Department of Veterans Affairs

KNEE AND LOWER LEG DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:

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.

Note - The Veteran 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 Veteran's claim. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the Veteran's application. VA reserves the right to confirm the authenticity of ALL completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the 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 questionnaire:

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(s), explain your findings and reasons in the Remarks 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):

☐ The Veteran does not have a current diagnosis associated with any claimed condition(s) listed above. (Explain your findings and reasons in the Remarks section)

	Side affected:			ICD Code:	Date of diagnosis:	
☐ Knee strain	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee meniscal tear	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee anterior cruciate ligament tear	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee posterior cruciate ligament tear	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Patellar or quadriceps tendon rupture	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee joint osteoarthritis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee joint ankylosis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee fracture (including patellar fracture)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Stress fracture of tibia	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tibia and/or fibula fracture	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Recurrent patellar dislocation	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Recurrent subluxation	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee instability	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Patellar instability	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Knee cartilage restoration surgery	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Shin splints (if diagnosed with compartment syndrome complete the Muscles questionnaire in lieu of this questionnaire)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Patellofemoral pain syndrome	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Degenerative arthritis, other than post traumatic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, gonorrheal	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, pneumococcic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, streptococcic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, syphilitic	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, rheumatoid (multi-joints)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Post-traumatic arthritis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Arthritis, typhoid	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Other specified forms of arthropathy (excluding gout) (specify)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteoporosis, residuals of	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteomalacia, residuals of	◯ Right	◯ Left	◯ Both		Right:	Left:

☐ Bones, neoplasm, benign	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Osteitis deformans	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Gout	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Bursitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Myositis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Heterotopic ossification	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinopathy (select one if known)	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tendinosis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Tenosynovitis	◯ Right	◯ Left	◯ Both		Right:	Left:
☐ Inflammatory other types (specify)	◯ Right	◯ Left	◯ Both		Right:	Left:

☐ Other (specify)

Other diagnosis #1

◯ Right ◯ Left ◯ Both Right: Left:

Other diagnosis #2

◯ Right ◯ Left ◯ Both Right: Left:

Other diagnosis #3

◯ Right ◯ Left ◯ Both Right: Left:

1C. If there are additional diagnoses that pertain to knee conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history, including onset and course, of the Veteran's knee and/or lower leg condition(s). Brief summary:

2B. Does the Veteran report flare-ups of the knee and/or lower leg?

◯ Yes ◯ No

If yes, document the Veteran's description of the flare-ups he/she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?

◯ Yes ◯ No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words.

2D. Does the Veteran report or have a history of instability or recurrent subluxation of the knee?

◯ Yes ◯ No

If yes, document the Veteran's description of instability/recurrent subluxation in his/her own words.

2E. Does the Veteran report or have a history of frequent effusion of the knee?

◯ Yes ◯ No

If yes, is the frequent effusion a result of a diagnosis in Section I? Describe below:

SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance, or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up; however, this is not always feasible.
Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.
Optimally, a description of any additional loss of function should be provided - such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

RIGHT KNEE	LEFT KNEE
3A. Initial ROM measurements	3A. Initial ROM measurements
◯ All normal ◯ Abnormal or outside of normal range	◯ All normal ◯ Abnormal or outside of normal range
◯ Unable to test ◯ Not indicated	◯ Unable to test ◯ Not indicated
If "Unable to test" or "Not indicated" please explain:	If "Unable to test" or "Not indicated" please explain:
If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a knee/lower leg condition, such as age, body habitus, neurologic disease), please describe:	If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a knee/lower leg condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

◯ Yes ◯ No

(if yes, please explain)

If abnormal, does the range of motion itself contribute to a functional loss?

◯ Yes ◯ No

(if yes, please explain)

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed?

◯ Yes ◯ No

If no, provide an explanation:

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)

_____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees ☐ Same as active ROM

Extension endpoint (0 degrees): _____ degrees ☐ Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

Can testing be performed?

◯ Yes ◯ No

If no, provide an explanation:

If this is the unclaimed joint, is it: ◯ Damaged ◯ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)

_____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees ☐ Same as active ROM

Extension endpoint (0 degrees): _____ degrees ☐ Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Extension degree endpoint (if different than above)

Is there evidence of pain?

◯ Yes ◯ No

If yes, check all that apply:

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion

☐ on rest/non-movement ☐ does not result in/cause functional loss

☐ causes functional loss (if checked describe in the comments box below)

Comments:

Is there objective evidence of crepitus?

◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

◯ Yes ◯ No

If yes, please explain. Include location, severity, and relationship to condition(s).

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

Flexion degree endpoint (if different than above)

Extension degree endpoint (if different than above)

Is there evidence of pain?

◯ Yes ◯ No

If yes, check all that apply:

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion

☐ on rest/non-movement ☐ does not result in/cause functional loss

☐ causes functional loss (if checked describe in the comments box below)

Comments:

Is there objective evidence of crepitus?

◯ Yes ◯ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

◯ Yes ◯ No

If yes, please explain. Include location, severity, and relationship to condition(s).

RIGHT KNEE	LEFT KNEE

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

◯ Yes ◯ No

If no, please explain:

3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

◯ Yes ◯ No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Is there additional loss of function or range of motion after three repetitions?

◯ Yes ◯ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time

Is the Veteran being examined immediately after repeated use over time?

◯ Yes ◯ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

◯ Yes ◯ No

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3C. Repeated use over time

Is the Veteran being examined immediately after repeated use over time?

◯ Yes ◯ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

◯ Yes ◯ No

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

RIGHT KNEE

3D. Flare-ups

Is the examination being conducted during a flare-up?

◯ Yes ◯ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

◯ Yes ◯ No

LEFT KNEE

3D. Flare-ups

Is the examination being conducted during a flare-up?

◯ Yes ◯ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

◯ Yes ◯ No

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

☐ None ☐ Interference with sitting

☐ Interference with standing ☐ Swelling

☐ Disturbance of locomotion ☐ Deformity

☐ Less movement than normal ☐ More movement than normal (indicate if there is nonunion of fracture)

☐ nonunion of fracture

☐ Weakened movement ☐ Atrophy of disuse

☐ Instability of station ☐ Other, describe:

Please describe additional contributing factors of disability:

Select factors that cause this functional loss. Check all that apply.

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other: _____ ☐ N/A

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

☐ None ☐ Interference with sitting

☐ Interference with standing ☐ Swelling

☐ Disturbance of locomotion ☐ Deformity

☐ Less movement than normal ☐ More movement than normal (indicate if there is nonunion of fracture)

☐ nonunion of fracture

☐ Weakened movement ☐ Atrophy of disuse

☐ Instability of station ☐ Other, describe:

Please describe additional contributing factors of disability:

SECTION IV - MUSCLE ATROPHY

4A. Does the Veteran have muscle atrophy?

◯ Yes ◯ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

◯ Yes ◯ No

If no, provide rationale:

4A. Does the Veteran have muscle atrophy?

◯ Yes ◯ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

◯ Yes ◯ No

If no, provide rationale:

RIGHT KNEE	LEFT KNEE
4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk. ☐ Right lower extremity (specify location of measurement such as "10cm above or below knee"): Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm	4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk. ☐ Left lower extremity (specify location of measurement such as "10cm above or below knee"): Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm

SECTION V - ANKYLOSIS

Note: Ankylosis is the immobilization of a joint due to disease, injury, or surgical procedure.

RIGHT KNEE	LEFT KNEE
5A. Is there ankylosis of the knee and/or lower leg? ◯ Yes ◯ No If yes, indicate the severity of ankylosis: ◯ Favorable angle in full extension or in slight flexion between 0 and 10 degrees ◯ In flexion between 10 and 20 degrees ◯ In flexion between 20 and 45 degrees ◯ Extremely unfavorable, in flexion at an angle of 45 degrees or more	5A. Is there ankylosis of the knee and/or lower leg? ◯ Yes ◯ No If yes, indicate the severity of ankylosis: ◯ Favorable angle in full extension or in slight flexion between 0 and 10 degrees ◯ In flexion between 10 and 20 degrees ◯ In flexion between 20 and 45 degrees ◯ Extremely unfavorable, in flexion at an angle of 45 degrees or more
5B. Indicate angle of ankylosis in degrees. _____ degrees ☐ N/A no ankylosis of knee joint	5B. Indicate angle of ankylosis in degrees. _____ degrees ☐ N/A no ankylosis of knee joint
5C. If ankylosed, is there involvement of Muscle Group XIII (posterior thigh group, hamstring complex of 2-joint muscles: (1) biceps femoris; (2) semimembranosus; (3) semitendinosus)? ◯ Yes ◯ No If yes, complete the Muscle Injuries questionnaire.	5C. If ankylosed, is there involvement of Muscle Group XIII (posterior thigh group, hamstring complex of 2-joint muscles: (1) biceps femoris; (2) semimembranosus; (3) semitendinosus)? ◯ Yes ◯ No If yes, complete the Muscle Injuries questionnaire.

SECTION VI - JOINT STABILITY

Note: For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon. A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including but not limited to, arthroscopy to remove loose bodies and joint aspiration).

6A. Is there recurrent subluxation or persistent instability? ◯ Yes ◯ No	6A. Is there recurrent subluxation or persistent instability? ◯ Yes ◯ No
6B. Is there or has there been a ligament tear (sprain)? ◯ Yes ◯ No If yes, select one of the following. ◯ Complete ligament tear ◯ Incomplete/partial ligament tear	6B. Is there or has there been a ligament tear (sprain)? ◯ Yes ◯ No If yes, select one of the following. ◯ Complete ligament tear ◯ Incomplete/partial ligament tear
6C. Was the ligament tear repaired? ◯ Yes ◯ No If yes, select one of the following. ◯ Complete tear repair- successful ◯ Complete tear repair- failed	6C. Was the ligament tear repaired? ◯ Yes ◯ No If yes, select one of the following. ◯ Complete tear repair- successful ◯ Complete tear repair- failed
6D. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation? ◯ Yes ◯ No If yes, check all that apply. ☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s)	6D. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation? ◯ Yes ◯ No If yes, check all that apply. ☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s)

6E. Is there recurrent patellar instability? ◯ Yes ◯ No

6F. Has the Veteran had surgical repair of the knee for patellar instability? ◯ Yes ◯ No

If yes, please describe:

6G. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation with patellar instability? ◯ Yes ◯ No

If yes, check all that apply.

☐ Cane(s) ☐ Walker

☐ Crutches ☐ Brace(s)

RIGHT KNEE

6E. Is there recurrent patellar instability? ◯ Yes ◯ No

6F. Has the Veteran had surgical repair of the knee for patellar instability? ◯ Yes ◯ No

If yes, please describe:

6G. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation with patellar instability? ◯ Yes ◯ No

If yes, check all that apply.

☐ Cane(s) ☐ Walker

☐ Crutches ☐ Brace(s)

LEFT KNEE

SECTION VII - TIBIAL OR FIBULAR IMPAIRMENT

7A. Does the Veteran currently have or has the Veteran been diagnosed with a recurrent patellar dislocation, shin splints (medial tibial stress syndrome), stress fractures, or any other tibial or fibular impairment?

◯ Yes ◯ No (if yes, indicate condition and complete the appropriate sections below):

☐ Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms:

☐ Acquired and/or traumatic genu recurvatum with objectively demonstrated weakness and insecurity in weight-bearing.

☐ Recurrent patellar dislocation

☐ "Shin Splints" (medial tibial stress syndrome - MTSS) (indicate all treatment and symptoms below)

- ☐ treatment for less than 12 consecutive months
- ☐ unresponsive to shoe orthotics or other conservative treatment
- ☐ requiring treatment for 12 consecutive months or more
- ☐ responsive to surgery
- ☐ unresponsive to surgery

☐ 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).

Measurements: Right leg: ____ ◯ cm ◯ inch

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

7A. Does the Veteran currently have or has the Veteran been diagnosed with a recurrent patellar dislocation, shin splints (medial tibial stress syndrome), stress fractures, or any other tibial or fibular impairment?

◯ Yes ◯ No (if yes, indicate condition and complete the appropriate sections below):

☐ Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms:

☐ Acquired and/or traumatic genu recurvatum with objectively demonstrated weakness and insecurity in weight-bearing.

☐ Recurrent patellar dislocation

☐ "Shin Splints" (medial tibial stress syndrome - MTSS) (indicate all treatment and symptoms below)

- ☐ treatment for less than 12 consecutive months
- ☐ unresponsive to shoe orthotics or other conservative treatment
- ☐ requiring treatment for 12 consecutive months or more
- ☐ responsive to surgery
- ☐ unresponsive to surgery

☐ 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).

Measurements: Left leg: ____ ◯ cm ◯ inch

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

SECTION VIII - MENISCAL CONDITIONS

8A. Does the Veteran currently have or has the Veteran been diagnosed with a meniscus (semilunar cartilage) condition?

◯ Yes ◯ No (If yes, indicate severity and frequency of symptoms):

- ☐ No current symptoms
- ☐ Meniscal dislocation
- ☐ Meniscal tear
- ☐ Frequent episodes of joint "locking"
- ☐ Frequent episodes of joint pain
- ☐ Frequent episodes of joint effusion

For all checked boxes above, describe:

RIGHT KNEE

8A. Does the Veteran currently have or has the Veteran been diagnosed with a meniscus (semilunar cartilage) condition?

◯ Yes ◯ No (If yes, indicate severity and frequency of symptoms):

- ☐ No current symptoms
- ☐ Meniscal dislocation
- ☐ Meniscal tear
- ☐ Frequent episodes of joint "locking"
- ☐ Frequent episodes of joint pain
- ☐ Frequent episodes of joint effusion

For all checked boxes above, describe:

LEFT KNEE

SECTION IX - SURGICAL PROCEDURES

9A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

- ☐ No surgery
- ☐ Knee joint resurfacing — Date of surgery: _____
- ☐ Total knee joint replacement — Date of surgery: _____

Total knee joint replacement residuals:

- ☐ None
- ☐ Intermediate degrees of residual weakness, pain, or limitation of motion
- ☐ Chronic residuals consisting of severe painful motion or weakness
- ☐ Other residuals, describe: _____

- ☐ Meniscectomy — Date of surgery: _____
- ☐ Arthroscopic ligament repair — Date of surgery: _____
- ☐ Other surgery not described (specify below): — Date of surgery: _____

Type of surgery: _____

☐ Residual signs of symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above:

Describe residuals:

9A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

- ☐ No surgery
- ☐ Knee joint resurfacing — Date of surgery: _____
- ☐ Total knee joint replacement — Date of surgery: _____

Total knee joint replacement residuals:

- ☐ None
- ☐ Intermediate degrees of residual weakness, pain, or limitation of motion
- ☐ Chronic residuals consisting of severe painful motion or weakness
- ☐ Other residuals, describe: _____

- ☐ Meniscectomy — Date of surgery: _____
- ☐ Arthroscopic ligament repair — Date of surgery: _____
- ☐ Other surgery not described (specify below): — Date of surgery: _____

Type of surgery: _____

☐ Residual signs of symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above:

Describe residuals:

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

10A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above?

◯ Yes ◯ No If yes, describe (brief summary):

10B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?

◯ Yes ◯ No If yes, also complete the appropriate dermatological questionnaire.

SECTION XI- ASSISTIVE DEVICES

11A. Does the Veteran use any assistive devices (other than those noted in Section VI) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

◯ Yes ◯ No

If Yes, identify the assistive devices used. Check all that apply and indicate frequency.

☐ Wheelchair	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant
☐ Brace	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant
☐ Crutches	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant
☐ Cane(s)	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant
☐ Walker	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant
☐ Other, describe: _____	Frequency of use:	◯ Occasional	◯ Regular	◯ Constant

11B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.

SECTION XII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

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 prosthesis. 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.

12A. Due to the Veterans knee or lower leg condition(s), is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis (functions of the lower extremity include balance and propulsion, etc.)?

◯ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran.

◯ No

If yes, indicate extremities for which this applies: ☐ Right lower ☐ Left lower

12B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

SECTION XIII - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-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.

13A. Have clinically relevant diagnostic imaging studies or other diagnostic procedures been performed or reviewed in conjunction with this examination? ◯ Yes ◯ No

13B. If yes, is degenerative or post-traumatic arthritis documented? ◯ Yes ◯ No

If yes, indicate side: ◯ Right ◯ Left ◯ Both

13C. If yes, provide type of test or procedure, date, and results (brief summary):

13D. Are there any other clinically relevant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?

◯ Yes ◯ No

If yes, provide type of test or procedure, date, and results (brief summary):

13E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

SECTION XIV - 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.

14A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/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 XV - REMARKS

15A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

SECTION XVI - EXAMINER'S CERTIFICATION AND SIGNATURE

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

16A. Examiner's signature:	16B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

16C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):	16D. Date Signed:

16E. Examiner's phone/fax numbers:	16F. National Provider Identifier (NPI) number:	16G. Medical license number and state:

16H. Examiner's address: