FOOT CONDITIONS, INCLUDING FLATFOOT (PES PLANUS) 
DISABILITY BENEFITS QUESTIONNAIRE

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. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - The veteran or service member 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 claim. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

MEDICAL RECORD REVIEW

WAS THE VETERAN'S VA CLAIMS FILE REVIEWED?

IF YES, LIST ANY RECORDS THAT WERE REVIEWED BUT WERE NOT INCLUDED IN THE VETERAN'S VA CLAIMS FILE:

IF NO, CHECK ALL RECORDS REVIEWED:

NOTE: These are 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.

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 CONDITION(S) THAT PERTAIN TO THIS DBQ:

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.

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 comments section.)

□ Flat foot (pes planus) Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Morton's neuroma Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Metatarsalgia Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Hammer toes Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Hallux valgus Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Hallux rigidus Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Acquired pes cavus (claw foot) Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Malunion/nonunion of tarsal/metatarsal bones Side affected: Right Left Both ICD Code: Date of diagnosis:

□ Foot injury(ies) Specify: Side affected: Right Left Both ICD Code: Date of diagnosis:
### SECTION I - DIAGNOSIS (Continued)

1B. SELECT DIAGNOSES ASSOCIATED WITH THE CLAIMED CONDITION(S) (Check all that apply) (Continued):

(If checked, complete all of Section I, Section II, and Section X)

- [ ] Plantar fasciitis  Side affected: [ ] Right  [ ] Left  [ ] Both  ICD Code: __________________________ Date of diagnosis: ____________
- [ ] Other (specify)  (If checked, complete all of Section I, question #8 of Section II, and all of Section III)
  
  **Other diagnosis #1:** __________________________
  Side affected: [ ] Right  [ ] Left  [ ] Both  ICD Code: __________________________ Date of diagnosis: ____________

  **Other diagnosis #2:** __________________________
  Side affected: [ ] Right  [ ] Left  [ ] Both  ICD Code: __________________________ Date of diagnosis: ____________

  **Other diagnosis #3:** __________________________
  Side affected: [ ] Right  [ ] Left  [ ] Both  ICD Code: __________________________ Date of diagnosis: ____________

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 FOOT CONDITION (brief summary):

2B. DOES THE VETERAN REPORT PAIN OF THE FOOT BEING EVALUATED ON THIS DBQ?

[ ] YES  [ ] NO

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

2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE FOOT?

[ ] YES  [ ] NO

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

2D. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE FOOT BEING EVALUATED ON THIS DBQ (regardless of repetitive use)?

[ ] YES  [ ] NO

IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS:

### SECTION III - FLATFOOT (PES PLANUS)

COMPLETE THIS SECTION IF THE VETERAN HAS FLATFOOT (PES PLANUS).
INDICATE ALL SIGNS AND SYMPTOMS THAT APPLY TO THE VETERAN'S FLATFOOT CONDITION, REGARDLESS OF WHETHER SIMILAR SIGNS AND SYMPTOMS APPEAR MORE THAN ONCE IN DIFFERENT SECTIONS.

3A. DOES THE VETERAN HAVE PAIN ON USE OF THE FEET?

[ ] YES  [ ] NO

IF YES, INDICATE SIDE AFFECTED: [ ] RIGHT  [ ] LEFT  [ ] BOTH

IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION?

[ ] YES  [ ] NO

IF YES, INDICATE SIDE AFFECTED: [ ] RIGHT  [ ] LEFT  [ ] BOTH

3B. DOES THE VETERAN HAVE PAIN ON MANIPULATION OF THE FEET?

[ ] YES  [ ] NO

IF YES, INDICATE SIDE AFFECTED: [ ] RIGHT  [ ] LEFT  [ ] BOTH

IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION?

[ ] YES  [ ] NO

IF YES, INDICATE SIDE AFFECTED: [ ] RIGHT  [ ] LEFT  [ ] BOTH
### Section III - Flatfoot (Continued)

#### 3C. Is there indication of swelling on use?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3D. Does the veteran have characteristic calluses?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3E. Effects of use of arch supports, built up shoes or orthotics

<table>
<thead>
<tr>
<th>Device</th>
<th>Effecting Relief of Symptoms</th>
<th>Tried But Remains Symptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arch Supports</td>
<td>Right, Left, Both</td>
<td>Arch Supports, Right, Left, Both</td>
</tr>
<tr>
<td>Built-up Shoes</td>
<td>Right, Left, Both</td>
<td>Built-up Shoes, Right, Left, Both</td>
</tr>
<tr>
<td>Orthotics</td>
<td>Right, Left, Both</td>
<td>Orthotics, Right, Left, Both</td>
</tr>
</tbody>
</table>

#### 3F. Does the veteran have extreme tenderness of plantar surfaces on one or both feet?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3G. Does the veteran have decreased longitudinal arch height of one or both on weight-bearing?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3H. Is there objective evidence of marked deformity of one or both feet (pronation, abduction etc.)?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3I. Is there marked pronation of one foot or both feet?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3J. For one or both feet, does the weight-bearing line fall over or medial to the great toe?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3K. Is there a lower extremity deformity other than Pes Planus, causing alteration of the weight-bearing line?
- **YES**
- **NO**
- Describe lower extremity deformity other than Pes Planus causing alteration of the weight bearing line:

#### 3L. Does the veteran have "inward" bowing of the Achilles' tendon (i.e., hindfoot valgus, with lateral deviation of the heel) of one or both feet?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3M. Does the veteran have marked inward displacement and severe spasm of the Achilles' tendon (rigid hindfoot) on manipulation of one or both feet?
- **YES**
- **NO**
- If **YES**, indicate side affected: **RIGHT**, **LEFT**, **BOTH**

#### 3N. Comments, if any:
SECTION IV - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA

COMPLETE THIS SECTION IF THE VETERAN HAS MORTON'S NEUROMA OR METATARSALGIA.

4A. DOES THE VETERAN HAVE MORTON'S NEUROMA?
- NO
- YES

  IF YES, INDICATE SIDE AFFECTED:  LEFT  RIGHT  BOTH

4B. DOES THE VETERAN HAVE METATARSALGIA?
- NO
- YES

  IF YES, INDICATE SIDE AFFECTED:  LEFT  RIGHT  BOTH

4C. COMMENTS, IF ANY:

SECTION V - HAMMER TOE

COMPLETE THIS SECTION IF THE VETERAN HAS HAMMER TOE.

5A. WHICH TOES ARE AFFECTED ON EACH SIDE?
  - LEFT:
  - RIGHT:

5B. COMMENTS, IF ANY:

SECTION VI - HALLUX VALGUS

COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX VALGUS.

6A. DOES THE VETERAN HAVE SYMPTOMS DUE TO A HALLUX VALGUS CONDITION?
- NO
- YES

  IF YES, INDICATE SEVERITY (check all that apply):
    - MILD OR MODERATE SYMPTOMS
      - SIDE AFFECTED:  LEFT  RIGHT  BOTH
    - SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE
      - SIDE AFFECTED:  LEFT  RIGHT  BOTH

6B. HAS THE VETERAN HAD SURGERY FOR HALLUX VALGUS?
- NO
- YES

  IF YES, INDICATE TYPE AND DATE OF SURGERY AND SIDE AFFECTED:
    - RESECTION OF METATARSAL HEAD
      - DATE OF SURGERY:  SIDE AFFECTED:  LEFT  RIGHT  BOTH
    - METATARSAL OSTEOTOMY/METATARSAL HEAD OSTEOTOMY (equivalent to metatarsal head resection)
      - DATE OF SURGERY:  SIDE AFFECTED:  LEFT  RIGHT  BOTH
    - OTHER SURGERY FOR HALLUX VALGUS, DESCRIBE:
      - DATE OF SURGERY:  SIDE AFFECTED:  LEFT  RIGHT  BOTH

6C. COMMENTS, IF ANY:

SECTION VII - HALLUX RIGIDUS

COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX RIGIDUS.

7A. DOES THE VETERAN HAVE SYMPTOMS DUE TO HALLUX RIGIDUS?
- NO
- YES

  IF YES, INDICATE SEVERITY (check all that apply):
    - MILD OR MODERATE SYMPTOMS:
      - SIDE AFFECTED:  LEFT  RIGHT  BOTH
    - SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE
      - SIDE AFFECTED:  LEFT  RIGHT  BOTH

7B. COMMENTS, IF ANY:
SECTION VIII - ACQUIRED PES CAVUS (CLAW FOOT)

Completes this section if the veteran has acquired pes cavus.

8A. Effect on toes due to pes cavus (check all that apply):
- None
- Great toe dorsiflexed
- All toes tending to dorsiflexion
- All toes hammer toes
- Other, describe (if there is an effect on toes due to other etiology than pes cavus, indicate other etiology):

8B. Pain and tenderness due to pes cavus (check all that apply):
- None
- Definite tenderness under metatarsal heads
- Marked tenderness under metatarsal heads
- Very painful callouses
- Other, describe (if the veteran has pain and tenderness due to other etiology than pes cavus, indicate other etiology):

8C. Effect on plantar fascia due to pes cavus (check all that apply):
- None
- Shortened plantar fascia
- Marked contraction of plantar fascia with dropped forefoot
- Other, describe (if there is an effect on plantar fascia due to other etiology than pes cavus, indicate other etiology):

8D. Dorsiflexion and varus deformity due to pes cavus (check all that apply):
- None
- Some limitation of dorsiflexion at ankle
- Limitation of dorsiflexion at ankle to right angle
- Marked varus deformity
- Other, describe (if the veteran has dorsiflexion and varus deformity due to other etiology than pes cavus, indicate other etiology):

8E. Comments, if any:

SECTION IX - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES

Completes this section if the veteran has malunion or nonunion of tarsal or metatarsal bones.

9A. Indicate severity and side affected for malunion or nonunion of tarsal or metatarsal bones:
- MODERATE
  - Side Affected: Right, Left, Both
- MODERATELY SEVERE
  - Side Affected: Right, Left, Both
- SEVERE
  - Side Affected: Right, Left, Both

9B. Comments, if any:

SECTION X - FOOT INJURIES AND OTHER CONDITIONS

Completes this section if the veteran has any foot injuries or other foot conditions (such as plantar fasciitis or "bilateral weak foot") not already described.

Note: For VA purposes "bilateral weak foot" describes a symptomatic condition secondary to many constitutional conditions, and is characterized by atrophy of the musculature, disturbed circulation and weakness.

10A. Does the veteran have any foot injuries or other foot conditions not already described?
- Yes
- No

If yes, describe the foot injury or other foot conditions (including frequency and physical exam findings) and complete question B (severity and side affected).
**SECTION X - FOOT INJURIES AND OTHER CONDITIONS**

<table>
<thead>
<tr>
<th></th>
<th>Not Affected</th>
<th>Right</th>
<th>Left</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Right</td>
<td>Left</td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>Right</td>
<td>Left</td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Moderately severe</td>
<td>Right</td>
<td>Left</td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>Right</td>
<td>Left</td>
<td>Both</td>
<td></td>
</tr>
</tbody>
</table>

10C. DOES THE FOOT CONDITION CHRONICALLY COMPROMISE WEIGHT BEARING?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

10D. DOES THE FOOT CONDITION REQUIRE ARCH SUPPORTS, CUSTOM ORTHOTIC INSERTS OR SHOE MODIFICATIONS?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

10E. COMMENTS, IF ANY:

---

**SECTION XI - SURGICAL PROCEDURES**

COMPLETE THIS SECTION IF THE VETERAN HAS HAD ANY SURGICAL PROCEDURES FOR THE CLAIMED CONDITION THAT HAVE NOT ALREADY BEEN DESCRIBED.

11A. HAS THE VETERAN HAD FOOT SURGERY *(arthroscopic or open)*?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

IF YES, INDICATE SIDE AFFECTED, TYPE OF PROCEDURE AND DATE OF SURGERY.

- **RIGHT FOOT PROCEDURE:**
  - **DATE OF SURGERY:**

- **LEFT FOOT PROCEDURE:**
  - **DATE OF SURGERY:**

11B. DOES THE VETERAN HAVE ANY RESIDUAL SIGNS OR SYMPTOMS DUE TO ARTHROSCOPIC OR OTHER FOOT SURGERY?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

IF YES, DESCRIBE RESIDUALS:

---

**SECTION XII - PAIN**

<table>
<thead>
<tr>
<th>Foot</th>
<th>Is there pain on physical exam?</th>
<th>If no, but the veteran reported pain in his/her medical history, please provide rationale below.</th>
<th>If yes (there is pain on physical exam), does the pain contribute to functional loss?</th>
<th>If no (the pain does not contribute to functional loss or additional limitations), explain why the pain does not contribute:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT FOOT</td>
<td>Yes</td>
<td>Yes (you will be asked to further describe these limitations in Section 13)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT FOOT</td>
<td>Yes</td>
<td>Yes (you will be asked to further describe these limitations in Section 13)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 13A. CONTRIBUTING FACTORS OF DISABILITY (check all that apply and indicate side affected):

- [ ] No functional loss for left lower extremity attributable to claimed condition
- [ ] No functional loss for right lower extremity attributable to claimed condition
- [ ] Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)
  - Right □ Left □ Both □
- [ ] More movement than normal (from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc.)
  - Right □ Left □ Both □
- [ ] Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)
  - Right □ Left □ Both □
- [ ] Excess fatigability
  - Right □ Left □ Both □
- [ ] Incoordination, impaired ability to execute skilled movements smoothly
  - Right □ Left □ Both □
- [ ] Pain on movement
  - Right □ Left □ Both □
- [ ] Pain on weight-bearing
  - Right □ Left □ Both □
- [ ] Pain on non weight-bearing
  - Right □ Left □ Both □
- [ ] Swelling
  - Right □ Left □ Both □
- [ ] Deformity
  - Right □ Left □ Both □
- [ ] Atrophy of disuse
  - Right □ Left □ Both □
- [ ] Instability of station
  - Right □ Left □ Both □
- [ ] Disturbance of locomotion
  - Right □ Left □ Both □
- [ ] Interference with sitting
  - Right □ Left □ Both □
- [ ] Interference with standing
  - Right □ Left □ Both □
- [ ] Other, describe:
  - Other, describe:
SECTION XIV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS

14A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR 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, COMPLETE QUESTIONS 14B-14D.

14B. 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):

14C. 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, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

14D. COMMENTS, IF ANY:

LOCATION:

MEASUREMENTS: Length ______ cm X width ______ cm.

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

SECTION XV - ASSISTIVE DEVICES

15A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

☐ YES ☐ NO  IF YES, IDENTIFY ASSISTIVE DEVICES USED (check all that apply and indicate frequency):

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

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

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

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

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

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

15B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

SECTION XVI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

16A. DUE TO THE VETERAN'S FOOT CONDITIONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS REMAIN 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 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 XVII - DIAGNOSTIC TESTING

17A. HAVE IMAGING STUDIES OF THE FOOT BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

- [ ] YES  
- [ ] NO

17B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?

- [ ] YES  
- [ ] NO

17C. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:

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

### NOTE:

Testing listed below is not indicated for every condition. Plain or weight-bearing foot x-rays are not required to make the diagnosis of flatfoot. 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.

### SECTION XVIII - FUNCTIONAL IMPACT

18. 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

### SECTION XIX - REMARKS

19. REMARKS, IF ANY:

### SECTION XX - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

- 20A. PHYSICIAN'S SIGNATURE
- 20B. PHYSICIAN'S PRINTED NAME
- 20C. DATE SIGNED

- 20D. PHYSICIAN'S PHONE AND FAX NUMBER
- 20E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER
- 20F. PHYSICIAN'S ADDRESS

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

IMPORTANT - Physician please fax the completed form to ____________________________ (VA Regional Office FAX No.)

NOTE: A list of VA Regional Office FAX Numbers can be found at [www.vba.va.gov/disabilityexams](http://www.vba.va.gov/disabilityexams) or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.