OMB Approved No. 2900-0811
Respondent Burden: 30 minutes
Expiration Date: 04-30-2017

Department of Veterans Affairs

HIP AND THIGH 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
77	76

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?

54 YES 53 NO

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

78

IF NO, CHECK ALL RECORDS REVIEWED:

- 55 Military service treatment records
- 56 Military service personnel records
- 57 Military enlistment examination
- 58 Military separation examination
- 59 Military post-deployment questionnaire
- 60 Department of Defense Form 214 Separation Documents
- 61 Veterans Health Administration medical records *(VA treatment records)*
- 62 Civilian medical records
- 63 Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- 65 Other: 80
- 64 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:

79

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)*:

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

67	Osteoarthritis, hip	Side affected:	83 Right	82 Left	81 Both	ICD Code: 52		Date of diagnosis: 51			
68	Hip joint replacement	Side affected:	1 Right	47 Left	48 Both	ICD Code: 49		Date of diagnosis: 50			
69	Trochanteris pain syndrome *(includes trochanteric bursitis)*	Side affected:	46 Right	45 Left	44 Both	ICD Code: 43		Date of diagnosis: 42			
70	Femoral acetabular impingement syndrome *(includes labral tears)*	Side affected:	2 Right	38 Left	39 Both	ICD Code: 40		Date of diagnosis: 41			
71	Iliopsoas tendinitis	Side affected:	37 Right	36 Left	35 Both	ICD Code: 34		Date of diagnosis: 33			
72	Femoral neck stress fracture	Side affected:	3 Right	29 Left	30 Both	ICD Code: 31		Date of diagnosis: 32			
73	Avascular necrosis, hip	Side affected:	28 Right	27 Left	26 Both	ICD Code: 25		Date of diagnosis: 24			
74	Ankylosis of hip joint	Side affected:	4 Right	20 Left	21 Both	ICD Code: 22		Date of diagnosis: 23			

75 Other *(specify)*

Other diagnosis #1: 86

Side affected: 5 Right 16 Left 17 Both ICD Code: 18 Date of diagnosis: 19

Other diagnosis #2: 85

Side affected: 15 Right 14 Left 13 Both ICD Code: 12 Date of diagnosis: 11

Other diagnosis #3: 84

Side affected: 6 Right 7 Left 8 Both ICD Code: 9 Date of diagnosis: 10

1C. COMMENTS *(if any)*:

89

SECTION I - DIAGNOSIS *(Continued)*

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

99 YES 98 NO 97 N/A

SECTION II - MEDICAL HISTORY

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

90

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

96 YES 95 NO

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

91

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)*?

93 YES 94 NO

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

92

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

Hip	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 HIP All Normal	Flexion (normal endpoint = 125 degrees)	123 112 Not indicated 122 Not able to perform	124
	Extension/ Hyperextension (normal endpoint = 30 degrees)	113 121 Not indicated 120 Not able to perform	125
	Abduction (normal endpoint = 45 degrees)	114 115 Not indicated 116 Not able to perform	126
	Adduction (normal endpoint = 25 degrees)	117 118 Not indicated 119 Not able to perform	102
		Is adduction limited such that the Veteran cannot cross legs 105 Yes 106 No	
	External Rotation (normal endpoint = 60 degrees)	103 110 Not indicated 104 Not able to perform	100
	Internal Rotation (normal endpoint = 40 degrees)	109 107 Not indicated 108 Not able to perform	101

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

3A. INITIAL ROM MEASUREMENTS *(Continued)*

Hip	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 HIP All Normal	Flexion (normal endpoint = 125 degrees)	154 143 Not indicated 153 Not able to perform	155
	Extension/ Hyperextension (normal endpoint = 30 degrees)	144 152 Not indicated 151 Not able to perform	156
	Abduction (normal endpoint = 45 degrees)	145 146 Not indicated 147 Not able to perform	157
	Adduction (normal endpoint = 25 degrees)	148 149 Not indicated 150 Not able to perform	133
		Is adduction limited such that the Veteran cannot cross legs 136 Yes 137 No	
	External Rotation (normal endpoint = 60 degrees)	134 141 Not indicated 135 Not able to perform	131
	Internal Rotation (normal endpoint = 40 degrees)	140 138 Not indicated 139 Not able to perform	132

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

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

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

128

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 ankle condition, such as age, body habitus, neurologic disease),* EXPLAIN:

127

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING

4A. POST-TEST ROM MEASUREMENTS

Hip	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 HIP	162 Yes 163 No If yes, perform repetitive-use testing If no, provide reason below, then proceed to Section 6 166	165 Yes 164 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	159
			Extension	158
			Abduction	160
			Adduction	161
			Is post-test adduction limited such that the Veteran cannot cross legs? 170 Yes 169 No	
			External Rotation	167
			Internal Rotation	168

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING *(Continued)*

4A. POST-TEST ROM MEASUREMENTS *(Continued)*

Hip	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
LEFT HIP	196 Yes If yes, perform repetitive-use testing 195 No If no, provide reason below, then proceed to Section 6 192	193 Yes 194 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	197
			Extension	198
			Abduction	191
			Adduction	188
			Is post-test adduction limited such that the Veteran cannot cross legs? 200 Yes 199 No	
			External Rotation	189
			Internal Rotation	190

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

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

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

171

SECTION V - PAIN

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

Hip	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 HIP	179 Yes 180 No	181 Yes *(you will be asked to further describe these limitations in Section 6 below)* 182 No	183
LEFT HIP	204 Yes 201 No	202 Yes *(you will be asked to further describe these limitations in Section 6 below)* 203 No	205

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

Hip	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 HIP	210 Yes 209 No	208 Yes *(you will be asked to further describe these limitations in Section 6 below)* 207 No	206
LEFT HIP	175 Yes 178 No	177 Yes *(you will be asked to further describe these limitations in Section 6 below)* 176 No	174

5C. LOCALIZED TENDERNESS OR PAIN ON PALPATION

Hip	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 HIP	211 Yes 212 No	213
LEFT HIP	185 Yes 184 No	186

5D. COMMENTS, IF ANY:

187

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)*:

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

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

217 Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	259 Right	218 Left	260 Both
261 More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc.)*	257 Right	258 Left	256 Both
215 Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	254 Right	219 Left	255 Both
214 Excess fatigability	252 Right	253 Left	251 Both
269 Incoordination, impaired ability to execute skilled movements smoothly	249 Right	220 Left	250 Both
268 Pain on movement	247 Right	248 Left	246 Both
267 Swelling	244 Right	221 Left	245 Both
266 Deformity	242 Right	243 Left	241 Both
265 Atrophy of disuse	239 Right	222 Left	240 Both
223 Instability of station	237 Right	238 Left	236 Both
235 Disturbance of locomotion	233 Right	224 Left	234 Both
225 Interference with sitting	231 Right	232 Left	230 Both
229 Interference with standing	227 Right	226 Left	228 Both

264 Other, describe:

263

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?

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

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

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

Hip	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 HIP	284 Yes 285 No	Flexion	282 ____ 280 Est. ROM is not feasible	286
		Extension	283 ____ 281 Est. ROM is not feasible	
		Abduction	272 ____ 279 Est. ROM is not feasible	
		Adduction	278 ____ 277 Est. ROM is not feasible	
		External Rotation	273 ____ 276 Est. ROM is not feasible	
		Internal Rotation	275 ____ 274 Est. ROM is not feasible	

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

6C. CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MOTION *(Continued)*

Hip	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:
LEFT HIP	324 Yes 323 No	Flexion	322 ___ 321 Est. ROM is not feasible	325
		Extension	313 ___ 314 Est. ROM is not feasible	
		Abduction	311 ___ 315 Est. ROM is not feasible	
		Adduction	312 ___ 320 Est. ROM is not feasible	
		External Rotation	318 ___ 319 Est. ROM is not feasible	
		Internal Rotation	317 ___ 316 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 HIP 288 Yes 289 No If yes, describe:

287

LEFT HIP 291 Yes 290 No If yes, describe:

292

SECTION VII - MUSCLE STRENGTH TESTING

7A. MUSCLE STRENGTH - RATE STRENTH 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

Hip	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 HIP All Normal	Flexion	/5 295	298 Yes 299 No	301 Yes 300 No	296
	Extension	/5 293			
	Abduction	/5 294			
LEFT HIP All Normal	Flexion	/5 334	333 Yes 332 No	330 Yes 331 No	328
	Extension	/5 326			
	Abduction	/5 327			

7B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

302 YES 303 NO

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

304 YES 305 NO IF NO, PROVIDE RATIONALE:

306

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:

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

309

CIRCUMFERENCE OF MORE NORMAL SIDE: 308 ___ CM CIRCUMFERENCE OF ATROPHIED SIDE: 307 ___ CM

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

336

CIRCUMFERENCE OF MORE NORMAL SIDE: 335 ___ CM CIRCUMFERENCE OF ATROPHIED SIDE: 337 ___ CM

SECTION VII - MUSCLE STRENGTH TESTING *(Continued)*

7C. COMMENTS, IF ANY:

339

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:
346 Favorable, in flexion at an angle between 20 and 40 degrees, and slight abduction or adduction	386 Favorable, in flexion at an angle between 20 and 40 degrees, and slight abduction or adduction
345 Intermediate, between favorable and unfavorable	387 Intermediate, between favorable and unfavorable
342 Unfavorable, extremely unfavorable ankylosis, foot not reaching ground, crutches needed	388 Unfavorable, extremely unfavorable ankylosis, foot not reaching ground, crutches needed
344 No ankylosis	343 No ankylosis

8B. COMMENTS, IF ANY:

340

SECTION IX - ADDITIONAL COMMENTS

9A. DOES THE VETERAN HAVE MALUNION OR NONUNION OF FEMUR, FLAIL HIP JOINT OR LEG LENGTH DISCREPENCY?

380 YES 382 NO

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

381 MALUNION OR NONUNION OF THE FEMUR

348 MALUNION WITH SLIGHT HIP DISABILITY	379 RIGHT	347 LEFT	378 BOTH
374 MALUNION WITH MODERATE HIP DISABILITY	375 RIGHT	377 LEFT	376 BOTH
350 MALUNION WITH MARKED HIP DISABILITY	373 RIGHT	349 LEFT	372 BOTH
368 FRACTURE OF SURGICAL NECK WITH FALSE JOINT	369 RIGHT	371 LEFT	370 BOTH
366 FRACTURE OF SHAFT OR NECK *(anatomical)*, RESULTING IN NONUNION WITHOUT LOOSE MOTION; WEIGHT-BEARING PRESERVED WITH AID OF A BRACE	363 RIGHT	351 LEFT	362 BOTH
367 FRACTURE OF SHAFT OR NECK *(anatomical)*, WITH NONUNION WITH LOOSE MOTION *(spiral or oblique fracture)*	359 RIGHT	361 LEFT	360 BOTH

NOTE: If impairment of the femur causes any knee disability, also complete the VA Form 21-0960M-9 Knee and Lower Leg Conditions DBQ.

364 FLAIL HIP JOINT

INDICATE SIDE AFFECTED: 358 RIGHT 352 LEFT 353 BOTH

365 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.

RIGHT LEG: 384 _____ 356 CM 357 IN LEFT LEG: 383 _____ 354 CM 355 IN

FOR ANY LEG LENGTH DISCREPANCY, PLEASE DESCRIBE THE RELATIONSHIP TO THE CONDITONS LISTED IN THE DIAGNOSIS SECTION ABOVE:

385

9B. COMMENTS, IF ANY:

341

SECTION X - SURGICAL PROCEDURES

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

RIGHT SIDE:

449 TOTAL HIP JOINT REPLACEMENT
DATE OF SURGERY: 447
RESIDUALS:
448 None
452 Moderately severe residuals of weakness, pain or limitation of motion
451 Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis
455 Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches
450 Other, describe:

445

454 ARTHROSCOPIC OR OTHER HIP SURGERY
TYPE OF SURGERY: 443
DATE OF SURGERY: 446

453 RESIDUALS OF ARTHROSCOPIC OR OTHER HIP SURGERY
DESCRIBE RESIDUALS:

444

LEFT SIDE:

395 TOTAL HIP JOINT REPLACEMENT
DATE OF SURGERY: 397
RESIDUALS:
396 None
391 Moderately severe residuals of weakness, pain or limitation of motion
392 Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis
394 Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches
393 Other, describe:

399

389 ARTHROSCOPIC OR OTHER HIP SURGERY
TYPE OF SURGERY: 401
DATE OF SURGERY: 398

390 RESIDUALS OF ARTHROSCOPIC OR OTHER HIP SURGERY
DESCRIBE RESIDUALS:

400

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

11A. 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?

411 YES 410 NO IF YES, COMPLETE QUESTIONS 11B-11D.

11B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

404 YES 405 NO IF YES, DESCRIBE *(brief summary)*:

403

11C. 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?

406 YES 407 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?

408 YES 409 NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

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

Location: 412 Measurements: length 413 cm X width 414 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.

11D. COMMENTS, IF ANY:

402

SECTION XII - ASSISTIVE DEVICES

12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

416 YES 417 NO IF YES, IDENTIFY ASSISTIVE DEVICES USED *(check all that apply and indicate frequency):*

434 Wheelchair	Frequency of use:	433 Occasional	432 Regular	431 Constant
418 Brace	Frequency of use:	436 Occasional	440 Regular	441 Constant
430 Crutches	Frequency of use:	429 Occasional	428 Regular	427 Constant
419 Cane	Frequency of use:	424 Occasional	425 Regular	426 Constant
423 Walker	Frequency of use:	422 Occasional	421 Regular	420 Constant
435 Other: 442	Frequency of use:	439 Occasional	438 Regular	437 Constant

12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

415

SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

13. DUE TO THE VETERAN'S HIP OR THIGH 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.)*

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

459 NO

IF YES, INDICATE EXTREMITIES FOR WHICH THIS APPLIES: 457 RIGHT LOWER 458 LEFT LOWER

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

456

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 HIP OR THIGH BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

473 YES 472 NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

468 YES 469 NO IF YES, INDICATE HIP: 474 RIGHT 466 LEFT 467 BOTH

14B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?

470 YES 471 NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS *(brief summary)*:

475

14C. IS THERE OBJECTIVE EVIDENCE OF CREPITUS?

463 YES 462 NO IF YES, INDICATE HIP: 461 RIGHT 465 LEFT 464 BOTH

14D. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:

476

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.)*?

479 YES 478 NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

477

SECTION XVI - REMARKS

16. REMARKS, IF ANY:

480

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
487	484	483

17D. PHYSICIAN'S PHONE NUMBER	17E. PHYSICIAN'S MEDICAL LICENSE NUMBER	17F. PHYSICIAN'S ADDRESS
486	485	482

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 481 _____

(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.