Australian Government
Department of Veterans' Affairs

Lower Limb(s) Function
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please select the most accurate description of any impact on **walking pace**.

Description	Select One
Walks in a manner **normal** for age **on a variety of different terrains**.	☐
Walks at **normal** pace on **level ground**.	☐
Walks at **moderately reduced pace** in comparison with peers on **flat ground**.	☐
Walks at **significantly reduced pace** in comparison with peers.	☐
Walks at **greatly reduced pace** in comparison with peers.	☐
Unable to walk or stand.	☐

2. Please select the most accurate description with any **difficulty walking on uneven ground or steps**.

Description	Select One
Walks in a manner **normal** for age **on a variety of different terrains**.	☐
Caution needed on **steps and uneven ground**.	☐
Has **constant difficulty** up and down **steps** and over **uneven ground**.	☐
Is **unable** to manage stairs or ramps **without rails**.	☐
Is **unable** to negotiate stairs **without personal assistance**.	☐
Is **unable** to negotiate **kerbs**, **gutters** or **uneven ground**.	☐

3. Please select the most accurate description of how far the veteran can walk **before they must stop due to pain** (can walk further after resting).

Description	Select One
No limitation.	☐
Intermittent pain from weight-bearing, i.e., not all the time, or only after weight-bearing for some time.	☐
Pain restricts walking to 500m or less, at a slow to moderate pace (4km/h).	☐
Pain restricts walking (4km/h) **to 250m or less** at a time.	☐
Pain restricts walking (4km/h) to **100m or less** at a time.	☐
Pain restricts walking (4km/h) to **50m or less** at a time.	☐

4. Please select the most accurate description of any need for a **gait aid**.

Description	Select One
Walks in a manner **normal** for age **on a variety of different terrains**.	☐
Walks with **intermittent** difficulty, such as **locking or giving way, without falling**.	☐
Legs give way frequently, resulting in falls. **Can walk** more efficiently with a **brace or an artificial limb**.	☐
Is **restricted** to walking in home and around block. **Probably needs a walking aid**.	☐
Restricted to walking in and around home **and requires** quad stick, crutches or similar **walking aid**.	☐
Restricted to walking in and around home. **Can walk only with personal assistance, or with a walking aid such as a pickup frame.**	☐
Mobile only in a **wheelchair.**	☐

5. Please select the most accurate description of any impact on **transfers**.

Description	Select One
None.	☐
Is **unable** to **rise** from the sitting position **without the assistance of one hand**.	☐
Is **unable** to **rise** to standing position **without the assistance of both hands.**	☐
Finds transfer **difficult without personal assistance.**	☐
Is **unable** to transfer **without personal assistance**.	☐
Unable to walk or stand.	☐

6. Please select the most accurate description of any **sciatic pain** associated with walking.

Description	Select One
None.	☐
Occasional twinges but no effect on walking most of the time.	☐
Occurs **frequently**: present some of the time when walking.	☐
Daily – present **most of the time during walking**.	☐

7. Please describe any **sensory loss or abnormality**.

Dermatome or peripheral nerve		Paraesthesia	Partial Loss	Total Loss
Side	**Site**			
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

8. Please list the location and level of any **amputations** of the lower limbs.

Location (body part and side)	**Level** (please be as specific as possible)

9. Are there any other comments you would like to make regarding the impact of the veteran's lower limb condition(s)?

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10. Please list **all conditions** contributing to the reported impairment 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. Left Knee Osteoarthritis	75%
Total	**100%**

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

Save Print Clear