Department of Veterans Affairs

# KNEE AND LOWER LEG DISABILITY BENEFITS QUESTIONNAIRE

| Name of Claimant/Veteran: | Claimant/Veteran's Social Security Number: | Date of Examination: |
|---|---|---|
| | | |

**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.

Note - The Veteran 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 may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

## EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

## SECTION I - DIAGNOSIS

1A. List the claimed conditions that pertain to this questionnaire:

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 the remarks 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 conditions listed above. (Explain your findings and reasons in the remarks section)

| | Side affected: | | | ICD Code: | Date of diagnosis: | |
|---|---|---|---|---|---|---|
| ☐ Knee strain | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee meniscal tear | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee anterior cruciate ligament tear | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee posterior cruciate ligament tear | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Patellar or quadriceps tendon rupture | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |

## SECTION I - DIAGNOSIS (continued)

| | Side affected: | | | ICD Code: | Date of diagnosis: | |
|---|---|---|---|---|---|---|
| ☐ Knee joint osteoarthritis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee joint ankylosis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee fracture (including patellar fracture) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Stress fracture of tibia | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tibia and/or fibula fracture | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Recurrent patellar dislocation | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Recurrent subluxation | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee instability | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Patellar instability | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Knee cartilage restoration surgery | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Shin splints (if diagnosed with compartment syndrome complete the Muscles questionnaire in lieu of this questionnaire) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Patellofemoral pain syndrome | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Degenerative arthritis, other than post-traumatic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, gonorrheal | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, pneumococcic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, streptococcic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, syphilitic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, rheumatoid (multi-joints) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Post-traumatic arthritis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, typhoid | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Other specified forms of arthropathy (excluding gout) (specify) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| _____ | | | | | | |
| ☐ Osteoporosis, residuals of | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Osteomalacia, residuals of | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Bones, neoplasm, benign | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Osteitis deformans | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Gout | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Bursitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Myositis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Heterotopic ossification | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinopathy (select one if known) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinosis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tenosynovitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Inflammatory other types (specify) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| _____ | | | | | | |

☐ Other (specify)

Other diagnosis #1 _____

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: _____ Date of diagnosis: Right: _____ Left: _____

Other diagnosis #2 _____

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: _____ Date of diagnosis: Right: _____ Left: _____

Other diagnosis #3 _____

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: Date of diagnosis: Right: _____ Left: _____

If there are additional diagnoses that pertain to knee conditions, list using above format:

## SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's knee and/or lower leg condition (brief summary):

2B. Does the Veteran report flare-ups of the knee and/or lower leg? ☐ Yes ☐ No If yes, document the Veteran's description of the flare-ups he/she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time? ☐ Yes ☐ No If yes, document the Veteran's description of functional loss or functional impairment in his/her own words.

2D. Does the Veteran report or have a history of instability or recurrent subluxation of the knee? ☐ Yes ☐ No If yes, document the Veteran's description of instability/ recurrent subluxation in his/her own words.

2E. Does the Veteran report or have a history of frequent effusion of the knee? ☐ Yes ☐ No If yes, is the frequent effusion a result of a diagnosis in Section I? Describe below:

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance, or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up; however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided - such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

| RIGHT KNEE | LEFT KNEE |
|---|---|
| 3A. Initial ROM measurements | 3A. Initial ROM measurements |
| ☐ All Normal ☐ Abnormal or outside of normal range<br>☐ Unable to test ☐ Not indicated | ☐ All Normal ☐ Abnormal or outside of normal range<br>☐ Unable to test ☐ Not indicated |
| If "Unable to test" or "Not indicated" please explain: | If "Unable to test" or "Not indicated" please explain: |
| | |
| If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a knee/lower leg condition, such as age, body habitus, neurologic disease), please describe: | If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a knee/lower leg condition, such as age, body habitus, neurologic disease), please describe: |
| | |
| If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☐ No | If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☐ No |
| | |

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

| RIGHT KNEE | LEFT KNEE |
|---|---|
| 3A. Initial ROM measurements (continued) | 3A. Initial ROM measurements (continued) |

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ☐ Yes ☐ No If no, provide an explanation:

Can testing be performed? ☐ Yes ☐ No If no, provide an explanation:

If this is the unclaimed joint, is it: ☐ Damaged ☐ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above) _____ Extension degree endpoint (if different than above)

If this is the unclaimed joint, is it: ☐ Damaged ☐ Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees

Extension endpoint (0 degrees): _____ degrees

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above) _____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees ☐ Same as active ROM

Extension endpoint (0 degrees): _____ degrees ☐ Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above) _____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees ☐ Same as active ROM

Extension endpoint (0 degrees): _____ degrees ☐ Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):

☐ Flexion ☐ Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above) _____ Extension degree endpoint (if different than above)

Is there evidence of pain? ☐ Yes ☐ No If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion ☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

Comments:

Is there evidence of pain? ☐ Yes ☐ No If yes check all that apply.

☐ weight-bearing ☐ nonweight-bearing

☐ active motion ☐ passive motion ☐ on rest/non-movement

☐ causes functional loss (if checked describe in the comments box below) ☐ does not result in/cause functional loss

Comments:

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

| RIGHT KNEE | LEFT KNEE |
|---|---|
| 3A. Initial ROM measurements (continued) | 3A. Initial ROM measurements (continued) |
| Is there objective evidence of crepitus? ☐ Yes ☐ No<br><br>Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☐ No If yes, please explain. Include location, severity, and relationship to condition(s). | Is there objective evidence of crepitus? ☐ Yes ☐ No<br><br>Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☐ No If yes, please explain. Include location, severity, and relationship to condition(s). |
| 3B. Observed repetitive use ROM | 3B. Observed repetitive use ROM |
| Is the Veteran able to perform repetitive-use testing with at least three repetitions? ☐ Yes ☐ No If no, please explain: | Is the Veteran able to perform repetitive-use testing with at least three repetitions? ☐ Yes ☐ No If no, please explain: |
| Is there additional loss of function or range of motion after three repetitions?<br>☐ Yes ☐ No | Is there additional loss of function or range of motion after three repetitions?<br>☐ Yes ☐ No |
| If yes, please respond to the following after the completion of the three repetitions: | If yes, please respond to the following after the completion of the three repetitions: |
| Flexion endpoint (140 degrees): _____ degrees | Flexion endpoint (140 degrees): _____ degrees |
| Extension endpoint (0 degrees): _____ degrees | Extension endpoint (0 degrees): _____ degrees |
| Select factors that cause this functional loss: (check all that apply) | Select factors that cause this functional loss: (check all that apply) |
| ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance | ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance |
| ☐ Incoordination ☐ Other _____ ☐ N/A | ☐ Incoordination ☐ Other _____ ☐ N/A |

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.

| 3C. Repeated use over time | 3C. Repeated use over time |
|---|---|
| Is the Veteran being examined immediately after repeated use over time?<br>☐ Yes ☐ No | Is the Veteran being examined immediately after repeated use over time?<br>☐ Yes ☐ No |
| Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ☐ Yes ☐ No | Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ☐ Yes ☐ No |
| Select factors that cause this functional loss. (Check all that apply) | Select factors that cause this functional loss. (Check all that apply) |
| ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance | ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance |
| ☐ Incoordination ☐ Other _____ ☐ N/A | ☐ Incoordination ☐ Other _____ ☐ N/A |
| Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. | Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. |
| Flexion endpoint (140 degrees): _____ degrees | Flexion endpoint (140 degrees): _____ degrees |
| Extension endpoint (0 degrees): _____ degrees | Extension endpoint (0 degrees): _____ degrees |
| The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. | The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. |
| Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) | Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) |

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

| RIGHT KNEE | LEFT KNEE |
|---|---|
| 3D. Flare-ups | 3D. Flare-ups |
| Is the examination being conducted during a flare-up? ☐ Yes ☐ No | Is the examination being conducted during a flare-up? ☐ Yes ☐ No |
| Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ☐ Yes ☐ No | Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ☐ Yes ☐ No |
| Select factors that cause this functional loss. (Check all that apply) | Select factors that cause this functional loss. (Check all that apply) |
| ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance | ☐ Pain ☐ Fatigability ☐ Weakness ☐ Lack of endurance |
| ☐ Incoordination ☐ Other _____ ☐ N/A | ☐ Incoordination ☐ Other _____ ☐ N/A |
| Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran. | Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran. |
| Flexion endpoint (140 degrees): _____ degrees | Flexion endpoint (140 degrees): _____ degrees |
| Extension endpoint (0 degrees): _____ degrees | Extension endpoint (0 degrees): _____ degrees |
| The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. | The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed. |
| Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) | Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) |
| | |
| 3E. Additional factors contributing to disability | 3E. Additional factors contributing to disability |
| In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe: | In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe: |
| ☐ None ☐ Interference with sitting | ☐ None ☐ Interference with sitting |
| ☐ Interference with standing ☐ Swelling | ☐ Interference with standing ☐ Swelling |
| ☐ Disturbance of locomotion ☐ Deformity | ☐ Disturbance of locomotion ☐ Deformity |
| ☐ Less movement than normal ☐ More movement than normal (indicate if there is nonunion of fracture) ☐ nonunion of fracture | ☐ Less movement than normal ☐ More movement than normal (indicate if there is nonunion of fracture) ☐ nonunion of fracture |
| ☐ Weakened movement ☐ Atrophy of disuse | ☐ Weakened movement ☐ Atrophy of disuse |
| ☐ Instability of station ☐ Other, describe: | ☐ Instability of station ☐ Other, describe: |
| Please describe additional contributing factors of disability: | Please describe additional contributing factors of disability: |
| | |

## SECTION IV - MUSCLE ATROPHY

| | |
|---|---|
| 4A. Does the Veteran have muscle atrophy? ☐ Yes ☐ No | 4A. Does the Veteran have muscle atrophy? ☐ Yes ☐ No |
| 4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section? ☐ Yes ☐ No If no, provide rationale: | 4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section? ☐ Yes ☐ No If no, provide rationale: |
| | |

## SECTION IV - MUSCLE ATROPHY (continued)

| RIGHT KNEE | LEFT KNEE |
|---|---|
| 4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.<br>☐ Right lower extremity (specify location of measurement such as "10cm above or below the knee"):<br>Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm | 4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.<br>☐ Left lower extremity (specify location of measurement such as "10cm above or below the knee"):<br>Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm |

## SECTION V - ANKYLOSIS

Note: Ankylosis is the immobilization of a joint due to disease, injury, or surgical procedure.

| | |
|---|---|
| 5A. Is there ankylosis of the knee and/or lower leg? ☐ Yes ☐ No If yes, indicate the severity of ankylosis:<br>☐ Favorable angle in full extension or in slight flexion between 0 and 10 degrees<br>☐ In flexion between 10 and 20 degrees<br>☐ In flexion between 20 and 45 degrees<br>☐ Extremely unfavorable, in flexion at an angle of 45 degrees or more<br>5B. Indicate angle of ankylosis in degrees.<br>_____ degrees ☐ N/A no ankylosis of knee joint<br>5C. If ankylosed, is there involvement of Muscle Group XIII (posterior thigh group, hamstring complex of 2-joint muscles: (1) biceps femoris; (2) semimembranosus; (3) semitendinosus)? ☐ Yes ☐ No If yes, complete the Muscle Injuries questionnaire. | 5A. Is there ankylosis of the knee and/or lower leg? ☐ Yes ☐ No If yes, indicate the severity of ankylosis:<br>☐ Favorable angle in full extension or in slight flexion between 0 and 10 degrees<br>☐ In flexion between 10 and 20 degrees<br>☐ In flexion between 20 and 45 degrees<br>☐ Extremely unfavorable, in flexion at an angle of 45 degrees or more<br>5B. Indicate angle of ankylosis in degrees.<br>_____ degrees ☐ N/A no ankylosis of knee joint<br>5C. If ankylosed, is there involvement of Muscle Group XIII (posterior thigh group, hamstring complex of 2-joint muscles: (1) biceps femoris; (2) semimembranosus; (3) semitendinosus)? ☐ Yes ☐ No If yes, complete the Muscle Injuries questionnaire. |

## SECTION VI - JOINT STABILITY

Note: For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon. A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including but not limited to, arthroscopy to remove loose bodies and joint aspiration).

