

Department of Veterans Affairs **HAND AND FINGER CONDITIONS DISABILITY BENEFITS QUESTIONNAIRE**

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

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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NOTE TO PHYSICIAN: Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A HAND CONDITION?
 YES NO (If "Yes," complete Item 1C) (If "No," complete Item 1B)

1B. PROVIDE RATIONALE (e.g. veteran does not currently have any known hand condition)

1C. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO HAND CONDITIONS, UNDER RIGHT AND/OR LEFT HAND(S)

DIAGNOSIS #1 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
DIAGNOSIS #2 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
DIAGNOSIS #3 -	ICD CODE -	DATE OF DIAGNOSIS -	SIDE AFFECTED <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both

1D. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO HAND CONDITIONS, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HAND CONDITION(S) (brief summary)

2B. DOMINANT HAND
 Right Left Ambidextrous

2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE AFFECTED JOINT?
 YES NO
 If "Yes," document the veteran's description of the impact of flare-ups in his or her own words:

SECTION III - INITIAL RANGE OF MOTION (ROM) MEASUREMENTS

3A. IS THERE LIMITATION OF MOTION FOR ANY FINGERS AND/OR THUMB?
 YES NO
 If "No," skip to section 4
 If "Yes," indicate digit(s) affected: (check all that apply)
 Right: None Thumb Index finger Long finger Ring finger Little finger
 Left: None Thumb Index finger Long finger Ring finger Little finger

3B. ABILITY TO OPPOSE THUMB: Is there a gap between the thumb pad and the fingers?
 YES NO
 If "Yes," indicate distance of gap and side affected:
 Less than 1 inch (2.5cm.) Right Left Both
 1 to 2 inches (2.5 to 5.1 cm.) Right Left Both
 More than 2 inches (5.1 cm.) Right Left Both

3C. FINGER FLEXION: Is there a gap between any fingertips and the proximal transverse crease of the palm?
 YES NO
 If "Yes," is the gap less than 1 inch (2.5 cm)?
 YES NO
 If "Yes," indicate finger(s) affected (check all that apply):
 Right: Index finger Long finger Ring finger Little finger
 Left: Index finger Long finger Ring finger Little finger
 If "Yes," is the gap less than 1 inch (2.5 cm) or more?
 YES NO
 If "Yes," indicate finger(s) affected (check all that apply):
 Right: Index finger Long finger Ring finger Little finger
 Left: Index finger Long finger Ring finger Little finger

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

3D. FINGER EXTENSION: Is there limitation of extension for the index finger and/or long finger?

YES NO

If "Yes," is extension limited by no more than 30 degrees (*unable to extend finger fully, extension limited to between 0 and 30 degrees of flexion*)?

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger

Left: Index finger Long finger

If "Yes," is extension limited by more than 30 degrees (*unable to extend finger fully, extension limited to 31 degrees or more of flexion*)?

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger

Left: Index finger Long finger

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

SECTION IV - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING

NOTE - For VA purposes, repetitive-use testing must also be performed. The VA has determined that 3 repetitions, at minimum, can serve as a representative test for the effect of repetitive use. Following initial ROM assessment, the clinician must perform repetitive-use testing.

4A. IS VETERAN ABLE TO PERFORM REPETITIVE-USE TESTING WITH 3 REPETITIONS?

YES NO

If "No," provide reason: _____

If "No," skip to section 5)

If veteran is able to perform repetitive-use testing, assess ROM after a minimum of 3 repetitions and report the the post-test results in 4B through 4E.

4B. IS THERE ADDITIONAL LIMITATION OF MOTION FOR ANY FINGERS POST-TEST?

YES NO

If "Yes," indicate digit(s) affected (*check all that apply*):

Right: Thumb Index finger Long finger Ring finger Little finger

Left: Thumb Index finger Long finger Ring finger Little finger

4C. IS THERE A GAP BETWEEN THE THUMB PAD AND THE FINGERS (*ability to oppose thumb*) POST-TEST?

YES NO

If "Yes," indicate distance of gap and side affected)

Less than 1 inch (2.5cm.) Right Left Both

1 to 2 inches (2.5 to 5.1 cm.) Right Left Both

More than 2 inches (5.1 cm.) Right Left Both

4D. IS THERE A GAP BETWEEN ANY FINGERTIPS AND THE PROXIMAL TRANSVERSE CREASE OF THE PALM (*assessment of limitation of finger flexion*) POST-TEST?

YES NO

If "Yes," is the gap less than 1 inch (2.5 cm)?

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger Ring finger Little finger

Left: Index finger Long finger Ring finger Little finger

If "Yes," is the gap 1 inch (2.5 cm) or more?

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger Ring finger Little finger

Left: Index finger Long finger Ring finger Little finger

4E. IS THERE ADDITIONAL LIMITATION OF EXTENSION FOR THE INDEX FINGER OR LONG FINGER POST-TEST?

YES NO

If "Yes," is extension limited by no more than 30 degrees? (*unable to extend finger fully; extension limited to between 5 and 30 degrees of flexion*)

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger

Left: Index finger Long finger

If "Yes," is extension limited by more than 30 degrees? (*unable to extend finger fully; extension limited to 35 degrees or more of flexion*)

YES NO

If "Yes," indicate finger(s) affected (*check all that apply*):

Right: Index finger Long finger

Left: Index finger Long finger

SECTION V - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION OF ROM

5A. DOES THE VETERAN HAVE ANY FUNCTIONAL LOSS AND/OR FUNCTIONAL IMPAIRMENT OF ANY OF THE FINGERS AND/OR THUMB?

YES NO

5B. DOES THE VETERAN HAVE ADDITIONAL LIMITATION IN ROM OF ANY OF THE FINGERS AND/OR THUMB FOLLOWING REPETITIVE-USE TESTING?

YES NO

5C. IF THE VETERAN HAS FUNCTIONAL LOSS, FUNCTIONAL IMPAIRMENT AND/OR ADDITIONAL LIMITATION OF ROM OF ANY OF THE FINGERS AND/OR THUMB AFTER REPETITIVE USE, INDICATE THE CONTRIBUTING FACTORS OF DISABILITY BELOW

CHECK ALL THAT APPLY AND INDICATE DIGIT AND SIDE AFFECTED:

- No functional loss for right hand, thumb or fingers
- No functional loss for left hand, thumb or fingers
- Less movement than normal
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- More movement than normal
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Weakened movement
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Excess fatigability
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Incoordination, impaired ability to execute skilled movements smoothly
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Pain on movement
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Swelling
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Deformity
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger
- Atrophy of disuse
 - Right: Thumb Index finger Long finger Ring finger Little finger
 - Left: Thumb Index finger Long finger Ring finger Little finger

SECTION VI - PAINFUL MOTION AND TENDERNESS

6A. IS THERE OBJECTIVE EVIDENCE OF PAINFUL MOTION FOR EITHER HAND, INCLUDING THUMB AND FINGER MOVEMENT (evidenced by visible behavior, such as facial expression, wincing, etc.)?

YES NO (If "Yes," hand affected): Right Left Both

6B. DOES THE VETERAN HAVE LOCALIZED TENDERNESS OR PAIN TO PALPATION FOR JOINTS/SOFT TISSUE OF EITHER HAND, INCLUDING THUMB AND FINGERS?

YES NO (If "Yes," hand affected): Right Left Both

SECTION VII - ANKYLOSIS

7A. DOES THE VETERAN HAVE ANKYLOSIS OF THE THUMB AND/OR FINGERS?

YES NO (If "Yes," check all that apply)

Right thumb

- Carpometacarpal joint ankylosis: In extension In full flexion In rotation or angulation
- Interphalangeal joint ankylosis: In extension In full flexion In rotation or angulation

Left thumb

- Carpometacarpal joint ankylosis: In extension In full flexion In rotation or angulation
- Interphalangeal joint ankylosis: In extension In full flexion In rotation or angulation

Right: Index finger Long finger Ring finger Little finger

- Metacarpophalangeal joint ankylosis: In extension In full flexion In rotation or angulation
- Proximal interphalangeal joint ankylosis: In extension In full flexion In rotation or angulation

Left: Index finger Long finger Ring finger Little finger

- Metacarpophalangeal joint ankylosis: In extension In full flexion In rotation or angulation
- Proximal interphalangeal joint ankylosis: In extension In full flexion In rotation or angulation

7B. IF THERE IS ANKYLOSIS OF MORE THAN ONE FINGER, PROVIDE DETAILS USING ABOVE DESCRIPTIONS:

7C. DOES THE ANKYLOSIS CONDITION RESULT IN LIMITATION OF MOTION OF OTHER DIGITS OR INTERFERENCE WITH OVERALL FUNCTION OF THE HAND?

YES NO

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

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

 YES NO (If "Yes," describe):**SECTION IX - ASSISTIVE DEVICES AND REMAINING FUNCTION OF THE EXTREMITIES**

9A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES?

 YES NO

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

 BRACE(S) Frequency of use: Occasional Regular Constant OTHER: _____ Frequency of use: Occasional Regular Constant

(If "Yes," identify and describe each condition(s) causing the need for assistive device(s):

9B. DUE TO THE SERVICE-CONNECTED DISABLING CONDITION(S), IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? (Functions of the upper extremity including grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)

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

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

 Right upper Left upper Right lower Left lower**SECTION X - DIAGNOSTIC TESTING****NOTE** - The diagnosis of arthritis must be confirmed by imaging studies. Once arthritis has been documented, no further imaging studies are indicated, even if arthritis has worsened.

10A. HAVE IMAGING STUDIES OF THE HAND(S) BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

 YES NO

(If "Yes," is arthritis documented in multiple joints of the same hand, including thumb and fingers?)

 YES NO

(If "Yes," indicate hand)

 Right Left Both

10B. 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 XI - FUNCTIONAL IMPACT AND REMARKS

11. DOES THE VETERAN'S HAND, THUMB AND/OR FINGER CONDITION IMPACT HIS OR HER ABILITY TO WORK?

 YES NO (If "Yes," describe the impact of each of the veteran's hand, thumb and/or finger conditions, providing one or more examples):

12. REMARKS (If any)

SECTION XV - PHYSICIAN'S CERTIFICATION AND SIGNATURE**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

13A. PHYSICIAN'S SIGNATURE

13B. PHYSICIAN'S PRINTED NAME

13C. DATE SIGNED

13D. PHYSICIAN'S PHONE NUMBER

13E. PHYSICIAN'S MEDICAL LICENSE NUMBER

13F. PHYSICIAN'S ADDRESS

NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.**IMPORTANT** - Physician please fax the completed form to _____

(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at www.vba.va.gov/disabilityexams or obtained by calling 1-800-827-1000.**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.