



**ELBOW AND FOREARM 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 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 HAD AN ELBOW OR FOREARM CONDITION?

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

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO ELBOW AND FOREARM CONDITION(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

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO ELBOW AND FOREARM CONDITIONS, LIST USING ABOVE FORMAT:

**SECTION II - MEDICAL HISTORY**

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

2B. DOMINANT HAND

RIGHT  LEFT  AMBIDEXTROUS

**SECTION III - FLARE-UPS**

3. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE ELBOW AND/OR FOREARM?

YES  NO IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF THE IMPACT OF FLARE-UPS IN HIS OR HER OWN WORDS:

**SECTION IV - INITIAL RANGE OF MOTION (ROM) MEASUREMENTS**

**NOTE:** Measure ROM with a goniometer, rounding each measurement to the nearest 5 degrees. During the measurements, document the point at which painful motion begins, evidenced by visible behavior such as facial expression, wincing, etc. Report initial measurements below.

Following the initial assessment of ROM, perform repetitive use testing. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined that 3 repetitions of ROM (at a minimum) can serve as a representative test of the effect of repetitive use. After the initial measurement, reassess ROM after 3 repetitions. Report post-test measurements in Section 5.

4A. RIGHT ELBOW FLEXION

Select where flexion ends (normal endpoint is 145 degrees):

0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

Select where objective evidence of painful motion begins:

No objective evidence of painful motion  
 0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

4B. RIGHT ELBOW EXTENSION

Select where extension ends:

0 or any degree of hyperextension (no limitation of extension)

Unable to fully extend; extension ends at:

5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

Select where objective evidence of painful motion begins:

No objective evidence of painful motion  
 0 or any degree of hyperextension (no limitation of extension)

Unable to fully extend; extension ends at:

5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

**SECTION IV - INITIAL RANGE OF MOTION (ROM) MEASUREMENTS (continued)**

**4C. LEFT ELBOW FLEXION**

Select where flexion ends (*normal endpoint is 145 degrees*):

- 0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

Select where objective evidence of painful motion begins:

- No objective evidence of painful motion  
 0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

**4D. LEFT ELBOW EXTENSION**

Select where extension ends:

- 0 or any degree of hyperextension (*no limitation of extension*)

Unable to fully extend; extension ends at:

- 5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

Select where objective evidence of painful motion begins:

- No objective evidence of painful motion  
 0 or any degree of hyperextension (*no limitation of extension*)

Unable to fully extend; extension ends at:

- 5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

**4E. IF ROM DOES NOT CONFORM TO THE NORMAL RANGE OF MOTION IDENTIFIED ABOVE BUT IS NORMAL FOR THIS VETERAN (*for reasons other than an elbow condition, such as age, body habitus, neurologic disease*), EXPLAIN:**

**SECTION V - ROM MEASUREMENTS AFTER REPETITIVE USE TESTING**

**5A. IS THE VETERAN ABLE TO PERFORM REPETITIVE-USE TESTING WITH 3 REPETITIONS?**

- YES  NO IF UNABLE, PROVIDE REASON: \_\_\_\_\_

IF VETERAN IS UNABLE TO PERFORM REPETITIVE-USE TESTING, SKIP TO SECTION VI.

IF VETERAN IS ABLE TO PERFORM REPETITIVE-USE TESTING, MEASURE AND REPORT ROM AFTER A MINIMUM OF 3 REPETITIONS:

**5B. RIGHT ELBOW POST-TEST ROM**

Select where post-test flexion ends:

- 0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

Select where post-test extension ends:

- 0 or any degree of hyperextension (*no limitation of extension*)

Unable to fully extend; extension ends at:

- 5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

**5C. LEFT ELBOW POST-TEST ROM**

Select where post-test flexion ends:

- 0  5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110  115  120  125  130  135  140  145 or greater

Select where post-test extension ends:

- 0 or any degree of hyperextension (*no limitation of extension*)

Unable to fully extend; extension ends at:

- 5  10  15  20  25  30  35  40  45  50  55  60  65  70  
 75  80  85  90  95  100  105  110 or greater

**SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION IN ROM**

**NOTE:** The following section addresses reasons for functional loss, if present, and additional loss of ROM after repetitive-use testing, if present. The VA defines functional loss as the inability to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance.

**6A. DOES THE VETERAN HAVE ADDITIONAL LIMITATION IN ROM OF THE ELBOW AND FOREARM FOLLOWING REPETITIVE-USE TESTING?**

- YES  NO

**6B. DOES THE VETERAN HAVE ANY FUNCTIONAL LOSS AND/OR FUNCTIONAL IMPAIRMENT OF THE ELBOW AND FOREARM?**

- YES  NO

**SECTION VI - FUNCTIONAL LOSS AND ADDITIONAL LIMITATION IN ROM (continued)**

6C. IF THE VETERAN HAS FUNCTIONAL LOSS, FUNCTIONAL IMPAIRMENT AND/OR ADDITIONAL LIMITATION OF ROM OF THE ELBOW AND FOREARM AFTER REPETITIVE USE, INDICATE THE CONTRIBUTING FACTORS OF DISABILITY BELOW (check all that apply and indicate side affected):

- No functional loss for right upper extremity
- No functional loss for left upper extremity
- Less movement than normal     Right     Left     Both
- More movement than normal     Right     Left     Both
- Weakened movement     Right     Left     Both
- Excess fatigability     Right     Left     Both
- Incoordination, impaired ability to execute skilled movements smoothly     Right     Left     Both
- Pain on movement     Right     Left     Both
- Swelling     Right     Left     Both
- Deformity     Right     Left     Both
- Atrophy of disuse     Right     Left     Both

**SECTION VII - PAIN (pain on palpation)**

7. DOES THE VETERAN HAVE LOCALIZED TENDERNESS OR PAIN ON PALPATION OF JOINTS/SOFT TISSUE OF EITHER ELBOW OR FOREARM?

- YES     NO    IF YES, SIDE AFFECTED:     Right     Left     Both

**SECTION VIII - MUSCLE STRENGTH TESTING**

8. 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

- Elbow flexion:    Right     5/5     4/5     3/5     2/5     1/5     0/5  
                          Left     5/5     4/5     3/5     2/5     1/5     0/5
- Elbow extension:    Right     5/5     4/5     3/5     2/5     1/5     0/5  
                          Left     5/5     4/5     3/5     2/5     1/5     0/5

**SECTION IX - ANKYLOSIS**

9. DOES THE VETERAN HAVE ANKYLOSIS OF THE ELBOW?

- YES     NO

IF YES, INDICATE SIDE AND SEVERITY:

- At an angle of more than 90 degrees     Right     Left     Both
- At an angle between 90 and 70 degrees     Right     Left     Both
- At an angle between 70 and 50 degrees     Right     Left     Both
- At an angle of less than 50 degrees     Right     Left     Both

**SECTION X - ADDITIONAL CONDITIONS**

10. DOES THE VETERAN HAVE FLAIL JOINT, JOINT FRACTURE AND/OR IMPAIRMENT OF SUPINATION OR PRONATION?

- YES     NO    IF YES, INDICATE CONDITION AND COMPLETE THE APPROPRIATE SECTIONS BELOW.

A. FLAIL JOINT OF THE ELBOW.

If checked, indicate side:     Right     Left     Both

B. INTRA-ARTICULAR FRACTURE (joint fracture) WITH MARKED VARUS OR VALGUS DEFORMITY?

If checked, indicate side:     Right     Left     Both

C. INTRA-ARTICULAR FRACTURE (joint fracture) WITH UNUNITED FRACTURE OF THE HEAD OF THE RADIUS?

If checked, indicate side:     Right     Left     Both

D. IMPAIRMENT OF SUPINATION OR PRONATION

If checked, indicate severity and side

- Supination limited to 30 degrees or less     Right     Left     Both
- Limited pronation with motion lost beyond the last quarter of the arc; hand does not approach full pronation     Right     Left     Both
- Limited pronation with motion lost beyond the middle of the arc     Right     Left     Both
- Hand is fixed near the middle of the arc or moderate pronation due to bone fusion     Right     Left     Both
- Hand fixed in full pronation due to bone fusion     Right     Left     Both
- Hand fixed in supination or hyperpronation due to bone fusion     Right     Left     Both

**SECTION XI - JOINT REPLACEMENT AND/OR OTHER SURGICAL PROCEDURES**

11A. HAS THE VETERAN HAD A TOTAL ELBOW JOINT REPLACEMENT?

YES  NO IF YES, INDICATE SIDE AND SEVERITY OF RESIDUALS

Right elbow

Date of surgery: \_\_\_\_\_

Residuals:

None

Intermediate degrees of residual weakness, pain and/or limitation of motion

Chronic residuals consisting of severe painful motion and/or weakness

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

Left elbow

Date of surgery: \_\_\_\_\_

Residuals:

None

Intermediate degrees of residual weakness, pain and/or limitation of motion

Chronic residuals consisting of severe painful motion and/or weakness

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

11B. HAS THE VETERAN HAD ARTHROSCOPIC OR OTHER ELBOW SURGERY?

YES  NO IF YES, INDICATE SIDE AFFECTED:

Right  Left  Both

Date of surgery: \_\_\_\_\_

11C. DOES THE VETERAN HAVE ANY RESIDUAL SIGNS AND/OR SYMPTOMS DUE TO ARTHROSCOPIC OR OTHER ELBOW SURGERY?

YES  NO IF YES, INDICATE SIDE AFFECTED:

Right  Left  Both

IF YES, DESCRIBE RESIDUALS:

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

12A. DOES THE VETERAN HAVE ANY SCARS (*surgical or otherwise*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

YES  NO

IF YES, ARE ANY OF THE SCARS PAINFUL/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 VA FORM 21-0960F-1, SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE.

12B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

YES  NO IF YES, DESCRIBE (*brief summary*):

**NOTE:** In all forearm injuries, if there are impaired finger movements due to tendon, muscle or nerve injuries, also complete the appropriate disability Questionnaire(s), such as the VA Form 21-0960M-7, Hand and/or Finger Conditions Disability Benefits Questionnaire or VA Form 21-0960C-10, Peripheral Nerves Conditions (Not including Diabetic Sensory-Motor Peripheral Neuropathy) Disability Benefits Questionnaire.

**SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES**

13. 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 EXTREMITIES FOR WHICH THIS APPLIES:

Right upper  Left upper

FOR EACH CHECKED EXTREMITY, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION, DESCRIBE LOSS OF EFFECTIVE FUNCTION AND PROVIDE SPECIFIC EXAMPLES (*brief summary*):

**SECTION XIV - DIAGNOSTIC TESTING**

**NOTE:** 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 ELBOW BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

YES  NO

IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED?

YES  NO

IF YES, INDICATE ELBOW:

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*):

**SECTION XV - FUNCTIONAL IMPACT**

15. DOES THE VETERAN'S ELBOW/FOREARM CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES  NO

IF YES DESCRIBE THE IMPACT OF EACH OF THE VETERAN'S CONDITIONS PROVIDING ONE OR MORE EXAMPLES:

**SECTION XVI - REMARKS**

16. REMARKS, IF ANY:

**SECTION XVII - 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 AND FAX 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 voluntary. 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.