OMB Approved No. 2900-0812 Respondent Burden: 30 minutes Expiration Date: 04-30-2017

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epartment of Veterans Affairs ELBOW AND FOREARM 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							
	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?								
YES NO								
IF YES, LIST ANY RECORDS THAT WERE REVIEWED BUT WERE NOT INCLUDED IN THE VETERAN'S VA	CLAIMS FILE:							
IF NO, CHECK ALL RECORDS REVIEWED:								
Military service treatment records Department of Defense Form 214 Separation Documents								
Military service personnel records Veterans Health Administration medical records (VA treatment)	ment records)							
Military enlistment examination Civilian medical records								
Military separation examination Interviews with collateral witnesses (family and others who	o have known the veteran before and after military service)							
Military post-deployment questionnaire Other:								
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 evidence be provided for submission to VA.	VA) or for which the Veteran has requested medical							
1A. LIST THE CLAIMED CONDITION(S) THAT PERTAIN TO THIS DBQ:								
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):								
The Veteran does not have a current diagnosis associated with any claimed condition listed above. (Explain	in your findings and reasons in comments section.)							
Olecranon bursitis Side affected: Right Left Both ICD Code:	Date of diagnosis:							
Tricep tendinitis Side affected: Right Left Both ICD Code:								
Lateral epicondylitis Side affected: Right Left Both ICD Code:								
Medial epicondylitis Side affected: Right Left Both ICD Code:	Date of diagnosis:							
Instability (medial/ Side affected: Right Left Both ICD Code:	Date of diagnosis:							
☐ Dislocation, elbow Side affected: ☐ Right ☐ Left ☐ Both ICD Code:	Date of diagnosis:							
Osteoarthritis, elbow Side affected: Right Left Both ICD Code:								
Total elbow arthroplasty Side affected: Right Left Both ICD Code:								
Ankylosis of elbow joint Side affected: Right Left Both ICD Code:								
Other (specify) Other diagnosis #1:								
Side affected: Right Left Both ICD Code: Date of diagnosis:								
Other diagnosis #2:								
Side affected: Right Left Both ICD Code: Date of diagnosis:								
Other diagnosis #3:								
Side affected: Right Left Both ICD Code: Date of diag	nosis:							
1C. COMMENTS (if any):								

		SEC	TION I - DIAGNOSIS (Continued)		
	ION REQUESTED AI	BOUT THIS CONDITION (inte	ernal VA only)?		
		are impaired finger movements cle Injuries Disability Benef	ents due to tendon, muscle or nerve injuries, ALSO complete appropriate additional DBQ(s) such as tits Questionnaire.		
		SE	ECTION II - MEDICAL HISTORY		
2A. DESCRIBE TH	E HISTORY (includii		E VETERAN'S ELBOW OR FOREARM CONDITION (brief summary):		
2B. DOMINANT HA		DEXTROUS			
YES	NO		E FUNCTION OF THE ELBOW OR FOREARM? ACT OF FLARE-UPS IN HIS OR HER OWN WORDS:		
·					
DBQ (regardle	TERAN REPORT HA ss of repetitive use)? NO		OSS OR FUNCTIONAL IMPAIRMENT OF THE JOINT OR EXTREMITY BEING EVALUATED ON THIS		
		DESCRIPTION OF FUNCTIO	ONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS:		
		SECTION III - INITIA	L RANGE OF MOTION (ROM) MEASUREMENTS		
			nt of painful motion, which could be evidenced by visible behavior such as facial expression, wincing,		
Following the initial that 3 repetitions of	assessment of ROM	perform repetitive use testing can serve as a representativ	g. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined te test of the effect of repetitive use. After the initial measurement, reassess ROM after 3 repetitions.		
3A. INITIAL ROM N	MEASUREMENTS				
Elbow	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:		
	Flexion (normal endpoint = 145 degrees)	Not indicated Not able to perform			
RIGHT ELBOW	Extension	Not indicated Not able to perform			
Forearm Supination (normal endpoint = 85 degrees) Not indicated Not able to perform					
	Forearm Pronation (normal endpoint = 80 degrees)	Not indicated Not able to perform			
	Flexion (normal endpoint = 145 degrees)	Not indicated Not able to perform			
LEFT ELBOW	Extension	Not indicated Not able to perform			
	Forearm Supination (normal endpoint = 85 degrees)	Not indicated Not able to perform			
	Forearm Pronation (normal endpoint = 80 degrees)	Not indicated Not able to perform			

	SECTIO	N III - INITIAL RANGE OF MOT	ION (<i>ROM)</i> N	MEASUREMENTS (Co	ntinued)				
3B. DO ANY ABNORMAL ROMS NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS? YES (you will be asked to further describe these limitation in Section 6 below) NO, EXPLAIN WHY THE ABNORMAL ROMS DO NOT CONTRIBUTE:									
	3C. IF ROM DOES NOT CONFORM TO THE NORMAL RANGE OF MOTION IDENTIFIED ABOVE BUT IS NORMAL FOR THIS VETERAN (for reasons other than an elbow condition, such as age, body habitus, neurologic disease), EXPLAIN:								
4A. POST-TES	T ROM MEASUREMENTS	TION IV - ROM MEASUREMEN	ITS AFTER R	EPETITIVE USE TEST	ING				
Elbow		perform repetitive-use testing?		ional limitation in ROM etitive-use testing?	Joint Movement	Post-test ROM Measurement			
	Yes If yes, perfo	orm repetitive-use testing	Yes		Flexion				
DICUT	No If no, provide Section 6	de reason below, then proceed to		re is no change in ROM petitive testing	Extension				
RIGHT ELBOW			If yes, report of 3 repetition	ROM after a minimum	Forearm Supination				
			· ·	ntation of ROM after testing is not required.	Forearm Pronation				
	Yes If yes, perfo	orm repetitive-use testing	Yes		Flexion				
		de reason below, then proceed to		re is no change in ROM petitive testing	Extension				
LEFT ELBOW			If yes, report ROM after a minimum of 3 repetitions.		Forearm Supination				
			If no, docume	entation of ROM after testing is not required.	Forearm Pronation				
	YES (you will be asked to further describe these limitations in Section 6 below) NO, EXPLAIN WHY THE POST-TEST ADDITIONAL LIMITATIONS OF ROMs DO NOT CONTRIBUTE:								
		SECTIO	ON V - PAIN						
5A. ROM MOV	EMENTS PAINFUL ON ACTIVE,	PASSIVE AND/OR REPETITIVE US	SE TESTING						
Elbow	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)				ot contribute to function (), explain why the pain				
RIGHT ELBOW	Yes No	Yes (you will be asked to fu these limitations in Section No							
LEFT ELBOW	Yes No	Yes (you will be asked to fu these limitations in Section No							
5B. PAIN WHE	N USED IN WEIGHT-BEARING	OR IN NON WEIGHT-BEARING							
Elbow	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 v or non weight-bearing), does the to functional loss or additional limit	pain contribute		ot contribute to function (), explain why the pain				
RIGHT ELBOW	Yes No	Yes (you will be asked to fu these limitations in Section No							
LEFT ELBOW	Yes No	Yes (you will be asked to fu these limitations in Section No							

		SECTION V - PAIN	N (Con	tinued	<u>() </u>			
5C. LOCALIZE	D TENDERNESS OR PAIN ON PALPATION							
Elbow	Does the Veteran have localized tenderness or pain to palpation of joints or soft tissue?	If yes, describe includi	ing locat	tion, se	verity	and re	lations	ship to condition(s) listed in the Diagnosis section:
RIGHT ELBOW	Yes No							
LEFT ELBOW	Yes No							
5D. COMMENT	rs, if any:							
	CECTION VI. FUN	CTIONAL LOSS AND	ADDIT	FIONA		AAIT A T	TON (O.S. DOM
NOTE TI V		CTIONAL LOSS AND						
normal excursi movements in Using informat	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. CONTRIBU	JTING FACTORS OF DISABILITY (check all tha	t apply and indicate side	affectea	d):				
1 =	onal loss for <u>left</u> upper extremity attributable to cla							
No function	onal loss for <u>right</u> upper extremity attributable to c	laimed condition						
tendon-ti	rement than normal (due to ankylosis, limitation te-ups, contracted scars, etc.)	J	F	Right		Left		Both
More movement than normal (from flail joints, resections, nonunion of fractures, Right Left Both relaxation of ligaments, etc)								
Weakened movement (due to muscle injury, disease or injury of peripheral Right Both nerves, divided or lengthened tendons, etc.)								
Excess fa	atigability		F	Right		Left		Both
Incoording	ation, impaired ability to execute skilled movemen	nts smoothly	F	Right		Left		Both
Pain on m	novement		F	Right		Left		Both
Swelling			F	Right		Left		Both
Deformity	1		F	Right		Left		Both
Atrophy o	of disuse		П	Right	П	Left	П	Both
Instability	of station		F	Right		Left		Both
Disturban	nce of locomotion		— П ғ	Right		Left		Both
Interferen	nce with sitting			Right		Left		Both
	nce with standing			Right		Left		Both
Other, describe:								
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 <i>used repeatedly over a period of time</i> 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.								
l	OF THE ABOVE FACTORS ASSOCIATED WITH	LIMITATION OF MOTIO	N?					
I —	es, complete questions 6C and 6D) o, proceed to Section 6D)							
NO (1) NO	, proceed to section obj							

SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM (Continued)								
6C. CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MOTION								
Elbow	Can pain, weakne incoordination significability during flare-up used repeatedly over	cantly limit s or when	functional the joint is	onal l	estimate ROM due to pain and/or oss during flare-ups or when the 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:		
			Flexic	on	Est. ROM is not feasible			
RIGHT	□ Voo	□ No	Extens	sion	Est. ROM is not feasible			
ELBOW	I I YES I INO				Est. ROM is not feasible			
			Forear Pronat		Est. ROM is not feasible			
			Flexio	on	Est. ROM is not feasible			
LEFT	☐ Yes	□ No	Extens	sion	Est. ROM is not feasible			
ELBOW			Forear Supina		Est. ROM is not feasible			
			Forear Pronat		Est. ROM is not feasible			
CONTRIBUTING FACTORS OF DISABILITY NOT ASSOCIATED WITH LIMITATION OF MOTION 6D. 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 ELBOW YES NO IF YES, DESCRIBE: LEFT ELBOW YES NO IF YES, DESCRIBE:								
			9501	TION!	VII - MUSCLE STRENGTH TES	CTING		
7A MUSCI	E STDENGTH DATE	STDENG				STING		
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								
Elbow	Flexion/ Extension	Rate Strength	Is there a reduction muscle strength?		If yes, is the reduction entirely due to claimed condition in the Diagnosis sec	, and the second		
RIGHT ELB	OW Flexion	/5						
	Extension	/5	Yes No	0	Yes No			
LEFT ELBO	OW Flexion	/5	Yes No	0	Yes No			
	Extension /5							
7B. DOES THE VETERAN HAVE MUSCLE ATROPHY? YES NO IF YES, IS THE MUSCLE ATROPHY DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION? YES NO IF NO, PROVIDE RATIONALE:								
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:								
RIGHT UPPER EXTREMITY (specify location of measurement such as "10cm above or below elbow"):								
CIRCUMFERENCE OF MORE NORMAL SIDE: cm CIRCUMFERENCE OF ATROPHIED SIDE: cm								
LEFT UPPER EXTREMITY (specify location of measurement such as "10cm above or below elbow"):								
CIRCUMFERENCE OF MORE NORMAL SIDE: cm CIRCUMFERENCE OF ATROPHIED SIDE: cm								

SECTION VII - MUSCLE STRENGTH TESTING (Continued)							
7C. COMMENTS, IF ANY:							
	111111111111111111111111111111111111111						
	I - ANKYLOSIS						
Complete this section if Veteran has ankylosis of the elbow. NOTE: Ankylosis is the immobilization and consolidation of a joint due to disease,	, injury or surgical procedure.						
8A. INDICATE SEVERITY OF ANKYLOSIS AND SIDE AFFECTED (check all that app	ply):						
RIGHT SIDE: LEFT SIDE:							
Has some degree of ankylosis Has some degree of	·						
If checked, provide degrees: If checked, provide degrees:							
With complete loss of supination With complete loss of pronation With complete loss of pronation With complete loss of pronation	·						
No ankylosis No ankylosis	n pionation						
8B. COMMENTS, IF ANY:							
	TIONAL COMMENTS						
9A. DOES THE VETERAN HAVE FLAIL JOINT, JOINT FRACTURE, UNUNITED FRAPRONATION?	CTURE, MALALIGNED FRACTURE, OR IMPAIRMENT OF SUPINATION OR						
☐ YES ☐ NO							
IF YES, INDICATE CONDITION AND COMPLETE THE APPROPRIATE SECTIONS E	BELOW:						
FLAIL JOINT OF THE ELBOW							
INDICATE SIDE AFFECTED: RIGHT LEFT BOTH							
☐ ELBOW FRACTURE WITH RESIDUALS OF MARKED CUBITIS VARUS OR CUBITIS VALGUS DEFORMITY INDICATE SIDE AFFECTED: ☐ RIGHT ☐ LEFT ☐ BOTH							
UNUNITED FRACTURE OF HEAD OF RADIUS							
INDICATE SIDE AFFECTED: RIGHT LEFT BOTH							
RADIUS AND ULNA FRACTURE WITH NONUNION AND FLAIL FALSE JOINT							
INDICATE SIDE AFFECTED: RIGHT LEFT BOTH							
IMPAIRMENT OF THE ULNA DUE TO NONUNION OR MALUNION (check all t	that apply):						
Nonunion in upper half with false movement							
Without loss of bone substance or deformity	Right Left Both						
With loss of bone substance (1 inch (2.5 cm) or more) and marked deformity	Right Left Both						
Nonunion in lower half	Right Left Both						
Malunion with bad alignment	Right Left Both						
IMPAIRMENT OF THE RADIUS DUE TO NONUNION OR MALUNION (check a)	ll that apply):						
Nonunion in lower half with false movement							
Without loss of bone substance or deformity	Right Left Both						
With loss of bone substance (1 inch (2.5 cm) or more) and	Right Left Both						
marked deformity							
Nonunion in lower half	Right Left Both						
Malunion with bad alignment	Right Left Both						
IMPAIRMENT OF SUPINATION OR PRONATION							
Supination limited to 30 degrees or less	Right Left Both						
Limited pronation with motion lost beyond the last quarter of the arc; hand	Right Left Both						
does not approach full pronation Limited pronation with motion lost beyond the middle of the arc	Right Left Both						
Hand is fixed near the middle of the arc or moderate pronation	Right Left Both						
Hand is fixed in full pronation	Right Left Both						
Hand is fixed in supination	Right Left Both						
Hand is fixed in hyperpronation	Right Left Both						

