OMB Approved No. 2900-0813
Respondent Burden: 30 minutes
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Department of Veterans Affairs

KNEE AND LOWER LEG CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE

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. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
67	66

NOTE TO PHYSICIAN - The veteran or service member 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 claim. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

MEDICAL RECORD REVIEW

WAS THE VETERAN'S VA CLAIMS FILE REVIEWED?

44 YES 43 NO

IF YES, LIST ANY RECORDS THAT WERE REVIEWED BUT WERE NOT INCLUDED IN THE VETERAN'S VA CLAIMS FILE:

68

IF NO, CHECK ALL RECORDS REVIEWED:

- 45 Military service treatment records
- 46 Military service personnel records
- 47 Military enlistment examination
- 48 Military separation examination
- 49 Military post-deployment questionnaire
- 50 Department of Defense Form 214 Separation Documents
- 51 Veterans Health Administration medical records *(VA treatment records)*
- 52 Civilian medical records
- 53 Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- 55 Other: 70
- 54 No records were reviewed

SECTION I - DIAGNOSIS

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

1A. LIST THE CLAIMED CONDITION(S) THAT PERTAIN TO THIS DBQ:

69

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 comments 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)*:

56 The Veteran does not have a current diagnosis associated with any claimed condition listed above. *(Explain your findings and reasons in comments section.)*

57	Knee strain	Side affected:	73 Right	72 Left	71 Both	ICD Code: 42		Date of diagnosis: 41	
58	Knee tendonitis/tendonosis	Side affected:	1 Right	37 Left	38 Both	ICD Code: 39		Date of diagnosis: 40	
59	Knee meniscal tear	Side affected:	36 Right	35 Left	34 Both	ICD Code: 33		Date of diagnosis: 32	
60	Knee anterior cruciate ligament tear	Side affected:	2 Right	28 Left	29 Both	ICD Code: 30		Date of diagnosis: 31	
61	Knee posterior cruciate ligament tear	Side affected:	27 Right	26 Left	25 Both	ICD Code: 24		Date of diagnosis: 23	
62	Patellar or quadriceps tendon rupture	Side affected:	3 Right	19 Left	20 Both	ICD Code: 21		Date of diagnosis: 22	
63	Knee joint osteoarthritis	Side affected:	18 Right	17 Left	16 Both	ICD Code: 15		Date of diagnosis: 14	
64	Knee joint ankylosis	Side affected:	4 Right	10 Left	11 Both	ICD Code: 12		Date of diagnosis: 13	
65	Knee fracture *(including patellar fracture)*	Side affected:	9 Right	8 Left	7 Both	ICD Code: 6		Date of diagnosis: 5	
79	Stress fracture of tibia	Side affected:	78 Right	77 Left	76 Both	ICD Code: 75		Date of diagnosis: 74	
127	Tibia and/or Fibula fracture	Side affected:	126 Right	125 Left	124 Both	ICD Code: 123		Date of diagnosis: 122	
121	Recurrent patellar dislocation	Side affected:	120 Right	119 Left	118 Both	ICD Code: 117		Date of diagnosis: 116	
115	Recurrent subluxation	Side affected:	114 Right	113 Left	112 Both	ICD Code: 111		Date of diagnosis: 110	
109	Knee instability	Side affected:	108 Right	107 Left	106 Both	ICD Code: 105		Date of diagnosis: 104	
103	Patellar dislocation	Side affected:	102 Right	101 Left	100 Both	ICD Code: 99		Date of diagnosis: 98	
85	Knee cartilage restoration surgery	Side affected:	84 Right	83 Left	82 Both	ICD Code: 81		Date of diagnosis: 80	
97	Shin splints *(including tibia and/or fibula stress fracture and/or exertional compartment syndrome)*	Side affected:	96 Right	95 Left	94 Both	ICD Code: 93		Date of diagnosis: 92	
91	Patellofemoral pain syndrome	Side affected:	90 Right	89 Left	88 Both	ICD Code: 87		Date of diagnosis: 86	

SECTION I - DIAGNOSIS *(Continued)*

1B. SELECT DIAGNOSES ASSOCIATED WITH THE CLAIMED CONDITION(S) *(Check all that apply) (Continued)*

165 Other *(specify)*

Other diagnosis #1: 168

Side affected: 150 Right 161 Left 162 Both ICD Code: 163 Date of diagnosis: 164

Other diagnosis #2: 167

Side affected: 160 Right 159 Left 158 Both ICD Code: 157 Date of diagnosis: 156

Other diagnosis #3: 166

Side affected: 151 Right 152 Left 153 Both ICD Code: 154 Date of diagnosis: 155

1C. COMMENTS *(if any):*

149

1D. WAS AN OPINION REQUESTED ABOUT THIS CONDITION *(internal VA only)*?

