OMB Approved No. 2900-0809 Respondent Burden: 30 minutes Expiration Date: 12/31/2020

HAND AND FINGER CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE												
IMPORTANT - THE DEPARTMENT OF VETER	RANS AFFAIRS (VA) WILL NOT PAY OF	R REIMBURSE ANY EXPENSES OR COST INCURRED IN THE										
PROCESS OF COMPLETING AND/OR SUBMIT REVERSE BEFORE COMPLETING FORM.	TING THIS FORM. PLEASE READ THE	PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON										
NAME OF PATIENT/VETERAN												
PATIENT/VETERAN'S SOCIAL SECURITY NUMBE	R											
provide on this questionnaire as part of their evalua private health care providers.	g to the U.S. Department of Veterans Affairs tion in processing the veteran's claim. VA re	s (VA) for disability benefits. VA will consider the information you eserves the right to confirm the authenticity of ALL DBQ's completed by										
	MEDICAL RECORD REV	/IEW										
WAS THE VETERAN'S VA CLAIMS FILE REVIEWED IF YES, LIST ANY RECORDS THAT WERE REVIEW		TERAN'S VA CLAIMS FILE:										
The field of the f												
IF NO, CHECK ALL RECORDS REVIEWED:												
Military service treatment records	Department of Defense Form 214 Separation	n Documents										
Military service personnel records	Veterans Health Administration medical reco	ords (VA treatment records)										
Military enlistment examination Military separation examination	Civilian medical records	and others who have known the veteran before and after military service)										
Military post-deployment questionnaire	Other:											
	No records were reviewed											
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:												
TA. LIST THE CLAIMED CONDITION(S) THAT PERTAIN TO THIS DBQ:												
from a previous diagnosis for this condition, or if the	ere is a diagnosis of a complication due to the	tion(s) listed above. If there is no diagnosis, if the diagnosis is different he claimed condition, explain your findings and reasons in comments diagnosis, or an approximate date determined through record review or										
1B. SELECT DIAGNOSES ASSOCIATED WITH THE		11 7/										
The Veteran does not have a current diagnosis	associated with any claimed condition listed a	above. (Explain your findings and reasons in comments section.)										
Dupuytren's contracture Side affected:	Right Left Both ICD Code:	Date of diagnosis:										
Trigger finger Side affected:		Date of diagnosis:										
Swan neck deformity Side affected:	Right Left Both ICD Code:	Date of diagnosis:										
Boutonniere deformity Side affected: Mallet finger Side affected:		Date of diagnosis:										
Mallet finger Side affected: Gamekeeper's thumb Side affected:		Date of diagnosis: Date of diagnosis:										
Instability (collateral Side affected:		Date of diagnosis:										
ligament sprain, chronic) Volar plate injury Side affected:		Date of diagnosis:										
Degenerative arthritis (MCP/PIP/DIP)		Date of diagnosis:										
	Right Left Both ICD Code:	Date of diagnosis:										
Ankylosis of digit joint(s), Side affected:	Right Left Both ICD Code:	Date of diagnosis:										
specify joint(s): Other (specify) 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:										

PATIENT/VETERAN'S SOCIAL SEC	URITY N	o							
		SE	CTI	ON II - MEDICAI	L HIST	ORY			
2A. DESCRIBE THE HISTORY (inc	luding o	nset and course) OF THE	VE1	ERAN'S HAND, F	INGER	OR THUMB CON	IDITION	(brief summary):	
2B. DOMINANT HAND: RIGHT LEFT A	MBIDEX.	TROUS							
2C. DOES THE VETERAN REPOR	T THAT I	FLARE-UPS IMPACT TH	E FU	NCTION OF THE I	HAND,	FINGER OR THU	MB?		
YES NO IF YES, DOCUMENT THE VETERA	AN'S DES	SCRIPTION OF THE IMPA	ACT (OF FLARE-UPS IN	I HIS O	R HER OWN HAN	NDS:		
,									
2D. DOES THE VETERAN REPOR DBQ (regardless of repetitive to		G ANY FUNCTIONAL LC	SS C	DR FUNCTIONAL I	MPAIR	MENT OF THE JO	O TNIC	R EXTREMITY BE	EING EVALUATED ON THIS
YES NO	150).								
IF YES, DOCUMENT THE VETERA	AN'S DES	SCRIPTION OF FUNCTIO	NAL	LOSS OR FUNCT	IONAL	IMPAIRMENT IN	HIS OF	R HER OWN WOR	RDS:
		SECTION III - INITIA							
Measure ROM with a goniometer, re according to the guidance below. Depressure or manipulation, etc. Docu	uring ROI	M evaluation, observe any	y evic	dence of painful mo					
Following the initial assessment of F	ROM, per	form repetitive-use testing	g. Foi	r VA purposes, rep					
that 3 repetitions of ROM (at a minir Report post-test measurements in c			e tes	of the effect of rep	etitive	use. After the initi	al meas	urement, reassess	s ROM after 3 repetitions.
For digits II through V, the metacarp flexion, and the distal (terminal) inte									
degrees of flexion represents the fir			ght li	ne with the rest of	the han	d.			
3A. WERE ALL ROM MEASUREMI		RMAL? TONS 3B THROUGH 3F							
3B. FINGER FLEXION: DOCUMEN	T THE R	OM IN DEGREES							
Check "Not Tested" only if all joints					e of ea	ch named individu	ıal joint,	"Not Tested" simp	ply means that joint was not
tested. In either case, provide reaso	n for not	testing in the section prov	/ided	below the tables.					
		Left Hand	N	lot Tested	1		1		
Thumb		Index finger		Long finger	I_{I}	Ring finger		Little finger	
Not Tested ROM:		Not Tested ROM:		Not Tested ROM:	$+$ $\frac{1}{1}$	Not Tested ROM:		Not Tested ROM:	_
CMC Not tested	MP	Not tested		Not tested		Not tested		Not tested	
IP ROM:	PIP	ROM:		ROM:	ΤĦ	ROM:		ROM:	†
Not tested	PIP	Not tested		Not tested		Not tested		Not tested	
	DIP	ROM:		ROM:		ROM:		ROM:	
		Not tested		Not tested		Not tested		Not tested	
		Right Hand	N	lot Tested	_				
Thumb		Index finger		Long finger	l	Ring finger	_	Little finger	
Not Tested		Not Tested		Not Tested	$+$ \vdash	Not Tested	\perp	Not Tested	_
CMC ROM: Not tested	MP	ROM:		ROM: Not tested	\parallel	ROM: Not tested		ROM: Not tested	
D POM:		ROM:	\vdash	ROM:	╁∺	ROM:	+	ROM:	=
IP Not tested	PIP	Not tested		Not tested		Not tested		Not tested	
	DIP	ROM:		ROM:		ROM:		ROM:	
	DIF	Not tested		Not tested		Not tested		Not tested	
IF ANY OF THE ABOVE JOINTS W	/ERE NO	T TESTED, PLEASE EXF	PLAIN	N WHY (e.g., not in	idicated	d or Veteran was	physica	ally not able to pe	erform):

PATIENT/VI	ETERAN'S SOCIAL SEC	URITY NO) _		Ш-Ш							
		SECTI	ION III - INITIAL RAI	NGE C	OF MOTION (R	<i>OM)</i> N	IEASUREMEN	TS (Continued)				
Check "No	ER EXTENSION: DOCUI ot Tested" only if all joints	within that	t described hand/digit w	ere not	t tested. In the ca	ise of ea	ch named individ	ual joint, "Not Tested" simply means	that joint was not			
tested. In	either case, provide reas	on for not t	testing in the section pro	ovided I	below the tables.							
			Left Hand	No	ot Tested							
	Thumb		Index finger		Long finger		Ring finger	Little finger				
	Not Tested		Not Tested		Not Tested	<u> </u>	Not Tested	Not Tested				
СМС	ROM:	MP	ROM: Not tested		ROM:	- 片	ROM:	ROM: Not tested				
	Not tested ROM:		ROM:	╁╠	Not tested ROM:	井片	Not tested ROM:	ROM:				
IP	Not tested	PIP	Not tested		Not tested	- 片	Not tested	Not tested				
		DID	ROM:		ROM:		ROM:	ROM:				
		DIP	Not tested		Not tested		Not tested	Not tested				
Right Hand Not Tested												
	Right Hand Not Tested Thumb Index finger Long finger Ring finger Little finger											
	Not Tested		Not Tested		Not Tested		Not Tested	Not Tested				
СМС	ROM:	MP	ROM:		ROM:	_ 🖳	ROM:	ROM:				
	Not tested		Not tested		Not tested	+ $+$	Not tested	Not tested				
IP	ROM: Not tested	PIP	ROM: Not tested	IН	ROM: Not tested	- 1 님	ROM: Not tested	ROM: Not tested				
	Not tested		ROM:	╁╫	ROM:	ᆉH	ROM:	ROM:				
		DIP	Not tested		Not tested	- 片	Not tested	Not tested				
3D. IS TH	IF ANY OF THE ABOVE JOINTS WERE NOT TESTED, PLEASE EXPLAIN WHY (e.g., not indicated or Veteran was physically not able to perform): 3D. IS THERE A GAP BETWEEN ANY OF THE BELOW LISTED FINGERTIPS AND THE PROXIMAL TRANSVERSE CREASE OF THE PALM, WITH THE FINGER FLEXED TO THE EXTENT POSSIBLE?											
	_		T =									
-	Left Hand		Right Hand									
Index finger	No gap	cm. gap	No gap	cm. ga	ар							
Long finger	☐ No gap	cm gan	No gap	cm as	an							
		cm. gap		cm. ga	а р							
3E. IS THI	ERE A GAP BETWEEN	THE THUM	IB PAD AND THE FING	SERS, \	WITH THE THUN	ИВ АТТЕ	EMPTING TO OP	POSE THE FINGERS?				
	Left Hand		Right Hand									
Index finger	No gap	cm. gap	No gap	cm. ga	ар							
Long finger	No gap	cm. gap	No gap	cm. ga	an							
Ring finger	☐ No gap	cm. gap	No gap	cm. ga								
Little finger	No gap	cm. gap	No gap	cm. ga								
3F. DO AN	NY ABNORMAL ROMS N		OVE CONTRIBUTE TO ABNORMAL ROMS DO									

PATIENT/VETERAN'S SOCIAL SEC	TIENT/VETERAN'S SOCIAL SECURITY NO.													
	SECT	ION III	- INITIAL F	RANG	ΕC	F MOT	ION (RON	<i>1)</i> M	IEASL	JREMENT	S (C	Continued)	
3G. IF ROM DOES NOT CONFOR condition, such as age, body h)N IDEN	TIFIED	ABC	VE I	BUT IS	NORMAL F	OR	THIS VETERAN <i>(fo</i>	r reasons other than a hand
	S	ECTIO	N IV - ROM	1 MEΑ	SU	REMEN	ITS A	FTE	R RI	EPETI	TIVE USE	TES	STING	
SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING 4A. IS THE VETERAN ABLE TO PERFORM REPETITIVE-USE TESTING WITH 3 REPETITIONS FOR ANY OF THE JOINTS OF THE DIGITS OR HANDS? YES, THE VETERAN IS ABLE TO PERFORM REPETITIVE-USE TESTING FOR AT LEAST ONE OF THE JOINTS OF THE DIGITS OR HANDS NO, THE VETERAN IS NOT ABLE TO PERFORM ANY REPETITIVE-USE TESTING FOR ANY OF THE JOINTS OF THE DIGITS OR HANDS IF YES, CONTINUE TO QUESTION B. IF NO, PROVIDE REASON, THEN SKIP TO QUESTION 5:														
4B. IS THERE ANY ADDITIONAL I	IMITATIO	ON IN RO	OM IN ANY	OF TH	F.IC	DINTS O	E THE	DIGI	TS O	R HAN	IDS AFTER	RFF	PETITIVE-USE TEST	TING?
YES, THERE IS A CHANGE														
NO, THERE IS NO CHANGE	IN ROM	IN ANY	OF THE JOI	INTS C	FT	HE DIGIT	TS OR	HAN	DS A	AFTER	REPETITIV	E-US	SE TESTING	
IF YES, COMPLETE QUESTIONS		,	•						- 1					
IF NO, DOCUMENTATION OF RO	M AF I ER	(REPE I	IIIVE-USE	TESTI	NG I	SNOIR	(EQUIF	RED.	PLE	ASE SI	KIP TO QUE	-S11	ON 5.	
4C. POST-TEST FINGER FLEXION: DOCUMENT THE POST-TEST ROM IN DEGREES: Check "No change in ROM" (or "No change") only if all joints within that described hand/digit were tested and there was no additional limitation in ROM in any of the joints within that described hand/digit. Check "Not Tested" only if all joints within that described hand/digit were not tested. In the case of each named individual joint, "Not Tested" simply means that joint was not tested. In either case, provide reason for not testing in the section provided below the tables. Left Hand No change in ROM Not Tested														
Thumb		In	idex finger		_	Long fin	ıger			Ring f	finger		Little finger	1
No change in ROM			No change ir ROM	n		No cha ROM	inge in			No ch ROM	nange in		No change in ROM	
Not Tested		l —	Not Tested			Not Te	sted		П		ested	lг	Not Tested	
ROM:	L _{MD}		ROM:			ROM:				ROM	l:	İΈ	ROM:	1
CMC Not tested	MP	<u> </u>	Not tested			Not tes	ted			Not to	ested		Not tested	
	PIP		ROM:			ROM:		_		ROM			ROM:	
Not tested	-	+=-	Not tested			Not tes	ted	_	$\frac{\sqcup}{\vdash}$		ested	╀	Not tested	4
	DIP		ROM: Not tested		Н	ROM: Not tes		-	H	ROM Not to	ested	<u> </u>	ROM: Not tested	
					Ш				Ш	11011		<u> </u>		
Thurst	Rigi	ht Hand		hange	in R		_	ot Tes	sted	Dina			Little finger	4
Thumb No change in			idex finger No change ir	n		Long fin No cha	•			Ring f	nange in		No change in	
ROM		l —	ROM			ROM			\Box	ROM	١		ROM	
Not Tested	-	+=-	Not Tested		<u> </u>	Not Te	sted	_	片		ested	╀	Not Tested	4
CMC ROM: Not tested	MP		ROM: Not tested			ROM: Not tes		-		ROM Not to	ested	╽╞	ROM: Not tested	
ROM:		+=-	ROM:		$\frac{\square}{\square}$	ROM:			H	ROM		tŧ	ROM:	-
IP Not tested	PIP		Not tested			Not tes	ted	_			ested		Not tested	
	DIP	F	ROM:			ROM:				ROM	l:		ROM:	1
	J		Not tested			Not tes	ted			Not to	ested		Not tested	
IF ANY OF THE ABOVE JOINTS V	VERE NO	T TESTE	ED, PLEASE	E EXPL	.AIN	WHY (e.	.g., not	t indi	cate	d or Ve	eteran was p	ohysi	cally not able to pe	rform):

PATIENT/	VETERAN'S SOCIAL SE	CURITY NO).	' []	<u>- LLL</u>							
		SECTIO	N IV - ROM MEAS	UREMENTS	AFTER RE	PETI	TIVE (JSE TESTI	NG (Continued)		
	ST-TEST FINGER EXTE											
within th Check "l	No change in ROM" (or " at described hand/digit. Not Tested" only if all joir n either case, provide rea	nts within that	t described hand/digit	were not teste	d. In the cas						-	-
lesteu. I												
<u> </u>	Thumb			change in RO		Not Tes		finanz	I	Little finance		
	Thumb No change in ROM		Index finger No change in ROM	□ No ROI			No c ROM			Little finger No change in ROM		
	Not Tested		Not Tested ROM:	+=-	Tested	╁∺	ROM	Tested	H	Not Tested ROM:		
CMC	ROM:	MP	Not tested	_	tested	\parallel		tested	片	Not tested		
IP	ROM:	DID	ROM:	ROI	M:	$\dagger \Box$	ROM	1:		ROM:		
IP	Not tested	PIP	Not tested	_ Not	tested		Not t	tested		Not tested		
		DIP	ROM: Not tested	-	M: tested		ROM Not t	1: tested		ROM: Not tested		
		Pigh	nt Hand No cha	inge in ROM	□ Not -	Tested						
	Thumb	Tagh	Index finger		g finger	Tested	Rina	finger		Little finger		
	No change in		No change in	☐ No	change in	Ιп	No c	hange in	П	No change in		
	ROM Not Tested		ROM Not Tested	ROI	M Tested		ROM	1 Tested		ROM Not Tested		
	ROM:		ROM:	ROI		╁∺	ROM		H	ROM:		
CMC	Not tested	MP	Not tested	- ==	tested	lΗ		tested	ᅢ	Not tested		
	ROM:		ROM:	ROI	 М:	tΠ	ROM	1 :	H	ROM:		
IP	Not tested	PIP	Not tested	Not	tested		Not t	tested		Not tested		
		DIP	ROM:	_ ROI	M:		ROM	1:		ROM:		
			Not tested	Not	tested		Not t	tested		Not tested		
	IF ANY OF THE ABOVE JOINTS WERE NOT TESTED, PLEASE EXPLAIN WHY (e.g., not indicated or Veteran was physically not able to perform):											
PAL	ER REPETITIVE-USE T M, WITH THE FINGER F				THE BELOV	W LIST	ED FIN	IGERTIPS A	ND TH	HE PROXIMAL TRA	NSVERSE CF	REASE OF THE
	Left Hand		Right Hand									
Index finger	☐ No gap	cm. gap	No gap	cm. gap								
			 									
Long	No gap	cm. gap	No gap	_ cm. gap								
	ER REPETITIVE-USE T GERS?	ESTING, IS	THERE A GAP BETW	EEN THE THU	JMB PAD AN	ND THE	E FING	SERS, WITH	THE T	HUMB ATTEMPTII	NG TO OPPOS	SE THE
	Left Hand		Right Hand									
Index finger	No gap	cm. gap	No gap	_ cm. gap								
Long finger	No gap	cm. gap	No gap	_ cm. gap								
Ring finger	No gap	cm. gap	No gap	_ cm. gap								
Little finger	No gap	cm gan	No gap	cm gap								

PATIENT/VETERA	N'S SOCIAL SECURITY NO.	- -
		SUREMENTS AFTER REPETITIVE USE TESTING (Continued)
YES (you w	ST-TEST ADDITIONAL LIMITATIONS OF RON vill be asked to further describe these limitation NIN WHY THE POST-TEST ADDITIONAL LIMI	
		SECTION V - PAIN
5A. PAINFUL RO	M MOVEMENTS ON ACTIVE, PASSIVE AND	OR REPETITIVE USE TESTING Left Hand
	Are any ROM movements painful on active, passive and/or repetitive use testing? (If yes, identify whether active, passive, and/or repetitive use in question 5D)	If yes, does the pain contribute to functional loss or additional limitation of ROM?
Thumb	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Index finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Long finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Ring finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Little finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
		Right Hand
	Are any ROM movements painful on active, passive and/or repetitive use testing? (If yes, identify whether active, passive, and/or repetitive use in question 5D)	If yes, does the pain contribute to functional loss or additional limitation of ROM?
Thumb	☐ Yes ☐ No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Index finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Long finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Ring finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Little finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)

TIENT/VETERA	N'S SOCIAL SECURITY NO.	- -
		SECTION V - PAIN (Continued)
B. PAIN WHEN	I JOINT IS USED IN WEIGHT-BEARING OR IN	I NON WEIGHT-BEARING
	1	Left Hand
	Is there pain when joint is used in weight- bearing or in non weight-bearing? (If yes, identify whether weight-bearing or non weight-bearing in question 5D)	If yes, does the pain contribute to functional loss or additional limitation of ROM?
Thumb	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Index finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Long finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Ring finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Little finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
		Right Hand
	Is there pain when joint is used in weight- bearing or in non weight-bearing? (If yes, identify whether weight-bearing or non weight-bearing in question 5D)	If yes, does the pain contribute to functional loss or additional limitation of ROM?
Thumb	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Index finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Long finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Ring finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
Little finger	Yes No	Yes (you will be asked to further No, explain why the pain does not contribute: describe these limitations in question 6 below)
C. LOCALIZED	TENDERNESS OR PAIN TO PALPATION	
		Left Hand
	Does the Veteran have localized tenderness or pain to palpation for joints or soft tissue?	If yes, describe the tenderness or pain (including location, severity and relationship to condition(s) listed in the Diagnosis section):
Thumb	Yes No	
Index finger	Yes No	
Long finger	Yes No	

Yes

Yes

Ring finger

Little finger

___ No

☐ No

PATIENT/VETER/	AN'S SOCIAL SECURITY NO.]-								
			SI	ECTIC				tinued)			
	Does the Veteran have localize	d tenderness	If yes	s, desc		nt Hand tende		or pain <i>(ir</i>	cluding l	location, severity and rela	ntionship to condition(s)
	or pain to palpation for joints or			d in the							
Thumb	Yes No										
Index finger	Yes No										
Long finger	Yes No										
Ring finger	Yes No										
Little finger	Yes No										
5D. COMMENTS	S, IF ANY:										
										TION OF ROM	
endurance. Using informati	A defines functional loss as the interpretation from the history and physical ation of ROM or increased gap d	exam, selec	the fac	ctors be	elow th	nat cont	tribute	e to functi	onal loss	or impairment (regardles	
	TING FACTORS OF DISABILITY nal loss for left hand, thumb or fin		at apply	y and i	ndicate	e digit d	affecte	ed):			
=	nal loss for right hand, thumb or fi	_									
Contributing fa	actor									Left Hand	Right Hand
	ovement than normal ankylosis, limitation or blocking,	adhesions, t	endon-i	tie-ups,	. contro	acted s	cars,	etc.)		None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
	ovement than normal ail joints, resections, nonunion o	f fractures, re	elaxatio	on of li _t	gameni	ts, etc.)				None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
	ed movement muscle injury, disease or injury o	of peripheral	nerves,	, divide	ed or le	engthen	ed ter	adons, etc)	None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
Excess f	fatigability									None All Thumb Index finger Long finger Ring finger	None All Thumb Index finger Long finger Ring finger

PATIENT/VETERAN'S SOCIAL SECURITY NO.		
SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF	F ROM (Continued)	
6A. CONTRIBUTING FACTORS OF DISABILITY (check all that apply and indicate digit affected):		1
Contributing factor	Left Hand None All	Right Hand None All
Incoordination, impaired ability to execute skilled movements smoothly	Thumb Index finger Long finger Ring finger Little finger	Thumb Index finger Long finger Ring finger Little finger
Pain on movement	None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
Swelling	None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
☐ Deformity	None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
Atrophy of disuse	None All Thumb Index finger Long finger Ring finger Little finger	None All Thumb Index finger Long finger Ring finger Little finger
Other, describe:		
NOTE: If any of the above factors is/are associated with limitation of motion, the examiner must give an opinion of could significantly limit functional ability during flare-ups or when the joint is <i>used repeatedly over a period of time</i> terms of the degree of ROM loss or gap distances due to pain on use or during flare-ups. The following section will	e and that opinion, if feas	sible, should be expressed in
6B. ARE ANY OF THE ABOVE FACTORS ASSOCIATED WITH LIMITATION OF MOTION? YES, COMPLETE QUESTIONS 6C THROUGH 6E, AND F BELOW.		
NO, SKIP TO F.		

PATIENT/VETERAN'S SOCIAL SECURITY NO.		_		_		
FATIENT/VETERAN 3 SOCIAL SECORITT NO.						

SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM (Continued)

6C. DOES PAIN, WEAKNESS, FATIGABILITY, OR INCOORDINATION SIGNIFICANTLY LIMIT FUNCTIONAL ABILITY DURING FLARE-UPS OR WHEN THE FINGER IS USED REPEATEDLY OVER A PERIOD OF TIME?

			Estimated ROM due to p during flare-ups or when t over a per	he joint	is used repeatedly	during flare-ups or when t	to pain and/or functional loss he joint is used repeatedly iod of time
	LEFT HAND		Flexion		Extension	Gap between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible	Gap between the thumb pad and the finger, with the thumb attempting to oppose the fingers
Thumb	Yes (complete estimated ROM)	СМС	Est. ROM: Estimate is not feasible Est. ROM:	СМС	Est. ROM: Estimate is not feasible Est. ROM:	- N/A	N/A
		IP	Estimate is not feasible	IP	Estimate is not feasible		
	Yes (complete	MP	Est. ROM: Estimate is not feasible	MP	Est. ROM: Estimate is not feasible	No estimated gap	No estimated gap
Index finger	estimated ROM and gap distances) No	PIP	Est. ROM: Estimate is not feasible	PIP	Est. ROM: Estimate is not feasible	Est cm gap Estimate is not feasible	Est. cm gap Estimate is not feasible
		DIP	Est. ROM: Estimate is not feasible	DIP	Est. ROM: Estimate is not feasible	leasible	leasible
	Yes (complete	MP	Est. ROM: Estimate is not feasible	MP	Est. ROM: Estimate is not feasible	No estimated gap	No estimated gap
Long finger	estimated ROM and gap distances) No	PIP	Est. ROM: Estimate is not feasible	PIP	Est. ROM: Estimate is not feasible	Est cm gap Estimate is not feasible	Est. cm gap Estimate is not feasible
		DIP	Est. ROM: Estimate is not feasible	DIP	Est. ROM: Estimate is not feasible	leasible	leasible
	Yes (complete	MP	Est. ROM: Estimate is not feasible	MP	Est. ROM: Estimate is not feasible	No estimated gap	No estimated gap
Ring finger	estimated ROM and gap distances) No	PIP	Est. ROM: Estimate is not feasible	PIP	Est. ROM: Estimate is not feasible	Est. cm gap	Est. cm gap
		DIP	Est. ROM: Estimate is not feasible	DIP	Est. ROM: Estimate is not feasible	feasible	feasible
	Yes (complete	MP	Est. ROM: Estimate is not feasible	MP	Est. ROM: Estimate is not feasible	No potimeted gan	No estimated gap
Little finger	estimated ROM and gap distances) No	PIP	Est. ROM: Estimate is not feasible	PIP	Est. ROM: Estimate is not feasible	No estimated gap Est cm gap Estimate is not	Est. cm gap
		DIP	Est. ROM: Estimate is not feasible	DIP	Est. ROM: Estimate is not feasible	feasible	feasible
			Estimated BOM		1	Figure 16	
			Estimated ROM due to p during flare-ups or when t over a per	he joint	is used repeatedly	during flare-ups or when t	to pain and/or functional loss he joint is used repeatedly iod of time
	RIGHT HAND		Flexion		Extension	Gap between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible	Gap between the thumb pad and the finger, with the thumb attempting to oppose the fingers
	Von (acmulata	СМС	Est. ROM:	СМС	Est. ROM:		
Thumb	Yes (complete estimated ROM)	CIVIC	Estimate is not feasible	CIVIC	Estimate is not feasible	- N/A	N/A
	☐ No	IP	Est. ROM:	IP	Est. ROM:	1471	1973
		."	Estimate is not feasible	"	Estimate is not feasible		

							i
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SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM (Continued) 6C. DOES PAIN, WEAKNESS, FATIGABILITY, OR INCOORDINATION SIGNIFICANTLY LIMIT FUNCTIONAL ABILITY DURING FLARE-UPS OR WHEN THE FINGER IS **USED REPEATEDLY OVER A PERIOD OF TIME?** Estimated ROM due to pain and/or functional loss Estimated Gap distance due to pain and/or functional loss during flare-ups or when the joint is used repeatedly during flare-ups or when the joint is used repeatedly over a period of time over a period of time **RIGHT HAND** Gap between the fingertip and Gap between the thumb pad the proximal transverse crease and the finger, with the thumb Extension Flexion of the palm, with the finger attempting to oppose flexed to the extent possible the fingers Est. ROM: Est. ROM: MP MP Estimate is not Estimate is not feasible feasible Yes (complete No estimated gap No estimated gap Est. ROM: Est. ROM: estimated ROM Index Est. Est. PIP cm gap cm gap PIP Estimate is not Estimate is not and gap distances) finger Estimate is not Estimate is not feasible feasible No feasible feasible Est. ROM: Est. ROM: DIP DIP Estimate is not Estimate is not feasible feasible Est. ROM: Est. ROM: MP MP Estimate is not Estimate is not feasible feasible Yes (complete No estimated gap No estimated gap Est ROM: Est ROM: estimated ROM Long Est. cm gap cm gap PIP PIP Estimate is not Estimate is not and gap distances) finger Estimate is not Estimate is not feasible feasible _ No feasible feasible Est. ROM: Est. ROM: DIP DIP Estimate is not Estimate is not feasible feasible Est. ROM: Est. ROM: MP MP Estimate is not Estimate is not feasible feasible Yes (complete No estimated gap No estimated gap Est. ROM: Est. ROM: estimated ROM Ring cm gap Est. cm gap PIP Estimate is not PIP Estimate is not and gap distances) finger Estimate is not Estimate is not feasible feasible ∣ No feasible feasible Est. ROM: Est. ROM: DIP Estimate is not Estimate is not feasible feasible Est. ROM: Est ROM: MP MP Estimate is not Estimate is not feasible feasible Yes (complete No estimated gap No estimated gap Est. ROM: Est. ROM: estimated ROM Little Est. cm gap Est. cm gap PIP PIP Estimate is not Estimate is not and gap distances) finger Estimate is not Estimate is not feasible feasible No feasible feasible Est. ROM: Est. ROM: DIP DIP Estimate is not Estimate is not feasible feasible 6D. FOR ANY JOINTS IN WHICH ESTIMATED LIMITATION OF ROM OR GAP DISTANCES DUE TO PAIN AND/OR FUNCTIONAL LOSS DURING FLARE-UPS OR WHEN THE JOINT IS USED REPEATEDLY OVER A PERIOD OF TIME IS NOT FEASIBLE, PROVIDE RATIONALE: 6E. FOR ANY JOINTS IN WHICH THERE IS A FUNCTIONAL LOSS DUE TO PAIN. DURING FLARE-UPS AND/OR WHEN THE JOINT IS USED REPEATEDLY OVER A PERIOD OF TIME BUT THE LIMITATION OF ROM OR GAP DISTANCES CANNOT BE ESTIMATED, PLEASE DESCRIBE THE FUNCTIONAL LOSS: 6F. INDICATE ANY FINGERS IN WHICH THERE IS FUNCTIONAL LOSS (not associated with limitation of motion) DURING FLARE-UPS OR WHEN THE JOINT IS USED REPEATEDLY OVER A PERIOD OF TIME OR OTHERWISE: Thumb Index finger None All Long finger Ring finger Little finger Left: Thumb Index finger Long finger Ring finger Little finger

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			SECTION	VII - MU	ISCLE	STRE	NGTH T	ES	TING		
7A. MUSCLE STRENGTH 0/5 No muscle movem 1/5 Palpable or visible 2/5 Active movement v 3/5 Active movement v 4/5 Active movement v 5/5 Normal strength All normal (5/5) Hand grip: Right: Left:	ent muscle contra vith gravity elin against gravity against some r	action, but no joint m minated		1/5		ALE: 0/5					
IF THE VETERAN HAS A	REDUCTION						SLISTED) IN S	SECTION 1?		
7B. DOES THE VETERAN YES NO IF YES, IS THE MUSCLE YES NO IF	ATROPHY DU		S LISTED	IN SECTION	ON 1?						
MEASUREMENTS IN CEI LOCATION OF MUSCLE A RIGHT UPPER EXTRI CIRCUMFEREN CIRCUMFEREN LEFT UPPER EXTREI CIRCUMFEREN CIRCUMFEREN CIRCUMFEREN CIRCUMFEREN	NTIMETERS (ATROPHY: EMITY (specify CE OF MORE CE OF ATRO MITY (specify CE OF MORE CE OF ATRO	OF NORMAL SIDE A fy location of measu E NORMAL SIDE:		CM					CIFIC LOCATION OF ATROPH ASURED AT MAXIMUM MUSC		
7C. COMMENTS, IF ANY:				SECTION	N VIII -	- ANKY	LOSIS				
Complete this section if NOTE: Ankylosis is the					sease, i	njury oi	surgical	l pro	cedure.		
8A. INDICATE LOCATION	I, SEVERITY	AND SIDE AFFECTI	ED (check	all that ap	pply):						
					Left H						
	No ankylosis Name of Is it ankylosed? If ankylosed, what is the position of ankylosis If ankylosed, is there angulation of a bone?										
Thumb	CMC	Yes No									
No ankylosis	No ankylosis IP Yes In extension In full flexion Yes Other, Mo Other, Mo Other, In extension In full flexion No No								Yes No		
Index Finger	MCP	Yes No		In extens Other,	-		full flexion		Yes No	Yes No	
No ankylosis	PIP	Yes No		In extens Other,	_		full flexion		Yes No	Yes No	

degrees of flexion

Other,

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SECTION VIII - ANKYLOSIS (Continued)									
8A. INDICATE LOCATION	, SEVERITY A	AND SIDE AFFECT	ED (check all that apply):						
Long Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Ring Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Little Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
			Right Hand						
	T	Π	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	СМС	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	IP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Index Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Long Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Ring Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
Little Finger	MCP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
No ankylosis	PIP	Yes No	In extension In full flexion Other, degrees of flexion	Yes No	Yes No				
			MOTION OF OTHER DIGITS OR INTERFERENCE V PROVIDE RATIONALE FOR YOUR RESPONSE:	VITH OVERALL FUNCTION	OF THE HAND?				

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	s	ECTIO	N VIII - A	NKYLO	osis	(Conti	nued,)
8C. COMMENTS, IF ANY:								
								DITIONS, SIGNS, SYMPTOMS AND SCARS
9A. DOES THE VETERAN HAVE ANY OTHER PE or otherwise) RELATED TO ANY CONDITION								DITIONS, SIGNS OR SYMPTOMS, OR ANY SCARS (surgical
YES NO IF YES, COMPLETE				,			.0.25	
	DTINENT DU	VOIO 41	FINIDINIO		DI IO	TIONO	001	DITIONS SIGNIS OF SYMPTOMS BELATER TO ANY
CONDITIONS LISTED IN THE DIAGNOSIS S			FINDING	iS, COMI	PLICA	ATIONS,	CONL	DITIONS, SIGNS OR SYMPTOMS RELATED TO ANY
YES NO IF YES, DESCRIBE (brief summar	v):						
9C. DOES THE VETERAN HAVE ANY SCARS (st DIAGNOSIS SECTION ABOVE?	ırgical or oth	erwise) I	RELATED	'NA OT	Y COI	NDITION	I OR T	TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE
YES NO								
IF YES, ARE ANY OF THESE SCARS PAINFUL O	OR UNSTABLE	E; HAVE	A TOTAL	AREA E	EQUA	L TO OF	R GRE	EATER THAN 39 SQUARE CM (6 square inches); OR ARE
LOCATED ON THE HEAD, FACE OR NECK?								
YES NO IF YES, ALSO COMF IF NO, PROVIDE LOCATION AND MEASUREME				De				
Location:	NIS OF SCAP	VIIN OLI	NI IIVIL I LI	NO.				
Measurements: length cm X width								
NOTE: An "unstable scar" is one where, for any and measurements in Comment section below. It							over t	the scar. If there are multiple scars, enter additional locations
9D. COMMENTS, IF ANY:	is not necesse	ily to un	so compi	ete u seu		, v.		
		SECT	ION X -	ASSIST	TIVE	DEVIC	ES	
10A. DOES THE VETERAN USE ANY ASSISTIVE	DEVICES?							
YES NO IF YES, IDENTIFY AS	SSISTIVE DE\	/ICES U	SED (che	eck all th	at app	ply and i	indica	te frequency):
Brace	Frequency of t	use:	Occa	asional		Regular		Constant
Other:	Frequency of t	use:	Occa	asional		Regular		Constant
10B. IF THE VETERAN USES ANY ASSISTIVE D	EVICES, SPE	CIFY TH	IE CONDI	ITION AN	ND ID	ENTIFY	THE A	ASSISTIVE DEVICE USED FOR EACH CONDITION:
SECTI	ON XI - REM	IAININ	G EFFE	CTIVE F	FUNC	CTION (OF TH	HE EXTREMITIES
								RMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE
FUNCTIONS REMAINS OTHER THAN THAT extremity include grasping, manipulation, e								PUTATION WITH PROSTHESIS? (Functions of the upper e and propulsion, etc.)
YES, FUNCTIONING IS SO DIMINISHED TH		v			-			1 1
NO								
IF YES, INDICATE EXTREMITIES FOR WHICH T	HIS APPLIES:		RIGHT U	JPPER		LEFT	UPPE	R
	HE CONDITIO	N CAUS	SING LOS	SS OF FU	JNCT	ION, DE	SCRIE	BE LOSS OF EFFECTIVE FUNCTION AND PROVIDE
SPECIFIC EXAMPLES (brief summary):								
								t is not intended to inquire whether the Veteran should
amputation and prosthesis, the examiner should of	check "yes" ar	nd descri						llsion (foot) are as limited as if the Veteran had an question simply asks whether the functional loss is to the
same degree as if there were an amputation of the	e affected lim	b.						

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SECTION XII - 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.							
12A. 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							
12B. 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):							
12C. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:							
SECTION XIII - 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.							
13. 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, etc.)?							
YES NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:							
SECTION XIV - REMARKS							
14. REMARKS, IF ANY:							
SECTION XV - PHYSICIAN'S CERTIFICATION AND SIGNATURE							
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.							
15A. PHYSICIAN'S SIGNATURE 15B. PHYSICIAN'S PRINTED NAME 15C. DATE SIGNED							
15D. PHYSICIAN'S PHONE AND FAX NUMBER 15E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 15F. 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.)							

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.

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

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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.