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Bones (Fractures and Bone Disease) Examination
Comprehensive Version

Name: _____ SSN: _____

Date of Exam: _____ C-number: _____

Place of Exam: _____

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. Describe date of onset, circumstances, and initial manifestations of the disease or injury. Report course of condition.
2. For osteomyelitis: location(s), frequency and dates of episodes of active infection. Were there constitutional symptoms with episodes of active infection? Is there current active infection? If not, name year of last active infection and how the infection was confirmed.
3. History of hospitalizations or surgery, reason or type of surgery, location and dates, if known.
4. Symptoms of pain (location), weakness, stiffness, swelling, heat, redness, drainage, fever, debility, instability or giving way, "locking," abnormal motion, etc. If motion of a joint is affected, please refer to Joints examination worksheet.
5. Hand dominance and how determined.
6. Describe current treatment: type, response, and side effects.
7. If there are periods of flare-up of bone disease:
 - a. State their severity, frequency, and duration.
 - b. Name the precipitating and alleviating factors.
 - c. Estimate to what extent, if any, *per veteran*, they affect functional impairment during the flare-up.
8. Describe whether crutches, brace, cane, walker, etc., are needed to assist walking.
9. History of neoplasm:
 - a. Date of diagnosis, exact diagnosis.
 - b. Benign or malignant.
 - c. Type of treatment, dates.
 - d. Last date of treatment.

C. Physical Examination (Objective Findings):

Address each of the following as appropriate to the disability being examined and fully describe current findings:

1. Describe objective evidence of deformity, angulation, loss of a bone or part of a bone, malunion, nonunion, loose motion, false joint, etc.
2. For infection, describe tenderness, drainage, edema, effusion, painful motion, intra-articular involvement, weakness, redness, heat.
3. With joint involvement, *a detailed assessment of each affected joint is required*. Follow JOINTS worksheet.
4. For weight bearing joints (hip, knee, ankle), describe gait and functional limitations on standing (in minutes or hours) and walking (in yards or miles). Describe any callosities, areas of breakdown, or unusual shoe wear pattern that would indicate abnormal weight bearing.
5. If ankylosis is present, follow JOINTS worksheet.
6. If shortening of the leg may be present, measure the leg length bilaterally from the anterior superior iliac spine to the medial malleolus.
7. Are there constitutional signs of bone disease - anemia, weight loss, fever, debility, amyloid liver, etc.?
8. For genu recurvatum, acquired, traumatic: Is there objective evidence of weakness and insecurity on weight bearing?
9. For malunion of os calcis or astragalus – state degree of deformity (mild, moderate, marked).
10. For a bone neoplasm, describe residuals of the neoplasm and its treatment.

D. Diagnostic and Clinical Tests:

1. As indicated: X-rays, including special views or weight bearing films, MRI, arthrogram, diagnostic arthroscopy. **Note:** The diagnosis of degenerative arthritis or post-traumatic arthritis of a joint requires X-ray confirmation. Once the diagnosis has been confirmed in a joint, further X-rays of that joint are not required.
2. For osteomyelitis, state presence and location of any involucrum, sequestrum, or draining sinus.
3. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

Describe the effects of the condition on the veteran's usual occupation and daily activities.

Signature:

Date: