OMB Approved No. 2900-0810
Respondent Burden: 30 minutes
Expiration Date: 04-30-2017

Department of Veterans Affairs

FOOT CONDITIONS, INCLUDING FLATFOOT (PES PLANUS) 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
73	72

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?

49 YES 48 NO

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

74

IF NO, CHECK ALL RECORDS REVIEWED:

- 50 Military service treatment records
- 51 Military service personnel records
- 52 Military enlistment examination
- 53 Military separation examination
- 54 Military post-deployment questionnaire
- 55 Department of Defense Form 214 Separation Documents
- 56 Veterans Health Administration medical records *(VA treatment records)*
- 57 Civilian medical records
- 58 Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- 60 Other: 76
- 59 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:

75

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)*:

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

62 Flat foot (pes planus) Side affected: 79 Right 78 Left 77 Both ICD Code: 47 Date of diagnosis: 46
(If checked, complete all of Section I, Section II, and Section III)

63 Morton's neuroma Side affected: 1 Right 42 Left 43 Both ICD Code: 44 Date of diagnosis: 45
(If checked, complete all of Section I, Section II, and Section IV)

64 Metatarsalgia Side affected: 41 Right 40 Left 39 Both ICD Code: 38 Date of diagnosis: 37
(If checked, complete all of Section I, Section II, and Section IV)

65 Hammer toes Side affected: 2 Right 33 Left 34 Both ICD Code: 35 Date of diagnosis: 36
(If checked, complete all of Section I, Section II, and Section V)

66 Hallux valgus Side affected: 32 Right 31 Left 30 Both ICD Code: 29 Date of diagnosis: 28
(If checked, complete all of Section I, Section II, and Section VI)

67 Hallux rigidus Side affected: 3 Right 24 Left 25 Both ICD Code: 26 Date of diagnosis: 27
(If checked, complete all of Section I, Section II, and Section VII)

68 Acquired pes cavus (claw foot) Side affected: 23 Right 22 Left 21 Both ICD Code: 20 Date of diagnosis: 19
(If checked, complete all of Section I, Section II, and Section VIII)

69 Malunion/nonunion of tarsal/metatarsal bones Side affected: 4 Right 15 Left 16 Both ICD Code: 17 Date of diagnosis: 18
(If checked, complete all of Section I, Section II, and Section IX)

70 Foot injury(ies) Specify: Side affected: 14 Right 13 Left 12 Both ICD Code: 11 Date of diagnosis: 10

82
(If checked, complete all of Section I, Section II, and Section X)

71 Plantar fasciitis Side affected: 5 Right 6 Left 7 Both ICD Code: 8 Date of diagnosis: 9
(If checked, complete all of Section I, Section II, and Section X)

SECTION I - DIAGNOSIS *(Continued)*

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

112 Other *(specify)* *(If checked, complete all of Section I, question #8 of Section II, and all of Section III)*

Other diagnosis #1: 115

Side affected: 97 Right 108 Left 109 Both ICD Code: 110 Date of diagnosis: 111

Other diagnosis #2: 114

Side affected: 107 Right 106 Left 105 Both ICD Code: 104 Date of diagnosis: 103

Other diagnosis #3: 113

Side affected: 98 Right 99 Left 100 Both ICD Code: 101 Date of diagnosis: 102

1C. COMMENTS *(if any):*

84

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

96 YES 95 NO 94 N/A

SECTION II - MEDICAL HISTORY

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

83

2B. DOES THE VETERAN REPORT PAIN OF THE FOOT BEING EVALUATED ON THIS DBQ?

90 YES 89 NO

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

85

2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE FOOT?

93 YES 92 NO

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

91

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

87 YES 88 NO

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

86

SECTION III - FLATFOOT (PES PLANUS)

COMPLETE THIS SECTION IF THE VETERAN HAS FLATFOOT (PES PLANUS).

INDICATE ALL SIGNS AND SYMPTOMS THAT APPLY TO THE VETERAN'S FLATFOOT CONDITION, REGARDLESS OF WHETHER SIMILAR SIGNS AND SYMPTOMS APPEAR MORE THAN ONCE IN DIFFERENT SECTIONS.

3A. DOES THE VETERAN HAVE PAIN ON USE OF THE FEET?

135 YES 134 NO

IF YES, INDICATE SIDE AFFECTED: 131 RIGHT 130 LEFT 129 BOTH

IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? 132 YES 133 NO

IF YES, INDICATE SIDE AFFECTED: 128 RIGHT 127 LEFT 126 BOTH

3B. DOES THE VETERAN HAVE PAIN ON MANIPULATION OF THE FEET?

119 YES 116 NO

IF YES, INDICATE SIDE AFFECTED: 125 RIGHT 123 LEFT 121 BOTH

IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? 118 YES 117 NO

IF YES, INDICATE SIDE AFFECTED: 124 RIGHT 122 LEFT 120 BOTH

SECTION III - FLATFOOT *(Continued)*

3C. IS THERE INDICATION OF SWELLING ON USE?

172 YES 171 NO

IF YES, INDICATE SIDE AFFECTED: 142 RIGHT 143 LEFT 144 BOTH

3D. DOES THE VETERAN HAVE CHARACTERISTIC CALLUSES?

169 YES 170 NO

IF YES, INDICATE SIDE AFFECTED: 141 RIGHT 140 LEFT 139 BOTH

3E. EFFECTS OF USE OF ARCH SUPPORTS, BUILT UP SHOES OR ORTHOTICS

Effecting Relief of Symptoms		Tried But Remains Symptomatic	
Device	Side Relieved	Device	Side Not Relieved
190 Arch Supports	193 Right 192 Left 191 Both	202 Arch Supports	205 Right 204 Left 203 Both
198 Built-up Shoes	201 Right 200 Left 199 Both	210 Built-up Shoes	213 Right 212 Left 211 Both
194 Orthotics	197 Right 196 Left 195 Both	206 Orthotics	209 Right 208 Left 207 Both

3F. DOES THE VETERAN HAVE EXTREME TENDERNESS OF PLANTAR SURFACES ON ONE OR BOTH FEET?

168 YES 167 NO

IF YES, INDICATE SIDE AFFECTED: 136 RIGHT 137 LEFT 138 BOTH

IS THE TENDERNESS IMPROVED BY ORTHOPEDIC SHOES OR APPLIANCES?

RIGHT 166 YES 164 NO 165 N/A

LEFT 216 YES 215 NO 214 N/A

3G. DOES THE VETERAN HAVE DECREASED LONGITUDINAL ARCH HEIGHT OF ONE OR BOTH ON WEIGHT-BEARING?

186 YES 185 NO

IF YES, INDICATE SIDE AFFECTED: 189 RIGHT 188 LEFT 187 BOTH

3H. IS THERE OBJECTIVE EVIDENCE OF MARKED DEFORMITY OF ONE OR BOTH FEET *(pronation, abduction etc.)*?

174 YES 173 NO

IF YES, INDICATE SIDE AFFECTED: 147 RIGHT 146 LEFT 145 BOTH

3I. IS THERE MARKED PRONATION OF ONE FOOT OR BOTH FEET?

184 YES 183 NO

IF YES, INDICATE SIDE AFFECTED: 162 RIGHT 161 LEFT 160 BOTH

IS THE CONDITION IMPROVED BY ORTHOPEDIC SHOES OR APPLIANCES?

RIGHT 219 YES 217 NO 218 N/A

LEFT 222 YES 221 NO 220 N/A

3J. FOR ONE OR BOTH FEET, DOES THE WEIGHT-BEARING LINE FALL OVER OR MEDIAL TO THE GREAT TOE?

182 YES 181 NO

IF YES, INDICATE SIDE AFFECTED: 157 RIGHT 158 LEFT 159 BOTH

3K. IS THERE A LOWER EXTREMITY DEFORMITY OTHER THAN PES PLANUS, CAUSING ALTERATION OF THE WEIGHT-BEARING LINE?

179 YES 180 NO

IF YES, INDICATE SIDE AFFECTED: 156 RIGHT 155 LEFT 154 BOTH

DESCRIBE LOWER EXTREMITY DEFORMITY OTHER THAN PES PLANUS CAUSING ALTERATION OF THE WEIGHT BEARING LINE:

163

3L. DOES THE VETERAN HAVE "INWARD" BOWING OF THE ACHILLES' TENDON *(i.e., hindfoot valgus, with lateral deviation of the heel)* OF ONE OR BOTH FEET?

177 YES 178 NO

IF YES, INDICATE SIDE AFFECTED: 151 RIGHT 152 LEFT 153 BOTH

3M. DOES THE VETERAN HAVE MARKED INWARD DISPLACEMENT AND SEVERE SPASM OF THE ACHILLES' TENDON *(rigid hindfoot)* ON MANIPULATION OF ONE OR BOTH FEET?

176 YES 175 NO

IF YES, INDICATE SIDE AFFECTED: 150 RIGHT 149 LEFT 148 BOTH

IS THE MARKED INWARD DISPLACEMENT AND SEVERE SPASM OF THE ACHILLES TENDON IMPROVED BY ORTHOPEDIC SHOES OR APPLIANCES?

RIGHT 225 YES 223 NO 224 N/A

LEFT 228 YES 227 NO 226 N/A

3N. COMMENTS, IF ANY:

229

SECTION IV - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA

COMPLETE THIS SECTION IF THE VETERAN HAS MORTON'S NEUROMA OR METATARSALGIA.

4A. DOES THE VETERAN HAVE MORTON'S NEUROMA?

230 YES 231 NO

IF YES, INDICATE SIDE AFFECTED: 232 RIGHT 233 LEFT 234 BOTH

4B. DOES THE VETERAN HAVE METATARSALGIA?

236 YES 235 NO

IF YES, INDICATE SIDE AFFECTED: 239 RIGHT 238 LEFT 237 BOTH

4C. COMMENTS, IF ANY:

262

SECTION V - HAMMER TOE

COMPLETE THIS SECTION IF THE VETERAN HAS HAMMER TOE.

5A. WHICH TOES ARE AFFECTED ON EACH SIDE?

RIGHT: 240 None 241 Great toe 242 Second toe 243 Third toe 244 Fourth toe 245 Little toe

LEFT: 251 None 250 Great toe 249 Second toe 248 Third toe 247 Fourth toe 246 Little toe

5B. COMMENTS, IF ANY:

263

SECTION VI - HALLUX VALGUS

COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX VALGUS.

6A. DOES THE VETERAN HAVE SYMPTOMS DUE TO A HALLUX VALGUS CONDITION?

253 YES 252 NO

IF YES, INDICATE SEVERITY *(check all that apply)*:

254 MILD OR MODERATE SYMPTOMS

SIDE AFFECTED: 256 RIGHT 257 LEFT 258 BOTH

255 SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE

SIDE AFFECTED: 261 RIGHT 260 LEFT 259 BOTH

6B. HAS THE VETERAN HAD SURGERY FOR HALLUX VALGUS?

265 YES 264 NO

IF YES, INDICATE TYPE AND DATE OF SURGERY AND SIDE AFFECTED:

279 RESECTION OF METATARSAL HEAD

DATE OF SURGERY: 266 SIDE AFFECTED: 269 RIGHT 268 LEFT 267 BOTH

280 METATARSAL OSTEOTOMY/METATARSAL HEAD OSTEOTOMY *(equivalent to metatarsal head resection)*

DATE OF SURGERY: 270 SIDE AFFECTED: 274 RIGHT 273 LEFT 272 BOTH

281 OTHER SURGERY FOR HALLUX VALGUS, DESCRIBE: 278

DATE OF SURGERY: 271 SIDE AFFECTED: 277 RIGHT 276 LEFT 275 BOTH

6C. COMMENTS, IF ANY:

282

SECTION VII - HALLUX RIGIDUS

COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX RIGIDUS.

7A. DOES THE VETERAN HAVE SYMPTOMS DUE TO HALLUX RIGIDUS?

284 YES 283 NO

IF YES, INDICATE SEVERITY *(check all that apply)*:

285 MILD OR MODERATE SYMPTOMS:

SIDE AFFECTED: 287 RIGHT 288 LEFT 289 BOTH

286 SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE

SIDE AFFECTED: 292 RIGHT 291 LEFT 290 BOTH

7B. COMMENTS, IF ANY:

293

SECTION VIII - ACQUIRED PES CAVUS (CLAW FOOT)

COMPLETE THIS SECTION IF THE VETERAN HAS ACQUIRED PES CAVUS.

8A. EFFECT ON TOES DUE TO PES CAVUS *(check all that apply):*

294 None	300 Right	299 Left	298 Both
295 Great toe dorsiflexed	303 Right	302 Left	301 Both
296 All toes tending to dorsiflexion	306 Right	305 Left	304 Both
297 All toes hammer toes	309 Right	308 Left	307 Both

354 Other, describe *(if there is an effect on toes due to other etiology than pes cavus, indicate other etiology)*:

355

8B. PAIN AND TENDERNESS DUE TO PES CAVUS *(check all that apply):*

310 None	316 Right	315 Left	314 Both
311 Definite tenderness under metatarsal heads	319 Right	318 Left	317 Both
312 Marked tenderness under metatarsal heads	322 Right	321 Left	320 Both
313 Very painful callosities	325 Right	324 Left	323 Both

356 Other, describe *(if the veteran has pain and tenderness due to other etiology than pes cavus, indicate other etiology)*:

359

8C. EFFECT ON PLANTAR FASCIA DUE TO PES CAVUS *(check all that apply):*

326 None	331 Right	330 Left	329 Both
327 Shortened plantar fascia	334 Right	333 Left	332 Both
328 Marked contraction of plantar fascia with dropped forefoot	337 Right	336 Left	335 Both

357 Other, describe *(if there is an effect on plantar fascia due to other etiology than pes cavus, indicate other etiology)*:

360

8D. DORSIFLEXION AND VARGUS DEFORMITY DUE TO PES CAVUS *(check all that apply):*

338 None	344 Right	343 Left	342 Both
339 Some limitation of dorsiflexion at ankle	347 Right	346 Left	345 Both
340 Limitation of dorsiflexion at ankle to right angle	350 Right	349 Left	348 Both
341 Marked varus deformity	353 Right	352 Left	351 Both

358 Other, describe *(if the veteran has dorsiflexion and varus deformity due to other etiology than pes cavus, indicate other etiology)*:

361

8E. COMMENTS, IF ANY:

362

SECTION IX - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES

COMPLETE THIS SECTION IF THE VETERAN HAS MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES.

9A. INDICATE SEVERITY AND SIDE AFFECTED FOR MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES:

363 MODERATE

SIDE AFFECTED: 366 RIGHT 367 LEFT 368 BOTH

364 MODERATELY SEVERE

SIDE AFFECTED: 371 RIGHT 370 LEFT 369 BOTH

365 SEVERE

SIDE AFFECTED: 374 RIGHT 373 LEFT 372 BOTH

9B. COMMENTS, IF ANY:

375

SECTION X - FOOT INJURES AND OTHER CONDITIONS

COMPLETE THIS SECTION IF THE VETERAN HAS ANY FOOT INJURIES OR OTHER FOOT CONDITIONS (SUCH AS PLANTAR FASCIITIS OR "BILATERAL WEAK FOOT"} NOT ALREADY DESCRIBED.

NOTE: For VA purposes "bilateral weak foot" describes a symptomatic condition secondary to many constitutional conditions, and is characterized by atrophy of the musculature, disturbed circulation and weakness.

10A. DOES THE VETERAN HAVE ANY FOOT INJURIES OR OTHER FOOT CONDITIONS NOT ALREADY DESCRIBED?

377 YES 376 NO

IF YES, DESCRIBE THE FOOT INJURY OR OTHER FOOT CONDITIONS *(including frequency and physical exam findings)* AND COMPLETE QUESTION B *(severity and side affected)*.

378

SECTION X - FOOT INJURES AND OTHER CONDITIONS *(Continued)*

10B. INDICATE SEVERITY AND SIDE AFFECTED.

388 Not Affected	389 Right	390 Left	391 Both
392 Mild	393 Right	394 Left	395 Both
379 Moderate	382 Right	383 Left	384 Both
380 Moderately severe	387 Right	386 Left	385 Both
381 Severe	398 Right	397 Left	396 Both

10C. DOES THE FOOT CONDITION CHRONICALLY COMPROMISE WEIGHT BEARING?

400 YES 399 NO

10D. DOES THE FOOT CONDITION REQUIRE ARCH SUPPORTS, CUSTOM ORTHOTIC INSERTS OR SHOE MODIFICATIONS?

402 YES 401 NO

10E. COMMENTS, IF ANY:

403

SECTION XI - SURGICAL PROCEDURES

COMPLETE THIS SECTION IF THE VETERAN HAS HAD ANY SURGICAL PROCEDURES FOR THE CLAIMED CONDITION THAT HAVE NOT ALREADY BEEN DESCRIBED.

11A. HAS THE VETERAN HAD FOOT SURGERY *(arthroscopic or open)*?

405 YES 404 NO

IF YES, INDICATE SIDE AFFECTED, TYPE OF PROCEDURE AND DATE OF SURGERY.

410 RIGHT FOOT PROCEDURE: 409

DATE OF SURGERY: 413

411 LEFT FOOT PROCEDURE: 408

DATE OF SURGERY: 412

11B. DOES THE VETERAN HAVE ANY RESIDUAL SIGNS OR SYMPTOMS DUE TO ARTHROSCOPIC OR OTHER FOOT SURGERY?

407 YES 406 NO

IF YES, DESCRIBE RESIDUALS:

414

SECTION XII - PAIN

Foot	Is there pain on physical exam?	If no, but the veteran reported pain in his/her medical history, please provide rationale below.	If yes (there is pain on physical exam), does the pain contribute to functional loss?	If no (the pain does not contribute to functional loss or additional limitations), explain why the pain does not contribute:
RIGHT FOOT	415 Yes 416 No	425	422 Yes *(you will be asked to further describe these limitations in Section 13)* 423 No	424
LEFT FOOT	420 Yes 417 No	426	418 Yes *(you will be asked to further describe these limitations in Section 13)* 419 No	421

SECTION XIII - FUNCTIONAL LOSS AND LIMITATION OF MOTION

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:

13A. CONTRIBUTING FACTORS OF DISABILITY *(check all that apply and indicate side affected)*:

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

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

430 Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	431 Right	472 Left	473 Both
474 More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)*	471 Right	470 Left	469 Both
428 Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	432 Right	467 Left	468 Both
427 Excess fatigability	466 Right	465 Left	464 Both
490 Incoordination, impaired ability to execute skilled movements smoothly	433 Right	462 Left	463 Both
481 Pain on movement	461 Right	460 Left	459 Both
489 Pain on weight-bearing	488 Right	487 Left	486 Both
485 Pain on non weight-bearing	484 Right	483 Left	482 Both
480 Swelling	434 Right	457 Left	458 Both
479 Deformity	456 Right	455 Left	454 Both
478 Atrophy of disuse	435 Right	452 Left	453 Both
436 Instability of station	451 Right	450 Left	449 Both
448 Disturbance of locomotion	437 Right	446 Left	447 Both
438 Interference with sitting	445 Right	444 Left	443 Both
442 Interference with standing	439 Right	440 Left	441 Both

477 Other, describe:

476

CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MOTION

13B. IS THERE PAIN, WEAKNESS, FATIGABILITY, OR IN COORDINATION THAT SIGNIFICANTLY LIMITS FUNCTIONAL ABILITY DURING FLARE-UPS OR WHEN THE FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME OR OTHERWISE?

RIGHT FOOT 498 YES 499 NO
IF YES, *(there is a functional loss due to pain, during flare-ups and/or when the joint is used repeatedly over a period of time)* PLEASE DESCRIBE THE FUNCTIONAL LOSS:

497

LEFT FOOT 501 YES 500 NO
IF YES, *(there is a functional loss due to pain, during flare-ups and/or when the joint is used repeatedly over a period of time)* PLEASE DESCRIBE THE FUNCTIONAL LOSS:

502

13C. IS THERE ANY OTHER FUNCTIONAL LOSS DURING FLARE-UPS OR WHEN THE FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME?

RIGHT FOOT 492 YES 493 NO IF YES, DESCRIBE:

491

LEFT FOOT 495 YES 494 NO IF YES, DESCRIBE:

496

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?

512 YES 511 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?

505 YES 506 NO IF YES, DESCRIBE *(brief summary)*:

503

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?

507 YES 508 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?

509 YES 510 NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

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

LOCATION: 513

MEASUREMENTS: Length 514 cm X width 515 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:

504

SECTION XV - ASSISTIVE DEVICES

15A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

517 YES 542 NO IF YES, IDENTIFY ASSISTIVE DEVICES USED *(check all that apply and indicate frequency):*

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

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

516

SECTION XVI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

16A. DUE TO THE VETERAN'S FOOT 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.)*

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 XVII - DIAGNOSTIC TESTING

NOTE: Testing listed below is not indicated for every condition. Plain or weight-bearing foot x-rays are not required to make the diagnosis of flatfoot. 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 FOOT BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

556 YES 555 NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

551 YES 552 NO IF YES, INDICATE FOOT: 557 RIGHT 549 LEFT 550 BOTH

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

553 YES 554 NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS *(brief summary)*:

558

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

559

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.)*?

562 YES 561 NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

560

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
570	567	566

20D. PHYSICIAN'S PHONE NUMBER	20E. PHYSICIAN'S MEDICAL LICENSE NUMBER	20F. PHYSICIAN'S ADDRESS
569	568	565

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 564 _____

(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.