Department of Veterans Affairs

SHOULDER AND ARM CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY OR REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the Veteran's application. VA reserves the right to confirm the authenticity of ALL completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

DOMINANT HAND

Dominant hand: ◯ Right ◯ Left ◯ Ambidextrous

SECTION 1 - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

☐ The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the remarks section)

	Side affected:			ICD Code:	Date of diagnosis:	
☐ Shoulder strain	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Shoulder impingement syndrome	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Bicipital tendonitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Bicipital tendon tear	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Rotator cuff tendonitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Rotator cuff tear	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Labral tear, including SLAP (superior labral anterior-posterior lesion)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Subacromial/subdeltoid bursitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Glenohumeral joint osteoarthritis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Acromioclavicular joint osteoarthritis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Ankylosis of glenohumeral articulations (shoulder joint)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Glenohumeral joint instability	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Glenohumeral joint dislocation/recurrent dislocation	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Shoulder joint replacement (total shoulder arthroplasty/ hemiarthroplasty)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Acromioclavicular joint separation	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Degenerative arthritis, other than posttraumatic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, gonorrheal	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, pneumococcic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, streptococcic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, syphilitic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, rheumatoid (multi-joints)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Post-traumatic arthritis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, typhoid	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Other specified forms of arthropathy (excluding gout) (specify)						
	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteoporosis, residuals of	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteomalacia, residuals of	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Bones, neoplasm, benign	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteitis deformans	◯ Right	◯ Left	◯ Both		Right:	Left:

☐ Gout	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Bursitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Myositis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Heterotopic ossification	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinopathy (select one if known)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinosis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tenosynovitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Inflammatory other types (specify)	◯ Right	◯ Left	◯ Both		Right:	Left:

☐ Other (specify)

Other diagnosis #1

Side affected: ◯ Right ◯ Left ◯ Both

ICD Code: Date of diagnosis: Right: Left:

Other diagnosis #2

Side affected: ◯ Right ◯ Left ◯ Both

ICD Code: Date of diagnosis: Right: Left:

If there are additional diagnoses that pertain to shoulder and/or arm conditions, list using above format:

SECTION 2 - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's shoulder and/or arm condition (brief summary):

2B. Does the Veteran report flare-ups of the shoulder and/or arm? ◯ Yes ◯ No

If yes, document the Veteran's description of the flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms:

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?

◯ Yes ◯ No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words:

SECTION 3 - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance, or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up; however, this is not always feasible.
Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.
Optimally, a description of any additional loss of function should be provided - such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

Right shoulder	Left shoulder
3A. Initial ROM measurements	3A. Initial ROM measurements
◯ All normal ◯ Abnormal or outside of normal range ◯ Unable to test ◯ Not indicated	◯ All normal ◯ Abnormal or outside of normal range ◯ Unable to test ◯ Not indicated
If "Unable to test" or "Not indicated" please explain:	If "Unable to test" or "Not indicated" please explain:
If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a shoulder/arm condition, such as age, body habitus, neurologic disease), please describe:	If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a shoulder/arm condition, such as age, body habitus, neurologic disease), please describe:
If abnormal, does the range of motion itself contribute to a functional loss? ◯ Yes ◯ No (if yes, please explain)	If abnormal, does the range of motion itself contribute to a functional loss? ◯ Yes ◯ No (if yes, please explain)

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ◯ Yes ◯ No If no, provide an explanation:	Can testing be performed? ◯ Yes ◯ No If no, provide an explanation:

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (180 degrees) degrees

Abduction endpoint (180 degrees) degrees

Internal rotation endpoint (90 degrees) degrees

External rotation endpoint (90 degrees) degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Internal Rotation

☐ Abduction ☐ External Rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Abduction degree endpoint (if different than above)

Internal rotation degree endpoint (if different than above)

External rotation degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (180 degrees) degrees ☐ Same as active ROM

Abduction endpoint (180 degrees) degrees ☐ Same as active ROM

Internal rotation endpoint (90 degrees) degrees ☐ Same as active ROM

External rotation endpoint (90 degrees) degrees ☐ Same as active ROM

If noted on examination, which ROM exhibited pain? (select all that apply):

☐ Flexion ☐ Internal Rotation

☐ Abduction ☐ External Rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Abduction degree endpoint (if different than above)

Internal Rotation degree endpoint (if different than above)

External rotation degree endpoint (if different than above)

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (180 degrees) degrees

Abduction endpoint (180 degrees) degrees

Internal rotation endpoint (90 degrees) degrees

External rotation endpoint (90 degrees) degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Internal Rotation

☐ Abduction ☐ External Rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Abduction degree endpoint (if different than above)

Internal rotation degree endpoint (if different than above)

External rotation degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (180 degrees) degrees ☐ Same as active ROM

Abduction endpoint (180 degrees) degrees ☐ Same as active ROM

Internal rotation endpoint (90 degrees) degrees ☐ Same as active ROM

External rotation endpoint (90 degrees) degrees ☐ Same as active ROM

If noted on examination, which ROM exhibited pain? (select all that apply):

☐ Flexion ☐ Internal Rotation

☐ Abduction ☐ External Rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Abduction degree endpoint (if different than above)

Internal Rotation degree endpoint (if different than above)

External Rotation degree endpoint (if different than above)

Is there evidence of pain? ◯ Yes ◯ No

If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion

☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below)

☐ does not result in/cause functional loss

Comments:

Is there evidence of pain? ◯ Yes ◯ No

If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion

☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below)

☐ does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus? ◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue, to include the glenohumeral joint, humerus, clavicle, scapula, acromioclavicular joint, or sternoclavicular joint?

◯ Yes ◯ No

If yes, please explain. Include location, severity, and relationship to condition(s).

Is there objective evidence of crepitus? ◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue, to include the glenohumeral joint, humerus, clavicle, scapula, acromioclavicular joint, or sternoclavicular joint?

◯ Yes ◯ No

If yes, please explain. Include location, severity, and relationship to condition(s).

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

◯ Yes ◯ No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (180 degrees)	degrees
Abduction endpoint (180 degrees)	degrees
Internal rotation endpoint (90 degrees)	degrees
External rotation endpoint (90 degrees)	degrees

Select factors that cause this functional loss: (check all that apply)

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other ☐ N/A

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

◯ Yes ◯ No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (180 degrees)	degrees
Abduction endpoint (180 degrees)	degrees
Internal rotation endpoint (90 degrees)	degrees
External rotation endpoint (90 degrees)	degrees

Select factors that cause this functional loss: (check all that apply)

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other ☐ N/A

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time	3C. Repeated use over time
Is the Veteran being examined immediately after repeated use over time? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ◯ Yes ◯ No Select factors that cause this functional loss: (check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other ☐ N/A Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. Flexion endpoint (180 degrees) degrees Abduction endpoint (180 degrees) degrees Internal rotation endpoint (90 degrees) degrees External rotation endpoint (90 degrees) degrees	Is the Veteran being examined immediately after repeated use over time? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ◯ Yes ◯ No Select factors that cause this functional loss: (check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other ☐ N/A Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. Flexion endpoint (180 degrees) degrees Abduction endpoint (180 degrees) degrees Internal rotation endpoint (90 degrees) degrees External rotation endpoint (90 degrees) degrees
The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)	The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)
3D. Flare-ups	3D. Flare-ups
Is the examination being conducted during a flare-up? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ◯ Yes ◯ No Select factors that cause this functional loss: (check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other ☐ N/A Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran. Flexion endpoint (180 degrees) degrees Abduction endpoint (180 degrees) degrees Internal rotation endpoint (90 degrees) degrees External rotation endpoint (90 degrees) degrees	Is the examination being conducted during a flare-up? ◯ Yes ◯ No Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ◯ Yes ◯ No Select factors that cause this functional loss: (check all that apply) ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance ☐ Incoordination ☐ Other ☐ N/A Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran. Flexion endpoint (180 degrees) degrees Abduction endpoint (180 degrees) degrees Internal rotation endpoint (90 degrees) degrees External rotation endpoint (90 degrees) degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3E. Additional factors contributing to disability

3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

SECTION 4 - MUSCLE ATROPHY

Right shoulder

4A. Does the Veteran have muscle atrophy? ◯ Yes ◯ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

◯ Yes ◯ No If no, provide rationale:

4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

☐ Right upper extremity (specify location of measurement such as "10cm above the anterior elbow crease" here):

Circumference of more normal side: cm

Circumference of atrophied side: cm

Left shoulder

4A. Does the Veteran have muscle atrophy? ◯ Yes ◯ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

◯ Yes ◯ No If no, provide rationale:

4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

☐ Left upper extremity (specify location of measurement such as "10cm above the anterior elbow crease" here):

Circumference of more normal side: cm

Circumference of atrophied side: cm

SECTION 5 - ANKYLOSIS

Note: Ankylosis is the immobilization of a joint due to disease, injury, or surgical procedure.

5A. Is there ankylosis of the scapulohumeral (glenohumeral) articulation (shoulder joint) - (i.e., the scapula and humerus move as one piece)?

◯ Yes ◯ No

If yes, indicate the severity of ankylosis:

◯ Ankylosis in abduction up to 60 degrees; can reach mouth and head (favorable ankylosis)

◯ Ankylosis in abduction between favorable and unfavorable (intermediate ankylosis)

◯ Ankylosis in abduction at 25 degrees or less from side (unfavorable ankylosis)

5B. Indicate angle of ankylosis in degrees of abduction: degrees

5C. If ankylosed, is there involvement of Muscle Group I (trapezius, levator scapulae, serratus magnus) and II (pectoralis major II (costosternal), latissimus dorsi and teres major, pectoralis minor; rhomboid)?

◯ Yes ◯ No If yes, complete the Muscle Injuries questionnaire.

5A. Is there ankylosis of the scapulohumeral (glenohumeral) articulation (shoulder joint) - (i.e., the scapula and humerus move as one piece)?

◯ Yes ◯ No

If yes, indicate the severity of ankylosis:

◯ Ankylosis in abduction up to 60 degrees; can reach mouth and head (favorable ankylosis)

◯ Ankylosis in abduction between favorable and unfavorable (intermediate ankylosis)

◯ Ankylosis in abduction at 25 degrees or less from side (unfavorable ankylosis)

5B. Indicate angle of ankylosis in degrees of abduction: degrees

5C. If ankylosed, is there involvement of Muscle Group I (trapezius, levator scapulae, serratus magnus) and II (pectoralis major II (costosternal), latissimus dorsi and teres major, pectoralis minor; rhomboid)?

◯ Yes ◯ No If yes, complete the Muscle Injuries questionnaire.

SECTION 6 - ROTATOR CUFF CONDITIONS

6A. Complete the following:

Hawkins' Impingement Test: Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

Empty Can Test: Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

External rotation/infraspinatus strength test: Patient holds arms at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

Lift-off subscapularis test: Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

6B. If unable to test, is a rotator cuff condition suspected?

◯ Yes ◯ No

If yes, please describe:

6A. Complete the following:

Hawkins' Impingement Test: Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

Empty Can Test: Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

External rotation/infraspinatus strength test: Patient holds arms at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

Lift-off subscapularis test: Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

6B. If unable to test, is a rotator cuff condition suspected?

◯ Yes ◯ No

If yes, please describe:

SECTION 7 - SHOULDER INSTABILITY, DISLOCATION OR LABRAL PATHOLOGY

Right shoulder

7A. Complete the following:

Crank Apprehension and Relocation Test: With patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of instability with further external rotation may indicate shoulder instability.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

Left shoulder

7A. Complete the following:

Crank Apprehension and Relocation Test: With patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of instability with further external rotation may indicate shoulder instability.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

7B. If unable to test, is shoulder instability, dislocation or labral pathology suspected?

◯ Yes ◯ No If yes, please describe

7B. If unable to test, is shoulder instability, dislocation or labral pathology suspected?

◯ Yes ◯ No If yes, please describe

7C. Is there shoulder instability, dislocation or labral pathology?

◯ Yes ◯ No

7C. Is there shoulder instability, dislocation or labral pathology?

◯ Yes ◯ No

7D. Does the Veteran have mechanical symptoms (clicking, catching, etc.)?

◯ Yes ◯ No

7D. Does the Veteran have mechanical symptoms (clicking, catching, etc.)?

◯ Yes ◯ No

7E. Are there current residuals of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint?

◯ Yes ◯ No If yes, check all that apply:

☐ Infrequent episodes and guarding of movement only at shoulder level (flexion and/or abduction at 90°)

☐ Frequent episodes and guarding of all arm movements

Affects range of motion? ◯ Yes ◯ No

7E. Are there current residuals of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint?

◯ Yes ◯ No If yes, check all that apply:

☐ Infrequent episodes and guarding of movement only at shoulder level (flexion and/or abduction at 90°)

☐ Frequent episodes and guarding of all arm movements

Affects range of motion? ◯ Yes ◯ No

SECTION 8 - CLAVICLE, SCAPULA, ACROMIOCLAVICULAR (AC) JOINT AND STERNOCLAVICULAR JOINT CONDITIONS

8A. Complete the following:

Cross-body adduction test: Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

8A. Complete the following:

Cross-body adduction test: Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology.

◯ Positive ◯ Negative ◯ Unable to test ◯ N/A

8B. If unable to test, is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected?

◯ Yes ◯ No If yes, please describe:

8B. If unable to test, is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected?

◯ Yes ◯ No If yes, please describe:

8C. Is there a clavicle, scapula, acromioclavicular (AC) joint, sternoclavicular joint condition or other impairment?

◯ Yes ◯ No If yes, indicate severity and complete 8D:

☐ Malunion of clavicle or scapula

◯ Nonunion of clavicle or scapula without loose movement

◯ Nonunion of clavicle or scapula with loose movement

☐ Dislocation (acromioclavicular separation or sternoclavicular dislocation)

☐ Other (describe):

8C. Is there a clavicle, scapula, acromioclavicular (AC) joint, sternoclavicular joint condition or other impairment?

◯ Yes ◯ No If yes, indicate severity and complete 8D:

☐ Malunion of clavicle or scapula

◯ Nonunion of clavicle or scapula without loose movement

◯ Nonunion of clavicle or scapula with loose movement

☐ Dislocation (acromioclavicular separation or sternoclavicular dislocation)

☐ Other (describe):

8D. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral joint)?

◯ Yes ◯ No

8D. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral joint)?

◯ Yes ◯ No

SECTION 9 - CONDITIONS OR IMPAIRMENTS OF THE HUMERUS

9A. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus?

◯ Yes ◯ No If yes, check all that apply and complete 9C:

☐ Loss of head (flail shoulder) ☐ Nonunion (false flail shoulder) ☐ Fibrous union

9A. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus?

◯ Yes ◯ No If yes, check all that apply and complete 9C:

☐ Loss of head (flail shoulder) ☐ Nonunion (false flail shoulder) ☐ Fibrous union

9B. Does the Veteran have malunion of the humerus with moderate or marked deformity?:

◯ Yes ◯ No If yes, indicate severity:

◯ Moderate deformity ◯ Marked deformity

9B. Does the Veteran have malunion of the humerus with moderate or marked deformity?:

◯ Yes ◯ No If yes, indicate severity:

◯ Moderate deformity ◯ Marked deformity

9C. Does the humerus condition affect range of motion of the shoulder (glenohumeral joint)?

◯ Yes ◯ No

9C. Does the humerus condition affect range of motion of the shoulder (glenohumeral joint)?

◯ Yes ◯ No

SECTION 10 - SURGICAL PROCEDURES

10A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total shoulder joint replacement Date of surgery:

Residuals: ◯ None ◯ Intermediate degrees of residual weakness, pain, or limitation of motion

◯ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe:

☐ Arthroscopic or other shoulder surgery

Date of Surgery: Type of Surgery:

Describe residuals:

10A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total shoulder joint replacement Date of surgery:

Residuals: ◯ None ◯ Intermediate degrees of residual weakness, pain, or limitation of motion

◯ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe:

☐ Arthroscopic or other shoulder surgery

Date of Surgery: Type of Surgery:

Describe residuals:

SECTION 11 - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

11A. Does the Veteran have any other pertinent physical findings, complications, signs, or symptoms related to any conditions listed in the diagnosis section above?

◯ Yes ◯ No If yes, describe (brief summary):

11B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?

◯ Yes ◯ No If yes, also complete the appropriate dermatological questionnaire.

11C. Comments, if any:

SECTION 12 - ASSISTIVE DEVICES

12A. Does the Veteran use any assistive devices? ◯ Yes ◯ No

If yes, identify the assistive devices used. Check all that apply and indicate frequency:

☐ Brace Frequency of use: ◯ Occasional ◯ Regular ◯ Constant

☐ Other, describe: Frequency of use: ◯ Occasional ◯ Regular ◯ Constant

12B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition:

SECTION 13 - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

Note: The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should undergo an amputation with fitting of a prothesis. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an amputation and prosthesis, the examiner should check "yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the same degree as if there were an amputation of the affected limb.

13A. Due to the Veteran's shoulder or arm condition(s), is there functional impairment of an extremity such that no effective functions remain other than that which would be equally well-served by an amputation with prosthesis (functions of the upper extremity include grasping, manipulation, etc.)?

◯ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran

◯ No

If yes, indicate extremities for which this applies: ☐ Right upper ☐ Left upper

13B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function, and provide specific examples (brief summary):

SECTION 14 - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, even if in the past, no further imaging studies are required by VA, even if arthritis has worsened.

14A. Have imaging studies been performed in conjunction with this examination? ◯ Yes ◯ No

14B. If yes, is degenerative or post-traumatic arthritis documented? ◯ Yes ◯ No If yes, indicate side: ◯ Right ◯ Left ◯ Both

14C. If yes, provide type of test or procedure, date and results (brief summary):

14D. Are there any other significant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?

◯ Yes ◯ No If yes, provide type of test or procedure, date and results (brief summary):

14E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed condition(s):

SECTION 15 - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

15A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?

◯ Yes ◯ No

If yes, describe the functional impact of each condition, providing one or more examples:

SECTION 16 - REMARKS

16A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

SECTION 17 - EXAMINER'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

17A. Examiner's signature:	17B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

17C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):	17D. Date Signed:

17E. Examiner's phone/fax numbers:	17F. National Provider Identifier (NPI) number:	17G. Medical license number and state:

17H. Examiner's address: