Shoulder and Arm Conditions
Disability Benefits Questionnaire

Name of Patient/Veteran: **RAMSEY, JUBAR D**
Patient/Veteran Social Security Number: **220-27-1013**

Is this DBQ being completed in conjunction with a VA21-2507, C&P examination request?

☒ Yes ☐ No

If no, how was the examination completed (check all that apply)?

☐ In-person examination
☐ Records reviewed
☐ Other, please specify:

Comments:

Acceptable Clinical Evidence (ACE)

Indicate method used to obtain medical information to complete this document:

☐Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.

☐Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.

☐ Examination via approved video telehealth
☒ In-person examination

Evidence Review

Evidence Reviewed (check all that apply):

☐ Not requested
☐ No records were reviewed
☐ VA claims file (hard copy paper C-file)
☒ VA e-folder (VBMS or Virtual VA)
☐ CPRS
☐ Other (please identify other evidence reviewed):

Evidence comments:

Section I - Diagnosis

NOTE: These are condition(s) for which an evaluation has been requested on an exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed condition(s) that pertain to this DBQ

Service connection exam: Right shoulder pain condition

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is "No diagnosis", or if the diagnosis is different from a previous diagnosis for this condition, if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the comments section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (Check all that apply):

☐ The Veteran does not have a current diagnosis associated with any claimed condition listed above. (Explain your findings and reasons in comments section.)

☒ Shoulder strain
ICD Code: S46 Date of Diagnosis: Right S46. Left
Side affected: ☒ Right ☐ Left ☐ Both

☐ Shoulder impingement syndrome
ICD Code: M75 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Bicipital tendonitis
ICD Code: M75 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Bicipital tendon tear
ICD Code: M66 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Rotator cuff tendonitis
ICD Code: M75 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Rotator cuff tear
ICD Code: M75 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Labral tear, including SLAP *(Superior labral anterior-posterior lesion)*
ICD Code: S43 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Subacromial/subdeltoid bursitis
ICD Code: M75 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Glenohumeral joint osteoarthritis
ICD Code: M19 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Acromioclavicular joint osteoarthritis

ICD Code: M19 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Ankylosis of glenohumeral articulations *(shoulder joint)*

ICD Code: M24 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Glenohumeral joint instability

ICD Code: M25 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Glenohumeral joint dislocation

ICD Code: S43 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Shoulder joint replacement *(total shoulder arthroplasty/hemiarthroplasty)*

ICD Code: Z96 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Acromioclavicular joint separation

ICD Code: S43 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritic conditions

☐ Arthritis, degenerative

ICD Code: M19 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, gonorrheal

ICD Code: A54 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, pneumococcic

ICD Code: M00 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, streptococcic

ICD Code: M00 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, syphilitic

ICD Code: A52 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, rheumatoid

ICD Code: M06 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, traumatic

ICD Code: M19 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, typhoid

ICD Code: A01 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritis, other types (specify)

ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Inflammatory conditions

☐ Osteoporosis, with joint manifestations

ICD Code: M81 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Osteomalacia

ICD Code: M83 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Bones, new growths of, benign

ICD Code: D49 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Osteitis deformans

ICD Code: M88 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Gout

ICD Code: M10 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Hydrarthrosis, intermittent

ICD Code: M12 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Bursitis

ICD Code: M70 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Synovitis

ICD Code: M65 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Myositis

ICD Code: M60 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Periostitis

ICD Code: M86 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Myositis ossificans

ICD Code: M61 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Tenosynovitis

ICD Code: M65 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Inflammatory, other types (specify)

ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Other (specify)

Other diagnosis #1: ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

Other diagnosis #2: ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

Other diagnosis #3: ICD Code: Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

If there are additional diagnoses that pertain to shoulder conditions, list using above format:

1C. Comments, If Any:

Section II - Medical History

2A. Describe the history (including onset and course) of the Veteran's Shoulder or Arm condition (brief summary):

The Veteran stated that he developed right shoulder pain in 2012. He stated that during Combat training he fell on his right shoulder. He was given Motrin and muscle relaxer, no x-ray was done. He was told that it was a strain. Currently he stated that his right shoulder is weaker than is left shoulder when he lifts weight in the Gym and picking up something. He is currently taking Tylenol

2B. Dominant hand:

☒ Right ☐ Left ☐ Ambidextrous

2C. Does the Veteran report flare-ups of the Shoulder or Arm?

