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

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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 information you provide on this questionnaire as part of their evaluation in processing the claim. V completed by private health care providers.					
MEDICAL RECORD REVIE	EW				
WAS THE VETERAN'S VA CLAIMS FILE REVIEWED?					
☐ YES ☐ NO					
IF YES, LIST ANY RECORDS THAT WERE REVIEWED BUT WERE NOT INCLUDED IN THE VETE	ERAN'S VA CLAIMS FILE:				
IF NO, CHECK ALL RECORDS REVIEWED:					
Military service treatment records Department of Defense Form 214 Separation D	Documents				
Military service personnel records Veterans Health Administration medical records	s (VA treatment records)				
Military enlistment examination Civilian medical records					
	d others who 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 for evidence be provided for submission to VA.	ini (internal VA) of for which the Veteral 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 app	oly):				
The Veteran does not have a current diagnosis associated with any claimed condition listed about	ove. (Explain your findings and reasons in comments section.)				
Olecranon bursitis Side affected: Right Left Both ICD Code:	Date of diagnosis:				
	Date of diagnosis:				
	Date of diagnosis:				
	Date of diagnosis:				
Instability (medial/ posterolateral rotatory) Side affected: Right Left Both ICD Code:	Date of diagnosis:				
	Date of diagnosis:				
	Date of diagnosis:				
	Date of diagnosis:				
	Date of diagnosis:				
Other (specify) Other diagnosis #1:					
	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 diagnosis:					
1C. COMMENTS (if any):					

SECTION I - DIAGNOSIS (Continued)				
	ION REQUESTED AI NO	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 its 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	ss of repetitive use)? NO		OSS OR FUNCTIONAL IMPAIRMENT OF THE JOINT OR EXTREMITY BEING EVALUATED ON THIS ONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS:	
		SECTION III - INITIA	L RANGE OF MOTION (ROM) MEASUREMENTS	
etc, on pressure of Following the initial	or manipulation. Docu	ment painful movement in Se perform repetitive use testing	g. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined	
•	easurements in questi	•	e 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		
LEFT ELBOW	Flexion (normal endpoint = 145 degrees)	Not indicated Not able to perform		
	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		

SECTION III - INITIAL RANGE OF MOTION (ROM) MEASUREMENTS (Continued)							
3B. DO ANY ABNORMAL ROMs NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS?							
	•	pe these limitation in Section 6 below	w)				
NO, EXP	LAIN WHY THE ABNORMAL RO	Ms DO NOT CONTRIBUTE:					
3C. IF ROM DO	DES NOT CONFORM TO THE N	ORMAL RANGE OF MOTION IDEN	TIFIED ABOVE	BUT IS NORMAL FOR TH	IIS VETERAN (for rea	sons other than an elbow	
condition,	such as age, body habitus, neur	ologic disease), EXPLAIN:					
	050	TION IV DOM MEAGUREMEN	TO AFTER R	EDETITIVE LIGE TEG	- INO		
14 POST-TES	T ROM MEASUREMENTS	TION IV - ROM MEASUREMEN	IIS AFIER R	EPETITIVE USE TEST	ING		
			Is there addit	tional limitation in ROM	Init Marrament	Post-test ROM	
Elbow	is the veteran able to	perform repetitive-use testing?		etitive-use testing?	Joint Movement	Measurement	
	Yes If yes, perfo	orm repetitive-use testing	Yes		Flexion		
		de reason below, then proceed to	No, there is no change in ROM		Extension		
RIGHT	Section 6		after re	petitive testing			
ELBOW				ROM after a minimum	Forearm Supination		
			of 3 repetition	entation of ROM after	Forearm		
			repetitive-use	testing is not required.	Pronation		
			 - 		Flexion		
		orm repetitive-use testing de reason below, then proceed to	Yes No the	re is no change in ROM			
155	Section 6	de reason below, then proceed to	No, there is no change in RON after repetitive testing		Extension		
LEFT ELBOW			If yes, report	ROM after a minimum	Forearm		
			of 3 repetitions. If no, documentation of ROM after repetitive-use testing is not required.		Supination		
					Forearm Pronation		
4B. DO ANY PO	OST-TEST ADDITIONAL LIMITA	TIONS OF ROMs NOTED ABOVE C	ONTRIBUTE TO	O FUNCTIONAL LOSS?			
YES (you	will be asked to further describ	oe these limitations in Section 6 belo	ow)				
NO, EXP	LAIN WHY THE POST-TEST AD	DITIONAL LIMITATIONS OF ROMs	DO NOT CONT	RIBUTE:			
		SECTIO	ON V - PAIN				
5A. ROM MOV	EMENTS PAINFUL ON ACTIVE,	PASSIVE AND/OR REPETITIVE US					
	Are any ROM movements						
	painful on active, passive	If yes (there are painful movemen	(ts), does the				
Elbow	and/or repetitive use testing?	pain contribute to functional	loss or	If no (the pain does not contribute to functional loss or additional limitation of ROM), explain why the pain does not contribute:			
	(If yes, identify whether active, passive, and/or repetitive use in	additional limitation of R0	OM?			does not contribute.	
	question 5D)						
RIGHT	Yes	Yes (you will be asked to further describe these limitations in Section 6 below)					
ELBOW	No	No	o below)				
LEFT	Yes	Yes (you will be asked to fu these limitations in Section					
ELBOW No		No					
5B. PAIN WHEN USED IN WEIGHT-BEARING OR IN NON WEIGHT-BEARING							
SB. I AIN WILL							
	Is there pain when the joint is used in weight-bearing or non	If yes (there is pain when used in v	vojaht hoggina				
Elbow	weight-bearing?	or non weight-bearing), does the		If no (the pain does not contribute to functional loss or additional limitation of ROM), explain why the pain does not contribute:			
	(If yes, identify whether weight- bearing or non weight-bearing	to functional loss or additional limit	ation of ROM?	limitation of ROM), explain why the pain	does not contribute:	
in question 5D)							
DICUT	Yes	Yes (you will be asked to fu	rther describe				
RIGHT ELBOW	□ No	these limitations in Section 6 below) No					
LEFT	Yes	Yes (you will be asked to fu these limitations in Section					
ELBOW	☐ No	No No	/				

SECTION V - PAIN (Continued)					
5C. LO	CALIZED TENDERNESS OR PAIN ON PALPATION				
Elbo	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:			
RIGI ELBO					
LEF ELB(I I YES I I NO				
5D. CO	MMENTS, IF ANY:				
	SECTION VI., FUN	NCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM			
NOTE					
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:					
N	NTRIBUTING FACTORS OF DISABILITY <i>(check all that</i> to functional loss for <u>left</u> upper extremity attributable to clay to functional loss for <u>right</u> upper extremity attributable to clay to functional loss for <u>right</u> upper extremity attributable to clay to functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for <u>right</u> upper extremity attributable to clay to find the functional loss for	laimed condition			
	ess movement than normal (due to ankylosis, limitation endon-tie-ups, contracted scars, etc.)	n or blocking, adhesions, Right Left Both			
	fore movement than normal (from flail joints, resections elaxation of ligaments, etc)	ss, nonunion of fractures, Right Left Both			
	Veakened movement (due to muscle injury, disease or in erves, divided or lengthened tendons, etc.)	injury of peripheral Right Left Both			
E:	xcess fatigability	Right Left Both			
In	ncoordination, impaired ability to execute skilled movemen	ents smoothly Right Left Both			
Pi	ain on movement	Right Left Both			
S	welling	Right Left Both			
D	eformity	Right Left Both			
At	trophy of disuse	Right Left Both			
☐ In	nstability of station	Right Left Both			
	sisturbance of locomotion	Right Left Both			
☐ In	nterference with sitting	Right Left Both			
☐ In	nterference with standing	Right Left Both			
□ o	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.					
	E ANY OF THE ABOVE FACTORS ASSOCIATED WITH	H LIMITATION OF MOTION?			
	ES (If yes, complete questions 6C and 6D) O (If no, proceed to Section 6D)				

					OSS AND ADDITIONAL LIMITA	ATION OF ROM (Continued)
6C. CONTR	RIBUTING FACTORS (OF DISABI	LITY ASSOCIATE	ED WITH	LIMITATION OF MOTION	
Elbow	Can pain, weakne incoordination significability during flare-up used repeatedly over	cantly limit s or when	functional functional functional	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/when the joint is used repeatedly over a period of time but the limitation of ROM cannot be estimated, please describe the functional loss:		
		FI	lexion	Est. ROM is not feasible		
RIGHT	☐ Yes	☐ No	Ext	tension	Est. ROM is not feasible	
ELBOW				orearm oination	Est. ROM is not feasible	
				orearm onation	Est. ROM is not feasible	
			FI	lexion	Est. ROM is not feasible	
LEFT	☐ Yes	☐ No	Ext	tension	Est. ROM is not feasible	
ELBOW		ш .	-	orearm oination	Est. ROM is not feasible	
				orearm onation	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:						
			ei	CTION	N VII - MUSCLE STRENGTH TES	RTING
74 MUSCI	E STRENGTH - RATE	STRENG				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 reduc muscle streng		If yes, is the reduction entirely due to claimed condition in the Diagnosis se	· ·
RIGHT ELB	OW Flexion	/5				
	Extension	/5	☐ Yes ☐	No	Yes No	
LEFT ELBOW Flexion /5 Yes No 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:					
CECTION VIII	- ANKYLOSIS				
	- ANN TLUSIS				
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 With complete loss of pronation With complete loss of which which complete loss of which which which complete loss of which wh					
No ankylosis No ankylosis	n protiduoti				
8B. COMMENTS, IF ANY:					
SECTION IX - ADDI	TIONAL COMMENTS				
9A. DOES THE VETERAN HAVE FLAIL JOINT, JOINT FRACTURE, UNUNITED FRACTURE	CTURE, MALALIGNED FRACTURE, OR IMPAIRMENT OF SUPINATION OR				
PRONATION?					
LJ YES J NO IF YES, INDICATE CONDITION AND COMPLETE THE APPROPRIATE SECTIONS B	DELOW:				
FLAIL JOINT OF THE ELBOW	selow.				
INDICATE SIDE AFFECTED: RIGHT LEFT BOTH					
	DITIO VALOUO DEFORMITY				
ELBOW FRACTURE WITH RESIDUALS OF MARKED CUBITIS VARUS OR CU INDICATE SIDE AFFECTED: RIGHT LEFT BOTH	BITIS VALGUS DEFORMITY				
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 to	hat apply):				
Nonunion in upper half with false movement					
Without loss of bone substance or deformity With loss of bone substance (1 inch (2.5 cm) or more) and	Right Left Both Right Left Both				
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 al	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 marked deformity	Right Left Both				
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 does not approach full pronation	Right Left Both				
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	SECTION IX - ADDITIONAL COMMENTS (Continued)				
9B. COMMENTS, IF ANY:					
	GICAL PROCEDURES				
10. 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 Chronic residuals consisting of severe painful motion or weakness	Intermediate degrees of residual weakness, pain or limitation of motion Chronic residuals consisting of severe painful motion or weakness				
Other, describe:	Other, describe:				
Caron, accorde.	Cition, decomposi				
ADTUDOSCODIC OD OTUED EL DOM OLIDOSOV	APTHIDOCCODIC OD OTHER ELBOW CHROERY				
ARTHROSCOPIC OR OTHER ELBOW SURGERY TYPE OF SURGERY:	ARTHROSCOPIC OR OTHER ELBOW 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:				
	MPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS				
11A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS					
	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):					
	TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN				
THE DIAGNOSIS SECTION ABOVE?					
YES NO					
IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL A LOCATED ON THE HEAD, FACE OR NECK?	REA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE				
YES NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCA	ARS/DISEIGUREMENT				
IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS					
	th cm X width cm.				
NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of c and measurements in Comment section below. It is not necessary to also complete	covering of the skin over the scar. If there are multiple scars, enter additional locations as Scars DBO				
11D. COMMENTS, IF ANY:					
SECTION XII - A	SSISTIVE DEVICES				
12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?					
YES NO					
IF YES, IDENTIFY ASSISTIVE DEVICES USED (check all that apply and indicate t					
Brace Frequency of use: Occasion					
Other: Frequency of use: Occasion	onal Regular Constant				
12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION	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 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 XVI - REMARKS		
16. REMARKS, IF ANY:				
	SECTION XVII.	PHYSICIAN'S CERTIFICATION AND	SIGNATURE	
CERTIFICATION - To the best of my k				
17A. PHYSICIAN'S SIGNATURE		17B. PHYSICIAN'S PRINTED NAME	<u> </u>	17C. DATE SIGNED
17D. PHYSICIAN'S PHONE NUMBER	17E. PHYSICIAN	I'S MEDICAL LICENSE NUMBER	17F. PHYSICIAN'S ADDR	ESS
NOTE: VA may request additional medical inf	formation, includin	g additional examinations, if necessary to	complete VA's review of the	veteran's application.
IMPORTANT - Physician please fax the	completed form			
		(VA Regional Office FAX N	p.)	
NOTE: A list of VA Regional Office FAX Nu	mbers can be found	d at www.vba.va.gov/disabilityexams or o	obtained by calling 1-800-82	7-1000.
PRIVACY ACT NOTICE: VA will not disclose in	nformation collected of	on this form to any source other than what has	been authorized under the Priva	cy Act of 1974 or Title 38, Code of

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.