

# From the history of public service of medical-social expertise in Russia

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## Abstract

In this article, we are looking at the stages of reorganisation of medical expert commissions into workplace health expert committees (WHEC). Classification of disability, according to which a disabled person could be assigned to one of three groups, is proposed. This classification regulated the criteria for the establishment of each group in accordance with the indications for employment. The Regulation on the WHEC, approved in 1942, practically became fundamental for all subsequent regulatory documents on the activities of the WHEC. According to this Regulation, the WHEC was able to grant certificates stating that the disability is related to being at the front. A new category of people with disabilities was created – the veterans of the Eastern Front of World War II. The Regulation on the WHEC, introduced in 1948, expanded the functions and powers of these services. The categories of people who had to be assessed by the WHEC were determined. Since 1955, the inpatient examination and the work of specialised (tubercular and psychiatric) WHEC have been organised. During 1956–1984 WHEC received the authority to set the time of the onset of disability to address the issue of pension benefits for people previously recognised as being disabled. The dates for the re-examination of people with disabilities were established. In 1956, a new Regulation on the WHEC was introduced. According to this document, as recommended by the WHEC, it was possible, in the absence of medical contraindications, for people with disabilities of all three groups to continue working, but under different conditions. During 1940–1960s, a new directive appeared – medical rehabilitation, the basic principle of which was specialised assistance to people with amputations, severe injuries of the skull, brain, spinal cord, and vertebral column. A foundation for the specialisation and improvement of expert doctors was created. The development of the state service of medical and social expertise was carried out in accordance with the new approaches of the World Health Organisation to the definition of disability, based upon the clinical and expert diagnosis of functional disorders and activity limitations.

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## Keywords

history of health care, workplace health expert committees, disability groups, development

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## The development of workplace health expertise in 1930–1940

In 1931, the first Regulation on the WHEC was approved, which determined the preventative direction of activity of workplace health expert committees (WHEC), the need for close liaison with healthcare

authorities, social security and professional employment of disabled people.<sup>1</sup>

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<sup>1</sup> Resolution of the Council of People's Commissars of the RSFSR of the 25th of August 1931 "On Approval of the Regulation on the Workplace Health Expert Committees".

Health expert committees (HEC) were reorganised into WHEC, which received the functions of a consulting bureau and were supposed to determine, along with the disability group, the nature of work available to a disabled person, in the form of labour recommendations.

In 1932, the Soviet Social Insurance Council introduced a classification of disability consisting of three groups and regulating the criteria for determining each of them, considering the indications for work in the same or a different profession. The classification was based upon the principle of determining the work capacity with regards to medical and social factors. So, the 1st group was assigned to people who have completely lost their ability to work and need care; the 2nd category was assigned to people who have lost the ability for any work, and the 3rd was assigned to people incapable of systematic work but who have retained residual work capacity.

The introduction of this classification of disability completely replaced the percentage principle of determining the work capacity.

By 1940, the WHEC and social welfare systems for people with disabilities were formed in Russia, there were 1,211 functioning committees, a system for employment (professional rehabilitation) of disabled people was formed, including professional counselling, vocational training and retraining of people with disabilities.

## Workplace health expertise during the war and post-war years (1941–1955)

During the Great Patriotic War, the volume of inspections at the WHEC grew significantly, and the need for opening additional WHECs for servicing military personnel dismissed from the army due to injuries, wounds and diseases, increased. Fitting prostheses, self-care and movement training, adaptation of disabled people to their old or new profession were carried out in hospitals along with general treatment. In hospital workshops, disabled people were taught various trades – watchmaking, photography, mechanic trade, carpentry, and others.

In order to organise the activities of the WHEC in 1942, the Council of People's Commissars of the USSR approved a new Regulation on WHEC (resolution of the 5th of December 1942 No. 1936), which determined the organisation and activities of the WHECs and their structure, extended the authority of the WHEC, regulated the procedure for examinations, terms of establishing disability groups, the procedure for resolving disagreements between members of the

expert committee, and case management. WHEC were now created at polyclinics and outpatient clinics.<sup>2</sup>

Medical labour examination (MLE) was carried out in accordance with the rules and nature of medical institutions. Servicemen who left the hospitals without MLE certificates were sent to the WHEC by regional or district (city) military commissariats. The WHEC included the head doctor of the medical institution and two specialist doctors, a social welfare department representative and a trade union representative.

For the first time ever, the role of social protection authorities and trade unions regarding implementation of the WHEC certificates was defined: monitoring of compliance with the working conditions specified in the WHEC certificates was provided.<sup>3</sup>

The regulation on WHEC of 1942 practically became fundamental to all subsequent regulatory documents on the activities of the WHEC. The regulations on WHEC of 1948, 1963 and 1984 were amended in accordance with the priorities and directions in the socio-economic policy in a particular period of development of the country.

During the Great Patriotic War and in the post-war years, the WHEC was supposed to indicate whether the disability was related to being at the front. A new category of people with disabilities was created – the invalids of the Patriotic War.

In 1943, the WHEC was given the right to assign the 3rd group of disability to people with a “pronounced anatomical defect” who retained their ability to work in their profession.

During the post-war years in Russia, the improvement of methods for the rehabilitation of disabled people and regulatory documents on the establishment of disability continued. In the 1940–1960s, a new direction appeared in the health care system – medical rehabilitation, which was based upon specialised assistance to people with amputations, severe injuries of the skull, brain, spinal cord, and vertebral column. Later on, this became the basis for the directions of medical and social rehabilitation of people with disabilities, defined in legislative acts on issues of medical and social expertise and rehabilitation of disabled people.

In 1945, the country's first WHE department was created at the Central Order of Lenin Advanced Training Medical Institute (ATMI) of the USSR Ministry of Health at the Central Institute for Employment Assessment and Disabled Worker Coordination (CIEAD-WC). At the 1st All-Russian Congress of medical experts held in 1948, the work carried out in the war and post-war years was summed up, and the main tasks

<sup>2</sup> Resolution of the Council of People's Commissars of the USSR of the 5th of December 1942 No. 1936 “On Approval of the Regulation on the Workplace Health Expert Committees”.

<sup>3</sup> Ibid.

were outlined – the development of a new instruction for determining disability groups and the improvement of the organisation and activities of the WHEC.

By the Resolution of the USSR Council of Ministers of the 5th of November 1948 No. 4149, the new “Regulation on workplace health expert committees (WHEC)” was approved; the functions and powers of the WHEC were expanded, including extending sick leave treatment and providing advice and methodological assistance to medical institutions on work capacity assessment. For the first time, the categories of people who had to be assessed by the WHEC in the presence of signs of permanent disability (invalidity) were determined: workers and employees of companies, as well as members of artels of commercial and forestry cooperatives and disabled people cooperatives.<sup>4</sup>

Under the Ministries of Social Welfare of the autonomous republics, regional, territorial and city (cities of republican subordination) social security departments organised relevant (republican, territorial, regional, central city) “higher” WHECs, whose task was to certify the people who appealed the conclusions of the district or city WHECs, and also assessment, in especially difficult cases, of people from district or city WHECs, and the control over validity of expert decisions and organisational and methodical functions. The list of statements of the causes of disability was significantly expanded depending upon the circumstances of the health impairment that led to the determination of disability: general or occupational disease; vocational or non-vocational injury; disability from childhood; a wound (shell shock, injury) received in battle or in the performance of other duties in military service; a disease received at the front or during military service; injury or disease sustained whilst in captivity.<sup>5</sup>

## The improvement of workplace health expertise in 1956–1984

In 1956, the Council of Ministers of the RSFSR, by Resolution No. 792 of the 21st of December 1956<sup>6</sup>, approved the new “Regulation on the WHEC”. It turned out that in determining the permanent or long-term disability and the designation of disability groups WHEC refer to the Instruction approved by the Ministry of Health of the USSR and the All-Union Central Council

of Trade Unions.<sup>7</sup> The regulation on the WHEC of 1956 determined the wording of the causes of disability. At the same time, the List of Diseases, in which the group of disability was established by the WHEC without specifying the period of re-examination, was approved.<sup>8</sup> The improved Instruction expanded the authority of WHEC to determine the working conditions of disabled people, provided for the possibility of continuing work in the absence of medical contraindications on the recommendation of the WHEC for people with disabilities of all three disability groups, but with the need to comply with different working conditions. In accordance with the USSR Law on State Pensions adopted by the Supreme Soviet of the USSR on the 14th of July 1956, WHEC was granted the authority to set the time of the onset of disability to address the issue of pension benefits for people previously recognised as being disabled.<sup>9</sup> The instruction was the current regulatory legal document until the 29th of January 1997.

WHEC became permanent organisations consisting of three expert doctors (therapist, surgeon, neuropathologist), a representative of the social welfare department and a representative of the trade union. One of the expert doctors was appointed by the chairman of the commission. The chairman and members of the WHEC were approved by the ministers of social welfare of the autonomous republics, heads of territorial, regional and city republican (RSFSR) subordination departments of social security in coordination with the relevant health authorities.

For the first time, for the general and specialised WHEC, the working day duration and the examination standards during the working day were established. District and city WHEC could take 15 patients for examination during the working day (5,5 hours), and specialised WHEC could take 10 patients.

The structure of republican, territorial and regional WHECs was determined: four doctors of leading specialities, one of whom was the chairman. The chairmen and members of the committees were working for them full time. If necessary, consultants – doctors and candidates of sciences<sup>10</sup>, experienced doctors of subspecialties would be involved in the examination.

<sup>4</sup> Resolution of the Council of Ministers of the USSR of the 5th of November 1948 No. 4149 “On Approval of the Regulation on the Workplace Health Expert Committees”.

<sup>5</sup> Ibid.

<sup>6</sup> Resolution of the Council of Ministers of the RSFSR of the 21st of December 1956 No. 792 “On Approval of the Regulation on the Workplace Health Expert Committees (WHEC)”.

<sup>7</sup> “Instructions for determining disability groups”, approved by the Ministry of Health of the USSR on the 1st of August 1956, and by the All-Union Central Council of Trade Unions on the 2nd of August 1956, and agreed with the Ministry of Social Affairs of the RSFSR on the 2nd of August 1956.

<sup>8</sup> Resolution of the Council of Ministers of the RSFSR of the 21st of December 1956 No. 792 “On Approval of the Regulation on the Workplace Health Expert Committees (WHEC)”.

<sup>9</sup> USSR Law of the 14th of July 1956 “On State Pensions”.

<sup>10</sup> Russian equivalents of a Ph.D., the Candidate of Sciences’ being the first of two doctoral level scientific degrees – the second being the Doctor of Sciences, equivalent to the British higher doctorate and requiring 10 years of original research after the Candidate of Sciences is attained.

The tasks of the “higher” WHECs were ensuring the functionality of the primary WHECs, the introduction of scientific principles and methods for the examination of work capacity developed by the Research Institute of work capacity, implementation of measures to increase the expert qualification of district, city and specialised WHEC doctors, holding practical conferences, etc.

The decisions made by the “higher” WHEC in form of appeal or control over the correctness of expert decisions of district and city expert committees were final.

The regulation on the WHEC of 1956 significantly expanded the category of persons accepted for certification: workers, employees and other citizens who are covered by state social insurance; students of Higher Education Institutions and Technical and Vocational Education and Training institutions, citizens whose disability had arisen in connection with the fulfilment of state or public duties or because of the fulfilment of the duty of a citizen of the USSR to save human life or protect socialist property, as well as the duty to protect socialist law and order.

Disabled people referred to WHEC by medical institutions for re-examination, used the right of extraordinary medical examination.

Responsibility for the quality of the medical examination and for the fairness of referring patients to WHEC was assigned to the heads of medical institutions.

WHEC examinations were only carried out at the places of residence. Examinations of people who were unable, due to their state of health according to the certificate of the medical institution, to appear at the WHEC, were carried out on domiciliary visits or in the medical institutions where the patients were held.

Regarding people living in remote and inaccessible areas (the Far North, Far Eastern areas and other localities in the lists approved by the respective regional executive committees, territorial executive committees and Councils of Ministers of the autonomous republics), WHE was performed on the basis of examination certificates, thorough clinical records and other documents necessary for the examination of patients and signed by the attending physician and the head physician of the medical institution.

The terms of re-examination of disabled people were established: once every two years for people in the 1st disability group, and once a year for people in the 2nd and 3rd disability groups (previously, people in the 3rd group of disability had to undergo re-examination after 6 months). Without specifying the period of re-examination, the disability group was assigned to disabled people who have reached retirement age, as well as for disabled people who had irreversible chronic diseases and anatomical defects specified by the List of Diseases approved by the Ministry of Health of the USSR and the All-Union Central Council of Trade Unions.

In 1960, the Institute of Specialisation of Medical Experts (ISME) was established in Leningrad, which was later reorganised into the Leningrad Institute of Advanced Medical Studies of Experts (LIAMSE). With the organisation of the LIAMSE (the Saint Petersburg Institute of Advanced Medical Studies of Experts since 1996), a system of training, retraining and advanced training of medical personnel for the WHE service, and later for medical and social expertise institutions, was created in the country.

The organisation of inpatient examination since 1955 has contributed to the improvement of the quality of the examination of permanent disability. Specialised WHECs for the examination of the work capacity of patients with tuberculosis and mental illnesses were being created at appropriate dispensaries and hospitals. The structure of the specialised WHECs was determined: a therapist, a surgeon, neuropathologist and two phthiologists; in the psychiatric WHECs there would be a neuropathologist or two psychiatrists and a therapist. A medical registrar was introduced to the staff of all WHECs, and in committees which worked five or more days a week an additional position of a senior nurse was added. In later years, the network of specialised WHECs expanded through the creation of ophthalmic, oncological, cardiorheumatological and traumatological committees.

In the early 1960s, pension benefits were further developed: members of collective farms were granted the right to old-age and disability pensions in case of establishment of the 1st and 2nd disability group, as well as in case of establishment of the 3rd group due to work injury or occupational disease. The legislation in the sphere of social insurance was being improved, in particular, on the issues of compensation for health damage to workers and employees who suffered as a result of industrial accidents or other diseases related to their work activities.

In 1962, the Rules for Compensation by companies, institutions and organisations of damage caused to workers and employees or other damage to health associated with their work came into effect.<sup>11</sup> This resolution increased the authority of the WHEC in the prevention of disability amongst workers and employees, and increased the importance of analysing the causes of disability.

The measures specified by the Resolution of the Council of Ministers of the RSFSR and the All-Union Central Council of Trade Unions of the 11th of March 1963 No. 299 were aimed at improving the structure,

<sup>11</sup> Resolution of the State Labour Committee of the USSR and the Presidium of the All-Union Central Council of Trade Unions of the 22nd of December 1961 No. 483/25 “On approval of compensation rules by companies, institutions and organisations for damage caused to workers and employees by injury or other damage to their health”.



types of activities, powers and responsibilities of the WHECs for liaising with medical institutions and trade unions.<sup>12</sup>

The executive authorities of the autonomous republics, territorial executive committees, regional executive committees, together with health authorities and trade unions, had to understand the causes of disability amongst workers and ensure the development of measures to improve sanitary and hygienic conditions in enterprises, safe working conditions and the elimination of causes leading to diseases and disability of workers and employees. It was necessary to introduce medical services for industrial workers, to carry out preventative medical examinations, dispensary observation of all underground workers, and systematic medical monitoring of the health status of workers with disabilities timely and completely (Grinvald and Shchepetova 1986, Dobrovolskiy 1992, Udintsov et al. 1982)

It was recommended to allocate 20–30 beds in the republican, regional, territorial and one of the city hospitals for clinical, expert and functional examination of patients in order to assess their ability to work, and to provide for the development of subjects linked to increasing the population's ability to work and reducing and preventing of disability amongst workers in the plans of research. It was necessary to ensure a high level of teaching in the subordinated medical higher education institutions of the theoretical and methodological foundations of labour expertise in diseases that cause disability.

In accordance with the Regulation on the WHEC of the 11th of March 1963, No. 299, the WHEC's work was organised on a regional basis (city and interdistrict WHECs consisted of three expert doctors {therapist, surgeon, neuropathologist}, a representative of the social security authority and a representative of the trade union; there were city and interdistrict WHECs for people with tuberculosis at tuberculosis dispensaries and city and interdistrict WHECs for people with mental illnesses at psychoneurological dispensaries and hospitals).

WHECs were supposed to determine the conditions and types of work for people with disabilities available for health reasons, promote the rehabilitation of disabled people (rehabilitative therapy, prosthetics, vocational training), study the working conditions of disabled people directly at enterprises (Melikhov 1974, Melnik 1986, Grishina 1985). Special attention was paid to the organisation of away meetings of the WHEC, the creation of specialised committees, as well as public councils under the WHEC.

Along with the functions of establishing disability, the WHECs were supposed to ascertain the degree of

disability of workers and employees who received injury or other damage to their health due to their work, in order to determine the amount of compensation for the damage caused.<sup>13</sup>

The functions of the “higher” WHECs to improve the quality of WHE were also defined – introduction of the scientific principles and methods of work capacity expertise developed by research institutes of work capacity research into the practice of city, interdistrict, district and specialised WHECs; implementation of measures to improve the expert qualifications of doctors, the study of the dynamics and causes of disability amongst workers and the development of relevant proposals aimed at reducing disability (Grishina 1985).

Under the ministries of social welfare of the autonomous republics, departments of social welfare of territorial executive committees, regional executive committees and the Moscow and Leningrad city executive committees, republican, territorial, regional and central city WHECs were organised. These commissions consisted of four doctors and were the highest authorities of the WHE and methodological centres for the examination of work capacity in the autonomous republic, territory, region, cities of Moscow and Leningrad.

Depending upon the scope of work, as agreed with the Ministry of Social Security of the RSFSR, republican, territorial, regional, Moscow and Leningrad central city WHECs had several committees. The chairmen of the “higher” WHECs were simultaneously the main experts of the autonomous republic, territory, region and city on the WHE.

Decisions made by the republican, territorial, regional, Moscow and Leningrad central city WHECs regarding complaints against the decisions of city, interdistrict, district and specialised WHECs, as well regarding monitoring the correctness of expert decisions of these WHECs, were final.

The methodological and organisational management of the WHE bodies was carried out by the Department of Workplace Health Expertise of the Ministry of Social Security of the RSFSR, which organised the scientific and methodological development of the principles and methods of workplace health expertise, ensured their implementation in the practice of the WHE bodies, monitored their activities, and monitored the validity of expert decisions of ‘higher’ WHECs (Republican ASSR, territorial, regional).

In 1964, in connection with the newly adopted law “On pensions and benefits for members of collective farms”, WHEC was obliged to carry out an examination of the work capacity of members of collective farms and their families. 315,000 collective farmers were certified that year in Russia.

<sup>12</sup> Resolution of the Council of Ministers of the USSR of the 11th of March 1963 No. 299 “On measures for reducing disability amongst workers and improving workplace health expertise”.

<sup>13</sup> Resolution of the Council of Ministers of the USSR of the 11th of March 1963 No. 299 “On measures for reducing disability amongst workers and improving workplace health expertise”.

The World Health Organisation (WHO) proclaimed (International classification... 1980) a new approach to determining disability, based upon the clinical and expert diagnosis of functional impairment and activity limitations. In the International Classification of Functioning, Disability and Health, limitations on the ability of a person to work, were, for the first time, considered not only in relation to work, but also regarding self-care, movement, training, and other categories of life activity (Simeonsson et al. 2000).

The examination of work capacity was carried out in accordance with the Resolution of the Council of Ministers of the USSR of the 21st of December 1984 No. 1255.<sup>14</sup> The Model Provision on workplace health expert committees became the basis of the Regulation on the WHEC, approved by a resolution of the Council of Ministers of the RSFSR and the All-Union Central Council of Trade Unions of the 9th of April 1985 No. 14710 (SP RSFSR 1985, No. 11, Art. 5).

Socio-economic and political transformations in the 1990s (perestroika, dissolution of the Soviet Union) influenced the solution of issues of social protection of people with disabilities and the organisation of medical examination of disability (Korobov and Pomnikov 2005, Karpov and Kadyskin 1988). Against the background of nationwide changes and international trends arose a transformation of ideas about

disability and the position of people with disabilities in society.

So, the workplace health expertise played a decisive role in ensuring the social protection of workers.

The Regulations on the WHEC over the years were amended and supplemented to reflect the priorities in the socio-economic policy.

The number of people with disabilities increased significantly due to the introduction of a new category – the invalids of the Eastern Front of World War II, whose medical and social rehabilitation is one of the main directions in the social protection system today.

The organisation of a stationary examination and a wide network of specialised WHECs (ophthalmic, oncological, cardiorheumatological, traumatological committees) contributed to the improvement of the quality of the examination of permanent disability.

The social protection authorities and trade unions were urged to carry out the rational employment of people with disabilities in accordance with the recommendations WHEC to ensure their professional rehabilitation and employment.

The system of training, retraining and advanced training of medical personnel (ISME, LIAMSE) established in the country in the 1960–1990s ensured the necessary level and quality of WHE based upon continuity between WHECs and medical institutions.

Workplace health expertise was the basis for the transition to a new conceptual model for determining disability and improving the system of medical and social rehabilitation.

<sup>14</sup> Resolution of the Council of Ministers of the USSR of the 21st of December 1984 No. 1255 “On Approval of the Model Provision on the Workplace Health Expert Committees”.

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