



Name of Claimant/Veteran: <input type="text"/>	Claimant/Veteran's Social Security Number: <input type="text"/>	Date of Examination: <input type="text"/>
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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 DBQ's completed by treatment 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

Right Left Ambidextrous

Note: These are condition(s) for which an evaluation has been requested on an exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSED MUSCLE INJURY?

Yes No

1B. IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES:

SIDE AFFECTED

DIAGNOSIS #1 - <input type="text"/>	ICD CODE - <input type="text"/>	DATE OF DIAGNOSIS - <input type="text"/>	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
DIAGNOSIS #2 - <input type="text"/>	ICD CODE - <input type="text"/>	DATE OF DIAGNOSIS - <input type="text"/>	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both

DIAGNOSIS #3 - <input style="width:80%;" type="text"/>	ICD CODE - <input style="width:80%;" type="text"/>	DATE OF DIAGNOSIS - <input style="width:80%;" type="text"/>	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
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1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES, LIST USING ABOVE FORMAT:

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in comments section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

Note: If there are multiple muscle injuries, complete the assessment for all muscle injuries on this questionnaire, if possible. If unable to complete assessment for all muscle injuries on this questionnaire, also complete an additional questionnaire for each additional injury. If the Veteran has or has had a muscle injury that results in any conditions that are not covered in this questionnaire, also complete any other appropriate questionnaires (e.g. if peripheral nerve injury also exists due to the muscle injury, complete the Peripheral Nerves Questionnaire).

SECTION II - HISTORY OF MUSCLE INJURY

2A. DOES THE VETERAN HAVE A PENETRATING MUSCLE INJURY (such as a gunshot or shell fragment wound)?

Yes No

2B. DOES THE VETERAN HAVE A NON-PENETRATING MUSCLE INJURY (such as a muscle strain, torn Achilles tendon or torn quadriceps muscle)?

Yes No

Note: If the Veteran has a non-penetrating muscle injury such as that arising from injuries such as muscle strains, tears not resulting from injury by a foreign object entering the muscle, or muscle atrophy due to a service-connected joint or nerve injury, complete the appropriate questionnaire based on associated functional impairment in lieu of this questionnaire. If the Veteran has compartment syndrome, please complete this questionnaire.

2C. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S MUSCLE INJURY (brief summary):

NOTE: For VA purposes, muscles are classified into groups I-XXIII. In this section, indicate the location of the Veteran's muscle injury(ies) by checking the muscle group(s) involved.

SHOULDER GIRDLE AND ARM

3A. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE SHOULDER GIRDLE OR ARM?

Yes No If yes, check muscle group(s) and side affected (check all that apply):

	Side affected:
<input type="checkbox"/> GROUP I: Extrinsic muscles of shoulder girdle: trapezius, levator scapulae, serratus magnus Both Function: Upward rotation of scapula, elevation of arm above shoulder level	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
<input type="checkbox"/> GROUP II: Muscles of shoulder girdle: pectoralis major, latissimus dorsi and teres major, pectoralis minor, rhomboid Function: Depression of arm from vertical overhead to hanging at side, downward rotation of scapula, forward and backward swing of arm	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
<input type="checkbox"/> GROUP III: Intrinsic muscles of shoulder girdle: pectoralis major, deltoid Function: Elevation and abduction of arm to level of shoulder, forward and backward swing of arm	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
<input type="checkbox"/> GROUP IV: Shoulder girdle muscles: supraspinatus, infraspinatus and teres minor, subscapularis, coracobrachialis Function: Stabilization of shoulder, abduction, rotation of arm	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
<input type="checkbox"/> GROUP V: Flexor muscles of elbow: biceps, brachialis, brachioradialis Function: Flexion of elbow	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both
<input type="checkbox"/> GROUP VI: Extensor muscles of elbow: triceps Function: Extension of elbow	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both

FOREARM AND HAND

3B. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOREARM OR HAND?

Yes No If yes, check muscle group(s) and side affected (check all that apply):

Side affected:

- | | | | |
|--|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> GROUP VII: Muscles of forearm: flexors of the wrist, fingers and thumb Function: Flexion of wrist and fingers | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP VIII: Muscles: extensors of the wrist, fingers and thumb Function: Extension of wrist, fingers and thumb | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP IX: Intrinsic muscles of hand, including muscles in the thenar and hypothenar eminence, lumbricales, dorsal and palmar interossei Function: Intrinsic muscles of the hand assist in delicate manipulative movements | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |

FOOT AND LEG

3C. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOOT OR LEG?

Yes No If yes, check muscle group(s) and side affected (check all that apply):

Side affected:

- | | | | |
|---|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> GROUP X: Muscles of the foot: flexor digitorum brevis, abductor hallucis, abductor digiti minimi, quadratus plantae, lumbricales, flexor hallucis brevis, adductor hallucis, flexor digiti minimi brevis, dorsal and plantar interossei Function: Movements of forefoot and toes, propulsion thrust in walking | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XI: Muscles of the foot, ankle and calf: gastrocnemius, soleus, tibialis posterior, peroneus longus, peroneus brevis, flexor hallucis longus, flexor digitorum longus Function: Propulsion, plantar flexion of foot, stabilization of arch, flexion of toes | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XII: Anterior muscles of the leg, tibialis anterior, extensor digitorum longus, extensor hallucis longus, peroneus tertius Function: Dorsiflexion, extension of toes, stabilization of arch | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |

PELVIC GIRDLE AND THIGH

3D. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE PELVIC GIRDLE OR THIGH?

Yes No If yes, check muscle group(s) and side affected (check all that apply):

Side affected:

- | | | | |
|---|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> GROUP XIII: Posterior thigh/hamstring muscles: biceps femoris, semimembranosus, semitendinosus Function: Flexion of knee | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XIV: Anterior thigh muscles: sartorius, rectus femoris, quadriceps Function: Extension of knee | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XV: Mesial thigh muscles: adductor longus, adductor brevis, adductor magnus, gracilis Function: Adduction of hip | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XVI: Pelvic girdle muscles: psoas, iliacus, pectineus Function: Flexion of hip | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
| <input type="checkbox"/> GROUP XVII: Pelvic girdle muscles: gluteus maximus, gluteus medius, gluteus minimus Function: Extension of hip, abduction of thigh, postural support of body | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |

If checked, is there severe damage to muscle group XVII, such that the veteran is unable to rise from a seated and stooped position and to maintain postural stability without assistance of any type?

Yes No

- | | | | |
|---|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> GROUP XVIII: Pelvic girdle muscles: piriformis, gemelli, obturator, quadratus femoris Function: Outward rotation of thigh and stabilization of hip joint | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
|---|-----------------------------|----------------------------|----------------------------|

TORSO AND NECK

3E. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP IN THE TORSO AND/OR NECK?

Yes No If yes, check muscle group(s) and side or region affected (check all that apply):

Side or region affected:

- | | | | |
|---|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> GROUP XIX: Muscles of the abdominal wall: rectus abdominis, external oblique, internal obliques, transversalis, quadratus lumborum Function: Support of abdominal wall and lower thorax, flexion and | <input type="radio"/> Right | <input type="radio"/> Left | <input type="radio"/> Both |
|---|-----------------------------|----------------------------|----------------------------|

lateral movement of spine

GROUP XX: Spinal muscles: sacrospinalis, erector spinae
Function: Postural support of body, extension and lateral movement of the spine

Cervical

Thoracic

Lumbar

GROUP XXI: Muscles of respiration: thoracic muscle group
Function: Respiration

Right

Left

Both

GROUP XXII: Muscles of the front of the neck: trapezius, sternocleidomastoid, hyoid muscles, sternothyroid, digastric
Function: Rotation and flexion of the head, respiration, swallowing

Right

Left

Both

GROUP XXIII: Muscles of the side and back of the neck: suboccipital, lateral vertebral and anterior vertebral muscles
Function: Movements of the head, fixation of shoulder movements

Right

Left

Both

ADDITIONAL CONDITIONS

3F. DOES THE VETERAN HAVE A HISTORY OF RUPTURE OF THE DIAPHRAGM WITH HERNIATION?

Yes

No

If yes, also complete Esophageal Conditions Questionnaire.

3G. DOES THE VETERAN HAVE A HISTORY OF AN EXTENSIVE MUSCLE HERNIA OF ANY MUSCLE, WITHOUT OTHER INJURY TO THE MUSCLE?

Yes

No

If yes, name muscle and describe current residuals:

3H. DOES THE VETERAN HAVE A HISTORY OF INJURY TO THE FACIAL MUSCLES?

Yes

No

If yes, also complete additional questionnaires (such as cranial nerves, scars, etc.) as appropriate for all identified residual conditions.

If yes, is there interference to any extent with mastication?

Yes

No

3I. DOES THE VETERAN HAVE A HISTORY OF RHABDOMYOLYSIS?

Yes

No

Note: If the Veteran has any renal complications, also complete appropriate renal questionnaire

3J. DOES THE VETERAN HAVE A HISTORY OF COMPARTMENT SYNDROME?

Yes

No

SECTION IV - MUSCLE INJURY EXAM

SCAR(S), FASCIA AND MUSCLE FINDINGS

4A. DOES THE VETERAN HAVE ANY SCAR(S) ASSOCIATED WITH A MUSCLE INJURY?

Yes

No

If yes, indicate severity of scars(s) caused by the muscle injury(ies). Check all that apply if there is more than one area or type of scarring.

Minimal scar(s)

Entrance and (if present) exit scars are small or linear, indicating short track of missile through muscle tissue

- Entrance and (if present) exit scars indicating track of missile through one or more muscle groups
- Ragged, depressed and adherent scars indicating wide damage to muscle groups in missile track
- Adhesion of scar to one of the long bones, scapula, pelvic bones, sacrum or vertebrae, with epithelial sealing over the bone rather than true skin covering in an area where bone is normally protected by muscle
- Other (including surgical scars related to muscle injuries shown above, ALSO complete Scars/Disfigurement questionnaire)

4B. DOES THE VETERAN HAVE ANY KNOWN FASCIAL DEFECTS OR EVIDENCE OF FASCIAL DEFECTS ASSOCIATED WITH ANY MUSCLE INJURIES?

- Yes No If yes, indicate severity of fascial defect(s) caused by the muscle injury(ies) (check all that apply if there is more than one area/type of fascial defect)
- Some loss of deep fascia
 - Palpation shows loss of deep fascia
 - Other, describe:

4C. DOES THE VETERAN'S MUSCLE INJURY(IES) AFFECT MUSCLE SUBSTANCE OR FUNCTION?

- Yes No If yes, indicate effect of the muscle injury(ies) on muscle substance or function (check all that apply)
- Some impairment of muscle tonus
 - Some loss of muscle substance
 - Soft flabby muscles in wound area
 - Muscles swell and harden abnormally in contraction
 - Induration or atrophy of an entire muscle following history of simple piercing by a projectile
 - Adaptive contraction of an opposing group of muscles
 - Visible or measurable atrophy
 - Atrophy of muscle groups not in the track of the missile, particularly of the trapezius and serratus in wounds of the shoulder girdle

Tests of endurance or coordinated movements compared with the corresponding muscles of the uninjured side indicate severe impairment of function

Other, describe:

CARDINAL SIGNS AND SYMPTOMS OF MUSCLE DISABILITY

4D. DOES THE VETERAN HAVE ANY OF THE FOLLOWING SIGNS AND/OR SYMPTOMS ATTRIBUTABLE TO ANY MUSCLE INJURIES?

Yes No (If yes, check all that apply, and indicate side affected, muscle group and frequency/severity):

Loss of power

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

Weakness

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

Lowered threshold of fatigue

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

Fatigue and/or pain

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

Impairment of coordination

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

Uncertainty of movement

(If checked, indicate side affected):

Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible):

(Indicate frequency/severity):

Occasional Consistent Consistent at a more severe level

If further clarification is needed due to injuries of multiple muscle groups, describe which findings, signs and/or symptoms are attributable to each muscle injury:

MUSCLE STRENGTH TESTING

4E. TEST MUSCLE STRENGTH ONLY FOR AFFECTED MUSCLE GROUPS AND FOR THE CORRESPONDING SOUND (NON-INJURED) SIDE. RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement

1/5 Visible muscle movement, but no joint movement

2/5 No movement against gravity

3/5 No movement against resistance

4/5 Less than normal strength

5/5 Normal strength

Shoulder abduction (Group III)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Elbow flexion (Group V)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Elbow extension (Group VI)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Wrist flexion (Group VII)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Wrist extension (Group VIII)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Hip flexion (Group XVI)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Knee flexion (Group XIII)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5

	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Knee extension (Group XIV)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Ankle plantar flexion (Group XI)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Ankle dorsiflexion (Group XII)	Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
	Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5

If other movements/muscle groups were tested, specify: _____

Right	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5
Left	<input type="radio"/> 5/5	<input type="radio"/> 4/5	<input type="radio"/> 3/5	<input type="radio"/> 2/5	<input type="radio"/> 1.5	<input type="radio"/> 0/5

4F. DOES THE VETERAN HAVE MUSCLE ATROPHY OF THE INJURED MUSCLE GROUP?

Yes No

If muscle atrophy is present, indicate location (such as calf, thigh, forearm, upper arm): _____

(Indicate side affected): Right Left Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

Provide measurements in centimeters of normal side and atrophied side, measured at maximum muscle bulk:

Normal side: _____ cm. Atrophied side: _____ cm.

If muscle atrophy is present in more than one muscle group, provide location and measurements, using the same format:

SECTION V - ASSISTIVE DEVICES

5A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

Yes No

<input type="checkbox"/> Wheelchair	Frequency of use:	<input type="radio"/> Occasional	<input type="radio"/> Regular	<input type="radio"/> Constant
<input type="checkbox"/> Brace(s)	Frequency of use:	<input type="radio"/> Occasional	<input type="radio"/> Regular	<input type="radio"/> Constant
<input type="checkbox"/> Crutch(es)	Frequency of use:	<input type="radio"/> Occasional	<input type="radio"/> Regular	<input type="radio"/> Constant
<input type="checkbox"/> Cane(s)	Frequency of use:	<input type="radio"/> Occasional	<input type="radio"/> Regular	<input type="radio"/> Constant

Walker Frequency of use: Occasional Regular Constant

Other _____

Frequency of use: Occasional Regular Constant

5B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION.

SECTION VI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

6A. DUE TO THE VETERAN'S MUSCLE CONDITIONS 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., while functions for 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 extremity(ies) for which this applies:

Right upper Left upper Right lower Left lower

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

Note: The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should undergo an amputation with fitting of a 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.

SECTION VII - TUMORS AND NEOPLASMS

7A. Does the Veteran currently have, or has had, a benign or malignant neoplasm or metastases related to any condition in the diagnosis section?

If yes, complete the following section.

Yes

No

7B. Is the neoplasm

Benign

Malignant (if malignant complete the following):

Active In remission

Primary

Secondary (metastatic) (if secondary, indicate the primary site, if known): _____

7C. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?

Yes No; watchful waiting

If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):

Treatment completed

Surgery

If checked, describe: _____

Date(s) of surgery: _____

Radiation therapy

Date of most recent treatment: _____

Date of completion of treatment or anticipated date of completion: _____

Antineoplastic chemotherapy

Date of most recent treatment: _____

Date of completion of treatment or anticipated date of completion: _____

Other therapeutic procedure

If checked, describe procedure: _____

Date of most recent procedure: _____

Other therapeutic treatment

If checked, describe treatment: _____

Date of completion of treatment or anticipated date of completion: _____

7D. Does the Veteran currently have any residuals or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above?

Yes No

If yes, list residuals or complications (brief summary), and also complete the appropriate questionnaire:

7E. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the diagnosis section, describe using the above format:

8A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO THE CONDITION(S) LISTED IN THE DIAGNOSIS SECTION ABOVE?

Yes No If yes, describe (brief summary)

8B. COMMENTS, IF ANY:

SECTION IX - DIAGNOSTIC TESTING

9A. HAVE IMAGING STUDIES BEEN PERFORMED IN CONJUNCTION WITH THIS EXAMINATION?

Yes No If yes, provide type of test or procedure performed, date and results.

9B. IS THERE X-RAY EVIDENCE OF RETAINED METALLIC FRAGMENTS (such as shell fragments or shrapnel) IN ANY MUSCLE GROUP?

Yes No (If yes, indicate results):

X-ray evidence of retained shell fragment(s) and/or shrapnel

Location (specify muscle Group I-XXIII, if possible): _____

(Indicate side affected): Right Left Both

X-ray evidence of minute multiple scattered foreign bodies indicating intermuscular trauma and explosive effect of the missile

Location (specify muscle Group I -XXIII, if possible): _____

(Indicate side affected): Right Left Both

9C. WERE ELECTRODIAGNOSTIC TESTS DONE?

Yes No If yes, was there diminished muscle excitability to pulsed electrical current?

Yes No

(If yes, name affected muscles)

9D. ARE THERE ANY OTHER DIAGNOSTIC TEST FINDINGS AND/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 in a brief summary)

SECTION X - FUNCTIONAL IMPACT

10A. DOES THE VETERAN'S MUSCLE INJURY(IES) IMPACT HIS OR HER ABILITY TO WORK, SUCH AS RESULTING IN INABILITY TO KEEP UP WITH WORK REQUIREMENTS DUE TO MUSCLE INJURY(IES)?

Yes No

(If yes, describe the impact of each of the Veteran's muscle injuries, providing one or more examples):

SECTION XI - REMARKS

11A. REMARKS (If any)

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SECTION XII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

12A. Examiners signature: _____	12B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C): _____
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12C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice): _____	12D. Date Signed: _____
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12E. Examiner's phone/fax numbers: _____	12F. National Provider Identifier (NPI) number: _____	12G. Medical license number and state: _____
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12H. Examiner's address: _____

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