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| Australian Government crest, Department of Veterans' Affairs branding | Wrist Condition(s)Medical Impairment Assessment |
| Veteran |  | UIN |
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| Please assess the following conditions: For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment **as though** **only that single condition is present**, and that the veteran is otherwise healthy and normal. If it is not possible to separate the impairment in this way, please select a description of the total impairment rating under “combined conditions.” |

For the purposes of this form, “difficulty” refers to an activity being hard to perform, because of an actual, observable limitation or impediment. Difficulty may be evident through the use of splints, aids, rails, or personal assistance, or through the exertion of additional effort to complete the task. Voluntary avoidance of physical activity to minimise pain cannot be considered. Where possible, your assessment should be based on your observation and examination of the veteran, as well as their history and any relevant investigations.

1. Please select the most accurate description of impairment to **active range of movement (ROM) of the wrist**, due to each condition *in isolation*. Consider motion in all planes of movement.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No loss** or x-ray changes only. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Minor** loss. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Loss of **less than half** normal range. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Loss of **half** normal range. |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |
| Loss of **more than half** normal range. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Complete** loss (ankylosis). |[ ] [ ] [ ] [ ] [ ]   |[ ]

1. Please select the most accurate description of any difficulty with **digital dexterity**, due to each condition *in isolation*.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No difficulty. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Some** difficulty**.** |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Complete** loss of digital dexterity. |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |

1. Please select the most accurate description of any difficulty with **grasping and holding**, due to each condition *in isolation*.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No difficulty. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Some** difficulty**.** |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Completely **unable** tograsp or hold. |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |

1. Please select the most accurate description of any difficulty with **using the affected limb(s) for self-care**, due to each condition *in isolation*.

| **Description** | Insert condition: | Insert condition: | Insert condition: | Insert condition: | Insert condition: | **OR** | **Combined Conditions**(if unable to isolate) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No difficulty. |[ ] [ ] [ ] [ ] [ ]   |[ ]
| **Some** difficulty**.** |[ ] [ ] [ ] [ ] [ ]   |[ ]
| Completely **unable** touse the affected limb(s) for self-care. |[ ] [ ] [ ] [ ]  [ ]  |  | [ ]  |

1. Please list the location and level of any **amputations** of the upper limb(s).

| **Location** (body part and side) | **Level** (please be as specific as possible) | **Indication** |
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| Doctor's signature | Doctor's name | Date | Time to complete form |
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