The Judicial Studies Board for Northern Ireland

Guidelines for the Assessment of General Damages in Personal Injury Cases in Northern Ireland

(Sixth edition)

Introduction by
The Right Honourable Lord Justice Horner

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Compiled for

The Judicial Studies Board for Northern Ireland

By a committee under the stewardship of The Right Honourable Lord Justice Horner

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INTRODUCTION TO SIXTH EDITION OF THE GREEN BOOK by The Right Honourable Lord Justice Horner

I am pleased to introduce the Sixth Edition of the "Guidelines for the Assessment of General Damages in Personal Injury Cases". It is recognised that since the publication of the First Edition in 1996, the Guidelines have proved to be a useful aid to both judiciary and practitioners in the assessment of personal injuries in this jurisdiction.

The members of the Green Book Revision Committee have applied their experience and expertise and used the same central methodology as that of all previous incarnations of the Committee. The broad spectrum of interests of those involved in personal injury awards was represented in the Committee to ensure that personal injury awards continue to be "fair and just".

The Committee's task was described by Lord Blackburn in *Livingstone v Rawyards Co* [1880] 5 App Cas 25 at 39, HL as:

"Where any injury is to be compensated by damages, in settling the sum of money to be given ... you should as nearly as possible get at that sum of money which will put the person who has been injured ... in the same position as he would have been in if he had not sustained the wrong."

As with previous editions, we have made adjustments to the figures by reference to the Retail Price Index ("RPI"). The Fifth Edition Guidelines applied RPI as at July 2018 projected to the midlife point of that Edition (June 2021). This approach provided figures for the lifespan of that Edition. Thus, practitioners and judges did not have to adjust for RPI as each year passed. The inflationary climate is quite different today compared to early 2019. We have experienced an overall trend of significant rise in inflationary rates from March 2021 to October 2022 with rates remaining high at March 2023. The overall inflationary trend since April 2023 is a slow reduction in inflation. The Committee decided to adopt a conservative approach and make no forecasts as to what inflation may be at the midpoint of this Edition. The Committee adopted RPI as applied to the Fifth Edition to the date for publication as a guide for the level of assessments with no projected calculations.

In some cases we have altered the structure of the categories of injury, notably, in Chapter 5B (Deafness/Tinnitus). We have separated the categories of deafness and tinnitus as they can be mutually exclusive. Where there is doubling up of these injuries, appropriate allowance should be made. In Chapters 6D and 8B (Reproductive System and Facial Disfigurement respectively) we have removed the distinction in the level of damages based on gender as the injuries described are equally applicable to both male and female.

No distinction on the level of damages for the same injury is made in this Edition on the basis of gender. In Chapter 7I (Hand Injuries) we have rationalised the categories of injury to fingers so that very specific injuries corresponding to specific fingers are now encompassed within slightly broader categories. The Guidelines cannot cover every detail of every injury, but the aim of the Guidelines is to provide useful categorisation of injury which is inclusive so as to ensure full compensation can be achieved for all injuries.

The Guidelines are provided to assist in determining levels of damages, they are not a rigid framework to be applied mechanistically. I adopt the words of the first Chairman, Lord Justice MacDermott which have been echoed by all subsequent Chairmen:

"The assessment of damages is not an exact science: it is not a mechanical process achieved by recourse to an analysis of allegedly comparable cases or reference to well known books such as *Kemp and Kemp*. A fair assessment is achieved by the Judge applying his training, experience and innate sense of fairness to the individual case".

The colloquial name of the "Green Book" may survive but this Edition will be published by the Judicial Studies Board in an online printable version only, accessed through the Judiciary NI website. Both practitioners and the public may access this online publication free of charge. This approach is more environmentally friendly and reflects the diminishing demand for printed books of this type within the profession. I am grateful to the Law Society for the assistance provided with producing a text that was suitable for online publication.

The Committee was constituted of members of the legal profession representing both plaintiffs and defendants in personal injury cases as well as members of the Bench who brought their individual and collective expertise to the development of this Edition. I take this opportunity to thank all the members of the Committee for their commitment and valuable contributions to this revision of the Guidelines.

I also thank David Reid BL for his assistance together with Julie Groves and Alistair Beare of the Lady Chief Justice's Office. I am indebted to all of them for their industry and initiative.

MARK HORNER
13 March 2024

Mark T Homer

INTRODUCTION TO FIRST EDITION by The Right Honourable Lord Justice MacDermott

This Committee was set up by the Lord Chief Justice at the suggestion of the Judicial Studies Board for Northern Ireland. In March 1992 the first edition of the *Guidelines for the Assessment of General Damages* was published in England and the Board felt that it would be helpful to Practitioners and others concerned with the assessment of damages if a Northern Ireland edition were produced.

Our initial approach to our task was to question the wisdom of such a venture. The assessment of damages is not an exact science: it is not a mechanical process achieved by recourse to an analysis of allegedly comparable cases or reference to well known books such as *Kemp and Kemp*. A fair assessment is achieved by the Judge applying his training, experience and innate sense of fairness to the individual case which he is trying and which he will approach both sensibly and with sensitivity. There is a real argument that "guidelines" will become "norms" and that the existence of a book of this nature will depersonalise the assessment of damages. On reflection, however, we concluded for several reasons that there should be a Northern Ireland Guidelines Book.

Firstly, the level of damages in Northern Ireland is significantly higher than in England and Wales. As was pointed out by Lord Lowry in *Simpson v Harland & Wolff* [1988] NI 432 this variation is in large measure due to the fact that in Northern Ireland the assessment of damages was in the hands of juries until 1987.

Secondly, Practitioners when valuing cases and Judges when assessing damages have had regard to the 1987 level of damages adjusted to reflect inflation.

Thirdly, if there are no local guidelines there is a danger that the existing English Guidelines will be accepted as relevant by default. This would be both irrational and unjust.

That said, we would emphasise that this book must be used with caution and discretion. It must not be considered as a "ready-reckoner" which by reference will provide an instant valuation to every case. The suggested valuations are guidelines and will best be used as a check upon a tentative valuation reached after a careful consideration of how particular injuries affect a particular individual.

A meaningful valuation of general damages depends upon many variables such as age, sex, pre-accident health and so on. The guidelines in this book are often given as a wide

bracket so that these variable features may be fitted in and they are also wide so that they may last for a number of years without being rendered unreal by the erosion of inflation.

We have followed the headings adopted in the original book with some minor variations. They are, however, somewhat rigid and do not reflect the frequent situation where injuries are multiple and their sequelae varied and at times overlapping.

Finally, we would repeat what we have already said: this book must be used cautiously and sensibly. The figures which we suggest are no more than guidelines and must always be treated as such and kept under regular review.

JOHN MACDERMOTT 25 October 1996

John Den 1996

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1. INJURIES RESULTING IN DEATH

Fatal accident claims sometimes include an element for pain, suffering and loss of amenity for the period between injury and death. In some circumstances the awards may be high, for example those relating to asbestos exposure or misdiagnosis of cancer. Others follow extensive periods of disability before death supervenes. In such cases reference should be made to the awards for the underlying injuries or condition, suitably adjusted to reflect the fact (if it be the case) that the plaintiff knows that death is approaching, and the period of suffering.

There are cases in which a serious injury is followed by death relatively quickly. Factors which will inform the level of general damages include:

- (i) the nature and extent of the injury
- (ii) the nature of the traumatic event causing the injury
- (iii) the degree and duration of pain and discomfort
- (iv) the plaintiff's awareness of pain and discomfort
- the effect and effectiveness of medication and medical treatment on the plaintiff and any side effects
- (vi) the length of the period of survival
- (vii) the plaintiff's awareness of his impending death
- (viii) loss of amenity

There are many variables rendering it difficult to give meaningful guidelines. Immediate unconsciousness after the trauma causing the injury followed by death within a matter of weeks where it is clear that the plaintiff has not suffered may attract damages of around £15,000 as contrasted with cases in which the Deceased has suffered excruciating pain extending over a matter of a few months coupled with intrusive medical treatment which may attract damages of up to £100,000.

