Australian Government
Department of Veterans' Affairs

Knee Condition(s)
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please complete either Table A **or** Table B in relation to the **Range of Movement (RoM)**.

Table A: Select the most accurate description of any loss of active RoM of the knees. (Consider motion in all planes with emphasis on those of functional importance.)

Description	Right	Left
None or minor restriction of movement.	☐	☐
Loss of about **one-quarter** range of movement.	☐	☐
Loss of about **half** range of movement.	☐	☐
Loss of about **three-quarters** range of movement.	☐	☐
Loss of **nearly all** movement / **ankylosis** in position of function.	☐	☐
Ankylosis in an **unfavourable position**, OR a **flail joint**.	☐	☐

Table B: Enter the measured RoM in each plane.

Movement	Normal RoM	Right	Left
Flexion.	150°		
Extension.	0°		

2. Please select **all** that apply to any **joint replacement or realignments** undertaken for the condition(s) listed above.

Description	Right	Left
None.	☐	☐
Tibial osteotomy.	☐	☐
Partial knee replacement.	☐	☐
Total knee replacement.	☐	☐

3. Please select **all** that apply.

Description	Yes	No
Genu varum with symptoms.	☐	☐
Genu valgum with symptoms.	☐	☐

4. Please select the most accurate description of any **resting joint pain** (pain which is present in the absence of use of the joint, or which persists beyond the expected recovery period).

Description	Right	Left
None or **not usually present** at rest.	☐	☐
Mild pain that is **often present** at rest.	☐	☐
Pain that is **often present** at rest but **improves** after several hours or responds to medication or to therapeutic measures.	☐	☐
Severe pain that is **often present** at rest but **does not respond adequately** to medication or to therapeutic measures.	☐	☐
Severe pain that is **always present** at rest but **does not respond adequately** to medication or therapeutic measures AND **regularly interferes with sleep**.	☐	☐

5. Please list **all conditions** contributing to the reported impairment to the **loss of ROM at Q1** and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Osteoarthritis of right knee joint	75%
Total	**100%**

Doctor's signature	Doctor's name	Date	Time to complete form

Save Print Clear