139 YES 138 NO 137 N/A

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S KNEE AND/OR LOWER LEG CONDITION *(brief summary):*

130

2B. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE KNEE AND/OR LOWER LEG?

136 YES 135 NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF THE IMPACT OF FLARE-UPS IN HIS OR HER OWN WORDS:

131

2C. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE JOINT OR EXTREMITY BEING EVALUATED ON THIS DBQ *(regardless of repetitive use)*?

133 YES 134 NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS:

132

SECTION III - INITIAL RANGE OF MOTION *(ROM)* MEASUREMENTS

Measure ROM with a goniometer. During the examination be cognizant of painful motion, which could be evidenced by visible behavior such as facial expression, wincing, etc..., on pressure or manipulation. Document painful movement in Section 5.

Following the initial assessment of ROM, perform repetitive use testing. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined that 3 repetitions of ROM (at a minimum) can serve as a representative test of the effect of repetitive use. After the initial measurement, reassess ROM after 3 repetitions. Report post-test measurements in question 4A.

3A. INITIAL ROM MEASUREMENTS

Knee	Joint Movement	ROM Measurement	If ROM testing is not indicated for the veteran's condition or not able to be performed, please explain why, and then proceed to Section 5:
RIGHT KNEE All Normal	Flexion (normal endpoint = 140 degrees)	171 176 Not indicated 172 Not able to perform	169
	Extension	175 173 Not indicated 174 Not able to perform	170
LEFT KNEE All Normal	Flexion (normal endpoint = 140 degrees)	146 141 Not indicated 145 Not able to perform	147
	Extension	142 144 Not indicated 143 Not able to perform	148

SECTION III - INITIAL RANGE OF MOTION *(ROM)* MEASUREMENTS *(Continued)*

3B. DO ANY ABNORMAL ROMs NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS?

181 YES *(you will be asked to further describe these limitation in Section 6 below)*

180 NO, EXPLAIN WHY THE ABNORMAL ROMs DO NOT CONTRIBUTE:

179

3C. IF ROM DOES NOT CONFORM TO THE NORMAL RANGE OF MOTION IDENTIFIED ABOVE BUT IS NORMAL FOR THIS VETERAN *(for reasons other than a knee condition, such as age, body habitus, neurologic disease),* EXPLAIN:

178

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING

4A. POST-TEST ROM MEASUREMENTS

Knee	Is the veteran able to perform repetitive-use testing?	Is there additional limitation in ROM after repetitive-use testing?	Joint Movement	Post-test ROM Measurement
RIGHT KNEE	204 Yes — If yes, perform repetitive-use testing 205 No — If no, provide reason below, then proceed to Section 6 208	207 Yes 206 No, there is no change in ROM after repetitive testing If yes, report ROM after a minimum of 3 repetitions. If no, documentation of ROM after repetitive-use testing is not required.	Flexion	203
			Extension	202
LEFT KNEE	186 Yes — If yes, perform repetitive-use testing 185 No — If no, provide reason below, then proceed to Section 6 182	183 Yes 184 No, there is no change in ROM after repetitive testing If yes, report ROM after a minimum of 3 repetitions. If no, documentation of ROM after repetitive-use testing is not required.	Flexion	187
			Extension	188

4B. DO ANY POST-TEST ADDITIONAL LIMITATIONS OF ROMs NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS?

191 YES *(you will be asked to further describe these limitations in Section 6 below)*

190 NO, EXPLAIN WHY THE POST-TEST ADDITIONAL LIMITATIONS OF ROMs DO NOT CONTRIBUTE:

189

SECTION V - PAIN

5A. ROM MOVEMENTS PAINFUL ON ACTIVE, PASSIVE AND/OR REPETITIVE USE TESTING

Knee	Are any ROM movements painful on active, passive and/or repetitive use testing? *(If yes, identify whether active, passive, and/or repetitive use in question 5D)*	If yes *(there are painful movements)*, does the pain contribute to functional loss or additional limitation of ROM?	If no *(the pain does not contribute to functional loss or additional limitation of ROM)*, explain why the pain does not contribute:
RIGHT KNEE	210 Yes 211 No	212 Yes *(you will be asked to further describe these limitations in Section 6 below)* 213 No	209
LEFT KNEE	200 Yes 197 No	198 Yes *(you will be asked to further describe these limitations in Section 6 below)* 199 No	201

5B. PAIN WHEN USED IN WEIGHT-BEARING OR IN NON WEIGHT-BEARING

Knee	Is there pain when the joint is used in weight-bearing or non weight-bearing? *(If yes, identify whether weight-bearing or non weight-bearing in question 5D)*	If yes *(there is pain when used in weight-bearing or non weight-bearing)*, does the pain contribute to functional loss or additional limitation of ROM?	If no *(the pain does not contribute to functional loss or additional limitation of ROM)*, explain why the pain does not contribute:
RIGHT KNEE	218 Yes 217 No	216 Yes *(you will be asked to further describe these limitations in Section 6 below)* 215 No	214
LEFT KNEE	193 Yes 196 No	195 Yes *(you will be asked to further describe these limitations in Section 6 below)* 194 No	192

SECTION V - PAIN *(Continued)*

5C. LOCALIZED TENDERNESS OR PAIN ON PALPATION

Knee	Does the Veteran have localized tenderness or pain to palpation of joints or soft tissue?	If yes, describe including location, severity and relationship to condition(s) listed in the Diagnosis section:
RIGHT KNEE	281 Yes 282 No	283
LEFT KNEE	220 Yes 219 No	221

5D. COMMENTS, IF ANY:

222

SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM

NOTE: The VA defines functional loss as the inability, due to damage or infection in parts of the system, to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance. As regards the joints, factors of disability reside in reductions of their normal excursion of movements in different planes.
Using information from the history and physical exam, select the factors below that contribute to functional loss or impairment (regardless of repetitive use) or to additional limitation of ROM after repetitive use for the joint or extremity being evaluated on this DBQ:

6A. CONTRIBUTING FACTORS OF DISABILITY *(check all that apply and indicate side affected)*:

271 No functional loss for left lower extremity attributable to claimed condition

225 No functional loss for right lower extremity attributable to claimed condition

226 Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	268 Right	227 Left	269 Both
270 More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc.)*	266 Right	267 Left	265 Both
224 Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	263 Right	228 Left	264 Both
223 Excess fatigability	261 Right	262 Left	260 Both
278 Incoordination, impaired ability to execute skilled movements smoothly	258 Right	229 Left	259 Both
277 Pain on movement	256 Right	257 Left	255 Both
276 Swelling	253 Right	230 Left	254 Both
275 Deformity	251 Right	252 Left	250 Both
274 Atrophy of disuse	248 Right	231 Left	249 Both
232 Instability of station	246 Right	247 Left	245 Both
244 Disturbance of locomotion	242 Right	233 Left	243 Both
234 Interference with sitting	240 Right	241 Left	239 Both
238 Interference with standing	236 Right	235 Left	237 Both

273 Other, describe:

272

NOTE: If any of the above factors is/are associated with limitation of motion, the examiner must give an opinion on whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups or when the joint is ***used repeatedly over a period of time*** and that opinion, if feasible, should be expressed in terms of the degree of additional ROM loss due to pain on use or during flare-ups. The following section will assist you in providing this required opinion.

6B. ARE ANY OF THE ABOVE FACTORS ASSOCIATED WITH LIMITATION OF MOTION?

280 YES *(If yes, complete questions 6C and 6D)*

279 NO *(If no, proceed to question 6D)*

SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM *(Continued)*

6C. CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MOTION

Knee	Can pain, weakness, fatigability, or incoordination significantly limit functional ability during flare-ups or when the joint is ***used repeatedly over a period of time?***	If yes, please estimate ROM due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time:		If there is a functional loss due to pain, during flare-ups and/or when the joint is used repeatedly over a period of time but the limitation of ROM cannot be estimated, please describe the functional loss:
RIGHT KNEE	315 Yes 316 No	Flexion	313 ____ 311 Est. ROM is not feasible	317
		Extension	314 ____ 312 Est. ROM is not feasible	
LEFT KNEE	289 Yes 288 No	Flexion	287 ____ 286 Est. ROM is not feasible	290
		Extension	284 ____ 285 Est. ROM is not feasible	

6D. CONTRIBUTING FACTORS OF DISABILITY NOT ASSOCIATED WITH LIMITATION OF MOTION

IS THERE ANY FUNCTIONAL LOSS *(not associated with limitation of motion)* DURING FLARE-UPS OR WHEN THE JOINT IS USED REPEATEDLY OVER A PERIOD OF TIME OR OTHERWISE?

RIGHT KNEE 319 YES 320 NO IF YES, DESCRIBE:

318

LEFT KNEE 292 YES 291 NO IF YES, DESCRIBE:

293

SECTION VII - MUSCLE STRENGTH TESTING

7A. MUSCLE STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement
1/5 Palpable or visible muscle contraction, but no joint movement
2/5 Active movement with gravity eliminated
3/5 Active movement against gravity
4/5 Active movement against some resistance
5/5 Normal strength

Knee	Flexion/ Extension	Rate Strength	Is there a reduction in muscle strength?	If yes, is the reduction entirely due to the claimed condition in the Diagnosis section?	If no (the reduction is not entirely due to the claimed condition), provide rationale:
RIGHT KNEE All Normal	Flexion	/5 326	329 Yes 330 No	332 Yes 331 No	327
	Extension	/5 325			
LEFT KNEE All Normal	Flexion	/5 306	304 Yes 303 No	297 Yes 298 No	295
	Extension	/5 294			

7B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

299 YES 300 NO

IF YES, IS THE MUSCLE ATROPHY DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION?

301 YES 302 NO IF NO, PROVIDE RATIONALE:

305

FOR ANY MUSCLE ATROPHY DUE TO A DIAGNOSES LISTED IN SECTION 1, INDICATE SIDE AND SPECIFIC LOCATION OF ATROPHY, PROVIDING MEASUREMENTS IN CENTIMETERS OF NORMAL SIDE AND CORRESPONDING ATROPHIED SIDE, MEASURED AT MAXIMUM MUSCLE BULK.

LOCATION OF MUSCLE ATROPHY:

324 RIGHT LOWER EXTREMITY *(specify location of measurement such as "10cm above or below elbow")*:

323

CIRCUMFERENCE OF MORE NORMAL SIDE: 322 ____ cm CIRCUMFERENCE OF ATROPHIED SIDE: 321 ____ cm

310 LEFT LOWER EXTREMITY *(specify location of measurement such as "10cm above or below elbow")*:

308

CIRCUMFERENCE OF MORE NORMAL SIDE: 307 ____ cm CIRCUMFERENCE OF ATROPHIED SIDE: 309 ____ cm

7C. COMMENTS, IF ANY:

333

SECTION VIII - ANKYLOSIS

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

COMPLETE THIS SECTION IF THE VETERAN HAS ANKYLOSIS OF THE KNEE AND/OR LOWER LEG.

8A. INDICATE SEVERITY OF ANKYLOSIS AND SIDE AFFECTED *(check all that apply)*:

RIGHT SIDE:	LEFT SIDE:
338 Favorable angle in full extension or in slight flexion between 0 and 10 degrees	339 Favorable angle in full extension or in slight flexion between 0 and 10 degrees
336 In flexion between 10 and 20 degrees	341 In flexion between 10 and 20 degrees
335 In flexion between 20 and 45 degrees	342 In flexion between 20 and 45 degrees
344 Extremely unfavorable, in flexion at an angle of 45 degrees or more	343 Extremely unfavorable, in flexion at an angle of 45 degrees or more
346 No ankylosis	345 No ankylosis

8B. INDICATE ANGLE OF ANKYLOSIS IN DEGREES:

RIGHT SIDE:	LEFT SIDE:
348 N/A, no ankylosis of knee joint	347 N/A, no ankylosis of knee joint
337 ____ degrees	340 ____ degrees

8C. COMMENTS, IF ANY:

334

SECTION IX - JOINT STABILITY TESTS

NOTE: Subluxation and lateral instability refers only to the knee joint itself (tibio-femoral) and not to the patello-femoral portion of the joint.

9A. IS THERE A HISTORY OF RECURRENT SUBLUXATION?

Right: 351 None 352 Slight 353 Moderate 354 Severe

Left: 355 None 356 Slight 357 Moderate 358 Severe

9B. IS THERE A HISTORY OF LATERAL INSTABILITY?

Right: 359 None 360 Slight 361 Moderate 362 Severe

Left: 363 None 364 Slight 365 Moderate 366 Severe

9C. IS THERE A HISTORY OF RECURRENT EFFUSION?

349 YES 350 NO IF YES, DESCRIBE:

367

9D. PERFORMANCE OF JOINT STABILITY TESTING

Knee	Was joint stability testing performed?	If joint stability testing was performed is there joint instability?	If yes *(joint stability testing was performed)*, complete the section below:		
RIGHT KNEE	368 Yes 369 No 370 Not Indicated 371 Indicated, but not able to perform If joint stability is indicated, but unable to test, provide reason: 374	373 Yes 372 No	Anterior instability *(Lachman test)*	378 Normal 377 1+*(0-5 millimeters)*	376 2+*(5-10 millimeters)* 375 3+*(10-15 millimeters)*
			Posterior instability *(Posterior drawer test)*	382 Normal 381 1+*(0-5 millimeters)*	380 2+*(5-10 millimeters)* 379 3+*(10-15 millimeters)*
			Medial instability *(Apply valgus pressure to knee in extension and with 30 degrees of flexion):*	386 Normal 385 1+*(0-5 millimeters)*	384 2+*(5-10 millimeters)* 383 3+*(10-15 millimeters)*
			Lateral instability *(Apply valgus pressure to knee in extension and with 30 degrees of flexion):*	390 Normal 389 1+*(0-5 millimeters)*	388 2+*(5-10 millimeters)* 387 3+*(10-15 millimeters)*
LEFT KNEE	391 Yes 392 No 393 Not Indicated 394 Indicated, but not able to perform If joint stability is indicated, but unable to test, provide reason: 397	396 Yes 395 No	Anterior instability *(Lachman test)*	401 Normal 400 1+*(0-5 millimeters)*	399 2+*(5-10 millimeters)* 398 3+*(10-15 millimeters)*
			Posterior instability *(Posterior drawer test)*	405 Normal 404 1+*(0-5 millimeters)*	403 2+*(5-10 millimeters)* 402 3+*(10-15 millimeters)*
			Medial instability *(Apply valgus pressure to knee in extension and with 30 degrees of flexion):*	409 Normal 408 1+*(0-5 millimeters)*	407 2+*(5-10 millimeters)* 406 3+*(10-15 millimeters)*
			Lateral instability *(Apply valgus pressure to knee in extension and with 30 degrees of flexion):*	413 Normal 412 1+*(0-5 millimeters)*	411 2+*(5-10 millimeters)* 410 3+*(10-15 millimeters)*

SECTION IX - JOINT STABILITY TESTS *(Continued)*

9E. COMMENTS, IF ANY:

414

SECTION X - ADDITIONAL COMMENTS

10A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD RECURRENT PATELLAR DISLOCATION, "SHIN SPLINTS" *(medial tibial stress syndrome)*, STRESS FRACTURES, CHRONIC EXERTIONAL COMPARTMENT SYNDROME OR ANY OTHER TIBIAL OR FIBULAR IMPAIRMENT?

