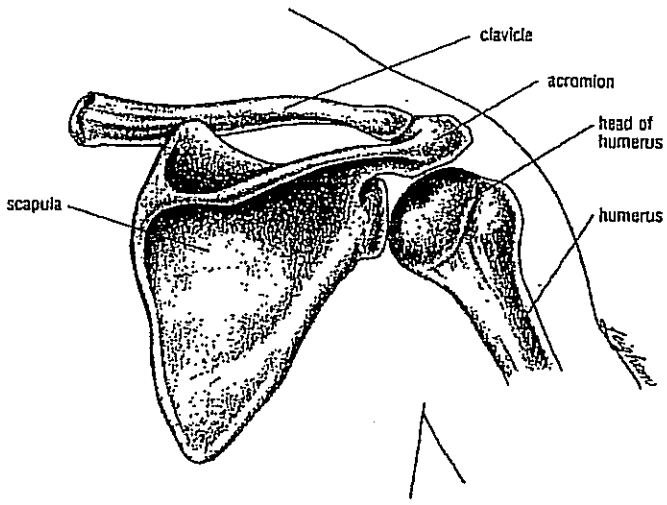
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Shoulder; bones; anterior view; normal



Shoulder; bones; posterior view; normal

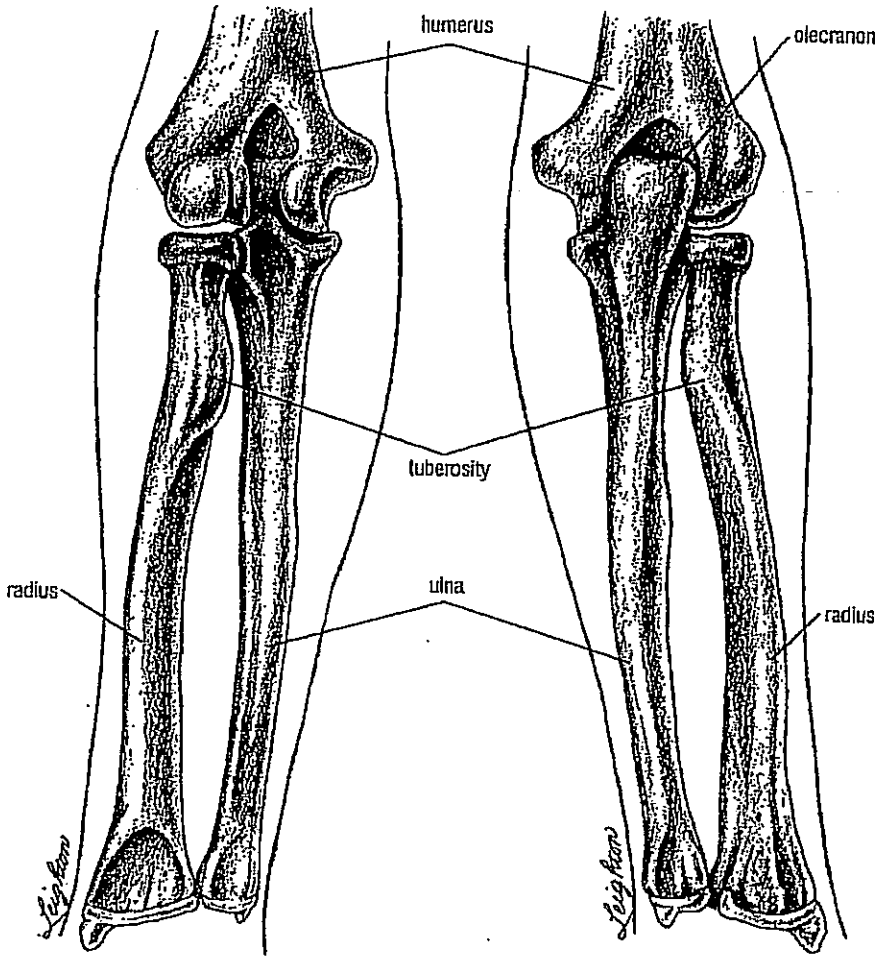


© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Elbow & forearm; bones; anterior view; normal

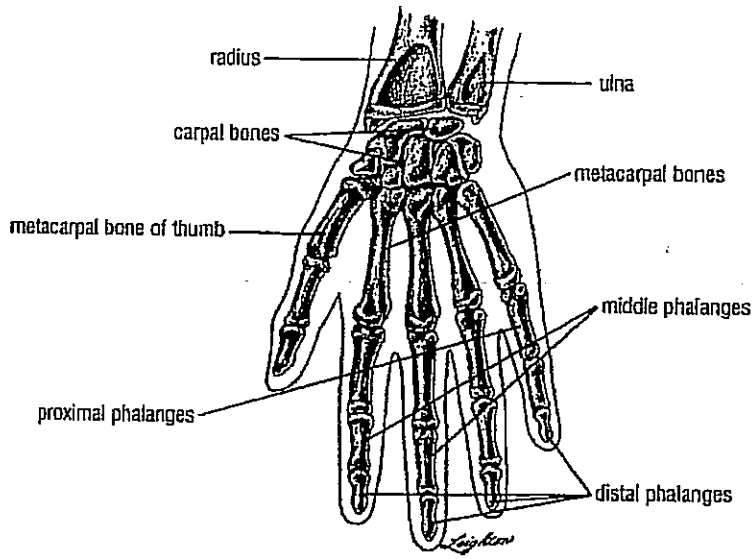
Elbow & forearm; bones; posterior view; normal



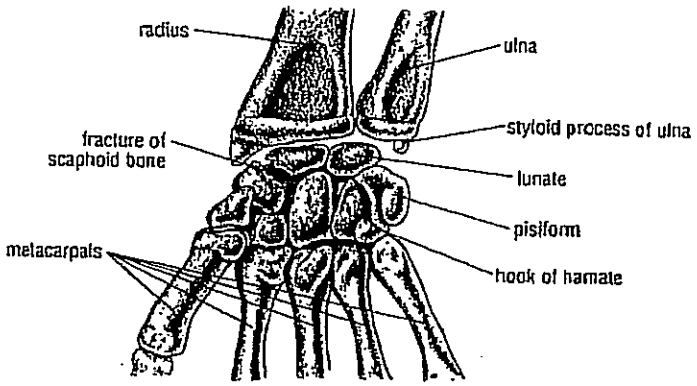
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Wrist & hand; bones; palmar view; normal



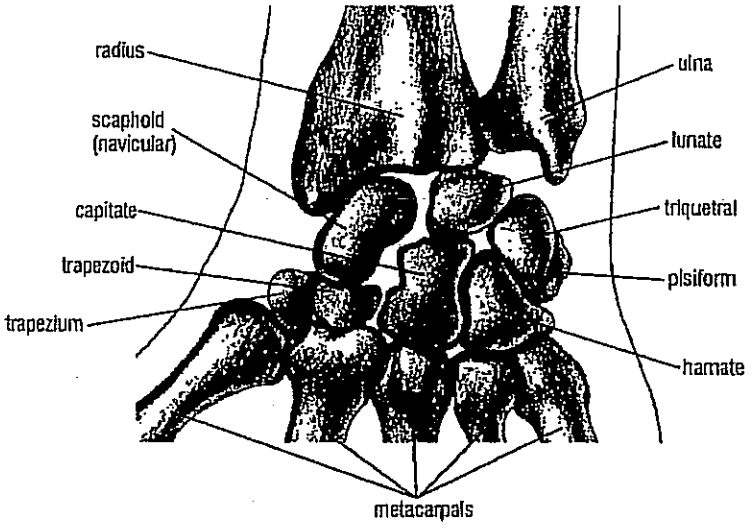
Wrist & hand; scaphoid fracture; palmar view; trauma



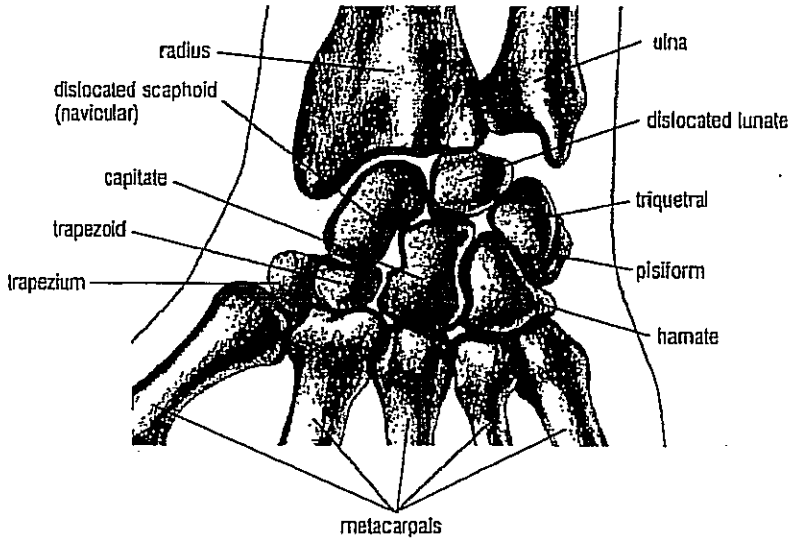
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Wrist & hand; wrist bones; dorsal view; normal



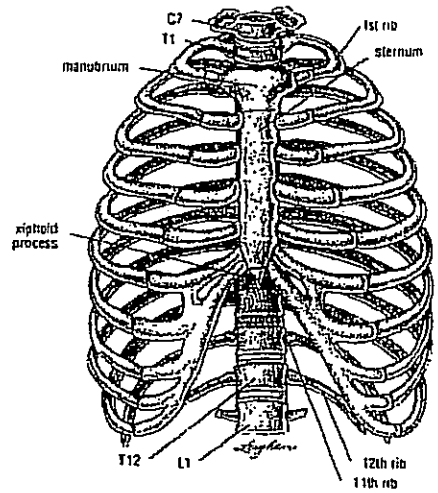
Wrist & hand; carpal dislocation; dorsal view; trauma



