Australian Government
Department of Veterans' Affairs

Wrist Condition(s)
Medical Impairment Assessment

Veteran	UIN

Insert condition(s):
For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment **as though only that single condition is present**, and that the veteran is otherwise healthy and normal. If it is not possible to separate the impairment in this way, please select a description of the total impairment rating under "combined conditions."

For the purposes of this form, "difficulty" refers to an activity being hard to perform, because of an actual, observable limitation or impediment. Difficulty may be evident through the use of splints, aids, rails, or personal assistance, or through the exertion of additional effort to complete the task. Voluntary avoidance of physical activity to minimise pain cannot be considered. Where possible, your assessment should be based on your observation and examination of the veteran, as well as their history and any relevant investigations.

1. Please select the most accurate description of any difficulty with **digital dexterity**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:		**Combined Conditions** (if unable to isolate)
No difficulty.	☐	☐	☐	☐	☐	**OR**	☐
Some difficulty**.**	☐	☐	☐	☐	☐		☐
Complete loss of digital dexterity.	☐	☐	☐	☐	☐		☐

2. Please select the most accurate description of any difficulty with **grasping and holding**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:		**Combined Conditions** (if unable to isolate)
No difficulty.	☐	☐	☐	☐	☐	**OR**	☐
Some difficulty**.**	☐	☐	☐	☐	☐		☐
Completely **unable** to grasp or hold.	☐	☐	☐	☐	☐		☐

3. Please select the most accurate description of any difficulty with **using the affected limb(s) for self-care**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:		**Combined Conditions** (if unable to isolate)
No difficulty.	☐	☐	☐	☐	☐	**OR**	☐
Some difficulty.	☐	☐	☐	☐	☐		☐
Completely **unable** to use the affected limb(s) for self-care.	☐	☐	☐	☐	☐		☐

4. Please describe the **impact on self-care**, if any. Include specific activities affected (e.g. feeding, toileting) and which condition is causative.

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5. Please list the location and level of any **amputations** of the upper limb(s).

Location (body part and side)	**Level** (please be as specific as possible)	**Indication**

6. Please select the most accurate description of impairment to **active range of movement (ROM) of the wrist**, due to each condition *in isolation*. Consider motion in all planes of movement.

Description	Condition:	Condition:	Condition:	Condition:	Condition:		**Combined Conditions** (if unable to isolate)
No loss or x-ray changes only.	☐	☐	☐	☐	☐		☐
Minor loss.	☐	☐	☐	☐	☐	**OR**	☐
Loss of **less than half** normal range.	☐	☐	☐	☐	☐		☐
Loss of **half** normal range.	☐	☐	☐	☐	☐		☐
Loss of **more than half** normal range.	☐	☐	☐	☐	☐		☐
Complete loss (ankylosis).	☐	☐	☐	☐	☐		☐

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