415 YES 416 NO

IF YES, INDICATE CONDITION AND COMPLETE THE APPROPRIATE SECTIONS BELOW:

425 RECURRENT PATELLAR DISLOCATION

IF CHECKED, INDICATE SEVERITY AND SIDE AFFECTED:

Right: 417 None 418 Slight 419 Moderate 420 Severe

Left: 421 None 422 Slight 423 Moderate 424 Severe

436 "SHIN SPLINTS" *(medial tibial stress syndrome)*

INDICATE SIDE AFFECTED: 427 Right 428 Left 429 Both

Does this condition affect ROM of knee? 453 Yes 452 No *(If yes, complete ROM section of knee on this DBQ.)*

Does this condition affect ROM of ankle? 455 Yes 454 No *(If yes, complete VA form 21-0960M-2 ANKLE CONDITIONS to document ROM of ankle.)*

Describe current symptoms: 426

437 STRESS FRACTURE OF THE LOWER LEG

INDICATE SIDE AFFECTED: 442 Right 443 Left 444 Both

Does this condition affect ROM of ankle? 457 Yes 456 No *(If yes, complete VA form 21-0960M-2 ANKLE CONDITIONS to document ROM of ankle.)*

Describe current symptoms: 441

438 CHRONIC EXERTIONAL COMPARTMENT SYNDROME *(an exercise-induced neuromuscular condition that can cause pain and swelling, especially after repetitive movements such as marching)*

INDICATE SIDE AFFECTED: 446 Right 447 Left 448 Both

Does this condition affect ROM of ankle? 459 Yes 458 No *(If yes, complete VA form 21-0960M-2 ANKLE CONDITIONS to document ROM of ankle.)*

Describe current symptoms: 445

439 ACQUIRED AND/OR TRAUMATIC GENU RECURVATUM WITH OBJECTIVELY DEMONSTRATED WEAKNESS AND INSECURITY IN WEIGHT-BEARING.

INDICATE SIDE AFFECTED: 449 Right 450 Left 451 Both

440 LEG LENGTH DISCREPANCY *(shortening of any bones of the lower extremity)*

(If checked, provide length of each lower extremity in inches (to the nearest 1/4 inch) or centimeters measuring from the anterior superior iliac spine to the internal malleolus of the tibia.)

Measurements: Right leg: 434 430 cm 431 inches Left leg: 435 432 cm 433 inches

For any leg length discrepancy, please describe the relationship to the conditions listed in the Diagnosis section above:

460

10B. COMMENTS, IF ANY:

461

SECTION XI - MENISCAL CONDITIONS

11A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A MENISCUS *(semilunar cartilage)* CONDITION?

462 YES 477 NO

(If "Yes," indicate severity and frequency of symptoms, and side affected):

RIGHT SIDE:	LEFT SIDE:
463 No current symptoms	470 No current symptoms
464 Meniscal dislocation	471 Meniscal dislocation
465 Meniscal tear	472 Meniscal tear
466 Frequent episodes of joint "locking"	473 Frequent episodes of joint "locking"
467 Frequent episodes of joint pain	474 Frequent episodes of joint pain
468 Frequent episodes of joint effusion	475 Frequent episodes of joint effusion
469 Other	476 Other

11B. FOR ALL CHECKED BOXES ABOVE, DESCRIBE:

478

SECTION XII - SURGICAL PROCEDURES

12. INDICATE ANY SURGICAL PROCEDURES THAT THE VETERAN HAS HAD PERFORMED AND PROVIDE THE ADDITIONAL INFORMATION AS REQUESTED *(check all that apply)*:

RIGHT SIDE:

485 TOTAL KNEE JOINT REPLACEMENT

DATE OF SURGERY: 483

RESIDUALS:

484 None

488 Intermediate degrees of residual weakness, pain or limitation of motion

487 Chronic residuals consisting of severe painful motion or weakness

486 Other, describe:

481

490 MENISCECTOMY, ARTHROSCOPIC OR OTHER KNEE SURGERY NOT DESCRIBED ABOVE:

TYPE OF SURGERY: 479

DATE OF SURGERY: 482

489 RESIDUAL SIGNS OF SYMPTOMS DUE TO MENISCECTOMY, ARTHROSCOPIC OR OTHER KNEE SURGERY NOT DESCRIBED ABOVE:

DESCRIBE RESIDUALS:

480

LEFT SIDE:

512 TOTAL KNEE JOINT REPLACEMENT

DATE OF SURGERY: 514

RESIDUALS:

513 None

509 Intermediate degrees of residual weakness, pain or limitation of motion

510 Chronic residuals consisting of severe painful motion or weakness

511 Other, describe:

516

507 MENISCECTOMY, ARTHROSCOPIC OR OTHER KNEE SURGERY NOT DESCRIBED ABOVE:

TYPE OF SURGERY: 518

DATE OF SURGERY: 515

508 RESIDUAL SIGNS OF SYMPTOMS DUE TO MENISCECTOMY, ARTHROSCOPIC OR OTHER KNEE SURGERY NOT DESCRIBED ABOVE:

DESCRIBE RESIDUALS:

517

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

13A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR ANY SCARS *(surgical or otherwise)* RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

500 YES 499 NO IF YES, COMPLETE QUESTIONS 13B-13D.

13B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

493 YES 494 NO IF YES, DESCRIBE *(brief summary)*:

492

13C. DOES THE VETERAN HAVE ANY SCARS *(surgical or otherwise)* RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

495 YES 496 NO

IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM *(6 square inches);* OR ARE LOCATED ON THE HEAD, FACE OR NECK?

497 YES 498 NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION 501 MEASUREMENTS: length 502 cm X width 503 cm.

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

13D. COMMENTS, IF ANY:

491

SECTION XIV - ASSISTIVE DEVICES

14A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

505 YES 506 NO

IF YES, IDENTIFY ASSISTIVE DEVICES USED *(check all that apply and indicate frequency):*

535 Wheelchair	Frequency of use:	534 Occasional	533 Regular	532 Constant
519 Brace	Frequency of use:	537 Occasional	541 Regular	542 Constant
531 Crutches	Frequency of use:	530 Occasional	529 Regular	528 Constant
520 Cane	Frequency of use:	525 Occasional	526 Regular	527 Constant
524 Walker	Frequency of use:	523 Occasional	522 Regular	521 Constant
536 Other: 543	Frequency of use:	540 Occasional	539 Regular	538 Constant

14B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

504

SECTION XV - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

15. DUE TO THE VETERAN'S KNEE OR LOWER LEG 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., while functions for the lower extremity include balance and propulsion, etc.)*

548 YES, FUNCTIONING IS SO DIMINISHED THAT AMPUTATION WITH PROTHESIS WOULD EQUALLY SERVE THE VETERAN.

547 NO

IF YES, INDICATE EXTREMITIES FOR WHICH THIS APPLIES: 545 RIGHT LOWER 546 LEFT LOWER

FOR EACH CHECKED EXTREMITY, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION, DESCRIBE LOSS OF EFFECTIVE FUNCTION AND PROVIDE SPECIFIC EXAMPLES *(brief summary)*:

544

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.

SECTION XVI - DIAGNOSTIC TESTING

NOTE: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or 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.

16A. HAVE IMAGING STUDIES OF THE KNEE BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

561 YES 560 NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

556 YES 557 NO IF YES, INDICATE KNEE: 562 RIGHT 554 LEFT 555 BOTH

16B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?

558 YES 559 NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS *(brief summary)*:

563

16C. IS THERE OBJECTIVE EVIDENCE OF CREPITUS?

551 YES 550 NO IF YES, INDICATE KNEE: 549 RIGHT 553 LEFT 552 BOTH

16D. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:

564

SECTION XVII - 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.

17. REGARDLESS OF THE VETERAN'S CURRENT EMPLOYMENT STATUS, DO THE CONDITION(S) LISTED IN THE DIAGNOSIS SECTION IMPACT HIS OR HER ABILITY TO PERFORM ANY TYPE OF OCCUPATIONAL TASK *(such as standing, walking, lifting, sitting, etc.)*?

567 YES 566 NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

565

SECTION XVIII - REMARKS

18. REMARKS, IF ANY:

568

SECTION XIX - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

19A. PHYSICIAN'S SIGNATURE	19B. PHYSICIAN'S PRINTED NAME	19C. DATE SIGNED
575	572	571

19D. PHYSICIAN'S PHONE NUMBER	19E. PHYSICIAN'S MEDICAL LICENSE NUMBER	19F. PHYSICIAN'S ADDRESS
574	573	570

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

IMPORTANT - Physician please fax the completed form to 569
(VA Regional Office FAX No.)

NOTE: A list of VA Regional Office FAX Numbers can be found at **www.vba.va.gov/disabilityexams** or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.