2.	INJURIES INVOLVING PARALYSIS	
(a)	Quadriplegia	£590,000 – £870,000
	Considerations affecting the level of the award:	
	 (i) Extent of residual movement (ii) Pain (iii) Effect on other senses (iv) Depression (v) Age and life expectancy 	
(b)	Paraplegia	£475,000 – £720,000
	Considerations affecting the level of the award:	
	(i) Pain (ii) Depression (iii) Age and life expectancy (iv) The degree of independence	

3.	HEAD INJURIES	
(a)	Very Severe Brain Damage	£500,000 – £850,000
	In the most severe cases the plaintiff will be in a vegetative state; there may be recovery of eye opening and some return of sleep and waking rhythm and postural reflex movements; no evidence of meaningful response to environment. Unable to obey commands; no language functions and need for 24 hour nursing care.	
	Considerations affecting the level of the award:	
	 (i) Insight – low insight or awareness will diminish general damages (ii) Life expectancy (iii) Extent of physical limitations (iv) Extent of any behavioural problems 	
(b)	Moderately Severe Brain Damage	£310,000 – £685,000
	Severe disability. Conscious, but total dependency and requiring constant care. Disabilities may be physical, e.g. limb paralysis, or cognitive, with marked impairment of intellect and personality.	
	Considerations affecting the level of the award:	
	 (i) Insight - low insight or awareness will diminish general damages (ii) Life expectancy (iii) Extent of physical limitations (iv) Extent of any behavioural problems 	
(c)	Moderate Brain Damage	£300,000 – £575,000
	 Moderate to severe intellectual deficit, a personality change, an effect on sight, speech and senses with a risk of epilepsy. 	

(i)	Modest to moderate intellectual deficit, the ability to work is greatly reduced if not lost and there is a risk of epilepsy.	£160,000 – £345,000
(ii)	Concentration and memory are affected, the ability to work is reduced and there may be a risk of epilepsy.	£55,000 – £220,000
(d) Mii	nor Brain Damage	£50,000 - £110,000
can but The cor wh fut	good recovery will have been made. The plaintiff in participate in normal social life and return to work it restoration of all normal functions is not implicit. Here may still be persistent defects such as poor incentration and memory or disinhibition of mood inchemay interfere with lifestyle, leisure activity and ture work prospects. Extent and severity of the initial injury Extent of any continuing and possibly permanent disability Extent of any personality change	
(e) Oth	ner Head Injuries	£4,500 – £47,000
invo or s psy cha ran to rea from rec mo the	s category is a broad one. Where a head injury olves other injuries or damage (e.g. loss of taste smell, damage to hair, injury to the jaw, scarring, chological or psychiatric damage and personality inge) the level of damages will take account of the ges applicable to these other injuries in addition damages for physical injury to the head (e.g. by son of a fractured skull). The damages will range in a lower end of about £4,500 in cases where a full overy is established within a few weeks to cases of the relongstanding sequelae. In more serious cases of damages may exceed the upper level of award own.	

	These are not cases of brain damage from which they must be distinguished. Although at the interface with psychiatric injury, diagnosed cases of Post-Concussional Syndrome ('PCS') following injury to the head can also be considered within this category. Considerations affecting the level of the award: (i) Severity of initial injury (ii) Period of recovery from acute symptoms (iii) Extent of continuing symptoms at trial (iv) Headaches (v) Cases where there are one or two discrete epileptic episodes, or a temporary resurgence of epilepsy, but there is no risk of further recurrence beyond that applicable to the population at large.	
(f)	Established Epilepsy	£120,000 – £240,000
	This includes both Grand mal and Petit mal. The factors which will affect the award will be: (i) The existence of other associated behavioural problems (ii) Whether attacks are successfully controlled by medication and the extent to which the appreciation of the quality of life may be blunted by that medication.	
(g)	Other Epileptic Conditions	£10,000 – £60,000
	Cases where there are one or two discrete epileptic episodes, or a temporary resurgence of epilepsy, but there is no risk of further recurrence beyond that applicable to the population at large. The level of the award within the bracket will be affected by the extent of any consequences of the attacks on, for example, education, sporting activities, working and social life, and their duration.	

4. PSYCHIATRIC DAMAGE

The factors to be taken into account in valuing claims for psychiatric damage include the following:

- (i) Ability to cope with life, education and particularly work
- (ii) Effect on relationships with family, friends or contacts
- (iii) Extent to which treatment would be successful
- (iv) Future vulnerability
- (v) Prognosis
- (vi) Extent and/or nature of any associated physical injuries
- (vii) Whether medical help has been sought.

In cases where the psychiatric injury arises from sexual abuse, additional considerations which may assist in informing the level of damages include:

- (a) The circumstances of the victim at the time of the events, including age, vulnerability, etc.
- (b) The effect on relationships with sexual partners, including the ability to sustain sexual and personal relationships
- (c) The nature and extent of any abuse of trust
- (d) Any social stigmatisation affecting the victim
- (e) The circumstances of the assaults, including their number, frequency, and how violent, invasive and degrading they were.

It is also recognised that in psychiatric injury cases, the facts of a particular case may justify an award in excess of the guideline figures and/or an award of aggravated damages.

A.	Psychiatric Damage Generally	
(a)	Severe Psychiatric Damage	£100,000 – £250,000
	In these cases the injured person will have marked problems with respect to factors (i) to (vii) above and the prognosis will be very poor.	
(b)	Moderately Severe Psychiatric Damage	£60,000 - £150,000
	In these cases there will be significant problems associated with factors (i) to (vii) above but the prognosis will be much more optimistic than in (a) above.	
(c)	Moderate Psychiatric Damage	£15,000 – £60,000
	While there may have been the sort of problems associated with factors (i) to (vii) above there will have been marked improvement by trial and the prognosis will be good.	
(d)	Minor Psychiatric Damage	Up to £20,000
	The level of the award will take into consideration the length of the period of disability and the extent to which daily activities and sleep are affected.	
	This category includes adjustment disorders.	
	(i) Where a virtually full recovery is made within 12 months	Up to £10,000
	(ii) Where a virtually full recovery is made within 12 – 24 months	Up to £20,000

В.	Post	-traumatic Stress Disorder	
	a sp char psyc of h distr affect rate also diffic	increasingly large number of cases deal with pecific reactive psychiatric disorder in which acteristic symptoms are displayed following a hologically distressing event outside the range numan experience which would be markedly ressing to almost everyone. Such symptoms would be the basic functions such as breathing, pulse and bowel and/or bladder control. They would involve persistent re-living of the relevant event, culty in controlling temper, in concentrating and peeping, and exaggerated startled response.	
	(a)	Severe	£100,000 - £250,000
		Such cases will involve permanent effects which prevent the injured party from working at all or at least from functioning at anything approaching the pre-trauma level. All aspects of the life of the injured person will be badly affected.	
	(b)	Moderately Severe	£60,000 - £150,000
		This category is distinct from (a) above because of the better prognosis where some recovery with professional help is anticipated. However, the effects are still likely to cause significant disability for the foreseeable future.	
	(c)	Moderate	£15,000 – £60,000
		In these cases the injured person will have largely recovered and any continuing effects will not be grossly disabling.	
	(d)	Minor	Up to £20,000
		The level of the award will take into consideration the length of the period of disability and the extent to which daily activities and sleep are affected.	

5.	INJU	IRIES AFFECTING THE SENSES	
	part or lo dam In s	of or damage to senses can be restricted to one icular sense, e.g. loss of one eye or total blindness oss of the sense of smell. However, very often lage to senses can be caused by other injuries. uch cases damages are likely to be viewed as ltiple injuries" awards.	
A.	Inju	ries Affecting Sight	
	(a)	Total Blindness and Deafness	£500,000 – £750,000
	(b)	Total Blindness	£350,000 – £600,000
	(c)	Total Loss of One Eye	£100,000 – £175,000
	(d)	Loss of Sight in One Eye with Reduced Vision in the Remaining Eye	
		(i) Where there is serious risk of further deterioration in the remaining eye, going beyond the normal risk of sympathetic ophthalmia.	£175,000 – £325,000
		(ii) Where there is reduced vision in the remaining eye and other problems are experienced e.g. double vision.	£125,000 – £225,000
	(e)	Complete Loss of Sight in One Eye	£90,000 – £165,000
	(f)	Cases of serious but incomplete loss of vision in one eye without significant risk of loss of or reduction in vision in the remaining eye, or where there is constant double vision.	£50,000 – £100,000
	(g)	Minor but permanent impairment of vision in one eye including cases where there is some double vision which may not be constant.	£22,000 – £75,000
	(h)	Minor Eye Injuries	Up to £23,500

В.	Dea	fness/Tinnitus	
	both asse	word "deafness" in this context is used to cover total and partial hearing loss. However, in ssing awards for hearing loss regard must be had be following:	
	(i)	Whether the injury complained of is:	
		(a) A hearing impairment(b) A disability(c) A handicap.	
	(ii)	Whether the injury is one that has an immediate effect of causing one or more of the disabilities above or whether the same occurred over a period of time, e.g. in noise exposure cases.	
	(iii)	Whether the injury / disability is one that the plaintiff has suffered at an early age with the result that the same has had an effect upon his speech or if it is one that he has suffered in later life.	
	(iv)	Whether the injury or disability affects balance.	
	(a)	Total Deafness and Loss of Speech or Gross Impairment of Speech	£350,000 – £625,000
	(b)	Total Deafness	£250,000 – £350,000
	(c)	Total Loss of Hearing in One Ear	£50,000 - £100,000
	(d)	Hearing Loss	
		Bilateral hearing loss and tinnitus are dealt with separately below. Where hearing loss and tinnitus arise from the same cause, allowance should be made to avoid over-compensation. In cases of partial hearing loss affecting one ear only, there should be a suitable adjustment.	

		Severe hearing loss The upper limit is reserved for cases approaching total deafness.	£60,000 - £200,000
		Moderate hearing loss	£20,000 - £60,000
		Mild hearing loss	Up to £20,000
	(e)	Tinnitus	
		Severe tinnitus	£40,000 - £90,000
		Moderate tinnitus	£20,000 - £40,000
		Mild tinnitus	Up to £20,000
C.	Imp	airment of Taste and Smell	
	(a)	Total Loss of Taste and Smell	£50,000 – £95,000
	(b)	Loss of Smell and Loss of Taste	£40,000 – £80,000
	(c)	Loss of Smell	£40,000 – £70,000
		A plaintiff who suffers from a loss of sense of smell will normally suffer a loss of a sense of taste. See above. In a case where the plaintiff falls to be compensated for a loss of a sense of smell on its own the upper range figure would be appropriate in a case of a total loss of the sense of smell. The damages will diminish the greater the residual sense of smell.	
	(d)	Loss of Taste	£30,000 – £50,000
		In a case where the plaintiff falls to be compensated for a loss of a sense of taste on its own the upper range figure would be appropriate in a case of a total loss of the sense of taste. The damages will diminish the greater the residual sense of taste.	

6.	INJU	JRIES TO INTERNAL ORGANS	
A.	Che	st Injuries	
	majo with injur dise- futu sequ clair may and	is an especially difficult area because the vast prity of cases relate to industrial <i>disease</i> (dealt in paragraph B . below) as distinct from <i>traumatic</i> by and the level of the appropriate award for lung ase necessarily reflects the prognosis for the are and/or the risks of development of secondary delae (such as mesothelioma). When assessing this it must be borne in mind that particular injuries not fit neatly within the following categories the appropriate damages may lie somewhere even the ranges.	
	(a)	Most serious cases	£225,000 – £300,000
		These will include cases involving the removal of one lung with considerable pain and discomfort.	
	(b)	Traumatic injuries to the chest involving the lung(s) and/or heart causing permanent damage and impairment of function, physical injury and reduction of life expectancy.	£140,000 – £225,000
	(c)	Damage to the chest and lung(s) causing continuing disability.	£30,000 – £140,000
	(d)	A relatively simple injury such as a simple penetrating wound causing some permanent damage to tissue but with no significant long term effect on lung function.	£15,000 – £25,000
	(e)	Injuries leading to collapsed lung from which a full recovery is made.	£10,000 — £20,000

(f)	Toxic fume/Smoke inhalation which is not serious enough to interfere permanently with lung function.	£7,500 – £30,000
	Relevant factors to be considered will include:	
	 (i) the degree, nature and duration of interference with lung function (ii) the nature and duration of the residual symptomology (iii) the degree, nature and duration of breathing difficulty (iv) the degree, nature and duration of physical discomfort (v) the impact on quality of life (vi) the long term prognosis. 	
	The lower end of the range reflects some minor residual damage of short duration. The upper end reflects more long term residual, though not serious, sequelae. Where the sequelae are more serious and/or more long term, the damages will fall to be assessed by reference to the figures in (c) above.	
(g)	Fractures of ribs or soft tissue injuries causing serious pain and disability over a period. The award will depend (inter alia) on the number of ribs involved, the degree and duration of the pain and discomfort and the prognosis.	Up to £30,000
	Long term or permanent pain will attract an award in excess of the upper figure in the range.	

В.	Lun	g Disease	
	(a)	Pleural Plaques. On their own, asymptomatic pleural plaques would justify an award in the region of £4,500. It is unlikely that any case of distress and anxiety caused by a diagnosis of pleural plaques, absent some evidence of grave psychiatric sequelae, will recover outside the bracket of £7,500 - £22,000 however long the stress or anxiety lingers on.	£4,500 – £22,000
	(b)	Pleural thickening with functional impairment. This is a final award to include the risk of subsequent developments adversely affecting the respiratory condition such as further pleural thickening, asbestosis, mesothelioma and lung cancer.	£30,000 – £62,500
	(c)	Minimal to mild asbestosis with at most slight impairment of function and quality of life. Award on a full and final basis to include future risks of deterioration and asbestosis, mesothelioma and lung cancer.	£42,500 – £75,000
	(d)	Moderate to severe asbestosis with considerable impairment of function and quality of life. Award on a full and final basis to include all future risks of deterioration, mesothelioma and lung cancer.	£62,500 — £125,000
	(e)	Lung cancer or mesothelioma where death within a few years of trial is inevitable.	£125,000 – £250,000
	(f)	Occupational asthma with impairment of function and quality of life.	£45,000 – £140,000
	(g)	Aggravation of a pre-existing, constitutional Asthma.	£20,000 – £60,000
	(h)	Chronic Bronchitis or Chronic Obstructive Airways Disease.	£20,000 – £65,000

	(i)	Mild respiratory conditions including mild bronchitis (usually resulting from unfit housing or similar exposure, particularly in cases of young children) treated by a general practitioner and resolving within a few months.	Up to £12,500
C.	Dige	estive System	
	to tl	to be noted that the risk of associated damage ne reproductive organs is frequently encountered cases of this nature and requires separate sideration.	
	(a)	Serious damage with continuing pain or discomfort.	£50,000 – £125,000
	(b)	Serious non-penetrating injury causing long- standing or permanent complications, e.g. severe indigestion, aggravated by physical strain.	£30,000 – £50,000
	(c)	Penetrating stab wounds or industrial laceration or serious seat belt pressure cases.	£10,000 – £30,000
	(d)	Illness/Damage Resulting from Non-traumatic Injury, e.g. Food Poisoning. There will be a marked distinction between those, comparatively rare, cases having a long-standing or even permanent effect on quality of life and those in which the only continuing symptoms may be allergy to specific foods and the attendant risk of short-term illness.	
		(i) Severe toxicosis causing serious acute pain, vomiting, diarrhoea and fever, requiring hospital admission for some days or weeks and some continuing incontinence, haemorrhoids and irritable bowel syndrome, having a significant impact on ability to work and enjoyment of life.	£75,000 – £260,000

 (ii) Serious food poisoning, diarrhoea a vomiting diminishing over two to for weeks but leaving residual discomfort a protracted period. Contributing factors may include: - disturbance of bowel function impact on sex life enjoyment of food. 	our
(iii) Food poisoning causing signification discomfort, stomach cramps, alterated of bowel function and fatigue. Hosp admission for some days with signification symptoms lasting for some time and complete recovery within two years.	ion ital ant
(iv) Varying degrees of disabling pain, cram and diarrhoea continuing for a short per of time.	
D. Reproductive System	
The assessment of damages in this category requi a careful consideration of the differing issues of loss of or interference with sexual function (b) loss of libido (c) loss of fertility (d) incontinence and timpact these have on the quality of the plainti life. The range of injuries involved may include to loss of or serious damage to the genitals, physiscarring, psychiatric damage including depress (often associated with infertility and loss of sex pleasure and function), loss of amenity, interferer with, serious damage to or destruction of persorelationships. The factors which will be relevant vinclude the age of the plaintiff and whether he or shas children or has planned to have children or more children. The damages payable to a young person without children will be likely to be at the upper expenses.	(a) oss the ff's otal cal ion ual nce nal will she ore son

functinfer when or is in the awar dama	ne range particularly where the loss of sexual tion is complete and untreatable. In the case of tility amounting to little more than an insult (e.g. re the plaintiff has no intention of having children past child bearing years) the damages may be e region of £15,000 - £22,500. Damages may be rable in addition for e.g. scarring or psychiatric age. award will reflect the nature and availability of liorative medical treatment or procedures.	
(a)	Loss or severe mutilation of genitals. Total loss will be towards the top of the range.	Up to £325,000
(b)	Lesser injuries giving rise to impotence and loss of sexual function or injuries significantly impairing the ability to engage in sexual intercourse with a loss of libido and impairment of the ability to participate in natural conception.	Up to £250,000
(c)	Infertility. Awards at the top of the range may include cases where there is a removal of the uterus or testes.	Up to £200,000
(d)	Failed sterilisation leading to unwanted pregnancy.	£30,000 - £45,000
E. Kidn	ey	
(a)	Serious and permanent damage to or loss of both kidneys.	£200,000 – £325,000
(b)	Where there is significant risk of future urinary tract infection or other total loss of natural kidney function. Such cases will invariably carry with them substantial future medical expenses which, in this field, are particularly high.	£95,000 – £150,000
(c)	Loss of kidney with no damage to the other.	£50,000 – £75,000

F. Bov	vels	
(a)	Total loss of natural function and dependence on colostomy.	£150,000 – £275,000
(b)	Impairment of natural function with continuing problems and accidents and embarrassment.	£75,000 – £150,000
(c)	Severe abdominal injury causing impairment of function and often necessitating temporary colostomy (leaving disfiguring scars) and/or restriction on employment and on diet.	£75,000 – £150,000
(d)	Penetrating injuries causing some permanent damage but an eventual return to natural function control.	£25,000 – £60,000
G. Blac	lder	
(a)	Complete loss of natural function and control.	£150,000 – £225,000
(b)	Impairment of control with some pain and incontinence.	£65,000 - £125,000
(c)	Where there has been an almost complete recovery but some fairly long-term interference with natural function. The cancer risk cases still occupy a special category and can properly attract awards at the top of the range even where natural function continues for the time being. Once the prognosis is firm and reliable the award must reflect the loss of life expectancy, the level of continuing pain and suffering and most significantly the extent to which the plaintiff has to live with the knowledge of the consequences which his death will have for	£30,000 - £60,000

н.	Sple	en	
	mor	ent medical opinion suggests that this organ is e important throughout life than was previously ught.	£40,000 – £60,000
	inte	of spleen where there is a continuing risk of rnal infection and disorders due to the damage to immune system.	
I.	Her	nia	
	(a)	Continuing pain and/or limitations on physical activities, sport or employment excluding the migration of mesh into the bowel or post-operative infection.	£20,000 – £45,000
	(b)	Uncomplicated inguinal hernia with no other associated abdominal injury or damage.	£7,000 – £17,500
	(c)	Vasectomy leaving prolonged groin pain. The plaintiff may suffer additional psychiatric damage which may be the subject of an additional award.	Up to £60,000

7.	ORTHOPAEDIC INJURIES	
A.	Neck Injuries	
	There is a very wide range of neck injuries. Many are found in conjunction with back and shoulder problems.	
	The assessment of damages for whiplash injuries requires particular care. Allegations of such injuries are easily made and not easily disproved. The medical experts are reliant on the honesty of plaintiffs. The evidence relating to such a claim requires careful scrutiny. It is for the plaintiff to prove the existence and the nature and extent of the injuries. Exaggerated claims may call into question the very existence of whiplash injury. They may also result in the court being unable to be satisfied on the evidence as to the nature and extent of the alleged whiplash injury. Where the court is not satisfied on a balance of probabilities of the existence of a whiplash injury there will be no award. Where the court is not satisfied on a balance of probabilities that the injury is of the nature and extent alleged the court may be left without any credible evidence on which to base an award. The court should make its findings of fact on the issues of:	
	(i) Whether a whiplash injury was sustained; and(ii) If so, the nature and extent of the injury.	
	The court should avoid simply making a small award to avoid the necessity of making its findings on (i) and (ii).	
	(a) Neck injury associated with incomplete paraplegia or resulting in permanent spastic quadriparesis or where despite the wearing of a collar 24 hours a day for a period of years, the neck could still not move and severe headaches have proved intractable.	£180,000 – £475,000

(b)	Injury falling short of the disability in (a) above but being of considerable severity, e.g. permanent damage to the brachial plexus.	£100,000 – £250,000
(c)	The injury is such as to cause severe damage to soft tissues and/or ruptured tendons and results in significant disability of a permanent nature.	£50,000 – £162,500
(d)	Injuries and fractures or dislocation causing severe immediate symptoms or necessitating spinal fusion leaving significantly impaired function or vulnerability to further trauma, pain and limitation of activities.	£62,500 – £112,500
(e)	Whiplash or wrenching-type injury and disc lesion of the more severe type, which may result in cervical spondylosis, serious limitation of movement, permanent or recurring pain, stiffness or discomfort, the potential need for further surgery or increased vulnerability to trauma.	£37,500 – £75,000
(f)	Relatively minor injuries which may or may not have exacerbated or accelerated some pre-existing unrelated condition but with, in any event, a complete recovery within a few years. This bracket will also apply to moderate whiplash injuries where the period of recovery is fairly protracted and where there is an increased vulnerability to further trauma.	£15,000 – £40,000
(g)	Minor neck injuries	
	This bracket includes minor soft tissue injuries. Whilst the duration of symptoms will always be important, the level of award will also be influenced by factors such as:	
	 the severity of the neck injury the intensity of pain experienced and the consistency of symptoms 	

 the presence of additional symptoms in the back and/or shoulder and/or referred headaches the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities the impact of the injuries on the injured person's ability to work the extent of any treatment required the need to take medication to control symptoms of pain and discomfort. 	
(i) Where a full recovery takes place within a period of about 12 to 24 months. This bracket will also apply to short-term acceleration and/or exacerbation injuries, usually between 12 to 24 months.	Up to £17,500
(ii) Where a full recovery takes place within a period of 6 to 12 months. This bracket will also apply to very short- term acceleration and/or exacerbation injuries, usually between 6 to 12 months.	Up to £7,500
(iii) Where a full recovery is made within 6 months.	Up to £5,000
and other Upper Body Injuries	
The most severe of back injuries which fall short of paralysis but the results of which include, e.g. impotence.	£185,000 – £375,000
Special features exist which take the particular injury outside any lower bracket applicable to orthopaedic damage to the back, e.g. impaired bladder and bowel function, severe sexual difficulties and unsightly scarring.	£87,500 – £175,000
	the back and/or shoulder and/or referred headaches the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities the impact of the injuries on the injured person's ability to work the extent of any treatment required the need to take medication to control symptoms of pain and discomfort. (i) Where a full recovery takes place within a period of about 12 to 24 months. This bracket will also apply to short-term acceleration and/or exacerbation injuries, usually between 12 to 24 months. (ii) Where a full recovery takes place within a period of 6 to 12 months. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually between 6 to 12 months. (iii) Where a full recovery is made within 6 months. (iiii) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months. (iv) Where a full recovery is made within 6 months.

(c)	Serious back injury, involving disc lesions or fractures of vertebral bodies where, despite treatment, there remains continuing pain or discomfort, considerations affecting the level of award may include impaired agility and sexual function; depression; personality change; alcoholism; unemployability and the risk of arthritis.	£75,000 – £137,500
(d)	Permanent residual disability albeit of less severity than in the higher bracket. This bracket contains a large number of different types of injury, for instance (i) a crush fracture of the lumbar vertebrae with risk of osteoarthritis and constant pain and discomfort and impaired sexual function (ii) traumaticspondylolisthesis with continuous pain and risk of spinal fusion (iii) prolapsed intervertebral disc with substantial acceleration of back degeneration.	£43,500 – £75,000
(e)	Moderate Back Injuries A wide variety of injuries qualify for inclusion within this bracket. The precise figure depends upon the severity of the original injury and/or the existence of some permanent or chronic disability.	£20,000 – £60,000
(f)	Minor Back Injuries This bracket includes injuries such as sprains, strains and soft tissue injuries which are less serious. As with minor neck injuries, whilst the duration of symptoms will always be important, the level of award will also be influenced by factors such as:	
	iactors such as.	

	 the severity of the original injury the degree of pain experienced and the consistency of symptoms the presence of any additional symptoms in other parts of the anatomy the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities the impact of the injuries on the injured person's ability to work the extent of any treatment required the need to take medication to control symptoms of pain and discomfort. 	
	(i) Where a full recovery or a recovery to nuisance level takes place without surgery within about two to five years. This bracket will also apply to shorter term acceleration and/or exacerbation injuries, usually between two and five years.	£15,000 – £37,500
	(ii) Where a full recovery takes place without surgery within a period of more than 6 months and less than 24 months. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually less than two years.	Up to £22,500
	(iii) Where a full recovery is made within a period of 6 months.	Up to £5,000
107	Fracture of sternum. On-going symptoms depending on their severity, duration and prognosis may attract damages in excess of this sum.	Up to £25,000

C. Inju	ries to Pelvis and Hips	
(a)	Extensive fractures of the pelvis involving, e.g. dislocation of a lower back joint and a ruptured bladder or a hip injury resulting in spondylolisthesis of a low back joint with intolerable pain necessitating spinal fusion. Substantial residual disabilities, such as a complicated arthrodesis with residual lack of bowel and bladder control, sexual dysfunction or hip deformity necessitating the use of a calliper, will be inevitable.	£137,500 – £230,000
(b)	Less serious injury to hip or pelvis but with particular distinguishing features taking them out of any lower bracket.	£90,000 – £170,000
(c)	Less Complicated Injury to the Hip or Pelvis	£75,000 – £125,000
	A variety of injuries fall within this bracket, such as a fracture of the acetabulum leading to degenerative changes and leg instability requiring an osteotomy and the likelihood of hip replacement surgery in the years ahead; or the fracture of an arthritic femur or hip necessitating the insertion of a hip joint; or a fracture resulting in hip replacement surgery being only partially successful with a clear risk of a need for revision surgery.	
(d)	Injuries to pelvis interfering with natural childbirth and requiring Caesarean Section:	
	(i) Where no previous children(ii) Where previous child or children.	£40,000 – £70,000 £30,000 – £60,000
(e)	Significant injury to the pelvis or hip but where any permanent disability is not major nor any future risk great.	£37,500 – £87,500
(f)	Relatively minor hip or pelvic injuries with no residual disability.	Up to £30,000

D.	Amputation of Arms		
	(a)	Loss of Both Arms	£425,000 – £750,000
		The high figure would normally apply where the arms are lost at the shoulder region.	
	(b)	Loss of One Arm	
		The value of a lost arm depends upon:	
		(i) Whether it is amputated below or above the elbow. The loss of the additional joint obviously adds greatly to the disability	
		(ii) Whether or not the amputation was of the dominant arm	
		(iii) The intensity of any phantom pains(iv) The extent to which prosthetics can restore	
		function	
		(v) The effect on work, domestic and social life.	
		(1) Arm amputated at the shoulder	£175,000 – £275,000
		(2) Above elbow amputation	£140,000 – £250,000
		A shorter stump may create difficulties in the successful use of a prosthesis. This will make the level of the award towards the top end of the bracket. Amputation through the elbow however will normally produce an award at the lower end of the bracket.	
		(3) Below elbow amputation	£110,000 - £200,000
		Amputation through the forearm with residual severe organic and phantom pains would attract an award at the upper end of the bracket.	

E.	Other Arm Injuries			
	(a)	Severe Injuries	£140,000 – £200,000	
		Injuries which in terms of their severity fall short of amputation but which are extremely serious in their own right and leave the plaintiff little better off than if he had lost his arm.		
	(b)	Injuries Resulting in Permanent and Substantial Disablement	£62,500 – £110,000	
		Examples are serious fractures of one or both forearms where there is significant permanent residual disability whether functional or cosmetic.		
	(c)	Less Severe Injury	£20,000 – £60,000	
		While there will have been significant disabilities, a substantial degree of recovery will have taken place or will be anticipated.		
	(d)	Simple Fractures of the Forearm	Up to £20,000	
F.	Sho	ulder Injuries		
	(a)	Severe Injury	£35,000 – £100,000	
		Dislocation of the shoulder and damage to the lower part of the brachial plexus causing pain in shoulder and neck, aching in elbow, sensory symptoms with forearm and hand and weakness of grip. The higher level would be appropriate where there is damage to the brachial plexus resulting in significant disability. This does not include injuries which fall more properly under loss of arm which is dealt with at para. D. sub-		

	(b)	Moderate Injury	£17,500 – £40,000
		Shoulder injury with limitation of movement and discomfort with symptoms persisting for some years to include conditions such as frozen shoulder.	
	(c)	Minor Injury	
		(i) Simple fracture of clavicle with good recovery.	Up to £17,500
		(ii) Soft tissue injury to shoulder with considerable pain but almost complete recovery in less than one year.	Up to £15,000
G.	Inju	ries to the Elbow	
	(a)	A Severely Disabling Injury	£50,000 – £110,000
	(b)	Less Severe Injuries	£20,000 – £50,000
		These injuries lead to impairment of function but do not involve major surgery or significant disability.	
	(c)	Moderate or Minor Injury	Up to £25,000
	Most elbow injuries fall into this category. They comprise a simple fracture, tennis elbow syndrome and lacerations; i.e. those injuries which cause no permanent damage and do not result in any permanent impairment of function.		
н.	Wris	st Injuries	
	(a)	Injuries resulting in complete loss of function in the wrist. Deformity may increase the award depending on severity.	£50,000 - £110,000

	(b)	Injury resulting in significant permanent residual disability, but where some useful movement remains.	£40,000 – £85,000
	(c)	Less severe but still permanent disability as, e.g. a degree of persisting pain and stiffness.	£25,000 – £65,000
	(d) Where recovery is complete or largely complete save for minor symptoms.		Up to £22,500
		The appropriate position in the bracket will depend on such factors as:	
		(i) the nature and extent of the original injury(ii) the treatment required(iii) the time taken to achieve a full recovery(iv) the effects on the injured party.	
	(e) An uncomplicated Colles' fracture.		Up to £12,500
	(f)	Very minor undisplaced or minimally displaced fractures and soft tissue injuries necessitating application of plaster or bandage for a matter of weeks and a full or virtual recovery within up to 12 months or so.	Up to £10,000
I.	I. Hand Injuries		
	Of the arm, the hand is both functionally and cosmetically the most important feature. The loss of a hand is valued close to the amount which would be awarded for loss of an arm. The upper end of any bracket will generally be appropriate where the material injury is to the dominant hand.		
	(a) Total Effective Loss of Both Hands		£300,000 – £500,000
		Serious injury resulting in extensive damage to both hands.	

Serious damage to both hands giving rise to permanent cosmetic disability and significant loss of function.	£125,000 – £250,000
Total or Effective Loss of One Hand	£100,000 – £200,000
This bracket will apply to a hand which was crushed or thereafter surgically amputated or where all fingers and most of the palm have been traumatically amputated. The upper end of the bracket is indicated where the hand so damaged was the dominant one.	
Serious Hand Injuries	£80,000 - £170,000
For example, loss reducing hand to 50% capacity with, e.g. several fingers amputated and rejoined to hand leaving it clawed, clumsy and unsightly or amputation of some fingers together with part of the palm resulting in gross diminution of grip and dexterity and gross cosmetic disfigurement.	
Moderate Hand Injury	£22,500 – £90,000
This is a broad category which will include crush injuries, penetrating wounds, soft tissue type injuries, deep lacerations, scarring and restriction of movement with grip and fine handling impaired. The top of the range would be appropriate where there is loss of sensation and scarring, permanent disability and surgery has failed. An example of such an injury would be the amputation of the terminal phalanges of the index and middle fingers with further injury to the fourth finger, with scarring and restriction of movement with grip and fine handling impaired.	
Minor Hand Injuries	Up to £22,500
Where recovery occurs within a short period the award will be significantly lower. Pain and	
	permanent cosmetic disability and significant loss of function. Total or Effective Loss of One Hand This bracket will apply to a hand which was crushed or thereafter surgically amputated or where all fingers and most of the palm have been traumatically amputated. The upper end of the bracket is indicated where the hand so damaged was the dominant one. Serious Hand Injuries For example, loss reducing hand to 50% capacity with, e.g. several fingers amputated and rejoined to hand leaving it clawed, clumsy and unsightly or amputation of some fingers together with part of the palm resulting in gross diminution of grip and dexterity and gross cosmetic disfigurement. Moderate Hand Injury This is a broad category which will include crush injuries, penetrating wounds, soft tissue type injuries, deep lacerations, scarring and restriction of movement with grip and fine handling impaired. The top of the range would be appropriate where there is loss of sensation and scarring, permanent disability and surgery has failed. An example of such an injury would be the amputation of the terminal phalanges of the index and middle fingers with further injury to the fourth finger, with scarring and restriction of movement with grip and fine handling impaired. Minor Hand Injuries Where recovery occurs within a short period

reduction in functional use will be relevant aggravating features.	
Severe fractures to fingers with partial amputations resulting in deformity, impairment of grip, reduced mechanical function and disturbed sensation.	£50,000 — £100,000
Total or Partial Loss of Index Finger	£40,000 – £62,500
Total or Partial Loss of other Finge r or injury giving rise to disfigurement and impairment of grip or dexterity.	£25,000 – £50,000
Serious fracture or injury to Index Finger or to other finger(s) to include serious injury to tendons, the effect of which causes stiffness, deformity and permanent loss of grip or dexterity	Up to £40,000
This level is appropriate where a fracture mended quickly but grip has remained impaired, there is pain on heavy use and osteoarthritis is likely in due course.	
Total loss of Thumb	£55,000 - £90,000
Very Serious injury to Thumb	£40,000 - £75,000
Injury to Thumb involving amputation of tip, nerve damage or fracture necessitating insertion of wires, and operative treatment leaving limb cold and ultra-sensitive, or leading to impairment of grip and loss of manual dexterity.	£30,000 - £50,000
Moderate Thumb injuries	£20,000 - £37,500
Severe dislocation of Thumb	Up to £18,500
	Severe fractures to fingers with partial amputations resulting in deformity, impairment of grip, reduced mechanical function and disturbed sensation. Total or Partial Loss of Index Finger Total or Partial Loss of other Finger or injury giving rise to disfigurement and impairment of grip or dexterity. Serious fracture or injury to Index Finger or to other finger(s) to include serious injury to tendons, the effect of which causes stiffness, deformity and permanent loss of grip or dexterity This level is appropriate where a fracture mended quickly but grip has remained impaired, there is pain on heavy use and osteoarthritis is likely in due course. Total loss of Thumb Very Serious injury to Thumb Injury to Thumb involving amputation of tip, nerve damage or fracture necessitating insertion of wires, and operative treatment leaving limb cold and ultra-sensitive, or leading to impairment of grip and loss of manual dexterity. Moderate Thumb injuries

	(p)	Minor Thumb injuries	Up to £15,500
		Such as a minor dislocation or sprain or laceration with or without some minor functional sequelae.	
	(q)	Minor Finger and Thumb injuries	Up to £10,000
		This will include fractures which generally have recovered within six months. Also injuries such as scarring, tenderness, and reaction to the cold where there is full recovery.	
J.	Wor	k-related Upper Limb Disorders	
	forn	section covers a range of upper limb injury in the n of the following pathological conditions from er to elbow.	
	•	Tenosynovitis. Inflammation of synovial sheaths of tendons usually resolving with rest over a short period. Sometimes it leads to continuing symptoms of loss of grip and dexterity.	
	•	De Quervain's tenosynovitis. A form of tenosynovitis, rarely bilateral, involving inflammation of the tendons of the thumb.	
	•	Tenovaginitis stenovans. Otherwise trigger finger / thumb: thickening of tendons.	
	•	Carpal tunnel syndrome. Constriction of the median nerve of the wrist or thickening of surrounding tissue, often relieved by decompression operation.	
	•	Epicondylitis. Inflammation in the elbow joint: medial (golfer's elbow), lateral (tennis elbow).	
		The various levels of award below apply to each such condition. The following considerations	

	affect the level of award regardless of the precise condition:	
1.	Bilateral or one-sided (and, if one-sided, whether it is the dominant hand)	
2.	Level of symptoms (pain, swelling, tenderness, crepitus)	
3.	Ability to work and the effect on domestic and social life	
4.	Capacity to avoid recurrence of symptoms.	
(a)	Continuing bilateral disability with surgery and loss of employment.	£30,000 – £60,000
(b)	Continuing symptoms, but fluctuating and unilateral.	£22,500 – £40,000
(c)	Symptoms resolving over two years.	£12,500 – £17,500
(d)	Complete recovery within a short period	Up to £12,000
Case	es of Vibration White Finger	
(Thi	s is not an orthopaedic injury).	
	is a particular form of Raynaud's phenomenon sed by prolonged exposure to vibration.	
(i)	Severe: Extensive blanching of most fingers with episodes in summer and winter of such severity as to necessitate changing occupation to avoid further exposure to vibration.	£25,000 – £42,500
(ii)	Moderate: Blanching of one or more fingers with numbness. Usually occurring only in winter and causing slight interference with home and social activities.	£15,000 – £25,000
(iii)	Minor: Blanching of one or more fingertips, with or without tingling and numbness.	Up to £15,000

K. Le	eg Injuri	ies	
(a	a) Tota	al Loss of Both Legs	£400,000 - £600,000
(b	o) Belo	ow Knee Amputation of Both Legs	£250,000 – £500,000
(c) Abo	ove Knee Amputation of One Leg	£250,000 – £375,000
(d	d) Belo	ow Knee Amputation of One Leg	£175,000 – £300,000
(e	e) Leg	Injuries	
	(i)	The Most Serious Injuries Short of Amputation. There are some injuries which, although not involving amputation of the leg, are nevertheless so severe that the courts have awarded damages in the same region. Examples would be a degloving injury from the to apple gross shortening of the leg	£125,000 – £300,000
		knee to ankle, gross shortening of the leg, non-union of fractures and extensive bone grafting.	
	(ii)	Very Serious. Awards within this bracket will be made where the injuries leave permanent disability necessitating the use of crutches or mobility aids for the remainder of a person's life with very limited walking capacity; where multiple fractures have taken years to heal with resulting leg deformity and limitation of movement; or where arthrosis has developed in e.g. the knee joint and further surgical treatment is likely to be necessary.	£125,000 – £250,000
	(iii)	Serious. A claim may be brought within this bracket by reason of some factors such as significant damage to a joint or ligaments causing instability, prolonged	£100,000 - £200,000

	treatment or a lengthy period of non-weight bearing, substantial and unsightly scarring, the likelihood of arthrodesis to the hip, the near certainty of arthritis setting in, the gross restriction of walking capacity and the need for hip replacement. A combination of such features will be necessary to justify such an award.	
(iv)	Moderate. This level of award still applies to relatively serious injuries, including severe, complicated or multiple fractures. The position of an award within this bracket will be influenced by the period of time off work and by the presence or risk of degenerative changes, imperfect union of fractures, muscle wasting, limited joint movements, instability of the knee, unsightly scarring and permanently increased vulnerability to damage.	£60,000 - £150,000
(v)	Less Serious Leg Injuries. Most awards that fall within this range comprise fractures where there has been incomplete recovery. Examples are: A defective gait, a limp, impaired mobility, sensory loss, discomfort or an exacerbation of a pre-existing disability.	£35,000 – £90,000
(vi)	Simple fracture of femur, with no damage to articular surfaces.	£17,500 – £30,000
(vii)	Simple fracture of the tibia or fibula with complete recovery will attract a figure towards the top of the bracket. Below that level will be a variety of different types of soft tissue injuries, lacerations, cuts, severe bruising or contusions all of which will have recovered completely or almost completely, with any residual disability comprising scarring or being of a minor nature.	Up to £20,000

L. F	Knee Injuries		
S	Severe		
(This bracket is appropriate to the serious knee injury where there has been disruption of the joints, gross ligamentous damage, lengthy treatment, considerable pain and loss of function and an arthroplasty or arthrodesis has taken place or is inevitable.	£100,000 – £150,000	
(the knee-joint causing pain which is constant, permanent, limits movement or impairs agility and renders the injured person prone to osteoarthritis and the risk of arthrodesis.	£75,000 – £125,000	
(The injuries justifying awards falling within this bracket are less serious than those in the higher bracket and/or result in less severe disability. There may be continuing symptoms by way of pain or discomfort and limitation of movement or instability and deformity with the risk of degenerative changes occurring in the long term, consequent upon ligamentous or meniscal injury, damage to the kneecap or muscular wasting.	£40,000 – £80,000	
r	Moderate		
(d) This bracket is appropriate to cases involving a torn cartilage or meniscus, dislocation, ligamentous damage and the like or injuries which accelerate symptoms from a pre-existing condition but which injuries additionally result in minor instability, wasting, weakness or other mild future disability.	£30,000 – £50,000	
P	Minor		
(e) Awards in this bracket will be made in respect of injuries less serious than but similar to	Up to £30,000	

	bracket (d) or in respect of lacerations, twisting or bruising injuries. Injuries resulting in continuous aching or discomfort or occasional pain will attract awards towards the upper end of the bracket.	
M. Ank	le Injuries	
(a)	Very Severe. Examples of injuries in this bracket include: Transmalleolar fracture of the ankle with extensive soft tissue damage resulting in deformity and the risk that any future injury to the leg might necessitate a below knee amputation. Bilateral ankle fractures causing degeneration of the joints at a young age necessitating arthrodesis.	£75,000 — £150,000
(b)	Severe. Awards in this bracket are justified where the ankle injury is severe necessitating an extensive period of treatment and/or lengthy period in plaster or with pins and plates inserted and where there is significant residual disability by way of ankle instability, severely limited ability to walk etc. The position within the bracket will, in part, be determined by, e.g. a failed arthrodesis, regular disturbance of sleep, unsightly operational scarring and any need to wear special footwear.	£60,000 – £125,000
(c)	Moderate. This would include fractures, ligamentous tears and the like, giving rise to less serious disabilities such as difficulty walking over uneven ground, difficulty standing or walking for long periods of time, awkwardness on stairs, irritation from metal plates and residual scarring.	£30,000 – £75,000
(d)	Modest injuries. Less serious, minor or undisplaced fractures, sprains and ligamentous injuries. The position within the scale will be determined by whether or not a complete recovery has been made and if not whether	Up to £30,000

		there is any tendency for the ankle to give way, any scarring, aching or discomfort, or the possibility of later osteoarthritis.	
N.	Achi	lles Tendon	
	(a)	Most Serious. Where there has been severance of the tendon and peroneus longus muscle giving rise to cramp, swelling and restricted ankle movement necessitating the cessation of active sports. Significant scarring may justify a separate award.	£37,500 – £75,000
	(b)	Serious. This figure is appropriate for an injury resulting in complete division of the tendon, followed by a successful repair operation but leaving residual weakness, a limitation of ankle movements, a limp and residual scarring with further improvement unlikely.	£30,000 – £60,000
	(c)	Moderate. Complete division of the tendon but with no significant functional disability.	£15,000 – £30,000
	(d)	Minor. Ankle turned resulting in damage to tendon and feeling of being unsure of ankle support.	Up to £22,500
0.	Foot	Injuries	
	(a)	Amputation of Both Feet	£250,000 – £500,000
	(b)	Amputation of One Foot	£185,000 – £300,000
	(c)	Very Severe. Serious foot injuries such as traumatic amputation of a forefoot when its effect was to exacerbate a pre-existing back problem and where there was a significant risk of the need for complete amputation. Similarly an injury resulting in the loss of a substantial portion of the heel with limited mobility.	£115,000 – £225,000

(d)	Severe. This level of award is suitable for severe injuries, such as where there have been fractures to both heels or feet with substantially restricted mobility or considerable or permanent pain in both feet. This bracket is also suitable to unusually severe injuries to a single foot which have resulted in heel fusion, osteoporosis, ulceration or other disability preventing the wearing of ordinary shoes.	£100,000 - £175,000
(e)	Serious. Towards the top end of this bracket would be the injury resulting in grievous burns to both feet requiring several operations but nevertheless leaving disfiguring scars and persisting irritation. Lower in the bracket are those injuries which are less severe but nevertheless result in fusion of foot joints, continuing pain from traumatic arthritis, prolonged treatment and the future risk of osteoarthritis.	£60,000 - £125,000
(f)	Moderate. This bracket is appropriate for displaced metatarsal fractures resulting in permanent deformity and continuing symptoms.	£30,000 – £62,500
(g)	Modest. This level of award applies to the relatively modest injuries such as metatarsal fractures, ruptured ligaments, puncture wounds and the like. Relevant factors will be: (i) Nature of original injury (ii) Treatment required (iii) Duration of symptoms (iv) Effect on the plaintiff (v) Any ongoing problems.	Up to £30,000

P.	Toe Injuries				
	(a)	Amputation of all Toes on one foot The position in the bracket will be determined by the extent of loss of the forefoot, and residual effects on mobility.	£60,000 - £115,000		
	(a)	Amputation of Great Toe	£40,000 - £65,000		
	(b)	Severe Toe Injuries. This is the appropriate bracket for severe crush injuries, falling short of the need for amputation or necessitating only partial amputation. It also includes bursting wounds and injuries resulting in severe damage and in any event producing continuing significant symptoms.	£30,000 – £55,000		
	(c)	Serious Toe Injuries. This bracket will apply to serious fractures of the great toe or to crush and multiple fractures of any toes. Permanent disability by way of discomfort, pain or sensitive scarring should be present to justify an award within this bracket. A number of unsuccessful operations, stabbing pain, impaired gait and the like would place the award towards the top end of the bracket.	£20,000 – £50,000		
	(d)	Moderate Toe Injuries. This level of award applies to modest injuries including relatively straight forward fractures or the exacerbation of a pre-existing degenerative condition.	Up to £22,500		

8.	FAC	AL INJURIES	
		assessment of general damages for facial injuries is xtremely difficult task.	
	desc	le in most of the cases dealt with below the injuries cribed are skeletal, many of them will involve an ent of disfigurement or at least cosmetic disability.	
	beca deva	subject of burns is not dealt with separately cause burns of any degree of severity tend to be so astating as to be invariably at the upper ends of the kets.	
	consther to rextra	ne guidance which follows some effort has been le to distinguish these cases but the above siderations must always be borne in mind. Where e is a cosmetic element care must be taken emain broadly within the guidelines which are acted from reported decisions always remembering existence of a subjective element therein.	
A.	Skel	etal Injuries	
	(a)	Le Fort fractures of frontal facial bones.	£40,000 – £75,000
	(b)	Multiple fractures of facial bones involving some facial deformity of a permanent nature.	£35,000 – £60,000
	(c)	Fracture of Nose	
		(i) Serious fractures requiring a number of operations and resulting in permanent damage to airways and/or facial deformity.	£30,000 – £50,000
		(ii) Displaced where recovery complete but only after surgery.	Up to £20,000
		(iii) Displaced fracture requiring no more than manipulation.	Up to £15,000
		(iv) Simple undisplaced with full recovery.	Up to £12,500

(d)	Fractu	ires of Cheekbones	
	i	erious fractures requiring surgery but with lasting consequences such as paraesthesia in the cheeks or the lips or some element of disfigurement.	£26,000 – £52,500
	so b	imple fracture of cheek-bones for which ome reconstructive surgery is necessary ut from which there is a complete recovery vith no or only minimal cosmetic effects.	Up to £22,500
	SI	imple fracture of cheek-bones for which no urgery is required and a complete recovery achieved.	Up to £17,500
(e)	Fractu	ires of Jaws	
	tr in p	ery serious fractures followed by prolonged reatment and permanent consequences, acluding severe pain, restriction in eating, araesthesia and/or the risk of arthritis in the joints.	£50,000 - £100,000
	co	erious fracture with permanent onsequences such as difficulty in opening ne mouth or with eating or where there is araesthesia in the area of the jaw.	£30,000 – £60,000
	` '	imple fracture requiring immobilisation ut from which recovery is complete.	Up to £22,500
(f)	Damage to Teeth		
	a cou award of suc	ese cases there will generally have been arse of dental treatment. The amounts led will vary as to the extent and discomfort the treatment. Awards may be greater where amage results in or is caused by protracted extry.	

	be s to a	ts incurred to the date of trial will, of course, special damage but it will often be necessary award a capital sum in respect of the cost of ure dental treatment.	
	(i)	Significant, chronic, tooth pain (such as from an untreated abscess) extending over a number of years together with significant general deterioration in the overall condition of teeth. May include some bone loss and need for ongoing periodontal treatments.	£15,000 – £125,000
	(ii)	Loss of or Serious Damage to Several Front Teeth.	£20,000 – £50,000
	(iii)	Loss of or serious damage to Two Front Teeth.	Up to £25,000
	(iv)	Loss of or serious damage to One Front Tooth.	Up to £15,000
	(v)	Loss of or Damage to Back Teeth: per tooth.	Up to £4,500
В.	Facial Dis	figurement	
	Due to disfigurer in which guidance		
	Any dist regarded plaintiff i each case to be take		
	resu	nature of the underlying injury which has ulted in facial disfigurement nature and extent of treatment	

dis The The the The	e nature and extent of the residual scarring or figurement e age of the plaintiff e subjective impact of the disfigurement upon e plaintiff e extent to which the injury adversely affects e plaintiff's social, domestic and work lives e psychological impact upon the plaintiff, ich in severe cases may be very substantial	
(i)	Very severe facial scarring. Factors to be taken into account: age, cosmetic deficit and psychological reaction.	£125,000 – £350,000
(ii)	Less severe scarring where the disfigurement is still substantial and where there is a significant psychological reaction.	£50,000 – £125,000
(iii)	Significant scarring where the worst effects have been or will be reduced by plastic surgery leaving some cosmetic disability and where the psychological reaction is not great or having been considerable at the outset has diminished to relatively minor proportions.	£45,000 – £110,000
(iv)	Some scarring but not of great significance, either because there is but one scar which can be camouflaged or because, although there are a large number of very small scars, the overall effect is to mar but not markedly affect the appearance and where the reaction is no more than that of any ordinary sensitive young person.	Up to £45,000
(v)	Trivial Scarring In these cases the effect is minor only.	Up to £9,000

9. SCARRING TO OTHER PARTS OF THE BODY

This is an area in which it is not possible to offer much useful guidance. The principles are the same as those applied to cases of facial disfigurement and the brackets are broadly the same. It should be remembered that many of the physical injuries already described involve some element of disfigurement and that element is taken into account in suggesting the appropriate bracket. There remain some cases where the element of disfigurement is predominant in the assessment of damages. Where the scarring is not to the face or is not usually visible then the awards will tend to be lower than those for facial or readily visible disfigurement.

The effects of burns will normally be regarded as more serious since they tend to cause a greater degree of pain and lead to greater disfigurement.

10. DAI	MAGE TO HAIR	
(a)	Severe. Where damage to the scalp and hair is severe and unsightly.	£30,000 – £100,000
(b)	Moderate. Damage to hair in consequence of permanent waving, tinting or the like, where the effects are tingling or "burning" of the scalp causing dry, brittle hair, which breaks off and/or falls out leading to distress, depression, embarrassment and loss of confidence, as well as inhibiting social life. In the more serious cases thinning continues and the prospects of regrowth are poor or there has been total loss of areas of hair and regrowth is slow.	£10,000 - £40,000
(c)	Minor. Less serious versions of the above where symptoms are fewer or of a minor character; also, cases where the hair has been pulled out leaving bald patches. The level of the award will depend on the length of time taken before regrowth occurs. This bracket will include cases of alopecia induced by stress causing some hair loss where full recovery is made within two years.	Up to £10,000

11. DER	MATITIS	
(a)	Gross cases causing pain and discomfort, and likely to continue, affecting work severely.	£50,000 – £100,000
(b)	Rash which covers other parts of body and lasts more than 3 years and may continue.	£30,000 – £65,000
(c)	Primary Irritant rash on hands which clears up or is likely to clear up in 2 / 3 years.	£15,000 – £30,000
(d)	Allergic rash as above.	£20,000 – £42,500
(e)	A rash which clears up in a matter of months. (Only those whose regular employment is affected by the condition will achieve awards at the higher end of the scale. A minor non-recurrent, non-itchy rash with no employment issues up to a maximum of £3,500).	Up to £17,500

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