NAME OF CLAIMANT/VETERAN:	CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER:	DATE OF EXAMINATION:
<b>NOTE TO EXAMINER:</b> The Veteran is applying to the U.S. De questionnaire as part of their evaluation in processing the	partment of Veterans Affairs (VA) for disability benefits. VA veteran's claim.	will consider the information you provide on this
IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCT HOW WAS THE EXAMINATION COMPLETED (CHECK ALL TH	~	S NO
X In-person examination		
□ Records reviewed		
Examination via approved video telehealth		
Other, please specify in comments box		
COMMENTS:		
	ACCEPTABLE CLINICAL EVIDENCE (ACE)	
INDICATE THE METHOD USED TO OBTAIN MEDICAL	INFORMATION TO COMPLETE THIS DOCUMENT:	
	o telehealth examination) using the Acceptable Clinical Evi which to prepare the questionnaire and such an examination	
	erview with the Veteran (without in-person or video telehe with an interview provided sufficient information on whic nt evidence.	
	EVIDENCE REVIEW	
Evidence Reviewed (check all that apply):		
☐ Not Requested	☐ No Records were Reviewed	
☐ VA claims file (hard copy paper C-file)		
X VA e-folder		
☐ VA electronic health record		
Other, please specify in comments box		
Evidence Comments:		
Evidence comments.		
	DOMINANT HAND	
DOMINANT HAND:		
	SECTION I - DIAGNOSIS	
<b>NOTE:</b> These are condition(s) for which an evaluation has evidence be provided for submission to VA.	been requested on the exam request form (Internal VA) or	for which the Veteran has requested medical
1A. LIST THE CLAIMED CONDITION(S) THAT PERTAIN TO TH	IS QUESTIONNAIRE:	
Bilateral hand strain		

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HAND AND FINGERS DISABILITY BENEFITS 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(s), 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: Date of diagnosis: ICD Code: Left Right Left Both Right ☐ Dupuytren's contracture ☐ Trigger Finger Swan neck deformity ☐ Boutonniere deformity ☐ Mallet finger Gamekeeper's thumb ☐ Instability (chronic collateral ligament sprain) ☐ Volar plate injury ☐ MCP/PIP joint prostethic replacement Ankylosis of digit joint(s), specify joint(s): Degenerative arthritis, other than post-traumatic Arthritis, gonorrheal Arthritis, pneumococcic Arthritis, streptococcic Arthritis, syphilitic Arthritis, rheumatoid (multi-joint) Post-traumatic arthritis Arthritis, typhoid Other specified forms of arthropathy (excluding gout) (specify): Osteoporosis, residuals of Osteomalacia, residuals of Bones, neoplasm, benign П П Osteitis deformans ☐ Gout ■ Bursitis ☐ Myositis ☐ Heterotopic ossification ☐ Tendinopathy (select one if known) ☐ Tendinitis ☐ Tendinosis Tenosynovitis Inflammatory other types (specify):

				HAND AND F	INGERS DISABILITY DEN	NEFITS QUESTIONNAIRE
1B. Continued	Side affected: Date of diagnos				diagnosis:	
				ICD Code:		· ·
	Right	Left	Both		Right	Left
X Other (specify)						
Other diagnosis #1:						
•		•				
			<b>T</b> Z ]	M18	08/2024	08/2024
Other diagnosis #2:	Ш	Ш	X	IVIIO	08/2024	08/2024
Bilateral hand osteoarthritis						
1C. If there are additional diagnoses that pertain to	hand and	l finger con	ditions, lis	t using above format	::	
			,	6		
		SECTIO	N II - ME	DICAL HISTORY		
2A. DESCRIBE THE HISTORY (including onset and co	ourse) OF 1	HF VFTFRA	Ν'ς ΗΔΝΓ	FINGER OR THUMB	CONDITION (brief summary)	
Onset Date:	ourse, or i	TIL VLILIO	III J I IAIV	, THIVOLK OK THOMB	conversion (brief summary).	
2024						
Details of Onset:	1.21 . 1.2		1 . 1 .			
Service member reports he started to experience	bilateral .	hand pain,	which ha	s continued.		
Course since Onset:						
			4.1	1100 1		
Symptoms include bilateral hand pain, including	pain in a	II the finge	ers resultii	ng in difficulty gripp	oing objects. Current treatment	includes
occupational therapy exercises PRN.						
Current Symptoms						
Current Symptoms:		11.41 ~	1.1	11.00 1.	. 1. 4	
Symptoms include bilateral hand pain, including	pain in a	ii the finge	ers resultii	ng in difficulty gripp	oing objects.	
Current Treatment/Frequency:						
occupational therapy exercises PRN						
occupational incrapy exercises PKIN						



TIAND AND THIRDERS DISABLETT BENEFITS QUESTIONNAIN
2B. DOES THE VETERAN REPORT FLARE-UPS OF THE HAND, FINGER OR THUMB?
☐ YES ☒ NO
IF "YES," document the Veteran's description of the flare-ups he or 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.
ancevialing factors, severity analysis extent or functional impairment he of she experiences during a flare up of symptoms.

HAND AND FINGERS DISABILITY BENEFITS QUESTIONNAIRI
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?
X YES NO
If "YES," document the Veteran's description of functional loss or functional impairment in his/her own words.
Right Hand:
difficulty gripping objects.
Left Hand: difficulty gripping objects.
difficulty gripping objects.
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 assisted to any described to any d

at can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous oth 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.

Instructions to the examiner for gap measurement: The position of function of the hand is with the wrist dorsiflexed 20 to 30 degrees, the metacarpophalangeal and proximal interphalangeal joints flexed to 30 degrees, and the thumb (digit I) abducted and rotated so that the thumb pad faces the finger pads.

Limitation of motion of the thumb should be measured with the thumb abducted and rotated attempting to oppose the fingers. Measure the gap between the pads of the thumb and the finger pads, with the fingers considered a single unit.

RIGHT HAND	LEFT HAND
3A. INITIAL ROM MEASUREMENTS	3A. INITIAL ROM MEASUREMENTS
All normal X Abnormal or outside of normal range	X All normal
☐ Unable to test ☐ Not indicated	☐ 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	If ROM is outside of "normal" range, but is normal for the Veteran (for reason
other than a hand/fingers condition, such as age, body habitus, neurologic disease), please describe:	other than a hand/fingers condition, such as age, body habitus, neurologic disease), please describe:
If abnormal, does the range of motion itself contribute to a functional loss?    YES	If abnormal, does the range of motion itself contribute to a functional loss?  YES NO (If "YES," please explain)
<b>Note:</b> For any joint condition, examiners should address pain on both passive and should also test the contralateral joint (unless medically contraindicated). If testing Veteran severe pain or the risk of further injury), an explanation must be given beliex expression or wincing on pressure or manipulation).	
Can testing be performed?	Can testing be performed?
☐ YES ☐ NO (If "NO," provide an explanation)	│ YES │ NO (If "NO," provide an explanation)
(II NO, provide an explanation)	(II NO, provide an explanation)
If this is the unclaimed joint, is it:	If this is the unclaimed joint, is it:
☐ Damaged ☐ Undamaged	☐ Damaged ☐ Undamaged
If undamaged, range of motion testing must be conducted.	If undamaged, range of motion testing must be conducted.

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. The position of function of the hand is with the wrist dorsiflexed 20 to 30 degrees, the metacarpophalangeal and proximal interphalangeal joints flexed to 30 degrees, and the thumb (digit I) abducted and rotated so that the thumb pad faces the finger pads. Only joints in these positions are considered to be in favorable position. 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.

RIGHT HAND		. ,	,		. ,0	as a range	of zero to 70 or 80 degree LEFT HAND	J JI IICAIOII	•				
Active Range of Motion (ROM) - Perform active range of motion and provide the							Active Range of Motion (ROM) - Perform active range of motion and provide the						
ROM values.						ROM values.							
INDEX FINGER	MCP		PIP		DIP		INDEX FINGER	MCP		PIP		DIP	
Flexion endpoint	90	90 deg		_ 100 deg			Flexion endpoint	90	_ 90 deg		_ 100 deg	70	_ 70 deg
Extension endpoint	0	0 deg	0	_ 0 deg	0	_ 0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
LONG FINGER	MCP		PIP		DIP		LONG FINGER	MCP		PIP		DIP	
Flexion endpoint	90	90 deg	100	_ 100 deg	_70_	_ 70 deg	Flexion endpoint	90	_ 90 deg	100	_ 100 deg	70	_ 70 deg
Extension endpoint	0	0 deg	0	_ 0 deg	_0_	_ 0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
RING FINGER	МСР		PIP		DIP		RING FINGER	МСР		PIP		DIP	
Flexion endpoint	90	90 deg	100	_ 100 deg	_70_	_ 70 deg	Flexion endpoint	90	_ 90 deg	100	_ 100 deg	70	_ 70 deg
Extension endpoint	0	0 deg	0	_ 0 deg	0	_ 0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
LITTLE FINGER	МСР		PIP		DIP		LITTLE FINGER	МСР		PIP		DIP	
Flexion endpoint	90 9	90 deg	100	_100 deg	_70_	_ 70 deg	Flexion endpoint	90	_90 deg	100	_ 100 deg	70	_ 70 deg
Extension endpoint	0	0 deg	0	_ 0 deg	_30	_ 0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
THUMB	МСР		IP				THUMB	MCP		IP			
Flexion endpoint	100	100 deg	90	_ 90 deg			Flexion endpoint	100	_ 100 deg	90	_ 90 deg		
Extension endpoint	0	0 deg	0	_ 0 deg			Extension endpoint	0	_ 0 deg	0	_ 0 deg		
Is there a gap between t	he pad of the	e thumb :	and fing	gers?			Is there a gap between t	the pad of t	he thumb	and fin	gers?		
☐ YES X NO cm						·							
Is there a gap between the finger and proximal transverse crease of the hand on maximal finger flexion?  YES NO					Is there a gap between the finger and proximal transverse crease of the hand on maximal finger flexion?  YES X NO								
Index Finger	cm	Lon	g Fingei	r		cm	Index Finger	C	m Lon	g Finge	r		cm
Is there objective eviden joint or associated soft t X YES NO If "YES," please explain.	issue?						Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?  X YES NO  If "YES," please explain. Include location, severity, and relationship to condition(s						
Description: Tenderness to palpation	n of interpha	ılangeal j	joints o	f all finger	'S		Description: Tenderness to palpation of interphalangeal joints of all fingers						

Location: interphalangeal joints of all fingers	Location: interphalangeal joints of all fingers
Severity: moderate	Severity: moderate
Relationship to claimed condition:	Relationship to claimed condition:
Directly related to claimed condition	Directly related to claimed condition
If noted on examination, which digit exhibited pain (select all that apply): $\boxed{\mathbb{X}}$ Index finger $\boxed{\mathbb{X}}$ Long finger $\boxed{\mathbb{X}}$ Thumb	If noted on examination, which digit exhibited pain (select all that apply): $\boxed{\mathbb{X}}$ Index finger $\boxed{\mathbb{X}}$ Long finger $\boxed{\mathbb{X}}$ Thumb
☐ Ring finger ☐ Little finger  If any limitation of motion or gap is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) (if different than	If any limitation of motion or gap is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) (if different than
above) in which limitation of motion or gap is specifically attributable to the factors identified and describe.	above) in which limitation of motion or gap is specifically attributable to the factors identified and describe.

RIGHT HAND				LEFT HAND				
Passive Range of Motion - P fingers and provide the RO		ange of motion for t	the hand and	Passive Range of Motion - fingers and provide the Ro		ange of mo	otion for the h	nand and
INDEX FINGER	MCP	PIP	DIP	INDEX FINGER	MCP	PIP	DIP	
Flexion endpoint	90 deg	100 deg	70 deg	Flexion endpoint	90 deg	:	100 deg	70 deg
Extension endpoint	0 deg	0 deg	0 deg	Extension endpoint	0 deg		0 deg	0 deg
X Flexion same as	active ROM	$\overline{\mathbf{X}}$ Extension sam	ne as active ROM	X Flexion same	as active ROM	X Exten	nsion same as	active ROM
LONG FINGER	MCP	PIP	DIP	LONG FINGER	MCP	PIP	DIP	
Flexion endpoint	90 deg	100 deg	70 deg	Flexion endpoint	90 deg	:	100 deg	70 deg
Extension endpoint	0 deg	0 deg	0 deg	Extension endpoint	0 deg		0 deg	0 deg
X Flexion same as	active ROM	X Extension sam	ne as active ROM	X Flexion same	as active ROM	X Exten	nsion same as	active ROM
RING FINGER	MCP	PIP	DIP	RING FINGER	MCP	PIP	DIP	
		100 deg		Flexion endpoint				
		0 deg		Extension endpoint				
X Flexion same as		X Extension sam		X Flexion same			nsion same as	
LITTLE FINGER	MCP	PIP	DIP	LITTLE FINGER	МСР	PIP	DIP	
		100 deg		Flexion endpoint				
Extension endpoint		0 deg		Extension endpoint				
		_						
X Flexion same as		X Extension sam	ne as active ROM	X Flexion same		_	ision same as	active ROM
THUMB	MCP			THUMB	MCP			
Flexion endpoint		g 90 deg		Flexion endpoint	100 deg			
Extension endpoint	0 deg	0 deg		Extension endpoint	0 deg		0 deg	
X Flexion same as	active ROM	X Extension sam	ne as active ROM	X Flexion same	as active ROM	X Exten	ision same as	active ROM
Is there a gap between the	pad of the thum	b and fingers on pas	ssive ROM?	Is there a gap between the pad of the thumb and fingers on passive ROM?				
☐ YES 🗓 NO	cm			☐ YES ☒ NOcm				
Is there a gap between the maximal finger flexion on p	passive ROM?	nal transverse creas	se of the hand on	Is there a gap between the finger and proximal transverse crease of the hand on maximal finger flexion on passive ROM?  YES X NO				
Index Finger	cm Lo	ong Finger	cm	Index Finger	cm Lo	ng Finger		cm
Is there objective evidence of joint or associated soft tissu	of localized tende	erness or pain on pa		Index Finger cm Long Finger cm  Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue on passive ROM?  X YES NO				
If "YES," please explain. Incl	ude location, sev	erity, and relationsh	nip to condition(s).	If "YES," please explain. In	clude location, sev	erity, and r	elationship to	condition(s).
Describe:	,	<i>57</i>		Describe:	,	<i>J.</i>	'	` '
Tenderness to palpation of	f interphalangea	l joints of all finge	rs	Tenderness to palpation	of interphalangea	l joints of	all fingers	
		· ·						

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Location: interphalangeal joints of all fingers	Location: interphalangeal joints of all fingers
Severity: moderate	Severity: moderate
Relationship to claimed condition: Directly related to claimed condition	Relationship to claimed condition: Directly related to claimed condition
If noted on examination, which digit on passive ROM exhibited pain (select all that apply):  I Index finger	If noted on examination, which digit on passive ROM exhibited pain (select all that apply):    Index finger   X Long finger   X Thumb     Ring finger   X Little finger     If any limitation of motion or gap is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) (if different than above) in which limitation of motion or gap is specifically attributable to the factors identified and describe.

Is there evidence of pain? Is there evidence of pain?   ☒ YES ☐ NO ☒ YES ☐ NO   If "YES," check all that apply. ☒ Weight-bearing   ☒ Nonweight-bearing ☒ Nonweight-bearing   ☒ Active motion ☒ Active motion   ☒ Passive motion ☒ Passive motion   ☐ On rest/non-movement ☐ On rest/non-movement   ☐ Does not result in/cause functional loss ☐ Does not result in/cause functional loss   ☒ Causes functional loss (if checked describe in the comments box below) ☒ Causes functional loss (if checked describe in the comments box below)							
☑ Weight-bearing       ☑ Weight-bearing         ☑ Nonweight-bearing       ☑ Nonweight-bearing         ☑ Active motion       ☒ Active motion         ☑ Passive motion       ☒ Passive motion         ☑ On rest/non-movement       ☑ On rest/non-movement         ☑ Does not result in/cause functional loss       ☑ Does not result in/cause functional loss         ☒ Causes functional loss (if checked describe in the comments box below)       ☒ Causes functional loss (if checked describe in the comments box below)							
□ Nonweight-bearing       □ Nonweight-bearing         ☑ Active motion       ☒ Active motion         ☑ Passive motion       ☒ Passive motion         □ On rest/non-movement       □ On rest/non-movement         □ Does not result in/cause functional loss       □ Does not result in/cause functional loss         ☒ Causes functional loss (if checked describe in the comments box below)       ☒ Causes functional loss (if checked describe in the comments box below)							
X Active motion       X Active motion         X Passive motion       X Passive motion         On rest/non-movement       On rest/non-movement         Does not result in/cause functional loss       Does not result in/cause functional loss         X Causes functional loss (if checked describe in the comments box below)       X Causes functional loss (if checked describe in the comments box below)							
☑ Passive motion       ☑ Passive motion         ☑ On rest/non-movement       ☑ On rest/non-movement         ☑ Does not result in/cause functional loss       ☑ Does not result in/cause functional loss         ☑ Causes functional loss (if checked describe in the comments box below)       ☒ Causes functional loss (if checked describe in the comments box below)							
☐ On rest/non-movement ☐ Does not result in/cause functional loss ☐ Does not result in/cause functional loss ☐ Does not result in/cause functional loss ☐ Causes functional loss (if checked describe in the comments box below)							
□ Does not result in/cause functional loss							
🗵 Causes functional loss (if checked describe in the comments box below)							
	ments box below)						
Comments:  difficulty gripping objects.  Comments:  difficulty gripping objects.							
difficulty gripping objects.							
RIGHT HAND LEFT HAND							
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  ▼ YES □ NO  ▼	X YES NO						
If "NO," please explain:							
Is there additional loss of function or range of motion after three repetitions?	er three repetitions?						
☐ YES ☒ NO  If IIVES II places respond to the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the three in the following offer the completion of the co	Lian af tha thua						
If "YES," please respond to the following after the completion of the three repetitions:  If "YES," please respond to the following after the complete repetitions:	ion of the three						
INDEX FINGER MCP PIP DIP INDEX FINGER MCP PIP	DIP						
	0 deg 70 deg						
Extension endpoint         0 deg	eg0 deg						
LONG FINGER MCP PIP DIP LONG FINGER MCP PIP	DIP						
	0 deg 70 deg						
Extension endpoint 0 deg	_ •						
	DIP						
Extension endpoint 0 deg 0 deg 0 deg Extension endpoint 0 deg							
Extension endpoint         0 deg         0 deg <td>DIP</td>	DIP						
Extension endpoint0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg	DIP 70 deg 70 deg						
Extension endpoint0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg	DIP  70 deg  90 deg  10 deg  11 DIP						
Extension endpoint0 deg0 deg	DIP 70 deg eg 0 deg DIP 70 deg						
Extension endpoint0 deg0 deg	DIP  70 deg  90 deg  10 deg  11 DIP						
Extension endpoint0 deg0 deg	DIP 70 deg eg 0 deg DIP 70 deg						
Extension endpoint0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg	DIP 70 deg 70 deg DIP 70 deg 70 deg DIP 70 deg 70 deg 9 9 0 deg						
Extension endpoint0 deg0 deg0 deg0 deg0 deg0 deg0 deg0 deg	DIP 70 deg eg 0 deg DIP 70 deg eg 0 deg deg deg deg deg deg deg						

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											20		
Is there a gap between the three repetitions?	pad of t	he thumb	and fin	gers after tl	he com	pletion of	Is there a gap between the three repetitions?	ne pad of t	he thumb	and fin	gers after t	he com	pletion of
☐ YES ☐ NO		cm					☐ YES ☐ NO		cm				
Is there a gap between the finger and proximal transverse crease of the hand on maximal finger flexion after the completion of three repetitions?  YES NO						e hand on	Is there a gap between the finger and proximal transverse crease of the hand on maximal finger flexion after the completion of three repetitions?  YES NO						
Index Finger	CI	m Lon	g Finge	er		cm	Index Finger	CI	m Lon	g Finge	r		cm
Select factors that cause this functional loss: (check all that apply)						Select factors that cause	this functi	onal loss:	(check a	all that app	lv)		
X N/A			/eakne		,		⊠ N/A		_	· /eaknes		,	
Pain				endurance			Pain				ndurance		
☐ Fatigability				nation			Fatigability			ncoordii			
Other		<u></u> "	icoorai	Hation			Other		<u>"</u>	icoordii	iation		
□ Other							□ Otner						
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 or gap. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees or centimeters, as applicable) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.									nate of				
RIGHT HAND							LEFT HAND						
3C. REPEATED USE OVER TI	ME						3C. REPEATED USE OVER	TIME					
Is the Veteran being exam	ined imm	nediately a	fter rep	eated use o	ver tim	ne?	Is the Veteran being exar	mined imm	nediately a	fter rep	eated use o	over tim	ıe?
$\square$ YES $\overline{\mathbb{X}}$ NO							☐ 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?  X 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?  X YES NO								
Select factors that cause t	his functi	ional loss:	check	all that app	lv)		Select factors that cause	this functi	onal loss:	(check a	all that app	lv)	
□ N/A					.,		□ N/A			/eaknes		.,,	
X Pain							☐ Pain ☐ Lack of endurance						
Fatigability				nation			Fatigability Incoordination						
Other			icoorai	Hation			Other						
Estimate range of motion use over time based on inf lay statements of the Vete	ormation						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.					peated use ng the lay	
INDEX FINGER	MCP		PIP		DIP		INDEX FINGER	MCP		PIP		DIP	
Flexion endpoint	85	90 deg	95	100 deg	65	70 deg	Flexion endpoint	85	90 deg	95	100 deg	65	70 deg
Extension endpoint	0	_ 0 deg	0	0 deg	0	0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
LONG FINGER	MCP		PIP		DIP		LONG FINGER	MCP		PIP		DIP	
Flexion endpoint	85	90 deg	95	100 deg	65	70 deg	Flexion endpoint	85	90 deg	95	100 deg	65	70 deg
Extension endpoint	0	_ 0 deg	0	0 deg	0	0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
		0		8					0		0		
RING FINGER	MCP		PIP		DIP		RING FINGER	MCP		PIP		DIP	
Flexion endpoint	85	_ 90 deg	95	100 deg	65	70 deg	Flexion endpoint	85	_90 deg	95	_ 100 deg	65	_ 70 deg
Extension endpoint	0	_ 0 deg	0	0 deg	_0	0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
LITTLE FINGER	МСР		PIP		DIP		LITTLE FINGER	MCP		PIP		DIP	
Flexion endpoint	85	_ 90 deg	95	100 deg	65	70 deg	Flexion endpoint	85	_90 deg	95	_ 100 deg	65	_ 70 deg
Extension endpoint	0	_ 0 deg	0	0 deg	30	0 deg	Extension endpoint	0	_ 0 deg	0	_ 0 deg	0	_ 0 deg
ТНИМВ	МСР		IP				THUMB	MCP		IP			
Flexion endpoint	95	_100 deg		90 deg			Flexion endpoint	95	100 deg		90 deg		
Extension endpoint	0	_ 100 dcg	0	0 deg			Extension endpoint	0	0 deg	0	_ o deg		
CHMPOHIL	17		1/							9			

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Name:
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Estimate the gap between repeated use over time.	en the pad of the th	umb and fingers	immediately afte	Estimate the gap l	between the pad of t time.	he thumb an	d fingers immed	liately after		
0 cm				0	cm					
Estimate the gap between maximal finger flexion				nd Estimate the gap I	- petween the finger a r flexion immediatel <u>y</u>					
Index Finger0	cm Lo	ong Finger(	) cm	Index Finger	0 cm	Long Fing	er0	cm		
The examiner should proon a review of all procur on examination, case sp when applicable and lay after evaluation of the p that it is not feasible to an estimate cannot be p examiner's shortcoming not directly observed.  Please cite and discuss e procurable evidence.)	able information - t ecific evidence (to i evidence), and the rocurable and asser provide this estima rovided. The explar s or a general avers	o include the Venclude medical texaminer's med mbled data, the ce, the examiner lation should notion to offering a	teran's statement reatment records ical expertise. If, examiner determines should explain what be based on an nestimate on issu	on a review of all pon examination, content applicable a after evaluation of that it is not feasily an estimate cannot directly observing the and displayed	The examiner should provide the estimated range of motion and gap 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,					
RIGHT HAND				LEFT HAND						
3D. FLARE-UPS				3D. FLARE-UPS						
Is the examination being	conducted during	a flare-un?			n being conducted du	uring a flare-u	ın?			
YES X NO	5	aa.c ap.			YES X NO					
Does procured evidence weakness, lack of endur: functional ability with fl	ance, or incoordinat			ty, Does procured evi- weakness, lack of	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 X NO					
Select factors that cause	this functional los	s: (check all that	apply)	Select factors that	cause this function	al loss: (check	all that apply)			
X N/A	_	Weakness		X N/A		☐ Weakne				
Pain	_	Lack of endurar	ice	Pain			endurance			
☐ Fatigability		Incoordination		Fatigability						
Other		Incoordination		Other						
other				other						
Estimate range of motio information procured fro Veteran.					motion in degrees for ired from relevant so					
INDEX FINGER	MCP	PIP	DIP	INDEX FINGER	MCP	PIP	DIP	•		
Flexion endpoint	90 deg	100 d	leg 70 de	g Flexion endpoint	90	O deg	100 deg	70 deg		
Extension endpoint	0 deg	0 deg			nt0	deg	0 deg	0 deg		
LONG FINGER	MCP	PIP	DIP	LONG FINGER	MCP	PIP	DIP			
Flexion endpoint	90 deg	100 d	leg 70 de	g Flexion endpoint	90	O deg	100 deg	70 deg		
Extension endpoint	0 deg	0 deg		-	0	deg	0 deg	0 deg		
RING FINGER	MCP	PIP	DIP	RING FINGER	MCP	PIP	DIP	•		
Flexion endpoint	90 deg					O deg	100 deg			
Extension endpoint	0 deg	0 deg			<del></del>	deg	0 deg			
			,							

						HAND AND FINGER	יכוע כי	ADILIT	DEINE	LII3 QU	231101	VIVAIRE
LITTLE FINGER	MCP	PIP	[	DIP		LITTLE FINGER	MCP		PIP		DIP	
Flexion endpoint	90 deg	100 c	-	70 d	eg	Flexion endpoint		_90 deg		_ 100 deg		70 deg
Extension endpoint	0 deg	0 deg	-	0 de	g	Extension endpoint		_ 0 deg		_ 0 deg		0 deg
THUMB	MCP	IP				THUMB	MCP		IP			
Flexion endpoint	100 deg	90 de	g			Flexion endpoint		_100 deg		_ 90 deg		
Extension endpoint	0 deg	0 deg	5			Extension endpoint		_ 0 deg		_ 0 deg		
Estimate the gap between t	he pad of the thur	mb and fingers	durir	ng flare-ups.		Estimate the gap between	the pad	of the thu	mb and	fingers du	ing flare	e-ups.
cm						cm						
Estimate the gap between to on maximal finger flexion d		kimal transvers	se crea	ase of the ha	nd	Estimate the gap between on maximal finger flexion of			kimal tr	ansverse cr	ease of t	the hand
Index Finger	cm Lon	g Finger		cm		Index Finger	CI	m Lon	g Finge	r		_ cm
The examiner should provide the estimated range of motion and gap 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.)  The Veteran denies flare ups.				es	The examiner should provide the estimated range of motion and gap 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.)  The Veteran denies flare ups.							
DICUTTIAND						LEET HAND						
RIGHT HAND	ONITRIPLITING TO	DICABILITY				LEFT HAND	ONTDID	LITING TO	DICADII	ITV		
3E. ADDITIONAL FACTORS C In addition to those address disability? Please select all t	sed above, are ther hat apply and des	re additional co cribe:		Ü	s of	3E. ADDITIONAL FACTORS C In addition to those address disability? Please select all	sed abov	ve, are the	e addit cribe:	ional contr	Ü	actors of
X None		nterference wit	th sitt	ing		X None				ence with si	tting	
☐ Interference with stand	_	welling				☐ Interference with stand	-		welling			
☐ Disturbance of locomot		eformity				☐ Disturbance of locomot			eformi	,		
Less movement than no		Nore movemen		n normal		Less movement than no	ormal			ovement th	an norm	al
☐ Weakened movement		trophy of disu								of disuse		
Instability of station	L C	ther, describe:				Instability of station		∐ C	ther, de	escribe:		

	HAND AND FINGERS DISABILITY BENEFITS QUESTIONNAIRE
Please describe additional contributing factors of disability:	Please describe additional contributing factors of disability:

	HAND AND FINGERS DISABILITY BENEFITS QUESTIONNAIRE
Please describe additional contributing factors of disability (continued)	Please describe additional contributing factors of disability (continued)

SECTION IV - MUSCLE STRENGTH TESTING						
4A. MUSCLE STRENGTH - RATE STRENGTH 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						
RIGHT HAND	LEFT HAND					
Hand grip:5/5	Hand grip:5/5					
4B. IF THE VETERAN HAS A REDUCTION IN MUSCLE STRENGTH, IS IT DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION?  YES NO  If "NO," provide rationale:	4B. IF THE VETERAN HAS A REDUCTION IN MUSCLE STRENGTH, IS IT DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION?  YES NO  If "NO," provide rationale:					
4C. DOES THE VETERAN HAVE MUSCLE ATROPHY?	4C. DOES THE VETERAN HAVE MUSCLE ATROPHY?					
□ YES ☒ NO  4D. IF "YES," IS THE MUSCLE ATROPHY DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION? □ YES □ NO If "NO," provide rationale:	YES X NO  4D. IF "YES," IS THE MUSCLE ATROPHY DUE TO THE CLAIMED CONDITION IN THE DIAGNOSIS SECTION?  ☐ YES ☐ NO  If "NO," provide rationale:					
4E. FOR ANY MUSCLE ATROPHY DUE TO A DIAGNOSIS LISTED IN SECTION 1, INDICATE SPECIFIC LOCATION OF ATROPHY, PROVIDING MEASUREMENTS IN CENTIMETERS OF NORMAL SIDE AND CORRESPONDING ATROPHIED SIDE, MEASURED AT MAXIMUM MUSCLE BULK.  Right upper extremity (specify location of measurement):	4E. FOR ANY MUSCLE ATROPHY DUE TO A DIAGNOSIS LISTED IN SECTION 1, INDICATE SPECIFIC LOCATION OF ATROPHY, PROVIDING MEASUREMENTS IN CENTIMETERS OF NORMAL SIDE AND CORRESPONDING ATROPHIED SIDE, MEASURED AT MAXIMUM MUSCLE BULK.  Left upper extremity (specify location of measurement):					
Circumference of more normal side: cm	Circumference of more normal side: cm					
Circumference of atrophied 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.					
RIGHT HAND	LEFT HAND				
5A. COMPLETE THIS SECTION IF THE VETERAN HAS ANKYLOSIS OF ANY THUMB OR FINGER JOINTS. INDICATE SEVERITY OF ANKYLOSIS AND SIDE AFFECTED (CHECK ALL THAT APPLY):	5A. COMPLETE THIS SECTION IF THE VETERAN HAS ANKYLOSIS OF ANY THUMB OR FINGER JOINTS. INDICATE SEVERITY OF ANKYLOSIS AND SIDE AFFECTED (CHECK ALL THAT APPLY):				
INDEX FINGER	INDEX FINGER				
MCP joint  No ankylosis  MCP ankylosis  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  YES NO  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion	MCP joint  No ankylosis  MCP ankylosis  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, what is the position of ankylosis?  In extension  In full flexion  Other,  degrees of flexion				
PIP joint  X No ankylosis  PIP ankylosis  If ankylosed, is there rotation of a bone? YES NO  If ankylosed, is there angulation of a bone? YES NO  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion	PIP joint  X No ankylosis PIP ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, is there angulation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion				
LONG FINGER	LONG FINGER				
MCP joint  No ankylosis  MCP ankylosis  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, what is the position of ankylosis?  In extension  In full flexion  Other,  degrees of flexion	MCP joint  X No ankylosis  MCP ankylosis  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  YES NO  If ankylosed, what is the position of ankylosis?  In extension  In full flexion  Other,  degrees of flexion				
PIP joint  X No ankylosis  PIP ankylosis  If ankylosed, is there rotation of a bone? YES NO  If ankylosed, is there angulation of a bone? YES NO  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion	PIP joint  X No ankylosis  PIP ankylosis  If ankylosed, is there rotation of a bone? YES NO  If ankylosed, is there angulation of a bone? YES NO  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion				
RING FINGER	RING FINGER				
MCP joint   X No ankylosis  MCP ankylosis  If ankylosed, is there rotation of a bone? YES NO  If ankylosed, is there angulation of a bone? YES NO	MCP joint				

If antylosed, what is the position of antylosis?       nextension     in full flexion	DINC FINCED (continued)	PINC FINCED (continued)			
In extension   In full flexion   Other,   degrees of flexion   Pipint   No antylosis   Pi antylosed, is there rotation of a bone?   YES   NO   If antylosed, what is the position of antylosis?   Pin antylosed, is there angulation of a bone?   YES   NO   If antylosed, what is the position of antylosis?   Pin antylosed, is there angulation of a bone?   YES   NO   If antylosed, what is the position of antylosis?   Pin antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, is there angulation of a bone?   YES   NO   If antylosed, what is the position of antylosis?   Pin antylosed, what is the position of antyl	RING FINGER (continued)	RING FINGER (continued)			
Other,					
PIP joint    No anitylosis   PiP anitylosis   PiP anitylosis   PiP anitylosis   PiP anitylosis   PiP anitylosis   PiP anitylosed, is there rotation of a bone?   YES   NO   If anitylosed, what is the position of anitylosis?   PiP anitylosed, is there angulation of a bone?   YES   NO   If anitylosed, what is the position of anitylosis?   PiP anitylosed, what is the position of anitylosed, what is the position of anitylosis?   PiP anitylosed, what is the position of anitylosis?					
No ankylosis   PlP ankylosi	Uther,degrees of flexion	Other,degrees of flexion			
PIP ankylosis   fankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   in extension   in full flexion   degrees of flexion   THUMB   THUMB   CMC joint   degrees of flexion   Diff ankylosed, what is the position of ankylosis?   in extension   in full flexion   the position of ankylosis?   in extension   in full flexion   the position of ankylosis?   in extension   in full flexion   the position of ankylosis?   in extension   in full flexion   the position of ankylosis   the po	PIP joint	PIP joint			
If ankylosed, is there rotation of a bone?	$oxed{\Sigma}$ No ankylosis	X No ankylosis			
If ankylosed, is there angulation of a bone?   YES   NO   ff ankylosed, what is the position of ankylosis?   nextension   In III flexion   nextension   nextensio	☐ PIP ankylosis	☐ PIP ankylosis			
If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion	If ankylosed, is there rotation of a bone?	If ankylosed, is there rotation of a bone? YES NO			
In extension   In full flexion   Other,   degrees of flexion	If ankylosed, is there angulation of a bone? YES NO	If ankylosed, is there angulation of a bone? YES NO			
Other,	If ankylosed, what is the position of ankylosis?	If ankylosed, what is the position of ankylosis?			
ILITTLE FINGER  MCP joint  No ankylosis  MCP ankylosed, is there rotation of a bone?  PIP joint  No ankylosed, what is the position of a bone?  If ankylosed, is there rotation of a bone?  PIP joint  No ankylosed, what is the position of a bone?  If ankylosed, is there rotation of a bone?  PIP joint  No ankylosis  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there rotation of a bone?  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there often of ankylosis?  In extension In full flexion  Other, degrees of flexion  If ankylosed, is there rotation of a bone?  If ankylosed, is there angulation of a bone?  If ankylosed, is there often of ankylosis?  If ankylosed, is there rotation of a bone?  If ankylosed, is there r	☐ In extension ☐ In full flexion	☐ In extension ☐ In full flexion			
MCP joint    No ankylosis	Other,degrees of flexion	Other,degrees of flexion			
MCP joint    No ankylosis	LITTLE FINGER	LITTLE FINGER			
No ankylosis   MCP ankylosis					
MCP ankylosis   MCP ankylosis   MCP ankylosis   MCP ankylosis   MCP ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   PPP joint   No ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   In full flexion   Other,   degrees of flexion   Other,   degr					
If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   Other,   degrees					
If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?     In extension   In full flexion   Other,   degrees of flexion   PIP joint   No ankylosis     PIP ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   PIP ankylosis   PIP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   PIP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?     In extension   In full flexion   Other,   degrees of flexion   Other,   degrees o					
If ankylosed, what is the position of ankylosis?					
In extension   In full flexion   Other,   degrees of flexion					
Other,					
PIP joint  No ankylosis PIP ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, is there angulation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  THUMB  CMC joint No ankylosis If ankylosed, what is the rotation of a bone? YES NO If ankylosed, what is the position of ankylosis? CMC ankylosis If ankylosed, is there angulation of a bone? YES NO If ankylosed, what is the position of ankylosis? CMC joint No ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, is there rotation of a bone? YES NO If ankylosed, is there angulation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  MCP joint No ankylosis In extension In full flexion Other, degrees of flexion  MCP joint No ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  MCP joint No ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  MCP joint No ankylosis If ankylosed, is there rotation of a bone? YES NO If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  MCP ankylosis If ankylosed, is there rotation of a bone? YES NO					
No ankylosis   PIP ankylosis   PIP ankylosis   PIP ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   THUMB					
PIP ankylosis   PIP ankylosis   PIP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   THUMB   THUMB   CMC joint   Maylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   THUMB   CMC joint   Maylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   MCP joint   MCP joint   MCP ankylosis   MCP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   NCP ankylosis   MCP ankyl					
If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   THUMB   THUMB   CMC joint   X No ankylosis   CMC ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   MCP joint   X No ankylosis   MCP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, is there oration of a bone?   YES   NO   If ankylosed, is there oration of a bone?   YES   NO   No ankylosis   MCP ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   NO   NO   NO   NO   NO   NO   N					
If ankylosed, is there angulation of a bone?	☐ PIP ankylosis	☐ PIP ankylosis			
If ankylosed, what is the position of ankylosis?   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   Other,   Other,   Other,   Other,   Other,   Other,   Other,   Other,   Other,					
In extension   In full flexion   Other,   degrees of flexion   THUMB  CMC joint   CMC joint   CMC joint   CMC joint   CMC ankylosis   CMC ankylosis   CMC ankylosis   If ankylosed, is there rotation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   MCP joint   CMC joint   CMC ankylosis   If ankylosed, is there angulation of a bone?   YES   NO   If ankylosed, what is the position of ankylosis?   In extension   In full flexion   Other,   degrees of flexion   Other,   degrees of flexion   Other,   degrees of flexion   MCP joint   CMC joi	. , ,				
☐ Other,					
THUMB  CMC joint  No ankylosis  CMC ankylosis  If ankylosed, is there rotation of a bone? YES NO  If ankylosed, is there angulation of a bone? YES NO  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion  MCP joint  No ankylosis  MCP ankylosed, is there rotation of a bone? YES NO  If ankylosed, what is the position of ankylosis?  MCP ankylosis  If ankylosed, what is the position of ankylosis?  In extension In full flexion  Other, degrees of flexion  MCP joint  No ankylosis  If ankylosed, is there rotation of a bone? YES NO  MCP ankylosis  If ankylosed, is there rotation of a bone? YES NO					
CMC joint	Other,degrees of flexion	Other,degrees of flexion			
☑ No ankylosis       ☑ No ankylosis         ☐ CMC ankylosis       ☐ CMC ankylosis         ☐ If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO         ☐ If ankylosed, is there angulation of a bone?       ☐ YES ☐ NO         ☐ If ankylosed, is there angulation of a bone?       ☐ YES ☐ NO         ☐ If ankylosed, is there angulation of a bone?       ☐ YES ☐ NO         ☐ If ankylosed, what is the position of ankylosis?       ☐ In extension ☐ In full flexion         ☐ Other, ☐ degrees of flexion       ☐ Other, ☐ degrees of flexion         MCP joint       ☒ No ankylosis         ☐ MCP ankylosis       ☐ MCP ankylosis         ☐ MCP ankylosis       ☐ If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO	THUMB	ТНИМВ			
□ CMC ankylosis       □ CMC ankylosis         If ankylosed, is there rotation of a bone?       □ YES □ NO         If ankylosed, is there angulation of a bone?       □ YES □ NO         If ankylosed, is there angulation of a bone?       □ YES □ NO         If ankylosed, is there angulation of a bone?       □ YES □ NO         If ankylosed, is there angulation of a bone?       □ YES □ NO         If ankylosed, is there angulation of a bone?       □ YES □ NO         If ankylosed, what is the position of ankylosis?       □ In extension □ In full flexion         □ Other, □ degrees of flexion       □ Other, □ degrees of flexion         MCP joint       □ NO         MCP ankylosis       □ MCP ankylosis         □ MCP ankylosed, is there rotation of a bone?       □ YES □ NO	CMC joint	CMC joint			
If ankylosed, is there rotation of a bone?	$\overline{\mathrm{X}}$ No ankylosis	X No ankylosis			
If ankylosed, is there angulation of a bone?	CMC ankylosis	CMC ankylosis			
If ankylosed, what is the position of ankylosis?  In extension In full flexion Other, degrees of flexion  MCP joint  No ankylosis MCP ankylosis If ankylosed, is there rotation of a bone?  If ankylosed, what is the position of ankylosis? In extension In full flexion Other, degrees of flexion  MCP joint  NO ankylosis MCP ankylosis If ankylosed, is there rotation of a bone?  YES NO  If ankylosed, is there rotation of a bone?  YES NO	If ankylosed, is there rotation of a bone? YES NO	If ankylosed, is there rotation of a bone? YES NO			
☐ In extension ☐ In full flexion   ☐ Other, ☐ Other,   ☐ Other, ☐ Other, <t< td=""><td>If ankylosed, is there angulation of a bone? YES NO</td><td>If ankylosed, is there angulation of a bone? YES NO</td></t<>	If ankylosed, is there angulation of a bone? YES NO	If ankylosed, is there angulation of a bone? YES NO			
Other, degrees of flexion       ☐ Other, degrees of flexion         MCP joint       MCP joint         ☒ No ankylosis       ☒ No ankylosis         ☐ MCP ankylosis       ☐ MCP ankylosis         If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO         If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO	If ankylosed, what is the position of ankylosis?	If ankylosed, what is the position of ankylosis?			
MCP joint       MCP joint         ☒ No ankylosis       ☒ No ankylosis         ☐ MCP ankylosis       ☐ MCP ankylosis         If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO         If ankylosed, is there rotation of a bone?       ☐ YES ☐ NO	☐ In extension ☐ In full flexion	☐ In extension ☐ In full flexion			
X       No ankylosis         MCP ankylosis       MCP ankylosis         If ankylosed, is there rotation of a bone?       YES □ NO         If ankylosed, is there rotation of a bone?       YES □ NO	Other,degrees of flexion	Other,degrees of flexion			
	MCP joint	MCP joint			
If ankylosed, is there rotation of a bone?	$\overline{\mathrm{X}}$ No ankylosis	X No ankylosis			
	MCP ankylosis	MCP ankylosis			
	If ankylosed, is there rotation of a bone? YES NO	If ankylosed, is there rotation of a bone? YES NO			
If ankylosed, is there angulation of a bone? UYES NO If ankylosed, is there angulation of a bone? YES NO	If ankylosed, is there angulation of a bone? YES NO	If ankylosed, is there angulation of a bone? YES NO			
If ankylosed, what is the position of ankylosis?  If ankylosed, what is the position of ankylosis?	If ankylosed, what is the position of ankylosis?	If ankylosed, what is the position of ankylosis?			
☐ In extension ☐ In full flexion ☐ In full flexion	☐ In extension ☐ In full flexion	☐ In extension ☐ In full flexion			
Other, degrees of flexion	Other,degrees of flexion	Other, degrees of flexion			

	~				
THUMB (continued)	THUMB (continued)				
IP joint	IP joint				
X No ankylosis	X No ankylosis				
☐ IP ankylosis	☐ IP ankylosis				
If ankylosed, is there rotation of a bone? YES NO	If ankylosed, is there rotation of a bone? YES NO				
If ankylosed, is there angulation of a bone? YES NO	If ankylosed, is there angulation of a bone? YES NO				
If ankylosed, what is the position of ankylosis?	If ankylosed, what is the position of ankylosis?				
☐ In extension ☐ In full flexion	☐ In extension ☐ In full flexion				
Other, degrees of flexion	Other,degrees of flexion				
other, degrees of flexion	Utilet,degrees of flexion				
5B. 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.	5B. 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 VI - OTHER PERTINENT PHYSICAL FINDINGS, COM	PLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS				
6A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLI	CATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS				
LISTED IN THE DIAGNOSIS SECTION ABOVE?					
☐ YES 🗓 NO					
If "YES," describe (brief summary):					
6B. DOES THE VETERAN HAVE ANY SCARS OR OTHER DISFIGUREMENT (OF THE SKIN LISTED IN THE DIAGNOSIS SECTION ABOVE?	I) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS				
☐ YES 🏿 NO					
If "YES," also complete the appropriate dermatological questionnaire.					
SECTION VII - AS	SISTIVE DEVICES				
7A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?					
YES X NO					
If "YES," identify the assistive devices used (check all that apply and indicate fre	oguenov).				
Brace	Frequency of use: Occasional Regular Constant				
Other, describe:	Frequency of use: Occasional Regular Constant				
7B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION, INDICA	ATE THE SIDE, AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION.				

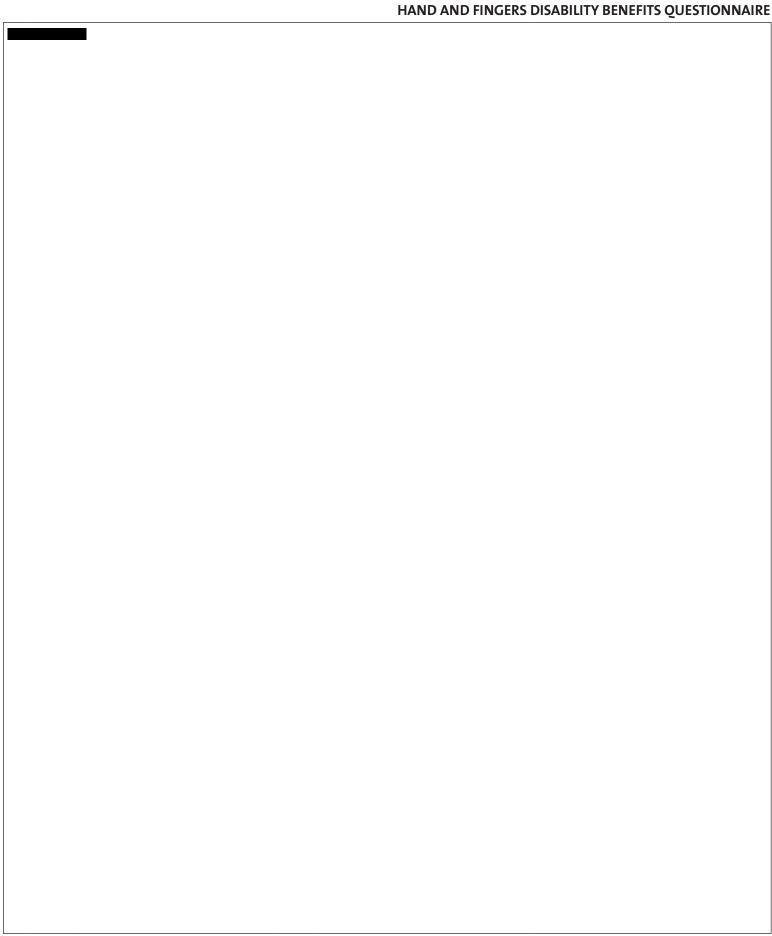
Hand an Benefits Questionnaire
Name:
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	SECTION VIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES						
und am	<b>NOTE:</b> The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to 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.						
	A. DUE TO THE VETERAN'S HAND, FINGER, OR THUMB CONDITION(S), IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS REMAIN OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS (FUNCTIONS OF THE UPPER EXTREMITY INCLUDE GRASPING, MANIPULATION, ETC?)  YES, functioning is so diminished that amputation with prosthesis would equally serve the Veteran.						
	If "YES," indicate extremities for which this applies: Right upper Left upper						
8B.	FOR EACH CHECKED EXTREMITY, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION, DESCRIBE LOSS OF EFFECTIVE FUNCTION AND PROVIDE SPECIFIC EXAMPLES (brief summary):						
	SECTION IX - DIAGNOSTIC TESTING						
by i	TE: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-traumatic arthritis must be confirmed maging 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.						
9A.	HAVE CLINICALLY RELEVANT DIAGNOSTIC IMAGING STUDIES OR OTHER DIAGNOSTIC PROCEDURES BEEN PERFORMED OR REVIEWED IN CONJUNCTION WITH THIS EXAMINATION?						
	□ YES ☑ NO         IF "YES," IS DEGENERATIVE OR POST-TRAUMATIC ARTHRITIS DOCUMENTED?         □ YES □ NO         Indicate side: □ RIGHT □ LEFT □ BOTH						
	IS DEGENERATIVE OR POST-TRAUMATIC ARTHRITIS DOCUMENTED IN MULTIPLE JOINTS OF THE SAME HAND, INCLUDING THUMB AND FINGERS?  YES NO  If "YES," indicate side: RIGHT LEFT BOTH						
9D.	IF "YES," (TO 9B AND/OR 9C), PROVIDE TYPE OF TEST OR PROCEDURE, DATE, AND RESULTS (BRIEF SUMMARY):						

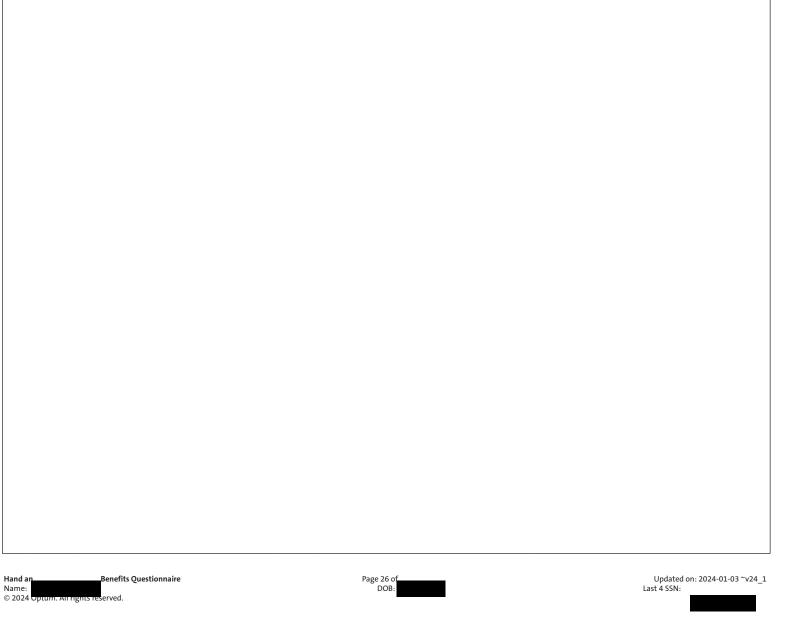
9E. ARE THERE ANY OTHER CLINICALLY RELEVANT DIAGNOSTIC TEST FINDINGS OR RESULTS RELATED TO THE CLAIMED CONDITION(S) AND/OR DIAGNOSIS(ES), THAT WERE REVIEWED IN CONJUNCTION WITH THIS EXAMINATION?
X YES NO
If "YES," provide type of test or procedure, date, and results (brief summary):
Type of Test or Procedure:
Bilateral hand x-ray
Date of Test:
08/2024
Results (brief summary):
degenerative changes along the interphalangeal and MCP joints
degenerative entanges along the interphatangear and trief joints
9F. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:
Directly related to bilateral hand osteoarthritis
SECTION X - 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.
10A. 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.)?
X YES NO
If "YES," describe the functional impact of each condition, providing one or more examples:
Current OR if retired/unemployed, previous occupation:
Current: Military
0-1 week work time lost in last 12 months
Service member reports bilateral hand pain, including pain in all the fingers results in difficulty gripping objects.

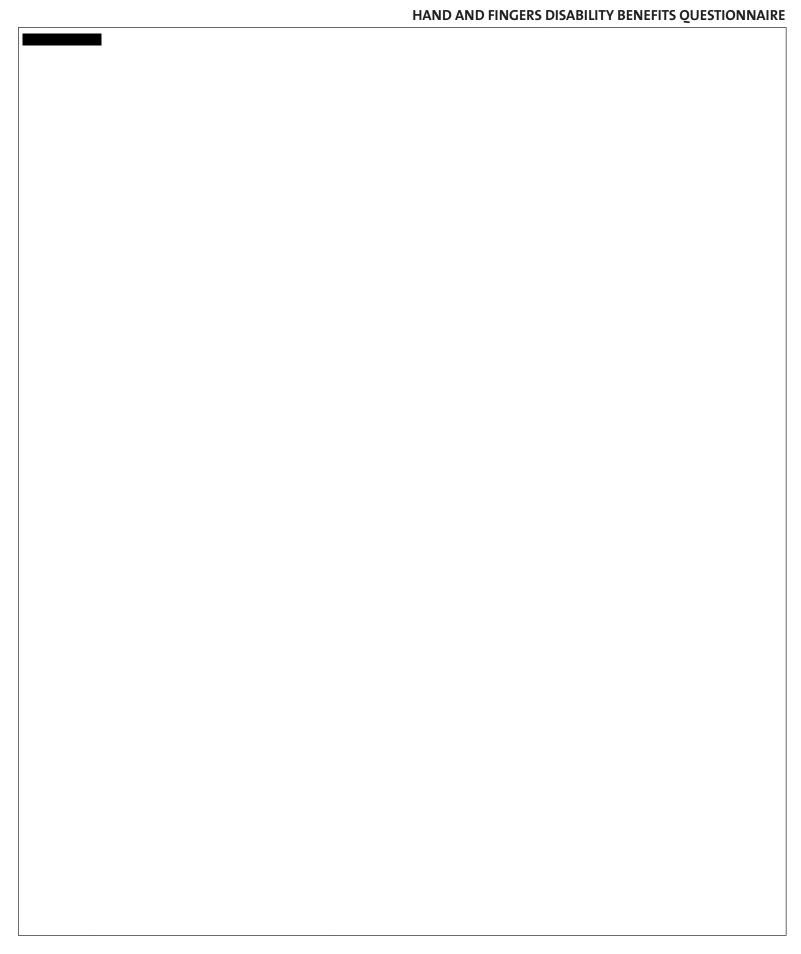
TIAND AND THIRDERS DISABILITY DENETHY OCCUPANTE
SECTION XI - REMARKS
11A. REMARKS (IF ANY - PLEASE IDENTIFY THE SECTION TO WHICH THE REMARK PERTAINS WHEN APPROPRIATE).
Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any life threatening or abnormal findings in this examination
(not limited to claimed condition(s))? No
Reason x-rays not needed or not performed: X-rays on the day of exam were not clinically indicated



DEAAADKC (sout)	TIAND AND THICKS DISABILITY DENETHS QUESTIONNAIRE
REMARKS (cont.):	
Section III: ROM: A goniometer was used to measure ROM.	

# HAND AND FINGERS DISABILITY BENEFITS QUESTIONNAIRE REMARKS (cont.):







		HAND AND FINGER	(3 DISABILITY	BENEFITS QUESTIONNAIRE
REMARKS (cont.):				
and the second				
Is the Veteran homeless? No				
Veteran was instructed to send all personal medical rec	ords to the VA E	vidence Intake Center if applicable, for proper	submission into VI	BMS.
		AMINER'S CERTIFICATION AND SIGN		
CERTIFICATION: To the best of my knowledge, the in	nformation cont		ent.	
12A. EXAMINER'S SIGNATURE		12B. EXAMINER'S PRINTED NAME		12C. DATE SIGNED
Digitally Signed	PA-C	Physician Assistant – General Practice		2/28/2025
02/28/2025 01:03:43 PM				
12D. EXAMINER'S PHONE/FAX NUMBERS	12E. NATIONA	L PROVIDER IDENTIFIER (NPI) NUMBER	12F. MEDICAL	LICENSE NUMBER AND STATE
,		. ,		
			PA15701, TX	X
12G. EXAMINER'S ADDRESS	1 Com A	TV 70250		
540 Oak Centre Drive Suite 10	ı San Antonio	1A /0230		