OMB Approved No. 2900-0809
Respondent Burden: 30 minutes
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Department of Veterans Affairs

HAND AND FINGER CONDITIONS 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 - Your patient 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 veteran's claim. VA reserves the right to confirm the authenticity of ALL DBQ's completed by private health care providers.

MEDICAL RECORD REVIEW

WAS THE VETERAN'S VA CLAIMS FILE REVIEWED?

☐ YES ☐ NO

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:

- ☐ Military service treatment records
- ☐ Military service personnel records
- ☐ Military enlistment examination
- ☐ Military separation examination
- ☐ Military post-deployment questionnaire
- ☐ Department of Defense Form 214 Separation Documents
- ☐ Veterans Health Administration medical records *(VA treatment records)*
- ☐ Civilian medical records
- ☐ Interviews with collateral witnesses *(family and others who have known the veteran before and after military service)*
- ☐ 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:

NOTE: These are the 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.

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.)*

☐ Dupuytren's contracture	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Trigger finger	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Swan neck deformity	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Boutonniere deformity	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Mallet finger	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Gamekeeper's thumb	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Instability *(collateral ligament sprain, chronic)*	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Volar plate injury	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Degenerative arthritis *(MCP/PIP/DIP)*	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ MCP/PIP joint prosthetic replacement	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____
☐ Ankylosis of digit joint(s), specify joint(s):	Side affected:	☐ Right	☐ Left	☐ Both	ICD Code: _____	Date of diagnosis: _____

☐ 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: _____

SECTION II - MEDICAL HISTORY

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

2B. DOMINANT HAND:

☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

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

☐ YES ☐ NO

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

2D. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE JOINT OR EXTREMITY 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 - INITIAL RANGE OF MOTION *(ROM)* MEASUREMENTS

Measure ROM with a goniometer, rounding each measurement to the nearest 5 degrees, or measure the gap between thumb pad and fingers or between fingers and palm according to the guidance below. During ROM evaluation, observe any evidence of painful motion, manifested by visible behavior such as facial expression, wincing, on pressure or manipulation, etc. Document painful movement in question 5 below.

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 4.

For digits II through V, the metacarpophalangeal joint has a range of zero to 90 degrees of flexion, the proximal interphalangeal joint has a range of zero to 100 degrees of flexion, and the distal (terminal) interphalangeal joint has a range of zero to 70 or 80 degrees of flexion. For the index, long, ring, and little fingers (digits II, III, IV, and V), zero degrees of flexion represents the fingers fully extended, making a straight line with the rest of the hand.

3A. WERE ALL ROM MEASUREMENTS NORMAL?

☐ YES ☐ NO, COMPLETE QUESTIONS 3B THROUGH 3F

3B. FINGER FLEXION: DOCUMENT THE ROM IN DEGREES

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 ☐ Not Tested							
	Thumb ☐ Not Tested			Index finger ☐ Not Tested	Long finger ☐ Not Tested	Ring finger ☐ Not Tested	Little finger ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested

Right Hand ☐ Not Tested							
	Thumb ☐ Not Tested			Index finger ☐ Not Tested	Long finger ☐ Not Tested	Ring finger ☐ Not Tested	Little finger ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ 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):*

SECTION III - INITIAL RANGE OF MOTION *(ROM)* MEASUREMENTS *(Continued)*

3C. FINGER EXTENSION: DOCUMENT THE ROM IN DEGREES

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 ☐ Not Tested							
	Thumb ☐ Not Tested			Index finger ☐ Not Tested	Long finger ☐ Not Tested	Ring finger ☐ Not Tested	Little finger ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested

Right Hand ☐ Not Tested							
	Thumb ☐ Not Tested			Index finger ☐ Not Tested	Long finger ☐ Not Tested	Ring finger ☐ Not Tested	Little finger ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ 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):*

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?

	Left Hand	Right Hand
Index finger	☐ No gap ☐ _____ cm. gap	☐ No gap ☐ _____ cm. gap
Long finger	☐ No gap ☐ _____ cm. gap	☐ No gap ☐ _____ cm. gap

3E. IS THERE A GAP BETWEEN THE THUMB PAD AND THE FINGERS, WITH THE THUMB ATTEMPTING TO OPPOSE THE FINGERS?

	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. gap	☐ No gap ☐ _____ cm. gap

3F. DO ANY ABNORMAL ROMs NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS?

☐ YES ☐ NO, EXPLAIN WHY THE ABNORMAL ROMs DO NOT CONTRIBUTE:

SECTION III - INITIAL RANGE OF MOTION *(ROM)* MEASUREMENTS *(Continued)*

3G. IF ROM DOES NOT CONFORM TO THE NORMAL RANGE OF MOTION IDENTIFIED ABOVE BUT IS NORMAL FOR THIS VETERAN *(for reasons other than a hand condition, such as age, body habitus, neurologic disease)*, EXPLAIN:

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 LIMITATION IN ROM IN ANY OF THE JOINTS OF THE DIGITS OR HANDS AFTER REPETITIVE-USE TESTING?

☐ YES, THERE IS A CHANGE IN ROM IN AT LEAST ONE OF THE JOINTS OF THE DIGITS OR HANDS AFTER REPETITIVE-USE TESTING

☐ NO, THERE IS NO CHANGE IN ROM IN ANY OF THE JOINTS OF THE DIGITS OR HANDS AFTER REPETITIVE-USE TESTING

IF YES, COMPLETE QUESTIONS C THROUGH G *(report ROM after a minimum of 3 repetitions)*.

IF NO, DOCUMENTATION OF ROM AFTER REPETITIVE-USE TESTING IS NOT REQUIRED. PLEASE SKIP TO QUESTION 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 ☐ No change in ROM ☐ Not Tested			Index finger ☐ No change in ROM ☐ Not Tested	Long finger ☐ No change in ROM ☐ Not Tested	Ring finger ☐ No change in ROM ☐ Not Tested	Little finger ☐ No change in ROM ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested

Right Hand ☐ No change in ROM ☐ Not Tested							
	Thumb ☐ No change in ROM ☐ Not Tested			Index finger ☐ No change in ROM ☐ Not Tested	Long finger ☐ No change in ROM ☐ Not Tested	Ring finger ☐ No change in ROM ☐ Not Tested	Little finger ☐ No change in ROM ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ 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):*

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING *(Continued)*

4D. POST-TEST FINGER EXTENSION: 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 ☐ No change in ROM ☐ Not Tested			Index finger ☐ No change in ROM ☐ Not Tested	Long finger ☐ No change in ROM ☐ Not Tested	Ring finger ☐ No change in ROM ☐ Not Tested	Little finger ☐ No change in ROM ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested

Right Hand ☐ No change in ROM ☐ Not Tested							
	Thumb ☐ No change in ROM ☐ Not Tested			Index finger ☐ No change in ROM ☐ Not Tested	Long finger ☐ No change in ROM ☐ Not Tested	Ring finger ☐ No change in ROM ☐ Not Tested	Little finger ☐ No change in ROM ☐ Not Tested
CMC	☐ ROM: _____ ☐ Not tested		MP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
IP	☐ ROM: _____ ☐ Not tested		PIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested
			DIP	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ Not tested	☐ ROM: _____ ☐ 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):*

4E. AFTER REPETITIVE-USE TESTING, 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?

	Left Hand	Right Hand
Index finger	☐ No gap ☐ _____ cm. gap	☐ No gap ☐ _____ cm. gap
Long finger	☐ No gap ☐ _____ cm. gap	☐ No gap ☐ _____ cm. gap

4F. AFTER REPETITIVE-USE TESTING, IS THERE A GAP BETWEEN THE THUMB PAD AND THE FINGERS, WITH THE THUMB ATTEMPTING TO OPPOSE THE FINGERS?

	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. gap	☐ No gap ☐ _____ cm. gap

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING *(Continued)*

4G. DO ANY POST-TEST ADDITIONAL LIMITATIONS OF ROMs NOTED ABOVE CONTRIBUTE TO FUNCTIONAL LOSS?

☐ YES *(you will be asked to further describe these limitations in questions 6 below)*

☐ NO, EXPLAIN WHY THE POST-TEST ADDITIONAL LIMITATIONS OF ROMs DO NOT CONTRIBUTE:

SECTION V - PAIN

5A. PAINFUL ROM 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 describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Index finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Long finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Ring finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Little finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:

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 describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Index finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Long finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Ring finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Little finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:

SECTION V - PAIN *(Continued)*

5B. PAIN WHEN JOINT IS USED IN WEIGHT-BEARING OR IN NON WEIGHT-BEARING

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 describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Index finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Long finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Ring finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Little finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:

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 describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Index finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Long finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Ring finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:
Little finger	☐ Yes ☐ No	☐ Yes *(you will be asked to further describe these limitations in question 6 below)* ☐ No, explain why the pain does not contribute:

5C. 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	
Ring finger	☐ Yes ☐ No	
Little finger	☐ Yes ☐ No	

SECTION V - PAIN *(Continued)*

Right 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	
Ring finger	☐ Yes ☐ No	
Little finger	☐ Yes ☐ No	

5D. COMMENTS, IF ANY:

SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM

NOTE: The VA defines functional loss as the inability to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance.
Using information from the history and physical exam, select the factors below that contribute to functional loss or impairment (regardless of repetitive use) or to additional limitation of ROM or increased gap distance after repetitive use for the joint or extremity being evaluated on this DBQ:

6A. CONTRIBUTING FACTORS OF DISABILITY *(check all that apply and indicate digit affected)*:

☐ No functional loss for left hand, thumb or fingers

☐ No functional loss for right hand, thumb or fingers

Contributing factor	Left Hand	Right Hand
☐ Less movement than normal *(due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)*	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger
☐ More movement than normal *(from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc.)*	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger
☐ Weakened movement *(due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)*	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger
☐ Excess fatigability	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger

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

6A. CONTRIBUTING FACTORS OF DISABILITY *(check all that apply and indicate digit affected)*:

Contributing factor	Left Hand	Right Hand
☐ Incoordination, impaired ability to execute skilled movements smoothly	☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger	☐ None ☐ All ☐ 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 on whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups or when the joint is ***used repeatedly over a period of time*** and that opinion, if feasible, should be expressed in terms of the degree of ROM loss or gap distances due to pain on use or during flare-ups. The following section will assist you in providing this required opinion.

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.

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**?

LEFT HAND		Estimated ROM due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time				Estimated Gap distance due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time	
		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)* ☐ No	CMC	☐ Est. ROM: _____ ☐ Estimate is not feasible	CMC	☐ Est. ROM: _____ ☐ Estimate is not feasible	N/A	N/A
		IP	☐ Est. ROM: _____ ☐ Estimate is not feasible	IP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Index finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Long finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Ring finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Little finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		

RIGHT HAND		Estimated ROM due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time				Estimated Gap distance due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time	
		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)* ☐ No	CMC	☐ Est. ROM: _____ ☐ Estimate is not feasible	CMC	☐ Est. ROM: _____ ☐ Estimate is not feasible	N/A	N/A
		IP	☐ Est. ROM: _____ ☐ Estimate is not feasible	IP	☐ Est. ROM: _____ ☐ Estimate is not feasible		

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**?

RIGHT HAND		Estimated ROM due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time				Estimated Gap distance due to pain and/or functional loss during flare-ups or when the joint is used repeatedly over a period of time	
		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
Index finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Long finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Ring finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
Little finger	☐ Yes *(complete estimated ROM and gap distances)* ☐ No	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	MP	☐ Est. ROM: _____ ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible	☐ No estimated gap ☐ Est. _____ cm gap ☐ Estimate is not feasible
		PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	PIP	☐ Est. ROM: _____ ☐ Estimate is not feasible		
		DIP	☐ Est. ROM: _____ ☐ Estimate is not feasible	DIP	☐ Est. ROM: _____ ☐ Estimate is not 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:

Left: ☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger

Right: ☐ None ☐ All ☐ Thumb ☐ Index finger ☐ Long finger ☐ Ring finger ☐ Little finger

SECTION VII - MUSCLE STRENGTH TESTING

7A. MUSCLE STRENGTH - RATE STRENTH 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

☐ All normal (5/5)

Hand grip: Right: ☐ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

Left: ☐ 5/5 ☐ 4/5 ☐ 3/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

IF THE VETERAN HAS A REDUCTION IN MUSCLE STRENGTH, IS IT DUE TO A DIAGNOSIS LISTED IN SECTION 1?

☐ YES ☐ NO IF NO, PROVIDE RATIONALE:

7B. 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 DIAGNOSES 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

7C. COMMENTS, IF ANY:

SECTION VIII - ANKYLOSIS

Complete this section if Veteran has ankylosis of any thumb or finger joints.
NOTE: Ankylosis is the immobilization and consolidation of a joint due to disease, injury or surgical procedure.

8A. INDICATE LOCATION, SEVERITY AND SIDE AFFECTED *(check all that apply)*:

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	CMC	☐ 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

SECTION VIII - ANKYLOSIS *(Continued)*

8A. INDICATE LOCATION, SEVERITY AND SIDE AFFECTED *(check all that apply)*:

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

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	CMC	☐ 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

8B. 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:

SECTION VIII - ANKYLOSIS *(Continued)*

8C. COMMENTS, IF ANY:

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

9A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR ANY SCARS *(surgical or otherwise)* RELATED TO ANY CONDITION OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO IF YES, COMPLETE THE FOLLOWING SECTION

9B. 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)*:

9C. DOES THE VETERAN HAVE ANY SCARS *(surgical or otherwise)* RELATED TO ANY CONDITION OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, ARE ANY OF THESE 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?

☐ YES ☐ NO IF YES, ALSO COMPLETE A SCARS DBQ.

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

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.

9D. COMMENTS, IF ANY:

SECTION X - ASSISTIVE DEVICES

10A. 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

10B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

SECTION XI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

11A. DUE TO THE VETERAN'S HAND, FINGER OR THUMB CONDITIONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS 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 PROTHESIS 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 prothesis. 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 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, sitting, 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 NUMBER	15E. PHYSICIAN'S MEDICAL LICENSE 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.)

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.

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