Australasian Rehabilitation Outcomes Centre (AROC) version 3 data set[1] and SNAPshot 3.8

This document summarises the 42 item AROC version 3 data set and identifies the relevant field in snapshot 3.8 where the data item is captured.

The listed data items can be seen simultaneously in the **AROCDataSet** set in SNAPshot. For information about how to use SNAPshot please refer to the user's guide on the SNAPshot 3.8 CD or CHSD SNAPshot webpage (chsd.uow.edu.au/snapshot.html) and/or the user's guide specific to the AROC data collection on the AROC website (chsd.uow.edu.au/aroc).

Item No.	Item	Item Codeset Description	Snapshot Field
1	Establishment Identifier	Limited to 4 digit alphanumeric code in SNAPshot	Facility in **Facility Set**
2	Establishment Name	Facility Name	Name in **Facility Set**
3	Ward Identifier	Limited to 4 digit alphanumeric code in SNAPshot	Set up Ward/Team code in **WardTeam set** Allocate ward/team to episode in **Episode set**
4	Ward Name	Ward Name	WardTeam Name in **WardTeam set** Allocate ward/team to episode in **Episode set**
5	Person Identifier	Medical Record Number (MRN)	Medical Record Number in **Patient Set**
6	Date of Birth	Format DD/MM/YYYY	Date of birth in **Patient Set**
7	Sex	Patient's gender 1. Male 2. Female 3. Indeterminate 9. Not stated/inadequately defined	Sex in **Patient Set**
8	Indigenous Status	1. Aboriginal but not Torres Strait Islander origin 2. Torres Strait Islander but not Aboriginal origin 3. Both Aboriginal and Torres Strait Islander origin 4. Neither Aboriginal nor Torres Strait Islander origin 9. Not stated / inadequately described	Indigenous Status in **Patient Set**
9	State Identifier (AUST)	Enter the code for the state of residence. 1. New South Wales 2. Victoria 3. Queensland 4. South Australia 5. Western Australia 6. Tasmania 7. Northern Territory 8. Australian Capital Territory 9. Other Territories (Cocos Islands, Christmas Island, Jervis Bay Territory)	State (Usual Address) in **Patient Set** and **Episode Set**
10	Postcode (AUST)	Enter the postcode of the patient's usual address	Postcode (Usual Address) in **Patient Set** and **Episode Set**
11	Country (NZ)	Enter the country of residence (using Standard Australian Classification of	Country of residence in **Patient Set** and

[1] Version 3 data set implemented in July 2007

Item No.	Item	Item Codeset Description	Snapshot Field
		Countries (SACC)) 1101 Australia	**Episode Set**
12	Type of Usual accommodation prior to admission	Enter the code for the type of accommodation that the client lived in prior to hospitalisation for this admission: 1. Private residence (including unit in retirement village) 2. Residential aged care, low level care (hostel) 3. Residential aged care, high level care (nursing home) 4. Community group home 5. Boarding house 6. Transitional living unit 7. Other	Type of usual accommodation prior to admission (Usual Address) in **Patient Set** (for first episode; which then maps to **Episode set** for first episode) and ***Episode Set*** *(for 2nd and subsequent episodes)*
13	Level of support received prior to admission (Required if response to item 12 was *1 – private residence*)	Enter the code for the level of support that the client received prior to being hospitalised: 1. Lives alone (no support/care provided) 2. Lives with others (no support/care provided) 3. Lives alone with external support(s) 4. Lives with others (who provide support/care) 5. Lives with others with external support(s) 6. Other arrangements 9. Not stated/inadequately described	Support provided prior to admission in **Episode set**
14	Funding source for hospital patient	1. Australia Health Care Agreements (public patient) 2. Private health insurance 3. Self-funded 4. Workers' compensation 5. Motor vehicle third party personal claim 6. Other compensation (eg public liability, common law, medical negligence) 7. Department of Veterans' Affairs 8. Department of Defence 9. Correctional facility 10. Other hospital or public authority (contracted care) 11. Reciprocal health care agreement (other countries) 12. Other 99. Not known	Funding source for hospital patient in **Patient Set** and **Episode Set**
15	Health Fund / Other payer (Required if response to item 14 was *2 – Private health ins **OR*** *4 – Worker's comp **OR*** *5 – Motor TPP claim)*	Patient's insurance/funding status at the time of admission – (refer Table 1) Health Funds (1 to 83) Workers Comp Insurers (401-418) CTP Insurers (601-616) Unknown (999)	Health Fund/ other payer in **Patient Set** and **Episode Set**
16	Need for Interpreter Service	Indicated by the patient expressing a need for an interpreter service 1. Yes 2. No	Interpreter required in **Patient Set**
17	Employment Status	Enter the code for the patient's employment status (refer Table 4 for inclusions and exclusions by code). 1. Employed 2. Not Employed	Employment Status in **AROCDataSet**

Item No.	Item	Item Codeset Description	Snapshot Field
		3. Not in Labour Force 9. Not stated/inadequately described	
18	Episode Begin Date	Enter the date of the client's admission as an inpatient to a hospital, in format DD/MM/YYYY.	Episode begin date in **Episode Set**
19	First admission for this impairment	Identify if this is the first rehabilitation admission for this impairment 1. Yes 2. No	First admission for this impairment in **AROCDataSet**
20	Was the current impairment the result of trauma ?	Trauma = accident/injury; non-trauma = illness, post-surgery (eg. tumour, infarct) 1. Yes 2. No	Was impairment the result of trauma in **AROCDataSet**
21	Date of relevant acute admission	If current admission for rehabilitation was preceded by an episode of acute care, in the previous 3 months, relevant to the current rehabilitation episode, enter the date of that acute admission – format DD/MM/YYYY. (eg. elective ortho procedure, stroke, etc)	Date of relevant acute admission in **AROCDataSet**
22	Time since onset, or acute exacerbation, of impairment	Enter if the time since onset of the impairment **not** related to an acute admission (collected at item 21) and/or had an insidious onset. (eg. time since arthritis started affecting the patient's function)	Time since onset in **AROCDataSet**
23	Mode of episode start	1. Admitted from usual accommodation 2. Admitted from other than usual accommodation. 3. Transferred from another hospital. 4. Transferred from acute care in another ward. 5. Change from acute care to sub-acute/non-acute care – same ward. 6. Change of sub-acute/non-acute care type 9. Other.	Mode of episode start in **Episode Set**
24	Assessment Only	If the client was seen on one occasion only for assessment and/ or treatment and no further intervention by this facility/ team is planned within the next 90 days, he / she is classified as "assessment only". Enter the code indicating whether the patient was seen for assessment only. 1. Yes 2. No	Assessment Only in **Episode Set**
25	Total Leave Days	Enter the number of days (if none enter 0) on which the client was on leave from the rehabilitation centre. A leave period is a temporary absence from hospital with medical approval, for a period of no greater than seven consecutive days. Note: these days do not count towards the client's length of stay.	Leave Days in **Episode Set**
26	Total rehabilitation treatment suspension days during episode	Enter the total number of days that rehabilitation treatment was suspended days during episode. Rehab treatment may have been suspended a number of times. Count all days. If there were none enter 0.	Suspension (interruption) days in **Episode Set**

Item No.	Item	Item Codeset Description	Snapshot Field
27	Number of rehabilitation treatment suspension occurrences during episode	Enter the number of periods of suspension of rehabilitation treatment that occurred during the episode. If there were none enter 0.	Num of occurrences – treatment suspensions in **Episode Set**
28	Was the suspension of treatment unplanned ?	Indicate YES where a patient experienced an unexpected medical condition that required rehab treatment to be suspended. If more than one period of suspension occurred, indicate whether suspension was unplanned for the longest period. 1. Yes 2. No	Was suspension unplanned in **Episode Set**
29	Episode End Date	Enter the date of discharge from rehabilitation in the format DD/MM/YYYY	Episode End Date in **Episode Set**
30	Mode of episode end	1. Discharged to usual accommodation. 2. Discharged to interim accomm 3. Death. 4. Disch/transfer to another hospital. 5. Change from sub-acute/non-acute to acute care – different ward. 6. Change from sub-acute/non-acute to acute care –same ward. 7. Change of case type within sub-acute/non-acute care. 8. Discharged at own risk. 9. Other.	Mode of episode end in **Episode Set**
31	Accommodation post discharge	Enter the code for the type of accommodation that the client will be living in after discharge. Still complete even if patient not preceding immediately to this accomm (ie. type changed to maintenance pending nursing home placement): 1. Private residence (inc unit in retirement village) 2. Residential aged care, low level care (hostel) 3. Residential aged care, high level care (nursing home) 4. Community group home 5. Boarding house 6. Transitional living unit 7. Other	Accommodation post-discharge in **Episode Set**
32	Level of support received at episode end (Required if response to item 31 was *1 – private residence*)	Enter the code for the level of support that the client received at episode end: 1. Lives alone (no support/care provided) 2. Lives with others (no support/care provided) 3. Lives alone with external support(s) 4. Lives with others (who provide support/care) 5. Lives with others with external support(s) 6. Other arrangements 9. Not stated/inadequately described	Support provided at episode end in **Episode set**
33	AROC Impairment Code	Primary reason for admission to the rehab program. There are 16 groups of impairment codes (refer Table 2 and Table 3 – AROC Impairment Coding Guidelines)	Impairment code in **Rehab/GEM set**
34	Comorbidity	Indicate if the patient has any comorbidity that interferes with the process of rehabilitation: 1. Yes	Existing Comorbidity in **AROCDataSet**

