

## NDIS

To qualify for the NDIS your condition must be considered to be permanent and stable as well as a disability that significantly impacts on your abilities to perform normal activities of daily activities.

A condition is considered permanent if it has been:

- fully diagnosed by a qualified medical practitioner,
- fully treated,
- fully stabilised; and
- given all available evidence, is more likely than not to persist for more than 2 years.

**You must be considered SIGNIFICANTLY disabled.**

The NDIS is only designed to support the most severely disabled members of our society. Nearly 5,000,000 Australians are disabled. Only 560,000 of those will qualify for the NDIS.

Other supports are available through State and local government areas.

You can test your eligibility here:

<https://www.ndis.gov.au/applying-access-ndis/am-i-eligible>

## The impact of Complex Regional Pain Syndrome on your application.

CRPS itself is NOT a disability. CRPS can cause you to become disabled. You cannot qualify for the NDIS simply because you have CRPS.

The NDIA (the body which assesses applications) concentrate on disabilities (or impairments) when you apply.

Pain is not taken into consideration. Pain is not an impairment in the context of an application to the NDIA. Pain is a symptom of our neurological condition – it is not a disability. Allodynia as a dysfunction of the skin is an impairment however. Allodynia can cause a ‘mild, moderate or severe dysfunction of the skin.’ Allodynia can cause you not to be able to touch or pick up objects, or not to be able to put a foot to the floor etc. i.e.

“[name] has a severe functional disability on activities requiring healthy, undamaged skin. They suffer with severe allodynia which impacts severely on their ability to perform activities with their hands and lower limbs. They are unable to wear clothing or footwear due to their severe degree of allodynia and they require a bed cradle and supports to ensure that their feet do not touch their bedding at nighttime and mobilisation with a wheelchair due to being unable to touch the floor with their feet.”

We suggest that you use the Social Security Impairment Tables to find other impairments that apply to you and use these tables to have your reports written. You can find the table here:

[https://www.dss.gov.au/sites/default/files/documents/05\\_2012/dsp\\_impairment\\_final\\_tables.pdf](https://www.dss.gov.au/sites/default/files/documents/05_2012/dsp_impairment_final_tables.pdf)

## Your reports

When applying for NDIS/NDIA the focus needs to be on the loss of function & independence. You need to fully set out the actual permanent disabilities that you have with a focus on your loss of function - not your diagnosis.

How are you disabled (impaired) and how does it affect you from day to day? You need to have reports based on how your disabilities affect you physically and demonstrate that those disabilities are permanent.

Tell them what you can't do. For example:

- If you have it in your lower limbs, how does that affect you. Can you walk more than a few steps, do you need crutches or a wheelchair to mobilise.
- Can you take care of your own personal needs, do you need assistance to get out of bed or into a wheelchair? Do you need help in the shower/bathroom etc?
- Can you do work around the house or do you need someone else to do it for you?
- Are you able to vacuum & mop a floor without falling or having to stop several times or spending a day on bed from over doing it?
- Can you shop on your own or do you need someone to help you?

Communicate to them how providing supports now will make you more able to participate in the home and with family and your community better. Will having supports save you or the government money in the long run? If so, highlight that in your application.

The reports that you submit to them are very important. You need to be careful in what you do and don't submit. What you think you have clearly demonstrated may not be what they are seeing in your reports.

You are better off submitting 1 report purpose written by your primary doctor and 1 supporting letter purpose written by 1 specialist or treating physio/OT etc and then waiting to see what or if they ask for extra information, rather than submitting too much information that could give them cause to reject your application.

If you have reports showing that you have had a treatment such as a ketamine infusion or another inpatient treatment that has given you some relief and better function for a period of time and they have seen that report, then they may consider that you are not permanently disabled as you have had functional improvement in your condition. This may cause them to decide that your condition is 'medical' and not a disability.

You need to demonstrate what you are like on your very worst day rather than tell them what you are capable of on your very best day.

An example of what a primary doctor's report for the NDIA could consist of is as follows:

Dear Sir/Madam,

Re: [ Patient Details]

[Name] has Complex Regional Pain Syndrome (CRPS) (plus any other conditions).

They require home help, shopping and assistance with Activities of Daily Living (ADLs) including shower/bathroom assistance and food preparation.

Their condition causes a severe functional impact on activities requiring physical exertion or stamina, and they experience pain and severe muscle fatigue when performing light physical activities resulting in them requiring mobilisation with a wheelchair, and they are not able to perform light day to day household activities. They are unable to sustain work related tasks continuously for >5 - 10min.

They have a moderate functional disability on activities using their hands or arms including picking up light but bulky objects and unscrewing bottle lids.

They have a moderate functional disability resulting from a neurological or cognitive condition including impact on memory, attention and concentration.

[List all other impairments one by one]

This condition of Complex Regional Pain Syndrome is a PERMANENT AND STABLE, which has resulted in PERMANENT and SEVERE functional and physical disabilities for [NAME].

[your doctor/credentials etc]

The specialist or therapists report should be written in a similar manner, outlining your disabilities and how they impact you functionally. Occupational therapist reports are always very well received. Information should consist of supports and aids that you have used in the past, those that you currently need and those that may be required in the future.

NDIA will consider your initial application and will advise you of any 'additional evidence' that they may require in considering your application.