LONG (MIDDLE) FINGER / A FINGER-MOTION GUIDE

Help your clinician see what your hand can’t do.

Get ready for a useful conversation about a stiff or fixed long (middle) finger: the landmarks the rule uses, the two motion measurements, what a fixed joint means and what to ask. Use this guide with the care team you already have.

Start with what you know

A finger can stay stiff after a fracture or another injury, and arthritis or a surgical fusion can limit or stop a joint’s motion. Stiffness on its own doesn’t tell you the cause. Bring the diagnosis, imaging and treatment records you have, and ask your clinician what they mean for you.

What this guide helps you do

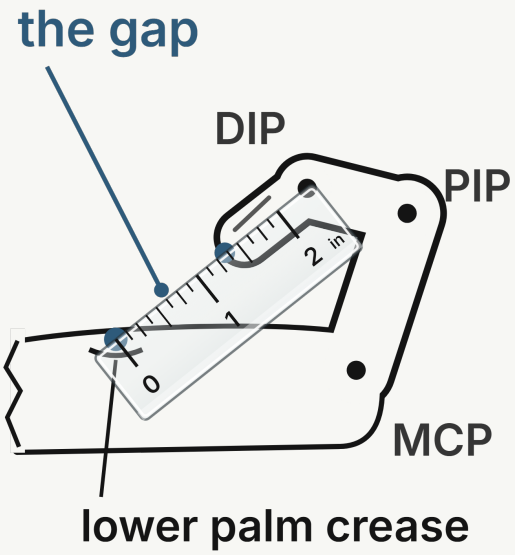
Name the joints and the palm crease the rule refers to. Understand the gap and straightening measurements and the separate fixed-joint entry. Prepare questions for your clinician. Log daily tasks and flare-ups in your own words.

What it can’t do

It can’t measure your finger or predict your rating. The examiner takes the measurements, and VA decides the outcome. “Long finger” is the regulation’s term for the middle finger.

01 / THE LANDMARKS

Three joints. One crease.



The joints

MCP is the knuckle where the finger meets the hand. PIP is the middle joint of the finger. DIP is the joint nearest the fingertip. The diagram is a side view with the palm facing up.

The lower palm crease

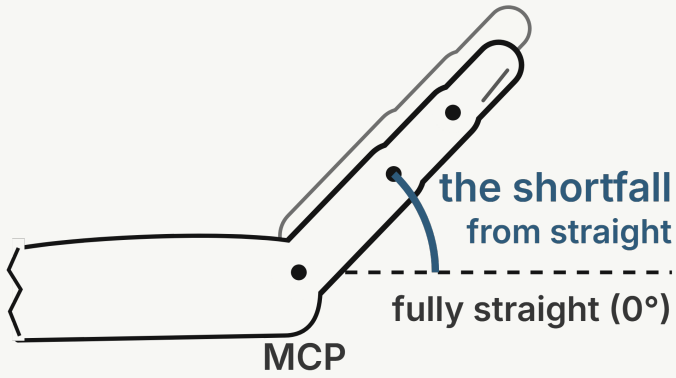
The rule measures from the fingertip to the proximal transverse crease of the palm. On most hands, that’s the lower of the two creases that run across the palm. If you’re unsure which one it is, ask your clinician to point to it.

The gap

The gap is the distance from the fingertip to that crease with the finger bent as far as it goes. The ruler on the diagram only illustrates the idea; the examiner does the measuring.

02 / THE MOTION RULE (DC 5229)

How far it bends. How far it straightens.



Straightening

Zero degrees means the finger is fully straight, in line with the hand. The rule asks whether straightening (extension) is limited by more than 30 degrees. The gray outline in the diagram is a neighboring finger.

0%: both have to be true

“With a gap of less than one inch (2.5 cm.) between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible, and; extension is limited by no more than 30 degrees.” 0% is still a recognized rating.

10%: either one is enough

“With a gap of one inch (2.5 cm.) or more between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible, or; with extension limited by more than 30 degrees.”

Not a home test

You don’t need to measure your own finger. Your job is to describe what happens: what you can’t grip, hold, button or carry, and when it’s worse.

03 / FIXED JOINTS AND THE CEILING (DC 5226)

Stiff isn’t the same as fixed.

A fixed joint has its own entry

Ankylosis means a joint is fixed and no longer moves. For the long finger, VA lists one level: 10%, whether the position is called favorable or unfavorable, for either hand.

How the position is described

If both the MCP and PIP joints are fixed, the position is unfavorable. If only one of those joints is fixed, a fingertip gap of more than two inches (5.1 cm) to the lower palm crease is unfavorable, and two inches or less is favorable. Joint position matters as well, so the two-inch line isn’t the only factor. Either way, the long finger is rated 10%.

When it’s evaluated as an amputation

If both joints are fixed with either one fully straight or fully bent, or a bone is rotated or angled, the finger is evaluated as an amputation. Without loss of the hand bone, that’s still 10%.

Why it stops at 10%

For this finger alone, 20% applies only to an amputation that removes more than half of the hand bone (metacarpal) behind it.

Other fingers and your whole hand

VA’s note says to consider whether an additional evaluation is warranted for limited motion of other fingers or for interference with overall hand function. If your grip or neighboring fingers are affected, say so plainly.

04 / WHAT THE EXAM RECORDS

Your experience. Your clinician's findings.

Both belong in the conversation. They're different kinds of information.

What the hand exam form has room for

VA's Hand and Finger Conditions questionnaire has places to record active and passive motion of the MCP, PIP and DIP joints, the fingertip-to-crease gap in centimeters, estimates of change after repeated use and during flare-ups, the position of any fixed joint (including rotation or angulation), and the functional impact in your own words. A question on the form isn't a rating requirement.

Describe the impact, not a number

Say what the finger stops you from doing, how often it happens and what you do instead. Illustrative example, only if it's true for you: "I can't close my hand around a coffee mug handle, so I carry it with my other hand."

Flare-ups and repeated use

If the finger gets stiffer after repeated use or during flare-ups, say how often that happens, how long it lasts and what changes. Label estimates as estimates.

05 / QUESTIONS FOR YOUR CLINICIAN

Ask before you leave.

1. Is any joint in this finger fixed?

If it is, which joint is it, and in what position?

2. Can the gap and the straightening be measured?

Can you record the fingertip-to-crease gap and how far the finger straightens?

3. Are my other fingers or my grip affected?

Can that be recorded as well?

4. What’s causing the stiffness?

What’s the next step in my care?

5. Does my record match what I’ve described?

If something is factually wrong, ask how to correct it.

Sources

38 CFR §4.71a: DC 5226, DC 5229 and the notes on evaluating finger ankylosis (eCFR)

VA Hand and Finger Conditions Disability Benefits Questionnaire

AAOS OrthoInfo: Finger fractures

AAOS OrthoInfo: Arthritis of the hand

06 / DAILY-TASK AND FLARE-UP LOG

In your own words.

Print this page and fill it in over a week or two. Write what happens; don’t measure your finger for the exam.

A task the finger makes harder

What were you doing, and what couldn’t you do?

What you do instead

Other hand, a tool, help from someone, or skipping the task.

How often it happens

Daily, weekly, or only during flare-ups? Label estimates as estimates.

Flare-ups

How often, how long, and what changes during one?

Other fingers and grip

Anything else in your hand that’s affected?

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.