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Department of Veterans Affairs

MUSCLE INJURIES 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 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.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A MUSCLE INJURY?

☐ YES ☐ NO *(If "Yes," complete Item 1B)*

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES:

DIAGNOSIS #1 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED ☐ Right ☐ Left ☐ Both
DIAGNOSIS #2 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED ☐ Right ☐ Left ☐ Both
DIAGNOSIS #3 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED ☐ Right ☐ Left ☐ Both

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES, LIST USING ABOVE FORMAT:

NOTE - If there are multiple muscle injuries, complete the assessment for all muscle injuries on this questionnaire, if possible. If unable to complete assessment for all muscle injuries on this questionnaire, also complete an additional questionnaire for each additional injury. If the veteran has or has had a muscle injury that results in any conditions that are not covered in this questionnaire, also complete any other appropriate questionnaires (e.g., if peripheral nerve injury also exists due to the muscle injury, complete VA Form 21-0960C-10, Peripheral Nerve Conditions (not including diabetic sensory-motor peripheral neuropathy) Disability Benefits Questionnaire.

SECTION II - HISTORY OF MUSCLE INJURY

2A. DOES THE VETERAN HAVE A PENETRATING MUSCLE INJURY *(such as a gunshot or shell fragment wound)*?

☐ YES ☐ NO

2B. DOES THE VETERAN HAVE A NON-PENETRATING MUSCLE INJURY *(such as a muscle strain, torn Achilles tendon or torn quadriceps muscle)*?

☐ YES ☐ NO

2C. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S MUSCLE INJURY *(brief summary)*

2D. DOMINANT HAND

☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

SECTION III - LOCATION OF MUSCLE INJURY

NOTE - For VA purposes, muscles are classified into groups I-XXIII. In this section, indicate the location of the veteran's muscle injury(ies) by checking the muscle group(s) involved.

SHOULDER GIRDLE AND ARM

3. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE SHOULDER GIRDLE OR ARM?

☐ YES ☐ NO

(If "Yes," check muscle group(s) and side affected (check all that apply)

☐ **GROUP I:** Extrinsic muscles of shoulder girdle: trapezius, levator scapulae, serratus magnus
Function: Upward rotation of scapula, elevation of arm above shoulder level

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP II:** Muscles of shoulder girdle: pectoralis major, latissimus dorsi and teres major, pectoralis minor, rhomboid
Function: Depression of arm from vertical overhead to hanging at side, downward rotation of scapula, forward and backward swing of arm

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP III:** Intrinsic muscles of shoulder girdle: pectoralis major, deltoid
Function: Elevation and abduction of arm to level of shoulder, forward and backward swing of arm

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP IV:** Shoulder girdle muscles: supraspinatus, infraspinatus and teres minor, subscapularis, coracobrachialis
Function: Stabilization of shoulder, abduction, rotation of arm

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP V:** Flexor muscles of elbow: biceps, brachialis, brachioradialis
Function: Flexion of elbow

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP VI:** Extensor muscles of elbow: triceps
Function: Extension of elbow

Side affected: ☐ Right ☐ Left ☐ Both

SECTION III - LOCATION OF MUSCLE INJURY *(Continued)*

FOREARM AND HAND

4. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOREARM OR HAND?

☐ YES ☐ NO

(If "Yes," check muscle group(s) and side affected (check all that apply)

☐ **GROUP VII:** Muscles of forearm: flexors of the wrist, fingers and thumb
Function: Flexion of wrist and fingers

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP VIII:** Muscles: extensors of the wrist, fingers and thumb
Function: Extension of wrist, fingers and thumb

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP IX:** Intrinsic muscles of hand, including muscles in the thenar and hypothenar eminence, lumbricales, dorsal and palmar interossei
Function: Intrinsic muscles of the hand assist in delicate manipulative movements

Side affected: ☐ Right ☐ Left ☐ Both

FOOT AND LEG

5. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOOT OR LEG?

☐ YES ☐ NO

(If "Yes," check muscle group(s) and side affected (check all that apply)

☐ **GROUP X:** Muscles of the foot: flexor digitorum brevis, abductor hallucis, abductor digiti minimi, quadratus plantae, lumbricales, flexor hallucis brevis, adductor hallucis, flexor digiti minimi brevis, dorsal and plantar interossei
Function: Movements of forefoot and toes, propulsion thrust in walking

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XI:** Muscles of the foot, ankle and calf: gastrocnemius, soleus, tibialis posterior, peroneus longus, peroneus brevis, flexor hallucis longus, flexor digitorum longus
Function: Propulsion, plantar flexion of foot, stabilization of arch, flexion of toes

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XII:** Anterior muscles of the leg, tibialis anterior, extensor digitorum longus, extensor hallucis longus, peroneus tertius
Function: Dorsiflexion, extension of toes, stabilization of arch

Side affected: ☐ Right ☐ Left ☐ Both

PELVIC GIRDLE AND THIGH

6. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE PELVIC GIRDLE OR THIGH?

☐ YES ☐ NO

(If "Yes," check muscle group(s) and side affected (check all that apply)

☐ **GROUP XIII:** Posterior thigh/hamstring muscles: biceps femoris, semimembranosus, semitendinosus
Function: Flexion of knee

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XIV:** Anterior thigh muscles: sartorius, rectus femoris, quadriceps
Function: Extension of knee

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XV:** Medial thigh muscles: adductor longus, adductor brevis, adductor magnus, gracilis
Function: Adduction of hip

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XVI:** Pelvic girdle muscles: psoas, iliacus, pectineus
Function: Flexion of hip

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XVII:** Pelvic girdle muscles: gluteus maximus, gluteus medius, gluteus minimus
Function: Extension of hip, abduction of thigh, postural support of body

Side affected: ☐ Right ☐ Left ☐ Both

If checked, is there severe damage to muscle group XVII, such that the veteran is unable to rise from a seated and stooped position and to maintain postural stability without assistance of any type?

☐ YES ☐ NO

☐ **GROUP XVIII:** Pelvic girdle muscles: pyriformis, gemelli, obturator, quadratus femoris
Function: Outward rotation of thigh and stabilization of hip joint

Side affected: ☐ Right ☐ Left ☐ Both

TORSO AND NECK

7. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP IN THE TORSO AND/OR NECK?

☐ YES ☐ NO

(If "Yes," check muscle group(s) and side or region affected (check all that apply)

☐ **GROUP XIX:** Muscles of the abdominal wall: rectus abdominis, external oblique, internal obliques, transversalis, quadratus lumborum
Function: Support of abdominal wall and lower thorax, flexion and lateral movement of spine

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XX:** Spinal muscles: sacrospinalis, erector spinae
Function: Postural support of body, extension and lateral movement of the spine

Region affected: ☐ Cervical ☐ Thoracic ☐ Lumbar

☐ **GROUP XXI:** Muscles of respiration: thoracic muscle group
Function: Respiration

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XXII:** Muscles of the front of the neck: trapezius, sternocleidomastoid, hyoid muscles, sternothyroid, digastric
Function: Rotation and flexion of the head, respiration, swallowing

Side affected: ☐ Right ☐ Left ☐ Both

☐ **GROUP XXIII:** Muscles of the side and back of the neck: suboccipital, lateral vertebral and anterior vertebral muscles
Function: Movements of the head, fixation of shoulder movements

Side affected: ☐ Right ☐ Left ☐ Both

SECTION IV - ADDITIONAL CONDITIONS

8A. DOES THE VETERAN HAVE A HISTORY OF RUPTURE OF THE DIAPHRAGM WITH HERNIATION?

☐ YES ☐ NO

(If "Yes," ALSO complete VA Form 21-0960H-1, Hernias (Including Abdominal, Inguinal, and Femoral Hernias) Disability Benefits Questionnaire)

8B. DOES THE VETERAN HAVE A HISTORY OF AN EXTENSIVE MUSCLE HERNIA OF ANY MUSCLE, WITHOUT OTHER INJURY TO THE MUSCLE?

☐ YES ☐ NO *(If "Yes," provide name of muscle and describe current residuals):* _____

8C. DOES THE VETERAN HAVE A HISTORY OF INJURY TO THE FACIAL MUSCLES?

☐ YES ☐ NO

(If "Yes," complete VA Form 21-0960C-3, Cranial Nerve Conditions Disability Benefits Questionnaire or VA Form 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire, etc., as indicated by type of residuals)

(If "Yes," is there interference to any extent with mastication?)

☐ YES ☐ NO

SECTION V - MUSCLE INJURY EXAM

SCAR(S), FASCIA AND MUSCLE FINDINGS

9A. DOES THE VETERAN HAVE ANY SCAR(S) ASSOCIATED WITH A MUSCLE INJURY?

☐ YES ☐ NO

(If "Yes," indicate severity of scar(s) caused by the muscle injury (ies) (check all that apply if there is more than one area or type of scarring):

- ☐ Minimal scar(s)
- ☐ Entrance and (if present) exit scars are small or linear, indicating short track of missile through muscle tissue
- ☐ Entrance and (if present) exit scars indicating track of missile through one or more muscle groups
- ☐ Ragged, depressed and adherent scars indicating wide damage to muscle groups in missile track
- ☐ Adhesion of scar to one of the long bones, scapula, pelvic bones, sacrum or vertebrae, with epithelial sealing over the bone rather than true skin covering in an area where bone is normally protected by muscle
- ☐ Other (including surgical scars related to muscle injuries shown above, ALSO complete VA Form 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire):

9B. DOES THE VETERAN HAVE ANY KNOWN FASCIAL DEFECTS OR EVIDENCE OF FASCIAL DEFECTS ASSOCIATED WITH ANY MUSCLE INJURIES?

☐ YES ☐ NO

(If "Yes," indicate severity of fascial defect(s) caused by the muscle injury(ies) (check all that apply if there is more than one area/type of fascial defect)

- ☐ Some loss of deep fascia
- ☐ Palpation shows loss of deep fascia
- ☐ Other, describe:

9C. DOES THE VETERAN'S MUSCLE INJURY(IES) AFFECT MUSCLE SUBSTANCE OR FUNCTION?

☐ YES ☐ NO

(If "Yes," indicate effect of the muscle injury(ies) on muscle substance or function - check all that apply)

- ☐ Some impairment of muscle tonus
- ☐ Some loss of muscle substance
- ☐ Soft flabby muscles in wound area
- ☐ Muscles swell and harden abnormally in contraction
- ☐ Induration or atrophy of an entire muscle following history of simple piercing by a projectile
- ☐ Adaptive contraction of an opposing group of muscles
- ☐ Visible or measurable atrophy
- ☐ Atrophy of muscle groups not in the track of the missile, particularly of the trapezius and serratus in wounds of the shoulder girdle
- ☐ Tests of endurance or coordinated movements compared with the corresponding muscles of the uninjured side indicate severe impairment of function
- ☐ Other, describe:

SECTION V - MUSCLE INJURY EXAM *(Continued)*

CARDINAL SIGNS AND SYMPTOMS OF MUSCLE DISABILITY

10. DOES THE VETERAN HAVE ANY OF THE FOLLOWING SIGNS AND/OR SYMPTOMS ATTRIBUTABLE TO ANY MUSCLE INJURIES?

☐ YES ☐ NO

(If "Yes," check all that apply, and indicate side affected, muscle group and frequency/severity):

☐ Loss of power

(If checked, indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

☐ Weakness

(If checked, indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

☐ Lowered threshold of fatigue

(If checked, indicate sided affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

☐ Fatigue-pain

(If checked, indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

☐ Impairment of coordination

(If checked, indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

☐ Uncertainty of movement

(If checked, indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

(Indicate frequency/severity): ☐ Occasional ☐ Consistent ☐ Consistent at a more severe level

If further clarification is needed due to injuries of multiple muscle groups, describe which findings, signs and/or symptoms are attributable to each muscle injury:

SECTION V - MUSCLE INJURY EXAM *(Continued)*

MUSCLE STRENGTH TESTING

11A. TEST MUSCLE STRENGTH ONLY FOR AFFECTED MUSCLE GROUPS AND FOR THE CORRESPONDING SOUND (NON-INJURED) SIDE. RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement
1/5 Visible muscle movement, but no joint movement
2/5 No movement against gravity
3/5 No movement against resistance
4/5 Less than normal strength
5/5 Normal strength

Shoulder abduction (Group III)	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
Elbow flexion (Group V)	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
Elbow extension (Group VI)	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
Wrist flexion (Group VII)	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
Wrist extension (Group VIII)	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
Hip flexion (Group XVI)	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
Knee flexion (Group XIII)	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
Knee extension (Group XIV)	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
Ankle plantar flexion (Group XI)	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
Ankle dorsiflexion (Group XII)	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 other movements/muscle groups were tested, specify: _____	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

11B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

☐ YES ☐ NO

(If muscle atrophy is present, indicate location (such as calf, thigh, forearm, upper arm): _____

(Indicate side affected): ☐ Right ☐ Left ☐ Both

(Indicate muscle group(s) affected (I-XXIII) if possible): _____

Provide measurements in centimeters of normal side and atrophied side, measured at maximum muscle bulk:

Normal side: _____ *cm.* *Atrophied side:* _____ *cm.*

If muscle atrophy is present in more than one muscle group, provide location and measurements, using the same format:

SECTION VI - ASSISTIVE DEVICES

12. 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(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Crutch(es)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Cane(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Walker	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Other: _____	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant

(If the veteran uses any assistive devices specify the condition and identify the assistive device used for each condition):

SECTION VII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

13. DUE TO THE VETERAN'S MUSCLE CONDITIONS IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? *(Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)*

☐ YES, FUNCTIONING IS SO DIMINISHED THAT AMPUTATION WITH PROSTHESIS WOULD EQUALLY SERVE THE VETERAN

☐ NO

(If "Yes," indicate extremity(ies) for which this applies):

☐ Right upper ☐ Left upper ☐ 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)

SECTION VIII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

14. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS?

☐ YES ☐ NO *(If "Yes," describe - brief summary)*

SECTION IX - DIAGNOSTIC TESTING

NOTE - If there is reason to believe there are retained metallic fragments in the muscle tissue, appropriate x-rays are required to determine location of retained metallic fragment. Once retained metallic fragments have been documented, further imaging studies are usually not indicated.

15A. HAVE IMAGING STUDIES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

☐ YES ☐ NO

15B. IS THERE X-RAY EVIDENCE OF RETAINED METALLIC FRAGMENTS *(such as shell fragments or shrapnel)* IN ANY MUSCLE GROUP?

☐ YES ☐ NO *(If "Yes," indicate results):*

☐ X-ray evidence of retained shell fragment(s) and/or shrapnel

Location *(specify muscle Group I-XXIII, if possible)*: _____

(Indicate side affected): ☐ Right ☐ Left ☐ Both

☐ X-ray evidence of minute multiple scattered foreign bodies indicating intermuscular trauma and explosive effect of the missile

Location *(specify muscle Group I -XXIII, if possible):* _____

(Indicate side affected): ☐ Right ☐ Left ☐ Both

15C. WERE ELECTRODIAGNOSTIC TESTS DONE?

☐ YES ☐ NO *(If "Yes," was there diminished muscle excitability to pulsed electrical current?)*

☐ YES ☐ NO *(If "Yes," name affected muscles)* _____

15D. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☐ NO *(If "Yes," provide type of test or procedure, date and results - brief summary)*

SECTION X - FUNCTIONAL IMPACT

16. DOES THE VETERAN'S MUSCLE INJURY(IES) IMPACT HIS OR HER ABILITY TO WORK? *(For example the muscle injury(ies) results in the veteran's inability to keep up with work requirements)*

☐ YES ☐ NO *(If "Yes," describe the impact of each of the veteran's muscle injuries, providing one or more examples):*

SECTION XI - REMARKS

17. REMARKS *(If any)*

SECTION XII- PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

18A. PHYSICIAN'S SIGNATURE	18B. PHYSICIAN'S PRINTED NAME	18C. DATE SIGNED

18D. PHYSICIAN'S PHONE AND FAX NUMBER	18E. PHYSICIAN'S MEDICAL LICENSE NUMBER	18F. 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.benefits.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 voluntary. 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.