Department of Veterans Affairs

WRIST CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE

Name of Claimant/Veteran:	Claimant/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 questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

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

☐ Veteran/Claimant

☐ 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.

DOMINANT HAND

Dominant hand: ☐ Right ☐ Left ☐ Ambidextrous

SECTION I - DIAGNOSIS

1A. List the claimed conditions that pertain to this questionnaire:

SECTION I - DIAGNOSIS (continued)

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 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 conditions listed above. (Explain your findings and reasons in the Remarks Section)

	Side affected:			ICD Code:	Date of diagnosis:	
☐ Wrist sprain, chronic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Ganglion cyst	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Carpal metacarpal (CMC) arthritis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Triangular fibrocartilaginous complex (TFCC) injury	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ DeQuervain's syndrome	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Carpal instability (intercalated segment/ midcarpal/scapholunate dissociation)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Avascular necrosis of carpal bones	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Wrist arthroplasty (total/ulnar head replacement)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Ankylosis of wrist	☐ 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:
☐ Tenosynovitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tendinitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tendinosis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Inflammatory other types (specify)	☐ Right	☐ Left	☐ Both		Right:	Left:
_____						

☐ Other (specify)

Other diagnosis #1 _____

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: _____ Date of diagnosis: Right: _____ Left: _____

Other diagnosis #2 _____

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: _____ Date of diagnosis: Right: _____ Left: _____

If there are additional diagnoses that pertain to wrist conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's wrist condition (brief summary):

2B. Does the Veteran report flare-ups of the wrist? ☐ Yes ☐ No If yes, document the Veteran's description of the flare-ups he or 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.

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 WRIST	LEFT WRIST
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 wrist 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 wrist 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).

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

RIGHT WRIST

3A. Initial ROM measurements (continued)

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 ROM and provide the ROM values:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

If noted on examination, which ROM exhibited pain? (Select all that apply.)

☐ Dorsiflexion ☐ Ulnar deviation

☐ Palmar flexion ☐ Radial deviation

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.

_____ Dorsiflexion degree endpoint (if different than above)

_____ Ulnar deviation degree endpoint (if different than above)

_____ Palmar flexion degree endpoint (if different than above)

_____ Radial deviation degree endpoint (if different than above)

Describe:

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

Dorsiflexion endpoint (70 degrees): _____ degrees ☐ Same as active ROM

Palmar flexion endpoint (80 degrees): _____ degrees ☐ Same as active ROM

Ulnar deviation endpoint (45 degrees): _____ degrees ☐ Same as active ROM

Radial deviation endpoint (20 degrees): _____ degrees ☐ Same as active ROM

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

☐ Dorsiflexion ☐ Ulnar deviation

☐ Palmar flexion ☐ Radial deviation

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.

_____ Dorsiflexion degree endpoint (if different than above)

_____ Ulnar deviation degree endpoint (if different than above)

_____ Palmar flexion degree endpoint (if different than above)

_____ Radial deviation degree endpoint (if different than above)

Describe:

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

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

LEFT WRIST

3A. Initial ROM measurements (continued)

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 ROM and provide the ROM values:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

If noted on examination, which ROM exhibited pain? (Select all that apply.)

☐ Dorsiflexion ☐ Ulnar deviation

☐ Palmar flexion ☐ Radial deviation

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.

_____ Dorsiflexion degree endpoint (if different than above)

_____ Ulnar deviation degree endpoint (if different than above)

_____ Palmar flexion degree endpoint (if different than above)

_____ Radial deviation degree endpoint (if different than above)

Describe:

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

Dorsiflexion endpoint (70 degrees): _____ degrees ☐ Same as active ROM

Palmar flexion endpoint (80 degrees): _____ degrees ☐ Same as active ROM

Ulnar deviation endpoint (45 degrees): _____ degrees ☐ Same as active ROM

Radial deviation endpoint (20 degrees): _____ degrees ☐ Same as active ROM

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

☐ Dorsiflexion ☐ Ulnar deviation

☐ Palmar flexion ☐ Radial deviation

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.

_____ Dorsiflexion degree endpoint (if different than above)

_____ Ulnar deviation degree endpoint (if different than above)

_____ Palmar flexion degree endpoint (if different than above)

_____ Radial deviation degree endpoint (if different than above)

Describe:

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

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

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

RIGHT WRIST	LEFT WRIST
3A. Initial ROM measurements (continued)	3A. Initial ROM measurements (continued)
Comments:	Comments:
Is there objective evidence of crepitus? ☐ Yes ☐ No	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).	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).
3B. Observed repetitive use ROM	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 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	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:	If yes, please respond to the following after the completion of the three repetitions:
Dorsiflexion endpoint (70 degrees): _____ degrees	Dorsiflexion endpoint (70 degrees): _____ degrees
Palmar flexion endpoint (80 degrees): _____ degrees	Palmar flexion endpoint (80 degrees): _____ degrees
Ulnar deviation endpoint (45 degrees): _____ degrees	Ulnar deviation endpoint (45 degrees): _____ degrees
Radial deviation endpoint (20 degrees): _____ degrees	Radial deviation endpoint (20 degrees): _____ degrees
Select factors that cause this functional loss. (Check all that apply):	Select factors that cause this functional loss. (Check all that apply):
☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness	☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness
☐ Lack of endurance ☐ Incoordination	☐ Lack of endurance ☐ Incoordination
☐ Other _____	☐ Other _____

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	3C. Repeated use over time
Is the Veteran being examined immediately after repeated use over time? ☐ Yes ☐ No	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	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):	Select factors that cause this functional loss. (Check all that apply):
☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness	☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness
☐ Lack of endurance ☐ Incoordination	☐ Lack of endurance ☐ Incoordination
☐ Other _____	☐ Other _____

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

RIGHT WRIST

3C. Repeated use over time (continued)

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.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 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.)

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):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

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.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 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.)

LEFT WRIST

3C. Repeated use over time (continued)

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.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 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.)

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):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

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.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 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.)

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

RIGHT WRIST

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 standing
- ☐ Interference with sitting
- ☐ Disturbance of locomotion
- ☐ Swelling
- ☐ Less movement than normal
- ☐ Deformity
- ☐ Weakened movement
- ☐ More movement than normal
- ☐ Instability of station
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

LEFT WRIST

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 standing
- ☐ Interference with sitting
- ☐ Disturbance of locomotion
- ☐ Swelling
- ☐ Less movement than normal
- ☐ Deformity
- ☐ Weakened movement
- ☐ More movement than normal
- ☐ Instability of station
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

SECTION IV - MUSCLE ATROPHY

RIGHT WRIST

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:

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 upper extremity (specify location of measurement, such as "10 cm below anterior elbow crease"):

Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm

LEFT WRIST

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:

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 upper extremity (specify location of measurement, such as "10 cm below anterior elbow crease"):

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 WRIST

5A. Is there ankylosis of the wrist? ☐ Yes ☐ No
If yes, indicate severity of ankylosis:

- ☐ Extremely unfavorable
- ☐ Unfavorable, in any degree of palmar flexion
  - If checked, provide degrees of palmar flexion: _____
- ☐ Unfavorable, with ulnar deviation
  - If checked, provide degrees of ulnar deviation: _____
- ☐ Unfavorable, with radial deviation
  - If checked, provide degrees of radial deviation: _____
- ☐ Any other position except favorable
  - If checked, describe: _____
- ☐ Favorable in 20 to 30 degrees dorsiflexion

5B: Comments if any:

LEFT WRIST

5A. Is there ankylosis of the wrist? ☐ Yes ☐ No
If yes, indicate severity of ankylosis:

- ☐ Extremely unfavorable
- ☐ Unfavorable, in any degree of palmar flexion
  - If checked, provide degrees of palmar flexion: _____
- ☐ Unfavorable, with ulnar deviation
  - If checked, provide degrees of ulnar deviation: _____
- ☐ Unfavorable, with radial deviation
  - If checked, provide degrees of radial deviation: _____
- ☐ Any other position except favorable
  - If checked, describe: _____
- ☐ Favorable in 20 to 30 degrees dorsiflexion

5B: Comments if any:

SECTION VI - SURGICAL PROCEDURES

RIGHT WRIST

6A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total wrist joint replacement Date of surgery: _____

Residuals: ☐ None

☐ Intermediate degrees of residual weakness, pain, or limitation of motion

☐ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe: _____

☐ Arthroscopic or other wrist surgery

Type of Surgery: _____

Date of Surgery: _____

Describe residuals:

LEFT WRIST

6A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total wrist joint replacement Date of surgery: _____

Residuals: ☐ None

☐ Intermediate degrees of residual weakness, pain, or limitation of motion

☐ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe: _____

☐ Arthroscopic or other wrist surgery

Type of Surgery: _____

Date of Surgery: _____

Describe residuals:

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

7A. 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):

7B. 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 VIII - ASSISTIVE DEVICES

8A. Does the Veteran use any assistive devices? ☐ Yes ☐ No

If yes, identify the assistive devices used (check all that apply and indicate frequency):

☐ Brace Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

☐ Other, describe: _____ Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

8B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.

SECTION IX - 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 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.

9A. Due to the Veteran's wrist 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 upper extremity include grasping, manipulation, 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 upper ☐ Left upper

9B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

SECTION X - 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.

10A. Have imaging studies been performed in conjunction with this examination? ☐ Yes ☐ No

10B. If yes, is degenerative or post-traumatic arthritis documented? ☐ Yes ☐ No

Indicate side: ☐ Right ☐ Left ☐ Both

10C. If yes provide type of test or procedure, date and results (brief summary):

10D. Are there any other significant 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):

10E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

SECTION XI - 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.

11A. 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 XII - REMARKS

12A. Remarks, (if any – please identify the section to which the remark pertains when appropriate).

SECTION XIII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

13A. Examiner's signature:

13B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

13C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

13D. Date Signed:

13E. Examiner's phone/fax numbers:

13F. National Provider Identifier (NPI) number:

13G. Medical license number and state:

13H. Examiner's address: