



PERIPHERAL NERVE CONDITIONS (NOT INCLUDING DIABETIC SENSORY- MOTOR PERIPHERAL NEUROPATHY) DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - The veteran has applied to the Department of Veterans Affairs (VA) for disability benefits. Please complete this questionnaire, which VA needs for review of the veteran's application.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY?

YES NO (If "No," complete Item 1B) (If "Yes," complete Item 1C)

1B. PROVIDE RATIONALE (e.g., veteran does not currently have any known peripheral nerve condition(s))

1C. PROVIDE DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

1D. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY, LIST USING ABOVE FORMAT

DEFINITIONS FOR VA PURPOSES: Neuralgia indicates a condition characterized by a dull and intermittent pain of typical distribution so as to identify the nerve, while neuritis is characterized by loss of reflexes, muscle atrophy, sensory disturbances and constant pain, at time excruciating.

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including cause, onset and course) OF THE VETERAN'S PERIPHERAL NERVE CONDITION(S)

2B. DOMINANT HAND

RIGHT LEFT AMBIDEXTROUS

SECTION III - SYMPTOMS

3. DOES THE VETERAN HAVE ANY SYMPTOMS DUE TO ANY PERIPHERAL NERVE CONDITION?

YES NO

(If "Yes," indicate symptoms, location, and degree of severity) (Check all that apply)

A. CONSTANT PAIN (may be excruciating at times)

- RIGHT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- RIGHT LOWER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT LOWER EXTREMITY NONE MILD MODERATE SEVERE

B. INTERMITTENT PAIN

- RIGHT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- RIGHT LOWER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT LOWER EXTREMITY NONE MILD MODERATE SEVERE

C. DULL PAIN

- RIGHT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT UPPER EXTREMITY NONE MILD MODERATE SEVERE
- RIGHT LOWER EXTREMITY NONE MILD MODERATE SEVERE
- LEFT LOWER EXTREMITY NONE MILD MODERATE SEVERE

SECTION III - SYMPTOMS (CONTINUED)

D. PARESTHESIAS AND/OR DYSESTHESIAS

RIGHT UPPER EXTREMITY NONE MILD MODERATE SEVERE
 LEFT UPPER EXTREMITY NONE MILD MODERATE SEVERE
 RIGHT LOWER EXTREMITY NONE MILD MODERATE SEVERE
 LEFT LOWER EXTREMITY NONE MILD MODERATE SEVERE

E. NUMBNESS

RIGHT UPPER EXTREMITY NONE MILD MODERATE SEVERE
 LEFT UPPER EXTREMITY NONE MILD MODERATE SEVERE
 RIGHT LOWER EXTREMITY NONE MILD MODERATE SEVERE
 LEFT LOWER EXTREMITY NONE MILD MODERATE SEVERE

F. OTHER SYMPTOMS *(describe symptoms, location and severity)*

SECTION IV - NEUROLOGIC EXAM

4A. STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

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

ELBOW FLEXION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
ELBOW EXTENSION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
WRIST FLEXION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
WRIST EXTENSION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
GRIP:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
PINCH <i>(thumb to index finger)</i>	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
KNEE EXTENSION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
ANKLE PLANTAR FLEXION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
ANKLE DORSIFLEXION:	RIGHT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5
	LEFT:	<input type="checkbox"/> 5/5	<input type="checkbox"/> 4/5	<input type="checkbox"/> 3/5	<input type="checkbox"/> 2/5	<input type="checkbox"/> 1/5	<input type="checkbox"/> 0/5

4B. DEEP TENDON REFLEXES (DTRs) - RATE REFLEXES ACCORDING TO THE FOLLOWING SCALE:

- 0 - Absent
- 1+ Decreased
- 2+ Normal
- 3+ Increased without clonus
- 4+ Increased with clonus

Biceps	RIGHT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
	LEFT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
Triceps	RIGHT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
	LEFT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
Brachioradialis	RIGHT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
	LEFT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
Knee	RIGHT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
	LEFT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
Ankle	RIGHT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
	LEFT:	<input type="checkbox"/> 0	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+

SECTION IV - NEUROLOGIC EXAM (Continued)

4C. SENSATION TESTING RESULTS (Indicate results for sensation testing for light touch):

SHOULDER AREA (C5)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
INNER/OUTER FOREARM (C6/T1)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
HAND/FINGERS (C6-8)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
THIGH/KNEE (L3/4)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
LOWER LEG/ANKLE (L4/L5/S1)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
FOOT/TOES (L5)	RIGHT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
	LEFT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent

4D. DOES THE VETERAN HAVE MUSCLE ATROPHY?

YES NO

(If muscle atrophy is present, indicate location: _____ and when possible, provide difference measured in cm between normal and atrophied side, measured at maximum muscle bulk: _____ cm).

4E. DOES THE VETERAN HAVE TROPHIC CHANGES (characterized by loss of extremity hair, smooth, shiny skin, etc.) ATTRIBUTABLE TO PERIPHERAL NEUROPATHY?

YES NO (If "Yes," describe):

4F. DOES THE VETERAN HAVE ANY OTHER SIGNIFICANT SIGNS AND/OR SYMPTOMS OF A PERIPHERAL NERVE CONDITION?

YES NO (If "Yes," describe):

SECTION V - GAIT

5. IS THE VETERAN'S GAIT NORMAL?

YES NO

(If "No," is abnormal gait due to a peripheral nerve condition?)

YES NO

(If "Yes," describe the abnormal gait):

SECTION VI - NERVES AFFECTED

6A. INDICATE THE NERVES AFFECTED BY THE VETERAN'S CONDITION:

UPPER EXTREMITY NERVES - Check all that apply and complete Section VII for each checked nerve and/or radicular group

- Radial nerve
- Median
- Ulnar
- Musculocutaneous
- Circumflex
- Long thoracic
- Radicular groups

6B. INDICATE THE NERVES AFFECTED BY THE VETERAN'S CONDITION:

LOWER EXTREMITY NERVES - Check all that apply and complete Section VII I for each checked nerve and/or radicular group

- Sciatic
- External popliteal (common peroneal)
- Musculocutaneous (superficial peroneal)
- Tibial (internal popliteal)
- Posterior tibial
- Femoral nerve (anterior crural)
- Internal saphenous
- Obturator
- External cutaneous nerve of the thigh
- Ilioinguinal

SECTION VII - SEVERITY OF PERIPHERAL NERVE CONDITION FOR UPPER EXTREMITY NERVES AND RADICULAR GROUPS

NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.

If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity.

Base assessment of severity on findings and symptoms described in Sections V and VI. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

7A. RADIAL NERVE

INCOMPLETE PARALYSIS OF RADIAL NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*hand and fingers drop, wrist and fingers flexed; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb or make lateral movement of wrist; supination of hand, elbow extension and flexion weak, hand grip impaired*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

7B. MEDIAN NERVE

SPECIAL TESTS FOR MEDIAN NERVE:

PHALEN'S SIGN: Test not performed (*not indicated for Veteran's condition*)

RIGHT: Positive Negative

LEFT: Positive Negative

TINEL'S SIGN: Test not performed (*not indicated for Veteran's condition*)

RIGHT: Positive Negative

LEFT: Positive Negative

INCOMPLETE PARALYSIS OF MEDIAN NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*hand inclined to the ulnar side, index and middle fingers extended, atrophy of thenar eminence, cannot make a fist, defective opposition of thumb, cannot flex distal phalanx of thumb; wrist flexion weak*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

7C. ULNAR NERVE

INCOMPLETE PARALYSIS OF ULNAR NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*"griffin claw" deformity, atrophy in dorsal interspaces, thenar and hypothenar eminences; cannot extend ring and little finger, cannot spread fingers, cannot adduct the thumb; wrist flexion weakened*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

7D. MUSCULOCUTANEOUS NERVE

INCOMPLETE PARALYSIS OF MUSCULOCUTANEOUS NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*weakened flexion of elbow and supination of forearm*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

7E. CIRCUMFLEX NERVE

INCOMPLETE PARALYSIS OF CIRCUMFLEX NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*innervates deltoid and teres minor; cannot abduct arm, outward rotation is weakened*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

7F. LONG THORACIC NERVE

INCOMPLETE PARALYSIS OF LONG THORACIC NERVE

RIGHT: Not affected Mild Moderate Severe

LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*inability to raise arm above shoulder level, winged scapula deformity*)

RIGHT: Not affected Complete paralysis

LEFT: Not affected Complete paralysis

SECTION VII - SEVERITY OF PERIPHERAL NERVE CONDITION FOR UPPER EXTREMITY NERVES AND RADICULAR GROUPS (Continued)

7G. UPPER RADICULAR GROUP

INCOMPLETE PARALYSIS OF UPPER RADICULAR GROUP

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (all shoulder and elbow movements lost; hand and wrist movements not affected)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

7H. MIDDLE RADICULAR GROUP

INCOMPLETE PARALYSIS OF MIDDLE RADICULAR GROUP

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (adduction, abduction, rotation of arm, flexion of elbow and extension of wrist lost)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

7I. LOWER RADICULAR GROUP

INCOMPLETE PARALYSIS OF LOWER RADICULAR GROUP

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (intrinsic hand muscles, wrist and finger flexors paralyzed; substantial loss of use of hand)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

7J. ALL RADICULAR GROUPS

INCOMPLETE PARALYSIS OF LOWER RADICULAR GROUP

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (loss of use of all radicular groups)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

SECTION VIII - SEVERITY OF PERIPHERAL NERVE CONDITION FOR LOWER EXTREMITY NERVES

NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.

If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity.

Base assessment of severity on findings and symptoms described in Sections V and VI. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

8A. SCIATIC NERVE

INCOMPLETE PARALYSIS OF SCIATIC NERVE

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

8B. EXTERNAL POPLITEAL (common peroneal) NERVE

INCOMPLETE PARALYSIS OF EXTERNAL POPLITEAL (common peroneal) NERVE

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

8C. MUSCULOCUTANEOUS NERVE

INCOMPLETE PARALYSIS OF MUSCULOCUTANEOUS NERVE

RIGHT: Not affected Mild Moderate Severe
LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (eversion of foot weakened)

RIGHT: Not affected Complete paralysis
LEFT: Not affected Complete paralysis

SECTION VIII - SEVERITY OF PERIPHERAL NERVE CONDITION FOR LOWER EXTREMITY NERVES (Continued)

8D. ANTERIOR TIBIAL (deep peroneal) NERVE

INCOMPLETE PARALYSIS OF SCIATIC NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost*)

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8E. INTERNAL POPLITEAL (tibial) NERVE

INCOMPLETE PARALYSIS OF INTERNAL POPLITEAL (*tibial*) NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*plantar flexion lost, flexion and separation of toes abolished*)

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8F. POSTERIOR TIBIAL NERVE

INCOMPLETE PARALYSIS OF POSTERIOR TIBIAL NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*paralysis of all muscles of sole of foot, frequently with painful paralysis of a causalgic nature; loss of toe flexion; adduction weakened; plantar flexion impaired*)

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8G. ANTERIOR CRURAL (*femoral*) NERVE

INCOMPLETE PARALYSIS OF ANTERIOR CRURAL (*femoral*) NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS (*paralysis of quadriceps extensor muscles*)

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8H. INTERNAL SAPHENOUS NERVE

INCOMPLETE PARALYSIS OF INTERNAL SAPHENOUS NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8I. OBTURATOR NERVE

INCOMPLETE PARALYSIS OF OBTURATOR NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8J. EXTERNAL CUTANEOUS NERVE OF THE THIGH

INCOMPLETE PARALYSIS OF EXTERNAL CUTANEOUS NERVE OF THE THIGH

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

8K. ILLIOINGUINAL NERVE

INCOMPLETE PARALYSIS OF ILLIOINGUINAL NERVE

RIGHT: Not affected Mild Moderate Severe
 LEFT: Not affected Mild Moderate Severe

COMPLETE PARALYSIS

RIGHT: Not affected Complete paralysis
 LEFT: Not affected Complete paralysis

SECTION IX - ASSISTIVE DEVICES AND REMAINING FUNCTION OF THE EXTREMITIES

9A. DOES THE VETERAN USE ANY ASSISTIVE DEVICE(S) AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

YES NO

(If "Yes," identify assistive device(s) used (check all that apply and indicate frequency)

- | | | | | |
|---------------------------------------|-------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> WHEELCHAIR | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> BRACE(S) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> CRUTCH(ES) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> CANE(S) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> WALKER | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> OTHER: _____ | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |

9B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

9C. DUE TO PERIPHERAL NERVE CONDITIONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? *(Functions of the upper extremity include grasping, manipulation, etc. while functions for the lower extremity include balance and propulsion, etc.)*

YES, FUNCTIONING IS SO DIMINISHED THAT AMPUTATION WITH PROSTHESIS COULD EQUALLY SERVE THE VETERAN
 NO

(If "Yes," indicate extremity(ies)) (Check all extremities for which this applies)

Right upper Left upper Right lower Left lower

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

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

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

SECTION XI - DIAGNOSTIC TESTING

NOTE: For the purpose of this examination, electromyography (EMG) studies are usually rarely required to diagnose specific peripheral nerve conditions in the appropriate clinical setting. If EMG studies are in the medical record and reflect the veteran's current condition, repeat studies are not indicated.

11A. HAVE EMG STUDIES BEEN PERFORMED?

YES NO

(Extremities tested):

- | | | | | |
|--|----------|---------------------------------|-----------------------------------|-------------|
| <input type="checkbox"/> RIGHT UPPER EXTREMITY | Results: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Date: _____ |
| <input type="checkbox"/> LEFT UPPER EXTREMITY | Results: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Date: _____ |
| <input type="checkbox"/> RIGHT LOWER EXTREMITY | Results: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Date: _____ |
| <input type="checkbox"/> LEFT LOWER EXTREMITY | Results: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Date: _____ |

If abnormal describe: _____

11B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES NO

(If "Yes," provide type of test or procedure, date and results (brief summary)):

SECTION XII - FUNCTIONAL IMPACT AND REMARKS

12. DOES THE VETERAN'S PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY IMPACT HIS OR HER ABILITY TO WORK?

YES NO

(If "Yes," describe impact of each of the veteran's peripheral nerve and/or peripheral neuropathy condition(s), providing one or more examples):

13. REMARKS *(If any)*

SECTION XIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

14A. PHYSICIAN'S SIGNATURE

14B. PHYSICIAN'S PRINTED NAME

14C. DATE SIGNED

14D. PHYSICIAN'S PHONE NUMBER

14E. PHYSICIAN'S MEDICAL LICENSE NUMBER

14F. PHYSICIAN'S ADDRESS

NOTE - VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's application.

IMPORTANT - Physician please fax the completed form to _____
(VA Regional Office FAX No.)

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

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.