Australian Government
Department of Veterans' Affairs

Wrist 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 wrist(s). (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
Dorsiflexion	60°		
Palmar Flexion	70°		
Ulnar Deviation	30°		
Radial Deviation	20°		

2. 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**.	☐	☐

3. 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 carpal tunnel syndrome	75%
Total	**100%**

Left Sided Condition(s)	**Contribution %**
e.g. Left carpal tunnel syndrome	75%
Total	**100%**

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

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