Knee and Lower Leg 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: Bilateral knee 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.)

☐ Knee strain
ICD Code: S83 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☒ Knee tendonitis/tendonosis
ICD Code: M76 Date of Diagnosis: Right 12/2011 Left 12/2011
Side affected: ☐ Right ☐ Left ☒ Both

☐ Knee meniscal tear
ICD Code: S83 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee anterior cruciate ligament tear
ICD Code: Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee posterior cruciate ligament tear
ICD Code: Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Patellar or quadriceps tendon rupture
ICD Code: M66 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee joint osteoarthritis
ICD Code: M17 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee joint ankylosis
ICD Code: M24 Date of Diagnosis: Right Left
Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee fracture (including patellar fracture)

ICD Code: S81 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Stress fracture of tibia

ICD Code: M84 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Tibia and/or Fibula fracture

ICD Code: S82 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Recurrent patellar dislocation

ICD Code: M22 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Recurrent subluxation

ICD Code: M22 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee instability

ICD Code: M23 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Patellar dislocation

ICD Code: S83 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Knee cartilage restoration surgery

ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Shin splints (including tibia and/or fibula stress fracture and/or exertional compartment syndrome)

ICD Code: Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Patellofemoral pain syndrome

ICD Code: M22 Date of Diagnosis: Right Left

Side affected: ☐ Right ☐ Left ☐ Both

☐ Arthritic conditions

☐ Arthritis, degenerative

ICD Code: M17 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: M12 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: 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 the knee 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 Knee and/or lower leg condition (brief summary):

The Veteran stated that he had fell couple of times 12/2011. This had happened when he was in service 2011. He was given Motrin and was asked to return for a f/u. He was given information on exercise, no x-ray was done. He c/o Bilateral Knee pain, severity of pain 6/10, pain is worse with long sitting and bending, pain is better with Tylenol. He stated that his knee gives out sometimes

2B. Does the Veteran report flare-ups of the KNEE AND/OR LOWER LEG?

☒ Yes ☐ No

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

Veteran reports flare-ups with long standing and bending

2c. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this DBQ, including but not limited to repeated use over time?

☒ Yes ☐ No

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

Veteran reports pain with long standing, and bending

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

There are several separate parameters requested for describing function of a joint. The question of "Does this ROM contribute to a functional loss" asks if there is a functional loss that can be ascribed to any documented loss of range of motion and unlike later questions, does not take into account the numerous other factors to be considered.

Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally a claimant would be seen immediately after that repetitive use over time or during a flare up, however, this is not always feasible.

Information regarding joint function is broken up into two subsets. First is based on repetitive use and the second functional loss associated with flare ups. The repetitive use section initially asks for objective findings after three or more repetitions of ranges of motion testing. The second portion provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view, taking into account not only on the objective findings noted on the examination but also the subjective history provided by the claimant as well as review of available medical evidence.

Optimally, description of any additional loss of function should be provided as what the degrees range of motion would be opined to look like in these given scenarios. However, when this is not feasible, a clear as possible description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare ups.

3A. ROM All Normal FOR RIGHT and LEFT KNEE

☐ Yes ☒ No

If no, please select below:

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

Right Knee 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 or greater

Right Knee Extension

☒ 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 or greater

Left Knee 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 or greater

Left Knee Extension

☒ 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 or greater

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

The abnormal ROM as above, were caused by pain which limits walking, long standing, kneeling and squatting.

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

Description of Pain (select the best response):

Right Knee

☐ 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 ☐ Extension

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?

☒ Yes ☐ No

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

anterior aspect

7/10

Consistent with above diagnosis of Knee tendonitis

Is there objective evidence of crepitus?

☐ Yes ☒ No

Left Knee

☒ 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 ☐ Extension

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?

☐ Yes ☒ No

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

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?

☒ Yes, report ROM after a minimum of 3 repetitions

☐ No, (documentation of ROM after repetitive-use testing is not required)

ROM after 3 repetitions:

Right Knee 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 or greater							

Right Knee Extension 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 or greater							

Select all factors that cause this functional loss:

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

Left Knee 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 or greater							

Left Knee Extension 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 or greater

Select all factors that cause this functional loss:

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

3C. Repeated Use Over Time

Right Knee

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

If unable to say without mere speculation, please explain:

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 Knee 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 or greater

Right Knee Extension 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 or greater

Left Knee

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 not medically consistent 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

If unable to say without mere speculation, please explain:

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 Knee 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 or greater							

Left Knee Extension 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 or greater							

3D. Flare Ups

Right Knee

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

If unable to say without mere speculation, please explain:

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 Knee 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 or greater							

Right Knee Extension 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 or greater							

Left Knee

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

If unable to say without mere speculation, please explain:

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 Knee 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 or greater

Left Knee Extension 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 or greater

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, adhesions, etc.
☒ Right ☒ Left
Decreased ROM
☐ More movement than normal due to flail joints, fracture nonunions, etc.)
☐ Right ☐ Left

☒ Weakened movement due to muscle injury or peripheral nerves injury, 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

Please describe additional contributing factors of disability:

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

Knee 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
Knee Extension:	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 diagnosis listed in section I, 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 lower extremity *(specify location of measurement such as "10cm above or below elbow"):*

Circumference of more normal side: cm

Circumference of atrophied side: cm

☐ Left lower 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 the knee and/or lower leg.

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

Right Side	Left Side
☒ No ankylosis	☒ No ankylosis
☐ Favorable angle in full extension or in slight flexion between 0 and 10 degrees	☐ Favorable angle in full extension or in slight flexion between 0 and 10 degrees
☐ In flexion between 10 and 20 degrees	☐ In flexion between 10 and 20 degrees
☐ In flexion between 20 and 45 degrees	☐ In flexion between 20 and 45 degrees
☐ Extremely unfavorable, in flexion at an angle of 45 degrees or more	☐ Extremely unfavorable, in flexion at an angle of 45 degrees or more

5B. Indicate angle of ankylosis in degrees:

Right side:

☐ N/A, no ankylosis of knee joint

degrees

Left side:

☐ N/A, no ankylosis of knee joint

degrees

5C. Comments, if any:

Section VI - Joint Stability Tests

NOTE: Subluxation and lateral instability refers only to the knee joint itself (tibio-femoral) and not to the patello-femoral portion of the joint.

6A. Is there a history of recurrent subluxation?

Right	☒ None	☐ Slight	☐ Moderate	☐ Severe
Left	☒ None	☐ Slight	☐ Moderate	☐ Severe

6B. Is there a history of lateral instability?

Right	☒ None	☐ Slight	☐ Moderate	☐ Severe
Left	☒ None	☐ Slight	☐ Moderate	☐ Severe

6C. Is there a history of recurrent effusion?

☐ Yes ☒ No

If yes, describe:

6D. Performance of joint stability testing

Was joint stability testing performed?

☒ Yes	☒ Right	☒ Left
☐ No	☐ Right	☐ Left
☐ Not indicated	☐ Right	☐ Left
☐ Indicated, but not able to perform	☐ Right	☐ Left

If joint stability is indicated, but unable to test, provide reason:

If joint stability testing was performed is there joint instability?

☒ Yes ☐ No

☐ Right ☐ Left ☒ Both

If yes (joint stability testing was performed), complete the section below:

Anterior instability (Lachman test):

Right ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Left ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Posterior instability (Posterior drawer test):

Right ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Left ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Medial instability (Apply valgus pressure to knee in extension and with 30 degrees of flexion):

Right ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Left ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Lateral instability (Apply varus pressure to knee in extension and with 30 degrees of flexion):

Right ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

Left ☒ Normal ☐ 1+ (0-5 millimeters) ☐ 2+ (5-10 millimeters) ☐ 3+ (10-15 millimeters)

6E. Comments, if any:

Section VII - Additional Comments

7A. Does the veteran now have or has he or she ever had recurrent patellar dislocation, "shin splints" (medial tibial stress syndrome), stress fractures, chronic exertional compartment syndrome or any other tibial or fibular impairment?

☐ Yes ☒ No

If yes, indicate condition and complete the appropriate sections below:

☐ Recurrent patellar dislocation

If checked, indicate severity and side affected:

Right ☐ None ☐ Slight ☐ Moderate ☐ Severe
Left ☐ None ☐ Slight ☐ Moderate ☐ Severe

☐ "Shin splints" (medial tibial stress syndrome)

Indicate side affected: ☐ Right ☐ Left

Does this condition affect ROM of Knee? ☐ Yes ☐ No
(If yes, complete ROM section of knee on this DBQ)
Does this condition affect ROM of Ankle? ☐ Yes ☐ No
(If yes, complete VA Form 21-0960M-2 Ankle Conditions to document ROM of ankles.)
Describe current symptoms

☐ Stress fracture of lower leg

Indicate side affected: ☐ Right ☐ Left

Does this condition affect ROM of Ankle? ☐ Yes ☐ No
(If yes, complete VA Form 21-0960M-2 Ankle Conditions to document ROM of ankles.)
Describe current symptoms

☐ Chronic exertional compartment syndrome (an exercise-induced neuromuscular condition that can cause pain and swelling, especially after repetitive movements such as marching)

Indicate side affected: ☐ Right ☐ Left ☐ Both

Does this condition affect ROM of Ankle?

☐ Yes
☐ No

(**If yes**, complete Ankle DBQ to document ROM of Ankle.) Describe current symptoms:

☐ Acquired and/or traumatic genu recurvatum with objectively demonstrated weakness and insecurity in weight-bearing

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

☐ Leg length discrepancy (shortening of any bones of the lower extremity)

If checked, provide length of each lower extremity in inches (to the nearest 1/4 inch) or centimeters, measuring from the anterior superior iliac spine to the internal malleolus of the tibia.

Measurements:
Right leg: ☐ cm
Left leg: ☐ cm

For any leg length discrepancy, please describe the relationship to the condition(s) listed in the Diagnosis section above:

7B. Comments, if any:

Section VIII - Meniscal Conditions

8A. Does the Veteran now have or has he or she ever had a meniscus (semilunar cartilage) condition?

☐ Yes ☒ No

(**If yes**, indicate severity and frequency of symptoms, and side affected):

☐ No current symptoms	☐ Right	☐ Left	☐ Both
☐ Meniscal dislocation	☐ Right	☐ Left	☐ Both
☐ Meniscal tear	☐ Right	☐ Left	☐ Both
☐ Frequent episodes of joint "locking"	☐ Right	☐ Left	☐ Both
☐ Frequent episodes of joint pain	☐ Right	☐ Left	☐ Both
☐ Frequent episodes of joint effusion	☐ Right	☐ Left	☐ Both
☐ Other	☐ Right	☐ Left	☐ Both

8B. For all checked boxes above, describe:

Section IX - Surgical Procedures

9. 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 knee joint replacement Date of surgery: Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain or limitation of motion ☐ Chronic residuals consisting of severe painful motion or weakness ☐ Other, describe:	☐ Total knee joint replacement Date of surgery: Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain or limitation of motion ☐ Chronic residuals consisting of severe painful motion or weakness ☐ Other, describe:
Right Side	**Left Side**
☐ Meniscectomy, arthroscopic or other knee surgery not described above Type of surgery: Date of surgery: ☐ Residual signs of symptoms due to meniscectomy, arthroscopic or other knee surgery not described above: Describe residuals:	☐ Meniscectomy, arthroscopic or other knee surgery not described above Type of surgery: Date of surgery: ☐ Residual signs of symptoms due to meniscectomy, arthroscopic or other knee surgery not described above: Describe residuals:

Section X - Other Pertinent Physical Findings, Complications, Conditions, Signs, Symptoms and Scars

10A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above?

☐ Yes ☒ No

If yes, describe (brief summary):

10B. 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.

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 additional scars, enter additional Locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

Location: Measurements: length cm X width cm

10C. Comments, if any:

Section XI - Assistive Devices

11A. Does the Veteran use any assistive device(s) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

☐ Yes ☒ No

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

☐ Wheelchair	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Brace(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Crutch(es)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Cane(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Walker	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Other:				
	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant

11B. If the Veteran uses any assistive devices, specify the diagnosis/condition and identify the assistive device used for each condition:

Section XII - Remaining Effective Function Of The Extremities

12. Due to the Veteran's knee or lower leg condition(s), 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 Lower ☐ Left Lower

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 XIII - 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, even if in the past, no further imaging studies are required by VA, even if arthritis has worsened.

13A. Have imaging studies of the knee been performed and are the results available?

☐ Yes ☒ No

If yes, Is degenerative or traumatic arthritis documented?

☐ Yes ☐ No

If yes, indicate knee ☐ Right ☐ Left ☐ Both

13B. 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):

13C. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

Section XIV - 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.

14. 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 bending, jogging, weight lifting, squatting and walking long distance
The Veteran can only perform Light Physical and Sedentary task due to his diagnosis.

VBMS was reviewed

Section XV - Remarks

15. 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 01/21/2012 ; 03/20/2013 reports joint stiffness of the knee

Medical Opinion and IU Diagnosis

Medical Opinion

Statement of Opinion Requested:

Is the Veteran's bilateral knee pain condition at least as likely as not (50 percent or greater

probability)incurred in or caused by his complaints of knee pain on 03-20-13 and 01-21-12?

Opinion with Legally Recognized Phrase:
The Veteran's bilateral knee pain condition is less likely than not (less than 50 percent probability)incurred in or caused by his complaints of knee pain on 03-20-13 and 01-21-12.

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 Bilateral knee pain 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 record was reviewed and Medical record dated 01/21/2012 ; 03/20/2013 reports joint stiffness of the knee. However, the records are limited for a continuation in symptoms over time to justify a nexus from 2012/2013 to his current knee pain condition.

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

VBMS was reviewed

Section XVI - 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.