Department of Veterans Affairs

HIP AND THIGH 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.

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 conditions 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, 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)

Diagnosis	Side affected:			ICD Code:	Date of diagnosis:	
☐ Osteoarthritis, hip	☐ Right	☐ Left	☐ Both	______	Right: ______	Left: ______
☐ Hip joint replacement	☐ Right	☐ Left	☐ Both	______	Right: ______	Left: ______
☐ Hip joint resurfacing	☐ Right	☐ Left	☐ Both	______	Right: ______	Left: ______
☐ Trochanteric pain syndrome (includes trochanteric bursitis)	☐ Right	☐ Left	☐ Both	______	Right: ______	Left: ______
☐ Femoral acetabular impingement syndrome (includes labral tears)	☐ Right	☐ Left	☐ Both	______	Right: ______	Left: ______

SECTION I - DIAGNOSIS (continued)

	Side affected:			ICD Code:	Date of diagnosis:	
☐ Iliopsoas tendinitis	☐ Right	☐ Left	☐ Both	____	Right: ____	Left: ____
☐ Femoral neck stress fracture	☐ Right	☐ Left	☐ Both	____	Right: ____	Left: ____
☐ Avascular necrosis, hip	☐ Right	☐ Left	☐ Both	____	Right: ____	Left: ____
☐ Ankylosis of hip joint	☐ 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 ____

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: ____

Other diagnosis #3 ____

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

If there are additional diagnoses that pertain to hip and thigh conditions, list using above format:

SECTION II - MEDICAL HISTORY

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

2B. Does the Veteran report flare-ups of the hip or thigh? ☐ 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.

SECTION II - MEDICAL HISTORY (continued)

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 HIP

3A. Initial ROM measurements

☐ All Normal ☐ Abnormal or outside of normal range

☐ Unable to test ☐ Not indicated

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 hip/thigh condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☐ No

LEFT HIP

3A. Initial ROM measurements

☐ All Normal ☐ Abnormal or outside of normal range

☐ Unable to test ☐ Not indicated

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 hip/thigh condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☐ No

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).

RIGHT HIP

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

LEFT HIP

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

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

RIGHT HIP

3A. Initial ROM measurements (continued)

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

☐ Flexion ☐ Abduction ☐ External Rotation

☐ Extension ☐ Adduction ☐ Internal Rotation

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)
_____ Abduction degree endpoint (if different than above)
_____ Adduction degree endpoint (if different than above)
_____ External Rotation degree endpoint (if different than above)
_____ Internal Rotation degree endpoint (if different than above)

Does a limitation in adduction prevent the Veteran from crossing his/her legs?
☐ Yes ☐ No

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

Flexion endpoint (125 degrees) _____ degrees ☐ Same as active ROM

Extension endpoint (30 degrees) _____ degrees ☐ Same as active ROM

Abduction endpoint (45 degrees) _____ degrees ☐ Same as active ROM

Adduction endpoint (25 degrees) _____ degrees ☐ Same as active ROM

External rotation endpoint (60 degrees) _____ degrees ☐ Same as active ROM

Internal rotation endpoint (40 degrees) _____ degrees ☐ Same as active ROM

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

☐ Flexion ☐ Abduction ☐ External Rotation

☐ Extension ☐ Adduction ☐ Internal Rotation

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)
_____ Abduction degree endpoint (if different than above)
_____ Adduction degree endpoint (if different than above)
_____ External Rotation degree endpoint (if different than above)
_____ Internal Rotation degree endpoint (if different than above)

Does a limitation in passive adduction prevent the Veteran from crossing his/her legs?
☐ Yes ☐ No

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

Comments:

LEFT HIP

3A. Initial ROM measurements (continued)

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

☐ Flexion ☐ Abduction ☐ External Rotation

☐ Extension ☐ Adduction ☐ Internal Rotation

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)
_____ Abduction degree endpoint (if different than above)
_____ Adduction degree endpoint (if different than above)
_____ External Rotation degree endpoint (if different than above)
_____ Internal Rotation degree endpoint (if different than above)

