Department of Veterans Affairs

FOOT CONDITIONS, INCLUDING FLATFOOT (PES PLANUS) DISABILITY BENEFITS QUESTIONNAIRE

Name of Claimant/Veteran	Claimant/Veteran's Social Security Number	Date of Examination

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY OR REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

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

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, explain your findings and reasons in 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.

SECTION I - DIAGNOSIS (continued)

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 conditions listed above. (Explain your findings and reasons in comments section.)

Note: If any condition is checked below, complete all of Section 1, Section 2, and also the applicable Section(s) 3 through 11 with which the condition is most associated.

Diagnosis:	Side affected:			ICD Code:	Date of diagnosis:	
☐ Flat foot (pes planus)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Plantar fasciitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Morton's neuroma	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Metatarsalgia	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Hammer toes	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Hallux valgus	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Hallux rigidus	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Acquired pes cavus (claw foot)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Malunion/nonunion of tarsal/ metatarsal bones	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Foot injury(ies), specify:	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritic conditions:						
☐ Arthritis, degenerative, other than post-traumatic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, gonorrheal	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, pneumococcic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, streptococcic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, syphilitic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, multi-joint (except post-traumatic and gout), as an active process	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, post-traumatic	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, typhoid	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Arthritis, other specified forms of arthropathy (excluding gout)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Inflammatory conditions:						
☐ Osteoporosis, residuals of	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Osteomalacia, residuals of	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Bones, neoplasm, benign	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Bones, neoplasm, malignant, primary or secondary	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Osteitis deformans	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Gout	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Bursitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Myositis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Myositis ossificans	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Other specified forms:	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tendinopathy (select one if known)	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tendinitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tendinosis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Tenosynovitis	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Other, specify:						
☐ Diagnosis #1	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Diagnosis #2	☐ Right	☐ Left	☐ Both		Right:	Left:
☐ Diagnosis #3	☐ Right	☐ Left	☐ Both		Right:	Left:

SECTION I - DIAGNOSIS (continued)

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

SECTION II - MEDICAL HISTORY

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

2B. Does the Veteran report pain of the foot being evaluated on this questionnaire?

☐ Yes ☐ No

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

2C. Does the Veteran report that flare-ups impact the function of the foot?

☐ Yes ☐ No

If so, ask the Veteran to describe the flare-ups he or 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.

2D. 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 repeated use over time?

☐ Yes ☐ No

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

SECTION III - FLATFOOT (PES PLANUS)

Note: Indicate all signs and symptoms that apply to the Veteran's flatfoot (pes planus) condition, regardless of whether similar signs and symptoms appear more than once in different sections.

3A. Does the Veteran have pain on use of the feet?

☐ Yes ☐ No

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

If yes, is the pain accentuated on use? ☐ Yes ☐ No

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

3B. Does the Veteran have pain on manipulation of the feet?

☐ Yes ☐ No

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

If yes, is the pain accentuated on manipulation? ☐ Yes ☐ No

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

SECTION III - FLATFOOT (PES PLANUS) (continued)

3C. Is there indication of swelling on use?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3D. Does the Veteran have characteristic calluses?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3E. Effects of use of arch supports or built-up shoes

Effecting Complete Relief of Symptoms		Tried But Remains Symptomatic	
Device	Side Relieved	Device	Side Not Relieved
☐ Arch Supports	☐ Right ☐ Left ☐ Both	☐ Arch Supports	☐ Right ☐ Left ☐ Both
☐ Built-up Shoes	☐ Right ☐ Left ☐ Both	☐ Built-up Shoes	☐ Right ☐ Left ☐ Both

3F. Does the Veteran have extreme tenderness of plantar surfaces on one or both feet?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

Is the tenderness improved by orthopedic shoes or appliances?

Right ☐ Yes ☐ No ☐ N/A
Left ☐ Yes ☐ No ☐ N/A

3G. Does the Veteran have decreased longitudinal arch height of one or both feet on weight-bearing?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3H. Is there objective evidence of marked deformity of one or both feet (pronation, abduction, etc.)?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3I. Is there marked pronation of one foot or both feet?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

Is the condition improved by orthopedic shoes or appliances?

Right ☐ Yes ☐ No ☐ N/A
Left ☐ Yes ☐ No ☐ N/A

SECTION III - FLATFOOT (PES PLANUS) (continued)

3J. For one or both feet, is the weight-bearing line over or medial to the great toe?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3K. Is there a lower extremity deformity other than pes planus, causing alteration of the weight-bearing line?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

Describe lower extremity deformity other than pes planus causing alteration of the weight-bearing line:

3L. Does the Veteran have "inward" bowing of the Achilles' tendon (i.e., hindfoot valgus, with lateral deviation of the heel) of one or both feet?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

3M. Does the Veteran have marked inward displacement and severe spasm of the Achilles' tendon (rigid hindfoot) on manipulation of one or both feet?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

Is the marked inward displacement and severe spasm of the Achilles' tendon improved by orthopedic shoes or appliances?

Right ☐ Yes ☐ No ☐ N/A
Left ☐ Yes ☐ No ☐ N/A

3N. Comments, if any:

SECTION IV - PLANTAR FASCIITIS

4A. Has the Veteran undergone non-surgical treatment for plantar fasciitis?

☐ Yes ☐ No

If yes, indicate side:

☐ Right ☐ Left ☐ Both

4B. If yes, did the non-surgical treatment relieve the symptoms?

☐ Yes ☐ No

If no, indicate side not relieved:

☐ Right ☐ Left ☐ Both

SECTION IV - PLANTAR FASCIITIS (continued)

4C. Has the Veteran undergone surgical treatment for plantar fasciitis?

☐ Yes ☐ No (if no, proceed to 4E)

If yes, indicate side:

☐ Right ☐ Left ☐ Both

4D. If yes, did the surgical treatment relieve the symptoms?

☐ Yes ☐ No

If no, indicate side not relieved:

☐ Right ☐ Left ☐ Both

4E. If the Veteran has not undergone surgical treatment, was the Veteran recommended for surgical intervention, but was not a surgical candidate?

☐ Yes ☐ No

If yes, indicate side:

☐ Right ☐ Left ☐ Both

4F. Does the Veteran have any functional loss of the foot/feet due to plantar fasciitis?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

Describe the functional loss of the foot/feet due to plantar fasciitis:

4G. Comments, if any:

SECTION V - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA

5A. Does the Veteran have Morton's neuroma?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

5B. Does the Veteran have metatarsalgia?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

SECTION V - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA (continued)

5C. Comments, if any:

SECTION VI - HAMMER TOE

6A. If the Veteran has hammer toes, which toes are affected?

Right:	☐ None	☐ Great toe	☐ Second toe	☐ Third toe	☐ Fourth toe	☐ Little toe
Left:	☐ None	☐ Great toe	☐ Second toe	☐ Third toe	☐ Fourth toe	☐ Little toe

6B. Comments, if any:

SECTION VII - HALLUX VALGUS

7A. Does the Veteran have symptoms due to a hallux valgus condition?

☐ Yes ☐ No

If yes, indicate severity (check all that apply):

☐ Mild or moderate symptoms

Side affected: ☐ Right ☐ Left ☐ Both

☐ Severe symptoms, with function equivalent to amputation of great toe

Side affected: ☐ Right ☐ Left ☐ Both

7B. Has the Veteran had surgery for hallux valgus?

☐ Yes ☐ No

If yes, indicate type and date of surgery and side affected:

☐ Resection of metatarsal head

Date of surgery: _____ Side affected: ☐ Right ☐ Left ☐ Both

☐ Tarsal osteotomy/metatarsal head osteotomy (equivalent to metatarsal head resection)

Date of surgery: _____ Side affected: ☐ Right ☐ Left ☐ Both

☐ Other surgery for hallux valgus, describe: _____

Date of surgery: _____ Side affected: ☐ Right ☐ Left ☐ Both

7C. Comments, if any:

SECTION VIII - HALLUX RIGIDUS

8A. Does the Veteran have symptoms due to hallux rigidus?

☐ Yes ☐ No

If yes, indicate severity (check all that apply):

☐ Mild or moderate symptoms

Side affected: ☐ Right ☐ Left ☐ Both

☐ Severe symptoms, with function equivalent to amputation of great toe

Side affected: ☐ Right ☐ Left ☐ Both

8B. Comments, if any:

SECTION IX - ACQUIRED PES CAVUS (CLAW FOOT)

9A. Effect on toes due to pes cavus (check all that apply):

☐ None	☐ Right	☐ Left	☐ Both
☐ Great toe dorsiflexed	☐ Right	☐ Left	☐ Both
☐ All toes tending to dorsiflexion	☐ Right	☐ Left	☐ Both
☐ All toes hammer toes	☐ Right	☐ Left	☐ Both

☐ Other, describe (if there is an effect on toes due to etiology other than pes cavus, indicate other etiology):

9B. Pain and tenderness due to pes cavus (check all that apply):

☐ None	☐ Right	☐ Left	☐ Both
☐ Definite tenderness under metatarsal heads	☐ Right	☐ Left	☐ Both
☐ Marked tenderness under metatarsal heads	☐ Right	☐ Left	☐ Both
☐ Very painful callosities	☐ Right	☐ Left	☐ Both

☐ Other, describe (if the Veteran has pain and tenderness due to etiology other than pes cavus, indicate other etiology):

9C. Effect on plantar fascia due to pes cavus (check all that apply):

☐ None	☐ Right	☐ Left	☐ Both
☐ Shortened plantar fascia	☐ Right	☐ Left	☐ Both
☐ Marked contraction of plantar fascia with dropped forefoot	☐ Right	☐ Left	☐ Both

☐ Other, describe (if there is an effect on plantar fascia due to etiology other than pes cavus, indicate other etiology):

SECTION IX - ACQUIRED PES CAVUS (CLAW FOOT) (continued)

9D. Dorsiflexion and varus deformity due to pes cavus (check all that apply):

- ☐ None ☐ Right ☐ Left ☐ Both
- ☐ Some limitation of dorsiflexion at ankle ☐ Right ☐ Left ☐ Both
- ☐ Limitation of dorsiflexion at ankle to right angle ☐ Right ☐ Left ☐ Both
- ☐ Marked varus deformity ☐ Right ☐ Left ☐ Both
- ☐ Other, describe (if the Veteran has dorsiflexion and varus deformity due to etiology other than pes cavus, indicate other etiology):

9E. Comments, if any:

SECTION X - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES

10A. Indicate severity and side affected for malunion or nonunion of tarsal or metatarsal bones:

- ☐ Moderate ☐ Right ☐ Left ☐ Both
- ☐ Moderately severe ☐ Right ☐ Left ☐ Both
- ☐ Severe ☐ Right ☐ Left ☐ Both

10B. Comments, if any:

SECTION XI - FOOT INJURES AND OTHER CONDITIONS

Note: Complete this section if the Veteran has any foot injuries or other foot conditions listed in Section 1B not already described above in Sections 3 through 10.

Note: For VA purposes "bilateral weak foot" describes a symptomatic condition secondary to many constitutional conditions, and is characterized by atrophy of the musculature, disturbed circulation and weakness.

11A. Does the Veteran have any foot injuries or other foot conditions not already described?

☐ Yes ☐ No

If yes, describe the foot injury or other foot conditions (including frequency and physical exam findings) and complete question 11B (severity and side affected).

11B. Indicate severity and side affected.

- ☐ Not affected ☐ Right ☐ Left ☐ Both
- ☐ Mild ☐ Right ☐ Left ☐ Both
- ☐ Moderate ☐ Right ☐ Left ☐ Both
- ☐ Moderately severe ☐ Right ☐ Left ☐ Both
- ☐ Severe ☐ Right ☐ Left ☐ Both

SECTION XI - FOOT INJURES AND OTHER CONDITIONS (continued)

11C. Does the foot condition chronically compromise weight-bearing?

☐ Yes ☐ No

11D. Does the foot condition require arch supports, custom orthotic inserts or shoe modifications?

☐ Yes ☐ No

11E. Comments, if any:

SECTION XII - SURGICAL PROCEDURES

Note: Complete this section if the Veteran has had any surgical procedures for the claimed condition that have not already been described.

12A. Has the Veteran had foot surgery (arthroscopic or open)?

☐ Yes ☐ No

If yes, indicate side affected, type of procedure and date of surgery.

☐ Right foot procedure: _____

Date of surgery: _____

☐ Left foot procedure: _____

Date of surgery: _____

12B. Does the Veteran have any residual signs or symptoms due to arthroscopic or other foot surgery?

☐ Yes ☐ No

If yes, describe residuals:

SECTION XIII - PAIN

Foot	Is there pain on physical exam?	If no, but the Veteran reported pain in his/her medical history, please provide rationale below.	If yes (there is pain on physical exam), does the pain contribute to functional loss?	If no (i.e., the pain does not contribute to functional loss or additional limitations), explain why:
Right Foot	☐ Yes ☐ No		☐ Yes (you will be asked to further describe these limitations in Section 14) ☐ No	
Left Foot	☐ Yes ☐ No		☐ Yes (you will be asked to further describe these limitations in Section 14) ☐ No	

SECTION XIV - FUNCTIONAL LOSS

Note: VA defines functional loss as the inability, due to damage or infection in parts of the system, to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance. As regards the joints, factors of disability reside in reductions of their normal excursion of movements in different planes.

Using information 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), the examiner's medical expertise, and physical exam, select the factors below that contribute to functional loss or impairment (regardless of repetitive use) or to additional limitation of range of motion (ROM) after repetitive use for the joint or extremity being evaluated on this questionnaire:

14A. Contributing factors of disability (check all that apply and indicate side affected):

☐ No functional loss for left lower extremity attributable to claimed condition

☐ No functional loss for right lower extremity attributable to claimed condition

☐ Less movement than normal	☐ Right	☐ Left	☐ Both
☐ More movement than normal	☐ Right	☐ Left	☐ Both
☐ Weakened movement	☐ Right	☐ Left	☐ Both
☐ Swelling	☐ Right	☐ Left	☐ Both
☐ Deformity	☐ Right	☐ Left	☐ Both
☐ Atrophy of disuse	☐ Right	☐ Left	☐ Both
☐ Instability of station	☐ Right	☐ Left	☐ Both
☐ Disturbance of locomotion	☐ Right	☐ Left	☐ Both
☐ Interference with sitting	☐ Right	☐ Left	☐ Both
☐ Interference with standing	☐ Right	☐ Left	☐ Both
☐ Pain	☐ Right	☐ Left	☐ Both
☐ Fatigue	☐ Right	☐ Left	☐ Both
☐ Weakness	☐ Right	☐ Left	☐ Both
☐ Lack of endurance	☐ Right	☐ Left	☐ Both
☐ Incoordination	☐ Right	☐ Left	☐ Both
☐ Other, describe:	☐ Right	☐ Left	☐ Both

14B. Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability during flare-ups and/or after repeated use over time?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

If yes (there is a functional loss due to pain, during flare-ups and/or after repeated use over time), please describe the functional loss as well as cite and discuss evidence (must be specific to the case and based on all procurable evidence):

SECTION XIV - FUNCTIONAL LOSS (continued)

14C. Is there any other functional loss during flare-ups and/or after repeated use over time?

☐ Yes ☐ No

If yes, indicate side affected:

☐ Right ☐ Left ☐ Both

If yes, describe:

Note: For any joint condition, unless medically contraindicated, the examiner should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. These factors must be assessed for the claimed foot and the contralateral foot (even if the contralateral foot is unclaimed). Specific joint range of motion measurements in degrees do not need to be documented.

14D. Is there evidence of pain on any of the following? (check all that apply)

☐ Passive motion	☐ Right	☐ Left	☐ Both
☐ Active motion	☐ Right	☐ Left	☐ Both
☐ Weight-bearing	☐ Right	☐ Left	☐ Both
☐ Nonweight-bearing	☐ Right	☐ Left	☐ Both
☐ On rest/non-movement	☐ Right	☐ Left	☐ Both

If yes, describe:

If unable to assess, a rationale is required (e.g., the foot is in a cast; the contralateral unclaimed foot is damaged; etc.):

SECTION XV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS

15A. 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):

15B. 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?

☐ Yes ☐ No

If yes, complete appropriate dermatological questionnaire.

SECTION XVI - ASSISTIVE DEVICES

16A. Does the Veteran use any assistive devices (other than those identified above) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

☐ Yes ☐ No If yes, identify assistive devices used (check all that apply and indicate frequency):

☐ Wheelchair	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Brace	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Crutches	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Cane	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Walker	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Other: _____	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant

16B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition:

SECTION XVII - 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.

17A. Due to the Veteran's foot condition(s), is there functional impairment of an extremity such that no effective functions remain other than that which would be equally well served by an amputation with prosthesis? Functions of 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):

SECTION XVIII - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. Plain or weight-bearing foot x-rays are not required to make the diagnosis of flatfoot. 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.

18A. Have imaging studies been performed in conjunction with this examination?

☐ Yes ☐ No

18B. If yes, is degenerative or post-traumatic arthritis documented?

☐ Yes ☐ No

If yes, indicate foot:

☐ Right ☐ Left ☐ Both

18C. If yes, provide type of test or procedure, date and results (brief summary):

SECTION XVIII - DIAGNOSTIC TESTING

18D. Are there any other significant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?

☐ Yes ☐ No

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

18E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

SECTION XIX - 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.

19A. 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:

SECTION XX- REMARKS

20A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION XXI- EXAMINER'S CERTIFICATION AND SIGNATURE

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

21A. Examiner's signature:

21B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

21C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

21D. Date Signed:

21E. Examiner's phone/fax numbers:

21F. National Provider Identifier (NPI) number:

21G. Medical license number and state:

21H. Examiner's address: