Department of Veterans Affairs

ELBOW AND FOREARM 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

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

1A. List the claimed 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 comments section below. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

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

	Side affected:	ICD Code:	Date of diagnosis:	
☐ Olecranon bursitis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Tricep tendinitis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Lateral epicondylitis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Medial epicondylitis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Instability (medial/posterolateral rotatory)	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Dislocation, elbow	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Osteoarthritis, elbow	☐ Right ☐ Left ☐ Both		Right:	Left:

SECTION I - DIAGNOSIS (continued)

	Side affected:	ICD Code:	Date of diagnosis:
☐ Total elbow arthroplasty	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____
☐ Ankylosis of elbow 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-joint)	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____
☐ Arthritis, post-traumatic	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____
☐ Arthritis, typhoid	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____
☐ Other specified forms of arthropthy (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: _____
☐ Other (specify)			
Other diagnosis #1: _____	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____
Other diagnosis #2: _____	☐ Right ☐ Left ☐ Both	_____	Right: _____ Left: _____

If there are additional diagnoses that pertain to an elbow or forearm condition, please list using above format:

1C. Comments, if any:

Note: In all forearm injuries, if there are impaired finger movements due to tendon, muscle, or nerve injuries, also complete the appropriate additional questionnaire(s).

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's elbow and/or forearm condition (brief summary).

2B. Does the Veteran report flare-ups of the elbow or forearm?

☐ Yes ☐ No

If yes, document the Veteran's description of flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of the 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 or her own words:

SECTION II - MEDICAL HISTORY (continued)

2D. Are there complaints of painful motion on flexion and/or extension?

☐ Yes ☐ No

If yes, check all that apply: ☐ Flexion ☐ Extension

If yes, is the complaint of painful motion related to the claimed condition(s) identified in the diagnosis section?

☐ Yes ☐ No

If yes, please specify the condition(s)

If no, describe what it is attributed to:

2E. Are there complaints of painful motion on forearm supination and/or pronation?

☐ Yes ☐ No

If yes, check all that apply: ☐ Forearm supination ☐ Forearm pronation

If yes, is the complaint of painful motion related to the claimed condition(s) identified in the diagnosis section?

☐ Yes ☐ No

If yes, please specify the condition(s)

If no, describe what it is attributed to:

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.

3A. Initial ROM measurements:

Right elbow	Left elbow
☐ All Normal ☐ Abnormal or outside of normal range ☐ Unable to test ☐ Not indicated If unable to test or not indicated, please explain:	☐ 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 reasons other than an elbow condition, such as age, body habitus, neurologic disease), please describe:	If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than an elbow 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. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ☐ Yes ☐ No If no, provide an explanation:	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.	If this is the unclaimed joint, is it: ☐ Damaged ☐ Undamaged If undamaged, range of motion testing must be conducted.

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

Right elbow

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

- ☐ Flexion endpoint (145 degrees) _____ degrees
- ☐ Extension endpoint (0 degrees) _____ degrees
- ☐ Forearm supination endpoint (85 degrees) _____ degrees
- ☐ Forearm pronation endpoint (80 degrees) _____ degrees

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

- ☐ Flexion
- ☐ Extension
- ☐ Forearm supination
- ☐ Forearm pronation

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)
_____ Forearm supination degree endpoint (if different than above)
_____ Forearm pronation degree endpoint (if different than above)

Passive range of motion -
Perform passive range of motion and provide ROM values:

Flexion endpoint (145 degrees): ____ degrees ☐ Same as active ROM
Extension endpoint (0 degrees): ____ degrees ☐ Same as active ROM
Forearm supination endpoint (85 degrees): ____ degrees ☐ Same as active ROM
Forearm pronation endpoint (80 degrees): ____ degrees ☐ Same as active ROM

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

- ☐ Flexion
- ☐ Extension
- ☐ Forearm supination
- ☐ Forearm pronation

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)
_____ Forearm supination degree endpoint (if different than above)
_____ Forearm pronation degree endpoint (if different than above)

Is there evidence of pain? ☐ Yes ☐ No If yes, check all that apply:

- ☐ Weight-bearing
- ☐ Non-weightbearing
- ☐ Active motion
- ☐ Passive motion
- ☐ On rest/non-movement
- ☐ Does not result in/cause functional loss
- ☐ Causes functional loss (if checked, describe below):

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):

Left elbow

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

- ☐ Flexion endpoint (145 degrees) _____
- ☐ Extension endpoint (0 degrees) _____
- ☐ Forearm supination endpoint (85 degrees) _____
- ☐ Forearm pronation endpoint (80 degrees) _____