| | |
|---|---|
| 6A. Is there recurrent subluxation or persistent instability? ☐ Yes ☐ No<br>6B. Is there or has there been a ligament tear (sprain)? ☐ Yes ☐ No If yes, select one of the following.<br>☐ Complete ligament tear ☐ Incomplete/partial ligament tear<br>6C. Was the ligament tear repaired? ☐ Yes ☐ No If yes, select one of the following.<br>☐ Complete tear repair- successful ☐ Complete tear repair- failed<br>6D. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation? ☐ Yes ☐ No If yes, check all that apply.<br>☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s) | 6A. Is there recurrent subluxation or persistent instability? ☐ Yes ☐ No<br>6B. Is there or has there been a ligament tear (sprain)? ☐ Yes ☐ No If yes, select one of the following.<br>☐ Complete ligament tear ☐ Incomplete/partial ligament tear<br>6C. Was the ligament tear repaired? ☐ Yes ☐ No If yes, select one of the following.<br>☐ Complete tear repair- successful ☐ Complete tear repair- failed<br>6D. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation? ☐ Yes ☐ No If yes, check all that apply.<br>☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s) |
| 6E. Is there recurrent patellar instability? ☐ Yes ☐ No<br>6F. Has the Veteran had surgical repair of the knee for patellar instability? ☐ Yes ☐ No If yes, please describe: | 6E. Is there recurrent patellar instability? ☐ Yes ☐ No<br>6F. Has the Veteran had surgical repair of the knee for patellar instability? ☐ Yes ☐ No If yes, please describe: |
| 6G. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation with patellar instability? ☐ Yes ☐ No If yes, check all that apply.<br>☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s) | 6G. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation with patellar instability? ☐ Yes ☐ No If yes, check all that apply.<br>☐ Cane(s) ☐ Walker ☐ Crutches ☐ Brace(s) |

## SECTION VII - TIBIAL OR FIBULAR IMPAIRMENT

### RIGHT KNEE

7A. Does the Veteran currently have or has the Veteran been diagnosed with a recurrent patellar dislocation, shin splints (medial tibial stress syndrome), stress fractures, or any other tibial or fibular impairment? ☐ Yes ☐ No (if yes, indicate condition and complete the appropriate sections below):

☐ Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms: _____

☐ Acquired and/or traumatic genu recurvatum with objectively demonstrated weakness and insecurity in weight-bearing.

☐ Recurrent patellar dislocation

☐ "Shin Splints" (medial tibial stress syndrome - MTSS) (indicate all treatment and symptoms below)

- ☐ treatment for less than 12 consecutive months
- ☐ unresponsive to shoe orthotics or other conservative treatment
- ☐ requiring treatment for 12 consecutive months or more
- ☐ responsive to surgery
- ☐ unresponsive to surgery

☐ Leg length discrepancy (shortening of any bones of the lower extremity) (If checked, provide length of each lower extremity in inches (to the nearest 1/4 inch) or centimeters measuring from the anterior superior iliac spine to the internal malleolus of the tibia).

Measurements: Right leg: _____ ☐ cm ☐ inch

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

### LEFT KNEE

7A. Does the Veteran currently have or has the Veteran been diagnosed with a recurrent patellar dislocation, shin splints (medial tibial stress syndrome), stress fractures, or any other tibial or fibular impairment? ☐ Yes ☐ No (if yes, indicate condition and complete the appropriate sections below):

☐ Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms: _____

☐ Acquired and/or traumatic genu recurvatum with objectively demonstrated weakness and insecurity in weight-bearing.

☐ Recurrent patellar dislocation

☐ "Shin Splints" (medial tibial stress syndrome - MTSS) (indicate all treatment and symptoms below)

- ☐ treatment for less than 12 consecutive months
- ☐ unresponsive to shoe orthotics or other conservative treatment
- ☐ requiring treatment for 12 consecutive months or more
- ☐ responsive to surgery
- ☐ unresponsive to surgery

☐ Leg length discrepancy (shortening of any bones of the lower extremity) (If checked, provide length of each lower extremity in inches (to the nearest 1/4 inch) or centimeters measuring from the anterior superior iliac spine to the internal malleolus of the tibia).

Measurements: Left leg: _____ ☐ cm ☐ inch

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

## SECTION VIII - MENISCAL CONDITIONS

### RIGHT KNEE

8A. Does the Veteran currently have or has the Veteran been diagnosed with a meniscus (semilunar cartilage) condition? ☐ Yes ☐ No (If yes, indicate severity and frequency of symptoms):

- ☐ No current symptoms
- ☐ Meniscal dislocation
- ☐ Meniscal tear
- ☐ Frequent episodes of joint "locking"
- ☐ Frequent episodes of joint pain
- ☐ Frequent episodes of joint effusion

For all checked boxes above, describe:

### LEFT KNEE

8A. Does the Veteran currently have or has the Veteran been diagnosed with a meniscus (semilunar cartilage) condition? ☐ Yes ☐ No (If yes, indicate severity and frequency of symptoms):

- ☐ No current symptoms
- ☐ Meniscal dislocation
- ☐ Meniscal tear
- ☐ Frequent episodes of joint "locking"
- ☐ Frequent episodes of joint pain
- ☐ Frequent episodes of joint effusion

For all checked boxes above, describe:

## SECTION IX - SURGICAL PROCEDURES

### RIGHT KNEE

9A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

- ☐ No surgery
- ☐ Knee joint resurfacing — Date of surgery: _____
- ☐ Total knee joint replacement — Date of surgery: _____

Total knee joint replacement residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain, or limitation of motion ☐ Chronic residuals consisting of severe painful motion or weakness

### LEFT KNEE

9A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

- ☐ No surgery
- ☐ Knee joint resurfacing — Date of surgery: _____
- ☐ Total knee joint replacement — Date of surgery: _____

Total knee joint replacement residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain, or limitation of motion ☐ Chronic residuals consisting of severe painful motion or weakness

## SECTION IX - SURGICAL PROCEDURES (continued)

| RIGHT KNEE | LEFT KNEE |
|---|---|
| ☐ Other residuals, describe: _____ | ☐ Other residuals, describe: _____ |
| ☐ Meniscectomy Date of surgery: _____ | ☐ Meniscectomy Date of surgery: _____ |
| ☐ Arthroscopic ligament repair Date of surgery: _____ | ☐ Arthroscopic ligament repair Date of surgery: _____ |
| ☐ Other surgery not described (specify below): Date of surgery: _____ | ☐ Other surgery not described (specify below): Date of surgery: _____ |
| Type of surgery: _____ | Type of surgery: _____ |
| ☐ Residual signs of symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above: | ☐ Residual signs of symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above: |
| Describe residuals: | Describe residuals: |

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

10A. 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):

10B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?
☐ Yes ☐ No If yes, also complete the appropriate dermatological questionnaire.

## SECTION XI - ASSISTIVE DEVICES

11A. Does the Veteran use any assistive devices (other than those noted in Section VI) as a normal mode of locomotion, although occasional locomotion by other methods may be possible? ☐ Yes ☐ No

If yes, identify the assistive devices used (check all that apply and indicate frequency):

| | | | | |
|---|---|---|---|---|
| ☐ Wheelchair | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |
| ☐ Brace | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |
| ☐ Crutches | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |
| ☐ Cane(s) | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |
| ☐ Walker | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |
| ☐ Other, describe: _____ | Frequency of use: | ☐ Occasional | ☐ Regular | ☐ Constant |

11B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.

## SECTION XII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

Note: The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should undergo an amputation with fitting of a prosthesis. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an amputation and prosthesis, the examiner should check "yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the same degree as if there were an amputation of the affected limb.

12A. Due to the Veterans knee or lower leg condition(s), 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 lower extremity include balance and propulsion, etc.)?

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran ☐ No

If yes, indicate extremities for which this applies: ☐ Right lower ☐ Left lower

12B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

## SECTION XIII - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-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.

13A. Have imaging studies been performed in conjunction with this examination? ☐ Yes ☐ No

13B. If yes, is degenerative or post-traumatic arthritis documented? ☐ Yes ☐ No

Indicate side. ☐ Right ☐ Left ☐ Both

13C. If yes provide type of test or procedure, date and results (brief summary):

13D. Are there any other significant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination? ☐ Yes ☐ No If yes, provide type of test or procedure, date and results (brief summary):

13E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

## SECTION XIV - 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.

14A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/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 XV - REMARKS

15A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

## SECTION XVI - EXAMINER'S CERTIFICATION AND SIGNATURE

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

16A. Examiner's signature:

16B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

16C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

16D. Date Signed:

16E. Examiner's phone/fax numbers:

16F. National Provider Identifier (NPI) number:

16. Medical license number and state:

16H. Examiner's address: