# Conditions affecting upper limb function

This questionnaire is for a person with a condition which results in functional impairment related to upper limb function. It relates to Table 2 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023.*

**Treating Doctor (practice and specialisation)**

Name: _____

Practice: _____

Specialisation: _____

**Signature:** _____ **Date:** _____

**Name of patient:** _____

## Condition 1

**Diagnosis**

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| |

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

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*Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.*

## Past and current treatment

Provide information about all past and current treatment for this condition (e.g. surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

| **Treatment** | **Date commenced** | **Dosage/frequency/ end date of treatment** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

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## Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

| Name | Specialisation | Date of consultation |
|---|---|---|
| | | |
| | | |
| | | |

## Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

*Planned treatment 1:*

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

*Planned treatment 2:*

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

## Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

## History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

## Impact on ability to function

The following questions are about how the condition and its treatment currently impact on the person's ability to function.

Examples include arthritis affecting upper limb joints, paralysis or loss of strength in upper limbs as a result of stroke or brain injury, cerebral palsy, amputation, chronic pain, lymphoedema or inflammation or injury of the muscles or tendons of the upper limbs or peripheral neuropathy.

Functional impairment with respect to activities requiring the use of hands or arms are relevant. Restrictions on overhead tasks are relevant if they result from a shoulder condition, but not if they result from a spinal condition (which has its own separate impairment table).

Please include whether the person's dominant upper limb has been impacted as consideration must be given to their ability to adapt and use their non dominant upper limb.

### Picking up heavier objects

Describe any impact on the person's ability to pick up heavier objects (e.g. a 1 or 2 litre carton of liquid or a full shopping bag), including degree of difficulty.

Handling objects in day to day activities

Describe any impact on the person's ability to handle small or everyday objects (e.g. pens and cutlery), including degree of difficulty.

Comment on the person's ability to pick up very small objects (e.g. coins or paperclips)

Comment on the person's ability to do up buttons, tie up shoelaces or use a zipper

Comment on the person's ability to use a standard computer keyboard or computer mouse or telephone and smart phone functions

Comment on the person's ability to reach above head height or reach out to pick up objects

Comment on the person's ability to twist, grip, pinch, pull, turn, unscrew or turn pages in a book.

**Future impact on ability to function**

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate
- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Give details: