Historical Context:

This document is a supplemental page (marked "HAND CONT'D") of a medical questionnaire or disability claim form, likely issued by the U.S. military or the Veterans Administration shortly after World War II. Its purpose was to evaluate the physical condition and functional limitations of a veteran who had undergone surgery for a hand injury while in service. The mention of Fort Sheridan is significant, as it served as a major recruit and separation center during the mid-20th century. The document captures the transition of a soldier back into the civilian workforce, highlighting how service-connected injuries impacted their ability to perform manual labor like general maintenance.

Details Mentioned:

Principal Individual

- **Name:** Not stated (the fields for Full Name and Address are blank).
- **Role in Document:** Subject of a medical/disability assessment following military service.
- **Event:** Discharge from military service.
- **Discharge Date:** 30 November 1945.
- **Discharge Location:** Fort Sheridan (Illinois, USA).
- **Occupation:** General Maintenance.
- **Medical Details:** The individual underwent a hand operation during service. Post-discharge, they report that the third and fifth fingers cannot close properly. They experience continual pain, pressure, and extreme sensitivity to cold weather and water. Tenderness is noted along a "ridge" where tissue feels adhered to the bone. Functional capacity for gripping and lifting is estimated at only 30% for heavy work.

Key Findings:

This document is a post-WWII medical assessment for a veteran discharged from Fort Sheridan on November 30, 1945. It details the lasting physical impairments from a hand operation, including a 70% loss of grip and lifting strength, chronic pain exacerbated by cold, and limited finger mobility. Despite these challenges, the veteran was employed in general maintenance but noted significant difficulty with certain tasks.

Full Text Transcription:

HAND CONT'D

11. Since my operation, have you had any subsequent treatment for this hand ? No Give details as to what necessitated treatment, date, place, hospital, surgeon, length of stay in hospital, x-rays (dates and findings) etc.
12. Full or limited duty at time of discharge ? full Due to hand ?
13. Percentage, if any, of disability given. haven't been examined for disability Due to hand ?
14. Give date and place of discharge. FT Sheridan 30 Nov 1945.
15. What type of work are you doing now ? How does hand "take" it ? General Maintenance on some things I don't even bother to try
16. How is grip compared with other hand ? About 30% on heavy work
17. Can you lift with this hand ? Yes How effectively ? About 30%
18. Could you engage effectively in a fist fight ? No
19. Any limitation of motion ? Yes Give details. How much compared with other hand ? The third and fifth finger can't be closed properly.
20. Any pain or swelling ? Yes How much, when, and where ? There's continual pain and feeling of pressure. Cold weather and water makes it extremely miserable
21. Any tenderness when you press on hand ? Yes When and at what point ? Along the ridge and the end seems to be stuck to the bone
22. Any additional pertinant information regardin your hand will be greatly appreciated.

FULL NAME ADDRESS (permanent)