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| --- | --- |
| Australian Government crest, Department of Veterans' Affairs | Hand & Fingers Condition(s)Medical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |  |  |
| Please assess the following conditions:  |
|  |  |  |

1. Please select the most accurate description of impairment to active **Range of Movement (RoM)** of the **thumb(s)**. (Consider motion in all planes with emphasis on those of functional importance) Rate the worst of the interphalangeal (IP) or metacarpophalangeal (MCP) joints.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| **Incomplete loss** of movement. |[ ] [ ]
| Loss of **nearly all** movement / **ankylosis** in a position of function. |[ ] [ ]
| **Ankylosis** in an **unfavourable position**, OR a **flail joint**. |[ ] [ ]

1. Please select the most accurate description of impairment to active **RoM of the finger(s)**.

Rate the worst of the interphalangeal (IP) or metacarpophalangeal (MCP) joints.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| **Index** | **Middle** | **Ring** | **Little** | **Index** | **Middle** | **Ring** | **Little** |
| **Incomplete loss** of movement. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Ankylosis** in **a** **position** **of function.** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Ankylosis** in an **unfavourable position**, OR a **flail joint**. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Please select the most accurate description of any **resting joint pain** (pain which is present in the absence of use of the joint, or which persists beyond the expected recovery period).

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| None or **not usually present** at rest. |[ ] [ ]
| **Mild** pain that is **often present** at rest. |[ ] [ ]
| Pain that is **often** **present** at rest but **improves** after several hours or responds to medication or to therapeutic measures. |[ ] [ ]
| **Severe** pain that is **often present** at rest but **does not respond adequately** to medication or to therapeutic measures. |[ ] [ ]
| **Severe** pain that is **always present** at rest but **does not respond adequately** to medication or therapeutic measures AND **regularly interferes with sleep**. |[ ] [ ]

1. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. There are **separate tables** for the **right** **and** **left** **limb**. Unilateral conditions should only be included in one table. Bilateral conditions may appear in both tables, but the **percentage contribution** **should only relate to the effect on the relevant limb**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100% for each table.

| **Right Sided Condition(s)** | **Contribution %** |
| --- | --- |
| e.g. Right basal thumb arthritis | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

| **Left Sided Condition(s)** | **Contribution %** |
| --- | --- |
| e.g. Left basal thumb arthritis | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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