Knee and Lower Leg
Disability Benefits Questionnaire

NAME OF CLAIMANT/VETERAN:	CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER:	DATE OF EXAMINATION:
JUBAR RAMSEY D	220-27-1013	03/23/2026
HOME ADDRESS: 4020 MINNESOTA AVE NE, APT 666 WASHINGTON, DC 20019	**EXAMINING LOCATION AND ADDRESS:** VES	
HOME TELEPHONE: 2025102187		
CONTRACTOR: VES	**VES NUMBER:** 227264052225	

Note to examiner - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with a VA C&P examination request?
[Yes]

How was the examination completed? (check all that apply)
[X] In-person examination
[X] Records reviewed
[] Examination via approved video telehealth
[] Other, please specify in comments box

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the 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 questionnaire and such an examination would likely provide no additional relevant evidence.

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

EVIDENCE REVIEW

Evidence reviewed (check all that apply):
[] Not requested
[] VA claims file (hard copy paper C-file)
[X] VA e-folder
[] No records were reviewed
[] VA electronic health record
[] Other, please specify in comments box

Evidence comments:
All available records were reviewed and findings considered when completing this DBQ.

SECTION 1 - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the 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 questionnaire:
Claimed: RIGHT KNEE TENDONITIS; 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, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition(s), explain your findings and reasons in the Remarks 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(s) listed above. (Explain your findings and reasons in the Remarks section)

	Side affected:	ICD Code:	Date of diagnosis:			
[X] Knee strain	[Both]	S83	Right:	2014	Left:	2014
[] Knee meniscal tear	[]		Right:		Left:	
[] Knee anterior cruciate ligament tear	[]		Right:		Left:	
[] Knee posterior cruciate ligament tear	[]		Right:		Left:	
[] Patellar or quadriceps tendon rupture	[]		Right:		Left:	
[] Knee joint osteoarthritis	[]		Right:		Left:	
[] Knee joint ankylosis	[]		Right:		Left:	
[] Knee fracture (including patellar fracture)	[]		Right:		Left:	
[] Stress fracture of tibia	[]		Right:		Left:	
[] Tibia and/or fibula fracture	[]		Right:		Left:	
[] Recurrent patellar dislocation	[]		Right:		Left:	
[] Recurrent subluxation	[]		Right:		Left:	
[X] Knee instability	[Both]	M25	Right:	2013	Left:	2013
[] Patellar instability	[]		Right:		Left:	
[] Knee cartilage restoration surgery	[]		Right:		Left:	
[X] Shin splints/medial tibial stress syndrome - MTSS (including post-surgery or treatment)	[Both]	M76	Right:	2026	Left:	2026

Note: If shin splints is diagnosed with compartment syndrome complete the Muscles questionnaire in lieu of this questionnaire.

[] Patellofemoral pain syndrome	[]		Right:		Left:	
[] Degenerative arthritis, other than posttraumatic	[]		Right:		Left:	
[] Arthritis, gonorrheal	[]		Right:		Left:	
[] Arthritis, pneumococcic	[]		Right:		Left:	
[] Arthritis, streptococcic	[]		Right:		Left:	
[] Arthritis, syphilitic	[]		Right:		Left:	
[] Arthritis, rheumatoid (multi-joints)	[]		Right:		Left:	
[] Post-traumatic arthritis	[]		Right:		Left:	
[] Arthritis, typhoid	[]		Right:		Left:	
[] Other specified forms of arthropathy (excluding gout)	[]		Right:		Left:	
Specify:						
[] Osteoporosis, residuals of	[]		Right:		Left:	
[] Osteomalacia, residuals of	[]		Right:		Left:	
[] Bones, neoplasm, benign	[]		Right:		Left:	
[] Osteitis deformans	[]		Right:		Left:	
[] Gout	[]		Right:		Left:	
[] Bursitis	[]		Right:		Left:	
[] Myositis	[]		Right:		Left:	
[] Heterotopic ossification	[]		Right:		Left:	
[X] Tendinopathy (select one if known)	[Both]	M76	Right:	2011	Left:	2011
[X] Tendinitis	[Both]	M76	Right:	2011	Left:	2011
[] Tendinosis	[]		Right:		Left:	
[] Tenosynovitis	[]		Right:		Left:	
[] Inflammatory other types	[]		Right:		Left:	
Specify:						

[] Other (specify)

Other diagnosis #1

[]		Right:		Left:

Other diagnosis #2

[] _____ Right: _____ Left: _____

Other diagnosis #3

[] _____ Right: _____ Left: _____

1C. If there are additional diagnoses that pertain to knee conditions, list using above format:

SECTION 2 - MEDICAL HISTORY

2A. Describe the history, including onset and course, of the Veteran's knee and/or lower leg condition(s). Brief summary:

Date of onset: 2012
Details of onset: The veteran developed excruciating pain while in military active duty from running, marching, heavy lifting, exercise combat, jumps, physical training, pull-ups, push-ups.
Course of the condition since onset: Progressed/Worsened
Current symptoms (or state if the condition has resolved): Pain during exercise and activities that repeatedly bend the knee, such as climbing stairs, running, jumping, or squatting. Pain after sitting for a long period of time with knees bent. Tingling and numbness in bilateral knees.
Any treatment, medications or surgery? Motrin 800mg TID, physical therapy
Any previous x-rays/labs/testing (if not available for review, simply state so)? No

2B. Does the Veteran report flare-ups of the knee and/or lower leg?
[Yes]

If yes, document the Veteran's description of the flare-ups he/she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

Frequency: 3x week
Duration: 3hr
Characteristics: increased pain and stiffness
Precipitating factors: climbing stairs, running, jumping, squatting, sitting for a long period of time with knees bent
Alleviating factors: ice, rest
Severity: Moderate
Extent of functional impairment he or she experiences during a flare-up of symptoms: difficulty with climbing stairs, running, jumping, squatting, sitting for a long period of time with knees bent

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?
[Yes]

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

difficulty with climbing stairs, running, jumping, squatting, sitting for a long period of time with knees bent

2D. Does the Veteran report or have a history of instability or recurrent subluxation of the knee?
[No]

If yes, document the Veteran's description of instability/recurrent subluxation in his/her own words.

2E. Does the Veteran report or have a history of frequent effusion of the knee?
[No]

If yes, is the frequent effusion a result of a diagnosis in Section I? Describe below:

SECTION 3 - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "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 repetitive use over time or during a flare-up; however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset 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. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided - such as what the degrees of range of motion would be opined to look like after repetitive user over time. However, when this is not feasible, an "as 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. Initial ROM measurements

RIGHT KNEE
[Abnormal or outside of normal range]

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

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

If abnormal, does the range of motion itself contribute to a functional loss?
[No]

(if yes, please explain)

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation.

Can testing be performed?
[]

If no, provide an explanation:

If this is the unclaimed joint, is it: []

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): 100 degrees
Extension endpoint (0 degrees): 10 degrees

If noted on examination, which ROM exhibited pain (select all that apply):
[X] Flexion [X] Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)
_____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees [X] Same as active ROM
Extension endpoint (0 degrees): _____ degrees [X] Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):
[X] Flexion [X] Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)
_____ Extension degree endpoint (if different than above)

Is there evidence of pain?
[Yes]

If yes check all that apply:
[X] weight-bearing [X] nonweight-bearing

[X] active motion [X] passive motion
[] on rest/non-movement

[] does not result in/cause functional loss
[X] causes functional loss (if checked describe in the comments box below)

Comments:
The pain and stiffness is causing difficulty climbing stairs, walking, standing or sitting for prolonged periods and performing other everyday activities, affecting the quality of life, work.

Is there objective evidence of crepitus?
[No]

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?
[No]

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

LEFT KNEE
[Abnormal or outside of normal range]

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

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

If abnormal, does the range of motion itself contribute to a functional loss?
[No]

If yes, please explain:

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation.

Can testing be performed?

[]

If no, provide an explanation:

If this is the unclaimed joint, is it: []

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

Flexion endpoint (140 degrees): 100 degrees
Extension endpoint (0 degrees): 10 degrees

If noted on examination, which ROM exhibited pain (select all that apply):
[X] Flexion [X] Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)
_____ Extension degree endpoint (if different than above)

Passive Range of Motion - Perform passive range of motion and provide the ROM values.

Flexion endpoint (140 degrees): _____ degrees [X] Same as active ROM
Extension endpoint (0 degrees): _____ degrees [X] Same as active ROM

If noted on examination, which passive ROM exhibited pain (select all that apply):
[X] Flexion [X] Extension

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Flexion degree endpoint (if different than above)
_____ Extension degree endpoint (if different than above)

Is there evidence of pain?
[Yes]

If yes check all that apply:
[X] weight-bearing [X] nonweight-bearing

[X] active motion [X] passive motion
[] on rest/non-movement

[] does not result in/cause functional loss
[X] causes functional loss (if checked describe in the comments box below)

Comments:
The pain and stiffness is causing difficulty climbing stairs, walking, standing or sitting for prolonged periods and performing other everyday activities, affecting the quality of life, work.

Is there objective evidence of crepitus?
[No]

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?
[No]

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

3B. Observed repetitive use ROM

RIGHT KNEE

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

If no, please explain:

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

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

LEFT KNEE

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

If no, please explain:

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

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups – even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time

RIGHT KNEE

Is the Veteran being examined immediately after repeated use over time?
[No]

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

[Yes]

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT KNEE

Is the Veteran being examined immediately after repeated use over time?
[No]

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?
[Yes]

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3D. Flare-ups

RIGHT KNEE

Is the examination being conducted during a flare-up?
[No]

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?
[Yes]

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT KNEE

Is the examination being conducted during a flare-up?
[No]

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?
[Yes]

Select factors that cause this functional loss. Check all that apply.
[X] Pain [X] Fatigability [X] Weakness
[X] Lack of endurance [X] Incoordination
[] Other:

[] N/A

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (140 degrees): 70 degrees
Extension endpoint (0 degrees): 15 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

3E. Additional factors contributing to disability

RIGHT KNEE

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

[X] None
[] Interference with standing
[] Disturbance of locomotion
[] Less movement than normal
[] Weakened movement
[] Instability of station
[] Interference with sitting
[] Swelling
[] Deformity
[] More movement than normal (indicate if there is nonunion of fracture)
[] nonunion of fracture
[] Atrophy of disuse
[] Other, describe:

Please describe additional contributing factors of disability:

LEFT KNEE

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

[X] None
[] Interference with standing
[] Disturbance of locomotion
[] Less movement than normal
[] Weakened movement
[] Instability of station
[] Interference with sitting
[] Swelling
[] Deformity
[] More movement than normal (indicate if there is nonunion of fracture)
[] nonunion of fracture
[] Atrophy of disuse
[] Other, describe:

Please describe additional contributing factors of disability:

SECTION 4 - MUSCLE ATROPHY

4A. Does the Veteran have muscle atrophy?

RIGHT KNEE
[No]

LEFT KNEE
[4A LEFT No]

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section?

RIGHT KNEE
[]

If no, provide rationale:

LEFT KNEE
[]

If no, provide rationale:

4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

[] Right lower extremity (specify location of measurement such as "10cm above or below knee"):

Circumference of more normal side: _____ cm
Circumference of atrophied side: _____ cm

[] Left lower extremity (specify location of measurement such as "10cm above or below knee"):

Circumference of more normal side: _____ cm
Circumference of atrophied side: _____ cm

SECTION 5 - ANKYLOSIS

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

5A. Is there ankylosis of the knee and/or lower leg?

RIGHT KNEE
[No]

If yes, indicate the severity of ankylosis:
[]

LEFT KNEE
[No]

If yes, indicate the severity of ankylosis:
[]

5B. Indicate angle of ankylosis in degrees.

RIGHT KNEE:
_____ degrees
[X] N/A, no ankylosis of knee joint

LEFT KNEE:
_____ degrees
[X] N/A, no ankylosis of knee joint

5C. If ankylosed, is there involvement of Muscle Group XIII (posterior thigh group, hamstring complex of 2-joint muscles: (1) biceps femoris; (2) semimembranosus; (3) semitendinosus)?

RIGHT KNEE:
[]

If yes, complete the Muscle Injuries questionnaire.

LEFT KNEE:
[]

If yes, complete the Muscle Injuries questionnaire.

SECTION 6 - JOINT STABILITY

Note: For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon. A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including but not limited to, arthroscopy to remove loose bodies and joint aspiration).

6A. Is there recurrent subluxation or persistent instability?

RIGHT KNEE
[Yes]

LEFT KNEE
[Yes]

6B. Is there or has there been a ligament tear (sprain)?

RIGHT KNEE
[No]

If yes, select one of the following.
[]

LEFT KNEE
[No]

If yes, select one of the following.
[]

6C. Was the ligament tear repaired?

RIGHT KNEE

[]

If yes, select one of the following.
[]

LEFT KNEE
[]

If yes, select one of the following.
[]

6D. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation?

RIGHT KNEE
[No]

If yes, check all that apply.
[] Cane(s)
[] Walker
[] Crutches
[] Brace(s)

LEFT KNEE
[No]

If yes, check all that apply.
[] Cane(s)
[] Walker
[] Crutches
[] Brace(s)

6E. Is there recurrent patellar instability?

RIGHT KNEE
[No]

LEFT KNEE
[No]

6F. Has the Veteran had surgical repair of the knee for patellar instability?

RIGHT KNEE
[]

If yes, please describe:

LEFT KNEE
[]

If yes, please describe:

6G. Does the Veteran require a prescription (by a medical provider) of any of the following for ambulation with patellar instability?

RIGHT KNEE
[]

If yes, check all that apply.
[] Cane(s)
[] Walker
[] Crutches
[] Brace(s)

LEFT KNEE
[]

If yes, check all that apply.
[] Cane(s)

[] Walker
[] Crutches
[] Brace(s)

SECTION 7 - TIBIAL OR FIBULAR IMPAIRMENT

7A. Does the Veteran currently have or has the Veteran been diagnosed with a recurrent patellar dislocation, shin splints (medial tibial stress syndrome), stress fractures, or any other tibial or fibular impairment?

RIGHT KNEE:
[Yes]

If yes, indicate condition and complete the appropriate sections below:
[] Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms:

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

[] Recurrent patellar dislocation

[X] "Shin Splints" (medial tibial stress syndrome - MTSS)

Indicate length of treatment:
[X] no treatment received
[] treatment for less than 12 consecutive months
[] requiring treatment for 12 consecutive months or more

If Veteran underwent treatment, indicate response to treatment:
[] responsive to surgery and/or treatment
[] unresponsive to either shoe orthotics or other conservative treatment
[] unresponsive to surgery and either shoe orthotics or other conservative treatment

[] Leg length discrepancy (shortening of any bones of the lower extremity) (If checked, provide length of each lower extremity in inches (to the nearest ¼ inch) or centimeters measuring from the anterior superior iliac spine to the internal malleolus of the tibia).

Measurements: Right leg: _____ []

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

LEFT KNEE:
[Yes]

If yes, indicate condition and complete the appropriate sections below:
[] Stress fracture of the lower leg (If this affects ROM of the ankle, please complete the appropriate musculoskeletal questionnaire and ROM section)

Describe current symptoms:

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

[] Recurrent patellar dislocation

[X] "Shin Splints" (medial tibial stress syndrome - MTSS)

Indicate length of treatment:
[X] no treatment received
[] treatment for less than 12 consecutive months
[] requiring treatment for 12 consecutive months or more

If Veteran underwent treatment, indicate response to treatment:
[] responsive to surgery and/or treatment
[] unresponsive to either shoe orthotics or other conservative treatment
[] unresponsive to surgery and either shoe orthotics or other conservative treatment

[] Leg length discrepancy (shortening of any bones of the lower extremity) (If checked, provide length of each lower extremity in inches (to the nearest ¼ inch) or centimeters measuring from the anterior superior iliac spine to the internal malleolus of the tibia).

Measurements: Left leg: _____ []

For any leg length discrepancy, please describe the relationship to the conditions listed in the diagnosis section above:

SECTION 8 - MENISCAL CONDITIONS

8A. Does the Veteran currently have or has the Veteran been diagnosed with a meniscus (semilunar cartilage) condition?

RIGHT KNEE:
[No]

(If yes, indicate severity and frequency of symptoms):
[] No current symptoms
[] Meniscal tear
[] Frequent episodes of joint pain
[] Meniscal dislocation
[] Frequent episodes of joint "locking"
[] Frequent episodes of joint effusion

For all checked boxes above, describe:

LEFT KNEE:
[No]

(If yes, indicate severity and frequency of symptoms):
[] No current symptoms
[] Meniscal tear
[] Frequent episodes of joint pain
[] Meniscal dislocation
[] Frequent episodes of joint "locking"
[] Frequent episodes of joint effusion

For all checked boxes above, describe:

SECTION 9 - SURGICAL PROCEDURES

9A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

RIGHT KNEE:
[X] No surgery

[] Knee joint resurfacing
Date of surgery: _____

[] Total knee joint replacement
Date of surgery: _____

Total knee joint replacement residuals:
[] None
[] Intermediate degrees of residual weakness, pain, or limitation of motion
[] Chronic residuals consisting of severe painful motion or weakness
[] Other residuals, describe:

[] Meniscectomy
Date of surgery: _____

[] Arthroscopic ligament repair
Date of surgery: _____

[] Other surgery not described (specify below):
Date of surgery: _____
Type of surgery:

[] Residual signs or symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above:
Describe residuals:

LEFT KNEE:
[X] No surgery

[] Knee joint resurfacing
Date of surgery: _____

[] Total knee joint replacement
Date of surgery: _____

Total knee joint replacement residuals:
[] None
[] Intermediate degrees of residual weakness, pain, or limitation of motion
[] Chronic residuals consisting of severe painful motion or weakness
[] Other residuals, describe:

[] Meniscectomy
Date of surgery: _____

[] Arthroscopic ligament repair
Date of surgery: _____

[] Other surgery not described (specify below):
Date of surgery: _____
Type of surgery:

[] Residual signs or symptoms due to meniscectomy, arthroscopic ligament repair or other knee surgery not described above:
Describe residuals:

SECTION 10 - 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?
[No]

If yes, describe (brief summary):

10B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?
[No]

If yes, also complete the appropriate dermatological questionnaire.

SECTION 11 - ASSISTIVE DEVICES

11A. Does the Veteran use any assistive devices (other than those noted in Section 6) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?
[Yes]

If Yes, identify the assistive devices used. Check all that apply and indicate frequency.

[] Wheelchair	Frequency of use:	[]
[X] Brace	Frequency of use:	[Regular]
[] Crutches	Frequency of use:	[]
[] Cane(s)	Frequency of use:	[]
[] Walker	Frequency of use:	[]
[] Other, describe:	Frequency of use:	[]

11B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.
Specify the condition: tendinitis, knee strain, instability

Indicate the side: Both
Identify the assistive device used for each condition: brace

SECTION 12 - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

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.

12A. 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 lower extremity include balance and propulsion, etc.)?
[No]

If yes, indicate extremities for which this applies: [] Right lower [] Left lower

12B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function and provide specific examples (brief summary):

SECTION 13 - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-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 clinically relevant diagnostic imaging studies or other diagnostic procedures been performed or reviewed in conjunction with this examination?
[No]

13B. If yes, is degenerative or post-traumatic arthritis documented?
[]

If yes, indicate side: []

13C. If yes, provide type of test or procedure, date and results (brief summary):

13D. Are there any other clinically relevant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?
[No]

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

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

SECTION 14 - 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.

14A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?
[Yes]

If yes, describe the functional impact of each condition, providing one or more examples:
The pain and stiffness is causing difficulty climbing stairs, walking, standing or sitting for prolonged periods and performing other everyday activities, affecting the quality of life, work.

SECTION 15 - REMARKS

15A. Remarks (if any – please identify the section to which the remark pertains when appropriate).
Ingram v. Collins Question #1, Right Knee: At the time of the examination, does the Veteran report taking any medication(s),

prescription or non-prescription, to treat the disability being evaluated? Provider response: Yes

Ingram v. Collins Question #2, Right Knee: If Yes, does the medication(s) relieve or reduce the severity of the disability symptoms being evaluated? Provider response: No

Ingram v. Collins Question #1, Left Knee: At the time of the examination, does the Veteran report taking any medication(s), prescription or non-prescription, to treat the disability being evaluated? Provider response: Yes

Ingram v. Collins Question #2, Left Knee: If Yes, does the medication(s) relieve or reduce the severity of the disability symptoms being evaluated? Provider response: No

The claimed RIGHT KNEE TENDONITIS; KNEE PAIN CONDITION is subsumed by the Bilateral Knee Tendinitis, Knee Strain, Instability and Shin Splints diagnoses.

Potentially relevant medical evidence reviewed includes but is not limited to: STRs 7/18/2014 intermittent right knee pain since 2012, tendonitis; 3/20/2013 bilateral knee buckling for more than a year; 1/21/2012 right knee pain for one week; RMH 5/1/2015 knee trouble, knee pain since boot camp, diagnosed with overuse

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening or abnormal findings in this examination (not limited to claimed condition(s))? No

Does the Veteran or Service Member identify as homeless? No

SECTION 16 - EXAMINER'S CERTIFICATION AND SIGNATURE

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

16A. Examiner's signature:	Carmen Sigley Carmen Sigley (Mar 28, 2026 08:32:24 EDT)
16B. Examiner's printed name:	CARMEN G. SIGLEY, NP
16C. Date signed:	See date in digital signature above.
16D. Examiner's phone/fax numbers:	1-877-637-8387 Fax: 1-800-320-3908
16E. National Provider Identifier (NPI) number:	1083035133
16F. Medical license number and state:	RN1036123 DC
16G. Examiner's address:	VA-WASHINGTON DC 4 1145 19TH STREET NORTHWEST, SUITE 610, WASHINGTON, DC 20036
16H. Examiner's specialty:	Nurse Practitioner