

III. HEARINGIMPAIRMENT AND SPEECH & LANGUAGE DISABILITY

IIIA. HEARING IMPAIRMENT (DEAF AND HARD OF HEARING)

20.1.1 Definition:

- (a) "Deaf" mean persons having 70Db hearing loss in speech frequencies in both ears;
(b) "Hard of hearing" means person having 60Db to 70db hearing loss in speech frequencies in both ears;

20.1.2. Conditions for which Hearing Disability Certificate can be issued:

- (a) Sensori neural Hearing Loss
(b) In cases of permanent/irreversible mixed hearing loss (e.g. Congenital malformations of external and middle ear, Otosclerosis, Ossicular Chain Discontinuity, Chronic Otitis Media etc.) assessment of hearing disability will be done if no improvement in hearing ability after six months of completion of medical-surgical treatment/ use of appropriate assistive devices.
(c) In cases of permanent/ irreversible conductive hearing loss (e.g., Congenital malformations of external and middle ear, Otosclerosis, Ossicular Chain Discontinuity, Chronic Otitis Media etc.), assessment of hearing disability will be done if no improvement in hearing ability after six months of completion of medical-surgical treatment/use of appropriate assistive devices.

20.2. Guidelines for Assessment:

20.2.1. Measurement Air Conduction Thresholds (ACT):

- (a) ACT is to be measured using standard Pure Tone Audiometry by an Audiologist for Right Ear and Left Ear separately.
(b) In case of non-reliable Air Conduction Thresholds, additional tests are recommended such as Immittance, Speech audiometry and Auditory Brainstem Response (ABR)/ Auditory Steady State Response (ASSR) Testing. Apart from Click evoked ABR, Tone Burst/Frequency specific Chirp evoked ABR and/ or ASSR using frequency specific Chirp stimuli should be used to determine estimated hearing thresholds for 500 Hz, 1000Hz, 2000Hz and 4000Hz for Right ear and Left ear separately.
(c) Measuring ACT may be difficult in children aged 3-5 years. In such cases, Conditioned Pure Tone audiometry/Visual Reinforcement Audiometry (VRA) shall be conducted. ABR & / Auditory Steady State Response (ASSR) testing can be advised for the estimation of ACT in infant and young children. Apart from Click evoked ABR, Tone Burst/Frequency specific Chirp evoked ABR and/or ASSR using frequency specific Chirp stimuli should be used to determine estimated hearing thresholds for 500 Hz, 1000Hz, 2000Hz and 4000Hz for Right ear and Left ear separately.

20.2.2. Computation of Percentage of Hearing Disability:

(a) Monaural Percentage of Hearing Disability

- (i) Calculate Pure tone average of ACT for 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz for Right Ear and Left ear separately (whenever there is no response at any frequency ACT is to be considered as 95dB).
(ii) Monaural percentage of hearing disability is to be calculated as per the ready reckoner given below separately for Right Ear and Left Ear.

Monaural PTA in dB	% of Disability	Monaural PTA in dB	% of Disability
0 to 25	0	61	41.71
26	1	62	43.42
27	1	63	45.13
28	1	64	46.84

29	1	65	48.55
30	1	66	50.26
31	1	67	51.97
32	1	68	53.68
33	1	69	55.39
34	2	70	57.1
35	3	71	58.81
36	4	72	60.52
37	5	73	62.23
38	6	74	63.94
39	7	75	65.65
40	8	76	67.36
41	9	77	69.07
42	10	78	70.78
43	11	79	72.49
44	12	80	74.2
45	13	81	75.91
46	14	82	77.62
47	15	83	79.33
48	16	84	81.04
49	17	85	82.75
50	18	86	84.46
51	19	87	86.17
52	20	88	87.88
53	21	89	89.59
54	22	90	91.3
55	23	91	93.01
56	24	92	94.72
57	25	93	96.43
58	26	94	98.14
59	27	95	100
60	40		

III.B. SPEECH AND LANGUAGE DISABILITY

20.3.1. Definition: "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes

20.3.2. Conditions affecting Speech Components for which Speech Disability certificate can be issued

(i) Laryngectomy (assessment for disability after completion of treatment)

Percentage of Hearing Disability =

(Better ear% of hearing disability X 5) + (Poorer ear% of hearing disability)

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(ii) Glossectomy (assessment for disability after completion of treatment)

(iii) Bilateral vocal cord paralysis (assessment for disability 9-12 months' post onset)

(iv) Maxillofacial anomalies (assessment for disability after completion of medical-surgical treatment, use/fitting of prosthetic devices and one year of regular documented speech therapy intervention by RCI Registered Speech Language Pathologists).

(v) Dysarthria (assessment for disability after completion of one year of regular documented speech therapy intervention by RCI Registered Speech Language Pathologists).

(vi) Apraxia of Speech (assessment for disability after completion of one year of regular documented speech therapy intervention by RCI Registered Speech Language Pathologists).

20.3.3. Computation of percentage Speech Disability

(a) Speech Intelligibility Test:

The verbal output of person should be evaluated using Perceptual Speech Intelligibility Rating Scale [AYJNISHD (D), 2022](**Appendix IV**) and percentage of Speech Intelligibility Affected (**SIA**) to be measured based on score as the table given below:

Point Scale	Description of Speech Sample	Percentage of Disability
1	Normal	0-15
2	Can understand without difficulty; however, feel speech is normal	16-30
3	Can understand with little effort occasionally need to ask for repetition	31-39
4	Can understand with concentration and effort especially by sympathetic listener; require a minimum of two or three repetition.	40-55
5	Can understand with difficulty and concentration by family but not others	56-75
6	Can understand with effort if content is known	76-89
7	Cannot understand at all even when content is known	90-100

(b) Voice Test

Consensus Auditory Perceptual Evaluation of Voice (CAPE-V) (**Appendix-V**) or Dysphonia Severity Index (DSI) can be used for measuring percentage of Overall Voice Clarity Affected (OVCA) which includes roughness, breathiness, strain, pitch, and loudness. Average score to be given weighted for the percentage of overall voice clarity affected:

Score	Percentage of overall voice clarity affected (OVCA)
1	0-15
2	16-30
3	31-39
4	40-55
5	56-75
6	76-89
7	90-100

Percentage of Speech Disability=

$$\frac{2 \times \text{Upper range of percentage of SIA} + \text{Upper range of percentage of OVCA}}{3}$$

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20.4.1. Conditions affecting Language Components for which Language Disability certificate can be issued

- Aphasia

20.4.2. Language Test

Western Aphasia Battery (WAB) in Indian languages is to be administered post six months of the onset of the stroke and Aphasia Quotient (AQ) is to be calculated as per standard procedure by a **Speech Language Pathologist**.

20.4.3. Percentage of Language Disability

Percentage of Language Disability can be computed directly from the ready reckoner given below by intersection of value for Number in Tens place in WAB score and Number in Unit place in WAB score. For example, if the AQ is 56, intersection of 6 (in column) and 5 (in row) is 40. The Percentage of Language Disability is 40%.

Number in Tens Place in WAB Score	Number in Unit Place in WAB Score									
	0	1	2	3	4	5	6	7	8	9
0	100	98.9	97.8	96.8	95.7	94.6	93.6	92.5	91.4	90.4
1	89.3	88.2	87.2	86.1	85.0	84.0	82.9	81.8	80.8	79.7
2	78.6	77.6	76.5	75.4	74.4	73.3	72.2	71.2	70.1	69.0
3	68.0	66.9	65.8	64.8	63.7	62.6	61.6	60.5	59.4	58.4
4	57.3	56.2	55.2	54.1	53.0	52.0	50.9	49.8	48.8	47.7
5	46.6	45.6	44.5	43.4	42.4	41.3	40.0	39.2	38.1	37.1
6	36.0	34.9	33.9	32.8	31.7	30.7	29.6	28.5	27.5	26.4
7	25.3	24.3	23.2	22.1	21.1	20	18.9	17.9	16.8	15.7
8	14.7	13.6	12.5	11.5	10.4	09.3	8.3	07.2	06.1	05.1
9	4.0	2.9	1.9	0.8	00.0	00.0	00.0	00.0	00.0	00.0

20.5. Medical Authority*:

The Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified by the State Government shall be the head of the certification medical authority for the purpose of certification of hearing disability and speech & language disability. The certification medical authority shall comprise of:

- I. Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority.
- II. ENT Specialist
- III. Audiologist/Speech Language Pathologist/ Audiometric Assistant (Should be BASLP or equivalent which is RCI recognised).

In addition to above,

- In case of Speech disability due to "Dysarthria" and "Apraxia of Speech" and Language Disability due to "Aphasia", Neurologist/Paediatric Neurologist shall be included in the Medical Board.
- In case of Speech Disability in the "Maxillofacial anomalies", Plastic Surgeon/Oral-Maxillofacial Surgeon/Paediatric Surgeon shall be included in the Medical Board.

Note* - In view of shortage of the specialist doctors resulting in huge pendency in disability assessment, the chairperson (Who compulsorily has to be a Government Doctor e.g. Chief Medical Officer or Civil Surgeon or as specified) of the disability assessment board may, if required, include private medical practitioner(s) (duly qualified in the respective medical domain) as a board member.

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT**[Department of Empowerment of Persons with Disabilities (Divyangjan)]****NOTIFICATION**

New Delhi, the 12th March, 2024

S.O. 1338(E).—In exercise of the power conferred by Section 56 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) and in supersession of notification issued vide No. 16-21/2013-DD-III dated 25th April, 2016 and No. 16-9/2014-DD-III [S.O. 76 (E) Dated 4th January, 2018] of the Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan), the Central Government hereby notifies the guidelines for the purpose of assessing the extent of following specified disabilities in a person after having considered the recommendations of the sub-committees of experts to assess the extent of specified disabilities in a person, detailed in the ANNEXURE, namely:-

- i. Locomotor disability ;
- ii. Visual Impairment ;
- iii. Hearing Impairment and Speech & Language Disability ;
- iv. Specific Learning Disability, Intellectual Disability and Autism Spectrum Disorder ;
- v. Mental illness ;
- vi. Blood Disorder ;
- vii. Multiple Disorder ; and
- viii. Chronic Neurological Disorder.

Note 1:- In terms of Section 57 of the Rights of the Persons with Disabilities Act, 2016 (49 of 2016), the State Government or Union Territory Administrators or as the case may be shall designate persons, having requisite qualifications and experience, as certifying authorities, who shall be competent to issue the certificate of disability and also notify the jurisdiction within which and the terms and conditions subject to which, the certifying authority shall perform its certification functions.

Note 2:- The Director General of Health Services, Ministry of Health and Family Welfare, Government of India shall be the authority to decide upon cases where any controversy or doubt arises in matters relating to interpretation of the definitions or classifications or evaluation procedure regarding the said guidelines.

[F. No. P-13013/12/2023-UDID/IT/Statistics]

RAJEEV SHARMA, Jt. Secy.

ANNEXURE

Guidelines for Purpose of Assessing the Extent of Specified Disability in a Person Included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)

I. LOCOMOTOR DISABILITY

Definition: “Locomotor disability” means a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal, nervous system, or both.

SECTION A:**Guidelines for Evaluation of Permanent Physical Impairment (PPI) of Extremities (Upper and Lower Extremities)****1.1. Guidelines for Evaluation of Permanent Physical Impairment (PPI) of Upper Extremities**

(a) The estimation and measurement shall be made when the clinical condition has reached the stage of maximum improvement from the medical treatment. Normally the time period is to be decided by the medical doctor who is evaluating the case for issuing the PPI Certificate as per standard format of the certificate.

(b) The upper extremity is divided into two components: the arm component and the hand component.

(c) Measurement of the loss of function of arm component consists of measuring the loss of range of motion, muscle strength and co-ordinated activities.