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

Department of Veterans Affairs

ELBOW AND FOREARM CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
83	82

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?

59 YES 58 NO

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

84

IF NO, CHECK ALL RECORDS REVIEWED:

- 60 Military service treatment records
- 61 Military service personnel records
- 62 Military enlistment examination
- 63 Military separation examination
- 64 Military post-deployment questionnaire
- 65 Department of Defense Form 214 Separation Documents
- 66 Veterans Health Administration medical records *(VA treatment records)*
- 67 Civilian medical records
- 68 Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- 70 Other: 86
- 69 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:

85

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)*:

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

		Side affected: Right	Left	Both	ICD Code:	Date of diagnosis:
72	Olecranon bursitis	89	88	87	57	56
73	Tricep tendinitis	1	52	53	54	55
74	Lateral epicondylitis	51	50	49	48	47
75	Medial epicondylitis	2	43	44	45	46
76	Instability *(medial/ posterolateral rotatory)*	42	41	40	39	38
77	Dislocation, elbow	3	34	35	36	37
78	Osteoarthritis, elbow	33	32	31	30	29
79	Total elbow arthroplasty	4	25	26	27	28
80	Ankylosis of elbow joint	24	23	22	21	20

81 Other *(specify)*

Other diagnosis #1: 92

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

Other diagnosis #2: 91

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

Other diagnosis #3: 90

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

1C. COMMENTS *(if any):*

95

SECTION I - DIAGNOSIS *(Continued)*

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

108 YES 107 NO 106 N/A

NOTE: In all forearm injuries, if there are impaired finger movements due to tendon, muscle or nerve injuries, ALSO complete appropriate additional DBQ(s) such as the Hand, Peripheral Nerve and/or Muscle Injuries Disability Benefits Questionnaire.

SECTION II - MEDICAL HISTORY

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

96

2B. DOMINANT HAND

102 RIGHT 105 LEFT 103 AMBIDEXTROUS

2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE ELBOW OR FOREARM?

104 YES 101 NO

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

97

2D. 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)*?

99 YES 100 NO

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

98

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

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:
RIGHT ELBOW All Normal	Flexion (normal endpoint = 145 degrees)	130 ___ 135 Not indicated 131 Not able to perform	126
	Extension	134 ___ 132 Not indicated 133 Not able to perform	127
	Forearm Supination (normal endpoint = 85 degrees)	137 ___ 138 Not indicated 139 Not able to perform	128
	Forearm Pronation (normal endpoint = 80 degrees)	140 ___ 141 Not indicated 142 Not able to perform	129
LEFT ELBOW All Normal	Flexion (normal endpoint = 145 degrees)	122 ___ 111 Not indicated 121 Not able to perform	123
	Extension	112 ___ 120 Not indicated 119 Not able to perform	124
	Forearm Supination (normal endpoint = 85 degrees)	113 ___ 114 Not indicated 115 Not able to perform	125
	Forearm Pronation (normal endpoint = 80 degrees)	116 ___ 117 Not indicated 118 Not able to perform	109

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

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

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

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

144

3C. IF ROM DOES NOT CONFORM TO THE NORMAL RANGE OF MOTION IDENTIFIED ABOVE BUT IS NORMAL FOR THIS VETERAN *(for reasons other than an elbow condition, such as age, body habitus, neurologic disease),* EXPLAIN:

143

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING

4A. POST-TEST ROM MEASUREMENTS

Elbow	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 ELBOW	173 Yes — If yes, perform repetitive-use testing 174 No — If no, provide reason below, then proceed to Section 6 177	176 Yes 175 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	170
			Extension	169
			Forearm Supination	171
			Forearm Pronation	172
LEFT ELBOW	153 Yes — If yes, perform repetitive-use testing 152 No — If no, provide reason below, then proceed to Section 6 149	150 Yes 151 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	154
			Extension	155
			Forearm Supination	148
			Forearm Pronation	147

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

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

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

156

SECTION V - PAIN

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

Elbow	Are any ROM movements painful on active, passive and/or repetitive use testing? *(If yes, identify whether active, passive, and/or repetitive use in question 5D)*	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 ELBOW	164 Yes 165 No	166 Yes *(you will be asked to further describe these limitations in Section 6 below)* 167 No	168
LEFT ELBOW	182 Yes 181 No	180 Yes *(you will be asked to further describe these limitations in Section 6 below)* 179 No	178

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

Elbow	Is there pain when the joint is used in weight-bearing or non weight-bearing? *(If yes, identify whether weight-bearing or non weight-bearing in question 5D)*	If yes *(there is pain when used in 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 ELBOW	163 Yes 162 No	161 Yes *(you will be asked to further describe these limitations in Section 6 below)* 160 No	159
LEFT ELBOW	187 Yes 186 No	185 Yes *(you will be asked to further describe these limitations in Section 6 below)* 184 No	183

SECTION V - PAIN *(Continued)*

5C. LOCALIZED TENDERNESS OR PAIN ON PALPATION

Elbow	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 ELBOW	188 Yes 189 No	190
LEFT ELBOW	252 Yes 251 No	250

5D. COMMENTS, IF ANY:

191

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)*:

240 No functional loss for left upper extremity attributable to claimed condition

194 No functional loss for right upper extremity attributable to claimed condition

195 Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	237 Right	196 Left	238 Both
239 More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)*	235 Right	236 Left	234 Both
193 Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	232 Right	197 Left	233 Both
192 Excess fatigability	230 Right	231 Left	229 Both
247 Incoordination, impaired ability to execute skilled movements smoothly	227 Right	198 Left	228 Both
246 Pain on movement	225 Right	226 Left	224 Both
245 Swelling	222 Right	199 Left	223 Both
244 Deformity	220 Right	221 Left	219 Both
243 Atrophy of disuse	217 Right	200 Left	218 Both
201 Instability of station	215 Right	216 Left	214 Both
213 Disturbance of locomotion	211 Right	202 Left	212 Both
203 Interference with sitting	209 Right	210 Left	208 Both
207 Interference with standing	205 Right	204 Left	206 Both

242 Other, describe:

241

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?

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

248 NO *(If no, proceed to Section 6D)*

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

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

Elbow	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 ELBOW	294 Yes 293 No	Flexion	292 ____ 291 Est. ROM is not feasible	284
		Extension	290 ____ 289 Est. ROM is not feasible	
		Forearm Supination	288 ____ 287 Est. ROM is not feasible	
		Forearm Pronation	286 ____ 285 Est. ROM is not feasible	
LEFT ELBOW	262 Yes 261 No	Flexion	260 ____ 259 Est. ROM is not feasible	263
		Extension	255 ____ 256 Est. ROM is not feasible	
		Forearm Supination	253 ____ 257 Est. ROM is not feasible	
		Forearm Pronation	254 ____ 258 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 296 YES 297 NO IF YES, DESCRIBE:

295

LEFT ELBOW 265 YES 264 NO IF YES, DESCRIBE:

266

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

Elbow	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 ELBOW All Normal	Flexion	/5 268	271 Yes 272 No	274 Yes 273 No	269
	Extension	/5 267			
LEFT ELBOW All Normal	Flexion	/5 305	304 Yes 303 No	301 Yes 302 No	299
	Extension	/5 298			

7B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

275 YES 276 NO

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

277 YES 278 NO IF NO, PROVIDE RATIONALE:

279

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:

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

308

CIRCUMFERENCE OF MORE NORMAL SIDE: 307 ____ cm CIRCUMFERENCE OF ATROPHIED SIDE: 306 ____ cm

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

281

CIRCUMFERENCE OF MORE NORMAL SIDE: 280 ____ cm CIRCUMFERENCE OF ATROPHIED SIDE: 282 ____ cm

SECTION VII - MUSCLE STRENGTH TESTING *(Continued)*

7C. COMMENTS, IF ANY:

310

SECTION VIII - ANKYLOSIS

Complete this section if Veteran has ankylosis of the elbow.
NOTE: Ankylosis is the immobilization and consolidation of a joint due to disease, injury or surgical procedure.

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

RIGHT SIDE:	LEFT SIDE:
316 Has some degree of ankylosis	317 Has some degree of ankylosis
If checked, provide degrees: 315	If checked, provide degrees: 318
314 With complete loss of supination	319 With complete loss of supination
312 With complete loss of pronation	320 With complete loss of pronation
313 No ankylosis	404 No ankylosis

8B. COMMENTS, IF ANY:

311

SECTION IX - ADDITIONAL COMMENTS

9A. DOES THE VETERAN HAVE FLAIL JOINT, JOINT FRACTURE, UNUNITED FRACTURE, MALALIGNED FRACTURE, OR IMPAIRMENT OF SUPINATION OR PRONATION?

401 YES 403 NO

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

402 FLAIL JOINT OF THE ELBOW
INDICATE SIDE AFFECTED: 400 RIGHT 321 LEFT 399 BOTH

322 ELBOW FRACTURE WITH RESIDUALS OF MARKED CUBITIS VARUS OR CUBITIS VALGUS DEFORMITY
INDICATE SIDE AFFECTED: 396 RIGHT 398 LEFT 397 BOTH

395 UNUNITED FRACTURE OF HEAD OF RADIUS
INDICATE SIDE AFFECTED: 394 RIGHT 323 LEFT 393 BOTH

324 RADIUS AND ULNA FRACTURE WITH NONUNION AND FLAIL FALSE JOINT
INDICATE SIDE AFFECTED: 390 RIGHT 392 LEFT 391 BOTH

388 IMPAIRMENT OF THE ULNA DUE TO NONUNION OR MALUNION *(check all that apply)*:

389 Nonunion in upper half with false movement			
386 Without loss of bone substance or deformity	383 Right	325 Left	382 Both
387 With loss of bone substance *(1 inch (2.5 cm) or more)* and marked deformity	379 Right	381 Left	380 Both
384 Nonunion in lower half	378 Right	373 Left	377 Both
385 Malunion with bad alignment	374 Right	376 Left	375 Both

327 IMPAIRMENT OF THE RADIUS DUE TO NONUNION OR MALUNION *(check all that apply)*:

326 Nonunion in lower half with false movement			
329 Without loss of bone substance or deformity	346 Right	372 Left	347 Both
328 With loss of bone substance *(1 inch (2.5 cm) or more)* and marked deformity	350 Right	348 Left	349 Both
345 Nonunion in lower half	351 Right	371 Left	352 Both
344 Malunion with bad alignment	370 Right	353 Left	369 Both

330 IMPAIRMENT OF SUPINATION OR PRONATION

331 Supination limited to 30 degrees or less	366 Right	368 Left	367 Both
332 Limited pronation with motion lost beyond the last quarter of the arc; hand does not approach full pronation	365 Right	354 Left	364 Both
333 Limited pronation with motion lost beyond the middle of the arc	361 Right	363 Left	362 Both
334 Hand is fixed near the middle of the arc or moderate pronation	360 Right	355 Left	359 Both
335 Hand is fixed in full pronation	356 Right	358 Left	357 Both
343 Hand is fixed in supination	342 Right	336 Left	341 Both
337 Hand is fixed in hyperpronation	338 Right	340 Left	339 Both

SECTION IX - ADDITIONAL COMMENTS *(Continued)*

9B. COMMENTS, IF ANY:

405

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 ELBOW JOINT REPLACEMENT
DATE OF SURGERY: 447
RESIDUALS:
448 None
452 Intermediate degrees of residual weakness, pain or limitation of motion
451 Chronic residuals consisting of severe painful motion or weakness
450 Other, describe:

445

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

453 RESIDUALS OF ARTHROSCOPIC OR OTHER ELBOW SURGERY
DESCRIBE RESIDUALS:

444

LEFT SIDE:

411 TOTAL ELBOW JOINT REPLACEMENT
DATE OF SURGERY: 413
RESIDUALS:
412 None
408 Intermediate degrees of residual weakness, pain or limitation of motion
409 Chronic residuals consisting of severe painful motion or weakness
410 Other, describe:

415

406 ARTHROSCOPIC OR OTHER ELBOW SURGERY
TYPE OF SURGERY: 417
DATE OF SURGERY: 414

407 RESIDUALS OF ARTHROSCOPIC OR OTHER ELBOW SURGERY
DESCRIBE RESIDUALS:

416

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?

427 YES 426 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?

420 YES 421 NO IF YES, DESCRIBE *(brief summary)*:

419

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?

422 YES 423 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?

424 YES 425 NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

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

LOCATION 428 MEASUREMENTS: length 429 cm X width 430 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:

418

SECTION XII - ASSISTIVE DEVICES

12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?

432 YES 441 NO

IF YES, IDENTIFY ASSISTIVE DEVICES USED *(check all that apply and indicate frequency):*

433 Brace Frequency of use: 435 Occasional 439 Regular 440 Constant

434 Other: 442 Frequency of use: 438 Occasional 437 Regular 436 Constant

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

431

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.)*

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

458 NO

IF YES, INDICATE EXTREMITIES FOR WHICH THIS APPLIES: 456 RIGHT UPPER 457 LEFT UPPER

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

455

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?

472 YES 471 NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

467 YES 468 NO IF YES, INDICATE ELBOW: 473 RIGHT 465 LEFT 466 BOTH

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

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

474

14C. IS THERE OBJECTIVE EVIDENCE OF CREPITUS?

462 YES 461 NO IF YES, INDICATE ELBOW: 460 RIGHT 464 LEFT 463 BOTH

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

475

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.)*?

478 YES 477 NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:

476

SECTION XVI - REMARKS

16. REMARKS, IF ANY:

479

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
486	483	482

17D. PHYSICIAN'S PHONE NUMBER	17E. PHYSICIAN'S MEDICAL LICENSE NUMBER	17F. PHYSICIAN'S ADDRESS
485	484	481

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 480 _____

(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.