2021 Musculoskeletal DBQ Updates

Based on recent updates to the Veteran Affairs Schedule for Rating Disabilities (VASRD) and related legal rulings VA has overhauled the Musculoskeletal DBQs, to include:

- Amputations
- Ankle
- Arthritis
- Back (Thoracolumbar Spine)
- Bones and Other Skeletal Conditions
- Elbow & Forearm
- Fibromyalgia
- Foot Conditions Including Flatfoot (Pes Planus)
- Hand and Finger
- Hip and Thigh
- Knee and Lower Leg
- Muscle Injuries
- Neck (Cervical Spine)
- Osteomyelitis
- Shoulder and/or Arm
- Wrist

While updates were made to all of the above DBQs, the most significant updates were to the DBQs that involve ROM testing and documentation, highlighted above. For the purposes of this guidance, these DBQs are referred to as "Motion-in-Degrees" (MID) DBQs.

Claimed Side policy:

For all MID DBQs, other than the Back and Neck DBQs, VA now only wants the claimed* side(s) discussed and examined, with the only caveat being that testing should also be completed for the unclaimed side *if and only if* the unclaimed side is "undamaged."**

***Determining Claimed vs. Unclaimed**

A "claimed" side is any joint noted in physician instructions, whether previously service connected or a new claim for compensation.

- If an exam is for claimed/established bilateral conditions, then both sides are claimed and should be examined.
- If a DBQ is part of a head-to-toe (e.g. General Medical for Compensation) or systemic (e.g. nondegenerative arthritis) exam, then any issues raised at the time of exam constitute a claim and warrant examination, regardless of side.
- If an exam is for a unilateral joint condition **and** is not part of a head-to-toe/systemic exam, then only the requested joint is considered claimed and the contralateral joint would be considered unclaimed.
- If ever unsure regarding which side(s) is/are claimed, please contact Physician's Help or err on the side of caution by evaluating both extremities, unless doing so would cause the Veteran harm.

****Determining Damaged vs. Undamaged**

The Board of Veterans' Appeals (BVA) has interpreted "***undamaged***" to mean a joint that is completely without abnormalities.

- A Veteran's statement of pain or abnormalities found during the exam of the unclaimed joint would deem the ***unclaimed*** joint as ***damaged***.
- If the ***unclaimed*** joint is ***damaged***, no other physical exam questions (Active ROM, Passive ROM, evidence of pain, crepitus, localized tenderness) for the unclaimed joint should be answered.

How this new "claimed side" policy is reflected in the MID Musculoskeletal (non-spine) DBQs

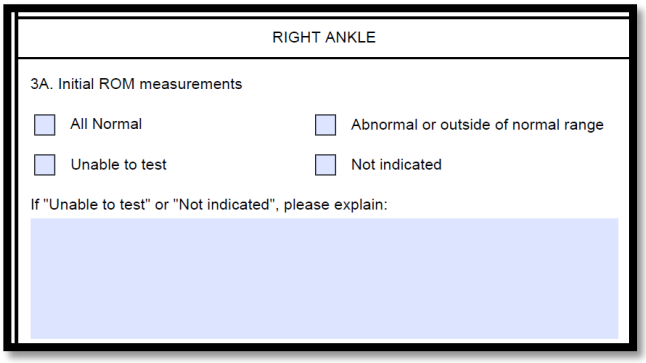
1) **Diagnosis Section:** VA only wants diagnoses related to the **claimed side(s)**. No diagnoses should be provided for the unclaimed side.

2) **Medical History Section:** VA only wants the medical history related to the **claimed side(s)**. No history should be provided for the unclaimed side.

3) **Physical Exam:** The claimed side should always be evaluated. VA only requires active and passive ROM of the unclaimed side if the joint is completely undamaged, i.e. without abnormalities or complaints.

   For each joint the physical exam begins with the usual "All normal/Abnormal or Outside Normal Range/Unable to Test/Not Indicated" (*figure A*) as well as a new question asking "Can testing be performed?" (*figure B*)

Figure A



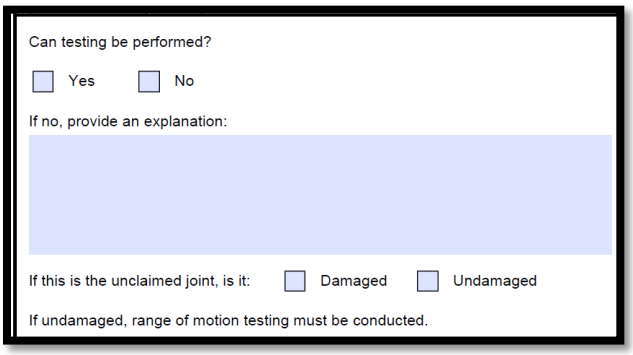


Figure B

- The usual active ROM question (*figure A*) and its follow-up questions should only be answered for the **claimed** side(s).
- The new question (*figure B*) should only be answered for the **unclaimed** side, if any.
    - If the unclaimed side is undamaged, the answer would be "Yes" and "undamaged," with only active and passive ROM results reported. No further information is needed on the unclaimed, undamaged side.
    - If the unclaimed side is damaged, the answer would be "No" with the explanation being that it's damaged (e.g. "Unclaimed damaged joint"). The answer to the follow-up question would also be "damaged." **No further information would be needed for the unclaimed side in section 3A-3E.**

4) **Remainder of DBQ:** Information is only needed for the **claimed side(s)**.
    - **a. Muscle Atrophy-** Information on atrophy is only needed for the claimed side, with the caveat being that a measurement of the non-atrophied side would be necessary for question 4C.
    - **b. Ankylosis**
    - **c. Joint-specific tests-** stability testing, shoulder-specific tests, etc.
    - **d. Surgical procedures-** Leave unclaimed side blank rather than marking "No surgery."
    - **e. Assistive Devices-** Only document assistive devices used for the claimed side(s).
    - **f. Diagnostic Testing-** All available diagnostic testing must be documented for the claimed side(s). No documentation is necessary for the unclaimed side.
    - g. **Functional Impact-** Only consider the impact of the claimed side(s). Be sure to provide specific examples in your response.

Information on other updates made across all MID DBQs

Below is guidance on any other significant updates that were made to **all** MID DBQs.

Diagnosis section:

- Diagnoses are only required for the claimed side(s).
- Certain diagnosis options removed, including: Hydrarthrosis, Synovitis, Periostitis.
- Headers for “Arthritic Conditions,” and “Inflammatory Conditions” removed.
- If the condition diagnosed is provided as a check box in the list of diagnoses, **the examiners must use the check boxes** rather than utilizing the "other" box.

Medical History section:

- History, to include description of any flare-ups, is only needed for the claimed side(s).
- Flare-ups require a description of their frequency, duration, characteristics, precipitating and alleviating factors, severity, and the extent of functional impairment.
- The subjective question regarding functional impairment has been amended to make it clear it includes impairment after repetitive use over time.
- Certain DBQs (Knee, Ankle) have new questions regarding instability and effusion.

Physical Exam (“Range of Motion and Functional Limitation”) section:

3A Initial ROM measurements:

- The question “Can testing be performed” has been added. This question should only be answered for the unclaimed side, if any.
- Active ROM measurements only require the endpoints reported.
- A question has been added for the (uncommon) scenario where a Veteran’s active ROM measurements extended beyond where they’re naturally limited due to pain, weakness, fatigability, incoordination or other factors.
- Passive ROM measurements only require the endpoints reported as well.
- A new question has been added to specifically ask whether the Veteran has:
    - Pain on weight-bearing or nonweight-bearing
    - Pain on active motion, passive motion, or on rest/non-movement
    - Pain causing functional loss or not causing functional loss

3B Observed Repetitive Use ROM:

- No significant changes, other than being only required for the claimed side(s).

3C Repeated Use Over Time:

- Responses are only required for the claimed side(s).
- If procured evidence suggests pain, fatigability, weakness, lack of endurance, incoordination, or other factors significantly limit functional ability, **as evidenced by additional loss of ROM with repetitive use over time**, then the factors should be described and a ROM estimate provided. No further information is needed in the “Please cite and discuss evidence” textbox if ROM was able to be provided.
- If a ROM estimate cannot be given but there is a significant additional effect with repetitive use over time then the provider must explain why a ROM estimate cannot be provided. This description would go in the “Please cite and discuss evidence” textbox and should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

- If additional ROM loss is not expected with repetitive use over time then the question should be answered "No," the factors marked "N/A," and the rest of the section left blank.

3D Flare-Ups:

- The same guidance applies as with 3C. If a significant limit to functional ability (defined as an additional loss of ROM) is anticipated with flare-ups then a ROM estimate is needed. If an estimate cannot be provided but a significant effect is anticipated, then the provider must discuss all procurable evidence and explain why a ROM estimate cannot be provided.

3E Additional Factors Contributing to Disability:

- The only significant change in this section relates to muscle strength. If there is decreased strength noted on exam that causes muscle atrophy, the option for "weakened movement" should be selected and a description (including the strength grade out of 5) should be provided.

Muscle Atrophy section:

- Muscle strength grading was removed from most of the MID DBQs.
- Responses are only required for the claimed side(s), however measurements of both sides would be warranted if atrophy is noted on exam.

Ankylosis section:

- Responses only needed for the claimed side(s).
- If ankylosis is present the angle of ankylosis (in degrees) will need to be provided.

Surgical Procedures section:

- Responses only needed for the claimed side(s).
- The option for "No Surgery" have been added, as a pertinent negative.
- Description of the residuals of any surgery is now required.

Scars section:

- Responses only needed for the claimed side(s).
- Any/all scars or other disfigurement of the skin will now trigger the appropriate dermatological DBQ, regardless of size.

Assistive Devices section:

- Responses only needed for the claimed side(s).
- Only assistive devices used for the claimed side need to be described.

Diagnostic Testing section:

- Responses only needed for the claimed side(s).
- This section is now broken into two parts: The first set of questions ask about diagnostics done **in conjunction** with the current examination. The second set of questions refer to any other relevant diagnostics from the available records.
- It is imperative you document all current and previous imaging results in this section and discuss their relationship to the currently provided diagnoses.

Remarks section:

- All Remarks should identify the section to which the remark pertains when appropriate.

Information on updates made in specific musculoskeletal DBQs

Amputations DBQ

- Additional options added for describing amputation location, including a new option for **fingertip** amputations.

Ankle DBQ

- Instability testing (anterior drawer and talar tilt testing) are now required regardless of whether instability is suspected or not, unless medically contraindicated.
- New options regarding responsiveness to treatment have been added for shin splints.

Arthritis (Nondegenerative) DBQ

- The distinction between types of joint involvement (i.e. pain vs. limited movement vs. deformity) is no longer present and any joint involvement necessitates the addition of the appropriate DBQ.

Back (Thoracolumbar Spine) DBQ

- Diagnosis options added, including DDD and "Traumatic paralysis."
- The Radiculopathy section now requires an explanation of the most likely cause for all neurological findings on exam (i.e. whether they're due to radiculopathy or other non-spine related causes).

Bones and Other Skeletal Conditions DBQ

- This replaces the Bones AMIE worksheet and covers conditions such as costochondritis, skull fractures, rib conditions, bone cancers, etc.

Elbow and Forearm DBQ

- No significant changes beyond the MID changes discussed above.

Fibromyalgia DBQ

- Assistive Devices section has been added to the DBQ.

Foot Conditions DBQ

- Some of the MID DBQ additions were added to the Foot DBQ as well, though ROM measurements are not required.
- A new section has been added for addressing plantar fasciitis.

Hand and Finger Conditions DBQ

- No significant changes beyond the MID changes discussed above.

Hip and Thigh Conditions DBQ

- No significant changes beyond the MID changes discussed above.

Knee and Lower Leg Conditions DBQ

- The DBQ no longer asks about the results of instability testing. Instead, only a discussion of the history of instability is requested, along with a question specifically regarding whether assistive devices have been prescribed secondary to knee instability.
- New options regarding responsiveness to treatment have been added for shin splints.

Muscle Injuries DBQ

- No significant changes beyond any relevant MID changes discussed above.

Neck (Cervical Spine) DBQ

- Diagnosis options added, including DDD and "Traumatic paralysis."
- The Radiculopathy section now requires an explanation of the most likely cause for all neurological findings on exam (i.e. whether they're due to radiculopathy or other non-spine related causes).

Osteomyelitis DBQ

- No significant changes beyond any relevant MID changes discussed above.

Shoulder and Arm Conditions DBQ

- All maneuvers/tests listed on the DBQ are now required unless unable to be performed.

Wrist Conditions DBQ

- No significant changes beyond the MID changes discussed above.