[ ] Trapezius muscle: midpoint of upper border
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Supraspinatus muscle: above medial border of the scapular spine
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Lateral epicondyle: 2 cm distal to lateral epicondyle
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Gluteal: at upper outer quadrant of buttocks
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Greater trochanter: posterior to greater trochanteric prominence
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Knee: medial joint line
If checked, indicate side:
[ ] Right [ ] Left [ ] Both

[ ] Other
If checked, describe:

5. Other pertinent physical findings, complications, conditions, signs and/or symptoms

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 [X] No

If yes, describe (brief summary):

6. Diagnostic testing

NOTE: If diagnostic test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.

Are there any significant diagnostic test findings and/or results?
[ ] Yes [X] No

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