3D. FLARE UPS (*Continued*)

Hip	Is the examination being conducted during a flare up?	If the examination is ***not*** being conducted during a flare up:	If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:
LEFT HIP	☐ Yes ☒ No	☒ The examination is medically consistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare up. ☐ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss during flare up.	

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare ups?
☒ Yes ☐ No ☐ Unable to say without mere speculation

If unable to say without mere speculation, please explain:

Select all factors that cause this functional loss: ☐ N/A ☐ Pain ☒ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination

Are you able to describe in terms of Range of Motion?
☒ Yes ☐ No

If no, please describe:

Flexion (0-125 degrees):	0	to	30	degrees
Extension (0-30 degrees):	0	to	0	degrees
Abduction (0-45 degrees):	0	to	10	degrees
Adduction (0-25 degrees):	0	to	5	degrees

Is post-test adduction limited such that the Veteran cannot cross legs? ☒ Yes ☐ No

External Rotation (0-60 degrees):	0	to	20	degrees
Internal Rotation (0-40 degrees):	0	to	20	degrees

3E. ADDITIONAL FACTORS CONTRIBUTING TO DISABILITY

RIGHT SIDE

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

☐ None
☒ Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*
☐ More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)*
☒ Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*
☐ Other, describe:

☐ Swelling
☐ Deformity
☐ Atrophy of disuse
☐ Instability of station

☒ Disturbance of locomotion
☐ Interference with sitting
☐ Interference with standing

LEFT SIDE

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

☐ None
☒ Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*
☐ More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc..)*
☒ Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*
☐ Other, describe:

☐ Swelling
☐ Deformity
☐ Atrophy of disuse
☐ Instability of station

☒ Disturbance of locomotion
☐ Interference with sitting
☐ Interference with standing

Claimant name: ATKINSON, RICHARD Account #: 1123201.7.2 Date of Examination: 12/22/2015

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