Does a limitation in adduction prevent the Veteran from crossing his/her legs?
☐ Yes ☐ No

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

Flexion endpoint (125 degrees) _____ degrees ☐ Same as active ROM

Extension endpoint (30 degrees) _____ degrees ☐ Same as active ROM

Abduction endpoint (45 degrees) _____ degrees ☐ Same as active ROM

Adduction endpoint (25 degrees) _____ degrees ☐ Same as active ROM

External rotation endpoint (60 degrees) _____ degrees ☐ Same as active ROM

Internal rotation endpoint (40 degrees) _____ degrees ☐ Same as active ROM

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

☐ Flexion ☐ Abduction ☐ External Rotation

☐ Extension ☐ Adduction ☐ Internal Rotation

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)
_____ Abduction degree endpoint (if different than above)
_____ Adduction degree endpoint (if different than above)
_____ External Rotation degree endpoint (if different than above)
_____ Internal Rotation degree endpoint (if different than above)

Does a limitation in passive adduction prevent the Veteran from crossing his/her legs?
☐ Yes ☐ No

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

Comments:

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

RIGHT HIP

3A. Initial ROM measurements (continued)

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).

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

Does limitation in adduction after observed repetitive use prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

Select factors that cause this functional loss: (check all that apply)

☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance

☐ Incoordination ☐ Other ______________ ☐ N/A

LEFT HIP

3A. Initial ROM measurements (continued)

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).

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

Does limitation in adduction after observed repetitive use prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

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.

RIGHT HIP

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

LEFT HIP

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

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

RIGHT HIP

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.

Flexion endpoint (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 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.)

Does limitation in adduction after repeated use over time prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

LEFT HIP

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.

Flexion endpoint (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 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.)

Does limitation in adduction after repeated use over time prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

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 (125 degrees) ______ degrees

Extension endpoint (30 degrees) ______ degrees

Abduction endpoint (45 degrees) ______ degrees

Adduction endpoint (25 degrees) ______ degrees

External rotation endpoint (60 degrees) ______ degrees

Internal rotation endpoint (40 degrees) ______ degrees

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

RIGHT HIP

3D. Flare-ups (continued)

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.)

Does limitation in adduction during flare-ups prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

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
- ☐ Weakened movement
- ☐ Atrophy of disuse
- ☐ Instability of station
- ☐ Other, describe:

Please describe additional contributing factors of disability:

LEFT HIP

3D. Flare-ups (continued)

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.)

Does limitation in adduction during flare-ups prevent the Veteran from crossing his/her legs? ☐ Yes ☐ No

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
- ☐ Weakened movement
- ☐ Atrophy of disuse
- ☐ Instability of station
- ☐ Other, describe:

Please describe additional contributing factors of disability:

SECTION IV - MUSCLE ATROPHY

RIGHT HIP

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 lower extremity (specify location of measurement such as "10cm above or below the hip"):

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

LEFT HIP

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 lower extremity (specify location of measurement such as "10cm above or below the hip"):

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

SECTION V - ANKYLOSIS

RIGHT HIP

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

5A. Is there ankylosis of the hip and/or thigh? ☐ Yes ☐ No If yes, indicate the severity of ankylosis:

☐ Unfavorable, extremely unfavorable ankylosis, foot not reaching ground, crutches needed

☐ Intermediate, between favorable and unfavorable

☐ Favorable, in flexion at an angle between 20 and 40 degrees, and slight abduction or adduction

LEFT HIP

5A. Is there ankylosis of the hip and/or thigh? ☐ Yes ☐ No If yes, indicate the severity of ankylosis:

☐ Unfavorable, extremely unfavorable ankylosis, foot not reaching ground, crutches needed

☐ Intermediate, between favorable and unfavorable

☐ Favorable, in flexion at an angle between 20 and 40 degrees, and slight abduction or adduction

SECTION VI - FEMUR OR FLAIL HIP JOINT IMPAIRMENT

RIGHT HIP

Note: If impairment of the femur causes an associated knee disability, please complete the additional appropriate questionnaire.

6A. Does the Veteran have malunion or non union of femur, flail hip joint or leg length discrepancy? ☐ Yes ☐ No

☐ Fracture of shaft or neck (anatomical), with nonunion with loose motion (spiral or oblique fracture)

☐ Fracture of shaft or neck (anatomical), resulting in nonunion without loose motion; weight-bearing preserved with aid of brace

☐ Fracture of surgical neck with false joint

☐ Malunion of the femur

☐ Flail hip joint

☐ 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:

LEFT HIP

6A. Does the Veteran have malunion or non union of femur, flail hip joint or leg length discrepancy? ☐ Yes ☐ No

☐ Fracture of shaft or neck (anatomical), with nonunion with loose motion (spiral or oblique fracture)

☐ Fracture of shaft or neck (anatomical), resulting in nonunion without loose motion; weight-bearing preserved with aid of brace

☐ Fracture of surgical neck with false joint

☐ Malunion of the femur

☐ Flail hip joint

☐ 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 VII - SURGICAL PROCEDURES

RIGHT HIP

7A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Hip joint resurfacing Date of surgery: ________

☐ Total hip joint replacement Date of surgery: ________

Total hip joint replacement residuals:

- ☐ None
- ☐ Moderately severe residuals of weakness, pain or limitation of motion
- ☐ Markedly severe residuals of weakness, pain or limitation of motion following implantation of prosthesis
- ☐ Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches
- ☐ Other, describe: ________

☐ Arthroscopic ligament repair Date of surgery: ________

☐ Other surgery not described (specify below): Date of surgery: ________

Type of surgery: ________

LEFT HIP

7A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Hip joint resurfacing Date of surgery: ________

☐ Total hip joint replacement Date of surgery: ________

Total hip joint replacement residuals:

- ☐ None
- ☐ Moderately severe residuals of weakness, pain or limitation of motion
- ☐ Markedly severe residuals of weakness, pain or limitation of motion following implantation of prosthesis
- ☐ Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches
- ☐ Other, describe: ________

☐ Arthroscopic ligament repair Date of surgery: ________

☐ Other surgery not described (specify below): Date of surgery: ________

Type of surgery: ________

SECTION VII - SURGICAL PROCEDURES (continued)

☐ Residuals of arthroscopic or other hip surgery	☐ Residuals of arthroscopic or other hip surgery
Describe residuals:	Describe residuals:

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

8A. 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)

8B. 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 above?
☐ Yes ☐ No If yes, also complete the appropriate dermatological questionnaire.

SECTION IX - ASSISTIVE DEVICES

9A. Does the Veteran use any assistive devices 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):

Device				
☐ Wheelchair	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Bracing for ambulation	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

9B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.

SECTION X - 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.

10A. Due to the Veterans hip or thigh condition(s), is there functional impairment of an extremity such that no effective functions remain other than that which would be equally well served by an amputation with prosthesis (functions of the 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

10B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

SECTION XI - 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.

11A. Have imaging studies been performed in conjunction with this examination? ☐ Yes ☐ No

11B. If yes, is degenerative or post-traumatic arthritis documented? ☐ Yes ☐ No

Indicate side. ☐ Right ☐ Left ☐ Both

11C. If yes provide type of test or procedure, date and results (brief summary):

11D. 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):

11E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

SECTION XII - 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.

12A. 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 XIII - REMARKS

13A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION XIV - EXAMINER'S CERTIFICATION AND SIGNATURE

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

14A. Examiner's signature:

14B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

14C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

14D. Date Signed:

14E. Examiner's phone/fax numbers:

14F. National Provider Identifier (NPI) number:

14G. Medical license number and state:

14H. Examiner's address: