Australian Government
Department of Veterans' Affairs

Foot and Toe Condition(s)
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please select the most accurate description of loss of **active Range of Movement (RoM) of the hallux**. Rate the worst of the interphalangeal (IP) or metatarsophalangeal (MTP) joints

Description	Right	Left
Incomplete loss of movement.	☐	☐
Ankylosis in **favourable position** of any joint.	☐	☐
Ankylosis in an **unfavourable position** of any joint OR a **flail joint**.	☐	☐

2. Please select the **most severe restriction of RoM** of **any other toe(s)**.

Description	Right	Left
Incomplete loss of movement.	☐	☐
Ankylosis.	☐	☐

3. Please select the most accurate description of any **resting joint pain** (pain which is present in the absence of use of the joint, or which persists beyond the expected recovery period). Do not include pain that is not related to a joint.

Description	Right	Left
None or **not usually present** at rest.	☐	☐
Mild pain that is **often present** at rest.	☐	☐
Pain that is **often present** at rest but **improves** after several hours or responds to medication or to therapeutic measures.	☐	☐
Severe pain that is **often present** at rest but **does not respond adequately** to medication or to therapeutic measures.	☐	☐
Severe pain that is **always present** at rest but **does not respond adequately** to medication or therapeutic measures AND **regularly interferes with sleep**.	☐	☐

4. Does the veteran have **symptoms** of any of the following conditions? Please select **all** that apply.

Description	No Symptoms	Right	Left
Pes planus.	☐	☐	☐
Hammer toes.	☐	☐	☐
Claw toes.	☐	☐	☐
Hallux valgus.	☐	☐	☐
Calcaneal spurs.	☐	☐	☐

5. Please list **all conditions** contributing to the reported impairment to the **loss of ROM at Q1 and Q2** and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Hallux rigidus right side	75%
Total	**100%**

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

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