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| --- | --- |
| Australian Government Crest, Department of Veterans' Affairs branding | Upper Limb(s) FunctionMedical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |  |  |
| Please assess the following conditions:  |

1. Please select the most accurate description of **fatigue** with the use of the limb for normal tasks.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| Can use limb **without undue fatigue**. |[ ] [ ]
| Develops **excessive fatigue towards the end of the day.** |[ ] [ ]
| Develops **excessive fatigue within half an hour of use** for normal tasks**.** |[ ] [ ]
| Develops **excessive fatigue within ten minutes of use** for normal tasks**.** |[ ] [ ]

1. Please select the most accurate description of any **difficulty using the limb**.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| Can use limb **efficiently for normal tasks**. |[ ] [ ]
| Can use **reasonably well** in **most** circumstances. |[ ] [ ]
| Can use **reasonably well** in **some** circumstances. |[ ] [ ]
| Can use **reasonably well** in a **few** circumstances only. |[ ] [ ]
| Uses limb **inefficiently** in **all** circumstances. |[ ] [ ]
| Has **only some movement** against gravity at elbow, shoulder or wrist. |[ ] [ ]
| Unable to use upper limb at all**.** |[ ] [ ]

1. Select the most accurate description with any impairment of **grip strength**.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| Normal. |[ ] [ ]
| **Minor loss** causing difficulty in gripping **moderately heavy to heavy** **objects**. |[ ] [ ]
| **Minor loss** causing difficulty in gripping **larger objects**. |[ ] [ ]
| **Major loss** causing **marked difficulty** in gripping **everyday objects**. |[ ] [ ]
| **Markedly** reduced grip strength in e.g. **lifting light objects**. |[ ] [ ]
| Capable of **light grip only**. |[ ] [ ]

1. Please select the most accurate description of any impairment of **digital dexterity**.

| **Description** | **Right** | **Left** |
| --- | --- | --- |
| Normal. |[ ] [ ]
| Minor loss causing **handwriting changes** or **difficulty manipulating small objects**. |[ ] [ ]
| Major loss causing **marked difficulty in handwriting or manipulating everyday objects.**  |[ ] [ ]
| **Poor digital co-ordination**. |[ ] [ ]

1. Please select the most accurate description of any difficulty with **self-care**.

| **Description** | **Select One** |
| --- | --- |
| Normal. |[ ]
| Minor. |[ ]
| **Increasing difficulty** for self-care activities, such as problems with dressing, feeding or writing**.** |[ ]
| **Aids required**, e.g. splints for everyday activities such as writing and eating. |[ ]
| **Unable to use upper limb at all**. |[ ]

1. Please list the location and level of any **amputations** of the upper limbs.

| **Location** (body part and side) | **Level** (please be as specific as possible) |
| --- | --- |
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|  |  |
|  |  |
|  |  |

1. Please describe any **sensory loss or abnormality**.

| **Dermatome or peripheral nerve** | **Paraesthesia** | **Partial Loss** | **Total Loss** |
| --- | --- | --- | --- |
| **Side** | **Site** |  |  |  |
|  |  |[ ] [ ] [ ]
|  |  |[ ] [ ] [ ]
|  |  |[ ] [ ] [ ]
|  |  |[ ] [ ] [ ]

1. Are there any other comments you would like to make regarding the impact of the veteran’s upper limb condition(s)?

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 rotator cuff syndrome | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

| **Left Sided Condition(s)** | **Contribution %** |
| --- | --- |
| e.g. Left rotator cuff syndrome | 75% |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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