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

- ☐ Flexion
- ☐ Extension
- ☐ Forearm supination
- ☐ Forearm pronation

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)
_____ Forearm supination degree endpoint (if different than above)
_____ Forearm pronation degree endpoint (if different than above)

Passive range of motion -
Perform passive range of motion and provide ROM values:

Flexion endpoint (145 degrees): ____ degrees ☐ Same as active ROM
Extension endpoint (0 degrees): ____ degrees ☐ Same as active ROM
Forearm supination endpoint (85 degrees): ____ degrees ☐ Same as active ROM
Forearm pronation endpoint (80 degrees): ____ degrees ☐ Same as active ROM

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

- ☐ Flexion
- ☐ Extension
- ☐ Forearm supination
- ☐ Forearm pronation

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)
_____ Forearm supination degree endpoint (if different than above)
_____ Forearm pronation degree endpoint (if different than above)

Is there evidence of pain? ☐ Yes ☐ No If yes, check all that apply:

- ☐ Weight-bearing
- ☐ Non-weightbearing
- ☐ Active motion
- ☐ Passive motion
- ☐ On rest/non-movement
- ☐ Does not result in/cause functional loss
- ☐ Causes functional loss (if checked, describe below):

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):

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

3B. Observed repetitive use ROM:

Right elbow

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 (145 degrees)	_____	degrees
Extension endpoint (0 degrees)	_____	degrees
Supination endpoint (85 degrees)	_____	degrees
Pronation endpoint (80 degrees)	_____	degrees

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

☐ Pain ☐ Fatigability ☐ Weakness
☐ Lack of endurance ☐ Incoordination ☐ N/A
☐ Other (specify):

Left elbow

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 (145 degrees)	_____	degrees
Extension endpoint (0 degrees)	_____	degrees
Supination endpoint (85 degrees)	_____	degrees
Pronation endpoint (80 degrees)	_____	degrees

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

☐ Pain ☐ Fatigability ☐ Weakness
☐ Lack of endurance ☐ Incoordination ☐ N/A
☐ Other (specify):

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:

Right elbow

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 ☐ N/A
☐ Other (specify):

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 (145 degrees):	_____	degrees
Extension endpoint (0 degrees):	_____	degrees
Forearm supination endpoint (85 degrees):	_____	degrees
Forearm pronation endpoint (80 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 here. (Must be specific to the case, and based on all procurable evidence.)

Left elbow

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 ☐ N/A
☐ Other (specify):

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 (145 degrees):	_____	degrees
Extension endpoint (0 degrees):	_____	degrees
Forearm supination endpoint (85 degrees):	_____	degrees
Forearm pronation endpoint (80 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 here. (Must be specific to the case, and based on all procurable evidence.)

3D. Flare-ups:

Right elbow

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 ☐ N/A
☐ Other (specify):

Left elbow

Is the examination being conducted during a flare-up? ☐ Yes ☐ No

Does procured evidence (including lay testimony) 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 ☐ N/A
☐ Other (specify):

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

Right elbow

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 (145 degrees): _____ degrees
Extension endpoint (0 degrees): _____ degrees
Forearm supination endpoint (85 degrees): _____ degrees
Forearm pronation endpoint (80 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 here. (Must be specific to the case, and based on all procurable evidence.)

Left elbow

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 (145 degrees): _____ degrees
Extension endpoint (0 degrees): _____ degrees
Forearm supination endpoint (85 degrees): _____ degrees
Forearm pronation endpoint (80 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 here. (Must be specific to the case, and based on all procurable evidence.)

3E. Additional factors contributing to disability:

Right elbow

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

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

Left elbow

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

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability:

SECTION IV - MUSCLE ATROPHY

Right elbow

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 here:

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 "10cm above or below elbow":

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

4D. Comments, if any:

Left elbow

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 here:

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 "10cm above or below elbow":

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

4D. Comments, if any:

SECTION V- ANKYLOSIS

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

Right elbow

5A. Is there ankylosis of the elbow and/or forearm?

☐ Yes ☐ No

If yes, indicate the severity of ankylosis:

- ☐ Favorable ankylosis, at an angle between 90 degrees and 70 degrees
- ☐ Intermediate ankylosis, at an angle of more than 90 degrees, or between 70 and 50 degrees
- ☐ Unfavorable ankylosis
  - ☐ At an angle of less than 50 degrees
  - ☐ With complete loss of supination
  - ☐ With complete loss of pronation

5B. Indicate angle of ankylosis in degrees: _____ degrees

Left elbow

5A. Is there ankylosis of the elbow and/or forearm?

☐ Yes ☐ No

If yes, indicate the severity of ankylosis:

- ☐ Favorable ankylosis, at an angle between 90 degrees and 70 degrees
- ☐ Intermediate ankylosis, at an angle of more than 90 degrees, or between 70 and 50 degrees
- ☐ Unfavorable ankylosis
  - ☐ At an angle of less than 50 degrees
  - ☐ With complete loss of supination
  - ☐ With complete loss of pronation

5B. Indicate angle of ankylosis in degrees: _____ degrees

SECTION VI - OTHER IMPAIRMENTS

6A. Does the Veteran have flail joint, joint fracture, ununited fracture, malaligned fracture, or impairment of supination or pronation?

☐ Yes ☐ No

If yes, indicate condition and complete the appropriate section(s) below:

☐ Flail joint	☐ Right	☐ Left	☐ Both	
☐ Joint fracture	☐ Right	☐ Left	☐ Both	
☐ With marked cubitus varus deformity	☐ Right	☐ Left	☐ Both	
☐ With marked cubitus valgus deformity	☐ Right	☐ Left	☐ Both	
☐ With ununited fracture of head of radius	☐ Right	☐ Left	☐ Both	
☐ Radius and ulna, nonunion of, with flail false joint	☐ Right	☐ Left	☐ Both	
☐ Ulna, impairment of:				
☐ Nonunion in upper half with false movement: with loss of bone substance (1 inch (2.5 cm) or more) and marked deformity	☐ Right	☐ Left	☐ Both	
☐ Nonunion in upper half with false movement: without loss of bone substance or deformity	☐ Right	☐ Left	☐ Both	
☐ Nonunion in lower half	☐ Right	☐ Left	☐ Both	
☐ Malunion of, with bad alignment	☐ Right	☐ Left	☐ Both	
☐ Radius, impairment of				
☐ Nonunion in lower half, with false movement: with loss of bone substance (1 inch (2.5 cm) or more) and marked deformity	☐ Right	☐ Left	☐ Both	
☐ Nonunion in lower half, with false movement: without loss of bone substance or deformity	☐ Right	☐ Left	☐ Both	
☐ Nonunion in upper half	☐ Right	☐ Left	☐ Both	
☐ Malunion of, with bad alignment	☐ Right	☐ Left	☐ Both	
☐ Supination and pronation, impairment of				
☐ Loss of (bone fusion): hand fixed in supination	☐ Right	☐ Left	☐ Both	
☐ Loss of (bone fusion): hand fixed in hyperpronation	☐ Right	☐ Left	☐ Both	
☐ Loss of (bone fusion): hand fixed in full pronation	☐ Right	☐ Left	☐ Both	
☐ Loss of (bone fusion): hand fixed near the middle of the arc or moderate pronation	☐ Right	☐ Left	☐ Both	
☐ Limitation of pronation: motion lost beyond the middle of the arc	☐ Right	☐ Left	☐ Both	
☐ Limitation of pronation: motion lost beyond last quarter of arc; hand does not approach full pronation	☐ Right	☐ Left	☐ Both	
☐ Limitation of supination: 30 degrees or less	☐ Right	☐ Left	☐ Both	

6B. Comments, if any:

SECTION VII - SURGICAL PROCEDURES

Right elbow

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

- ☐ No surgery
- ☐ Total elbow 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, describe:
- ☐ Arthroscopic or other elbow surgery:
  - Type of surgery: _____
  - Date of surgery: _____
  - Describe residuals of arthroscopic or other surgery:

Left elbow

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

- ☐ No surgery
- ☐ Total elbow 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, describe:
- ☐ Arthroscopic or other elbow surgery:
  - Type of surgery: _____
  - Date of surgery: _____
  - Describe residuals of arthroscopic or other surgery:

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, and/or symptoms related to any of the conditions listed in the diagnosis section?

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

8B. Does the Veteran have any scars or other disfigurement of the skin related to any of the conditions, or to the treatment of any of the conditions, listed in the diagnosis section?

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

8C. Comments, if any:

SECTION IX - ASSISTIVE DEVICES

9A. 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: _____	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 Veteran's elbow and/or forearm 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

10B. For each extremity checked, identify the condition causing loss of function, describe loss of effective function, and provide specific examples in a 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

If yes, 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 exam?

☐ 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 condition(s) 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:

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: