



Veteran

UIN

Please assess the following conditions:

1. Please select the most accurate description of impairment to active **Range of Movement (RoM)** of the **thumb(s)**. (Consider motion in all planes with emphasis on those of functional importance)
Rate the worst of the interphalangeal (IP) or metacarpophalangeal (MCP) joints.

Description	Right	Left
Incomplete loss of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of nearly all movement / ankylosis in a position of function.	<input type="checkbox"/>	<input type="checkbox"/>
Ankylosis in an unfavourable position , <u>OR</u> a flail joint .	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the most accurate description of impairment to active **RoM of the finger(s)**.
Rate the worst of the interphalangeal (IP) or metacarpophalangeal (MCP) joints.

Description	Right				Left			
	Index	Middle	Ring	Little	Index	Middle	Ring	Little
Incomplete loss of movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankylosis in a position of function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankylosis in an unfavourable position , <u>OR</u> a flail joint .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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.	<input type="checkbox"/>	<input type="checkbox"/>
Mild pain that is often present at rest.	<input type="checkbox"/>	<input type="checkbox"/>
Pain that is often present at rest but improves after several hours or responds to medication or to therapeutic measures.	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain that is often present at rest but does not respond adequately to medication or to therapeutic measures.	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain that is always present at rest but does not respond adequately to medication or therapeutic measures <u>AND</u> regularly interferes with sleep .	<input type="checkbox"/>	<input type="checkbox"/>

4. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. There are **separate tables** for the **right and left limb**. Unilateral conditions should only be included in one table. Bilateral conditions may appear in both tables, but the **percentage contribution should only relate to the effect on the relevant limb**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100% for each table.

Right Sided Condition(s)	Contribution %
e.g. Right basal thumb arthritis	75%
Total	100%

Left Sided Condition(s)	Contribution %
e.g. Left basal thumb arthritis	75%
Total	100%

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