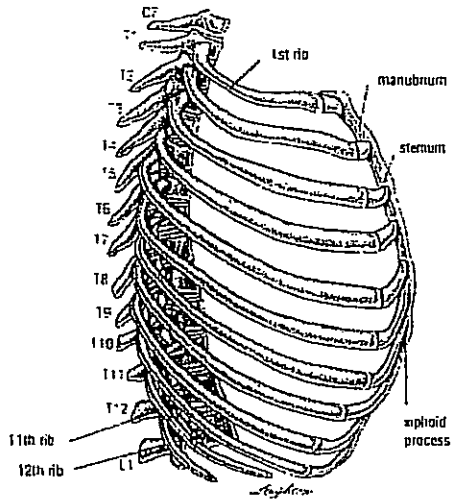
© West Group 1999

Extracted from 1994 Clark Boardman Callaghan

Ribs; rib cage; anterior view; normal



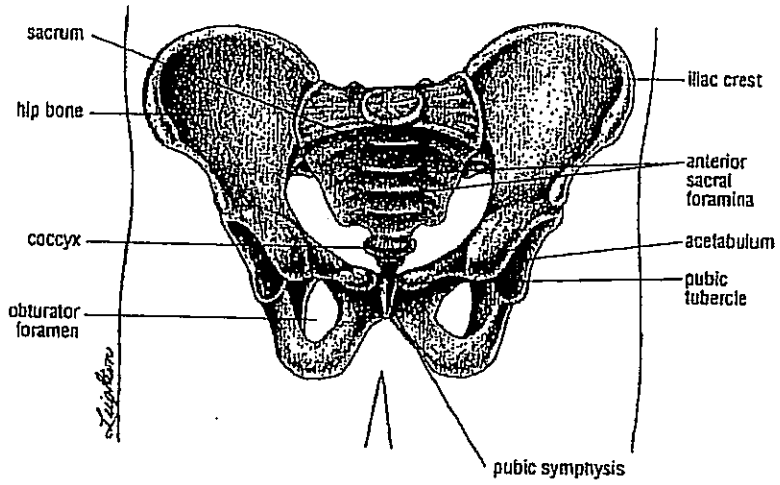
Ribs; rib cage; lateral view; normal



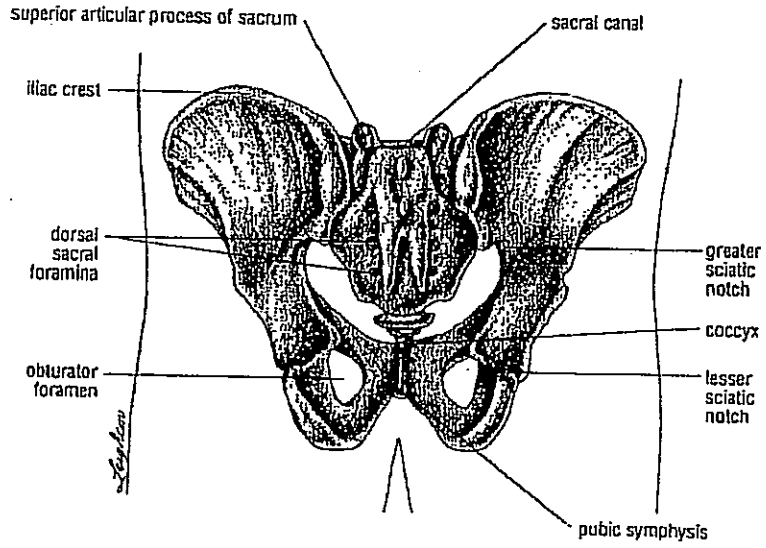
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Pelvis, hip & thigh; male pelvis; anterior view; normal

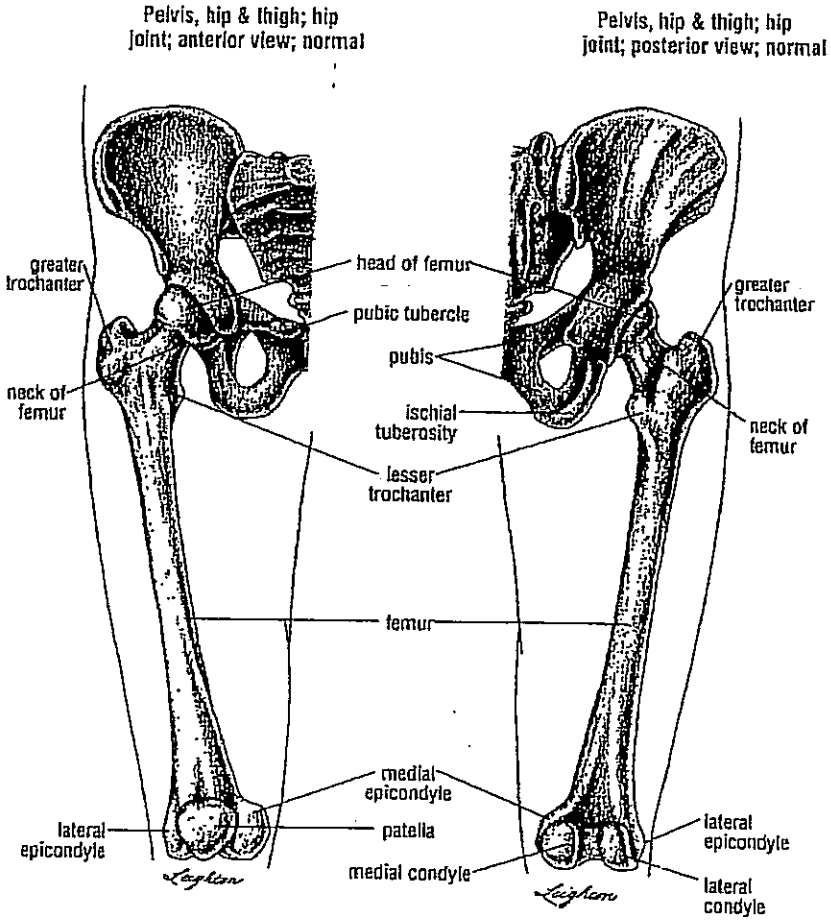


Pelvis, hip & thigh; male pelvis; posterior view; normal



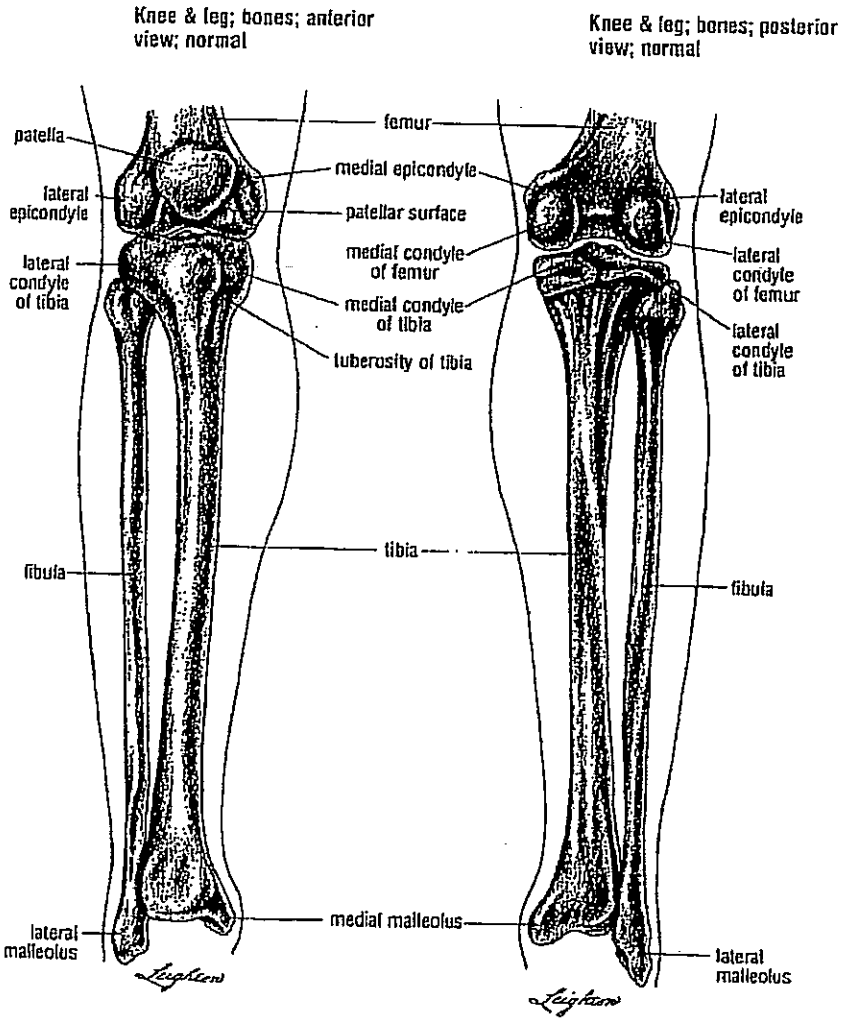
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan



© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

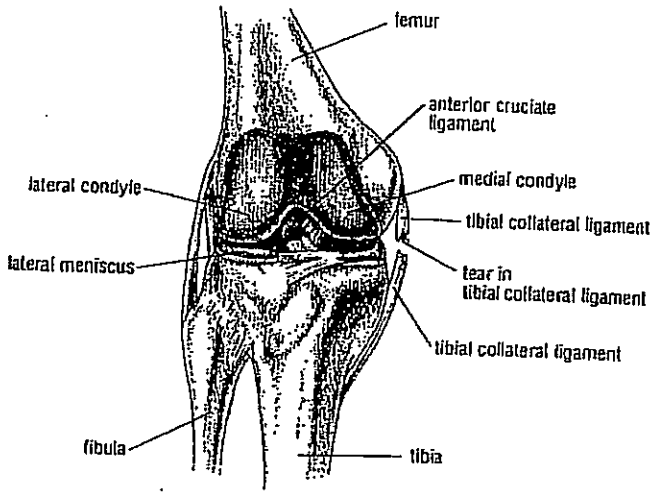
Extracted from 1994 Clark Boardman Callaghan



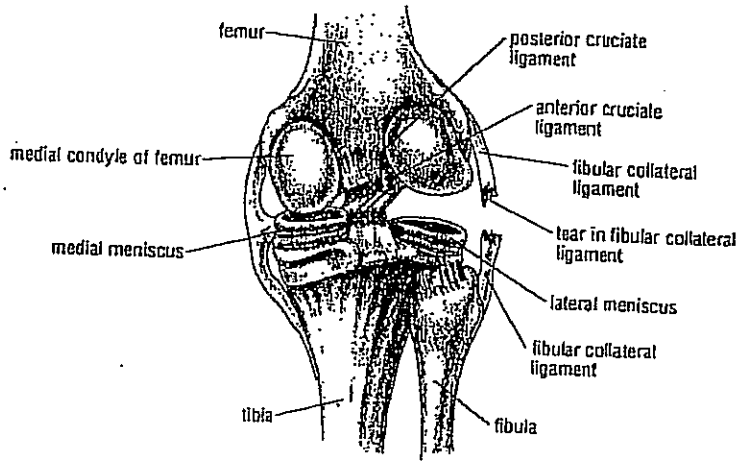
© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Knee & leg; anterior cruciate & medial collateral ligament tears; anterior view; trauma



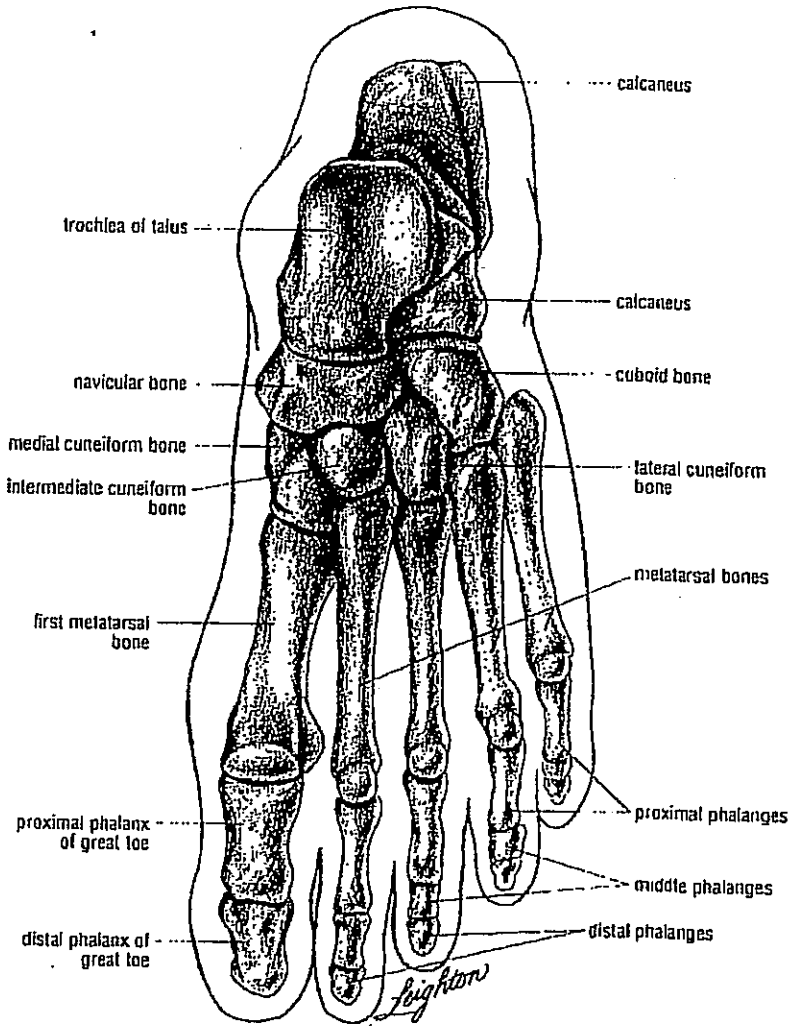
Knee & leg; posterior cruciate & lateral collateral ligament tears; posterior view; trauma



© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.

Extracted from 1994 Clark Boardman Callaghan

Ankle & foot; bones; dorsal view; normal



© 1994 Clark Boardman Callaghan
a division of Thomson Information Services, Inc.