



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 elbow(s).
(Consider motion in all planes with emphasis on those of functional importance).

Description	Right	Left
None or minor restriction of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about one-quarter range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about half range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of about three-quarters range of movement.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of nearly all movement / ankylosis in 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"/>

Table B: Enter the measured RoM in each plane.

Movement	Normal RoM	Right	Left
Flexion	150°		
Extension	0°		
Supination	80°		
Pronation	80°		

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.	<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"/>

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 elbow osteoarthritis	75%
Total	100%

Left Sided Condition(s)	Contribution %
e.g. Left elbow osteoarthritis	75%
Total	100%

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