OMB Approved No. 2900-0802
Respondent Burden: 30 minutes
Expiration Date: 04/30/2017

Department of Veterans Affairs

SHOULDER AND ARM 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
15	14

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?

2 YES 1 NO

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

16

IF NO, CHECK ALL RECORDS REVIEWED:

- 3 Military service treatment records
- 4 Military service personnel records
- 5 Military enlistment examination
- 6 Military separation examination
- 7 Military post-deployment questionnaire
- 8 Department of Defense Form 214 Separation Documents
- 9 Veterans Health Administration medical records *(VA treatment records)*
- 10 Civilian medical records
- 11 Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- 13 Other: 18
- 12 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:

17

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)*:

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

64	Shoulder strain	Side affected:	75 Right	74 Left	73 Both	ICD Code: 62		Date of diagnosis: 61			
65	Shoulder impingement syndrome	Side affected:	21 Right	57 Left	58 Both	ICD Code: 59		Date of diagnosis: 60			
66	Bicipital tendonitis	Side affected:	56 Right	55 Left	54 Both	ICD Code: 53		Date of diagnosis: 52			
67	Bicipital tendon tear	Side affected:	22 Right	48 Left	49 Both	ICD Code: 50		Date of diagnosis: 51			
68	Rotator cuff tendonitis	Side affected:	47 Right	46 Left	45 Both	ICD Code: 44		Date of diagnosis: 43			
69	Rotator cuff tear	Side affected:	23 Right	39 Left	40 Both	ICD Code: 41		Date of diagnosis: 42			
70	Labral tear, including SLAP *(Superior labral anterior-posterior lesion)*	Side affected:	38 Right	37 Left	36 Both	ICD Code: 35		Date of diagnosis: 34			
71	Subacromial/subdeltoid bursitis	Side affected:	24 Right	30 Left	31 Both	ICD Code: 32		Date of diagnosis: 33			
72	Glenohumeral joint osteoarthritis	Side affected:	29 Right	28 Left	27 Both	ICD Code: 26		Date of diagnosis: 25			
81	Acromioclavicular joint osteoarthritis	Side affected:	80 Right	79 Left	78 Both	ICD Code: 77		Date of diagnosis: 76			
111	Ankylosis of glenohumeral articulations *(shoulder joint)*	Side affected:	110 Right	109 Left	108 Both	ICD Code: 107		Date of diagnosis: 106			
105	Glenohumeral joint instability	Side affected:	104 Right	103 Left	102 Both	ICD Code: 101		Date of diagnosis: 100			
99	Glenohumeral joint dislocation	Side affected:	98 Right	97 Left	96 Both	ICD Code: 95		Date of diagnosis: 94			
93	Shoulder joint replacement *(total shoulder arthroplasty/ hemiarthroplasty)*	Side affected:	92 Right	91 Left	90 Both	ICD Code: 89		Date of diagnosis: 88			
87	Acromioclavicular joint separation	Side affected:	86 Right	85 Left	84 Both	ICD Code: 83		Date of diagnosis: 82			

SECTION I - DIAGNOSIS *(Continued)*

128 Other *(specify)*

Other diagnosis #1: 131

Side affected: 113 Right 124 Left 125 Both ICD Code: 126 Date of diagnosis: 127

Other diagnosis #2: 130

Side affected: 123 Right 122 Left 121 Both ICD Code: 120 Date of diagnosis: 119

Other diagnosis #3: 129

Side affected: 114 Right 115 Left 116 Both ICD Code: 117 Date of diagnosis: 118

1C. COMMENTS *(if any):*

112

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

141 YES 140 NO 139 N/A

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S SHOULDER OR ARM CONDITION *(brief summary):*

132

2B. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE SHOULDER OR ARM?

138 YES 137 NO

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

133

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)*?

135 YES 136 NO

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

134

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

Shoulder	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 SHOULDER All Normal	Flexion (normal endpoint = 180 degrees)	156 151 Not indicated 155 Not able to perform	157
	Abduction (normal endpoint = 180 degrees)	152 153 Not indicated 154 Not able to perform	158
	External Rotation (normal endpoint = 90 degrees)	144 149 Not indicated 145 Not able to perform	142
	Internal Rotation (normal endpoint = 90 degrees)	148 146 Not indicated 147 Not able to perform	143

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

3A. INITIAL ROM MEASUREMENTS

Shoulder	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:
LEFT SHOULDER All Normal	Flexion (normal endpoint = 180 degrees)	177 172 Not indicated 176 Not able to perform	178
	Abduction (normal endpoint = 180 degrees)	173 174 Not indicated 175 Not able to perform	179
	External Rotation (normal endpoint = 90 degrees)	165 170 Not indicated 166 Not able to perform	163
	Internal Rotation (normal endpoint = 90 degrees)	169 167 Not indicated 168 Not able to perform	164

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

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

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

160

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 shoulder or arm condition, such as age, body habitus, neurologic disease),* EXPLAIN:

159

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING

4A. POST-TEST ROM MEASUREMENTS

Shoulder	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 SHOULDER	182 Yes 183 No If yes, perform repetitive-use testing If no, provide reason below, then proceed to Section 5 186	185 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	180
			Abduction	181
			External Rotation	187
			Internal Rotation	188
LEFT SHOULDER	199 Yes 198 No If yes, perform repetitive-use testing If no, provide reason below, then proceed to Section 5 195	196 Yes 197 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	200
			Abduction	194
			External Rotation	192
			Internal Rotation	193

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

	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 SHOULDER	206 Yes 207 No	208 Yes *(you will be asked to further describe these limitations in Section 6 below)* 209 No	210
LEFT SHOULDER	218 Yes 215 No	216 Yes *(you will be asked to further describe these limitations in Section 6 below)* 217 No	219

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

	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 SHOULDER	224 Yes 223 No	222 Yes *(you will be asked to further describe these limitations in Section 6 below)* 221 No	220
LEFT SHOULDER	202 Yes 205 No	204 Yes *(you will be asked to further describe these limitations in Section 6 below)* 203 No	201

5C. LOCALIZED TENDERNESS OR PAIN ON PALPATION

	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 SHOULDER	225 Yes 226 No	227
LEFT SHOULDER	212 Yes 211 No	213

5D. COMMENTS, IF ANY:

214

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)*:

276 No functional loss for left upper extremity attributable to claimed condition				
230 No functional loss for right upper extremity attributable to claimed condition				
231 Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	273 Right	232 Left	274 Both	
275 More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc.)*	271 Right	272 Left	270 Both	
229 Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	268 Right	233 Left	269 Both	
228 Excess fatigability	266 Right	267 Left	265 Both	
282 Incoordination, impaired ability to execute skilled movements smoothly	263 Right	234 Left	264 Both	
281 Pain on movement	261 Right	262 Left	260 Both	
280 Swelling	258 Right	235 Left	259 Both	
279 Deformity	256 Right	257 Left	255 Both	
278 Atrophy of disuse	253 Right	236 Left	254 Both	
237 Instability of station	251 Right	252 Left	250 Both	
249 Disturbance of locomotion	247 Right	238 Left	248 Both	
239 Interference with sitting	245 Right	246 Left	244 Both	
243 Interference with standing	241 Right	240 Left	242 Both	
277 Other, describe:				

283

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.

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

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

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

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

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

Shoulder	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 SHOULDER	294 Yes 295 No	Flexion	293 ___ 292 Est. ROM is not feasible	296
		Abduction	286 ___ 291 Est. ROM is not feasible	
		External Rotation	287 ___ 290 Est. ROM is not feasible	
		Internal Rotation	289 ___ 288 Est. ROM is not feasible	
LEFT SHOULDER	306 Yes 305 No	Flexion	304 ___ 303 Est. ROM is not feasible	307
		Abduction	297 ___ 298 Est. ROM is not feasible	
		External Rotation	301 ___ 302 Est. ROM is not feasible	
		Internal Rotation	300 ___ 299 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 SHOULDER 309 Yes 310 No If yes, describe:

308

LEFT SHOULDER 312 Yes 311 No If yes, describe:

313

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

Shoulder	Forward Flexion /Abduction	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 SHOULDER	Forward Flexion	315 /5	318 Yes 319 No	321 Yes 320 No	316
All Normal	Abduction	314 /5			
LEFT SHOULDER	Forward Flexion	329 /5	328 Yes 327 No	325 Yes 326 No	323
All Normal	Abduction	322 /5			

7B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

330 YES 331 NO

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

332 YES 333 NO IF NO, PROVIDE RATIONALE:

334

SECTION VII - MUSCLE STRENGTH TESTING *(Continued)*

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:

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

337

CIRCUMFERENCE OF MORE NORMAL SIDE: 336 cm CIRCUMFERENCE OF ATROPHIED SIDE: 335 cm

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

340

CIRCUMFERENCE OF MORE NORMAL SIDE: 339 cm CIRCUMFERENCE OF ATROPHIED SIDE: 341 cm

7C. COMMENTS, IF ANY:

343

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 SCAPULOHUMERAL *(glenohumeral)* ARTICULATION *(shoulder joint) (i.e., the scapula and humerus move as one piece)*.

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

RIGHT SIDE:

348 Ankylosis in abduction up to 60 degrees; can reach mouth and head *(Favorable ankylosis)*
347 Ankylosis in abduction between favorable and unfavorable *(Intermediate ankylosis)*
345 Ankylosis in abduction at 25 degrees or less from side *(Unfavorable ankylosis)*
346 No ankylosis

LEFT SIDE:

349 Ankylosis in abduction up to 60 degrees; can reach mouth and head *(Favorable ankylosis)*
350 Ankylosis in abduction between favorable and unfavorable *(Intermediate ankylosis)*
351 Ankylosis in abduction at 25 degrees or less from side *(Unfavorable ankylosis)*
352 No ankylosis

8B. COMMENTS, IF ANY:

344

SECTION IX - ROTATOR CUFF CONDITIONS

9. ROTATOR CUFF CONDITIONS

SHOULDER	IS ROTATOR CUFF CONDITION SUSPECTED?	IF "YES" 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)*	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)*	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)*	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)*
RIGHT SHOULDER	385 Yes 386 No	356 Positive 355 Negative 354 Unable to perform 353 N/A	360 Positive 359 Negative 358 Unable to perform 357 N/A	364 Positive 363 Negative 362 Unable to perform 361 N/A	368 Positive 367 Negative 366 Unable to perform 365 N/A
LEFT SHOULDER	387 Yes 388 No	372 Positive 371 Negative 370 Unable to perform 369 N/A	376 Positive 375 Negative 374 Unable to perform 373 N/A	380 Positive 379 Negative 378 Unable to perform 377 N/A	384 Positive 383 Negative 382 Unable to perform 381 N/A

SECTION X - SHOULDER INSTABILITY, DISLOCATION OR LABRAL PATHOLOGY

10A. IS SHOULDER INSTABILITY, DISLOCATION OR LABRAL PATHOLOGY SUSPECTED?

407 YES 406 NO IF YES, COMPLETE QUESTIONS 10B - 10D BELOW:

10B. IS THERE A HISTORY OF MECHANICAL SYMPTOMS *(clicking, catching, etc.)*?

405 YES 404 NO INDICATE SIDE AFFECTED: 391 Right 390 Left 389 Both

10C. IS THERE A HISTORY OF RECURRENT DISLOCATION *(subluxation)* OF THE GLENOHUMERAL *(scapulohumeral)* JOINT?

409 YES 408 NO

IF YES, INDICATE FREQUENCY, SEVERITY AND SIDE AFFECTED *(check all that apply)*:

411 Infrequent episodes 392 Right 393 Left 394 Both
410 Frequent episodes 395 Right 396 Left 397 Both

412 Guarding of movement only at shoulder level 398 Right 399 Left 400 Both
413 Guarding of all arm movement 401 Right 402 Left 403 Both

SECTION X - SHOULDER INSTABILITY, DISLOCATION OR LABRAL PATHOLOGY *(Continued)*

10D. 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.)*

420 POSITIVE 419 NEGATIVE 418 UNABLE TO PERFORM 417 N/A

IF POSITIVE, SIDE AFFECTED: 416 Right 415 Left 414 Both

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

11A. IS A CLAVICLE, SCAPULA, ACROMIOCLAVICULAR (AC) JOINT OR STERNOCLAVICULAR JOINT CONDITION SUSPECTED?

424 YES 423 NO IF YES, COMPLETE QUESTIONS 11B - 11D BELOW.

11B. DOES THE VETERAN HAVE AN AC JOINT CONDITION OR ANY OTHER IMPAIRMENT OF THE CLAVICLE OR SCAPULA?

422 YES 421 NO

IF YES, INDICATE SEVERITY AND SIDE AFFECTED:

454	Malunion of clavicle or scapula	425 Right	426 Left	427 Both
453	Nonunion of clavicle or scapula without loose movement	428 Right	429 Left	430 Both
455	Nonunion of clavicle or scapula with loose movement	431 Right	432 Left	433 Both
456	Dislocation (acromioclavicular separation or sternoclavicular dislocation)	434 Right	435 Left	436 Both
457	Other *(Describe)* 440	437 Right	438 Left	439 Both

11C. IS THERE TENDERNESS ON PALPATION OF THE AC JOINT?

448 YES 447 NO IF YES, INDICATE SIDE: 446 Right 445 Left 444 Both

11D. CROSS-BODY ADDUCTION TEST *(Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology)*

452 POSITIVE 451 NEGATIVE 450 UNABLE TO PERFORM 449 N/A

IF POSITIVE, SIDE AFFECTED: 443 Right 442 Left 441 Both

SECTION XII - CONDITIONS OR IMPAIRMENTS OF THE HUMERUS

12A. DOES THE VETERAN HAVE LOSS OF HEAD *(flail shoulder)*, NONUNION *(false flail shoulder)*, OR FIBROUS UNION OF THE HUMERUS?

459 YES 458 NO

IF YES, CHECK ALL THAT APPLY:

470	Loss of head *(flail shoulder)*	460 Right	461 Left	462 Both
469	Nonunion *(false flail shoulder)*	463 Right	464 Left	465 Both
471	Fibrous union	466 Right	467 Left	468 Both

12B. DOES THE VETERAN HAVE MALUNION OF THE HUMERUS WITH MODERATE OR MARKED DEFORMITY?

473 YES 472 NO

IF YES, CHECK ALL THAT APPLY:

481	Moderate deformity	474 Right	475 Left	476 Both
480	Marked deformity	477 Right	478 Left	479 Both

12C. COMMENTS, IF ANY:

482

SECTION XIII - SURGICAL PROCEDURES

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

RIGHT SIDE:

501 TOTAL SHOULDER JOINT REPLACEMENT

DATE OF SURGERY: 499

RESIDUALS:

500 None

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

506 Chronic residuals consisting of severe painful motion or weakness

502 Other, describe:

497

505 ARTHROSCOPIC OR OTHER SHOULDER SURGERY

TYPE OF SURGERY: 495

DATE OF SURGERY: 498

504 RESIDUALS OF ARTHROSCOPIC OR OTHER SHOULDER SURGERY

DESCRIBE RESIDUALS:

496

LEFT SIDE:

488 TOTAL SHOULDER JOINT REPLACEMENT

DATE OF SURGERY: 490

RESIDUALS:

489 None

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

486 Chronic residuals consisting of severe painful motion or weakness

487 Other, describe:

492

483 ARTHROSCOPIC OR OTHER SHOULDER SURGERY

TYPE OF SURGERY: 494

DATE OF SURGERY: 491

484 RESIDUALS OF ARTHROSCOPIC OR OTHER SHOULDER SURGERY

DESCRIBE RESIDUALS:

493

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

14A. 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?

516 YES 515 NO IF YES, COMPLETE QUESTIONS 14B-14D.

14B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

509 YES 510 NO IF YES, DESCRIBE *(brief summary)*:

508

14C. 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?

511 YES 512 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?

513 YES 514 NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

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

Location: 517 Measurements: length 518 cm X width 519 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.

14D. COMMENTS, IF ANY:

507

SECTION XV - ASSISTIVE DEVICES

15A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?

521 YES 522 NO IF YES, IDENTIFY ASSISTIVE DEVICES USED *(check all that apply and indicate frequency):*

523 Brace Frequency of use: 525 Occasional 529 Regular 530 Constant

524 Other: 531 Frequency of use: 528 Occasional 527 Regular 526 Constant

15B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

520

SECTION XVI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

16A. DUE TO THE VETERAN'S SHOULDER OR ARM CONDITIONS, 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.)*

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

535 NO

IF YES, INDICATE EXTREMITIES FOR WHICH THIS APPLIES: 533 RIGHT UPPER 534 LEFT UPPER

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

532

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 XVII - 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.

17A. HAVE IMAGING STUDIES OF THE SHOULDER BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

542 YES 541 NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

539 YES 540 NO IF YES, INDICATE SHOULDER: 543 RIGHT 537 LEFT 538 BOTH

SECTION XVII - DIAGNOSTIC TESTING *(Continued)*

17B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?

549 YES 550 NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS *(brief summary)*:

551

17C. IS THERE OBJECTIVE EVIDENCE OF CREPITUS?

546 YES 545 NO IF YES, INDICATE SHOULDER: 544 RIGHT 548 LEFT 547 BOTH

17D. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:

552

SECTION XVIII - 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.

18. 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.)*?

555 YES 554 NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

553

SECTION XIX - REMARKS

19. REMARKS, IF ANY:

563

SECTION XX - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

20A. PHYSICIAN'S SIGNATURE	20B. PHYSICIAN'S PRINTED NAME	20C. DATE SIGNED
562	559	558

20D. PHYSICIAN'S PHONE NUMBER	20E. PHYSICIAN'S MEDICAL LICENSE NUMBER	20F. PHYSICIAN'S ADDRESS
561	560	557

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 556 _____

(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.