



**FOOT MISCELLANEOUS (OTHER THAN FLATFOOT/PES PLANUS)
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
-------------------------	--

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.

1. DIAGNOSIS

Does the Veteran now have or has he/she ever had a foot condition (other than flatfoot)?
 YES NO *If yes, indicate diagnosis/es: (check all that apply) and complete appropriate section(s).*

PROVIDE ONLY DIAGNOSES THAT PERTAIN TO FOOT CONDITIONS OTHER THAN FLATFOOT:

<input type="checkbox"/> MORTON'S NEUROMA	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> METATARSALGIA	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> HAMMER TOES	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> HALLUX VALGUS	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> HALLUX RIGIDUS	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> CLAW FOOT (<i>PES CAVUS</i>)	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> MALUNION/NONUNION OF TARSAL/METATARSAL BONES	ICD CODE:	DATE OF DIAGNOSIS:
<input type="checkbox"/> FOOT INJURIES (<i>specify</i>)	ICD CODE:	DATE OF DIAGNOSIS:

<input type="checkbox"/> OTHER FOOT CONDITIONS (<i>specify</i>)	ICD CODE:	DATE OF DIAGNOSIS:

NOTE - If the veteran has flatfoot, also complete the Flatfoot Questionnaire.

2. MEDICAL HISTORY

DESCRIBE THE HISTORY (*including onset and course*) OF THE VETERAN'S CURRENT FOOT CONDITION (*brief summary*):

3. MORTON'S NEUROMA (Morton's disease) AND METATARSALGIA

3A. DOES THE VETERAN HAVE MORTON'S NEUROMA?
 YES NO
 If yes, indicate side affected: Right Left Both

3B. DOES THE VETERAN HAVE METATARSALGIA?
 YES NO
 If yes, indicate side affected: Right Left Both

4. HAMMER TOE

DOES THE VETERAN HAVE HAMMER TOE(S)?
 YES NO
 If yes, which toes are affected on each side?
 Right: None Great toe Second toe Third toe Fourth toe Little toe
 Left: None Great toe Second toe Third toe Fourth toe Little toe

5. HALLUX VALGUS

DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD HALLUX VALGUS?
 YES NO
 If yes, complete the following:
 5A. DOES THE VETERAN HAVE SYMPTOMS DUE TO A HALLUX VALGUS CONDITION?
 YES NO *If yes, indicate severity (check all that apply):*
 Mild or moderate symptoms
 Side affected: Right Left Both
 Severe symptoms, with function equivalent to amputation of great toe
 Side affected: Right Left Both

5. HALLUX VALGUS (Continued)

5B. HAS THE VETERAN HAD SURGERY FOR HALLUX VALGUS?

YES NO If yes, indicate type of surgery and side affected:

Resection of metatarsal head

Date of surgery: _____

Side affected: Right Left Both

Metatarsal osteotomy/metatarsal head osteotomy (equivalent to metatarsal head resection)

Date of surgery: _____

Side affected: Right Left Both

Other surgery for hallux valgus, describe: _____

Date of surgery: _____

Side affected: Right Left Both

6. HALLUX RIGIDUS

DOES THE VETERAN HAVE HALLUX RIGIDUS? YES NO

If yes, does the Veteran have symptoms due to hallux rigidus? YES NO

If yes, indicate severity (check all that apply):

Mild or moderate symptoms

Side affected: Right Left Both

Severe symptoms, with function equivalent to amputation of great toe

Side affected: Right Left Both

7. PES CAVUS (CLAW FOOT)

DOES THE VETERAN HAVE ACQUIRED CLAW FOOT (PES CAVUS)?

YES NO

If yes, complete the following:

7A. Effect on toes due to pes cavus (check all that apply)

None Right Left Both

Great toe dorsiflexed Right Left Both

All toes tending to dorsiflexion Right Left Both

All toes hammer toes Right Left Both

Other, describe (if there is an effect on toes due to other etiology than pes cavus, indicate other etiology): _____

B. Pain and tenderness (check all that apply)

None Right Left Both

Definite tenderness under metatarsal heads Right Left Both

Marked tenderness under metatarsal heads Right Left Both

Very painful callosities Right Left Both

Other, describe (if the Veteran has pain and tenderness due to other etiology than pes cavus, indicate other etiology): _____

C. Effect on plantar fascia (check all that apply)

None Right Left Both

Shortened plantar fascia Right Left Both

Marked contraction of plantar fascia with dropped forefoot Right Left Both

Other, describe (if there is an effect on plantar fascia due to other etiology than pes cavus, indicate other etiology): _____

D. Dorsiflexion and varus deformity (check all that apply)

None Right Left Both

Some limitation of dorsiflexion at ankle Right Left Both

Limitation of dorsiflexion at ankle to right angle Right Left Both

Marked varus deformity Right Left Both

Other, describe (if the Veteran has dorsiflexion and varus deformity due to other etiology than pes cavus, indicate other etiology): _____

8. MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES

DOES THE VETERAN HAVE MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES?

YES NO

Indicate severity and side affected:

Moderate Right Left Both

Moderately severe Right Left Both

Severe Right Left Both

9. FOOT INJURIES

DOES THE VETERAN HAVE ANY OTHER FOOT INJURIES?

YES NO If yes, describe: _____

If yes, indicate severity and side affected:

- Moderate Right Left Both
- Moderately severe Right Left Both
- Severe Right Left Both

10. BILATERAL WEAK FOOT

NOTE - For VA purposes, bilateral weak foot is a symptomatic condition secondary to many constitutional conditions characterized by atrophy of the musculature, disturbed circulation, and weakness.

IS THERE EVIDENCE OF BILATERAL WEAK FOOT?

YES NO

If yes, describe and report underlying condition:

11. OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

11A. DOES THE VETERAN HAVE ANY SCARS (SURGICAL OR OTHERWISE) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE? YES NO

If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)?

YES NO *If yes, also complete a Scars Questionnaire.*

11B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE? YES NO *If yes, describe (brief summary):*

12. ASSISTIVE DEVICES

12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

YES NO

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

- Wheelchair Frequency of use: Occasional Regular Constant
- Brace(s) Frequency of use: Occasional Regular Constant
- Crutch(es) Frequency of use: Occasional Regular Constant
- Cane(s) Frequency of use: Occasional Regular Constant
- Walker Frequency of use: Occasional Regular Constant
- Other: _____ Frequency of use: Occasional Regular Constant

12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE FOR EACH CONDITION:

13. REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

Due to the Veteran's foot condition, is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis? (Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)

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

If yes, indicate extremities for which this applies:

- Right lower Left lower

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

14. DIAGNOSTIC TESTING

The diagnosis of degenerative arthritis (osteoarthritis) or traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, no further imaging studies are required by VA, even if arthritis has worsened.

14A. HAVE IMAGING STUDIES OF THE FOOT BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

YES NO

If yes, are there abnormal findings?

YES NO

If yes, indicate findings:

Degenerative or traumatic arthritis

Foot Right Left Both

Is degenerative or traumatic arthritis documented in multiple joints of the same foot?

YES NO

If yes, indicate foot: Right Left Both

Other, describe: _____

Foot Right Left Both

14B. 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):

15. FUNCTIONAL IMPACT

DOES THE VETERAN'S FOOT CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES NO

If yes, describe the impact of each of the Veteran's foot conditions providing one or more examples:

16. 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.

16A. PHYSICIAN'S SIGNATURE

16B. PHYSICIAN'S PRINTED NAME

16C. DATE SIGNED

16D. PHYSICIAN'S PHONE NUMBER

16E. PHYSICIAN'S MEDICAL LICENSE NUMBER

16F. 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 15 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.