



## MUSCLE INJURIES 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 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 NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH A MUSCLE INJURY?

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

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES:

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

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO MUSCLE INJURIES, LIST USING ABOVE FORMAT:

**NOTE** - If there are multiple muscle injuries, complete the assessment for all muscle injuries on this questionnaire, if possible. If unable to complete assessment for all muscle injuries on this questionnaire, also complete an additional questionnaire for each additional injury. If the veteran has or has had a muscle injury that results in any conditions that are not covered in this questionnaire, also complete any other appropriate questionnaires (e.g., if peripheral nerve injury also exists due to the muscle injury, complete VA Form 21-0960C-10, Peripheral Nerve Conditions (not including diabetic sensory-motor peripheral neuropathy) Disability Benefits Questionnaire.

### SECTION II - HISTORY OF MUSCLE INJURY

2A. DOES THE VETERAN HAVE A PENETRATING MUSCLE INJURY, SUCH AS A GUNSHOT OR SHELL FRAGMENT WOUND?

YES  NO

2B. DOES THE VETERAN HAVE A NON-PENETRATING MUSCLE INJURY (such as a muscle strain, torn Achilles tendon or torn quadriceps muscle)?

YES  NO

2C. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S MUSCLE INJURY (brief summary)

2D. DOMINANT HAND

RIGHT  LEFT  AMBIDEXTROUS

### SECTION III - LOCATION OF MUSCLE INJURY

**NOTE** - For VA purposes, muscles are classified into groups I-XXIII. In this section, indicate the location of the veteran's muscle injury(ies) by checking the muscle group(s) involved.

#### SHOULDER GIRDLE AND ARM

3. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE SHOULDER GIRDLE OR ARM?

YES  NO

(If "Yes," check muscle group(s) and side affected (check all that apply))

**GROUP I:** Extrinsic muscles of shoulder girdle: trapezius, levator scapulae, serratus magnus  
Function: Upward rotation of scapula, elevation of arm above shoulder level

Side affected:  Right  Left  Both

**GROUP II:** Muscles of shoulder girdle: pectoralis major, latissimus dorsi and teres major, pectoralis minor, rhomboid  
Function: Depression of arm from vertical overhead to hanging at side, downward rotation of scapula, forward and backward swing of arm

Side affected:  Right  Left  Both

**GROUP III:** Intrinsic muscles of shoulder girdle: pectoralis major, deltoid  
Function: Elevation and abduction of arm to level of shoulder, forward and backward swing of arm

Side affected:  Right  Left  Both

**GROUP IV:** Shoulder girdle muscles: supraspinatus, infraspinatus and teres minor, subscapularis, coracobrachialis  
Function: Stabilization of shoulder, abduction, rotation of arm

Side affected:  Right  Left  Both

**GROUP V:** Flexor muscles of elbow: biceps, brachialis, brachioradialis  
Function: Flexion of elbow

Side affected:  Right  Left  Both

**GROUP VI:** Extensor muscles of elbow: triceps  
Function: Extension of elbow

Side affected:  Right  Left  Both

**SECTION III - LOCATION OF MUSCLE INJURY (Continued)**

**FOREARM AND HAND**

4. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOREARM OR HAND?

YES  NO

*(If "Yes," check muscle group(s) and side affected (check all that apply))*

**GROUP VII:** Muscles of forearm: flexors of the wrist, fingers and thumb  
Function: Flexion of wrist and fingers

Side affected:  Right  Left  Both

**GROUP VIII:** Muscles: extensors of the wrist, fingers and thumb  
Function: Extension of wrist, fingers and thumb

Side affected:  Right  Left  Both

**GROUP IX:** Intrinsic muscles of hand, including muscles in the thenar and hypothenar eminence, lumbricals, dorsal and palmar interossei  
Function: Intrinsic muscles of the hand assist in delicate manipulative movements

Side affected:  Right  Left  Both

**FOOT AND LEG**

5. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE FOOT OR LEG?

YES  NO

*(If "Yes," check muscle group(s) and side affected (check all that apply))*

**GROUP X:** Muscles of the foot: flexor digitorum brevis, abductor hallucis, abductor digiti minimi, quadratus plantae, lumbricales, flexor hallucis brevis, adductor hallucis, flexor digiti minimi brevis, dorsal and plantar interossei  
Function: Movements of forefoot and toes, propulsion thrust in walking

Side affected:  Right  Left  Both

**GROUP XI:** Muscles of the foot, ankle and calf: gastrocnemius, soleus, tibialis posterior, peroneus longus, peroneus brevis, flexor hallucis longus, flexor digitorum longus  
Function: Propulsion, plantar flexion of foot, stabilization of arch, flexion of toes

Side affected:  Right  Left  Both

**GROUP XII:** Anterior muscles of the leg, tibialis anterior, extensor digitorum longus, extensor hallucis longus, peroneus tertius  
Function: Dorsiflexion, extension of toes, stabilization of arch

Side affected:  Right  Left  Both

**PELVIC GIRDLE AND THIGH**

6. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP OF THE PELVIC GIRDLE OR THIGH?

YES  NO

*(If "Yes," check muscle group(s) and side affected (check all that apply))*

**GROUP XIII:** Posterior thigh/hamstring muscles: biceps femoris, semimembranosus, semitendinosus  
Function: Flexion of knee

Side affected:  Right  Left  Both

**GROUP XIV:** Anterior thigh muscles: sartorius, rectus femoris, quadriceps  
Function: Extension of knee

Side affected:  Right  Left  Both

**GROUP XV:** Medial thigh muscles: adductor longus, adductor brevis, adductor magnus, gracilis  
Function: Adduction of hip

Side affected:  Right  Left  Both

**GROUP XVI:** Pelvic girdle muscles: psoas, iliacus, pectineus  
Function: Flexion of hip

Side affected:  Right  Left  Both

**GROUP XVII:** Pelvic girdle muscles: gluteus maximus, gluteus medius, gluteus minimus  
Function: Extension of hip, abduction of thigh, postural support of body

Side affected:  Right  Left  Both

If checked, is there severe damage to muscle group XVII, such that the veteran is unable to rise from a seated and stooped position and to maintain postural stability without assistance of any type?

YES  NO

**GROUP XVIII:** Pelvic girdle muscles: piriformis, gemelli, obturator, quadratus femoris  
Function: Outward rotation of thigh and stabilization of hip joint

Side affected:  Right  Left  Both

**TORSO AND NECK**

7. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO A MUSCLE GROUP IN THE TORSO AND/OR NECK?

YES  NO

*(If "Yes," check muscle group(s) and side or region affected (check all that apply))*

**GROUP XIX:** Muscles of the abdominal wall: rectus abdominis, external oblique, internal obliques, transversalis, quadratus lumborum  
Function: Support of abdominal wall and lower thorax, flexion and lateral movement of spine

Side affected:  Right  Left  Both

**GROUP XX:** Spinal muscles: sacrospinalis, erector spinae  
Function: Postural support of body, extension and lateral movement of the spine

Side affected:  Right  Left  Both

**GROUP XXI:** Muscles of respiration: thoracic muscle group  
Function: Respiration

Side affected:  Right  Left  Both

**GROUP XXII:** Muscles of the front of the neck: trapezius, sternocleidomastoid, hyoid muscles, sternothyroid, digastric  
Function: Rotation and flexion of the head, respiration, swallowing

Side affected:  Right  Left  Both

**GROUP XXIII:** Muscles of the side and back of the neck: suboccipital, lateral vertebral and anterior vertebral muscles  
Function: Movements of the head, fixation of shoulder movements

Side affected:  Right  Left  Both

**SECTION IV - ADDITIONAL CONDITIONS**

8A. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD A RUPTURE OF THE DIAPHRAGM WITH HERNIATION?

- YES  NO (If "Yes," also complete VA Form 21-0960H-1, Abdominal, Inguinal, and Femoral Hernias Disability Benefits Questionnaire)

8B. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN EXTENSIVE MUSCLE HERNIA OF ANY MUSCLE, WITHOUT OTHER INJURY TO THE MUSCLE?

- YES  NO

8C. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER HAD AN INJURY TO ANY OF THE MUSCLES OF MASTICATION?

- YES  NO

(If "Yes," is there complete or partial paralysis of muscles of mastication?)

- YES  NO

if "Yes," indicate severity:

- Complete  
 Incomplete; severe  
 Incomplete; moderate

(If complete or partial paralysis of muscles of mastication is checked, also complete the VA Form 21-0960C-3, Cranial Nerve Diseases Disability Benefits Questionnaire)

**SECTION V - MUSCLE INJURY EXAM**

**SCAR, FACSIA AND MUSCLE FINDINGS**

9A. DOES THE VETERAN HAVE ANY SCAR(S) ASSOCIATED WITH A MUSCLE INJURY?

- YES  NO

(If "Yes," indicate severity of scar(s) caused by the muscle injury (ies) (check all that apply if there is more than one area or type of scarring):

- Minimal scar(s)  
 Entrance and (if present) exit scars are small or linear, indicating short track of missile through muscle tissue  
 Entrance and (if present) exit scars indicating track of missile through one or more muscle groups  
 Ragged, depressed and adherent scars indicating wide damage to muscle groups in missile track  
 Adhesion of scar to one of the long bones, scapula, pelvic bones, sacrum or vertebrae, with epithelial sealing over the bone rather than true skin covering in an area where bone is normally protected by muscle  
 Other, describe:  
\_\_\_\_\_

9B. DOES THE VETERAN HAVE ANY KNOWN OR EVIDENCE OF FASCIAL DEFECT ASSOCIATED WITH ANY MUSCLE INJURIES?

- YES  NO

(If "Yes," indicate severity of fascial defect(s) caused by the muscle injury (ies) (check all that apply if there is more than one area or type of fascial defect):

- Some loss of deep fascia  
 Palpation shows loss of deep fascia  
 Other, describe:  
\_\_\_\_\_

9C. DOES THE VETERAN'S MUSCLE INJURY(IES) AFFECT MUSCLE SUBSTANCE OR FUNCTION?

- YES  NO

(If "Yes," indicate severity of affect on muscle substance or function caused by the muscle injury(ies) (check all that apply):

- Some impairment of muscle tonus  
 Some loss of muscle substance  
 Indication on palpation of loss of muscle substance  
 Indication on palpation of loss of normal firm resistance of muscles  
 Palpation shows soft flabby muscles in wound area  
 Muscles swell and harden abnormally in contraction  
 Induration or atrophy of an entire muscle following history of simple piercing by a projectile  
 Diminished muscle excitability to pulsed electrical current in electrodiagnostic tests  
 Adaptive contraction of an opposing group of muscles  
 Visible or measurable atrophy  
 Atrophy of muscle groups not in the track of the missile, particularly of the trapezius and serratus in wounds of the shoulder girdle  
 An open comminuted fracture with muscle or tendon damage unless evidence establishes that the muscle damage is minimal  
 Tests of endurance or coordinated movements compared with the corresponding muscles of the uninjured side indicate severe impairment of function  
 Other, describe  
\_\_\_\_\_

SECTION V - MUSCLE INJURY EXAM (Continued)

SIGNS AND SYMPTOMS

10. DOES THE VETERAN HAVE ANY OF THE FOLLOWING SIGNS AND/OR SYMPTOMS ATTRIBUTABLE TO ANY MUSCLE INJURIES?

YES  NO

(If "Yes," check all that apply, and indicate side affected, muscle group and frequency/severity):

Loss of power

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Weakness

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Lowered threshold of fatigue

(If checked, indicate sided affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Fatigue-pain

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Impairment of coordination

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Uncertainty of movement

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Inability to keep up with work requirements due to muscle injury(ies)

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

Other, describe \_\_\_\_\_

(If checked, indicate side affected):  Right  Left  Both

(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_

(Indicate frequency/severity):  Occasional  Consistent  Consistent at a more severe level

If further clarification is needed due to injuries of multiple muscle groups, describe which findings, signs and/or symptoms are attributable to each muscle injury:

**SECTION V - MUSCLE INJURY EXAM (Continued)**

**MUSCLE STRENGTH TESTING**

11A. TEST MUSCLE STRENGTH ONLY FOR AFFECTED MUSCLE GROUPS AND FOR THE CORRESPONDING SOUND (NON-INJURED) SIDE.  
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

Shoulder abduction (Group III)	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 flexion (Group V)	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 (Group VI)	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 (Group VII)	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 (Group VIII)	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
Hip flexion (Group XVI)	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 flexion (Group XIII)	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 (Group XIV)	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 (Group XI)	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 (Group XII)	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
If other movements/muscle groups were tested, specify: _____	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
_____							

11B. DOES THE VETERAN HAVE MUSCLE ATROPHY?

YES  NO

*(If muscle atrophy is present, indicate location (such as calf, thigh, forearm, upper arm): \_\_\_\_\_*

*(Indicate side affected):*  Right  Left  Both

*(Indicate muscle group(s) affected (I-XXIII) if possible): \_\_\_\_\_*

*Provide difference measured in cm between normal and atrophied side, measured at maximum muscle bulk:*

*Normal side: \_\_\_\_\_ cm. Atrophied side: \_\_\_\_\_ cm.*

*If muscle atrophy is present in more than one muscle group, provide location and measurements, using the same format:*

**SECTION VI - ASSISTIVE DEVICES AND REMAINING FUNCTION OF THE EXTREMITIES**

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):*

<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
_____				
_____				

*(If veteran uses any assistive devices, identify and describe each condition causing the need for an assistive device):*

**SECTION VI - ASSISTIVE DEVICES AND REMAINING FUNCTION OF THE EXTREMITIES (Continued)**

12B. 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 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 extremity(ies) (check all extremities for which this applies):

- Right upper  Left upper  Right lower  Left lower

(If "Yes," describe severity of diminished function for each checked extremity):

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

13. DOES THE VETERAN HAVE ANY OTHER COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS NOT ALREADY ADDRESSED?

- YES  NO (If "Yes," describe):

**SECTION VIII - DIAGNOSTIC TESTING**

NOTE - If there is reason to believe there are retained metallic fragments in the muscle tissue, appropriate x-rays are required to determine location of retained metallic fragment. Once retained metallic fragments have been documented, further imaging studies are usually not indicated.

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

- YES  NO

14B. IS THERE X-RAY EVIDENCE OF RETAINED METALLIC FRAGMENTS (Such as shell fragments or shrapnel) IN ANY MUSCLE GROUP?

- YES  NO

(If "Yes," indicate results):

- X-ray evidence of retained shell fragment(s) and/or shrapnel

Location (specify muscle Group I -XXIII, if possible): \_\_\_\_\_

(Indicate side affected):  Right  Left  Both

- X-ray evidence of minute scattered foreign bodies indicating intermuscular trauma and explosive effect of the missile

Location (specify muscle Group I -XXIII, if possible): \_\_\_\_\_

(Indicate side affected):  Right  Left  Both

14C. 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 IX - FUNCTIONAL IMPACT AND REMARKS**

15. DOES THE VETERAN'S MUSCLE INJURY(IES) IMPACT HIS OR HER ABILITY TO WORK?

- YES  NO (If "Yes," describe the impact of each of the veteran's muscle injuries, 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.

17A. PHYSICIAN'S SIGNATURE

17B. PHYSICIAN'S PRINTED NAME

17C. DATE SIGNED

17D. PHYSICIAN'S PHONE NUMBER

17E. PHYSICIAN'S MEDICAL LICENSE NUMBER

17F. 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](http://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](http://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.