SECTION IX - ADDITION	AL COMMENTS (Continued)						
9B. COMMENTS, IF ANY:							
OFOTION V. OUD	CICAL PROCEDURES						
	GICAL PROCEDURES						
 INDICATE ANY SURGICAL PROCEDURES THAT THE VETERAN HAS HAD PE (check all that apply): 	ERFORMED AND PROVIDE THE ADDITIONAL INFORMATION AS REQUESTED						
RIGHT SIDE:	LEFT SIDE:						
TOTAL ELBOW JOINT REPLACEMENT	TOTAL ELBOW JOINT REPLACEMENT						
DATE OF SURGERY:	DATE OF SURGERY:						
RESIDUALS:	RESIDUALS:						
None	None						
Intermediate degrees of residual weakness, pain or limitation of motion	Intermediate degrees of residual weakness, pain or limitation of motion						
Chronic residuals consisting of severe painful motion or weakness	Chronic residuals consisting of severe painful motion or weakness						
Other, describe:	Other, describe:						
ARTHROSCOPIC OR OTHER ELBOW SURGERY	ARTHROSCOPIC OR OTHER ELBOW SURGERY						
TYPE OF SURGERY:	TYPE OF SURGERY:						
DATE OF SURGERY:	DATE OF SURGERY:						
RESIDUALS OF ARTHROSCOPIC OR OTHER ELBOW SURGERY	RESIDUALS OF ARTHROSCOPIC OR OTHER ELBOW SURGERY						
DESCRIBE RESIDUALS:	DESCRIBE RESIDUALS:						
SECTION XI - OTHER PERTINENT PHYSICAL FINDINGS, CO	OMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS						
11A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS	S, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR ANY SCARS						
(surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREAT	MENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?						
YES NO IF YES, COMPLETE QUESTIONS 11B-11D.							
11B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS	S, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY						
CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?							
YES NO IF YES, DESCRIBE (brief summary):							
11C. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED THE DIAGNOSIS SECTION ABOVE?	TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN						
YES NO							
	REA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE						
LOCATED ON THE HEAD, FACE OR NECK?	INCA EQUAL TO ON GREATER THAN 39 SQUARE ON (0 square inches), OR ARE						
YES NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCA	ARS/DISFIGUREMENT.						
IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS	2.						
LOCATION MEASUREMENTS: leng	th cm X width cm.						
NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of o	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							
11D. COMMENTS, IF ANY:							
	SSISTIVE DEVICES						
12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?							
YES NO IF YES, IDENTIFY ASSISTIVE DEVICES USED (check all that apply and indicate)	fraguancy).						
Brace Frequency of use: Occasion							
Other: Frequency of use: Occasion							
12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITI	ON AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:						

SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES
13A. DUE TO THE VETERAN'S ELBOW CONDITIONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS REMAINS 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.)
YES, FUNCTIONING IS SO DIMINISHED THAT AMPUTATION WITH PROTHESIS WOULD EQUALLY SERVE THE VETERAN. NO
IF YES, INDICATE EXTREMITIES FOR WHICH THIS APPLIES: RIGHT UPPER LEFT UPPER
FOR EACH CHECKED EXTREMITY, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION, DESCRIBE LOSS OF EFFECTIVE FUNCTION AND PROVIDE SPECIFIC EXAMPLES (brief summary):
NOTE: The interest of the second state and the seco
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 XIV - 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.
14A. HAVE IMAGING STUDIES OF THE ELBOW BEEN PERFORMED AND ARE THE RESULTS AVAILABLE? YES NO
IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED? YES NO IF YES, INDICATE ELBOW: RIGHT LEFT BOTH
14B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS? YES NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS (brief summary):
14C. IS THERE OBJECTIVE EVIDENCE OF CREPITUS? YES NO IF YES, INDICATE ELBOW: RIGHT LEFT BOTH
14D. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:
SECTION XV - 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.
15. 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.)?
YES NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

SECTION XVII - PHYSICIAN'S CERTIFICATION AND SIGNATURE CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current. 17A. PHYSICIAN'S SIGNATURE 17B. PHYSICIAN'S PRINTED NAME 17C. DATE SIGNED 17D. PHYSICIAN'S PHONE NUMBER 17F. PHYSICIAN'S MEDICAL LICENSE NUMBER 17F. PHYSICIAN'S ADDRESS NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.			SECTION XVI - REMARKS		
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current. 17A. PHYSICIAN'S SIGNATURE 17B. PHYSICIAN'S PRINTED NAME 17C. DATE SIGNED 17D. PHYSICIAN'S PHONE NUMBER 17F. PHYSICIAN'S ADDRESS NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.	16. REMARKS, IF ANY:				
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IMPORTANT - Physician please fax the completed form to (VA Regional Office FAX No.)	IMPORTANT - Physician please fax the	completed form		<u></u>	
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.	NOTE: A list of VA Designal Office EAV No.	mhara aan ba fa			7 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					

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.