☐ Myositis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Periostitis	☐ Right ☐ Left ☐ Both		Right:	Left:
☐ Myositis ossificans	☐ 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:	ICD Code:	Date of diagnosis:	
	☐ Right ☐ Left ☐ Both		Right:	Left:

Other diagnosis #2: degenerative arthritis, right thumb	Side affected:	ICD Code:	Date of diagnosis:	
	☒ Right ☐ Left ☐ Both	000	Right: 7/31/18	Left:

Other diagnosis #3: disability of the index finger and long finger	Side affected:	ICD Code:	Date of diagnosis:	
	☒ Right ☐ Left ☐ Both	000	Right: 7/31/18	Left:

If there are additional diagnoses that pertain to hand, finger or thumb conditions, list using above format:
painful motion of the little finger status post right hand tenosynovitis; side: right; ICD: 000

1C. COMMENTS (*if any*):

1D. WAS AN OPINION REQUESTED ABOUT THIS CONDITION (*internal VA only*)?

☐ YES ☐ NO ☒ N/A

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (*including onset and course*) OF THE VETERAN'S HAND, FINGER OR THUMB CONDITION (*brief summary*):

Onset:
In the last 18 months, Veteran is seeing Pain management, Provider @ Ft Eustis.

Current Symptoms:
Joint pain in all the knuckles and hard time squeezing. swells that it stiffen. Can't use for a long period of time.

Current Treatment/Frequency:
Orthopedic MD, EMG was done, Etiology is unknown. Tx is symptom relief

2B. DOMINANT HAND:

☒ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

2C. DOES THE VETERAN REPORT FLARE-UPS OF THE HAND, FINGER OR THUMB JOINTS?

☒ YES ☐ NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF THE FLARE-UPS IN HIS OR HER OWN WORDS:

1-2x/week painful and inability to use. weather change would cause aching and pain

2D. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE JOINT OR EXTREMITY BEING EVALUATED ON THIS DBQ INCLUDING BUT NOT LIMITED TO 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:

Inability to grasp, Can't use right hand for a long period of time. Example writing

SECTION III - INITIAL RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATIONS

Measure ROM with a goniometer. During the examination be cognizant of painful motion, which could be evidenced by visible behavior such as facial expression, wincing, etc..., on pressure or manipulation.

Following the initial assessment of ROM, perform repetitive use testing. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined that 3 repetitions of ROM (at a minimum) can serve as a representative test of the effect of repetitive use. After the initial measurement, reassess ROM after 3 repetitions.

Report post-test measurements in question 3.

There are several separate parameters requested for describing function of a joint. The question of "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 that repetitive use over time or during a flare up, however, this is not always feasible.

Information regarding joint function is broken up into two subsets. First is based on repetitive use and the second functional loss associated with flare ups. The repetitive use section initially asks for objective findings after three or more repetitions of ranges of motion testing. The second portion 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, taking into account not only on the objective findings noted on the examination but also the subjective history provided by the claimant as well as review of available medical evidence.

Optimally, description of any additional loss of function should be provided as what the degrees range of motion would be opined to look like in these given scenarios. However, when this is not feasible, a 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 RANGE OF MOTION

RIGHT HAND

☐ All Normal
☒ Abnormal or outside of normal range
☐ Unable to test (please explain)
☐ Not indicated (please explain)

If "Unable to test" or "Not indicated", please explain:

	MCP	PIP	DIP
Index finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	15 90 deg	5 100 deg	15 70 deg
Long finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	20 90 deg	10 100 deg	5 70 deg
Ring finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	15 90 deg	15 100 deg	10 70 deg
Little finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	10 90 deg	10 100 deg	10 70 deg

Thumb	MCP	IP
Max extension to:	0 0 deg	0 0 deg
Max flexion to:	20 100 deg	20 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Right Hand

[X] YES 3 cm

[ ] NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Right Hand

[X] YES Index Finger 5 cm

[ ] NO Long Finger 1 cm

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a hand condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

[X] YES [ ] NO

If YES, please explain:
Pain causes the Veteran from doing full ROM

Description of Pain (select the best response):

[ ] No pain noted on exam

[ ] Pain noted on exam on rest / non-movement

[ ] Pain noted on exam but does not result in/ cause functional loss

[X] Pain noted on examination and causes functional loss

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

[X] Finger Flexion

[X] Opposition with thumb

[ ] Finger Extension

Is there evidence of pain with use of the hand?

[X] YES [ ] NO

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? [X] YES [ ] NO

If YES, describe including location, severity and relationship to condition(s).

All the finger's joints are tender with palpation.

LEFT HAND

[X] All Normal

[ ] Abnormal or outside of normal range

[ ] Unable to test (please explain)

[ ] Not indicated (please explain)

If "Unable to test" or "Not indicated", please explain:

	MCP	PIP	DIP
Index finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	90 90 deg	100 100 deg	70 70 deg
Long finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	90 90 deg	100 100 deg	70 70 deg
Ring finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	90 90 deg	100 100 deg	70 70 deg
Little finger			
Max extension to:	0 0 deg	0 0 deg	0 0 deg
Max flexion to:	90 90 deg	100 100 deg	70 70 deg

Thumb	MCP	IP
Max extension to:	0 0 deg	0 0 deg
Max flexion to:	100 100 deg	90 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Left Hand

☐ YES cm

☒ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Left Hand

☐ YES Index Finger cm

☒ NO Long Finger cm

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a hand 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:

Description of Pain (select the best response):	If noted on examination, which ROM exhibited pain (select all that apply):	Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ YES ☒ NO If YES, describe including location, severity and relationship to condition(s).
☒ No pain noted on exam ☐ Pain noted on exam on rest / non-movement ☐ Pain noted on exam but does not result in/ cause functional loss ☐ Pain noted on examination and causes functional loss	☐ Finger Flexion ☐ Opposition with thumb ☐ Finger Extension Is there evidence of pain with use of the hand? ☐ YES ☒ NO	

3B. OBSERVED REPETITIVE USE

	Is the Veteran able to perform repetitive-use testing with at least three repetitions?	Is there additional functional loss or range of motion after three repetitions?
RIGHT HAND	☒ YES ☐ NO If YES, perform repetitive-use testing If NO, provide reason:	☐ YES ☒ NO If YES, report ROM after a minimum of 3 repetitions. If NO, documentation of ROM after repetitive-use testing is not required.
	Select all factors that cause this functional loss: ☒ N/A ☐ Pain ☐ Fatigue ☐ Weakness ☐ Lack of endurance ☐ Incoordination	

ROM AFTER THREE REPETITIONS

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger	MCP	PIP	DIP
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger	MCP	PIP	DIP
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	PIP	DIP
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Right Hand

☐ YES cm

☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Right Hand

☐ YES Index Finger cm

☐ NO Long Finger cm

	Is the Veteran able to perform repetitive-use testing with at least three repetitions?	Is there additional functional loss or range of motion after three repetitions?
LEFT HAND	☒ YES ☐ NO If YES, perform repetitive-use testing If NO, provide reason:	☐ YES ☒ NO If YES, report ROM after a minimum of 3 repetitions. If NO, documentation of ROM after repetitive-use testing is not required.

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

ROM AFTER THREE REPETITIONS

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Left Hand

☐ YES cm

☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Left Hand

☐ YES Index Finger cm

☐ NO Long Finger cm

3C. REPEATED USE OVER TIME

HAND	Is the Veteran being examined immediately after repetitive use over time?	If the examination is not being conducted immediately after repetitive use over time:	If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:
RIGHT HAND	☐ YES ☒ NO	☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. (please explain) ☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss with repetitive use over time.	

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?	If unable to say without mere speculation, please explain:
☐ YES ☐ NO ☒ Unable to say without mere speculation	There is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

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?	If NO, please describe:
☐ YES ☒ NO	It is not possible to determine, without resorting to mere speculation, to estimate loss of range of motion, because there is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?
Right Hand

☐ YES cm
☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?
Right Hand

☐ YES Index Finger cm
☐ NO Long Finger cm

HAND	Is the Veteran being examined immediately after repetitive use over time?	If the examination is not being conducted immediately after repetitive use over time:	If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:
LEFT HAND	☐ YES ☒ NO	☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time. ☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. (please explain) ☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss with repetitive use over time.	

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?	If unable to say without mere speculation, please explain:
☐ YES ☐ NO ☒ Unable to say without mere speculation	There is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

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?	If NO, please describe:
☐ YES ☒ NO	It is not possible to determine, without resorting to mere speculation, to estimate loss of range of motion, because there is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Left Hand

☐ YES cm

☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Left Hand

☐ YES Index Finger cm

☐ NO Long Finger cm

3D. FLARE UPS

HAND	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:
RIGHT HAND	☐ 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. Please explain. ☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss during flare up.	

RIGHT HAND CONT'D

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:
There is no conceptual or empirical basis for making such a determination without directly observing function under the flare up condition.

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:
It is not possible to determine, without resorting to mere speculation, to estimate loss of range of motion, because there is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Right Hand

☐ YES cm

☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Right Hand

☐ YES Index Finger cm

☐ NO Long Finger cm

HAND	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 HAND	☐ 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. Please explain. ☒ 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:
There is no conceptual or empirical basis for making such a determination without directly observing function under the flare up condition.

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:
It is not possible to determine, without resorting to mere speculation, to estimate loss of range of motion, because there is no conceptual or empirical basis for making such a determination without directly observing function under these conditions.

	MCP	PIP	DIP
Index finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Long finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Ring finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg
Little finger			
Max extension to:	_____ 0 deg	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 90 deg	_____ 100 deg	_____ 70 deg

	MCP	IP
Thumb		
Max extension to:	_____ 0 deg	_____ 0 deg
Max flexion to:	_____ 100 deg	_____ 90 deg

IS THERE A GAP BETWEEN THE PAD OF THE THUMB AND THE FINGERS?

Left Hand

☐ YES cm

☐ NO

IS THERE A GAP BETWEEN THE FINGER AND PROXIMAL TRANSVERSE CREASE OF THE HAND ON MAXIMAL FINGER FLEXION?

Left Hand

☐ YES Index Finger cm

☐ NO Long Finger cm

3E. ADDITIONAL FACTORS CONTRIBUTING TO DISABILITY

RIGHT HAND

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, adhesions, etc.

☐ More movement than normal due to flail joints, fracture non-unions, etc.

☐ Weakened movements due to muscle or peripheral nerves injury, etc.

☐ Other, please describe:

☒ Swelling

☒ Deformity

☐ Atrophy of disuse

☐ Instability of station

Right hand fingers with swelling and deformity at the joints.

LEFT HAND

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, adhesions, etc.

☐ More movement than normal due to flail joints, fracture non-unions, etc.

☐ Weakened movements due to muscle or peripheral nerves injury, etc.

☐ Other, please describe additional contributing factors of disability:

☐ Swelling

☐ Deformity

☐ Atrophy of disuse

☐ Instability of station

SECTION IV - MUSCLE STRENGTH TESTING

4A. MUSCLE STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement
1/5 Palpable or visible muscle contraction, but no joint movement
2/5 Active movement with gravity eliminated
3/5 Active movement against gravity
4/5 Active movement against some resistance
5/5 Normal strength

Hand Grip	Rate Strength	If the Veteran has a reduction in muscle strength, is it due to a diagnosis listed in Section 1?
RIGHT	4/5	☒ YES ☐ NO IF NO, PROVIDE RATIONALE:
LEFT	5/5	

4B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

☐ YES ☒ NO

IF YES, IS THE MUSCLE ATROPHY DUE TO A DIAGNOSIS LISTED IN SECTION 1?

☐ YES ☐ NO IF NO, PROVIDE RATIONALE:

FOR ANY MUSCLE ATROPHY DUE TO A DIAGNOSIS LISTED IN SECTION 1, INDICATE SIDE AND SPECIFIC LOCATION OF ATROPHY, PROVIDING MEASUREMENTS IN CENTIMETERS OF NORMAL SIDE AND CORRESPONDING ATROPHIED SIDE, MEASURED AT MAXIMUM MUSCLE BULK.

LOCATION OF MUSCLE ATROPHY:

☐ RIGHT UPPER EXTREMITY (specify location of measurement):

CIRCUMFERENCE OF MORE NORMAL SIDE: cm CIRCUMFERENCE OF ATROPHIED SIDE: cm

☐ LEFT UPPER EXTREMITY (specify location of measurement):

CIRCUMFERENCE OF MORE NORMAL SIDE: cm CIRCUMFERENCE OF ATROPHIED SIDE: cm

4C. COMMENTS, IF ANY:

SECTION V - ANKYLOSIS

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

COMPLETE THIS SECTION IF THE VETERAN HAS ANKYLOSIS OF ANY THUMB OR FINGER JOINTS

5A. INDICATE LOCATION, SEVERITY AND SIDE AFFECTED (CHECK ALL THAT APPLY):

RIGHT HAND ☒ No Ankylosis	Name of Joint	Is it ankylosed?	If ankylosed, what is the position of ankylosis	If ankylosed, is there rotation of a bone?	If ankylosed, is there angulation of a bone?
THUMB ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	IP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
INDEX FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
LONG FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
RING FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
LITTLE FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
LEFT HAND ☒ No Ankylosis	Name of Joint	Is it ankylosed?	If ankylosed, what is the position of ankylosis	If ankylosed, is there rotation of a bone?	If ankylosed, is there angulation of a bone?
THUMB ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	IP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
INDEX FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
LONG FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
RING FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
LITTLE FINGER ☐ No Ankylosis	MCP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO
	PIP	☐ YES ☐ NO	☐ In extension ☐ In full flexion ☐ Other, degrees of flexion	☐ YES ☐ NO	☐ YES ☐ NO

5B. DOES THE ANKYLOSIS RESULT IN LIMITATION OF MOTION OF OTHER DIGITS OR INTERFERENCE WITH OVERALL FUNCTION OF THE HAND?

☐ YES ☒ NO

IF YES, PLEASE DESCRIBE AND PROVIDE RATIONALE FOR YOUR RESPONSE:

5C. COMMENTS, IF ANY:

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

6A. 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):

6B. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☒ NO

IF YES, ARE ANY OF THE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE LOCATED ON THE HEAD, FACE OR NECK? An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar.

☐ YES ☐ NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

Location: Measurements: length cm X width cm

NOTE: If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

6C. COMMENTS, IF ANY:

SECTION VII - ASSISTIVE DEVICES

7A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?

☐ YES ☒ NO

IF YES, IDENTIFY ASSISTIVE DEVICES USED (check all that apply and indicate frequency):

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

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

7B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

SECTION VIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

8. DUE TO THE VETERAN'S HAND, FINGER OR THUMB 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 EXTREMITIES FOR WHICH THIS APPLIES: ☐ RIGHT UPPER ☐ LEFT UPPER

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 IX - DIAGNOSTIC TESTING

NOTE: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or 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.

9A. HAVE IMAGING STUDIES OF THE HANDS BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

☒ YES ☐ NO

IF YES, ARE THERE ABNORMAL FINDINGS?

☒ YES ☐ NO

IF YES, INDICATE FINDINGS:

☒ DEGENERATIVE OR TRAUMATIC ARTHRITIS HAND: ☒ RIGHT ☐ LEFT ☐ BOTH

IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED IN MULTIPLE JOINTS OF THE SAME HAND, INCLUDING THUMB AND FINGERS?

☒ YES ☐ NO

IF YES, INDICATE HAND: ☒ RIGHT ☐ LEFT ☐ BOTH

☐ OTHER. DESCRIBE:

HAND: ☐ RIGHT ☐ LEFT ☐ BOTH

9B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?

☐ YES ☒ NO

IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS (brief summary):

9C. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:

SECTION X - 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.

10. REGARDLESS OF THE VETERAN'S CURRENT EMPLOYMENT STATUS, DO THE CONDITION(S) LISTED IN THE DIAGNOSIS SECTION IMPACT HIS OR 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:

Current Occupation retired

0-1 week work time lost in last 12 months

Difficulty in gripping objects. Dropped items due to pain

SECTION XI - REMARKS

11. REMARKS, IF ANY:

Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any findings in this examination (not limited to claimed condition(s))? Yes

If yes, was the Veteran/Service Member notified to follow up with his or her primary care provider? Yes

3a. Initial range of motion: Right Hand ROM exhibited pain.

Finger flexion Affected fingers:

Pain to thumb, index, long, ring, and little finger flexion

ROM: A goniometer was used to measure ROM

CORREIA STATEMENTS:

PASSIVE RANGE OF MOTION (CLAIMED JOINT/S):

There is objective evidence of pain on passive range of motion testing.

NON-WEIGHT BEARING (OF THE CLAIMED JOINT/S):

There is objective evidence of pain when the joint is used in non-weight bearing.

OPPOSING (UNCLAIMED) JOINT:

The opposing joint is undamaged with no exam abnormalities; see ROM noted above.

Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.