

LISTING §1.02A – MAJOR DYSFUNCTION OF A WEIGHT BEARING JOINT

From: _____

Re: _____

SSN: _____

Please comment on whether your patient has the following impairment:

1.02 Major dysfunction of a joint(s) (due to any cause): Characterized by gross anatomical deformity (e.g., subluxation, contracture, bony or fibrous ankylosis, instability) and chronic joint pain and stiffness with signs of limitation of motion or other abnormal motion of the affected joint(s), and findings on appropriate medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint(s). With:
A. Involvement of one major peripheral weight-bearing joint (i.e., hip, knee or ankle), resulting in inability to ambulate effectively, as defined in 1.00B2b;

1. Does your patient have major dysfunction of a weight bearing joint characterized by gross anatomical deformity (e.g., subluxation, contracture, bony or fibrous ankylosis, instability)? Yes No

If yes, please identify affected joint(s): _____

and please identify the dysfunction: _____

2. Is dysfunction confirmed by findings or appropriate medically acceptable imaging? Yes No

If yes, please attach findings or describe type of imaging and date performed:

3. Does your patient have evidence of chronic joint pain and stiffness in the affected joint(s)? Yes No

4. Does your patient have any limitation of motion of the affected joint(s)? Yes No

If yes, indicate ranges of motion that are limited: _____

5. Concerning your patient's ability to "ambulate effectively," is your patient able to do the following on a *sustained* basis *without companion assistance*?

A. walk a block at a reasonable pace on rough or uneven surfaces? Yes No

B. use standard public transportation including climbing into/out of a bus and tolerate the typical jostling on a bus? Yes No

C. carry out routine ambulatory activities including grocery and clothes shopping and banking? Yes No

D. climb several stairs at a reasonable pace with use of only a single hand rail? Yes No

6. Does your patient need an assistive device to ambulate? Yes No

If yes, what type of assistive device: _____

7. If the clinical findings do not match *all* of the findings required above, are your patient's combines impairments medically *equivalent* to the severity of conditions in the above listed impairment? Yes No

If yes, please explain in detail how your patient's impairments are equivalent to the impairment listed above, with reference to *specific supporting clinical findings*.

Date: _____

Signed: _____

7-32-1

Print Name: _____

8/09

Address: _____

§231.1.1