☒ Yes ☐ No

If yes, document the Veteran's description of the flare-ups in his or her own words:

He reports flare-up during sleeping that wakes him up with pain, severity of pain 7-8/10

2D. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this dbq (regardless of repetitive use)?

☒ Yes ☐ No

If yes, document the Veteran's description of functional loss or functional impairment in his or her own words:

Veteran reports pain in the morning, not able to lift things above his right shoulder due to pain

Section III - Initial Range Of Motion (ROM) and Functional Limitation

Measure ROM with a goniometer. During the examination be cognizant of painful motion, which could be evidenced by visible behavior such as facial expression, wincing, etc..., on pressure or manipulation.

Following the initial assessment of ROM, perform repetitive use testing. For VA purposes, repetitive use testing must be included in all joint exams. The VA has determined that 3 repetitions of ROM (at a minimum) can serve as a representative test of the effect of repetitive use. After the initial measurement, reassess ROM after 3 repetitions. Report post-test measurements in question 3.

3A. Initial ROM Measurements

ROM All Normal FOR RIGHT and LEFT SHOULDER

☐ Yes ☒ No

If no, please select below:

☒ Abnormal or outside of normal range ☐ Unable to test ☐ Not indicated

Right Shoulder Flexion

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☒ 165	☐ 170	☐ 175
☐ 180								

Right Shoulder Abduction

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☒ 170	☐ 175
☐ 180								

Right Shoulder Internal Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☒ 75	☐ 80	☐ 85
☐ 90								

Right Shoulder External Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☒ 75	☐ 80	☐ 85
☐ 90								

Left Shoulder Flexion

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☒ 180								

Left Shoulder Abduction

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☒ 180								

Left Shoulder Internal Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☒ 90								

Left Shoulder External Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40

☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☒ 90

If "Unable to test" or "Not indicated", please explain:

If abnormal, does the range of motion itself contribute to a functional loss?

☒ Yes (If yes, please explain)

☐ No

Abnormal ROM due to unable to fully perform normal range of motion right shoulder

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a shoulder condition, such as age, body habitus, neurologic disease), please describe:

Description of Pain (select the best response):

Right Shoulder

☐ No pain noted on exam

☐ Pain noted on exam on rest / non-movement

☒ Pain noted on exam but does not result in / cause functional loss

☐ Pain noted on examination and causes functional loss

If noted on examination, which ROM exhibited pain (select all that apply):

☒ Flexion ☒ External Rotation ☒ Abduction ☒ Internal Rotation

Is there evidence of pain with weight bearing?

☒ Yes ☐ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Right Shoulder: ☒ Yes ☐ No

If yes, please explain. Include location, severity, and relationship to condition(s).

Pain in the Acromioclavicular region

☐ Mild ☒ Moderate ☐ Severe

Consistent with diagnosis of Strain

Is there objective evidence of crepitus?

☐ Yes ☒ No

Left Shoulder

☒ No pain noted on exam

☐ Pain noted on exam on rest / non-movement

☐ Pain noted on exam but does not result in / cause functional loss

☐ Pain noted on examination and causes functional loss

If noted on examination, which ROM exhibited pain (select all that apply):

☐ Flexion ☐ External Rotation ☐ Abduction ☐ Internal Rotation

Is there evidence of pain with weight bearing?

☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Left Shoulder: ☐ Yes ☒ No

If yes, please explain. Include location, severity, and relationship to condition(s).

☐ Mild ☐ Moderate ☐ Severe

Is there objective evidence of crepitus?

☐ Yes ☒ No

☒ Correia Exam Requirement

1. Is there evidence of pain on passive range of motion testing?
   ☐ Yes ☒ No ☐ Cannot be performed or is not medically appropriate
2. Is there evidence of pain when the joint is used in non-weight bearing?
   ☐ Yes ☒ No ☐ Cannot be performed or is not medically appropriate
3. If yes, is the opposing joint undamaged (i.e. no abnormalities)?
   ☐ Yes ☐ No

If yes, conduct range of motion testing for the opposing joint and provide ROM measurements.

If no, the examiner is requested to state whether it is medically feasible to test the joint and if not to please state why the examiner cannot test the range of motion of the opposing joint.

3B. Observed Repetitive Use

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

☒ Yes (**If yes**, perform repetitive-use testing)

☐ No

If no, provide reason:

Is there additional loss of function or range of motion after three repetitions?

☒ If yes, report ROM after a minimum of 3 repetitions

☐ If no, documentation of ROM after repetitive-use testing is not required

Right Shoulder post-test ROM after 3 repetitions

Right Shoulder Flexion ends

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☒ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Right Shoulder Abduction ends

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☒ 165	☐ 170	☐ 175
☐ 180								

Right Shoulder Internal Rotation ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☒ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90

Right Shoulder External Rotation ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☒ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90

Select all factors that cause this functional loss:

☐ N/A ☒ Pain ☐ Fatigue
☐ Weakness ☒ Lack of endurance ☐ Incoordination

Left Shoulder post-test ROM

Left Shoulder Flexion ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90 ☐ 95 ☐ 100 ☐ 105 ☐ 110 ☐ 115 ☐ 120 ☐ 125 ☐ 130
☐ 135 ☐ 140 ☐ 145 ☐ 150 ☐ 155 ☐ 160 ☐ 165 ☐ 170 ☐ 175
☒ 180

Left Shoulder Abduction ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90 ☐ 95 ☐ 100 ☐ 105 ☐ 110 ☐ 115 ☐ 120 ☐ 125 ☐ 130
☐ 135 ☐ 140 ☐ 145 ☐ 150 ☐ 155 ☐ 160 ☐ 165 ☐ 170 ☐ 175
☒ 180

Left Shoulder Internal Rotation ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☒ 90

Left Shoulder External Rotation ends

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☒ 90

Select all factors that cause this functional loss:

☒ N/A ☐ Pain ☐ Fatigue
☐ Weakness ☐ Lack of endurance ☐ Incoordination

3C. Repeated Use Over Time

Right Shoulder

Is the Veteran being examined immediately after repetitive use over time?

☐ Yes ☒ No

If the examination is **not** being conducted immediately after repetitive use over time:

☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time.
☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time.
☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss with repetitive use over time.

If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?

☐ Yes ☒ No ☐ Unable to say without mere speculation

Select all factors that cause this functional loss:

☒ N/A ☐ Pain ☐ Fatigue
☐ Weakness ☐ Lack of endurance ☐ Incoordination

Are you able to describe in terms of Range of Motion?

☐ Yes ☐ No

If no, please describe:

Right Shoulder Flexion

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90 ☐ 95 ☐ 100 ☐ 105 ☐ 110 ☐ 115 ☐ 120 ☐ 125 ☐ 130
☐ 135 ☐ 140 ☐ 145 ☐ 150 ☐ 155 ☐ 160 ☐ 165 ☐ 170 ☐ 175
☐ 180

Right Shoulder Abduction

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90 ☐ 95 ☐ 100 ☐ 105 ☐ 110 ☐ 115 ☐ 120 ☐ 125 ☐ 130
☐ 135 ☐ 140 ☐ 145 ☐ 150 ☐ 155 ☐ 160 ☐ 165 ☐ 170 ☐ 175
☐ 180

Right Shoulder Internal Rotation

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90

Right Shoulder External Rotation

☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40
☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75 ☐ 80 ☐ 85
☐ 90

Left Shoulder

Is the Veteran being examined immediately after repetitive use over time?

☐ Yes ☒ No

If the examination is **not** being conducted immediately after repetitive use over time:

☐ The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time.

☒ The examination is medically consistent or inconsistent with the Veteran's statements describing functional loss with repetitive use over time.

If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?

☐ Yes ☒ No ☐ Unable to say without mere speculation

Select all factors that cause this functional loss:

☒ N/A ☐ Pain ☐ Fatigue
☐ Weakness ☐ Lack of endurance ☐ Incoordination

Are you able to describe in terms of Range of Motion?

☐ Yes ☐ No

If no, please describe:

Left Shoulder Flexion

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Left Shoulder Abduction

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Left Shoulder Internal Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

Left Shoulder External Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

3D. Flare Ups

Right Shoulder

Is the examination being conducted during a flare up?

☐ Yes ☒ No

If the examination is **not** being conducted during a flare up:

☐ The examination is medically consistent with the Veteran's statements describing functional loss during flare up.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare up.

☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss during flare up

If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare ups?

☐ Yes ☒ No ☐ Unable to say without mere speculation

Select all factors that cause this functional loss:

☒ N/A ☐ Pain ☐ Fatigue
☐ Weakness ☐ Lack of endurance ☐ Incoordination

Are you able to describe in terms of Range of Motion?

☐ Yes ☐ No

If no, please describe:

Right Shoulder Flexion

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Right Shoulder Abduction

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Right Shoulder Internal Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

Right Shoulder External Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

Left Shoulder

Is the examination being conducted during a flare up?

☐ Yes ☒ No

If the examination is **not** being conducted during a flare up:

☐ The examination is medically consistent with the Veteran's statements describing functional

loss during flare up.

☐ The examination is medically inconsistent with the Veteran's statements describing functional loss during flare up.

☒ The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss during flare up

If the examination is medically inconsistent with the Veteran's statements of functional loss, please explain:

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare ups?

☐ Yes ☒ No ☐ Unable to say without mere speculation

Select all factors that cause this functional loss:

☒ N/A	☐ Pain	☐ Fatigue
☐ Weakness	☐ Lack of endurance	☐ Incoordination

Are you able to describe in terms of Range of Motion?

☐ Yes ☐ No

If no, please describe:

Left Shoulder Flexion

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Left Shoulder Abduction

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90	☐ 95	☐ 100	☐ 105	☐ 110	☐ 115	☐ 120	☐ 125	☐ 130
☐ 135	☐ 140	☐ 145	☐ 150	☐ 155	☐ 160	☐ 165	☐ 170	☐ 175
☐ 180								

Left Shoulder Internal Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

Left Shoulder External Rotation

☐ 0	☐ 5	☐ 10	☐ 15	☐ 20	☐ 25	☐ 30	☐ 35	☐ 40
☐ 45	☐ 50	☐ 55	☐ 60	☐ 65	☐ 70	☐ 75	☐ 80	☐ 85
☐ 90								

3E. Additional Factors Contributing to Disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe:

☒ None

☐ Right ☒ Left

☒ Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon-tie-

ups, contracted scars, etc.)
☒ Right ☐ Left
Decreased ROM

☐ More movement than normal (from flail joints, resections, Nonunion of fractures, relaxation of ligaments, etc..)
☐ Right ☐ Left

☒ Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)
☒ Right ☐ Left
Decreased muscle strength

☐ Swelling
☐ Right ☐ Left

☐ Deformity
☐ Right ☐ Left

☐ Atrophy of disuse
☐ Right ☐ Left

☐ Instability of station
☐ Right ☐ Left

☐ Disturbance of locomotion
☐ Right ☐ Left

☐ Interference with sitting
☐ Right ☐ Left

☐ Interference with standing
☐ Right ☐ Left

☐ **Other**, describe:
☐ Right ☐ Left

Section IV - Muscle Strength Testing

4A. Muscle strength-rate strength according to the following scale:

0/5 No muscle movement
1/5 Palpable or visible muscle contraction, but No joint movement
2/5 Active movement with gravity eliminated
3/5 Active movement against gravity
4/5 Active movement against some resistance
5/5 Normal strength

Shoulder flexion:	Right	☐ 5/5	☒ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5

	Left	☒ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Shoulder abduction:	Right	☐ 5/5	☒ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left	☒ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5

Is there a reduction in muscle strength?

Right:

☐ Yes ☒ No

If yes, is the reduction entirely due to the claimed condition in the Diagnosis section?

☐ Yes ☐ No

If no (the reduction is not entirely due to the claimed condition), provide rationale:

Left:

☐ Yes ☒ No

If yes, is the reduction entirely due to the claimed condition in the Diagnosis section?

☐ Yes ☐ No

If no (the reduction is not entirely due to the claimed condition), provide rationale:

4B. Does the Veteran have muscle atrophy?

☐ Yes

☒ No

If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

☐ Yes

☐ No

If no, provide rationale:

For any muscle atrophy due to a diagnoses listed in Section 1, indicate side and specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

Location of muscle atrophy:

☐ Right upper extremity *(specify location of measurement such as "10cm above or below elbow"):*

Circumference of more normal side: cm

Circumference of atrophied side: cm

☐ Left upper extremity *(specify location of measurement such as "10cm above or below elbow"):*

Circumference of more normal side: cm

Circumference of atrophied side: cm

4C. Comments, If Any:

Section V - Ankylosis

NOTE: Ankylosis is the immobilization and consolidation of a joint due to disease, injury or surgical procedure.

Complete this section if Veteran has ankylosis of scapulohumeral (glenohumeral) articulation (shoulder joint) (i.e., the scapula and humerus move as one piece.)

5A. Indicate severity of ankylosis and side affected (check all that apply)

Right Side	Left Side
☒ No ankylosis	☒ No ankylosis
☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head *(Favorable ankylosis)*	☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head *(Favorable ankylosis)*
☐ Ankylosis in abduction between favorable and unfavorable *(Intermediate ankylosis)*	☐ Ankylosis in abduction between favorable and unfavorable *(Intermediate ankylosis)*
☐ Ankylosis in abduction at 25 degrees or less from side *(Unfavorable ankylosis)*	☐ Ankylosis in abduction at 25 degrees or less from side *(Unfavorable ankylosis)*

5B. Comments, If Any:

Section VI - Rotator Cuff Conditions

6. Right Shoulder

Is Rotator Cuff Condition Suspected? ☐ Yes ☒ No

If yes, complete the following.

Hawkins' Impingement Test (Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Empty-can test (Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

External rotation/Infraspinatus strength test (Patient holds arm at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Lift-off subscapularis test (Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Left Shoulder

Is Rotator Cuff Condition Suspected? ☐ Yes ☒ No

If yes, complete the following.

Hawkins' Impingement Test (Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Empty-can test (Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

External rotation/Infraspinatus strength test (Patient holds arm at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Lift-off subscapularis test (Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

Section VII - Shoulder Instability, Dislocation Or Labral Pathology

7A. Is shoulder instability, dislocation or labral pathology suspected?

☐ Yes ☒ No

If Yes, complete questions 7B-7D below.

7B. Is there a history of mechanical symptoms (clicking, catching, etc.)?

☐ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☐ Both

7C. Is there a history of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint?

☐ Yes ☐ No

If Yes, indicate frequency, severity and side affected (check all that apply):

☐ Infrequent episodes	☐ Right	☐ Left	☐ Both
☐ Frequent episodes	☐ Right	☐ Left	☐ Both
☐ Guarding of movement only at shoulder level	☐ Right	☐ Left	☐ Both
☐ Guarding of all arm movements	☐ Right	☐ Left	☐ Both

7D. Crank apprehension and relocation test (with patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of instability with further external rotation may indicate shoulder instability.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

If positive, side affected: ☐ Right ☐ Left ☐ Both

Section VIII - Clavicle, Scapula, Acromioclavicular (AC) Joint And Sternoclavicular Joint Conditions

8A. Is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected?

☐ Yes ☒ No

If Yes, complete questions 8B, 8D and 8E below.

8B. Does the Veteran have an AC joint condition or any other impairment of the clavicle or scapula?

☐ Yes ☐ No

If Yes, indicate severity and side affected:

☐ Malunion of clavicle or scapula ☐ Right ☐ Left ☐ Both
☐ Nonunion of clavicle or scapula without loose movement ☐ Right ☐ Left ☐ Both
☐ Nonunion of clavicle or scapula with loose movement ☐ Right ☐ Left ☐ Both
☐ Dislocation (acromioclavicular separation or sternoclavicular dislocation) ☐ Right ☐ Left ☐ Both
☐ Other, describe:
☐ Right ☐ Left ☐ Both

8C. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral joint)?

☐ Yes ☐ No

8D. Is there tenderness on palpation of the AC joint?

☐ Yes ☐ No

If yes, side affected: ☐ Right ☐ Left ☐ Both

8E. Cross-body adduction test (Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology.)

☐ Positive ☐ Negative ☐ Unable to perform ☐ N/A

If positive, side affected: ☐ Right ☐ Left ☐ Both

Section IX - Conditions Or Impairments Of The Humerus

9A. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus?

☐ Yes ☒ No

If Yes, check all that apply:

☐ Loss of head (flail shoulder) ☐ Right ☐ Left ☐ Both
☐ Nonunion (false flail shoulder) ☐ Right ☐ Left ☐ Both
☐ Fibrous union ☐ Right ☐ Left ☐ Both

9B. Does the Veteran have malunion of the humerus with moderate or marked deformity?

☐ Yes ☒ No

If yes, check all that apply:

☐ Moderate deformity ☐ Right ☐ Left ☐ Both
☐ Marked deformity ☐ Right ☐ Left ☐ Both

9C. Does the humerus condition affect range of motion of the shoulder (glenohumeral joint)?

☐ Yes ☒ No

9D. Comments, if any:

Section X - Surgical Procedures

10. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

Right Side	**Left Side**
☐ Total shoulder joint replacement	☐ Total shoulder joint replacement

Date of surgery: Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain or limitation of motion ☐ Chronic residuals consisting of severe painful motion of weakness ☐ Other, describe:	Date of surgery: Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain or limitation of motion ☐ Chronic residuals consisting of severe painful motion of weakness ☐ Other, describe:
☐ Arthroscopic or other shoulder surgery Type of surgery: Date of surgery:	☐ Arthroscopic or other shoulder surgery Type of surgery: Date of surgery:
☐ Residuals of arthroscopic or other shoulder surgery Describe residuals:	☐ Residuals of arthroscopic or other shoulder surgery Describe residuals:

Section XI - Other Pertinent Physical Findings, Complications, Conditions, Signs, Symptoms And Scars

11A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms related to any conditions listed in the diagnosis section above?

☐ Yes ☒ No

If yes, describe (brief summary):

11B. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the diagnosis section above?

☐ Yes ☒ No

If yes, are any of the scars painful or unstable, have a total area equal to or greater than 39 square cm (6 square inches); or are located on the head, face or neck?

☐ Yes ☐ No

If yes, also complete VA Form 21-0960f-1, scars/disfigurement.

If No, provide location and measurements of scar in centimeters.

Location: Measurements: length cm X width cm

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional Locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

11C. Comments, If Any:

Section XII - Assistive Devices

12A. Does the Veteran use any assistive device(s)?

☐ Yes ☒ No

If yes, identify assistive device(s) used (check all that apply and indicate frequency):

☐ Brace(s) Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

☐ Other: Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

12b. If the Veteran uses any assistive devices, specify the diagnosis/condition and identify the assistive device used for each condition:

Section XIII - Remaining Effective Function Of The Extremities

Due to the Veteran's shoulder or arm conditions, is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis?

(Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran

☒ No

If yes, indicate extremities for which this applies:

☐ Right Upper ☐ Left Upper

For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

NOTE: The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should undergo an amputation with fitting of a prosthesis. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an amputation and prosthesis, the examiner should check "Yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the same degree as if there were an amputation of the affected limb.

Section XIV - Diagnostic Testing

NOTE: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, No further imaging studies are required by VA, even if arthritis has worsened.

14A. Have imaging studies of the shoulder been performed and are the results available?

☐ Yes ☒ No

If yes, Is degenerative or traumatic arthritis documented?

☐ Yes ☐ No

If yes, indicate shoulder ☐ Right ☐ Left ☐ Both

14B. Are there any other significant diagnostic test findings and/or results?

☐ Yes ☒ No

If yes, provide type of test or procedure, date and results (brief summary):

14C. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

n/a

n/a

n/a

n/a

n/a

n/a

n/a

Section XV - Functional Impact

NOTE: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

15. Regardless of the Veteran's current employment status, do the condition(s) listed in the diagnosis section impact his or her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?

☒ Yes ☐ No

If yes, describe the functional impact of each condition, providing one or more examples:

Veteran is limited by lifting, pulling, reaching, pushing and non weight bearing
The Veteran can perform Light Physical and Sedentary activities.

VBMS was reviewed

Section XVI - Remarks

16. Remarks, If any:

There are pertinent medical records for the complaint, symptomatology or diagnosis of the condition. (Please provide date and identify the type of medical record)

Medical record dated 05/01/2015 notes that Veteran reported to sick call

Medical Opinion and IU Diagnosis

Medical Opinion

Statement of Opinion Requested:

Is the Veteran's right shoulder condition at least as likely as not (50 percent or greater probability)incurred in or caused by his complaint of shoulder pain 05-01-15?

Opinion with Legally Recognized Phrase:
The Veteran's right shoulder condition is less likely than not (less than 50 percent probability) incurred in or caused by his complaint of shoulder pain 05-01-15.

Rationale:
The above opinion is based on thorough C-file review, review of all available medical records and current peer reviewed medical literature.
The Veteran is claiming service connection for Right shoulder condition. He is not previously rated for this condition. The Veteran's C-file and medical records were reviewed.

DOS 11/28/2011 to 05/30/2015

The Veteran's C-file was reviewed and Medical record dated 05/01/2015 notes that Veteran reported to sick call. However, the records were limited for complaints of right shoulder condition during active duty service. Therefore, it is less likely than not (less than 50 percent probability) Veteran's right shoulder condition was incurred in or caused by his complaint of shoulder pain 05-01-15.

Evidence of Record Considered:
- ☒Medical Records were reviewed
- ☒The Veteran's reported history
- ☒Examination performed
- ☒Other:

VBMS was reviewed

Section XVII - Physician's Certification and Signature

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

Rosalee Townsend

Rosalee Townsend, MSN

Signed:	08/23/2017
National Provider Identifier (NPI) Number:	1598033367

Specialty:	Family Medicine
Address:	1145 19th Street NW Suite 506 Washington, DC 20036
Phone:	(626) 407-2151
Fax:	(626) 701-5154

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.