Department of Veterans Affairs	rtment of Veterans Affairs Peripheral Nerves Conditions (Not Including Diabetic Sensory- Motor Peripheral Neuropathy) Disability Benefits Questionnaire					
	<b>IMPORTANT -</b> THE DEPARTMENT OF VETERANS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSE</i> ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.					
NAME OF PATIENT/VETERAN						
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER						
NOTE TO PHYSICIAN - Your patient is applying to provide on this questionnaire as part of their evaluation private health care providers.	on in processing the veteran's	s claim. VA reserves the right to con				
		- DIAGNOSIS				
1A. DOES THE VETERAN HAVE A PERIPHERAL NE         Yes         No         (If "Yes," complete Item 1B)	RVE CONDITION OR PERIP	HERAL NEUROPATHY?				
1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO	A PERIPHERAL NERVE CO	NDITION AND/OR PERIPHERAL NE	UROPATHY:			
Diagnosis # 1:	ICD Code:		Date of diagnosis:			
Diagnosis # 2:	ICD Code:		Date of diagnosis:			
Diagnosis # 3:	ICD Code:		Date of diagnosis:			
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT I	PERTAIN TO A PERIPHERA	L NERVE CONDITION AND/OR PERI	PHERAL NEUROPATHY, LIST USING ABOVE			
the nerve, while neuritis is characterized by loss of re-	DEFINITIONS: For VA purposes, neuralgia indicates a condition characterized by a dull and intermittent pain of typical distribution so as to identify the nerve, while neuritis is characterized by loss of reflexes, muscle atrophy, sensory disturbances and constant pain, at times excruciating. SECTION II - MEDICAL HISTORY 2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S PERIPHERAL NERVE CONDITION (brief summary): 2B. DOMINANT HAND					
Right Left Ambidextrous						
	SECTIO	N III - SYMPTOMS				
3A. Does the veteran have any symptoms attributable						
Yes No						
If yes, indicate symptoms' location and severity (check	ck all that apply):					
Constant pain (may be excruciating at times)						
Right upper extremity: None	Mild Moderate	Severe				
Left upper extremity: None	Mild Moderate	Severe				
Right lower extremity: None	Mild Moderate	Severe				
Left lower extremity: None Mild Moderate Severe						
Right upper extremity: None	Mild Moderate	Severe				
Left upper extremity: None	Mild Moderate	Severe				
Right lower extremity: None	Mild Moderate	Severe				
Left lower extremity: None Paresthesias and/or dysesthesias	Mild Moderate	Severe				
Right upper extremity: None	Mild Moderate	Severe				
Left upper extremity:	Mild Moderate	Severe				
Right lower extremity:	Mild Moderate					
Left lower extremity:	Mild Moderate	Severe				
	SUPERSEDES VA F	ORM 21-0960C-10, FEB 2015,	Page 1			
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							Continued)			
3A. Does the veteran have an	ny sympton	ns attributat	ole to any pe	ripheral ner	ve conditio	ns? (Contint	ied)			
Numbness Right upper extremity:		None	Mil		Moderate		evere			
		None None	Mil		Moderate		evere			
Left upper extremity:		None None	Mil		Moderate		evere			
Right lower extremity:		None None	Mil	· 💾	Moderate		evere			
Left lower extremity: 3B. Other symptoms (describ	asympton				Noderate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5b. Other symptoms (describ	e sympion	ns, iocuiion	unu severni	<i>y)</i> .						
			;	SECTION	IV - MUS	CLE STRI	ENGTH TES	STING		
4A. Rate strength according t	to the follow	wing scale:								
0/5 No muscle	movemen	t								
1/5 Palpable of				joint move	ment					
2/5 Active mov			ninated							
3/5 Active mov										
4/5 Active mov	ement aga	ainst some r	esistance							
5/5 Normal stre	ength									
All normal		_		_	_	_	_			
Elbow flexion:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Elbow extension:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Wrist flexion:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Wrist extension:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
Orine	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Grip:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
	Left: Right:	5/5	4/5	3/5	2/5	1/5	0/5			
Pinch (thumb to index finger):	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Knee extension:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
Rifee extension.	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
Ankle plantar flexion:	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
Ankle dorsiflexion:	Right:	5/5	4/5	3/5	2/5	1/5	0/5			
	Left:	5/5	4/5	3/5	2/5	1/5	0/5			
4B. Does the veteran have m	nuscle atror	 phv?								
Yes No										
	indiaata k	o oction :								
If muscle atrophy is present For each instance of muscle				n centimete	ers of norm	al side and a	atrophied side	measured at maxim	um muscle bulk:	
							•			
	Normal	side:		_ cm			ed side:	cm		
E Data da cata da cata			L . C. U			/ - REFLE	K EXAM			
5. Rate deep tendon reflexes 0 - Absent	(DTRS) ad	cording to t	ne tollowing	scale:						
1+ Hypoactive										
2+ Normal										
3+ Hyperactive	e without cl	onus								
4+ Hyperactive	e with clonu	JS								
All normal										
Biceps	Right:	0	1+	2+	3+	4+				
	Left:	0	1+	2+	3+	4+				
Triceps	Right:	0	1+	2+	3+	4+				
	Left:	0	1+	2+	3+	4+				
Brachioradialis	Right:	0	1+	2+	3+	4+				
Left: 0 1+ 2+ 4+										
Knee Right: 0 1+ 2+ 3+ 4+										
	Left:	0	1+	2+	3+	4+				
Ankle	Right:	0	1+	2+	3+	4+				
	Left:	0	L 1+	2+	3+	4+				

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		SEC	TION VI - SENSO	ORY EXAM		
6. Indicate results for sensation testi	ng for light touch:					
All normal						
Shoulder area (C5):	Right:	Normal	Decreased	Absent		
	Left:	Normal	Decreased	Absent		
Inner/outer forearm (C6/T1):	Right:	Normal	Decreased	Absent		
	Left:	Normal	Decreased	Absent		
Hand/fingers (C6-8):	Right:	Normal	Decreased	Absent		
	Left:	Normal	Decreased	Absent		
Upper anterior thigh (L2):	Right:	Normal	Decreased	Absent		
Thigh //mag (1.2/4);	Left:	Normal	Decreased	Absent		
Thigh/knee (L3/4):	Right:	Normal	Decreased	Absent		
Lower leg/ankle (L4/L5/S1):	Left: Right:	Normal Normal	Decreased Decreased	Absent Absent		
	Left:	Normal	Decreased	Absent		
Foot/toes (L5):	Right:	Normal	Decreased	Absent		
	Left:	Normal	Decreased	Absent		
Other sensory findings, if any:						
		SECTION	I VII - TROPHIC	CHANGES		
7. DOES THE VETERAN HAVE TRO	PHIC CHANGES	(characterize	d by loss of extren	ity hair, smooti	h, shiny skin, etc.) ATTRIBUTABLE TO PERIPHERAL NEUROPATHY?	
Yes No						
If yes, describe:						
		SE	ECTION VIII - GA	NT.		
8. IS THE VETERAN'S GAIT NORMA	ιL?					
Yes No						
If no, describe abnormal gait:						
Provide etiology of abnormal gait:						
	SE	CTION IX - S	PECIAL TESTS	FOR MEDIAN	N NERVE	
9. WERE SPECIAL TESTS INDICATE	ED AND PERFOR	RMED FOR ME	EDIAN NERVE EV	ALUATION?		
Yes No						
If yes, indicate results:						
Phalen's sign: Right:	Positive	Neg	gative			
Left:	Positive	Neg	gative			
Tinel's sign: Right:	Positive		gative			
Left:	Positive		gative			
SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extremity Nerves and Radicular Groups						
Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.						
NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.						
	If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.					

PATIENT/VETERAN'S SOCIAL SECURITY NO.

	SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extremity Nerves and Radicular Groups (Continued)
NOTE: INDICA	ATE THE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.
10A. Radial ne	erve (musculospiral nerve)
	mplete paralysis (hand and fingers drop, wrist and fingers flexed; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb or eral movement of wrist; supination of hand, elbow extension and flexion weak, hand grip impaired)
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:         Mild       Moderate       Severe
Left:	Normal     Incomplete paralysis     Complete paralysis
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe
10B. Median n	lerve
	mplete paralysis (hand inclined to the ulnar side, index and middle fingers extended, atrophy of thenar eminence, cannot make fist, defective opposition , cannot flex distal phalanx of thumb; wrist flexion weak)
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:         Mild       Moderate       Severe
Left:	Mild     Moderate     Severe     Normal     Incomplete paralysis     Complete paralysis
	If Incomplete paralysis is checked, indicate severity:          Mild       Moderate       Severe
10C. Ulnar ner	Ne
	mplete paralysis ("griffin claw" deformity, atrophy in dorsal interspaces, thenar and hypothenar eminences; cannot extend ring and little finger, cannot ngers, cannot adduct the thumb; wrist flexion weakened)
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate         Severe       Severe
Left:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
10D. Musculoc	cutaneous nerve
Note: Com	nplete paralysis (weakened flexion of elbow and supination of forearm)
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:
Left:	Mild     Moderate     Severe       Normal     Incomplete paralysis     Complete paralysis
LUII.	If Incomplete paralysis Complete paralysis
	Mild Moderate Severe
10E. Circumfle	
Note: Con	mplete paralysis (innervates deltoid and teres minor; cannot abduct arm, outward rotation is weakened)
Right:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe
Left:	Normal     Incomplete paralysis     Complete paralysis
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe
10F. Long thor	racic nerve
Note: Com	nplete paralysis (inability to raise arm above shoulder level, winged scapula deformity)
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
Left:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe

SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extramity Nerves and Radicular Groups (Canduau)           Note: Complete parayes at labeling on all allows more means that: hand and writh movements and glicted)           Pagin:         In Normal           In Normal         In complete parayes           In Mail         Models executiv:           In Mail         Mo	PATIENT/VETE	RAN'S SOCIAL SECURITY NO.
Note:         Complete paralysis:         Complete paralysis:         Complete paralysis:           Note:         Note:         Second:         Complete paralysis:           If incomplete paralysis:         Complete paralysis:         Complete paralysis:           If incomplete paralysis:         Complete paralysis:         Complete paralysis:           If incomplete paralysis:         Complete paralysis:         Complete paralysis:           Note:         Complete paralysis:         Complete paralysis:           Note:         Note:         Complete paralysis:           If incomplete paralysis:         Complete paralysis:         Complete paralysis:           If incomplete paralysis: <t< td=""><td></td><td></td></t<>		
Ingrit       Normal       Incomplete paralysis         Ingrit       Mail       Moderate       Server         Left       Incomplete paralysis       Complete paralysis       Incomplete paralysis         1014       Mail       Moderate       Server         1014       Mail       Mail       Incomplete paralysis         1014       Mail       Mail       Mail       Mail         1014       Mail       Mail       Mail       Mail         1014       Mail       Mail       Mail       Mail         116       Mail       Mail       Mail       Mail         116       Mail       Mail       Mail       Mail       Mail         116       Mail       Mail       Mail       Mail       Mail       Mail         116       Mail       Mail       Mail       Mail       Mail       Mail       Mail         116       Mail	10G. Upper rac	Jicular group (5 <sup>th</sup> & 6 <sup>th</sup> cervicals)
If incompte paralysis is theoted, indicate servity:         Interpreter paralysis is theoted, ind	Note: Com	nplete paralysis (all shoulder and elbow movements lost; hand and wrist movements not affected)
Image:	Right:	Normal Incomplete paralysis Complete paralysis
Left.       Incorrigite paralysis       Incorrigite paralysis         104. Mide addule addule group         Note:       Complete paralysis       Server         104. Mide addule addule group         Note:       Complete paralysis       Server         104. Mide addule addule group         Note:       Complete paralysis       Complete paralysis         104. Mide addule addule group       Moderate       Server         105. Mide addule addule addule addule serverity:       Incomplete paralysis       Complete paralysis         104. Lower radiation group       Mide addule addule serverity:       Mide addule addule serverity:         104. Lower radiation group       Incomplete paralysis       Complete paralysis         105. Lower radiation group       Incomplete paralysis       Complete paralysis         106. Lower radiation group       Incomplete paralysis       Complete paralysis         107. Lower radiation group       Incomplete paralysis       Complete paralysis         108. More addiate group       Incomplete paralysis       Complete paralysis         109. More addiate group       Incomplete paralysis       Complete paralysis         100. Lower radiation group       Mide Mide Mide Mide Mide Mide Mide Mide		If Incomplete paralysis is checked, indicate severity:
If incomplete paralysis is checked, indicate severity:         Information is incomplete paralysis is checked, indicate severity:         Note:         Right:       Normal         Incomplete paralysis is checked, indicate severity:         Information is incomplete paralysis in checked, indicate severity:         Information incomplete paralysis in complete paralysis in complete paralysis in the complete paralysis in checked, indicate severity:         Information informa		Mild Moderate Severe
If incomplete paralysis is checked, indicate severity:         Information is incomplete paralysis is checked, indicate severity:         Note:         Right:       Normal         Incomplete paralysis is checked, indicate severity:         Information is incomplete paralysis in checked, indicate severity:         Information incomplete paralysis in complete paralysis in complete paralysis in the complete paralysis in checked, indicate severity:         Information informa	1.0	
Intelligence	Leπ:	
10H. Mode radializer group         Note: Comprete paralysis adduction, adduction; rotation of arm, flaction of ethow and extension of wrist lost!         Right:       Normal         Information:       Incomplete paralysis         Origin:       Note:         Information:       Incomplete paralysis         Information:       Incomplete paralysis         Information:       Normal         Incomplete paralysis       Complete paralysis         Information:       Normal         Incomplete paralysis       Complete paralysis         Intervention:       Normal         Incomplete paralysis       Complete paralysis         Intervention:       Normal         Incomplete paralysis       Complete paralysis         Note:       Complete paralysis         Incomplete paralysis       Complete paralysis         Intervention:       Secret         Left:       Normal         Incomplete paralysis       Complete paralysis		
Nete: Complete paralysis (adduction, induction, rotation of arm. flexion of ellow and extension of wrist loss)         Right       Incomplete paralysis         Image: Im		Mild Moderate Severe
Right: <ul> <li>Incomplete paralysis</li> <li>Complete paralysis</li> <li>Mida </li> <li>Mida </li> <li>Moderate </li> <li>Severe</li> </ul> Left:         Informatives in checked, indicate severity: <ul> <li>Mida </li> <li>Moderate </li> <li>Severe</li> </ul> 10.         Lever radicular group <ul> <li>Mida </li> <li>Moderate </li> <li>Severe</li> <li>Mida </li> <li>Moderate </li> <li>Severe</li>           10.             Lever radicular group               Mida              Moderate              </ul> Mida              Moderate <li>Severe</li> <li>Left:</li> <li>Normal </li> <li>Incomplete paralysis is checked, indicate severity:</li> <li>Incomplete paralysis is checked, indicate severity:</li> <li>Incomplete paralysis is checked, indicate severity:</li> <li>Mida </li> <li>Moderate </li> <li>Severe </li> Dett:         Normal          Incomplete paralysis indicates a degree of lost or impaired function substantially less than the description of complete paralysis indicates a degree of lost or impaired function substantially less than the description of complete paralysis is checked, indicate severity: <li>If he ravive is cont complete paralysis is checked, indicate severity:</li> <li< td=""><td>10H. Middle rac</td><td>Jicular group</td></li<>	10H. Middle rac	Jicular group
If incomplete paralysis is checked, indicate seventy:         Image: Incomplete paralysis is checked, indicate seventy:	Note: Com	plete paralysis (adduction, abduction, rotation of arm, flexion of elbow and extension of wrist lost)
Image: Incomplete paralysis in the complete paralysis in the conter the complete paralysis in the content on the comp	Right:	Normal Incomplete paralysis Complete paralysis
Left: <ul> <li>Incomplete paralysis is checked. indicate severity:</li> <li>Intomplete paralysis is checked. indicate severity:</li> </ul> <li>Based on symptoms and findings from this exam. complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides uset information for VA purposes.</li> <li>NOTE: For VA purposes, the term "incomplete paralysis" in the nerve is not completely paralyzed. check the box for "complete paralysis" and indicate severity.</li> <li>If the nerve is completely paralyzed, check the box for "complete paralysis is checked. Indicates severity:</li> <ul> <li>Into and target sama diages and drops. no active morement of muscles below the knee, flexion of knee weakened or lost)</li> <li>Right:</li> <li>Incomplete paralysis is checked. indicate seve</li></ul>		If Incomplete paralysis is checked, indicate severity:
If incomplete paralysis is checked, indicate sevently:         If incomplete paralysis (intrinsic hand muscles, wrist and finger flexors paralyzed; substantial loss of use of hand)         Right:       Note: Complete paralysis is checked, indicate sevently:         Image: Incomplete paralysis is checked, indicate sevently:       Image:		Mild Moderate Severe
Incomplete paralysis is checked, indicate sevently:         Intervention         In	L off:	
In the image of the image	Leit.	
10. Lower and/addust group         Note: Complete paralysis (intrinsic hand miscles, wrist and finger flexors paralysel; substantial loss of use of hand)         Right:       Normal         Incomplete paralysis is checked, indicate severity:       Complete paralysis         Mild       Moderate         Based on symptoms and findings to checked, indicate severity:       Mild         Mild       Moderate         Severe       Severe         Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.         NOTE: For VA purposes, the term 'incomplete paralysis' indicates a degree of lost or impaired function substantially less than the description of complete paralysis' and indicate severity. For VA purposes, when nerve.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Sciatic nerve         Note: Complete paralysis is checked, indicate severity:         Mild       Moderate         Mote: Complete paralysis       Complete paralysis         Note: Complete paralysis       Complete paralysis         Note: Complete paralysis       Complete paralysis         If the norve is completely paralyzed, check the box for 'complete paralysis         Note: Complete paralysis       Complete paralysis         If the norve is		
Note: Complete paralysis (intrinsic hand mascles, wrist and finger flexors paralyzed; substantial loss of use of hand)         Net: Complete paralysis       Complete paralysis         Mid       Moderate         Mid       Moderate         Mid       Moderate         Severe       Complete paralysis         Let:       Normal         Mid       Moderate         Severe       Severe         Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful infondion for VD purposes.         NOTE: For VA purposes, he term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         114. Setian complete paralysis (foot dangles and drops, no active movement of muscles below the lance, flexion of loss everenty:         Mid       Moderate importantiation severenty:         Mid       Moderate importantiation severenty:         Mid       Moderate importantiation severenty:         If nonomplete paralysis is checked, indicate severenty:         Mid       Moderate importantiation severenty:         Mid       Modera		
Right:          Incomplete paralysis         Incomplete p		
If throomplete paralysis is checked, indicate severity:         Image: Incomplete paralysis is (foot dangles and draps, no active morement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         Incomplete paralysis is (bot dangles and draps, no active morement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         Incomplete paralysis is checked, indicate severity:         Image: Incomplete paralysis is checked, indicate severity:         Image: Incomplete paralysis is checked, indicate severity:         Image: Incomplete paralysis is checked, indicate severity:      <	Note: Com	uplete paralysis (intrinsic hand muscles, wrist and finger flexors paralyzed; substantial loss of use of hand)
Image: Severe intermined in the severity:       Image: Severe intermined intermin	Right:	Normal Incomplete paralysis Complete paralysis
Left:       Incomplete paralysis       Complete paralysis         Mile       Incomplete paralysis is checked, indicate severity:       SECTION X1 · NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves         Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.         NOTE:       For VA purposes, the term 'incomplete paralysis' indicates a degree of lost or impaired function substantially less than the description of complete paralysis' and indicate severity. For VA purposes, when nerve is a divide the reve.         If the nerve is completely paralyzed, check the box for 'complete paralysis.'' If the nerve is not completely paralyzed, check the box for 'incomplete paralysis'' and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE:       INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         114. Solation nerve       Incomplete paralysis (fool dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or loss)         Right:       Normal       Incomplete paralysis         If incomplete paralysis (fool dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or loss)         Right:       Normal       Incomplete paralysis         Incomplete paralysis (fool dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or loss) <td< td=""><td></td><td>If Incomplete paralysis is checked, indicate severity:</td></td<>		If Incomplete paralysis is checked, indicate severity:
If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Section X1 - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves         Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.         NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.         If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Solation nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right       Incomplete paralysis         Mild       Onderately Severe       Severe, with marked muscular atrophy         Left:       Moderate       Moderately Severe       Severe, with marked muscular atrophy         118. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot or extend toes; dorsun of foot and toes are numb)       Incomplete paralysis is checked, indicate severity:       Incomplete paralysis is checked, indicate		Mild Moderate Severe
If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Section X1 - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves         Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.         NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.         If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Solation nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right       Incomplete paralysis         Mild       Onderately Severe       Severe, with marked muscular atrophy         Left:       Moderate       Moderately Severe       Severe, with marked muscular atrophy         118. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot or extend toes; dorsun of foot and toes are numb)       Incomplete paralysis is checked, indicate severity:       Incomplete paralysis is checked, indicate	Left <sup>.</sup>	Normal Incomplete paralysis Complete paralysis
Mid      Moderate      Severe      SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves  Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.  NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.  If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.  NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.  114. Scient nerve  Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)  Right:  Mormal Incomplete paralysis Complete paralysis  Moderate Moderate Severe Severe, with marked muscular atrophy Lett:  Note: Complete paralysis is checked, indicate severity: Mild Moderate Moderately Severe Severe, with marked muscular atrophy  Its. External popilteal (common peroneal) nerve Note: Complete paralysis is checked, indicate severity: Mild Moderate Severe Lett: Normal Incomplete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Mild Moderate Severe Lett: Normal Incomplete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Mild Moderate Severe Lett: Normal Incomplete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Mild Moderate Severe Lett: Normal Incomplete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Complete paralysis Note: Complete para		
SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes. NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve. If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "complete paralysis" in the velauation should be mild, or at most, moderate. NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION. 11A. Sciatic nerve Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost) Right: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis (foot darge, no active movement of function subclar atrophy Left: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis is checked, indicate severity: Note: Complete paralysis (foot drop, cannot dors/flex foot or extend toes; dorsum of foot and toes are numb) Right: Note: Complete paralysis is checked, indicate severity: Note		
Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.         NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.         If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         Incomplete paralysis       Complete paralysis         Mild       Moderately Severe       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis         Mild       Moderately Severe       Severe, with marked muscular atrophy         11B. External popilied acromon pervocal nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate se		
neuropathy. This summary provides useful information for VA purposes.         NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.         If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Moderate       Moderately Severe         Severe, with marked muscular atrophy         Left:       Normal         Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Note: Complete paralysis (foot drop, cannot dorsificx foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal         Incomplete paralysis       Complete paralysis         If Incomplete paralysis       Complete paralysis         If incomplete paralysis is checked, indicate severity:       <		SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves
paralysis that is given with each nerve.         If the nerve is completely paralyzed, check the box for "complete paralysis." If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         If incomplete paralysis is checked, indicate severity:         Mild       Moderate         Mild       Moderate!         Mild       Moderate!         Moderate!       Moderately Severe         Severe, with marked muscular atrophy         Left:       Normal         If incomplete paralysis is checked, indicate severity:         Mild       Moderate! Moderately Severe         Severe, with marked muscular atrophy         118. External popliteal (common peroneal) nerve         Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal         Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:         Mild       Modera		
paralysis* and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.         NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.         11A. Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal         Incomplete paralysis       Complete paralysis         Mild       Moderate         Moderate       Moderately Severe         Severe, with marked muscular atrophy         Left:       Normal         Incomplete paralysis is checked, indicate severity:         Mild       Moderately Severe         Severe, with marked muscular atrophy         11B. External popilteal (common peroneal) nerve         Note: Complete paralysis is checked, indicate severity:         Mild       Moderate         Normal       Incomplete paralysis         Complete paralysis is checked, indicate severity:         Mild       Moderate         Severe       Severe         Note: Complete paralysis is checked, indicate severity:         Mild       Moderate         Severe       Complete paralysis         Left:       Normal       Incomplete paralysis         Mild		
11A. Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal       Incomplete paralysis         Mild       Moderate       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis         Mild       Moderate       Moderately Severe         Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis         Mild       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis         Mild       Moderate       Severe         Mild       Moderate       Complete paralysis         If incomplete paralysis is checked, indicate severity:       Mild       Moderate         Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis		
11A. Sciatic nerve         Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal       Incomplete paralysis         Mild       Moderate       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis         Mild       Moderate       Moderately Severe         Mild       Moderate       Moderately Severe         Mild       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis is checked, indicate severity:         Mild       Incomplete paralysis       Complete paralysis         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis is checked, indicate severity:         Mild       Incomplete paralysis       Complete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis         If incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         If incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal		ATE AFEECTED NERVES, SIDE AFEECTED AND SEVERITY OF CONDITION
Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)         Right:       Normal       Incomplete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis       Complete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         Hild       Moderate       Severe       Severe         Mild       Moderate       Severe       Severe         Note: Complete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Severe		
Right:       Normal       Incomplete paralysis       Complete paralysis         If incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis       Complete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Mild       Moderate         11C. Musculocutaneous (superfici		
If incomplete paralysis is checked, indicate severity:         Mild       Moderate         Mild       Moderate         Image: Incomplete paralysis       Complete paralysis         Image: Incomplete paralysis       Incomplete paralysis         Image: Incomplete paralysis       Image: Incomplete paralysis         Image: Im		
Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         Left:       Normal       Incomplete paralysis       Complete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Normal       Incomplete paralysis       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Mild       Moderate         Mild       Moderate       Severe       Incomplete paralysis       Complete paralysis       Mild       Moderate       Severe         11C. Musculocutaneous (superficial peroneal)       Norewalened)       <	Right:	
Left:       Normal       Incomplete paralysis       Complete paralysis         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Complete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis		
If incomplete paralysis is checked, indicate severity:         Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve         Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis         Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis         If incomplete paralysis is checked, indicate severity:       Omplete paralysis is checked, indicate severity:         Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Severe         Right:       Normal       Incomplete paralysis       Complete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis		
Mild       Moderate       Moderately Severe       Severe, with marked muscular atrophy         11B. External popliteal (common peroneal) nerve       Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Evere         Right:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis	Left:	
11B. External popliteal (common peroneal) nerve         Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal         Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild         Mild       Moderate         Severe       Complete paralysis is checked, indicate severity:         Mild       Moderate         Severe       Complete paralysis is checked, indicate severity:         Mild       Moderate         Severe       Complete paralysis is checked, indicate severity:         Mild       Moderate         Severe       Severe         11C. Musculocutaneous (superficial peroneal) nerve         Note: Complete paralysis (eversion of foot weakened)         Right:       Normal         Incomplete paralysis       Complete paralysis         Incomplete paralysis is checked, indicate severity:		
Note: Complete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Complete paralysis       Complete paralysis         Right:       Normal       Incomplete paralysis       Complete paralysis       Incomplete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Complete paralysis       Complete paralysis		
Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Note: Complete paralysis is checked, indicate severity:         Right:       Normal       Incomplete paralysis       Complete paralysis         Right:       Incomplete paralysis is checked, indicate severity:       Mild       Moderate	11B. External p	opliteal (common peroneal) nerve
If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Severe         Left:       Normal         Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Severe         11C. Musculocutaneous (superficial peroneal) nerve         Note: Complete paralysis (eversion of foot weakened)         Right:       Normal         Incomplete paralysis       Complete paralysis	Note: Comp	plete paralysis (foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)
Mild Moderate Severe   Left: Normal Incomplete paralysis Complete paralysis   If Incomplete paralysis is checked, indicate severity: Mild Moderate   Mild Moderate Severe   11C. Musculocutaneous (superficial peroneal) nerve Note: Complete paralysis (eversion of foot weakened) Right:   Normal Incomplete paralysis Complete paralysis   If Incomplete paralysis is checked, indicate severity:	Right:	Normal Incomplete paralysis Complete paralysis
Left:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:       Mild       Moderate       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)       Note: Complete paralysis (eversion of foot weakened)         Right:       Normal       Incomplete paralysis       Complete paralysis		If Incomplete paralysis is checked, indicate severity:
If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Severe         11C. Musculocutaneous (superficial peroneal) nerve         Note: Complete paralysis (eversion of foot weakened)         Right:       Incomplete paralysis         If Incomplete paralysis is checked, indicate severity:		Mild Moderate Severe
If Incomplete paralysis is checked, indicate severity:         Mild       Moderate         Severe         11C. Musculocutaneous (superficial peroneal) nerve         Note: Complete paralysis (eversion of foot weakened)         Right:       Incomplete paralysis         If Incomplete paralysis is checked, indicate severity:	L off:	
Mild       Moderate       Severe         11C. Musculocutaneous (superficial peroneal) nerve       Note: Complete paralysis (eversion of foot weakened)         Right:       Normal       Incomplete paralysis         Complete paralysis is checked, indicate severity:       Complete paralysis	Leit.	
11C. Musculocutaneous (superficial peroneal) nerve         Note: Complete paralysis (eversion of foot weakened)         Right:       Incomplete paralysis         Complete paralysis is checked, indicate severity:		
Note: Complete paralysis (eversion of foot weakened)         Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:		
Right:       Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:		
If Incomplete paralysis is checked, indicate severity:	Note: Comp	vlete paralysis (eversion of foot weakened)
If Incomplete paralysis is checked, indicate severity:	Right:	Normal Incomplete paralysis Complete paralysis
Mild Moderate Severe		If Incomplete paralysis is checked, indicate severity:
		Mild Moderate Severe

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	SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves (Continued)
11C. Musculo	cutaneous (superficial peroneal) nerve (continued)
Left:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
	ibial (deep peroneal) nerve
	nplete paralysis (dorsiflexion of foot lost)
Right:	Normal     Incomplete paralysis     Complete paralysis     If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
Left:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe
11E Internal n	opliteal (tibial) nerve
	nplete paralysis (plantar flexion lost, frank adduction of foot impossible, flexion and separation of toes abolished; no muscle in sole can move; in lesions
of the ner	ve high in popliteal fossa, plantar flexion of foot is lost)
Right:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Severe
Left:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
11F. Posterior	uplai nerve aplete paralysis (paralysis of all muscles of sole of foot, frequently with painful paralysis of a causalgic nature; loss of toe flexion; adduction weakened;
	exion impaired)
Right:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
Left:	Normal         Incomplete paralysis         Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
	rural (femoral) nerve
	mplete paralysis (paralysis of quadriceps extensor muscles)
Right:	Normal Incomplete paralysis Complete paralysis
	Mild Moderate Severe
Left:	Normal Incomplete paralysis Complete paralysis
Leit.	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
11H. Internal s	aphenous nerve
Right:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
Left:	Normal Incomplete paralysis Complete paralysis
	If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
111. Obturator	
Right:	Normal       Incomplete paralysis       Complete paralysis         If Incomplete paralysis is checked, indicate severity:
	Mild Moderate Severe
Left:	Normal Incomplete paralysis Complete paralysis
Leit.	
	If Incomplete paralysis is checked, indicate severity:           Mild         Moderate         Severe
L	

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SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves (Continued)				
11J. External cutaneous nerve of the thigh				
Right: Normal Incomplete paralysis Complete paralysis				
If Incomplete paralysis is checked, indicate severity:				
Mild Moderate Severe				
Left: Normal Incomplete paralysis Complete paralysis				
If Incomplete paralysis is checked, indicate severity:				
11K. Illio-inguinal nerve				
Right:     Normal     Incomplete paralysis     Complete paralysis				
If Incomplete paralysis is checked, indicate severity:				
Mild Moderate Severe				
Left: Normal Incomplete paralysis Complete paralysis				
If Incomplete paralysis is checked, indicate severity:				
Mild Moderate Severe				
SECTION XII - ASSISTIVE DEVICES				
12A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHOD	)S			
MAY BE POSSIBLE?				
YES NO				
If yes, identify assistive device(s) used (check all that apply and indicate frequency):				
Wheelchair Frequency of use: Occasional Regular Constant				
Brace(s) Frequency of use:				
Crutch(es) Frequency of use: Coccasional Coccasional Constant				
Cane(s) Frequency of use: Cocasional Cocasional Constant				
Walker Frequency of use: Occasional Regular Constant				
Other:				
Frequency of use: Occasional Regular Constant				
12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:				
SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES				
13. Due to peripheral nerve conditions, is there functional impairment of an extremity such that no effective function remains other than that which would be according to a subject the second by an amputation with prostbasis? (Functions of the upper extremity include graphics, maximulation, etc., while functions for	blu			
be equally well served by an amputation with prosthesis? (Functions of the upper extremity include grasping, manipulation, etc., while functions for 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 extremity(ies) (check all extremities for which this applies):				
Right upper Left upper Right lower Left lower				
For each sheaked extremity describe less of effective function identify the condition couples of function, and provide exception examples (twisforement))				
For each checked extremity, describe loss of effective function, identify the condition causing loss of function, and provide specific examples (brief summary):				
SECTION XIV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS				
14A. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN				
SECTION I, DIAGNOSIS?				
If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than or equal to 39 square cm (6 square inches)?				
Yes No				
If "Yes, also complete VA Form 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire.				
14B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS?				
Yes No (If yes, describe (brief summary):				

PATIENT/VETERAN'S	SOCIAL	SECURITY	NO.

	SECTION XV - DIAGNOSTIC TI	ESTING			
	tromyography (EMG) studies are usually rarely re the medical record and reflect the veteran's curre				
15A. HAVE EMG STUDIES BEEN PERFORMED?         Yes       No         Extremities tested:       Right upper extremity         Left upper extremity       Result         Right lower extremity       Result         Left lower extremity       Result         If abnormal, describe:       If abnormal, describe:	ts: Normal Abnormal Date: ts: Normal Abnormal Date:				
Yes No					
SECTION XVI - FUNCTIONAL IMPACT         16. DOES THE VETERAN'S PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY IMPACT HIS OR HER ABILITY TO WORK?         Yes       No         If yes, describe impact of each of the veteran's peripheral nerve and/or peripheral neuropathy condition(s), providing one or more examples:					
	SECTION XVII - REMARKS				
17. REMARKS (If any)	17. REMARKS (If any)				
	ON XVIII - PHYSICIAN'S CERTIFICATION A				
18A. PHYSICIAN'S SIGNATURE	weledge, the information contained herein is 18B. PHYSICIAN'S PRINTED N	-	18C. DATE SIGNED		
18D. PHYSICIAN'S PHONE AND FAX NUMBER	I 18E. NATIONAL PROVIDER IDENTIFIER (NPI)	NUMBER 18F. PHYSICIAN'S ADD	RESS		
NOTE - VA may request additional medical info	rmation, including additional examinations, if nec	cessary to complete VA's review of t	he veteran's application.		
<b>IMPORTANT -</b> Physician please fax the c	·	gional Office FAX No.)			
<b>PRIVACY ACT NOTICE:</b> VA will not disclose Title 38, Code of Federal Regulations 1.576 for the collection of money owed to the United States benefits, verification of identity and status, and pe Vocational Rehabilitation and Employment Reco claim file. Providing your SSN will help ensure Refusal to provide your SSN by itself will not re disclosure of the SSN is required by a Federal S necessary to determine maximum benefits under verification through computer matching programs	bers can be found at <u>www.benefits.va.gov/disal</u> information collected on this form to any source of outine uses (i.e., civil or criminal law enforcement litigation in which the United States is a party or li- sonnel administration) as identified in the VA syst ds - VA, published in the Federal Register. Your of that your records are properly associated with yo sult in the denial of benefits. VA will not deny an atute of law in effect prior to January 1, 1975, an the law. The responses you submit are considere with other agencies.	other than what has been authorized of t, congressional communications, epi has an interest, the administration of ' em of records, 58VA21/22/28, Comp obligation to respond is voluntary. V, our claim file. Giving us your SSN a individual benefits for refusing to p d still in effect. The requested inform of confidential (38 U.S.C. 5701). Inf	under the Privacy Act of 1974 or idemiological or research studies, VA programs and delivery of VA pensation, Pension, Education and A uses your SSN to identify your account information is voluntary. provide his or her SSN unless the nation is considered relevant and formation submitted is subject to		
	erage of 45 minutes to review the instructions, find	I the information, and complete a form	m. VA cannot conduct or sponsor		

a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.