



Veteran

UIN

Please assess the following conditions:

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

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

Description	Select One
None or minor restriction of movement.	<input type="checkbox"/>
Loss of about one-quarter range of movement.	<input type="checkbox"/>
Loss of about half range of movement.	<input type="checkbox"/>
Loss of about three-quarters range of movement.	<input type="checkbox"/>
Loss of nearly all movement / ankylosis in position of function.	<input type="checkbox"/>
Ankylosis in an unfavourable position .	<input type="checkbox"/>

Table B: Enter the measured RoM in each plane.

Movement	Normal RoM	Right	Left
Rotation.	80°		
Lateral Flexion.	45°		
Movement	Normal RoM	Sagittal Plane	
Flexion.	45°		
Extension.	45°		

2. Please identify the presence of **any crush fractures**.

Description	Select One
None.	<input type="checkbox"/>
Minor compression (less than 25%) of one or more vertebrae .	<input type="checkbox"/>
Moderate compression (25-50%) of one vertebrae .	<input type="checkbox"/>
Moderate compression of two or more vertebrae .	<input type="checkbox"/>
Compression of greater than 50% of one or more vertebrae .	<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	Select One
None or not usually present at rest.	<input type="checkbox"/>
Mild pain that is often present at rest.	<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"/>
Severe pain that is often present at rest but does not respond adequately to medication or to therapeutic measures.	<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"/>

4. 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. Cervical Spondylosis	75%
Total	100%

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