Item No.	Item	Item Codeset Description	Snapshot Field
		2. No	
35	Comorbidities (interfering with process of rehabilitation)	Record type of any significant illness / impairment **in addition to** the principal presenting condition, which, according to the patient's doctor, interferes with the process of rehabilitation. Enter up to 4 comorbidity codes. 1. Ischaemic heart disease 2. Cardiac failure 3. Atrial fibrillation 4. Osteoporosis 5. Osteoarthritis 6. Upper limb amputation 7. Lower limb amputation 8. Depression 9. Bipolar Affective Disorder 10. Drug and alcohol abuse 11. Dementia 12. Asthma 13. CAL/COPD 14. Renal failure 15. Epilepsy 16. Parkinson 17. CVA 18. Spinal cord injury/disease 19. Visual impairment 20. Hearing impairment 21. Diabetes 22. Delerium 23. Morbid obesity 99. Other	Comorbidity 1 Comorbidity 2 Comorbidity 3 Comorbidity 4 in **AROCDataSet**
36	Complications (interfering with process of rehabilitation)	Record type of any disease or disorder concurrent with the principal presenting condition, which, according to the patient's doctor, interferes with the process of rehabilitation. Enter up to 4 complication codes. 1. No Complications 2. UTI 3. Pressure ulcer 4. Wound infection 5. DVT/ PE 6. Chest infection 7. Significant electrolyte imbalance 8. Falls 9. Faecal impaction 99. Other	Complication 1 Complication 2 Complication 3 Complication 4 in **AROCDataSet**
37	FIM Begin Scores _Motor_ *1. Eat* *2. Groom* *3. Bath* *4. Dress Upper* *5. Dress Lower* *6. Toilet* *7. Bowel* *8. Bladder* *9. Transfer– bed/chair* *10. Transfer – toilet* *11. Transfer – tub* *12. Walk/wheelchair* *13. Stairs* _Cognition_ *14. Comprehension*	Record the scores (1 to 7) for each of the 18 items of the Functional Independence Measure (FIM), at the start of the episode. This **should be recorded within 72 hours** of the patient's admission to the facility. Helper Required 1. Total contact assistance 2. Maximal contact assistance 3. Moderate contact assistance 4. Minimal contact assistance 5. Supervision or set up Helper NOT required 6. Modified independence 7. Complete independence	Begin FIM scores **in Rehab/GEM set**

Item No.	Item	Item Codeset Description	Snapshot Field
	15. Expression *16. Social interaction* *17. Problem solving* *18. Memory*		
38	FIM End Scores Identical items as above (item 35)	Record the scores (1 – 7) for each of the 18 items of the Functional Independence Measure (FIM) at the end of the episode. This **should be recorded within 72 hours** prior to the patients discharge from the facility.	End FIM scores **in Rehab/GEM set**
39	Date episode begin FIM assessed	Enter the date on which the episode begin FIM was assessed - format DD/MM/YYYY Time stamp should be the date on which the last component of the assessment occurs. Even if the recording of this date happens on a day subsequent to the day the last item of any assessment was completed, the date recorded must be the date the last item of any assessment was completed.	Date FIM assessed (begin) in **Rehab/GEM set**
40	Date episode end FIM assessed	Enter the date on which the episode end FIM was assessed - format DD/MM/YYYY	Date FIM assessed (end) in **Rehab/GEM set**
41	Date multi-disciplinary team rehabilitation plan established	Enter the date on which the patient's rehabilitation plan was established – format DD/MM/YYYY. This usually occurs at the first case conference after the patient's admission.	Date rehab care plan established in **Rehab/GEM set**
42	Date discharge plan established	Enter the date on which the patient's discharge plan was established – format DD/MM/YYYY. A discharge plan is usually established prior to separation nad is available for the patient at the time of separation.	Date discharge care plan established in **Rehab/GEM set**
	Optional - comment	Comment relevant to this episode of care. This is a free text field.	Comment in **ArocDataSet**

Other Useful Data Items to collect in Snapshot

Item	Item Codeset Description	Snapshot field
Case Type	Enter the code for case type assigned on admission. For the AROC data collection this will always be **2** and can be set up as a default. ***The SNAPshot software requires this field to be completed to enable the record to be saved.*** 1. Palliative Care **2. Rehabilitation** 3. Mental health, including psycho geriatric 4. Geriatric Evaluation and Management 5. Maintenance 6. Acute and post acute care 7. Primary care 8. Non health	Case Type in **Episode Set**
Episode Type	Enter the code for episode type. For the AROC v3 inpatient dataset this will always be **1** and can be set up as a default (??). ***The SNAPshot software requires this field to be completed to enable the record to be saved.*** 1. Overnight admitted patient. *(Patient is admitted and discharged on different dates)* 2. Same-day admitted patient. *(Patient is admitted and discharged on the same date)* 3. Outpatient *(Patient receives care in a hospital outpatient clinic)* 4. Community Patient *(Patient receives care in the home or other non-hospital site)*	Episode Type in **Episode Set**
Consultant	The name of the doctor who has prime responsibility for the patients care	Consultant in **Episode Set**
Diagnoses	Enter up to 4 relevant diagnosis codes (eg. ICD-10)	Diagnosis 1 Diagnosis 2 Diagnosis 3 Diagnosis 4 in **Clinical Set**

Table 1 AROC data item 15 – Health fund / Other payer

Health Fund Code	Health Fund
1	ACA Health Benefits Fund
2	The Doctor's Health Fund Ltd
11	Australian Health Management Group
13	Australian Unity Health Limited
14	BUPA Australia Health Pty Ltd (trading as HBA in Vic & Mutual Community in SA)
18	CBHS Health Fund Limited
19	Cessnock District Health Benefits Fund
20	Credicare Health Fund Limited
22	Defence Health Limited
25	Druids Friendly Society - Victoria
26	Druids Friendly Society - NSW
29	Geelong Medical and Hospital Benefits Assoc Ltd (GMHBA)
32	Grand United Corporate Health Limited
37	Health Care Insurance Limited
38	Health Insurance Fund of W.A.
40	Healthguard Health Benefits Fund Ltd (trading as Central West Health, CY Health, & GMF Health)
41	Health-Partners
46	Latrobe Health Services Inc.
47	Lysaght Peoplecare Ltd
48	Manchester Unity Australia Ltd
49	MBF Australia Ltd
50	Medibank Private Ltd
53	Mildura District Hospital Fund Limited
56	Naval Health Ltd
57	NIB Health Funds Ltd
61	Phoenix Health Fund Ltd
65	Queensland Country Health Ltd
66	Railway & Transport Health Fund Ltd
68	Reserve Bank Health Society Ltd
71	St Luke's Medical & Hospital Benefits Association Ltd
74	Teachers Federation Health Ltd
77	HBF Health Funds Inc
78	HCF - Hospitals Contribution Fund of Australia Ltd, The
81	Transport Health Pty Ltd
83	Westfund Ltd
85	NRMA Health (MBF Alliances)
86	Queensland Teachers' Union Health Fund Ltd
87	Police Health
999	Unknown
CTP Code	**CTP Insurer**
601	Allianz Australia Insurance Ltd
602	Australian Associated Motor Insurers Ltd
603	QBE Insurance (Australia)
604	Suncorp/Metway
605	RACQ Insurance Ltd
606	NRMA Insurance Ltd
607	Transport Accident Commission Vic
608	AAMI
609	CIC
610	GIO

611 QBE
612 Zurich
613 Insurance Commission of Western Australia
614 Motor Accident Insurance Board Tasmania
615 Territory Insurance Office NT
616 SGIC General Insurance

999 Unknown

WC Code	Workers Compensation Insurer
401	WorkCover Qld
402	Allianz Australia Workers Compensation
403	Cambridge Integrated Services Vic Pty Ltd
404	CGU Workers Compensation
405	JLT Workers Compensation Services Pty Ltd
406	QBE Worker's Compensation
407	Wyatt Gallagher Bassett Workers Compensation Victoria Pty Ltd
408	Employers' Mutual Indemnity
409	GIO Workers Compensation (NSW)
410	Royal & Sun Alliance Workers Compensation
411	CATHOLIC CHURCH INSURANCES LTD
412	GUILD INSURANCE LTD
413	INSURANCE COMMISSION OF WA
414	Zurich Australia Insurance Ltd
415	WESFARMERS FEDERATION INSURANCE LTD
416	Territory Insurance Office
417	ComCare
418	Victoria Workcover Authority
999	Unknown

Table 2 AROC data item 33 – AROC Impairment Code (Primary reason for admission to the rehab program)

AUS Version 1

1 STROKE

- 1.1 Left Body Involvement (Right Brain)
- 1.2 Right Body Involvement (Left Brain)
- 1.3 Bilateral Involvement
- 1.4 No Paresis
- 1.9 Other stroke

2 BRAIN DYSFUNCTION

Non-traumatic brain dysfunction:

- 2.11 Sub-arachnoid haemorrhage
- 2.12 Anoxic brain damage
- 2.13 Other non-traumatic brain dysfunction

Traumatic brain dysfunction:

- 2.21 Open Injury
- 2.22 Closed Injury

3 NEUROLOGICAL CONDITIONS

- 3.1 Multiple Sclerosis
- 3.2 Parkinsonism
- 3.3 Polyneuropathy
- 3.4 Guillian-Barre Syndrome
- 3.5 Cerebral Palsy
- 3.8 Neuromuscular Disorders (include motor neurone disease)
- 3.9 Other neurologic disorders

4 SPINAL CORD DYSFUNCTION

Non-Traumatic Spinal Cord Dysfunction:

- 4.111 Paraplegia, Incomplete
- 4.112 Paraplegia, Complete
- 4.1211 Quadriplegia Incomplete C1-4
- 4.1212 Quadriplegia Incomplete C5-8
- 4.1221 Quadriplegia Complete C1-4
- 4.1222 Quadriplegia Complete C5-8
- 4.13 Other non-traumatic SCI

Traumatic Spinal Cord Dysfunction:

- 4.211 Paraplegia, Incomplete
- 4.212 Paraplegia, Complete
- 4.2211 Quadriplegia Incomplete C1-4
- 4.2212 Quadriplegia Incomplete C5-8
- 4.2221 Quadriplegia Complete C1-4
- 4.2222 Quadriplegia Complete C5-8
- 4.23 Other traumatic spinal cord dysfunction

5 AMPUTATION OF LIMB

- 5.1 Single Upper Amputation Above the Elbow
- 5.2 Single Upper Amputation Below the Elbow
- 5.3 Single Lower Amputation Above the Knee (includes through knee)
- 5.4 Single Lower Amputation Below the Knee
- 5.5 Double Lower Amputation Above the Knee (includes through knee)
- 5.6 Double Lower Amputation Above/below the Knee

	5.7	Double Lower Amputation Below the Knee
	5.8	Partial Foot Amputation (includes single/double)
	5.9	Other Amputation

6 ARTHRITIS

6.1	Rheumatoid Arthritis
6.2	Osteoarthritis
6.9	Other Arthritis

7 PAIN SYNDROMES

7.1	Neck Pain
7.2	Back Pain
7.3	Extremity Pain
7.4	Headache (includes migraine)
7.5	Multi-site pain
7.9	Other Pain (includes abdominal/chest wall)

8 ORTHOPAEDIC CONDITIONS

Fracture: *(includes dislocation, excludes neurological involvement)*

8.111	Fracture of hip, unilateral (includes #NOF)
8.112	Fracture of hip, bilateral (includes #NOF)
8.12	Fracture of shaft of femur (excludes femur involving knee joint)
8.13	Fracture of pelvis
8.141	Fracture of knee (includes patella, femur involving knee joint, tibia or fibula involving knee joint)
8.142	Fracture of lower leg, ankle, foot
8.15	Fracture of upper limb (includes hand, fingers, wrist, forearm, arm, shoulder)
8.16	Fracture of spine (excludes where the major disorder is pain)
8.17	Fracture of multiple sites (multiple bones of same lower limb, both lower limbs, lower with upper limb, lower limb with rib or sternum. Excludes with brain injury or with spinal cord injury)
8.19	Other orthopaedic fracture (includes jaw, face, rib, orbit or sites not elsewhere classified)

Post Orthopaedic Surgery: *(includes secondary to fracture or arthritis)*

8.211	Unilateral hip replacement
8.212	Bilateral hip replacement
8.221	Unilateral knee replacement
8.222	Bilateral knee replacement
8.231	Knee and hip replacement same side
8.232	Knee and hip replacement differrent sides
8.24	Shoulder replacement or repair
8.25	Post spinal surgery (includes nerve root injury (laminectomy, spinal fusion, discectomy; excludes spinal cord injury or caudaequina)
8.26	Other orthopaedic surgery

9 CARDIAC

9.1	Following recent onset of new cardiac impairment (AMI, heart transplant, cardiac surgery)
9.2	Chronic cardiac insufficiency
9.3	Heart and heart/lung transplant

10 PULMONARY

10.1	Chronic Obstructive Pulmonary Disease
10.2	Lung Transplant
10.9	Other Pulmonary

11 BURNS

11	Burns

12 CONGENITAL DEFORMITIES

12.1 Spina Bifida
12.9 Other Congenital

13 OTHER DISABLING IMPAIRMENTS

13.1 Lymphoedema
13.2 Other Disabling Impairments - cases that cannot be classified into a specific group. This classification should rarely be used.

14 MAJOR MULTIPLE TRAUMA (excludes multiple fractures only)

14.1 Brain + Spinal Cord Injury
14.2 Brain + Multiple Fracture/Amputation
14.3 Spinal Cord + Multiple Fracture/ Amputation
14.9 Other Multiple Trauma

15 DEVELOPMENTAL DISABILITIES (excludes cerebral palsy, includes patients who have significant intellectual disabilities)

15.1 Developmental Disabilities

16 RE-CONDITIONING/ RESTORATIVE (excludes primary cardiac insufficiency or primary pulmonary insufficiency)

16.1 Re-conditioning following surgery
16.2 Re-conditioning following medical illness
16.3 Cancer rehab (where patient is de-conditioned as a result of their cancer or treatment for their cancer; excludes patients with ongoing cancer management issues)

Table 3 AROC Impairment Coding Guidelines

The aim of these guidelines is to assist in correctly classifying a rehabilitation episode according to impairment groups. There are 2 over-riding rules that need to be considered when using these guidelines:

1. The episode should be classified according to the **primary** reason for the **current** episode of rehabilitation care

2. Rehabilitation program names related to funding are not necessarily the same as the impairment group names
(eg. a patient in a debility/reconditioning funding program may be having rehabilitation due to deconditioning related to a cardiac disorder – this episode should be classified to 9.2 Chronic cardiac insufficiency not to 16 Re-conditioning/restorative

Please note that the examples of aetiologic diagnoses that underpin each impairment, which are provided under each impairment group, are not exhaustive.

(1) STROKE

USE this group for cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or haemorrhage.

Do NOT use this group for:
1. cases of brain dysfunction secondary to non-vascular causes such as trauma, inflammation, tumour or degenerative changes.
2. cases of subarachnoid haemorrhage. These should be classified to BRAIN DYSFUNCTION (2)

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
STROKE	1.1 Left Body Involvement (Right Brain) 1.2 Right Body Involvement (Left Brain) 1.3 Bilateral Involvement 1.4 No Paresis 1.9 Other Stroke	Intracerebral haemorrhage
		Other and unspecified intracranial haemorrhage
		Occlusion and stenosis of precerebral arteries, with cerebral infarction
		Occlusion of cerebral arteries, with cerebral infarction
		Acute, but ill-defined cerebrovascular disease
		Late effects of cerebrovascular disease

(2) BRAIN DYSFUNCTION

Non–traumatic Brain Dysfunction

USE this group cases with such aetiologies as neoplasm including metastases, encephalitis, inflammation, anoxia, metabolic toxicity, or degenerative processes.

Do NOT use this group for cases with hemorrhagic stroke (other than subarachnoid haemorrhage) - These should be classified to STROKE (1).

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
BRAIN DYSFUNCTION	2.11 Non-traumatic subarachnoid haemorrhage	Non-traumatic spontaneous/ berry aneurysm
	2.12 Anoxic brain damage	Anoxic brain damage(Anoxic/ hypoxic encephalopathy)
	2.13 Other non-traumatic brain dysfunction	Encephalitis
		Meningitis
		Neoplasm/tumour of brain or meninges – malignant or benign (includes secondary tumours)
		Neoplasm/tumour of cranial nerves
		Intracranial abscess
		Hydrocephalus
		Toxic encephalopathy

Traumatic Brain Dysfunction

USE this group for cases with motor and/or cognitive disorder secondary to brain trauma.

Definition: A closed head injury is defined as an injury where the meninges remain intact (includes a linear fracture of the skull)

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
BRAIN DYSFUNCTION	2.21 Traumatic, open injury	Skull fracture
		Cerebral laceration and contusion, with open intracranial wound
		Subarachnoid, subdural, extradural, and other unspecified haemorrhage following injury
		Other and unspecified intracranial haemorrhage following injury
BRAIN DYSFUNCTION	2.22 Traumatic, closed injury	Linear skull fracture
		Concussion
		Cerebral laceration and contusion
		Subarachnoid, subdural, extradural and other unspecified haemorrhage following injury
		Other and unspecified intracranial haemorrhage following injury

(3) NEUROLOGIC CONDITIONS

USE this group for cases with neurologic or neuromuscular dysfunctions of various aetiologies.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
NEUROLOGIC CONDITIONS	3.1 Multiple Sclerosis	Multiple Sclerosis
	3.2 Parkinsonism	Parkinsonism
	3.3 Polyneuropathy	Hereditary and idiopathic peripheral neuropathy Peripheral neuropathy, inflammatory, toxic, traumatic, or other Brachial plexus or lumbosacral plexus injury
	3.4 Guillain-Barré Syndrome	Acute inflammatory polyneuritis
	3.5 Cerebral Palsy	Infantile cerebral palsy
	3.8 Neuromuscular Disorders	Post poliomyelitis/ post polio syndrome
		Motor neurone disease
		Myasthenia gravis
		Muscular dystrophies and other myopathies
	3.9 Other Neurologic disorders	Other extrapyramidal disease and abnormal movement disorders
		Spinocerebellar disease
		Disorders of the autonomic nervous system
		Other demyelinating diseases of the central nervous system

(4) SPINAL CORD DYSFUNCTION

USE this group only if there is a spinal cord/ caudaequina dysfunction.

Do NOT use this group for post spinal surgery, unless the surgery has resulted in dysfunction of the spinal cord/ caudaequina.

Non-traumatic Spinal Cord Dysfunction
USE this group for cases with quadriplegia/paresis and paraplegia/paresis of non-traumatic (i.e., **medical or post-operative**) origin.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
SPINAL CORD DYSFUNCTION	4.111 Paraplegia, Incomplete 4.112 Paraplegia, Complete 4.1211 Quadriplegia, Incomplete, C1-4 4.1212 Quadriplegia, Incomplete, C5-8 4.1221 Quadriplegia, Complete, C1-4 4.1222 Quadriplegia, Complete, C5-8 4.13 Other Non-traumatic Spinal Cord Dysfunction	Tuberculosis/ infective processes involving the vertebral column
		Neoplasm/ tumour of spinal column or spinal meninges, malignant or benign (includes secondary tumours)
		Neoplasm of other parts of nervous system, of unspecified nature
		Transverse myelitis
		Intraspinal or paraspinal abscess
		Dissection of aorta
		Aortic aneurysm, ruptured
		Spontaneous haematoma
		Spondylosis with myelopathy
		Spinal infarction
		Intervertebral disc disorder with myelopathy
		Spinal stenosis in cervical region (if deficits include weakness)
		Spinal stenosis, other than cervical (if deficit includes weakness)
		Late effects of spinal cord injury

		Pathological fracture with associated spinal cord dysfunction
		An unavoidable/recognised surgical complication resulting in spinal cord dysfunction following surgery for the above conditions

Traumatic Spinal Cord Dysfunction
USE this group for cases with quadriplegia/paresis and paraplegia/paresis secondary to trauma (accident/injury).

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
SPINAL CORD DYSFUNCTION	4.211 Paraplegia, Incomplete 4.212 Paraplegia, Complete 4.2211 Quadriplegia, Incomplete, C1-4 4.2212 Quadriplegia, Incomplete, C5-8 4.2221 Quadriplegia, Complete, C1-4 4.2222 Quadriplegia, Complete, C5-8 4.23 Other Traumatic Spinal Cord Dysfunction	Fracture of vertebral column with spinal cord injury
		Spinal cord injury without evidence of spinal bone injury
		Spinal cord dysfunction resulting from surgical misadventure

(5) AMPUTATION OF LIMB

USE this group for cases in which the major deficit is partial or complete absence of a limb.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
AMPUTATION OF LIMB	5.1 Single Upper Amputation Above the Elbow 5.2 Single Upper Amputation Below the Elbow 5.3 Single Lower Amputation Above the Knee (includes through the knee) 5.4 Single Lower Amputation Below the Knee 5.5 Double Lower Amputation Above the Knee (includes through the knee) 5.6 Double Lower	Neoplasm of bones or cartilage and other soft tissue of limb
		Secondary neoplasm of bone
		Diabetes with neurologic manifestations or diabetes with peripheral circulatory disorders
		Hereditary and idiopathic peripheral neuropathy
		Inflammatory and toxic neuropathy
		Atherosclerosis of the extremities
		Peripheral vascular disease, unspecified
		Arterial embolism and thrombosis, extremities
		Buerger's disease
		Acquired deformity or injury affecting limbs
		Aneurysm of extremities

		Traumatic amputation (complete) (partial)
		Amputation stump complication/ revision
		Haemangioma
		Vasculitis (eg scleroderma, SLE)
		Connective tissue disorders
		Gangrene
		Infective processes (eg osteomyelitis/ cellulitis)
		Congential limb loss (when prosthesis required)

(6) ARTHRITIS

USE this group for cases in which the major disorder is arthritis of all aetiologies.

Do NOT use for cases entering rehabilitation immediately after joint replacement, even if the procedure was performed secondary to arthritis. These should be classified to POST ORTHOPAEDIC SURGERY (8.211 – 08.26)

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
ARTHRITIS	6.1 Rheumatoid arthritis	Rheumatoid arthritis
		Juvenile chronic polyarthritis
		Chronic post-rheumatic arthropathy
	6.2 Osteoarthritis	Osteoarthritis and allied disorders
	6.9 Other Arthritis	Psoriatic arthropathy
		Scleroderma
		Systemic lupus erythematosus
		Systemic sclerosis
		Dermatomyositis
		Polymyositis
		Pyogenic arthritis
		Other and unspecified arthropathies
		Fibromyalgia
		Ankylosing spondylitis

(7) CHRONIC PAIN

USE this group for cases in which the primary purpose for this rehabilitation episode is pain management.

Do NOT use this group if pain management is only one component of the patient's rehabilitation program. These should be classified to the group representing the primary impairment.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
PAIN SYNDROMES	7.1 Neck Pain 7.2 Back Pain 7.3 Extremity Pain 7.4 Headache (includes migraine)	Various aetiologies

	7.5 Multi-site pain 7.9 Other Pain (includes abdominal/chest wall)	

(8) ORTHOPAEDIC DISORDERS

USE this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement).

Fracture *(includes dislocation)*
USE when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment (eg if rehabilitation follows a hip replacement for hip fracture)

AROC Impairment Group	AROC Impairment Group Code	
FRACTURE	8.111 Fracture of Hip, unilateral	includes #NOF
	8.112 Fracture of Hip, bilateral	includes #NOF
	8.12 Fracture of shaft of femur	excludes femur involving knee joint
	8.13 Fracture of pelvis	
	8.141 Fracture of knee	includes patella, femur involving knee joint, tibia or fibula involving knee joint
	8.142 Fracture of lower leg, ankle, foot	
	8.15 Fracture of upper limb	includes hand, fingers, wrist, forearm, arm, shoulder
	8.16 Fracture of spine	excludes where the major disorder is pain
	8.17 Fracture of multiple sites	multiple bones of same lower limb, both lower limbs, lower with upper limb, lower limb with rib or sternum. Excludes with brain injury (classify to 14.2) or with spinal cord injury (classify to 14.3)
	8.19 Other orthopaedic fracture	includes jaw, face, rib, orbit or sites not elsewhere classified

Post Orthopaedic Surgery
USE this group for cases where the orthopaedic surgery involved the revision or repair of previous orthopaedic surgery.
Do NOT use this group when orthopaedic surgery is part of acute fracture management. These should be classified to 8.111 – 8.19.

AROC Impairment	AROC Impairment Group Code	Aetiologic Diagnosis

Group		
POST ORTHOPAEDIC SURGERY	8.211 Unilateral hip replacement 8.212 Bilateral hip replacement 8.221 Unilateral knee replacement 8.222 Bilateral knee replacement 8.231 Knee and hip replacement same side 8.232 Knee and hip replacement different sides 8.24 Shoulder replacement or repair	Psoriatic arthropathy Pyogenic arthritis Rheumatoid arthritis Juvenile chronic polyarthritis Chronic post-rheumatic arthropathy Osteoarthritis and allied disorder Other and unspecified arthropathies Ankylosing spondylitis Mechanical complication of internal orthopedic device, implant and graft Infection and inflammatory reaction due to internal orthopedic device, implant and graft Other complications due to internal orthopedic or prosthetic device, implant and graft Neoplasm of bone and articular cartilage Secondary neoplasm of bone
	8.25 Post spinal surgery	Includes nerve root injury (laminectomy, spinal fusion, discectomy) Includes spinal deformity surgery Excludes spinal cord, caudaequina/major nerve root dysfunction (classify to 4)
	8.26 Other orthopaedic surgery	Other and unspecified disorders of joint Pathologic fracture requiring surgical intervention Osteotomy Bone Lengthening

(9) CARDIAC

USE for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to cardiac insufficiency or general deconditioning due to cardiac disorder.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
CARDIAC DISORDERS	9.1 Cardiac disorder following recent onset of new cardiac impairment	Acute myocardial infarction Cardiac myopathy Post cardiac surgery
	9.2 Chronic cardiac insufficiency	Coronary atherosclerosis Ischemic heart disease Heart failure Cardiac myopath
	9.3 Heart or heart/lung transplant	

(10) PULMONARY DISORDERS

USE for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to pulmonary insufficiency.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
PULMONARY DISORDERS	10.1 Chronic Obstructive Pulmonary Disease	Chronic obstructive pulmonary disease
	10.2 Lung Transplant	
	10.9 Other Pulmonary Disorders	Chronic bronchitis Post pneumonia Emphysema Asthma Bronchiectasis Pulmonary insufficiency following trauma, surgery

(11) BURNS

USE for cases in which the purpose of this rehabilitation episode is to address burns to major areas of skin and/or underlying tissue.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
BURNS	11 Burns	

(12) CONGENITAL DEFORMITIES

USE for cases in which the purpose of this rehabilitation episode is to address an anomaly or deformity of the nervous or musculoskeletal system that has been present since birth.

12.1 Spina Bifida
12.9 Other Congenital Deformities

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
CONGENITAL DEFORMITIES	12.1 Spina Bifida	Spina Bifida
	12.9 Other congenital deformities	Arthrogryposis
		Other congenital anomalies of nervous system
		Osteogenesis imperfecta

(13) OTHER DISABLING IMPAIRMENTS

USE 13.1 for cases in which the major disorder is lymphoedema.

USE 13.2 for cases that cannot be classified into any other impairment group. This group should be rarely used.

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
OTHER DISABLING IMPAIRMENTS	13.1 Lymphoedema	
	13.2 Other Disabling Impairments	This group should be rarely used.

(14) MAJOR MULTIPLE TRAUMA

USE for trauma cases with complex management due to involvement of **multiple systems or sites**, where specialised rehabilitation is required for each of the impairments.

Do NOT use for multiple fractures. These should be classified to FRACTURE OF MULTIPLE SITES (8.17).

AROC Impairment Group	AROC Impairment Group Code		Aetiologic Diagnosis
MAJOR MULTIPLE TRAUMA	14.1	Brain + Spinal Cord Injury (spinal cord/ caudaequina/ spinal nerve root (major plexus or multiple roots))	
	14.2	Brain + Multiple Fracture/Amputation	
	14.3	Spinal Cord (spinal cord/ caudaequina/ spinal nerve root (major plexus or multiple roots)) + Multiple Fracture/Amputation	
	14.9	Other Multiple Trauma	

(15) DEVELOPMENTAL DISABILITY

USE for patients who have significant intellectual disabilities/ mental retardation.

Do NOT use for cases of cerebral palsy. These should be classified to CEREBRAL PALSY (3.5)

AROC Impairment Group	AROC Impairment Group Code	Aetiologic Diagnosis
DEVELOPMENTAL DISABILITY	15.1 Developmental Disability	

(16) RE-CONDITIONING/ RESTORATIVE

USE for cases with generalized deconditioning not attributable to any of the other Impairment Groups (eg. where deconditioning is due to a cardiac disorder classify as 9.2; where deconditioning is due to pulmonary insufficiency classify as 10.2)

AROC Impairment	AROC Impairment	Aetiologic Diagnosis

Group	Group Code	
RECONDITIONING/ RESTORATIVE	16.1 Re-conditioning/ restorative following surgery 16.2 Re-conditioning/ restorative following medical illness	Muscular wasting and disuse atrophy, not elsewhere classified Unspecified disorder of muscle, ligament and fascia Chronic fatigue syndrome Other malaise and fatigue
	16.3 Cancer rehabilitation	Deconditioning as a result of cancer or treatment for cancer.

Table 4 Employment Status inclusions/ Exclusions by Code

CODE 1 Employed:

Persons aged 15 years and over who, during the reference week:

(a) worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising 'Employees', 'Employers' and 'Own Account Workers'); or
(b) worked for one hour or more without pay in a family business or on a farm (i.e. 'Contributing Family Worker'); or

(c) were 'Employees' who had a job but were not at work and were:

- on paid leave
- on leave without pay, for less than four weeks, up to the end of the reference week
- stood down without pay because of bad weather or plant breakdown at their place of employment, for less than four weeks up to the end of the reference week
- on strike or locked out
- on workers' compensation and expected to be returning to their job, or
- receiving wages or salary while undertaking full-time study; or

(d) were 'Employers', 'Own Account Workers' or 'Contributing Family Workers' who had a job, business or farm, but were not at work.

CODE 2 Unemployed:

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:
(a) had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week. Were available for work in the reference week, or would have been available except for temporary illness (i.e. lasting for less than four weeks to the end of the reference week). Or were waiting to start a new job within four weeks from the end of the reference week and would have started in the reference week if the job had been available then; or
(b) were waiting to be called back to a full-time or part-time job from which they had been stood down without pay for less than four weeks up to the end of the reference week (including the whole of the reference week) for reasons other than bad weather or plant breakdown. Note: Actively looking for work includes writing, telephoning or applying in person to an employer for work. It also includes answering a newspaper advertisement for a job, checking factory or job placement agency notice boards, being registered with a job placement agency, checking or registering with any other employment agency, advertising or tendering for work or contacting friends or relatives.

CODE 3 Not in the Labour Force:

Persons not in the labour force are those persons aged 15 years and over who, during the reference week, were not in the categories employed or unemployed, as defined. They include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions (hospitals, gaols, sanatoriums, etc.), trainee teachers, members of contemplative religious orders, and persons whose only activity during the reference week was jury service or unpaid voluntary work for a charitable organisation.