Australian Government
Department of Veterans' Affairs

Thoraco-lumbar Spine Function
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 at the thoraco-lumbar spine. (Consider motion in all planes with emphasis on those of functional importance).

Description	Select One
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.**	☐

Table B: Enter the measured RoM in each plane.

Movement	Normal RoM	Right	Left
Rotation.	30°		
Lateral Flexion.	30°		
Movement	**Normal RoM**	**Sagittal Plane**	
Flexion.	90°		
Extension.	30°		

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

Description	Select One
None.	☐
Minor compression (less than 25%) of **one or more vertebrae**.	☐
Moderate compression (25-50%) of **one vertebrae**.	☐
Moderate compression of **two or more vertebrae**.	☐
Compression of greater than 50% of **one or more vertebrae**.	☐

3. Please select the most accurate description with any **difficulty sitting or standing** (only include the impact of thoracolumbar spine conditions).

Description	Select One
No difficulties in sitting or standing or other everyday activities.	☐
Occasional difficulties with prolonged sitting or standing.	☐
Difficulties generally result in **pain or undue fatigue by the end of the day**.	☐
Pain or undue fatigue **within half an hour**, and so **requires frequent changes in posture.**	☐
Pain or undue fatigue **within five minutes**, and so **requires very frequent changes of posture**.	☐

4. 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.	☐
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**.	☐

5. 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. Lumbar Spondylosis	75%
Total	**100%**

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

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