



VES GENERAL MEDICAL PROVIDER GUIDE

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WELCOME TO VES!

Hello, and welcome to VES!

We hope you find this guide to be a helpful introduction to both VES and C & P exams. We recommend reviewing this information prior to your first exams and using it as a reference guide for your future exams.

Inside you will find information on a range of topics, from scheduling, and guidelines, to completing and submitting your reports. We have also included guidance for specific exams to help ensure your evaluations are a success!

For more information, please contact us at vesphysicianshelp@vesservices.com

VES'S ROLE IN THE VA CLAIMS PROCESS

- VES evaluations are part of the evidence gathering phase of the VA's process.
- We have nothing to do with how soon or how much Veterans are rated for their benefits. It's common for Veterans to assume that VES is an extension of the VA, so you'll likely receive questions from them such as, "Do I qualify for benefits based on my exam? How much do you think my claim is worth? How soon do you think I'll receive my benefits?" Please don't attempt to speculate on these questions and instead refer the Veteran to VBA's toll-free benefits hotline: **1-800-827-1000**.
- The reports you will be submitting are called Disability Benefits Questionnaires, (or DBQs), and these are the worksheets that the VA has created to capture all of their rating criteria. They are streamlined and include specific questions that are intended to collect all the information which the VA considers necessary for evaluation of each condition.
- When you submit your report to VES, it is then reviewed by one of our Quality Analysts (QAs) prior to being submitted to the VA on your behalf. QAs are trained in the VA's rating criteria and help ensure your report will not be returned by the VA for clarification or correction. Once your report has been reviewed and any questions from the QA have been resolved, your report will be sent to the VA.
- Once we submit your report to the VA, that's as far as we go for that particular case; we will never know the ultimate ratings decision for that Veteran.

SCHEDULING AND RESCHEDULING

- When we receive the exam request from the VA, one of our schedulers will contact you to schedule the exam. You can schedule on a case by case basis, or if there is a high volume of cases in your area you can give us “blocked out times” (For example: “I’m available on M/W/F from 8am-2pm”) and we will schedule accordingly.
- You also have the option of scheduling exams on the weekends if that is something you are interested in doing.
- Once the exam is scheduled, we will call the Veteran to inform them of who we are and why we are involved with their claim. We will also verify their contact information and ask them various screening questions.
- We will send the Veteran an appointment packet with the date, time, and address of their appointment, as well as a map with turn-by-turn directions from their house to your office.
- We also make reminder calls and get verbal confirmation the Veteran plans to attend their exam, and once we do that we will send you a confirmation email as well.
- We handle all scheduling and rescheduling requests, so if you need to reschedule, or the Veteran needs to reschedule, please contact us at vesphysicianshelp@vesservices.com.
- You will not be able to contact the Veteran regarding scheduling issues.
- **All scheduling issues must go through VES.**

TIMELINESS GOALS

- Please submit your report within 48 hours (*2 business days*) following the examination. This does not include weekends or holidays.
 - *For example: If you see a Veteran on a Monday morning, you would have until Wednesday morning to submit your report. If you see a Veteran on a Friday morning, you would have until the following Tuesday morning to submit your report.*
- If you are awaiting diagnostic results, please complete your report as much as possible and submit. Once the results are available, the QA will contact you and unlock the report so that it can be updated. Your report will not be sent to the VA without your final approval.
- Please review diagnostic results (*if applicable*) within 48 hours (*2 business days*) from the time they are made available.
- Please respond to any Quality Analyst addendum requests within 48 hours (*2 business days*).
- If you will not be able to submit your report within the 48 hour time period, please contact us at vesphysicianshelp@vesservices.com so we may notify the appropriate departments. We ask that you let us know sooner rather than later if you are having any trouble completing the report, answering any questions, or rendering a diagnosis so we can assist you if needed.

TREATMENT VS. EVALUATION

- We do not provide treatment or future treatment options for Veterans, and we do make the Veterans aware of this prior to their examination.
- No prescriptions or assistive devices should be administered or marketing efforts made to solicit sales of any kind.
- You are performing an evaluation only, used to help gather evidence in support of the Veteran's disability claim, and your examination will produce a report which the VA will use in conjunction with other information to make a ratings decision.
- The typical audience for a disability exam report is primarily the VA's Rating Specialists; however, the audience could also include attorneys and judges in a court of law, or other compensation and pension examiners.

CLINICAL GUIDELINES

- Begin by discussing the focus of your evaluation with the Veteran – and inform him or her of the claims that you will be evaluating.
- Sit at the same level as the Veteran, preferably without a desk in between you.
- Make good eye contact.
- Be transparent and explain your reasoning for the questions you need to ask as necessary.
- Ask permission before making physical contact, and let the Veteran know you will stop if he or she asks.
- Keep a running commentary of exactly what you are doing and what you are about to do.
- Respect the Veteran’s subjective experience, even if records do not necessarily support his or her version of events.
- Please don’t speculate on a Veteran’s intentions (e.g. symptom magnification, malingering), either to colleagues or to the Veteran themselves. If you feel like the Veteran may be exaggerating symptoms or may not be giving their full effort during any testing, this can be reported on the DBQ.
- Maintain and assure privacy protection under federal and state law, including, but not limited to the Privacy Act.
- Please keep any Protected Health Information (PHI) in a secure, locked location when not in use, and follow all HIPAA guidelines.

SENSITIVITY TOWARD VETERANS

- Please treat all Veterans with respect and thank them for their service.
- Practice courtesy and professionalism at all times.
- Please be sensitive to our Veterans' unique circumstances.
- Stay as apolitical as possible.
- Refrain from discussing the VA, benefits, politics, religion, etc. with the Veteran and in your report. If the Veteran has complaints about the VA, and they are pertinent to the report, they are acceptable as long as they are quoted from the Veteran. Please include these in the **Remarks** section of the DBQ.
- Please do not turn away a Veteran or service member that you suspect may be homeless. If during your evaluation the Veteran makes mention of being homeless, please document this in the **Remarks** section of your report. Additionally, please offer the Veteran the VA's hotline for homeless Veterans: **1-877-4AID VET (877-424-3838)**.
- If a Veteran arrives at an evaluation under the influence of alcohol or drugs, please advise him or her you will be unable to complete the evaluation and to contact VES with any questions or concerns. Attempting to complete the evaluation could potentially result in injury to the Veteran (*such as falling off the exam table or tripping during range of motion testing*).
- If possible, make an effort to address safe transportation if the Veteran arrived driving his or her own vehicle. The crisis line (**1-800-273-TALK**) may be able to assist with such needs in severe cases, or the examiner may simply offer the Veteran a place to sit and suggest that he or she call a friend for a ride.

CRITICALLY ABNORMAL FINDING POLICY AND PROCEDURE

Please follow these instructions when Veterans have critically abnormal exam or diagnostic findings:

- Call VES at **1-800-994-2054** to inform our staff of the Veteran's critical findings and to request the Veteran's contact information.
- Contact the Veteran by phone immediately and relay all pertinent details regarding the critical findings. Provide any appropriate instructions the Veteran should follow until he or she is able to seek medical attention. Do not speculate on whether the findings will result in a change of benefits for the Veteran.
- If you do not feel comfortable relaying/discussing the Veteran's critical finding with him or her, please advise VES staff that we should have our Medical Director, Dr. Middeldorf, contact the Veteran.
- If the Veteran has questions on what the critical finding means for his or her claim, advise the Veteran that the critical results will be forwarded to the Regional Office and offer VBA's toll free number: **1-800-827-1000**.
- You may also advise the Veteran that he or she will receive an overnighted letter with the diagnostic results, and ask if the Veteran would like us to fax the results to his or her PCP (*if so, please promptly provide VES with the fax number or name so that this can be done*).
- Document that the above steps have been taken in the **Remarks** section of your report.

PROTECTING VULNERABLE VETERANS

Per our contract with VA, VES must ensure our providers are aware of state or local policies related to mandatory reporting responsibilities. Many states and localities employ mandatory duty to protect/duty to warn policies, which require by law, that certain health care providers report to local authorities any individual who is deemed to be a significant danger to themselves or others or suffering a crisis. VA states “The experienced clinician must make any assessment of risk or reporting, in good faith and erring on the side of caution and safety for the Veteran or Service Member.”

1. For situations of Domestic or Intimate Partner Violence (IPV) please contact the National Domestic Violence hotline: **1-800-799-7233**. For Child Abuse please contact Child Protective Services.
2. For Vulnerable Adult Abuse please contact Adult Protective Services.
3. For any Veteran or Service Member experiencing any type of personal crisis he/she should be provided with VA Crisis Line information:
 - Availability to chat online at www.VeteransCrisisLine.net
 - Toll-free phone number **1-800-273-8255**, or send a text message to **838255** to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.
 - VA also provides support for Service Members through the Military Crisis Line. Service Members and their families and friends can call and text the Veterans Crisis Line numbers and can chat online at www.MilitaryCrisisLine.net/Chat.

The provider must notify VES immediately of the above situations using one of these options:

1. Our **Physician Help** Hotline: **1-800-994-2054** (*monitored around the clock, including nights and weekends*).
2. Our Provider Portal **Critical Finding** link (*monitored around the clock, including nights and weekends*).
3. Our Provider Portal **Physician Help** link and e-mail address:
vesphysicianshelp@vesservices.com.
4. The Mental Health, Initial PTSD, or Review PTSD DBQs.
 - These forms include a notification button to immediately notify VES when a Veteran/Service Member is considered an imminent suicide risk.
 - The notification message goes to our Provider Liaison and Clinic teams.
 - The appropriate team member can then notify our MyVES team.

- For more information specifically on suicidal and homicidal ideation protocol, please see the next section.

If a Veteran or Service Member is not in any particular crisis, but could use further VA assistance in accessing mental health resources, you may also provide them with information on the VA's inTransition program: **1-800-424-7877** inside the United States and **1-800-424-4685** (DSN) outside the United States, toll-free. This program is primarily for active Service Members; however, it is also available for any Veteran, of any period, who needs a new mental health provider, or needs a provider for the first time.

Lastly, if an emergency arises, please always follow your state-specific laws and protocols.

SUICIDAL/HOMICIDAL IDEATION PROTOCOL

- You may at times examine a Veteran who expresses suicidal or homicidal ideation. If a Veteran expresses suicidal or homicidal ideation or obvious mental distress during an examination, please inform the Veteran that such feelings are taken very seriously by the agency, and ask the Veteran to confirm or deny ideation.
- If the Veteran confirms ideation, ask the Veteran if he or she would be willing to speak with a professional regarding their mental health symptoms. If the Veteran agrees, you – the examination provider – will need to contact the Veteran Crisis Line at **1-800-273-8255**. Please introduce the Veteran to the Crisis Counselor, and allow the Crisis Counselor to speak with the Veteran.
 - Alternately, the Veteran may contact the VA Crisis Line via online chat at www.VeteransCrisisLine.net, or send a text message to **838255** to receive free, confidential support, 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care. Please provide all of this information to the Veteran, and make every effort to put the Veteran in touch with the Crisis Line as soon as possible.
- In cases of current suicidal and/or homicidal ideation in which the threat of harm is **IMMINENT**, please do the following:
 - Follow state law protocol.
 - Alert local authorities immediately.
 - Contact VES immediately after so that we may alert the VA of the issue.
 - In the **Additional Comments** or **Remarks** section of the DBQ, please note that all appropriate actions were taken.
- If the Veteran mentions suicidal or homicidal ideation that was in the past, please try to determine whether or not the Veteran is an imminent threat. If it is determined that the Veteran is not in danger of harming anyone, please state this clearly in the report.
- Please see Page 19 of this guide for further information.

DETERMINING LEVEL OF RISK FOR SUICIDE AND APPROPRIATE ACTION IN VBA C&P EXAMS

SUICIDE RISK: The credentialed health care provider shall follow the “LEVELS OF RISK FOR SUICIDE AND APPROPRIATE ACTIONS CHART” on page 19 of this guide to identify the Risk Level (High Acute Risk, Intermediate Acute Risk, Low Acute Risk, or Not at Elevated Acute Risk) based on the Essential Features and clinician’s assessment of the individual. No examination or report should ever indicate a Veteran or Service Member is of “High Acute Risk,” without documentation of appropriate contact and a warm hand-off to local authorities/emergency services.

HIGH ACUTE RISK for SUICIDE If the individual is at the High Acute Risk level for Suicide, to ensure safety, it is important to maintain direct observation of the individual, limit access to lethal means, and to **call 911** to get immediate transfer with escort to Urgent/Emergency Care setting for Hospitalization. Provide the individual with the Veterans Crisis Line (VCL) information for their personal use. Inform the individual that levels of High Acute Risk will be reported to the VCL for potential VA follow-up, given that the C&P exam is not treatment. Following a warm hand-off to the authorities, the provider must report the incident to the Veterans Crisis Line (VCL), **1-800-273-8255** within 24 hours. Documentation of this Risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

INTERMEDIATE ACUTE RISK for SUICIDE: To ensure safety, provide the individual with the Veterans Crisis Line (VCL) information for their personal use. Inform the individual that levels of Intermediate Acute Risk will be reported to the VCL for potential VA follow-up, given that the C&P exam is not treatment. The provider must report the incident of Intermediate Acute Risk in the C&P exam to the Veterans Crisis Line (VCL), **1-800-273-8255** within 24 hours. Documentation of this Risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

LOW ACUTE RISK for SUICIDE: To ensure safety, encourage the individual to address these concerns with their treatment provider, if applicable. Provide the individual with the Veterans Crisis Line (VCL) information for their personal use.

Documentation of this risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

NOT AT ELEVATED ACUTE RISK for SUICIDE: No Action is warranted; however, the provider can encourage continued participation in routine care and follow-up with treatment providers as needed. Documentation of this Risk Level and all subsequent action (if applicable) must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

HOMICIDE RISK: Many states employ mandatory duty to protect/duty to warn policies, which require by law, that certain health care providers report to state or local authorities any individual who is deemed to be a significant danger to others. The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the Veteran, Service Member, Individual(s) involved, and Public Safety. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines (which may include contacting the local authorities/911 and/or contacting the specific individual(s) involved or at risk of being harmed). In any examination where homicidal risk is suspected or reported the Veteran or Service Member will be provided information on the Veterans Crisis Line (VCL) for their personal use. Documentation of Homicidal Risk and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy and VES must be notified immediately. No examination or report should ever indicate a Veteran or Service Member is "Homicidal" with an active intent or plan to harm or endanger an individual(s) without documentation of appropriate contact and a warm hand-off to local authorities/emergency services.

DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE (IPV): All VES credentialed providers must be aware of their state or local policies related to mandatory reporting responsibilities. Some states and localities employ a mandatory duty to report Domestic or Intimate Partner Violence (IPV), which require by law that certain health care providers report to local authorities or protective services, situations of Domestic or Intimate Partner Violence (IPV). The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the individual. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines, and notify VES immediately. In any examination where, Domestic Violence/IPV is suspected or reported, the individual will be provided information on the VA's Intimate Partner Violence (IPV) Assistance

Program. Documentation of any Domestic Violence/Intimate Partner Violence (IPV) and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

CHILD or VULNERABLE ADULT ABUSE: All VES credentialed providers must be aware of their state or local policies related to mandatory reporting responsibilities. Many states and localities employ a mandatory duty to report suspected Child or Vulnerable Adult Abuse, which require by law that certain health care providers report to local authorities or protective services, situations of suspected Child or Vulnerable Adult Abuse. The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the Veteran, Service Member, or individual(s) involved. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines, and notify VES immediately. Documentation of any suspected Child or Vulnerable Adult Abuse and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

If Veteran is evacuated for emergency treatment, include evacuation location and any other related action in the Remarks section of the worksheet or DBQ.

If a Service Member or Veteran ever demonstrates violent or threatening behavior, follow local clinic procedures, contact local law enforcement, and notify VES immediately.

LEVELS OF RISK FOR SUICIDE AND APPROPRIATE ACTIONS CHART

LEVEL OF RISK	ESSENTIAL FEATURES	ACTION
HIGH ACUTE RISK	<ul style="list-style-type: none"> • Suicidal ideation with intent to die by suicide • Inability to maintain safety, independent of external support/help <p>Common warning signs:</p> <ul style="list-style-type: none"> • A plan for suicide • Recent attempt and/or ongoing preparatory behaviors • Acute major mental illness (e.g., major depressive episode, acute mania, acute psychosis, recent/current drug relapse) • Exacerbation of personality disorder (e.g., increased borderline symptomatology) 	<ul style="list-style-type: none"> • Maintain direct observational control • Limit access to lethal means • Call 911 to get immediate transfer with escort to Urgent/Emergency Care setting for Hospitalization • Provide Veterans Crisis Line (VCL) info • Report incident to Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours
INTERMEDIATE ACUTE RISK	<ul style="list-style-type: none"> • Suicidal ideation to die by suicide • Ability to maintain safety, independent of external support/help <p>These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g., children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.</p>	<ul style="list-style-type: none"> • Provide Veterans Crisis Line (VCL) info. • Report Incident to Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours
LOW ACUTE RISK	<ul style="list-style-type: none"> • No current suicidal intent AND • No specific and current suicidal plan AND • No recent preparatory behaviors AND • Collective high confidence (e.g., individual, care provider, family member) in the ability of the individual to independently maintain safety <p>Individuals may have suicidal ideation, but it will be with little or no intent or specific current plan. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These individuals will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.</p>	<ul style="list-style-type: none"> • Encourage Veteran or Service Member to address these concerns with their treatment provider, if applicable • Provide Veterans Crisis Line (VCL) info, 1-800-273-8255
NOT AT ELEVATED ACUTE RISK	<ul style="list-style-type: none"> • Persons who do not report suicidal ideation, or who do not fall within one of the acute risk levels above. 	<ul style="list-style-type: none"> • No action is warranted but can encourage continued participation in routine care and follow up with treatment providers as needed.

VETERANS WITH PTSD

While not common, you also may at times examine a Veteran who suffers an extreme PTSD situation during your exam. With this in mind, VES Medical Advisory Board psychologist, Dr. Maria Baker, would like to offer the following information on PTSD and how to best prepare for and assist a Veteran who may experience PTSD-related symptoms during a VES evaluation.

Post-Traumatic Stress Disorder is a mental health disorder resulting from exposure to trauma. In our Veteran population, the traumatic experience is usually related to combat or military sexual trauma (MST).

PTSD Symptom Highlights: Some Veterans with PTSD constantly re-experience flashbacks or memories of the traumatic experience. Veterans may attempt to cope by trying to avoid triggers and reminders, thereby minimizing the opportunity to re-experience the trauma. Additionally, the constant re-experiencing (and/or fear of re-experiencing) contributes to hyperarousal of the nervous system which can lead to irritability, anger, anxiety, panic, insomnia, vigilance, and exaggerated startle response. Lastly, exposure to trauma can lead to changes to a Veteran's belief structure, which may result in the Veteran having difficulties with trust, being suspicious, having the pervasive belief that one is not safe. All of these things can impact the Veteran's mood and anxiety.

How this could affect your VES General Medical exam:

Veterans with PTSD may...

1. Want to avoid triggers; these could include very small rooms, approaching them from the rear where they may be startled, loud or sudden noises (e.g., dropping a tool, slamming a door, etc.)
2. Panic if exposed to a trigger such as a loud noise.
3. Be suspicious and distrusting of your motives.
4. Appear depressed and may have difficulty engaging in pleasant interactions.
5. Startle easily, jump, or appear instinctively combative when surprised.
6. Monitor their surroundings and scan the room for an escape route.
7. Experience trouble concentrating and may make attentional errors during the exam.

8. Experience an anger outburst which could result in the Veteran yelling or exhibiting threatening behaviors.

How to manage these symptoms:

1. Be open and forthcoming about what Veterans can expect during the exam.
2. Always ask permission before touching or approaching the Veteran.
3. Be sensitive to a Veteran's anxiety about being in an enclosed space, having headphones on, or exposure to loud noises. Be aware that the Veteran may want to sit away from the door with their back against a wall. You may also ask the Veteran if they would like the door to be left open during the exam.
4. If a Veteran experiences a severe mental health symptom such as a panic attack, an anger outburst, or offers some other indication that they require immediate mental health support, please consider contacting, or encourage the Veteran to contact, the Veteran's Crisis Line at **1-800-273-TALK**. (*You'll also need to notify VES immediately via the Physicians Help link.*)
5. Always contact the crisis line if a Veteran is experiencing an immediate safety emergency.
6. Please note it is extremely rare to have aggressive behavior during an exam. I am happy to disclose that, in my 15 years of working with Veterans suffering from PTSD, I have never experienced physical aggression aimed toward me.
7. If a Veteran expresses suspiciousness regarding your or VA's motives, try not to be defensive and aim to be understanding of the difficulties with trust that have developed as a result of trauma, and perhaps throughout the stressful process of filing a claim. Consider allowing the Veteran to discuss the concerns and offer reassurance that you aim to provide an accurate and impartial exam.

Please note this is not intended to be an exhaustive explanation of PTSD, but rather to provide you with a basic understanding of how these symptoms can be managed during the exam.

If you have any further questions, you are welcome to reach out to me at MariaKBaker@gmail.com or **(409) 651-2406**.

VES EXAMS







NEW CLAIMS

- A **new claim** is a condition that has not been previously determined by the VA to be due to service and for which the Veteran is seeking service connection.
- There can be situations where the Veteran has been evaluated for this condition in the past, was denied, and the VA has ordered a new examination. These would also qualify as new claims.
- We sometimes receive ambiguous claim requests from the VA, such as “back condition,” or “weakness in the knees.” If this happens, the VA will anticipate a specific diagnosis for the claimed back condition, or what condition causes the weakness, such as “Osteoarthritis of the knees.” The VA will not accept a diagnosis of “back condition,” as this would not be considered a ratable diagnosis. Additionally, “weakness in the knees” is a symptom, and symptoms are also not considered ratable; therefore “back condition” or “right knee weakness” diagnoses would be returned by the VA for clarification.
- Any abnormal exam findings must be explained with either a diagnosis or with a statement in the **Remarks** section about how the abnormal finding does or does not relate to the main diagnosis.
 - *For example: “Numbness along the right lateral thigh is consistent with meralgia paresthetica, a condition that is not indicative of a radiculopathy and is not due to or caused by the diagnosed lumbar spine condition.”*
- VA diagnostic criteria must be met to render a diagnosis. Some diagnoses will require x-ray confirmation (*For example: right knee degenerative arthritis*), while others can be diagnosed with objective findings such as reduced range of motion or joint swelling (*For example: right knee strain*).
- Please remember all claimed conditions must be addressed in the report with either a diagnosis or a statement on why no diagnosis is warranted.
 - *For example, if the Veteran is claiming Lumbar Spine Strain and Degenerative Joint Disease, but the x-rays were negative for arthritis, please be sure to comment that “There was no objective evidence on the exam to support a diagnosis for Degenerative Joint Disease at this time.”*

- New claims will be labeled as such in the Veteran's Information section in the provider portal:



Veteran Information			
Name:	██████████	Exam Date:	
Date of Birth:	██████████	VES Case:	
File Number:	██████████	VA Facility:	
Address:	██████████	City/State/Zip:	

Examination			
Worksheet		.Doc	Compensation Condition
DBQ DIABETES MELLITUS		 NEW CLAIM	DIABETES MELLITUS TYPE II
DBQ BACK TSPINE		 NEW CLAIM	LOWER BACK CONDITION

SERVICE CONNECTED CLAIMS

- A claim for which the Veteran has been previously evaluated and which has been established by the VA to be related to the Veteran's military service will be referred to as a **service connected** or **established** condition.
- For these exams, you will be confirming whether the service connected diagnosis still persists, addressing any progression to the condition with a new diagnosis, or noting if the service connected condition has resolved.
- As long as the Veteran still reports ongoing symptoms or residuals of his or her service connected diagnosis the VA will expect that the service connected diagnosis is retained, unless there is irrefutable diagnostic or otherwise objective evidence to prove it has resolved.
- If new conditions are found on the exam, in addition to the service connected condition, please address the relationship of the new diagnosis to the established diagnosis.
 - *For example: The Veteran has a service connection for a lumbar strain, but x-rays now show degenerative disc disease (DDD) and the Veteran has had treatment aimed at DDD (spinal injections, surgery). You must opine as to whether the DDD is a new and separate diagnosis or a progression of the strain. The Veteran, not being medically trained, will naturally assume a progression and give a history consistent with the same, but you must make the decision.*
- If there are unrelated diagnoses, (*i.e. service connected for lumbar strain and then an unrelated diagnosis of DDD*), you must then identify which symptoms **and** exam findings belong to each diagnosis.
 - *Another example: If the Veteran is service connected for a lumbar strain and during the examination you diagnose radiculopathy, please address if the radiculopathy is due to the lumbar strain. The Veteran will assume yes, however, medical knowledge says no, and this must be explained.*
- Service connected claims will be labeled as such in the Veteran's Information section in the provider portal:

Veteran Information			
Name:	██████████	Exam Date:	
Date of Birth:	██████████	VES Case:	
File Number:	██████████	VA Facility:	
Address:	██████████	City/State/Zip:	

Examination			
Worksheet	.Doc	Compensation Condition	
DBQ KNEE LOWER LEG		SERVICE CONNECTED	LEFT KNEE STRAIN
DBQ BACK TSPINE		SERVICE CONNECTED	THORACIC SPINE SCOLIOSIS

ENTITLEMENT TO SERVICE CONNECTION BASED ON SUBJECTIVE REPORTS OF PAIN

The VA has alerted us to a court case which may have a significant impact on how providers complete Veterans' DBQs moving forward.

Summary:

The relevant federal court case is *Saunders v. Wilkie* and pertains to the issue of a Veteran's entitlement to service connection based only on subjective reports of pain, but specifically subjective pain which results in a functional impairment of earning capacity. Examples of functional impairment of earning capacity include a Veteran needing to miss days of work due to subjective pain associated with his or her service-related condition, or the inability to perform certain aspects of their current occupational position. The case argued successfully a Veteran's report of subjective pain alone, even in the absence of a diagnosis, can serve as a functional impairment and qualify as a disability regardless of the underlying cause.

What this means for you:

- You should continue to obtain a brief but detailed medical history for each of the Veteran's claimed conditions, to include any subjective reports of pain.
- When subjective pain is reported, yet the evaluation is 100% normal, you may now use your discretion and expertise to render diagnoses of pain; specifically, "Subjective _____ pain," or "Subjective pain due to _____."
- For such situations, you should complete the DBQ in its entirety, as usual, and ensure the Functional Impairment question at the end of the DBQ reflects the functional impairment of earning capacity you believe is caused by the Veteran's subjective report of pain.
- While many Veterans report subjective pain associated with their claimed conditions, the Functional Impairment question only needs to be answered "Yes" if you have diagnosed subjective pain and believe it results in a functional impairment of earning capacity.
- Lastly, please note *Saunders v. Wilkie* is not limited to musculoskeletal conditions; it applies to all body systems.

ESTABLISHED CONDITION QUESTION

- Service connected claims will always include this Additional Question at the end of the DBQ:

ADDITIONAL QUESTIONS
<p>THE VETERAN'S ESTABLISHED DIAGNOSIS IS LUMBOSACRAL STRAIN.</p> <p>IF YOU HAVE PROVIDED ANY ADDITIONAL DIAGNOSES, OR IF THE ESTABLISHED DIAGNOSIS HAS CHANGED IN ANY WAY, PLEASE SELECT AT LEAST ONE FROM THE FOLLOWING:</p> <p>A. THERE IS NO CHANGE IN THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.</p> <p>B. THE NEW DIAGNOSIS IS A CORRECTION OF THE PREVIOUS DIAGNOSIS.</p> <p>C. THERE IS A WORSENING OF THE VETERAN'S SYMPTOMS HOWEVER NO CHANGE TO THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.</p> <p>D. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE DIRECTLY DUE TO OR RELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A PROGRESSION).</p> <p>E. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE UNRELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A NEW AND SEPARATE CONDITION)</p> <p>***FOR OPTION E, PLEASE SPECIFY WHICH OF THE VETERAN'S SYMPTOMS AND FINDINGS CORRESPOND WITH EACH DIAGNOSIS, IF FEASIBLE.***</p> <p>F. THE SERVICE CONNECTED DIAGNOSIS HAS RESOLVED.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>FOR OPTIONS OTHER THAN A AND C PLEASE PROVIDE YOUR MEDICAL RATIONALE.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

A = You are retaining the service connected **Lumbosacral Strain** and not diagnosing any new conditions.

B = You are correcting the previous diagnosis. For example, the Veteran's service connected condition was **Lumbosacral Strain** and on your exam you determined (*and x-rays confirmed*) that this condition is now **Degenerative Joint Disease**.

C = Symptoms of the service connected **Lumbosacral Strain** have progressed but there are no newly diagnosed conditions.

D = You are adding new diagnoses, other than the service connected **Lumbosacral Strain**, and you believe these conditions are directly due to or related to the retained service connected **Lumbosacral Strain**.

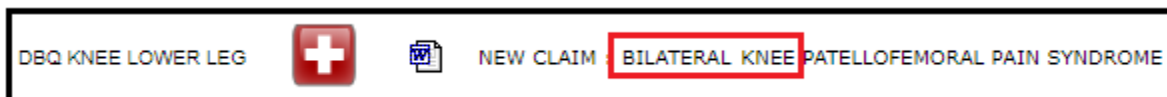
E = On exam you add any new diagnoses other than the service connected **Lumbosacral Strain** and you determine these new conditions are unrelated to the retained service connected **Lumbosacral Strain**.

F = The Veteran no longer reports symptoms/residuals from his service connected **Lumbosacral Strain** and you believe the condition has resolved.

EVALUATING CLAIMED AND UNCLAIMED EXTREMITIES

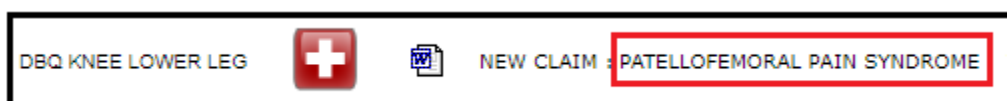
If an exam is focused on the right and left extremity then you should evaluate both sides.

For example:



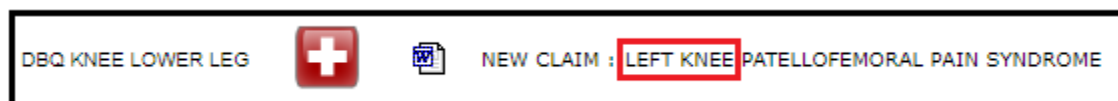
If it's unclear whether the exam is focused for one extremity or both, please default to evaluating both sides unless there is concern that testing a side will cause harm to the Veteran.

For example:



If an exam is focused on one extremity and is not part of a head-to-toe exam (*such as General Medical Compensation, Gulf War, Non-Degenerative Arthritis, etc.*), then range of motion testing for the “unclaimed” side is only required if that unclaimed joint is considered “undamaged” (*i.e. no joint abnormalities/complaints are subjectively reported or noted on exam*). If the unclaimed side is considered “damaged,” do not attempt to evaluate the extremity.

For example:



In this example, the Veteran’s claim is for the left knee only, which would make the right knee the “unclaimed” extremity. Therefore, if the right knee is:

Damaged = do not attempt to evaluate the right knee.

Undamaged = provide the results of both the active and passive ROM for the right knee. That is the only information the VA will need.

If abnormalities are found on the unclaimed extremity (i.e. it is “damaged”), and the QA determines the exam actually was focused unilaterally, they will seek your approval to remove the findings from the unclaimed side, or the final report will include this statement in the Remarks Section:

“Although abnormal findings were found for the Veteran’s non-claimed extremity, they are outside the scope of the current exam request; therefore, no diagnosis or statement regarding a possible relationship between the two joints’ conditions was rendered.”

For further guidance on evaluating claimed and unclaimed extremities, please see the examples beginning on page 31 of this guide.

CLAIMED/UNCLAIMED EXTREMITIES EXAMPLE # 1



Wrist Conditions Disability Benefits Questionnaire

THIS IS A BILATERAL CLAIM, REQUIRING BOTH SIDES TO BE EVALUATED.

FIRST NAME, LAST NAME, MIDDLE NAME (SUFFIX):	SOCIAL SECURITY NUMBER/FILE NUMBER:	TODAY'S DATE:
HOME ADDRESS:	EXAMINING LOCATION AND ADDRESS:	
HOME TELEPHONE:		

CONTRACTOR:	YES NUMBER:	VA CLAIM NUMBER:
YES		

NOTE TO EXAMINER – The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with VA Form 21-2507, C&P examination request?

Yes No

How was the examination completed? (check all that apply)

In-person examination

Records reviewed

Examination via approved video telehealth

Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence reviewed (check all that apply):

Not requested

VA claims file (hard copy paper C-file)

VA e-folder

No records were reviewed

- VA electronic health record
 Other (please identify other evidence reviewed):

Evidence comments:

ALL AVAILABLE RECORDS WERE REVIEWED AND FINDINGS CONSIDERED WHEN COMPLETING THIS DBQ.

STRS REVIEWED, INCLUDING ONGOING COMPLAINTS OF BILATERAL WRIST PAIN DOCUMENTED 2012-2016 THROUGHOUT SERVICE. IMAGING DATED 3/29/18 FROM TWIN PEAKS MEDICAL DOCUMENTS DEGENERATIVE ARTHRITIS IN LEFT WRIST. NO IMAGING LOCATED FOR RIGHT WRIST.

DOMINANT HAND

Dominant hand:

- Right Left Ambidextrous

SECTION I - DIAGNOSIS

NOTE: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

For the Claimed Compensation Condition of - BILATERAL WRIST PAIN ← THIS IS A CLAIM FOR BILATERAL WRIST PAIN, INDICATING THAT BOTH SIDES NEED TO BE TESTED.

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks Section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

- The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the Remarks Section.)

	Side affected:	ICD Code:	Date of diagnosis:	
			Right:	Left:
<input checked="" type="checkbox"/> Wrist sprain, chronic	<input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Both	S63	Right: 2012	Left: 2012
<input type="checkbox"/> Ganglion cyst	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> Carpal metacarpal (CMC) arthritis	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> Triangular fibrocartilaginous complex (TFCC) injury	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> De Quervain's syndrome	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> Carpal instability (intercalated segment/midcarpal/scapholunate dissociation)	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> Avascular necrosis of carpal bones	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input type="checkbox"/> Wrist arthroplasty (total/ulnar head replacement)	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____

- Ankylosis of wrist Right Left Both _____ Right: _____ Left: _____
- Degenerative arthritis, other than post-traumatic Right Left Both M19 Right: _____ Left: 2018
- Arthritis, gonorrheal Right Left Both _____ Right: _____ Left: _____
- Arthritis, pneumococcic Right Left Both _____ Right: _____ Left: _____
- Arthritis, streptococcic Right Left Both _____ Right: _____ Left: _____
- Arthritis, syphilitic Right Left Both _____ Right: _____ Left: _____
- Arthritis, rheumatoid (multi-joints) Right Left Both _____ Right: _____ Left: _____
- Post-traumatic arthritis Right Left Both _____ Right: _____ Left: _____
- Arthritis, typhoid Right Left Both _____ Right: _____ Left: _____
- Other specified forms of Arthropathy (excluding gout) Right Left Both _____ Right: _____ Left: _____
(specify)
- Osteoporosis, residuals of Right Left Both _____ Right: _____ Left: _____
- Osteomalacia, residuals of Right Left Both _____ Right: _____ Left: _____
- Bones, neoplasm, benign Right Left Both _____ Right: _____ Left: _____
- Osteitis deformans Right Left Both _____ Right: _____ Left: _____
- Gout Right Left Both _____ Right: _____ Left: _____
- Bursitis Right Left Both _____ Right: _____ Left: _____
- Myositis Right Left Both _____ Right: _____ Left: _____
- Heterotopic ossification Right Left Both _____ Right: _____ Left: _____
- Tendinopathy (select one if known) Right Left Both _____ Right: _____ Left: _____
- Tenosynovitis Right Left Both _____ Right: _____ Left: _____
- Tendinitis Right Left Both _____ Right: _____ Left: _____
- Tendinosis Right Left Both _____ Right: _____ Left: _____
- Inflammatory other types (specify) Right Left Both _____ Right: _____ Left: _____

Other (specify) _____
 Other diagnosis #1: _____

ICD Date of diagnosis:
 Code: _____

Side affected: Right Left Both _____ Right: _____ Left: _____

Other diagnosis #2: _____

ICD Date of diagnosis:
 Code: _____

Side affected: Right Left Both _____ Right: _____ Left: _____

If there are additional diagnoses that pertain to wrist conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's wrist condition (brief summary):

Date of onset: 2012

Details of onset: Veteran reports falling during training exercises, breaking his fall with his arms and feeling immediate pain in both wrists. He was treated with rest and immobilization but the pain continued, left greater than right, and progressed with repetitive stress during service.

Course of the condition since onset:

Progressed/Worsened

Stayed the same

Improved

Resolved

Other, please describe:

Current symptoms (or state if the condition has resolved): Ongoing aching pain, left greater than right, increasing with overuse, limited ROM in left wrist.

Any treatment, medications or surgery? Originally treated with rest and immobilization, now treats with NSAIDs as needed. Also uses a brace occasionally for the left wrist.

2B. Does the Veteran report flare-ups of the wrist?

Yes No

If yes, document the Veteran's description of the flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

Frequency: Once a month (left wrist only, no flares reported in right wrist)

Duration: Two days

Characteristics: Significantly increased pain and weakness

Precipitating factors: Overuse

Alleviating factors: NSAIDs, rest

Severity: Mild Moderate Severe

Extent of functional impairment he or she experiences during a flare-up of symptoms: Limited lifting ability

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?

Yes No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words:

"They always hurt but when I have to use my wrists a lot the pain gets worse and I can't even lift things."

SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up, however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided – such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an “as clear as possible” description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

3A. Initial ROM measurements

RIGHT WRIST ← BECAUSE THIS IS A BILATERAL CLAIM, THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY (EXCEPT WHERE OTHERWISE NOTED)

- All Normal
 Abnormal or outside of normal range
 Unable to test
 Not indicated

If “Unable to test” or “Not indicated” please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

- Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ← THIS QUESTION IS ONLY ANSWERED FOR THE UNCLAIMED EXTREMITY. BECAUSE BOTH EXTREMITIES ARE BEING EVALUATED, THIS QUESTION SHOULD NOT BE ANSWERED.

- Yes No

If no, provide an explanation:

If this is the unclaimed joint, is it: ← SAME GUIDANCE AS ABOVE. BECAUSE BOTH EXTREMITIES ARE BEING EVALUATED, THIS QUESTION SHOULD NOT BE ANSWERED.

- Damaged Undamaged

~~If undamaged, range of motion testing must be conducted.~~

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values: ← PLEASE PERFORM ACTIVE ROM TESTING AND RECORD THE ROM VALUES BELOW.

ROM MEASUREMENTS SHOULD BE REPORTED IN MULTIPLES OF FIVE AND ROUNDED UP OR DOWN IF NECESSARY.

Dorsiflexion endpoint (70 degrees):	<u>70</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>80</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

If noted on examination, which ROM exhibited pain? (Select all that apply): ← IF THERE WAS ANY PAIN DURING ACTIVE ROM TESTING, CHECK OFF ALL THAT APPLY.

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values. ← PLEASE PERFORM PASSIVE ROM TESTING AND RECORD THE ROM VALUES BELOW.

NOTE: IF PASSIVE RANGE OF MOTION IS THE SAME AS ACTIVE RANGE OF MOTION, THEN YOU SHOULD SELECT "SAME AS ACTIVE ROM" AND NO ROM VALUES SHOULD BE ENTERED BELOW.

Dorsiflexion endpoint (70 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Palmar flexion endpoint (80 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Ulnar deviation endpoint (45 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Radial deviation endpoint (20 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply): ← IF THERE WAS ANY PAIN DURING PASSIVE ROM TESTING, CHECK OFF ALL THAT APPLY.

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

Yes No

If yes check all that apply:

weight-bearing

nonweight-bearing

active motion ← IF PAIN WAS NOTED DURING ACTIVE ROM TESTING, THIS OPTION SHOULD BE SELECTED.

passive motion ← IF PAIN WAS NOTED DURING PASSIVE ROM TESTING, THIS OPTION SHOULD BE SELECTED..

on rest/non-movement

causes functional loss (if checked describe in the comments box below)

does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus?

Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location: Dorsal Aspect

Severity: Mild

Relationship to condition(s): Directly due to chronic wrist sprain

LEFT WRIST ← SAME GUIDANCE AS RIGHT WRIST (WITH A DIFFERENT SCENARIO ILLUSTRATED).

All Normal

Abnormal or outside of normal range

Unable to test

Not indicated

If "Unable to test" or "Not indicated" please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed?

Yes No

If no, provide an explanation:

If this is the unclaimed joint, is it:

Damaged Undamaged

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values:

Dorsiflexion flexion endpoint (70 degrees): 50 degrees
 Palmar flexion endpoint (80 degrees): 55 degrees
 Ulnar deviation endpoint (45 degrees): 45 degrees
 Radial deviation endpoint (20 degrees): 20 degrees

If noted on examination, which ROM exhibited pain? (Select all that apply):

Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

 Dorsiflexion degree endpoint (if different than above)
 Palmar flexion degree endpoint (if different than above)
 Ulnar deviation degree endpoint (if different than above)
 Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values.

Dorsiflexion endpoint (70 degrees): degrees Same as active ROM
 Palmar flexion endpoint (80 degrees): degrees Same as active ROM
 Ulnar deviation endpoint (45 degrees): degrees Same as active ROM
 Radial deviation endpoint (20 degrees): degrees Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply):

Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

 Dorsiflexion degree endpoint (if different than above)
 Palmar flexion degree endpoint (if different than above)
 Ulnar deviation degree endpoint (if different than above)
 Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

Yes No

If yes check all that apply:

weight-bearing

nonweight-bearing

active motion ← IF THERE IS EVIDENCE OF PAIN, THIS SHOULD MATCH UP WITH THE QUESTION "WHICH ROM EXHIBITED PAIN?" ABOVE.

passive motion ← IF THERE IS EVIDENCE OF PAIN, THIS SHOULD MATCH UP WITH THE QUESTION "WHICH ROM EXHIBITED PAIN?" ABOVE.

on rest/non-movement

IF ANY OF THE TYPES OF PAIN ARE SELECTED ABOVE YOU SHOULD NOTE WHETHER IT CAUSED FUNCTIONAL LOSS OR NOT AND, IF SO, SHOULD DESCRIBE IT IN THE COMMENTS BOX BELOW.

causes functional loss (if checked describe in the comments box below)

does not result in/cause functional loss

Comments:

Pain limits ability to lift/carry

Is there objective evidence of crepitus?

Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location:

Severity:

Relationship to condition(s): THIS IS ASKING WHICH DIAGNOSIS THE PAIN ON PALPATION IS RELATED TO. IF THERE ARE MULTIPLE DIAGNOSES, MAKE SURE IT'S CLEAR WHICH CONDITION IS CAUSING THE TENDERNESS TO PALPATION.

3B. Observed repetitive use ROM

RIGHT WRIST

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

LEFT WRIST

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

NOTE: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups – even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time

RIGHT WRIST

Is the Veteran being examined immediately after repeated use over time?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? **← IF YES, THE REMAINDER OF THE SECTION SHOULD BE COMPLETED AND QUESTION 2C. SHOULD BE ANSWERED "YES."**

IF NO, THE REST OF THE SECTION SHOULD BE LEFT BLANK (IF YOU CHECK OFF N/A IN THE NEXT QUESTION THAT'S OK)

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST ← SAME GUIDANCE AS RIGHT WRIST (WITH A DIFFERENT SCENARIO ILLUSTRATED).

Is the Veteran being examined immediately after repeated use over time?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. ← IF YOU CHECK YES, THAT THE VETERAN IS BEING SEEN IMMEDIATELY AFTER REPEATED USE OVER TIME (RUOT), THEN THE ROM VALUES BELOW MUST BE LOWER THAN THE INITIAL ROM VALUES. IF THE VALUES ARE THE SAME THAT MEANS THE VETERAN IS

NOT SIGNIFICANTLY LIMITED WITH RUOT AND THEREFORE THE QUESTION ABOVE ("DOES PROCURED EVIDENCE...?") SHOULD BE UPDATED TO "NO," AND THE REST OF THIS SECTION SHOULD BE LEFT BLANK.

Dorsiflexion endpoint (70 degrees): 45 degrees
 Palmar flexion endpoint (80 degrees): 50 degrees
 Ulnar deviation endpoint (45 degrees): 45 degrees
 Radial deviation endpoint (20 degrees): 20 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) ← PER VA, AN ESTIMATION OF ROM SHOULD BE POSSIBLE IN MOST SITUATIONS. IF A CHANGE IN ROM IS EXPECTED BUT AN ESTIMATION OF ROM CANNOT BE GIVEN, YOU MUST DOCUMENT ALL PROCURABLE EVIDENCE SPECIFIC TO THE VETERAN AND EXPLAIN WHY AN ESTIMATE OF RANGE OF MOTION IN DEGREES CANNOT BE PROVIDED.

3D. Flare-ups ← SAME GUIDANCE AS 3C.REPEATED USE OVER TIME

RIGHT WRIST

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): _____ degrees
 Palmar flexion endpoint (80 degrees): _____ degrees
 Ulnar deviation endpoint (45 degrees): _____ degrees
 Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain

why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): 45 degrees

Palmar flexion endpoint (80 degrees): 50 degrees

Ulnar deviation endpoint (45 degrees): 45 degrees

Radial deviation endpoint (20 degrees): 20 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

CLAIMED/UNCLAIMED EXTREMITIES EXAMPLE # 2



Wrist Conditions Disability Benefits Questionnaire

THIS IS AN EXAMPLE OF A UNILATERAL CLAIM, NOT ASSOCIATED WITH A HEAD-TO-TOE EXAM, WHERE THE CONTRALATERAL JOINT IS REPORTED AS "UNDAMAGED" AND THEREFORE SHOULD BE TESTED. NOTE THAT ONLY ACTIVE AND PASSIVE ROM ARE PROVIDED FOR THE UNCLAIMED SIDE.

FIRST NAME, LAST NAME, MIDDLE NAME (SUFFIX):	SOCIAL SECURITY NUMBER/FILE NUMBER:	TODAY'S DATE:
HOME ADDRESS:	EXAMINING LOCATION AND ADDRESS:	
HOME TELEPHONE:		

CONTRACTOR:	VES NUMBER:	VA CLAIM NUMBER:
VES		

NOTE TO EXAMINER – The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with VA Form 21-2507, C&P examination request?

Yes No

How was the examination completed? (check all that apply)

In-person examination

Records reviewed

Examination via approved video telehealth

Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence reviewed (check all that apply):

- Not requested No records were reviewed
 VA claims file (hard copy paper C-file)
 VA e-folder
 VA electronic health record
 Other (please identify other evidence reviewed):

Evidence comments:

ALL AVAILABLE RECORDS WERE REVIEWED AND FINDINGS CONSIDERED WHEN COMPLETING THIS DBQ.

STRS REVIEWED, INCLUDING ONGOING COMPLAINTS OF BILATERAL WRIST PAIN DOCUMENTED 2012-2016 THROUGHOUT SERVICE. IMAGING DATED 3/29/18 FROM TWIN PEAKS MEDICAL DOCUMENTS DEGENERATIVE ARTHRITIS IN LEFT WRIST. NO IMAGING LOCATED FOR RIGHT WRIST.

DOMINANT HAND

Dominant hand:

- Right Left Ambidextrous

SECTION I - DIAGNOSIS

NOTE: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

For the Claimed Compensation Condition of - LEFT WRIST PAIN ← THIS IS A CLAIM FOR LEFT WRIST PAIN, INDICATING THAT THE LEFT WRIST IS THE CLAIMED EXTREMITY AND THE RIGHT WRIST IS THE UNCLAIMED EXTREMITY.

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks Section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

- The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the Remarks Section.)

	Side affected:	ICD Code:	Date of diagnosis:	
<input checked="" type="checkbox"/> Wrist sprain, chronic	<input type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Both	S63	Right: _____	Left: 2012 _____
<input type="checkbox"/> Ganglion cyst	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> Carpal metacarpal (CMC) arthritis	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> Triangular fibrocartilaginous complex (TFCC) injury	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____

<input type="checkbox"/>	De Quervain's syndrome	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Carpal instability (intercalated segment/midcarpal/scapholu nate dissociation)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Avascular necrosis of carpal bones	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Wrist arthroplasty (total/ulnar head replacement)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Ankylosis of wrist	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input checked="" type="checkbox"/>	Degenerative arthritis, other than post-traumatic	<input type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input type="checkbox"/> Both	M19	Right:	_____	Left:	2018
<input type="checkbox"/>	Arthritis, gonorrheal	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Arthritis, pneumococcic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Arthritis, streptococcic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Arthritis, syphilitic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Arthritis, rheumatoid (multi-joints)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Post-traumatic arthritis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Arthritis, typhoid	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Other specified forms of Arthropathy (excluding gout) (specify)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Osteoporosis, residuals of	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Osteomalacia, residuals of	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Bones, neoplasm, benign	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Osteitis deformans	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Gout	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Bursitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Myositis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Heterotopic ossification	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Tendinopathy (select one if known)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Tenosynovitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Tendinitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Tendinosis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____
<input type="checkbox"/>	Inflammatory other types (specify)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right:	_____	Left:	_____

Other (specify)

Other diagnosis #1:

ICD Date of diagnosis:

Code:

Side affected: Right Left Both

_____ Right: _____ Left: _____

Other diagnosis #2:

ICD Date of diagnosis:

Code:

Side affected: Right Left Both

_____ Right: _____ Left: _____

If there are additional diagnoses that pertain to wrist conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's wrist condition (brief summary):

Date of onset: 2012

Details of onset: Veteran reports falling during training exercises, breaking his fall with his left arm and feeling immediate pain in the left wrist. He was treated with rest and immobilization but the pain continued and progressed with repetitive stress during service.

Course of the condition since onset:

Progressed/Worsened

Stayed the same

Improved

Resolved

Other, please describe:

Current symptoms (or state if the condition has resolved): Ongoing aching pain increasing with overuse, limited ROM.

Any treatment, medications or surgery? Originally treated with rest and immobilization, now treats with NSAIDs as needed. Also uses a brace occasionally.

2B. Does the Veteran report flare-ups of the wrist?

Yes No

If yes, document the Veteran's description of the flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

Frequency: Once a month

Duration: Two days

Characteristics: Significantly increased pain and weakness.

Precipitating factors: Overuse

Alleviating factors: NSAIDs, rest

Severity: Mild Moderate Severe

Extent of functional impairment he or she experiences during a flare-up of symptoms: Limited lifting ability.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?

Yes No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words:

"It always hurts but when I have to use my wrist a lot the pain gets worse and I can't even lift things."

SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up, however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided – such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

3A. Initial ROM measurements

RIGHT WRIST ← THIS IS THE UNCLAIMED EXTREMITY. BECAUSE THE UNCLAIMED EXTREMITY IS REPORTED AS "UNDAMAGED," ACTIVE AND PASSIVE ROM TESTING ARE REQUIRED FOR THIS EXAM.

All Normal ← THIS QUESTION SHOULD BE ANSWERED FOR THE CLAIMED EXTREMITY. SINCE THIS IS THE UNCLAIMED EXTREMITY, THIS WILL BE LEFT BLANK.

Abnormal or outside of normal range

Unable to test

Not indicated

If "Unable to test" or "Not indicated" please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ← THIS QUESTION IS ONLY ANSWERED FOR THE UNCLAIMED EXTREMITY. BECAUSE THIS UNCLAIMED EXTREMITY IS UNDAMAGED, TESTING SHOULD BE PERFORMED.

Yes No

If no, provide an explanation:

If this is the unclaimed joint, is it:

Damaged Undamaged ← BECAUSE YOU ANSWERED "YES" ABOVE (CAN TESTING BE PERFORMED?), THIS SHOULD BE MARKED "UNDAMAGED."

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values: ← PLEASE PERFORM ACTIVE ROM TESTING AND RECORD THE ROM VALUES BELOW.

ROM MEASUREMENTS SHOULD BE REPORTED IN MULTIPLES OF FIVE AND ROUNDED UP OR DOWN IF NECESSARY.

Dorsiflexion endpoint (70 degrees):	<u>70</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>80</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

If noted on examination, which ROM exhibited pain? (Select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values. ← PLEASE PERFORM PASSIVE ROM TESTING AND RECORD THE ROM VALUES BELOW.

IN THIS EXAMPLE, BECAUSE THE UNCLAIMED SIDE IS UNDAMAGED, YOU SHOULD MEASURE THE ACTIVE AND PASSIVE ROM, AND NO FURTHER INFORMATION WILL BE PROVIDED FOR THE RIGHT WRIST ON THIS DBQ – INCLUDING A DIAGNOSIS OR DIAGNOSES.

NOTE: IF PASSIVE RANGE OF MOTION IS THE SAME AS ACTIVE RANGE OF MOTION, YOU SHOULD SELECT "SAME AS ACTIVE ROM" BELOW AND NO VALUES NEED TO BE ENTERED..

Dorsiflexion endpoint (70 degrees): _____ degrees Same as active ROM
 Palmar flexion endpoint (80 degrees): _____ degrees Same as active ROM
 Ulnar deviation endpoint (45 degrees): _____ degrees Same as active ROM
 Radial deviation endpoint (20 degrees): _____ degrees Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

Yes No

If yes check all that apply:

- weight-bearing
 nonweight-bearing

- active motion
 passive motion
 on rest/non-movement

- causes functional loss (if checked describe in the comments box below)
 does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus?

Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location: Severity: Relationship to condition(s):

THE ACTIVE AND PASSIVE RANGE OF MOTION TESTING IS ALL THAT IS NEEDED FOR THE UNCLAIMED (RIGHT) EXTREMITY. THERE SHOULD BE NO FURTHER INFORMATION PROVIDED FOR THE RIGHT WRIST ON THIS DBQ – INCLUDING A DIAGNOSIS OR DIAGNOSES.

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY (EXCEPT IF OTHERWISE NOTED)

- All Normal
 Abnormal or outside of normal range
 Unable to test
 Not indicated

If "Unable to test" or "Not indicated" please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

- Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ← THIS QUESTION IS ONLY ANSWERED FOR THE UNCLAIMED EXTREMITY. BECAUSE THIS IS THE CLAIMED EXTREMITY, YOU SHOULD LEAVE THIS QUESTION BLANK.

- Yes No

If no, provide an explanation:

If this is the unclaimed joint, is it: ← SAME GUIDANCE AS ABOVE. BECAUSE THIS IS THE CLAIMED EXTREMITY, YOU SHOULD LEAVE THIS QUESTION BLANK.,

- Damaged Undamaged

~~If undamaged, range of motion testing must be conducted.~~

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values:

Dorsiflexion flexion endpoint (70 degrees):	<u>50</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>55</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

If noted on examination, which ROM exhibited pain? (Select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values.

Dorsiflexion endpoint (70 degrees): _____ degrees Same as active ROM
 Palmar flexion endpoint (80 degrees): _____ degrees Same as active ROM
 Ulnar deviation endpoint (45 degrees): _____ degrees Same as active ROM
 Radial deviation endpoint (20 degrees): _____ degrees Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply):

Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

Yes No

If yes check all that apply:

weight-bearing
 nonweight-bearing

active motion
 passive motion
 on rest/non-movement

causes functional loss (if checked describe in the comments box below)

does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus?

Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location:

Severity:

Relationship to condition(s):

3B. Observed repetitive use ROM ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

RIGHT WRIST

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY. (EXCEPT WHERE OTHERWISE NOTED)

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

NOTE: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups – even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time

RIGHT WRIST ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

Is the Veteran being examined immediately after repeated use over time?

- Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

- Yes No

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): _____ degrees
 Palmar flexion endpoint (80 degrees): _____ degrees
 Ulnar deviation endpoint (45 degrees): _____ degrees
 Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY. (EXCEPT WHERE OTHERWISE NOTED).

Is the Veteran being examined immediately after repeated use over time?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

Yes No

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. ← ROM ESTIMATES SHOULD ONLY BE PROVIDED IF THE ANSWER WAS YES ABOVE. IF ROM IS THE SAME AS INITIAL AND THEY ARE NOT BEING SEEN IMMEDIATELY AFTER REPEATED USE OVER TIME, THEN THAT MEANS THE VETERAN IS NOT SIGNIFICANTLY LIMITED WITH RUOT AND THEREFORE THE QUESTION ABOVE SHOULD BE UPDATED TO 'NO' WITH THE REST OF THE SECTION BLANKED OUT.

Dorsiflexion endpoint (70 degrees):	<u>45</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>50</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

PER VA, AN ESTIMATION OF ROM SHOULD BE POSSIBLE IN MOST SITUATIONS. THEREFORE, YOU SHOULD ONLY BE FILLING OUT THE AREA BELOW IN THE RAREST OF CIRCUMSTANCES. IF YOU DETERMINE AN ESTIMATION OF ROM IS NOT FEASIBLE YOU WILL NEED TO PROVIDE A VERY DETAILED EXPLANATION DISCUSSING EVERY PIECE OF EVIDENCE FROM THE RECORDS, THE EXAM, THE VETERAN’S HISTORY, ETC. BEFORE STATING YOU CANNOT OPINE.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) ← THIS SHOULD ONLY BE ANSWERED IF YOU REPORT THAT FUNCTION IS SIGNIFICANTLY LIMITED WITH RUOT BUT YOU CANNOT DESCRIBE IN TERMS OF ROM. IN THAT CASE, YOU SHOULD DESCRIBE HERE, WHILE ABIDING BY THE LEGAL RULING NOTED ABOVE.

REMEMBER, YOUR EXPLANATION NEEDS TO BE SPECIFIC TO THE VETERAN YOU ARE EVALUATING. THE VA WILL NOT ACCEPT ANY “CANNED” STATEMENTS OR GENERIC EXPLANATIONS THAT DO NOT APPLY TO THAT VETERAN IN PARTICULAR.

3D. Flare-ups ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

RIGHT WRIST

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST ← SAME GUIDANCE AS 3C. REPEATED USE OVER TIME.

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Select factors that cause this functional loss. (Check all that apply):

- N/A
 Pain
 Fatigability
 Weakness
 Lack of endurance
 Incoordination
 Other

--

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees):	<u>45</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>50</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

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CLAIMED/UNCLAIMED EXTREMITIES EXAMPLE # 3



Wrist Conditions Disability Benefits Questionnaire

THIS IS AN EXAMPLE OF A UNILATERAL CLAIM, NOT ASSOCIATED WITH A HEAD-TO-TOE EXAM, WHERE THE CONTRALATERAL JOINT IS REPORTED AS "DAMAGED" AND THEREFORE NOT TESTED.

FIRST NAME, LAST NAME, MIDDLE NAME (SUFFIX):	SOCIAL SECURITY NUMBER/FILE NUMBER:	TODAY'S DATE:
HOME ADDRESS:	EXAMINING LOCATION AND ADDRESS:	
HOME TELEPHONE:		

CONTRACTOR:	VES NUMBER:	VA CLAIM NUMBER:
VES		

NOTE TO EXAMINER – The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with VA Form 21-2507, C&P examination request?

Yes No

How was the examination completed? (check all that apply)

In-person examination

Records reviewed

Examination via approved video telehealth

Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence reviewed (check all that apply):

Not requested

No records were reviewed

- VA claims file (hard copy paper C-file)
 VA e-folder
 VA electronic health record
 Other (please identify other evidence reviewed):

Evidence comments:

ALL AVAILABLE RECORDS WERE REVIEWED AND FINDINGS CONSIDERED WHEN COMPLETING THIS DBQ.

STRS REVIEWED, INCLUDING ONGOING COMPLAINTS OF BILATERAL WRIST PAIN DOCUMENTED 2012-2016 THROUGHOUT SERVICE. IMAGING DATED 3/29/18 FROM TWIN PEAKS MEDICAL DOCUMENTS DEGENERATIVE ARTHRITIS IN LEFT WRIST. NO IMAGING LOCATED FOR RIGHT WRIST.

DOMINANT HAND

Dominant hand:

- Right Left Ambidextrous

SECTION I - DIAGNOSIS

NOTE: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

For the Claimed Compensation Condition of - LEFT WRIST PAIN ← THIS IS A CLAIM FOR LEFT WRIST PAIN, INDICATING THAT THE LEFT WRIST IS THE CLAIMED EXTREMITY AND THE RIGHT WRIST IS THE UNCLAIMED EXTREMITY.

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks Section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

- The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the Remarks Section.)

	Side affected:	ICD Code:	Date of diagnosis:	
	<input type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Both		Right: _____	Left: _____
<input checked="" type="checkbox"/> Wrist sprain, chronic	<input type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Both	S63	Right: _____	Left: 2012
<input type="checkbox"/> Ganglion cyst	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> Carpal metacarpal (CMC) arthritis	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> Triangular fibrocartilaginous complex (TFCC) injury	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> De Quervain's syndrome	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/> Carpal instability (intercalated segment/midcarpal/scapholunate dissociation)	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	_____	Right: _____	Left: _____

<input type="checkbox"/>	Avascular necrosis of carpal bones	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Wrist arthroplasty (total/ulnar head replacement)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Ankylosis of wrist	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
[X]	Degenerative arthritis, other than post-traumatic	<input type="checkbox"/> Right	[X] Left	<input type="checkbox"/> Both	M19	Right: _____	Left: 2018
<input type="checkbox"/>	Arthritis, gonorrheal	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Arthritis, pneumococcic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Arthritis, streptococcic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Arthritis, syphilitic	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Arthritis, rheumatoid (multi-joints)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Post-traumatic arthritis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Arthritis, typhoid	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Other specified forms of Arthropathy (excluding gout) (specify)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Osteoporosis, residuals of	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Osteomalacia, residuals of	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Bones, neoplasm, benign	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Osteitis deformans	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Gout	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Bursitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Myositis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Heterotopic ossification	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Tendinopathy (select one if known)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Tenosynovitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Tendinitis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Tendinosis	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____
<input type="checkbox"/>	Inflammatory other types (specify)	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____	Right: _____	Left: _____

- Other (specify)
Other diagnosis
#1:

Side affected: Right Left Both ICD Code: _____ Date of diagnosis: _____
Right: _____ Left: _____

- Other diagnosis
#2:

Side affected: Right Left Both ICD Code: _____ Date of diagnosis: _____
Right: _____ Left: _____

If there are additional diagnoses that pertain to wrist conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's wrist condition (brief summary):

Date of onset: 2012

Details of onset: Veteran reports falling during training exercises, breaking his fall with his left arm and feeling immediate pain in the left wrist. He was treated with rest and immobilization but the pain continued and progressed with repetitive stress during service.

Course of the condition since onset:

Progressed/Worsened

Stayed the same

Improved

Resolved

Other, please describe:

Current symptoms (or state if the condition has resolved): Ongoing aching pain increasing with overuse, limited ROM.

Any treatment, medications or surgery? Originally treated with rest and immobilization, now treats with NSAIDs as needed. Also uses a brace occasionally.

2B. Does the Veteran report flare-ups of the wrist?

Yes No

If yes, document the Veteran's description of the flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms.

Frequency: Once a month

Duration: Two days

Characteristics: Significantly increased pain and weakness.

Precipitating factors: Overuse

Alleviating factors: NSAIDs, rest

Severity: Mild Moderate Severe

Extent of functional impairment he or she experiences during a flare-up of symptoms: Limited lifting ability.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time?

Yes No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words:

“It always hurts but when I have to use my wrist a lot the pain gets worse and I can’t even lift things.”

SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up, however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided – such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an “as clear as possible” description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

3A. Initial ROM measurements

RIGHT WRIST ← THIS IS THE UNCLAIMED EXTREMITY. BECAUSE THE UNCLAIMED EXTREMITY IS REPORTED AS DAMAGED, ACTIVE AND PASSIVE ROM TESTING ARE NOT REQUIRED FOR THIS EXAM.

- All Normal
 Abnormal or outside of normal range
 Unable to test
 Not indicated

If “Unable to test” or “Not indicated” please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically

contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? ← THIS QUESTION IS ONLY ANSWERED FOR THE UNCLAIMED EXTREMITY. BECAUSE THIS UNCLAIMED EXTREMITY IS DAMAGED, TESTING SHOULD BE PERFORMED.

Yes No

If no, provide an explanation: ← EXPLANATION CAN SIMPLY BE "UNCLAIMED DAMAGED JOINT."

Unclaimed damaged joint

If this is the unclaimed joint, is it:

Damaged Undamaged ← BECAUSE YOU ANSWERED "NO" ABOVE (CAN TESTING BE PERFORMED?), THIS SHOULD BE MARKED "DAMAGED."

If undamaged, range of motion testing must be conducted.

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values: ← BECAUSE THE UNCLAIMED EXTREMITY IS DAMAGED, ACTIVE ROM TESTING WILL NOT BE PERFORMED.

Dorsiflexion endpoint (70 degrees):	_____	Degrees
Palmar flexion endpoint (80 degrees):	_____	Degrees
Ulnar deviation endpoint (45 degrees):	_____	Degrees
Radial deviation endpoint (20 degrees):	_____	Degrees

If noted on examination, which ROM exhibited pain? (Select all that apply):

Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____	Dorsiflexion degree endpoint (if different than above)
_____	Palmar flexion degree endpoint (if different than above)
_____	Ulnar deviation degree endpoint (if different than above)
_____	Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values. ← BECAUSE THE UNCLAIMED EXTREMITY IS DAMAGED, PASSIVE ROM TESTING WILL NOT BE PERFORMED.

IN THIS EXAMPLE, BECAUSE THE UNCLAIMED SIDE IS DAMAGED, YOU SHOULD NOT MEASURE THE ACTIVE AND PASSIVE ROM, AND NO FURTHER INFORMATION WILL BE PROVIDED FOR THE RIGHT WRIST ON THIS DBQ – INCLUDING A DIAGNOSIS OR DIAGNOSES.

Dorsiflexion endpoint (70 degrees):	_____	degrees	<input type="checkbox"/> Same as active ROM
Palmar flexion endpoint (80 degrees):	_____	degrees	<input type="checkbox"/> Same as active ROM
Ulnar deviation endpoint (45 degrees):	_____	degrees	<input type="checkbox"/> Same as active ROM
Radial deviation endpoint (20 degrees):	_____	degrees	<input type="checkbox"/> Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

- _____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

- Yes No

If yes check all that apply:

- weight-bearing
 nonweight-bearing
 active motion
 passive motion
 on rest/non-movement
 causes functional loss (if checked describe in the comments box below)
 does not result in/cause functional loss

Comments:

Is there objective evidence of crepitus?

- Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

- Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location:

Severity:

Relationship to condition(s):

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY (EXCEPT IF OTHERWISE NOTED)

- All Normal
 Abnormal or outside of normal range
 Unable to test
 Not indicated

If “Unable to test” or “Not indicated” please explain:

If ROM is outside of "normal" range, but is normal for the Veteran (for reasons other than a wrist condition, such as age, body habitus, neurologic disease), please describe:

If abnormal, does the range of motion itself contribute to a functional loss?

Yes No

(If yes, please explain)

NOTE: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

Can testing be performed? **← THIS QUESTION IS ONLY ANSWERED FOR THE UNCLAIMED EXTREMITY. SINCE THIS IS THE CLAIMED EXTREMITY, YOU SHOULD LEAVE THIS QUESTION BLANK.**

Yes No

~~If no, provide an explanation:~~

If this is the unclaimed joint, is it: **← SAME GUIDANCE AS ABOVE. SINCE THIS IS THE CLAIMED EXTREMITY, YOU SHOULD LEAVE THIS QUESTION BLANK.**

Damaged Undamaged

~~If undamaged, range of motion testing must be conducted.~~

Active Range of Motion (ROM) - Perform active ROM and provide the ROM values:

Dorsiflexion flexion endpoint (70 degrees):	<u>50</u>	Degrees
Palmar flexion endpoint (80 degrees):	<u>55</u>	Degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	Degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	Degrees

If noted on examination, which ROM exhibited pain? (Select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

 Dorsiflexion degree endpoint (if different than above)
 Palmar flexion degree endpoint (if different than above)
 Ulnar deviation degree endpoint (if different than above)
 Radial deviation degree endpoint (if different than above)

Describe:

Passive Range of Motion - Perform passive ROM and provide the ROM values.

Dorsiflexion endpoint (70 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Palmar flexion endpoint (80 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Ulnar deviation endpoint (45 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM
Radial deviation endpoint (20 degrees):	_____	degrees	<input checked="" type="checkbox"/> Same as active ROM

If noted on examination, which passive ROM exhibited pain? (select all that apply):

- Dorsiflexion
 Palmar flexion
 Ulnar deviation
 Radial deviation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other, please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

_____ Dorsiflexion degree endpoint (if different than above)
 _____ Palmar flexion degree endpoint (if different than above)
 _____ Ulnar deviation degree endpoint (if different than above)
 _____ Radial deviation degree endpoint (if different than above)

Describe:

Is there evidence of pain?

Yes No

If yes check all that apply:

weight-bearing
 nonweight-bearing

active motion
 passive motion
 on rest/non-movement

causes functional loss (if checked describe in the comments box below)
 does not result in/cause functional loss

Comments:

Pain limits ability to lift/carry.

Is there objective evidence of crepitus?

Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue?

Yes No

If yes, please explain. Include location, severity, and relationship to condition(s).

Location:

Severity:

Relationship to condition(s):

3B. Observed repetitive use ROM ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

RIGHT WRIST

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY.

Is the Veteran able to perform repetitive-use testing with at least three repetitions?

Yes No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?

Yes No

If yes, please respond to the following after the completion of the three repetitions:

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

NOTE: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of

range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups – even if not directly observed during a flare-up and/or after repeated use over time.

3C. Repeated use over time ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

RIGHT WRIST

Is the Veteran being examined immediately after repeated use over time?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST ← THIS IS THE CLAIMED EXTREMITY, SO THIS SECTION SHOULD BE COMPLETED IN ITS ENTIRETY (EXCEPT WHERE OTHERWISE NOTED)

Is the Veteran being examined immediately after repeated use over time?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time?

Yes No

BECAUSE YOU SELECTED 'YES,' YOU MUST SELECT ALL FACTORS THAT CAUSE THE FUNCTIONAL LOSS FROM THE LIST BELOW.

IF YOU WERE TO HAVE SELECTED 'NO,' YOU CAN LEAVE THE LIST BLANK OR SELECT "N/A" ONLY. NO OTHER FACTORS SHOULD BE SELECTED.

Select factors that cause this functional loss. (Check all that apply):

- N/A
- Pain
- Fatigability
- Weakness
- Lack of endurance
- Incoordination
- Other

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran. ← ROM ESTIMATES SHOULD ONLY BE PROVIDED IF THE ANSWER WAS 'YES' ABOVE. IF ROM IS THE SAME AS INITIAL AND THEY ARE NOT BEING SEEN IMMEDIATELY AFTER REPEATED USE OVER TIME (RUOT), THEN THAT MEANS THE VETERAN IS NOT SIGNIFICANTLY LIMITED WITH RUOT AND THEREFORE THE QUESTION ABOVE SHOULD BE UPDATED TO 'NO' WITH THE REST OF THE SECTION BLANKED OUT.

Dorsiflexion endpoint (70 degrees):	<u>45</u>	degrees
Palmar flexion endpoint (80 degrees):	<u>50</u>	degrees
Ulnar deviation endpoint (45 degrees):	<u>45</u>	degrees
Radial deviation endpoint (20 degrees):	<u>20</u>	degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

PER VA, AN ESTIMATION OF ROM SHOULD BE POSSIBLE IN MOST SITUATIONS. THEREFORE, YOU SHOULD ONLY BE FILLING OUT THE AREA BELOW IN THE RAREST OF CIRCUMSTANCES. IF YOU DETERMINE AN ESTIMATION OF ROM IS NOT FEASIBLE YOU WILL NEED TO PROVIDE A VERY DETAILED EXPLANATION DISCUSSING EVERY PIECE OF EVIDENCE FROM THE RECORDS, THE EXAM, THE VETERAN'S HISTORY, ETC. BEFORE STATING YOU CANNOT OPINE.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.) ← THIS SHOULD ONLY BE ANSWERED IF YOU REPORT THAT FUNCTION IS SIGNIFICANTLY LIMITED WITH RUOT BUT YOU CANNOT DESCRIBE IN TERMS OF ROM. IN THAT CASE, YOU SHOULD DESCRIBE HERE, WHILE ABIDING BY THE LEGAL RULING NOTED ABOVE.

REMEMBER, YOUR EXPLANATION NEEDS TO BE SPECIFIC TO THE VETERAN YOU ARE EVALUATING. THE VA WILL NOT ACCEPT ANY "CANNED" STATEMENTS OR GENERIC EXPLANATIONS THAT DO NOT APPLY TO THAT VETERAN IN PARTICULAR.

3D. Flare-ups ← YOU WILL NOT COMPLETE THIS SECTION FOR THE RIGHT WRIST, AS ONLY ACTIVE AND PASSIVE ROM IS NEEDED FOR THE UNCLAIMED EXTREMITY.

RIGHT WRIST

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Dorsiflexion endpoint (70 degrees): _____ degrees

Palmar flexion endpoint (80 degrees): _____ degrees

Ulnar deviation endpoint (45 degrees): _____ degrees

Radial deviation endpoint (20 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

LEFT WRIST ← SAME GUIDANCE AS 3C. REPEATED USE OVER TIME.

Is the examination being conducted during a flare-up?

Yes No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups?

Yes No

Select factors that cause this functional loss. (Check all that apply):

N/A

Pain

Fatigability

Weakness

Lack of endurance

Incoordination

Other

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Dorsiflexion endpoint (70 degrees): 45 degrees

Palmar flexion endpoint (80 degrees): 50 degrees

Ulnar deviation endpoint (45 degrees): 45 degrees

Radial deviation endpoint (20 degrees): 20 degrees

The examiner should provide the estimated range of motion based on a review of all procurable information – to include the Veteran’s statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner’s medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner’s shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)

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DIABETES EXAMS



DIAGNOSING DIABETES

- In order for the VA to accept a diagnosis of diabetes, you will need to provide objective evidence from either current lab work or from the Veteran's medical records. **A medical records review is required for all new claims and service connected claims of diabetes.**
- This evidence will be reported in **Section V – Diagnostic Testing** on the Diabetes DBQ.
- A diagnosis of diabetes can be rendered (*or retained*) by citing either:
 - Two fasting blood sugars of 126+ (*the CMP that VES orders can count as one of those if it is 126+*).
 - Two A1Cs of 6.5+%
 - A two-hour GTT result of 200+
 - Any one blood sugar of 200+ with classic symptoms of hyperglycemia (increased thirst, frequent urination, hunger, weight loss, numbness in their extremities, etc.)

SECTION V - DIAGNOSTIC TESTING ⓘ

5A. Test results used to make the diagnosis of diabetes mellitus (*if known*) (*Check all that apply*)

NOTE: If laboratory test results are in the medical record, repeat testing is not required. A glucose tolerance test is not required for VA purposes; report this test only if already completed

Fasting plasma glucose test (FPG) of ≥ 126 mg/dl on 2 or more occasions

Dates:

A1C of 6.5% or greater on 2 or more occasions

Dates:

2-hr plasma glucose of ≥ 200 mg/dl on glucose tolerance test

Date:

Random plasma glucose of ≥ 200 mg/dl with classic symptoms of hyperglycemia

Dates:

- If you are unable to locate the lab work needed to meet the criteria for Question 5A please contact vesphysicianshelp@vesservices.com for additional assistance.

COMPLICATIONS OF DIABETES

- In addition to evaluating the claimed diabetes, you will also be asked to address any conditions that are “*at least as likely as not*” directly a result of diabetes.
- Any direct complications of diabetes selected in Sections 3A or 3B should have an onset date near or after the onset of the diabetes itself. If any of the Veteran’s complications of diabetes were formally diagnosed prior to the diagnosis of diabetes, please provide your rationale regarding their relationship in the **Remarks** section.
 - *For example: “The Veteran’s records show years of impaired fasting glucose levels prior to the formal diagnosis of diabetes, which likely led to the development of peripheral vascular disease.”*
- If necessary, you will need to add and complete the appropriate DBQ to fully evaluate the condition.
 - *For example: You diagnose the Veteran with Congestive Heart Failure that is directly caused by his or her diabetes. You would check off **Cardiac condition(s)** and then add the Heart DBQ by clicking on the ‘Add 8016-Heart Diseases DBQ’ below.*

3B. *Does the Veteran have any of the following conditions that are at least as likely as not (*at least a 50% probability*) due to diabetes mellitus?

Yes No

If yes, indicate the conditions below (*Check all that apply*):

Erectile Dysfunction
If checked, also complete Male Reproductive System Questionnaire.
[Add 10017-MALE REPRODUCTIVE SYSTEM DBQ](#)

Cardiac condition(s)
If checked, also complete appropriate cardiac Questionnaires (IHD or other cardiac questionnaire).
[Add 8016-HEART DISEASES DBQ](#)

What type of diagnostics the VA needs for heart conditions:

ARRHYTHMIA: E-MAIL VES TO REQUEST AN EKG AND ECHO	SUPRAVENTRICULAR TACHYCARDIA: E-MAIL VES TO REQUEST AN EKG AND ECHO
RIGHT BUNDLE BRANCH BLOCK: E-MAIL VES TO REQUEST AN EKG AND ECHO	ATRIOVENTRICULAR BLOCK (AV BLOCK): E-MAIL VES TO REQUEST AN EKG AND ECHO
ATRIAL FIBRILLATION: E-MAIL VES TO REQUEST AN EKG AND ECHO	VENTRICULAR ARRHYTHMIA (SUSTAINED): E-MAIL VES TO REQUEST AN EKG AND ECHO
ABNORMAL EKG: E-MAIL VES TO REQUEST AN EKG AND ECHO	CONGESTIVE HEART FAILURE: E-MAIL VES TO REQUEST AN CXR AND ECHO
ATRIAL FLUTTER: E-MAIL VES TO REQUEST AN EKG AND ECHO	ALL OTHER HEART CONDITIONS - ECHO ONLY

- Additionally, you will also need to select the appropriate diagnostics for whichever heart condition you diagnose.

3B. *Does the Veteran have any of the following conditions that are at least as likely as not (at least a 50% probability) due to diabetes mellitus?
 Yes No
 If yes, indicate the conditions below (Check all that apply):

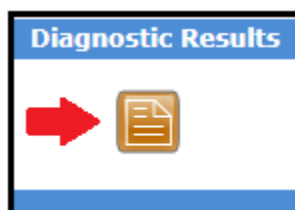
Erectile Dysfunction
If checked, also complete Male Reproductive System Questionnaire.

Cardiac condition(s)
If checked, also complete appropriate cardiac Questionnaires (IHD or other cardiac questionnaire).

What type of diagnostics the VA needs for heart conditions:

ARRHYTHMIA: E-MAIL VES TO REQUEST AN EKG AND ECHO	SUPRAVENTRICULAR TACHYCARDIA: E-MAIL VES TO REQUEST AN EKG AND ECHO
RIGHT BUNDLE BRANCH BLOCK: E-MAIL VES TO REQUEST AN EKG AND ECHO	ATRIOVENTRICULAR BLOCK (AV BLOCK): E-MAIL VES TO REQUEST AN EKG AND ECHO
ATRIAL FIBRILLATION: E-MAIL VES TO REQUEST AN EKG AND ECHO	VENTRICULAR ARRHYTHMIA (SUSTAINED): E-MAIL VES TO REQUEST AN EKG AND ECHO
ABNORMAL EKG: E-MAIL VES TO REQUEST AN EKG AND ECHO	CONGESTIVE HEART FAILURE: E-MAIL VES TO REQUEST AN CXR AND ECHO
ATRIAL FLUTTER: E-MAIL VES TO REQUEST AN EKG AND ECHO	ALL OTHER HEART CONDITIONS - ECHO ONLY

- Because you diagnosed Congestive Heart Failure that is due to the Veteran's diabetes, you will click here to request a chest x-ray and an ECHO. This will send an email to the QA assigned to the case and the QA will double-check with our records department to ensure that we haven't received any previous diagnostics that can be used.
- If we do have recent diagnostic results, the QA will notify you that they have been uploaded into your portal for you to review. The results can be accessed by clicking the icon below **Diagnostic Results** on the Veteran's Information page.



- If there are no recent results, the QA will then alert our Diagnostics department to schedule new testing. Once the results for those new diagnostics are available, the QA will notify you that they have been uploaded into your portal for you to review.

PRE-EXISTING CONDITIONS PERMANENTLY AGGRAVATED BY DIABETES



- These are conditions that existed prior to the onset of diabetes however they worsened significantly and permanently after the onset of diabetes.
- For all aggravations, you would need to complete an associated DBQ if it's listed under Question 3C.

3C. Has the Veteran's diabetes mellitus at least as likely as not (*at least 50% probability*) permanently aggravated (*meaning that any worsening of the condition is not due to natural progress*) any of the following conditions?
If yes, indicate the conditions below. *Check all that apply.*

Cardiac condition(s)
If checked, also complete appropriate cardiac Questionnaires (IHD or other questionnaire).
Add 8016-HEART DISEASES DBQ

What type of diagnostics the VA needs for heart conditions:

ARRHYTHMIA: E-MAIL VES TO REQUEST AN EKG AND ECHO	SUPRAVENTRICULAR TACHYCARDIA: E-MAIL VES TO REQUEST AN EKG AND ECHO
RIGHT BUNDLE BRANCH BLOCK: E-MAIL VES TO REQUEST AN EKG AND ECHO	ATRIOVENTRICULAR BLOCK (AV BLOCK): E-MAIL VES TO REQUEST AN EKG AND ECHO
ATRIAL FIBRILLATION: E-MAIL VES TO REQUEST AN EKG AND ECHO	VENTRICULAR ARRHYTHMIA (SUSTAINED): E-MAIL VES TO REQUEST AN EKG AND ECHO
ABNORMAL EKG: E-MAIL VES TO REQUEST AN EKG AND ECHO	CONGESTIVE HEART FAILURE: E-MAIL VES TO REQUEST AN CXR AND ECHO
ATRIAL FLUTTER: E-MAIL VES TO REQUEST AN EKG AND ECHO	ALL OTHER HEART CONDITIONS - ECHO ONLY

 Hypertension
If checked, also complete Hypertension Questionnaire.
 Add 8045-HYPERTENSION DBQ

Renal disease
If checked, also complete Kidney Questionnaire.
Add 10016-KIDNEY CONDITIONS DBQ

- For “aggravation” conditions, the VA will also ask you to address the following:

Please address the following for any condition indicated in question 3C above as permanently aggravated beyond a normal progression by diabetes mellitus:

1. Please describe the baseline manifestations which are due to the effect of the original disease or injury prior to any aggravation by diabetes mellitus.
2. Please describe the objective evidence of increased manifestation which, in the examiner's opinion, are proximately due to diabetes mellitus based on medical considerations.
3. Please describe the medical considerations supporting an opinion (i.e. rationale) that increased manifestations of the original disease or injury are proximately due to the diabetes mellitus.

- Please describe the baseline manifestations which are due to the effect of the original disease or injury prior to any aggravation by diabetes mellitus. (*i.e., the severity of the pre-existing condition prior to the onset of diabetes*).
- Please describe the objective evidence of increased manifestation which, in the examiner's opinion, are proximately due to diabetes mellitus based on medical considerations. (*i.e., what current findings/symptoms/etc. were likely caused by the diabetes*).
- Please describe the medical considerations supporting an opinion (*i.e. rationale*) that increased manifestations of the original disease or injury are proximately due to the diabetes mellitus. (*i.e., provide a medical rationale to help support your opinion*).
- Below is an example of a provider describing how a Veteran's diabetes have permanently aggravated his already diagnosed hypertension.

Please address the following for any condition indicated in question 3C above as permanently aggravated beyond a normal progression by diabetes mellitus:

1. Please describe the baseline manifestations which are due to the effect of the original disease or injury prior to any aggravation by diabetes mellitus.

The veteran has a longstanding history of essential hypertension diagnosed years before he became diabetic. His blood pressure was stable for the ten years before he became diabetic as evidenced by normal blood pressure readings while taking the same dose of one anti-hypertensive medication.

2. Please describe the objective evidence of increased manifestation which, in the examiner's opinion, are proximately due to diabetes mellitus based on medical considerations.

Two years after he became diabetic his blood pressure readings slowly escalated to the point his doctor increased the dose of his original antihypertensive medication. When that failed to control his blood pressure a second antihypertensive agent was added. His blood pressure remains somewhat labile.

3. Please describe the medical considerations supporting an opinion (*i.e. rationale*) that increased manifestations of the original disease or injury are proximately due to the diabetes mellitus.

Documentation in the veteran's medical records confirm that his blood pressure remained stable for the ten years prior to his diagnosis of DM type II, as well as the escalation of his blood pressure after said diagnosis. High glucose levels can over time damage the blood vessels and cause them to be overworked – which in turn can cause an increase in blood pressure. Considering that his blood pressure was well controlled for years prior to his diabetes diagnosis, it's clear that his diabetes has aggravated his hypertension.

LOCATIONS ASSOCIATED WITH AGENT ORANGE EXPOSURE

If a Veteran served in any of the below locations, and ever develops one of the recognized presumptive conditions, the VA will concede this connection and will expect these conditions to be diagnosed with this etiology.

Exposure to Agent Orange in Vietnam	<i>Exposure on land in Vietnam or on a ship operating on the inland waterways of Vietnam between January 9, 1962 and May 7, 1975.</i>
C-123 Airplanes and Agent Orange Residue	<i>Possible exposure of crew members to herbicide residue in C-123 planes flown during and after the Vietnam War.</i>
Blue Water Veterans	<i>Possible exposure on open sea ships off the shore of Vietnam during the Vietnam War.</i>
U.S. Navy and Coast Guard Ships in Vietnam	<i>Ships and boats with operations in Vietnam between January 9, 1962 and May 7, 1975.</i>
Korean Demilitarized Zone	<i>Exposure along the demilitarized zone in Korea between April 1, 1968 and August 31, 1971.</i>
Thailand Military Bases	<i>Possible exposure on or near the perimeters of military bases between February 28, 1961 and May 7, 1975.</i>
Herbicide Tests and Storage outside Vietnam	<i>Possible exposure due to herbicide tests and storage at military bases in the United States and locations in other countries.</i>

The above list is retrieved from:

<http://www.publichealth.va.gov/PUBLICHEALTH/exposures/agentorange/locations/index.asp>

For the most up-to-date information regarding this topic please visit this link.

DESCRIPTION OF DISEASES ASSOCIATED WITH AGENT ORANGE

Presumptive diseases due to Agent Orange include:

- 1. AL Amyloidosis.** A rare disease caused when an abnormal protein, amyloid, enters tissues or organs.
- 2. Chronic B-cell Leukemias.** A type of cancer which affects white blood cells.
- 3. Chloracne (or similar acneiform disease).** A skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers. Under VA's rating regulations, it must be at least 10 percent disabling within one year of exposure to herbicides.
- 4. Diabetes Mellitus Type 2.** A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.
- 5. Hodgkin's Disease.** A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.
- 6. Ischemic Heart Disease.** A disease characterized by a reduced supply of blood to the heart that leads to chest pain.
- 7. Multiple Myeloma.** A cancer of plasma cells, a type of white blood cell in bone marrow
- 8. Non-Hodgkin's Lymphoma.** A group of cancers that affect the lymph glands and other lymphatic tissue.
- 9. Parkinson's Disease.** A progressive disorder of the nervous system that affects muscle movement.
- 10. Peripheral Neuropathy, Early-Onset.** A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10 percent disabling within one year of herbicide exposure.
- 11. Porphyria Cutanea Tarda.** A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10 percent disabling within one year of exposure to herbicides.
- 12. Prostate Cancer.** Cancer of the prostate; one of the most common cancers among men.

13. Respiratory Cancers (includes lung cancer). Cancers of the lung, larynx, trachea, and bronchus.

14. Soft Tissue Sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma). A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues.

The above list is retrieved from:

<http://www.publichealth.va.gov/PUBLICHEALTH/exposures/agentorange/conditions/index.asp>

For the most up-to-date information regarding this topic please visit this link.

IMPORTANT REMINDERS FOR DIABETES EXAMS

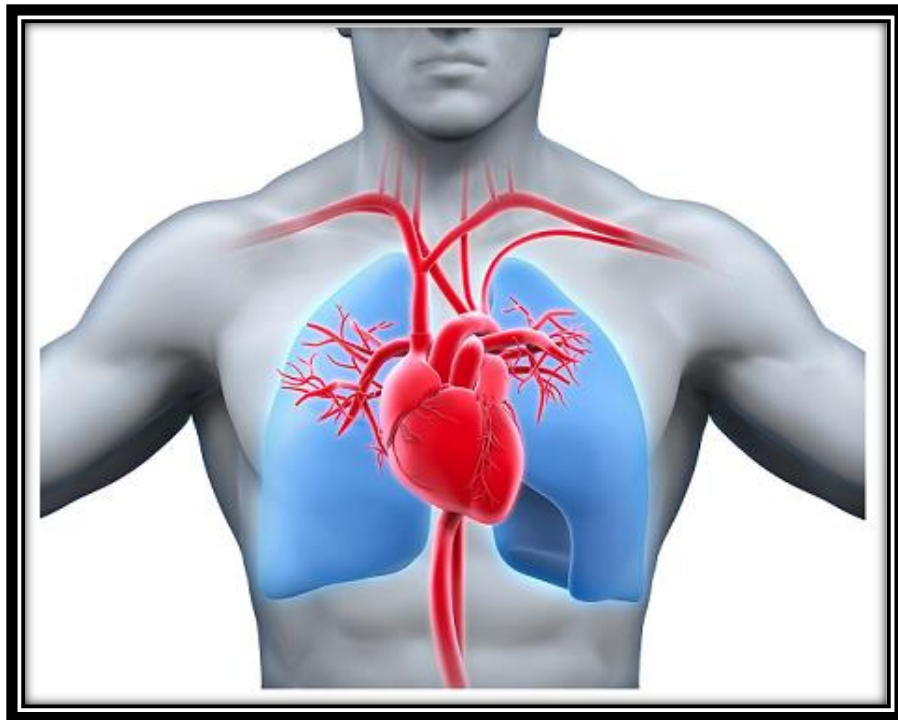
- All diabetes exams (*new claims and service connected claims*) will require a medical records review. Please ensure that the Veteran's c-file and/or pertinent records are reviewed, and that this is noted in your report.
- Conditions cannot be both secondary to **AND** aggravated by diabetes. The same condition cannot be addressed in 3A/B and 3C.
- Please remember to complete all necessary "triggered" worksheets at the time of the original examination. This will prevent us from having to reschedule the Veteran for a follow up exam to address those additional conditions.
- In order for the VA to accept hypertension as a direct complication of diabetes (*under Question 3B.*), the Veteran must also have diabetic kidney disease that preceded the onset of the hypertension. If there is no kidney disease, or the hypertension preceded the onset of the diabetes or kidney disease, then it can only be aggravated by diabetes (*addressed under Question 3C.*) and not directly due to diabetes.
 - Here is the correct onset order:

DIABETES → DIABETIC KIDNEY DISEASE → HYPERTENSION

- Diabetes Mellitus Type II is a presumptive condition of Agent Orange. This simply means in the absence of any other obvious etiology, if the Veteran served in areas that were affected by Agent Orange*, the VA will concede the connection and expect the diabetes to be diagnosed with this etiology. However, Diabetes Type 1 **cannot** be presumptively connected to Agent Orange.

*For a list of locations associated with Agent Orange exposure as well as a list of diseases associated with Agent Orange, please see pages 38 and 39 of this guide.

HEART EXAMS



INTERVIEW-BASED METS SECTION

INTERVIEW-BASED METS

From VES Medical Director, Dr. Jeffrey Middeldorf:

For these questions, the VA is interested to know how the Veteran's heart is functioning and impacting his/her day-to-day activities, and whether the Veteran has non-cardiac conditions which contribute to any decrease in functioning. We are all aware that many of the Veterans have multiple health issues. Commonly, we see heart conditions combined with respiratory and or musculoskeletal issues. The VA wants you to interview the Veteran using the questions within the DBQ and determine what his/her METS are. Once established, they then need apportionment. To the best of your ability, the VA wishes to know how much limitation is due to the heart, as opposed to any other medical conditions. Sometimes it is hard to parse this out as the Veteran may, for instance, have peripheral neuropathy but also radiculopathy and COPD. As another example, it could be that the Veteran's heart condition was an arrhythmia that has now resolved and 0% of the METS is heart related. In other cases, the ejection fraction may be 20% with a history of CABG or stenting that has left the Veteran severely impaired, so 90% of the limitation is for the heart, and maybe 10% is from a back condition. As you know, this is more art than science, but the VA does want your considered opinion, so do not be afraid to fill this section out.

Please feel free to contact me at middelj@vesservices.com with any questions.

A handwritten signature in black ink, appearing to read "Jeffrey Middeldorf", with a stylized flourish at the end.

Jeffrey Middeldorf, D.O.
VES Medical Director

COMPLETING THE METS SECTION

For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias).

SECTION XIV - METs TESTING

NOTE: For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias.)

If a laboratory determination of METs by exercise testing cannot be done for medical reasons (e.g. chronic CHF or multiple episodes of acute CHF within the past 12 months), or if exercise-based METs test was not completed because it is not required as part of the veteran's treatment plan, or if exercise stress test results do not reflect veteran's current cardiac function, perform an interview-based METs test based on the veteran's responses to a cardiac activity questionnaire and provide the results below.

14A. Indicate all testing completed; providing only most recent results which reflect the Veteran's current functional status (*Check all that apply*): **← THIS IS ONLY IF THEY HAVE A STRESS TEST IN THEIR RECORDS, SINCE VES DOES NOT PERFORM OR ORDER EXERCISE STRESS TESTS.**

Exercise stress test ← IF AN EXERCISE STRESS TEST IS FOUND IN THE RECORDS, THIS SECTION CAN BE COMPLETED. IF NO STRESS TEST IS FOUND, THE BELOW YELLOW HIGHLIGHTED SECTION CAN BE LEFT BLANK.

Date of most recent exercise stress test: _____

Results:

METs level the Veteran performed, if provided: _____

Did the test show ischemia?

Yes No

If no, was the test terminated due to symptoms related to the cardiac condition?

Yes, the test terminated due to symptoms related to the cardiac condition.

No, the test was terminated due to symptoms not related to the cardiac condition.

(Examiner needs to complete 14C thru 14F.)

If the test terminated due to symptoms not related to the cardiac condition, please provide the reason for termination.

14B. If an exercise stress test was not performed, provide reason.

Veteran has a medical contraindication, describe:

Left ventricular ejection fraction is 50% or less

Veteran has chronic CHF

Veteran has had multiple episodes of acute CHF within the past 12 months

Veteran's previous exercise stress test reflects current cardiac function

Exercise stress testing is not required as part of the Veteran's current treatment plan and this test is not without significant risk

PLEASE ROUTINELY SELECT THIS OPTION UNLESS ANY OF THE OTHER REASONS IN 14B ARE MORE APPROPRIATE FOR THE VETERAN

Other, describe:

14C. Interview-based METs test ← THIS SECTION IS REQUIRED BY THE VA AND SHOULD BE DONE AT THE TIME OF THE EXAM.

Date of interview-based METs test:

DATE OF YOUR EXAM

Symptoms during activity:

The METs level checked below reflects the lowest activity level at which the Veteran reports any of the following symptoms (*check all symptoms that the Veteran reports at the indicated METs level of activity*):

THESE SYMPTOMS MAY BE DUE TO ANY HEALTH CONDITION, AND NOT JUST THE HEART CONDITIONS.

- Dyspnea
- Fatigue
- Angina
- Dizziness
- Syncope
- Other, describe:

Results of interview-based METs test:

METs level on most recent interview-based METs test:

- (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
- (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
- (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
- (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

The Veteran denies experiencing symptoms attributable to a cardiac condition with any level of physical activity.

IF THIS OPTION IS CHOSEN, THEN NO SYMPTOMS SHOULD BE SELECTED ABOVE.

14D. Has the Veteran had both an exercise stress test and an interview-based METs test? ← MATCH UP WITH 14A. AND 14C.

Yes No ← TYPICALLY THIS WILL BE ANSWERED "NO" AS VES DOES NOT DO EXERCISE STRESS TESTING, BUT IF A STRESS TEST WAS FOUND IN RECORDS SELECT "YES" AND CHOOSE AN OPTION BELOW.

If yes, indicate which results most accurately reflect the Veteran's current cardiac functional level:

Exercise stress test Interview-based METs test N/A

14E. Is the METs level provided above due solely to the heart condition(s) that the Veteran is claiming in the diagnosis section?

Yes No ← IF THE VETERAN HAS COMORBID CONDITIONS THAT COULD ALSO CAUSE FATIGUE, DIZZINESS, ANGINA, ETC. THEN THE METs MIGHT NOT BE DUE SOLELY TO THE HEART CONDITION. IF THAT IS THE CASE, THEN SELECT "NO" AND COMPLETE SECTION 14F. PLEASE PROVIDE YOUR RATIONALE BELOW UNDER "14G. COMMENTS..."

If "No," complete Section 14F.

If "Yes," skip Section 14F.

14F. What is the estimated METs level due solely to the cardiac condition(s) listed above? (If this is different than METs reported above because of co-morbid conditions, provide METs level and rationale below).

THE METs LEVEL DUE SOLELY TO THE HEART CONDITION SHOULD BE EQUAL TO OR GREATER THAN THE METs LEVEL GIVEN ABOVE UNDER QUESTION 14C.

MET level

METs level on most recent interview-based METs test:

- (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
- (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
- (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
- (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

Regarding 14F: The Veteran denies experiencing symptoms attributable solely to a cardiac condition with any level of physical activity. **← THIS IS ONLY SELECTED WHEN THE VETERAN DENIES ANY METs LIMITATIONS.**

Regarding 14F: I am unable to determine the METs level due solely to the cardiac condition without resorting to speculation. **← THIS IS SELECTED IF YOU CANNOT DETERMINE THE METs LEVEL DUE SOLELY TO THE HEART CONDITION. IF YOU SELECT THIS OPTION, QUESTION 14H MUST BE ANSWERED EITHER "YES" OR "NO."**

Rationale:

14G. Comments, if any:

14H. If revised METs solely due to cardiac function cannot be provided without resorting to mere speculation, does the Veteran's LVEF testing render a more accurate finding regarding cardiovascular manifestations alone?

Yes No N/A **← THE ONLY TIME YOU WOULD SELECT "N/A" FOR THIS QUESTION IS WHEN THE METs DUE TO THE CARDIAC CONDITION CAN BE ESTIMATED.**

Please provide a rationale for either a "Yes" or "No" response.

Activities for METs levels:

- 1** – Eating, getting dressed, working at a desk
- 2** – Taking a shower, walking down eight steps
- 3** – Walking slowly on a flat surface for one or two blocks; a moderate amount of work around the house, like vacuuming, sweeping the floors or carrying groceries
- 4** – Light yard work, (i.e. raking leaves, weeding or pushing a power mower,) painting or light carpentry
- 5** – Walking briskly, (i.e. four miles in one hour)
- 6** – Playing nine holes of golf and carrying your own clubs; heavy carpentry; mowing lawn with a push mower
- 7** – Performing heavy outdoor work, (i.e. digging, spading soil, etc.) Playing tennis (singles); carrying 60 pounds
- 8** – Moving/jogging slowly, climbing stairs quickly, carrying 20 pounds upstairs
- 9** – Bicycling at a moderate pace, sawing wood, jumping rope (slowly)
- 10** – Briskly swimming, bicycling up a hill, walking briskly uphill, jogging six miles per hour

If you are ever in doubt about your METs estimate, use the lower number. Furthermore, when METs cannot be estimated, rather than resorting to speculation, provide a thorough explanation as to why this is the case.

Additionally, if the Veteran has multiple heart conditions and some are opined as serviced connected while others are not, it is a best practice to specify the METs level due solely to the service-related heart conditions whenever possible.

IMPORTANT REMINDERS FOR HEART EXAMS

- Ischemic Heart Disease (IHD) is a presumptive Agent Orange condition that includes, but is not limited to:
 - **Acute, subacute, and old myocardial infarction**
 - **Atherosclerotic cardiovascular disease - ASCD** (*only in the presence of myocardial infarction, stent placement, CABG, or specific abnormal EKG/echo results*)
 - **Coronary artery disease – CAD** (*only in the presence of myocardial infarction, stent placement, CABG, or specific abnormal EKG/echo results*)
 - **Coronary bypass surgery** (*such as Coronary Artery Bypass grafting - CABG or PCI with stent placement*)
 - **Coronary spasm**
 - **Stable, unstable and Prinzmetal's angina**
 - **Stent placement** (*aka PCI with stent placement*)
- **Heart Condition Etiologies**
 - Each diagnosed heart condition should have an etiology provided if possible. If an etiology is unknown, please state so.

2C. Provide the etiology, if known, of each of the Veteran's heart conditions, including the relationship/causality to other heart conditions, particularly the relationship/causality to the Veteran's IHD conditions, if any:

Heart condition #1 (provide etiology):

Heart condition #2 (provide etiology):

If there are additional heart conditions, list and provide etiology, using the above format:

- If there are additional conditions, please list them here.

2C. Provide the etiology, if known, of each of the Veteran's heart conditions, including the relationship/causality to other heart conditions, particularly the relationship/causality to the Veteran's IHD conditions, if any:

Heart condition #1 (provide etiology):

Heart condition #2 (provide etiology):

If there are additional heart conditions, list and provide etiology, using the above format:

If the Veteran is taking medications for his or her heart condition(s), please list all medications here and specify the underlying condition for each.

2D. Is continuous medication required for control of the Veteran's heart condition?

Yes No

If "Yes," list medications required for the Veteran's heart condition **(include name of medication and heart condition it is used for, such as atenolol for myocardial infarction or atrial fibrillation)**

MUSCULOSKELETAL EXAMS



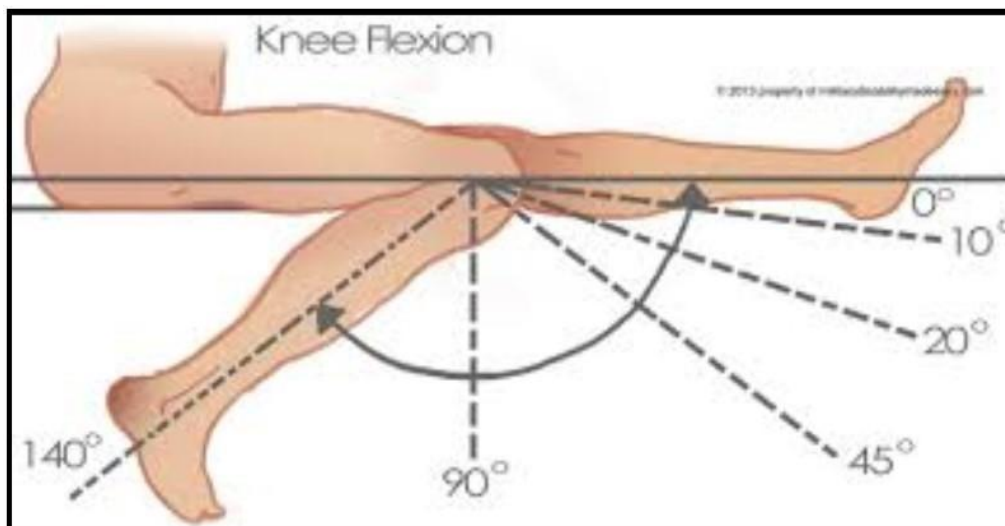
RANGE OF MOTION TESTING

- **What is ROM?** Range of motion is a measurement of movement around a joint.
- Our work is mostly with synovial joints, of which there are 6 types:
 - **Gliding joints** move against each other on a single plane. Major gliding joints include the intervertebral joints and the **bones of the wrists and ankles.**
 - **Hinge joints** move on just one axis. These joints allow for flexion and extension. **Major hinge joints include the elbow and finger joints.**
 - **A pivot joint** provides rotation. At the top of the spine, the atlas and axis form **a pivot joint that allows for rotation of the head.**
 - **A condyloid joint** allows for circular motion, flexion, and extension. The wrist joint between the radius and the carpal bones is an example of a condyloid joint.
 - **A saddle joint** allows for flexion, extension, and other movements, but no rotation. In the hand, the thumb's saddle joint (between the first metacarpal and the trapezium) lets the thumb cross over the palm, making it opposable.
 - **The ball-and-socket joint** is a freely moving joint that can rotate on any axis. **The hip and shoulder joints are examples of ball and socket joints.**
- We deal primarily with hinge joints, gliding joints, and ball-and-socket joints.

ROM FOR HINGE JOINTS (KNEE, ELBOW, FINGER, ETC.)

- For our purposes the most common hinge joint is the knee. In hinge joints, the two bones only move along one axis, like folding and unfolding a wallet. When the wallet (or knee) is completely unfolded/straight, that is the knee at 0 degrees of both flexion and extension. When it is being bent, that is FLEXION motion, with a normal endpoint of 140. Once it reaches its flexion endpoint, the next motion is EXTENSION, which is the act of straightening it back out again. Extension counts backwards from 140 (or whatever the flexion endpoint was) back down to 0 (or whatever the flexion starting point was). **THE KNEE FLEXION AND EXTENSION SHOULD ALWAYS MATCH DIAGONALLY ON THE WORKSHEET. THE ENDPOINT OF FLEXION IS THE STARTING POINT OF EXTENSION, AND VICE VERSA.**

Flexion (0 – 140 degrees):	0	to	140	degrees
Extension (140 – 0 degrees):	140	to	0	degrees

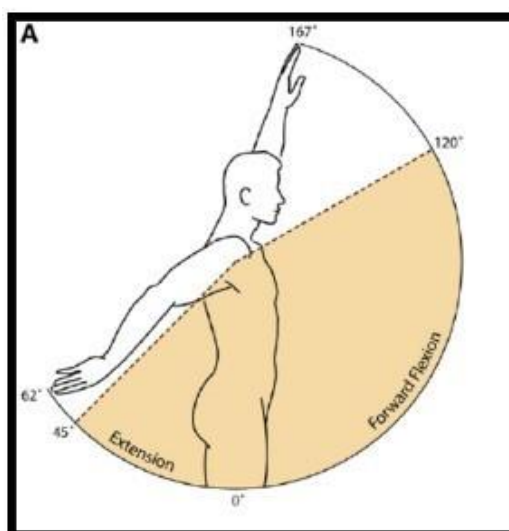


- Below is an example ROM for a Veteran who has lost 20 degrees of flexion (i.e. cannot fully bend to 140), but still has full extension (i.e. can still fully straighten out their knee).

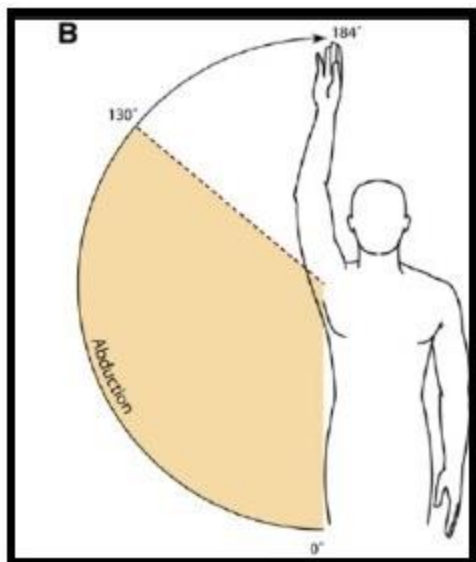
Flexion (0 – 140 degrees):	0	to	120	degrees
Extension (140 – 0 degrees):	120	to	0	degrees

ROM FOR BALL-AND-SOCKET JOINTS (SHOULDER, HIP, ETC.)

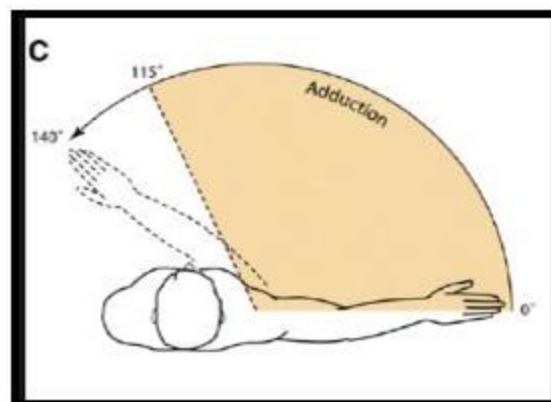
- Ball and socket joints are a bit more complex than hinge joints, since they can move in multiple directions. Imagine a normal person, standing up straight, with their arms down to their sides. **THAT IS 0 DEGREES OF ROM IN ALL DIRECTIONS. THIS IS THE NORMAL START-POINT.** If you report a Veteran's shoulder flexion as 30-75, that means the Veteran is physically unable to put their arm down to their side. While not impossible, it would be a strange situation and would also mean that the Veteran is probably unable to extend the arm at all, since that's the exact opposite of flexion. Notice in this picture the person's left arm is at 167 degrees of flexion (raising it in front of him) and the right is in 45 degrees of extension (raising his arm behind his back).



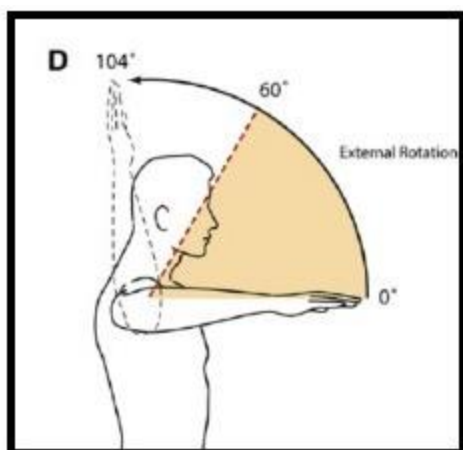
- In addition to flexion and extension, ball-and-socket joints have adduction, abduction, internal rotation, and external rotation ROMs. Again, the normal starting point is 0 and would be the Veteran with the arm by their side. **Abduction** would be the measure of them raising their arm **AWAY** from their body (i.e. the movement involved in flapping one's arms) **Adduction** is crossing your arm across your body or -for the hips- crossing your legs. Hence the "Is adduction limited such that the Veteran cannot cross legs" question on the Hip DBQ.



B. Abduction



C. Adduction



D. Internal/External Rotation

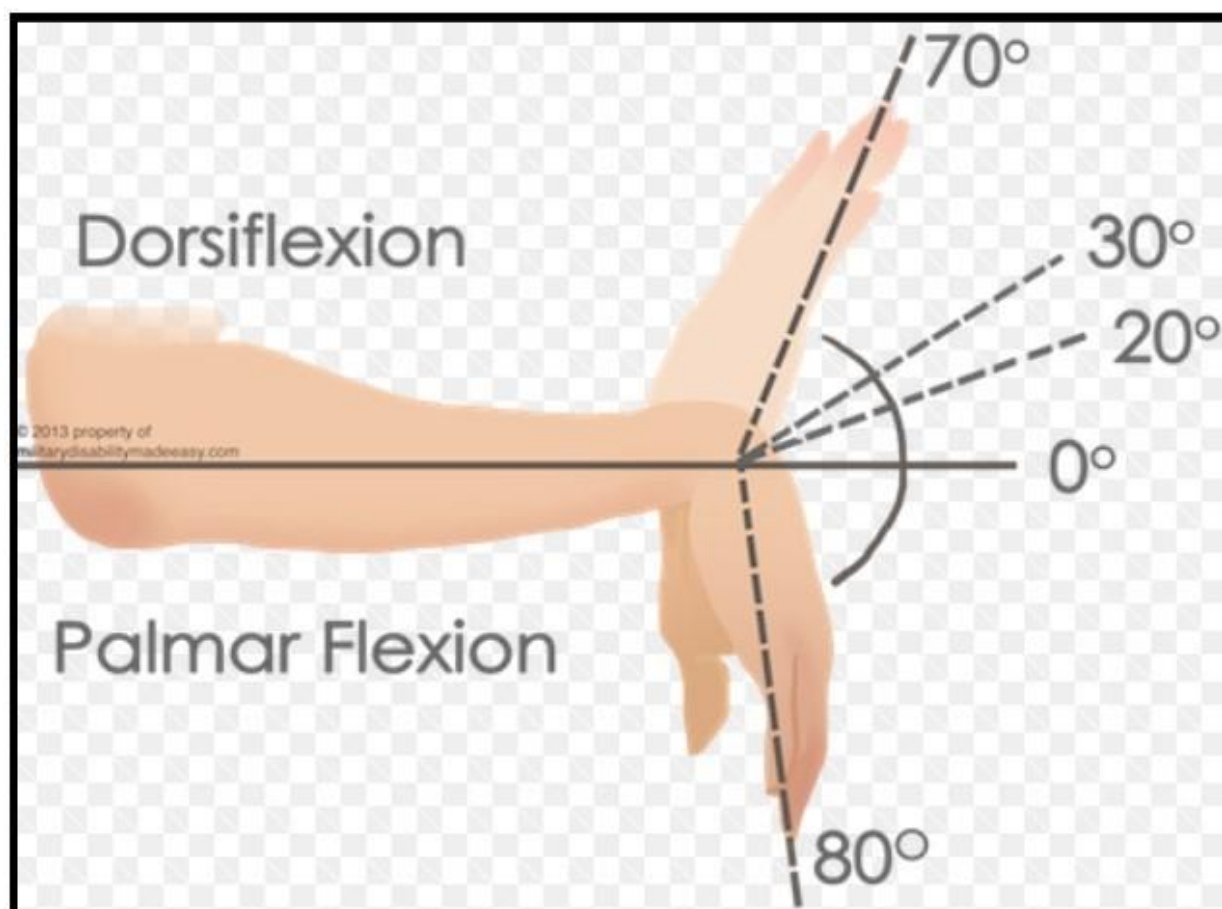
- Below is example ROM for a Veteran who has lost a bit of ROM in every direction. Note that all of the ROMs start out at 0 since the Veteran can still move it in all

directions. **WHILE POSSIBLE, IT WOULD BE PRETTY RARE THAT THESE DO NOT START AT 0.**

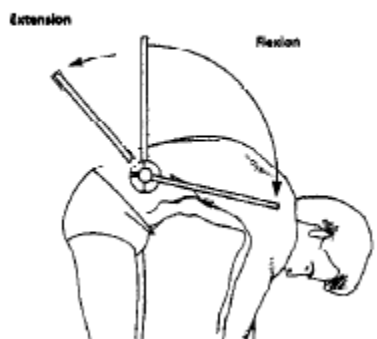
Flexion (0-125 degrees)	<u>0</u>	to	<u>95</u>	degrees
Extension (0-30 degrees)	<u>0</u>	to	<u>20</u>	degrees
Abduction (0-45 degrees)	<u>0</u>	to	<u>35</u>	degrees
Adduction (0-25 degrees)	<u>0</u>	to	<u>15</u>	degrees
External Rotation (0-60 degrees)	<u>0</u>	to	<u>50</u>	degrees
Internal Rotation (0-40 degrees)	<u>0</u>	to	<u>30</u>	degrees

ROM FOR GLIDING JOINTS (ANKLE, WRIST, ETC.)

- It is *slightly* more common to have endpoints here that do not start at 0. For example, if a Veteran broke his wrist and it healed poorly, causing it to be permanently-bent, that ROM would start at something other than 0.
- Flexion and dorsiflexion are typically opposite movements, with perfectly straight being the 0 point. For example, flexing your wrist is bending it towards your palmar side, while dorsiflexion is bending it back as if you were doing a push-up.



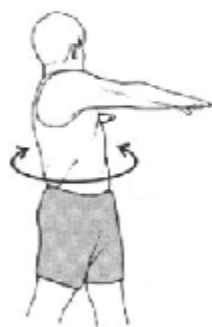
BACK RANGE OF MOTION CHART

1. BACK (FLEXION AND EXTENSION)

FORWARD FLEXION	0-90 degrees
EXTENSION	0-30 degrees

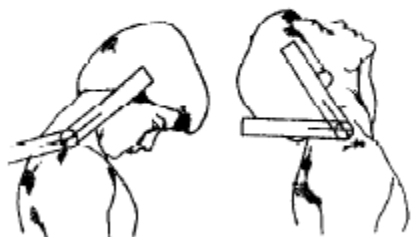
2. BACK (LATERAL FLEXION)

LATERAL FLEXION	0-30 degrees
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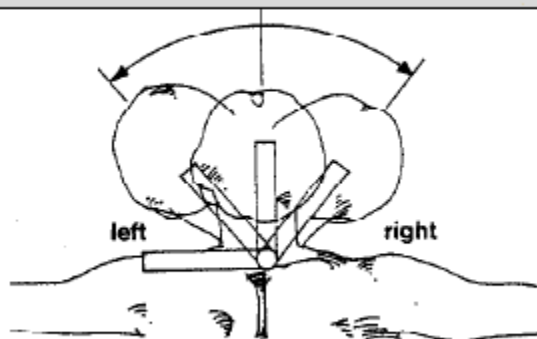
3. BACK (LATERAL ROTATION)

LATERAL ROTATION	0-30 degrees
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NECK RANGE OF MOTION CHART

4. NECK (FLEXION AND EXTENSION)

FORWARD FLEXION	0-45 degrees
EXTENSION	0-45 degrees

5. NECK (LATERAL FLEXION)

LATERAL FLEXION	0-45 degrees
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6. NECK (LATERAL ROTATION)

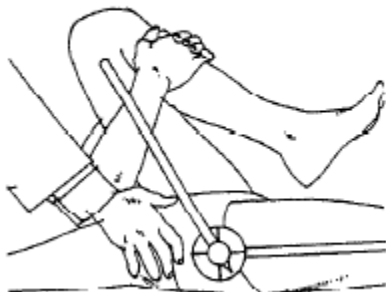
LATERAL ROTATION	0-80 degrees
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HIP RANGE OF MOTION CHART

7. HIP (FLEXION)

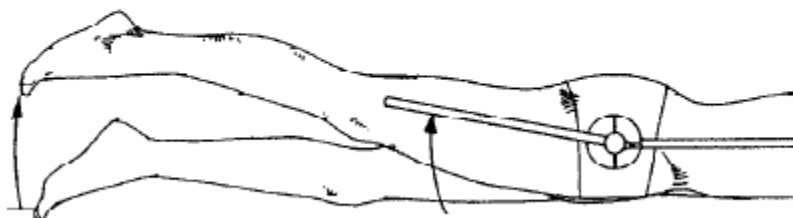
FLEXION

0-125 degrees

**8. HIP (EXTENSION)**

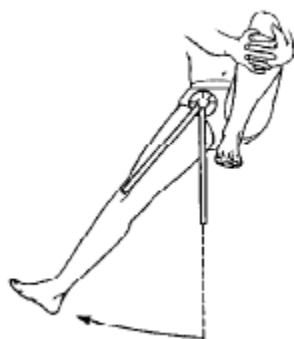
EXTENSION

0-30 degrees

**9. HIP (ABDUCTION)**

ABDUCTION

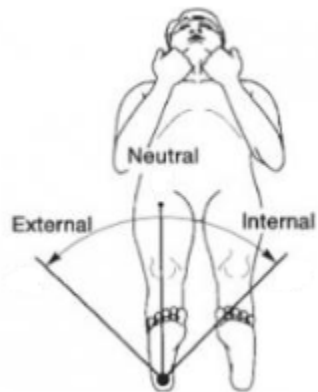
0-45 degrees



10. HIP (ADDITION)

ADDUCTION

0-25 degrees

11. HIP (INTERNAL AND EXTERNAL ROTATION)

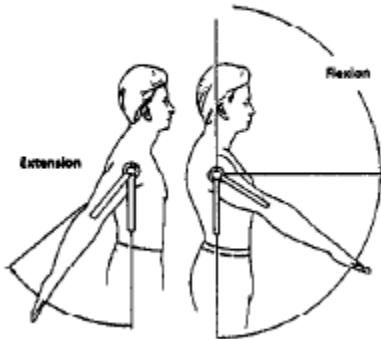
INTERNAL ROTATION

0-40 degrees

EXTERNAL ROTATION

0-60 degrees

SHOULDER RANGE OF MOTION CHART

12. SHOULDER (FLEXION)

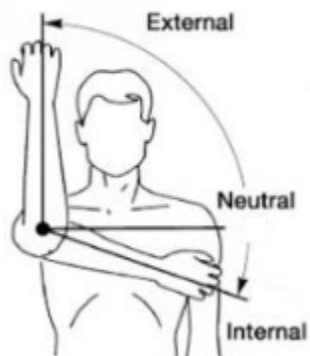
FLEXION

0-180 degrees

13. SHOULDER (ABDUCTION)

ABDUCTION

0-180 degrees

14. SHOULDER (INTERNAL AND EXTERNAL ROTATION)

INTERNAL

0-90 degrees

EXTERNAL

0-90 degrees

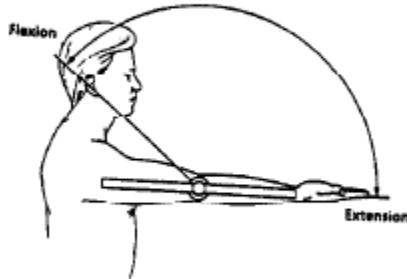
KNEE AND ELBOW/FOREARM RANGE OF MOTION CHART

15. KNEE (FLEXION AND EXTENSION)

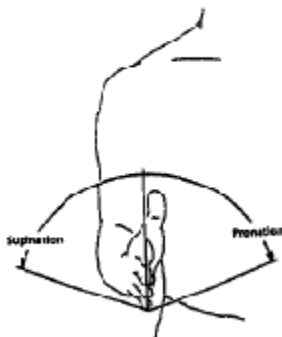
FLEXION	0-140 degrees
EXTENSION	140-0 degrees

**16. ELBOW (FLEXION AND EXTENSION)**

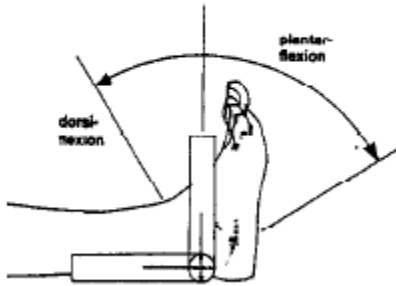
FLEXION	0-145 degrees
EXTENSION	145-0 degrees

**17. FOREARM (PRONATION AND SUPINATION)**

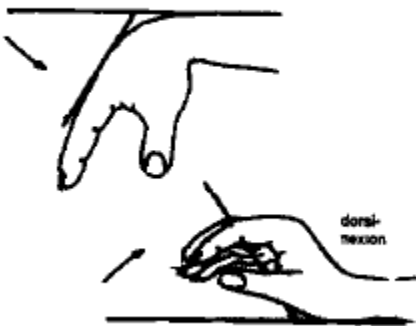
PRONATION	0-80 degrees
SUPINATION	0-85 degrees



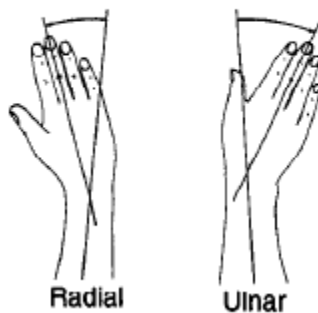
ANKLE AND WRIST RANGE OF MOTION CHART

18. ANKLE (DORSIFLEXION AND PLANTAR FLEXION)

DORSIFLEXION	0-20 degrees
PLANTAR FLEXION	0-45 degrees

19. WRIST (PALMAR FLEXION AND DORSIFLEXION)


PALMAR FLEXION	0-80 degrees
DORSIFLEXION	0-70 degrees

20. WRIST (ULNAR AND RADIAL DEVIATION)

ULNAR DEVIATION	0-45 degrees
RADIAL DEVIATION	0-20 degrees

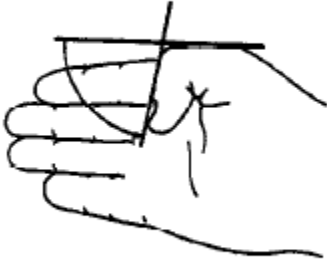
THUMB AND FINGER RANGE OF MOTION CHART

21. THUMB (MCP JOINT)



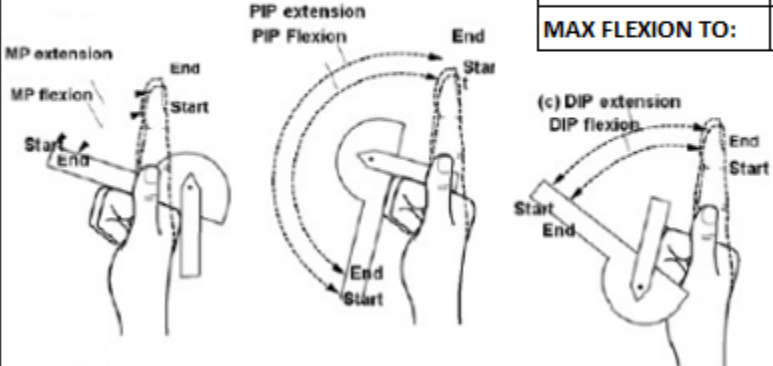
MAX EXTENSION TO:	0 degrees
MAX FLEXION TO:	100 degrees

22. THUMB (IP JOINT)



MAX EXTENSION TO:	0 degrees
MAX FLEXION TO:	90 degrees

23. FINGER (MCP, PIP, AND DIP JOINTS)



	MCP	PIP	DIP
MAX EXTENSION TO:	0 degrees	0 degrees	0 degrees
MAX FLEXION TO:	90 degrees	100 degrees	70 degrees

TIPS FOR OBTAINING MUSCLE STRENGTHS

0/5 – No muscle movement

1/5 – Palpable or visible muscle contraction, but no joint movement

2/5 – Active movement with gravity eliminated

3/5 – Active movement against gravity

4/5 – Active movement against some resistance

5/5 – Normal strength

- Imagine you have a painful shoulder condition and I asked you to hold your arm straight out in front of you. I then asked you to resist me while I pulled down on your arm in order to test strength. You'd probably give way and drop your arm due to pain rather than resist me and endure pain. This is how an exam can easily result in 3/5 (or lower) abnormal muscle "strength" being reported due to pain (i.e. giving in when I pull your arm) rather than true weakness.
- If any lower extremity strength is 3/5 or lower and the Veteran is walking without a constant assistive device or brace, this would be suspicious. A lack of atrophy in that situation could also be an indicator of inconsistent muscle strength values. Please make sure this low rating is not due to pain or other factors. If this is the case, please indicate if muscle strength may instead be reported as 4/5 ("Active movement against some resistance") in order to more accurately reflect the Veteran's actual strength.
- Please acknowledge in the comments section any special circumstances that might not merit a low rating, but have an effect on the rating nonetheless.

VA VERSIONS OF ARTHRITIS

- As mentioned in previous sections, the VA always requires x-ray confirmation of arthritis-related conditions unless the condition has already been service connected. Below is a list of some of the conditions which the VA associates as arthritis.

Ankylosing Spondylitis
Degenerative Arthritis
Degenerative Changes
Degenerative Facet Disease
Degenerative Joint Disease
Hypertrophic Spurring
Joint Space Narrowing
Myxoid Degeneration
Osteoarthritis
Osteoarthrosis
Osteophyte
Osteophytosis
Productive Changes
Psoriatic Arthritis
Reiter's Syndrome aka Reactive Arthritis
Rheumatoid Arthritis
Spondylosis
Spurring in a joint space (NOT Calcaneal / Foot Spurs and NOT spurs that are not in joints)
Spurs in a joint space (NOT Calcaneal / Foot Spurs and NOT spurs that are not in joints)
Hallux Rigidus. (Please note: Hallux limitus is also often accompanied by arthritis, but in those situations the hallux limitus and the arthritis should be diagnosed separately)

This is not an exhaustive list. Please use your clinical judgment when diagnosing arthritis. If the condition is not in this list but is considered arthritis according to the medical literature, simply note this in your report.

Please note: The VA does not consider Degenerative Disc Disease (DDD) to be a form of arthritis.

VA CRITERIA FOR IVDS

From VES Medical Director, Dr. Jeffrey Middeldorf:

IVDS is a group of signs and symptoms resulting from displacement of an intervertebral disc or disc fragments at any level of the spine. There are usually pain and other signs and symptoms at or near the site of the disc, and there may be pain referred to more remote areas, plus neurologic abnormalities due to irritation or pressure on adjacent nerves or nerve roots.

Other names used to describe IVDS are slipped, herniated, ruptured prolapsed, bulging, or protruding disc, degenerative disc disease, sciatica, discogenic pain syndrome, herniated nucleus pulposus, pinched nerve, etc. There may be some differences, but these terms are not well-defined and are often used interchangeably.

Veterans with IVDS commonly experience back or neck pain as well as symptoms traveling down a nerve root(s). This would manifest itself by pain, numbness, and/or paresthesias into the limb(s). Classic exam findings for this diagnosis would be limited ranges of motion, muscle spasms, tenderness to palpation, altered sensation, asymmetric reflexes, focal motor weakness as well as positive provocative orthopedic tests such as straight leg or femoral stretch testing for the lumbar spine and Spurling's test for the cervical spine. It should be noted that these tests are not considered positive if they cause neck or back pain only. They must cause radicular symptoms to be considered positive.

An example would be a Veteran with a focal, left lateral herniated disc at L5/S1, who has pain and numbness down the left posterior thigh to the lateral foot. The Veteran has decreased sensation in the L5/S1 dermatomes, weakness of the great toe extensor, a decreased left Achilles reflex. If the diagnosis is chronic, you will almost always see calf muscle atrophy, along with a positive left straight leg raise test.

If the IVDS is compressing the cauda equina, you may also expect to see bladder and or bowel dysfunction. Sexual dysfunction is often also seen in this scenario. In those cases where you identify additional complications of the IVDS, such as erectile dysfunction for example, you must then complete the appropriate related DBQ form, such as the Male Reproductive System or Urinary Tract.

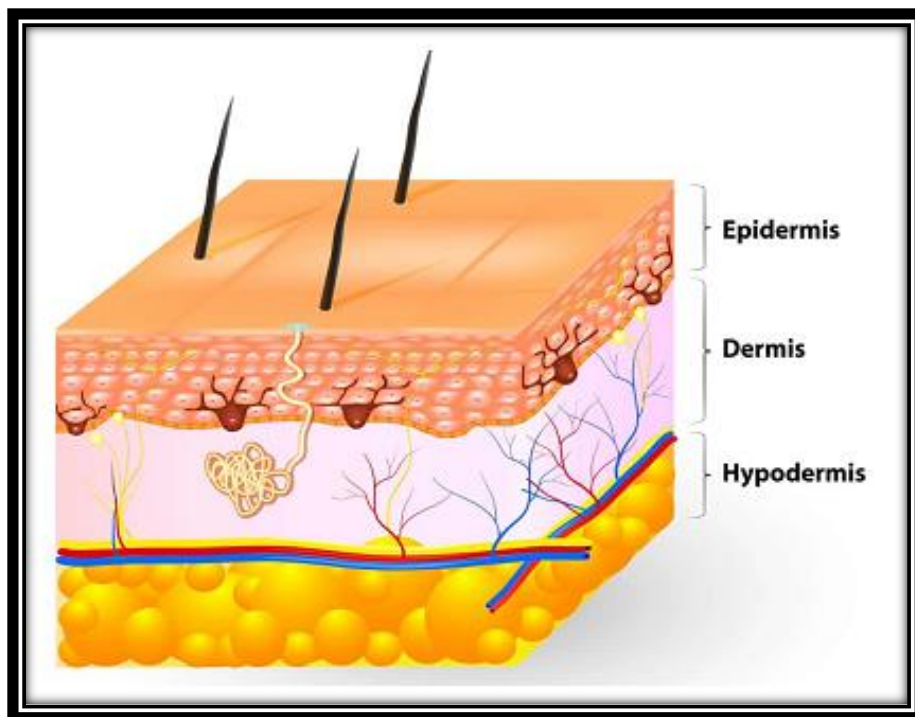
It should be pointed out that many of us have abnormalities of our discs, particularly once the discs degenerate. In order to have IVDS you must have clinical findings, not just imaging pathology. Many people have disc pathology which is totally asymptomatic

(recent studies have shown that 1/3 of patients over the age of 40 who have never had back or leg symptoms have disc herniation on MRI imaging). Thus, without clinical findings as described above, would not define IVDS.

The biggest problem will occur when the Veteran has all the symptoms of radiculopathy, yet the exam is normal. Of course, we look at all possible explanations for the radiating symptoms (facetogenic, piriformis syndrome, lumbar plexus injury, etc.) If we have no explanation for the symptoms, and no imaging studies that implicate the discs as the problem, we are unable to diagnose IVDS.


Questions? E-mail Dr. Middeldorf at middelj@vesservices.com.

SKIN EXAMS



SKIN – PHYSICAL EXAM

SECTION IV - PHYSICAL EXAM

4A. Indicate the Veteran's visible characteristic lesions due to the skin condition(s); indicate the approximate total body area and approximate total **EXPOSED** body area affected on current examination (*check all that apply*): 

Click here: [VA's Skin % Chart for Compensation & Pension Exams](#)


***NOTE: PLEASE NOTE THAT PHOTOS ARE REQUIRED FOR ANY SKIN CONDITION ON THE HEAD, FACE, OR NECK, REGARDLESS OF DISFIGUREMENT.**

One of the most important aspects of the skin exam is reporting how much of the total body and the head/face/neck/hands is affected by the condition.

<input checked="" type="checkbox"/> Dermatitis					
Total body area	<input type="checkbox"/> None	<input type="checkbox"/> < 5%	<input type="checkbox"/> 5% to < 20%	<input checked="" type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%
EXPOSED area	<input type="checkbox"/> None	<input checked="" type="checkbox"/> < 5%	<input type="checkbox"/> 5% to < 20%	<input type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%

Please remember that if the Veteran has a skin (or scar) condition on the head, face, or neck, (and it is related to your exam) the VA requires that you take photographs. In at least one of the photos, please include the Veteran's VES #.

SECTION IV - PHYSICAL EXAM

4A. Indicate the Veteran's visible characteristic lesions due to the skin condition(s); indicate the approximate total body area and approximate total **EXPOSED** body area affected on current examination (*check all that apply*): 

Click here: [VA's Skin % Chart for Compensation & Pension Exams](#)

***NOTE: PLEASE NOTE THAT PHOTOS ARE REQUIRED FOR ANY SKIN CONDITION ON THE HEAD, FACE, OR NECK, REGARDLESS OF DISFIGUREMENT.**

When completing this section and providing the approximate total body area and approximate total exposed body area, please refer to the detailed charts beginning on page 84 for assistance in determining the percentages of the affected areas of the body.

SUBMITTING SCAR PHOTOS

You have the option of either photographing the scar(s) with your cell phone and emailing them directly to us, or uploading them to us via the provider portal.

1. Email: You may email the photographs to vesphysicianshelp@vesservices.com. The body of the email should only contain the photographs and none of the Veteran's Protected Health Information. Please include the Veteran's VES # in the subject line of the email so that we can easily get the photos to the correct Veteran's records.
2. Upload: Save the photographs to your computer and log in to the provider portal.
 - Once on the Veteran's Information page, scroll down to the **Upload Photos** section at the bottom of the screen.
 - Click on **Choose file** to access the folders on your computer.

UPLOAD PHOTOS OF THE VETERAN'S HEAD, FACE, AND NECK (ONLY!)

Upload Files

Please Select files to be uploaded

[Upload Files](#)

No file chosen

No file chosen

No file chosen

[Upload Files](#)

- Choose the photo and repeat the process until all of the photos have been selected.
- Once all photos have been chosen, click on **Upload Files**.

UPLOAD PHOTOS OF THE VETERAN'S HEAD, FACE, AND NECK (ONLY!)

Upload Files

Please Select files to be uploaded

[Upload Files](#)

No file chosen

No file chosen

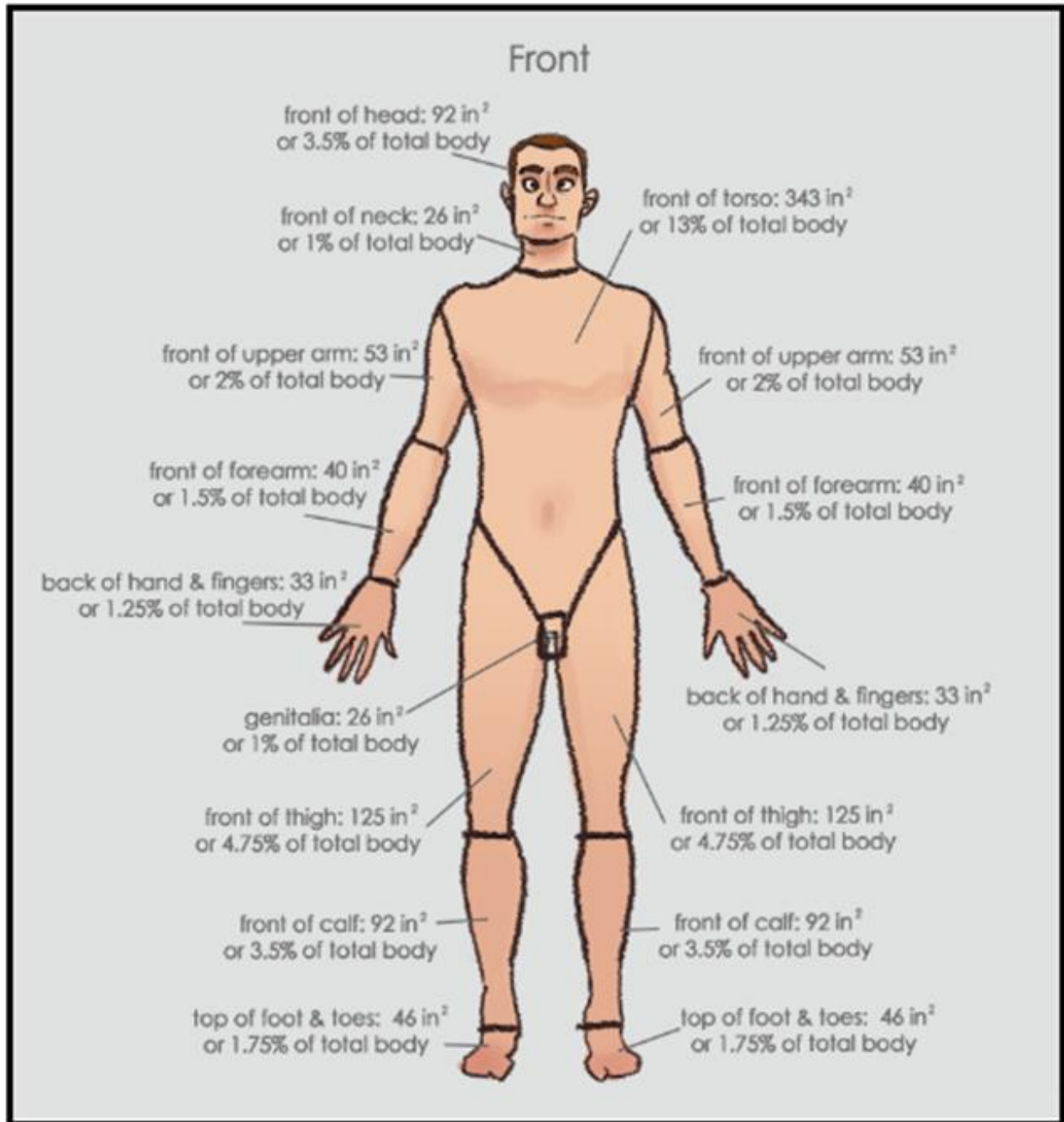
No file chosen

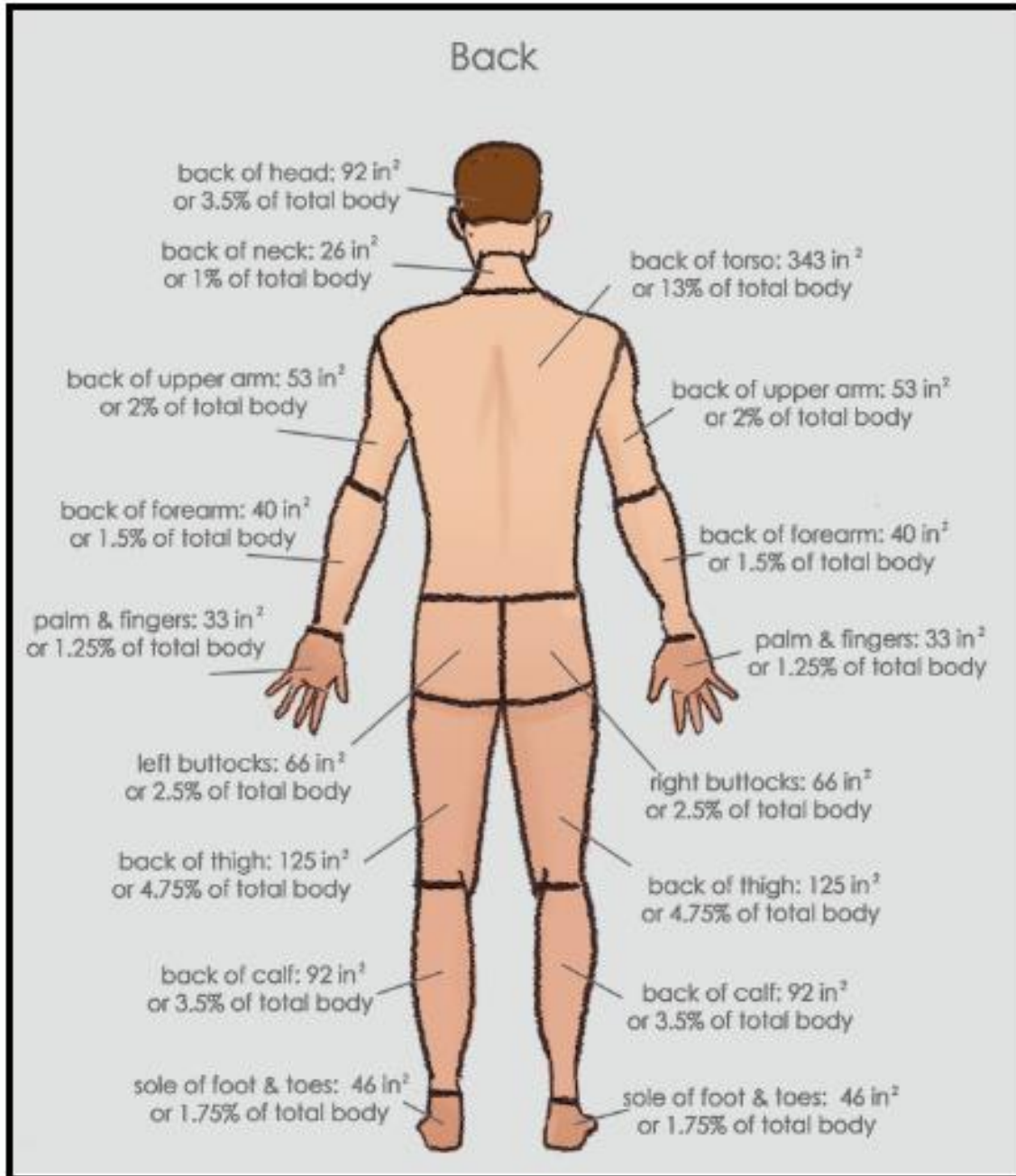
[Upload Files](#)

PLEASE NOTE: This section is for uploading photos only. Please do not try and upload any diagnostic reports, sign-in sheets, hand-written reports, etc. as we will not be able to receive them through here. Any of those documents can either be faxed to 1-800-355-7205 or emailed to vesphysicianshelp@vesservices.com.

Scar photos should be of the head, face, and neck only. Any photos that are not of the head, face, and/or neck will not be submitted to the VA with the Veteran's report.

SKIN PERCENTAGE CHARTS





The above charts are retrieved from:

<http://www.militarydisabilitymadeeasy.com/theskin.html>

For more information regarding this topic please visit the above link.

When multiple skin conditions are diagnosed, they will all need to be addressed in **Section IV – Physical Exam.**

For example:

<input checked="" type="checkbox"/> Dermatitis					
Total body area	<input type="checkbox"/> None	<input checked="" type="checkbox"/> < 5%	<input type="checkbox"/> 5% to < 20%	<input type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%
EXPOSED area	<input type="checkbox"/> None	<input checked="" type="checkbox"/> < 5%	<input type="checkbox"/> 5% to < 20%	<input type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%
<input checked="" type="checkbox"/> Psoriasis					
Total body area	<input type="checkbox"/> None	<input type="checkbox"/> < 5%	<input checked="" type="checkbox"/> 5% to < 20%	<input type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%
EXPOSED area	<input checked="" type="checkbox"/> None	<input type="checkbox"/> < 5%	<input type="checkbox"/> 5% to < 20%	<input type="checkbox"/> 20% to 40%	<input type="checkbox"/> > 40%

4B. For each skin condition checked in item 4A, give specific diagnosis and describe appearance and location:

Specific diagnosis:

1. Dermatitis
2. Psoriasis

Describe appearance:

1. Red rashes, blisters
2. Bumpy, red patches with small white scales

Describe location:

1. Back of the right hand
2. Stomach; Right and left calves

***NOTE: Please provide a single value for the combined percentage, not a range.**

***If multiple skin conditions are found, what is the combined percentage (%) affecting the total body?** ⓘ

14%

N/A

***If multiple skin conditions are found, what is the combined percentage (%) affecting the exposed areas (hands, face, and neck)?**

1.25%

N/A

If only one skin condition is diagnosed, **N/A** can be selected above.

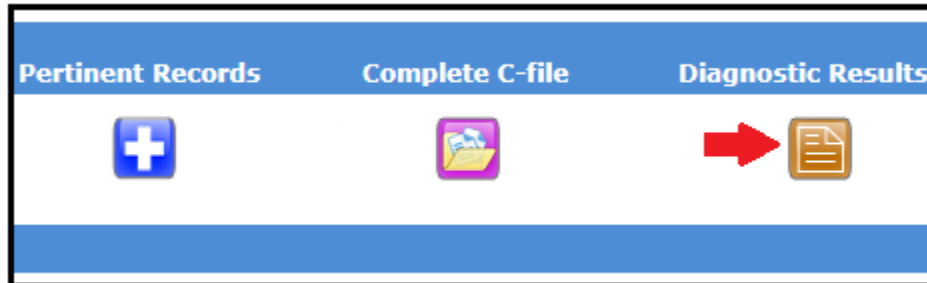
VA DIAGNOSTICS

- Diagnostics for these exams do differ from private practice in that some conditions don't require diagnostic testing due to the VA's rating criteria.
- For new claims of arthritis and fracture we know that the VA requires x-ray confirmation, thus, for these claims we will order x-rays up front.
- For non-arthritis and non-fracture claims we will not order an x-ray unless you suspect one of these conditions is present.
- For certain exams we will order diagnostics upfront. *(For example, for Diabetes exams we will always order a CMP, and a UA. For Heart exams we will always order either an ECHO or an EKG and a chest x-ray if necessary).*

Diagnostic Tests Ordered				
Below is a list of diagnostic tests commonly associated with the C&P examination(s) requested. Please approve or cancel as indicated in your clinical judgement keeping in mind the objective is to limit testing to that which is necessary for VA rating purposes and not otherwise clinically contraindicated.				
Description	Test Date	Approve ✓	Cancel ✗	Reason For Cancel
ECHOCARDIOGRAM TO INCLUDE EJECTION FRACTION	12/10/2018	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
CHEST XRAY 2 VIEWS	12/18/2018	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

- If, based on your medical expertise, a diagnosis cannot be rendered without additional diagnostic testing, please make a note of that in your report and notify us so that we can ask the VA for approval to have those diagnostics scheduled.
- Please note: The VA will not approve invasive or expensive diagnostic testing such as MRIs or CTs.
- Diagnostics should never be ordered for treatment purposes.
- If a diagnosis cannot be rendered without the specialized testing that the VA does not cover, you can state so in the **Remarks** section of the DBQ.

- *For example: “It is beyond the context of the claim to determine the etiology for the Veteran’s (unusual neurological or abdominal symptoms usually) without further specialized testing.”*
- If diagnostics are ordered, the results will be uploaded into your portal for your review. They are located under the **Diagnostic Results** section on the Veteran’s Information page.



- If you order diagnostics during your exam and are awaiting the results before making a final diagnosis, please still complete the DBQ and submit it. Once the results have been uploaded into your portal, you will be notified by the Quality Analyst, and at that point you can go back into your report and make any necessary updates. Please never hang on to your report because you are waiting for diagnostics. You will always have the opportunity to update it, and the report will never be submitted to VA without your final approval.

GUIDANCE ON ORDERING X-RAYS

- X-ray studies are only required for claimed arthritis, fracture, cold injury, shell fragment wound or gunshot wound (*when specifically claimed*).
- Once arthritis, fracture, cold injury, shell fragment wounds or gunshot wounds are service connected the VA does not require further imaging studies.
- The following chart describes scenarios when obtaining x-ray studies may be indicated.

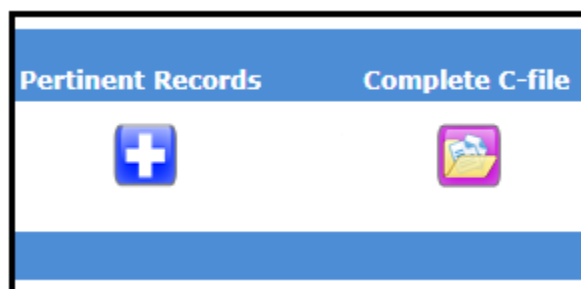
Scenario	X-rays Indicated	X-rays Not Indicated
Arthritis claimed, and records show the Veteran was previously diagnosed with arthritis and prior x-ray results are positive for arthritis.		X
Arthritis is claimed and the records show the Veteran was not previously diagnosed with arthritis and there are no prior x-ray studies.	X	
Arthritis is claimed, and the records show the Veteran was not previously diagnosed with arthritis and prior x-ray results are negative for arthritis. Current x-ray studies are required.	X	
The Veteran is service connected for arthritis. (<i>Subsequent evaluations of the condition do not require x-rays. X-ray studies are only needed as part of the determination of service connection.</i>)		X
Arthritis not claimed, however the Veteran claims arthritis during the examination. The records show the Veteran has not been diagnosed with arthritis and no prior x-ray results are available.	X	
Arthritis was not claimed upfront, however, the Veteran claims arthritis during the examination. The records show the Veteran has been previously diagnosed with arthritis and prior x-ray results are positive for arthritis.		X
Arthritis was not claimed up front; however the history and physical examination clinically indicate possible arthritis.	X	
Arthritis was not claimed up front and history and physical examination do not clinically indicate arthritis.		X

MEDICAL RECORDS



REVIEWING VETERANS' MEDICAL RECORDS

- There are many types of claims which will require the Veteran's records to be reviewed. When required by the VA's rating criteria, we download Veterans' claim files, or medical records, from the VA's online database called "VBMS." You will have two options in your portal for reviewing Veterans' records: the **Complete C-file**, which includes all records available for a Veteran, or the **Pertinent Records** which include only the records that are relevant to the Veteran's current claim.



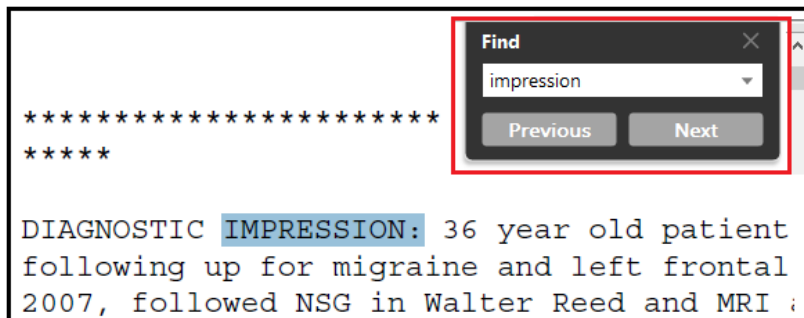
- If you do not see medical records available in your portal for a particular Veteran's exam you can rest assured we've determined they are not necessary for the current exam based on the VA's rating criteria; however, if you determine records are necessary in order to render a diagnosis, please simply request these through the **Physician Help** link in your portal.



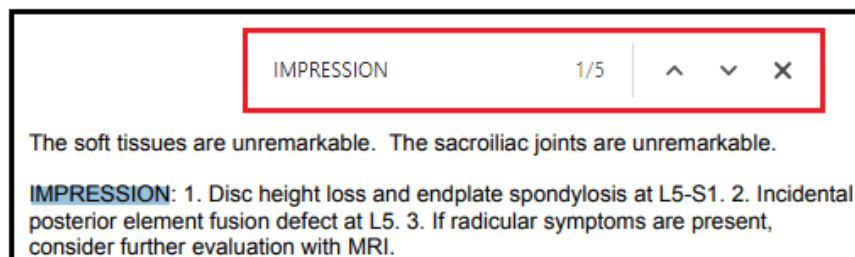
- When a records review is required for a Veteran's exam and the c-file exceeds 1000 pages, we will bookmark the pertinent records for you. However, if the c-file is under 1000 pages, the records will not be bookmarked, and at that point the complete c-file will need to be reviewed.

SEARCHING FOR SPECIFIC RECORDS

- Since the medical records are in a PDF format, you can search for specific words or phrases by using the **FIND** feature.
 - If you are using a P.C., hold down the **Control** (CTRL) key on your keyboard while simultaneously pressing the letter '**F**'. This will open up the search box. From there you can enter specific words or phrases and it will highlight the first time it is used in the file.
 - If you are using a MAC, hold down the **Command** key on your keyboard while simultaneously pressing the letter '**F**'. This will open up the search box. From there you can enter specific words or phrases and it will highlight the first time it is used in the file.
- *Internet Explorer example:*



- *Google Chrome example:*



- The search feature will not be able to recognize hand written notes, or extremely faded type, so it is recommended that you scroll through the file to ensure all relevant information has been reviewed.

LIST OF HELPFUL KEYWORDS AND PHRASES

Below is a list of keywords and phrases that will help you efficiently navigate/review the records when using the **FIND** feature.

C&P (Compensation and Pension), DBQ (Disability Benefits Questionnaire), Questionnaire	when searching for prior C&P exams/DBQs (if present)
Certificate of Release, Discharge Certificate, Record of Service, Statement of Service	when searching for the Veteran's DD214 form
Chronological Record (of Care)/Health Record	when searching for Active Duty treatment/handwritten notes
Clinical Evaluation, Purpose of Exam, Report of Medical	when searching for Enlistment/Separation exams
Impression/Imaging/MRI/Summary/X-ray/etc.	when searching for previous diagnostic results
Pre/Post-Deployment	when searching for Pre- and Post-Deployment Health Assessments and information regarding specific deployments
Rating Decision	when searching for prior rating decisions
Statement in Support of Claim	when searching for Veteran lay statements

DD214 GUIDE

- The Department of Defense issues to each Veteran a DD214 (*Report of Separation*).
- The Report of Separation contains information normally needed to verify military service for benefits, retirement, employment, and membership in Veterans' organizations. Information shown on the Report of Separation may include the Service Member's:
 - Date and place of entry into active duty
 - Date and place of release from active duty
 - Last duty assignment and rank
 - Military occupational specialty (*M.O.S.*)
 - Military education
 - Decorations, medals, badges, citations, and campaign awards
 - Total creditable service
 - Foreign service credited
 - Separation information (*type of separation, character of service, authority and reason for separation, separation and reenlistment eligibility codes*).
- Information found on this form can be helpful when completing medical opinion rationales, as the Veteran's M.O.S. and certain badges/medals can be used as evidence to help support a positive relationship between a diagnosed condition and the Veteran's time in service. Please see the example form on page 99.

DD2807 GUIDE

- Form DD2807 is the medical form used by the Military Entrance Processing Station (MEPS) to document a potential Service Member's report of medical history prior to entrance into the military.
- Information found on this form can be helpful when completing medical opinion rationales, as it can assist you in determining the onset of a condition and can be used as evidence to help support a positive relationship between a diagnosed condition and the Veteran's time in service. Please see the example form on page 100.

DD214 FORM

Rank at Discharge **Date of Discharge**

1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER	3. GRADE, RATE OR RANK	4. DATE OF RANK (Last, Month, Year)
[REDACTED]		US [REDACTED]	SGT E-5 (T)	11 FEB 60
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS		5. PLACE OF BIRTH (City and State of Country)		6. DATE OF BIRTH
ARMY AUS ARMOR		MISS		JAN
7. RACE	8. SEX	9. HAIR	10. COLOR EYES	11. HEIGHT
CAU	MALE	BROWN	BLUE	6'
10A. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED		11. MAJOR COURSE OR FIELD		
HS		GEN		
12. TYPE OF TRANSFER OR DISCHARGE		13. STATION OR INSTALLATION AT WHICH EFFECTED		
TRANSFER TO USAR (SEE 18)		FORT DIX NEW JERSEY		
14. REASON AND AUTHORITY		15. CHARACTER OF SERVICE		16. DATE OF CERTIFICATE ISSUED
AR 635-250 & PAR 7 AR 635-205 SPN 411 EARLY SEPARATION OF OVERSEAS RETIREEES		HONORABLE		5 MAR 60
17. LAST BATT ASSIGNMENT AND MAJOR COMMAND		18. SELECTIVE SERVICE NUMBER		19. DATE INDUCTED
HQ CO 1ST MIB 32D ARMOR APO 39		# 86 MEMPHIS TENN		24 MAR 58

Type of Discharge **Date of Entry**

Military Occupational Specialty

19. TERMINAL DATE OF RESERVE OR ACTION		20. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION		21. TERM OF SERVICE (Years)		22. DATE OF ENTRY																			
23 MAR 61		<input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: NA		NA		NA																			
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)		24. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE		25. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)																					
HIGHWAY SOUTH TENNESSEE (SHELBY)		SGT E-1		MEMPHIS TENN																					
26. SPECIALTY SYMBOL AND TITLE		27. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER		28. STATEMENT OF SERVICE																					
133.60 ARMOR INTEL SPEC		NA		<table border="1"> <thead> <tr> <th>PURPOSE</th> <th>MONTHS</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>1</td> <td>11 12</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>0 0</td> </tr> <tr> <td>(3) TOTAL (Line (1) + Line (2))</td> <td>1</td> <td>11 12</td> </tr> <tr> <td>A. TOTAL ACTIVE SERVICE</td> <td>1</td> <td>11 12</td> </tr> <tr> <td>B. FOREIGN ARMY OR SEA SERVICE</td> <td>1</td> <td>5 11</td> </tr> </tbody> </table>				PURPOSE	MONTHS	DATE	(1) NET SERVICE THIS PERIOD	1	11 12	(2) OTHER SERVICE	0	0 0	(3) TOTAL (Line (1) + Line (2))	1	11 12	A. TOTAL ACTIVE SERVICE	1	11 12	B. FOREIGN ARMY OR SEA SERVICE	1	5 11
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GOOD CONDUCT MEDAL																									
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED																									
SCHOOL OR COURSE		DATES (From - To)		MAJOR COURSES		31. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED																			

Decorations, Medals, Badges, Commendations, Citations, and Campaign Ribbons Awarded

DD2807 FORM

REPORT OF MEDICAL HISTORY	OMB No. 0704-0413 OMB approval expires Aug 31, 2014
(This information is for official and medically confidential use only and will not be released to unauthorized persons.)	
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).</p> <p>PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): The Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.</p> <p>WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.</p>	

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		
X ALL APPLICABLE BOXES:		7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		b. USUAL OCCUPATION
9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)		

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LIST OF ACCEPTED BADGES/MEDALS/RIBBONS

- The following is a list of acceptable badges/medals/ribbons that may be used as potential evidence when helping validate a medical opinion rationale and a positive relationship of a diagnosed condition to an in-service injury, event, or illness.
- Combat Awards: Under 38 CFR 3.304(d) we are able to concede that lay or other evidence of an injury or disease was incurred or aggravated in combat will be accepted as sufficient proof of service connection if the evidence is consistent with the circumstances, conditions or hardships of such service even though there is no official record of such incurrence or aggravation. The following combat decorations meet this requirement:

Air Force Achievement Medal with "V" Device
Air Force Combat Action Medal
Air Force Commendation Medal with "V" Device
Air Force Cross
Air Medal with "V" Device
Army Commendation Medal with "V" Device
Bronze Star Medal with "V" Device
Combat Action Badge
Combat Action Ribbon
Combat Aircrew Insignia
Combat Infantry/Infantryman Badge
Combat Medical Badge
Distinguished Flying Cross
Distinguished Service Cross
Joint Service Commendation Medal with "V" Device
Medal of Honor
Navy Commendation Medal with "V" Device
Navy Cross
Purple Heart
Silver Star

[Parachutist Badge](#)

If a Veteran has been awarded the Parachutist Badge the VA will accept service connection for any joint conditions noted to occur during parachuting in service, regardless of whether the complaints were specifically documented while in service.

(For example: The medical opinion is asking if the Veteran's currently diagnosed arthritis of the knees is at least as likely as not due to an in-service injury. If the Veteran was awarded the Parachutist Badge and the findings on exam are consistent with those that could reasonably develop from parachuting, you can give a positive opinion and cite the Parachutist Badge as evidence of injuries associated with parachuting conditions.)

- Translation: If the Veteran has any of the above awards noted in her/his records then anything they report as to have happened during combat can be accepted as fact as long as it's consistent with the "circumstances, conditions or hardships" of combat.
- Typically, this information will be found in Box 13 on the Veteran's DD214 form:

<p>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <i>(All periods of service)</i> IRAQ CAMPAIGN MEDAL W/FOUR CAMPAIGN STARS //NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (4TH AWARD) // COMBAT ACTION BADGE //NOTHING FOLLOWS</p>

PRESUMPTIVE SERVICE CONNECTION

The VA presumes that specific disabilities diagnosed in certain Veterans were caused by their military service. The VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, the VA presumes that the circumstances of his or her service caused the condition, and disability compensation can be awarded.

WHAT CONDITIONS ARE “PRESUMED” TO BE CAUSED BY MILITARY SERVICE?

Veterans in the groups identified below: Entitlement to disability compensation may be presumed under the circumstances described and for the conditions listed.

Veterans within one year of release from active duty: Veterans diagnosed with chronic diseases (such as arthritis, diabetes, or hypertension) are encouraged to apply for disability compensation.

Veterans with continuous service of 90 days or more: Veterans diagnosed with amyotrophic lateral sclerosis (ALS/Lou Gehrig’s disease) at any time after discharge or release from qualifying active service is sufficient to establish service connection for the disease, if the Veteran had active, continuous service of 90 days or more.

Former Prisoners of War	Vietnam Veterans (Exposed to Agent Orange)	Atomic Veterans (Exposed to Ionizing Radiation)
<p>(1) Imprisoned for any length of time, and disability at least 10 percent disabling:</p> <ul style="list-style-type: none"> • Psychosis • Any of the anxiety states • Dysthymic disorder • Organic residuals of frostbite • Post-traumatic osteoarthritis • Heart disease or hypertensive vascular disease and their complications • Stroke and its residuals 	<p>Served in the Republic of Vietnam between 1/9/62 and 5/7/75:</p> <ul style="list-style-type: none"> • Acute and subacute peripheral neuropathy* • AL amyloidosis • B-cell leukemias • Chloracne or other acneiform disease similar to chloracne* • Chronic lymphocytic leukemia • Diabetes type 2 • Hodgkin’s disease • Ischemic heart disease • Multiple myeloma 	<p>Participated in atmospheric nuclear testing; occupied or was a POW in Hiroshima or Nagasaki; service before 2/1/92 at a diffusion plant in Paducah, Kentucky, Portsmouth, Ohio, or Oak Ridge, Tennessee; or service before 1/1/74 at Amchitka Island, Alaska:</p> <ul style="list-style-type: none"> • All forms of leukemia (except for chronic lymphocytic leukemia) • Cancer of the thyroid, breast, pharynx, esophagus, stomach,

<p>(2) Imprisoned for at least 30 days, and disability at least 10 percent disabling:</p> <ul style="list-style-type: none"> • Avitaminosis • Beriberi • Chronic dysentery • Helminthiasis • Malnutrition (including optic atrophy) • Pellagra • Any other nutritional deficiency • Irritable bowel syndrome • Peptic ulcer disease • Peripheral Neuropathy • Cirrhosis of the liver 	<ul style="list-style-type: none"> • Non-Hodgkin's lymphoma • Parkinson's disease • Porphyria cutanea tarda* • Prostate cancer • Respiratory cancers (lung, bronchus, larynx, trachea) • Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma) <p>*Must manifest to a degree of 10 percent or more within a year after the last date on which the Veteran was exposed to an herbicide agent during active military, naval, or air service.</p>	<p>small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract (kidneys, renal pelves, ureters, urinary bladder and urethra), brain, bone, lung, colon, ovary</p> <ul style="list-style-type: none"> • Bronchiolo-alveolar carcinoma • Multiple myeloma • Lymphomas (other than Hodgkin's disease) • Primary liver cancer (except if cirrhosis or Hepatitis B is indicated)
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The above list is retrieved from:

<https://www.benefits.va.gov/benefits/factsheets.asp>

For the most up-to-date information regarding this topic please visit this link.

QA ADDENDUMS



HOW TO PROCESS AN ADDENDUM

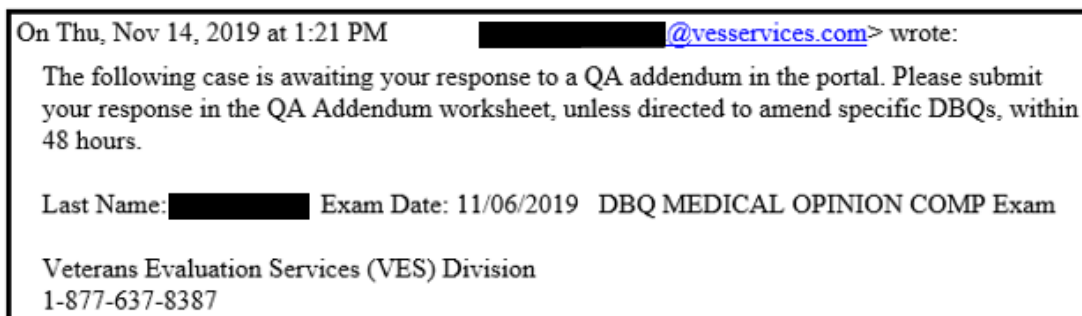
When is an addendum sent?

An addendum will be sent when the reviewing Quality Analyst (QA) needs further explanation regarding information for your report you have submitted. This will usually include suggested changes or questions that will ensure the report will meet VA standards. Please keep in mind that not all of VA standards are congruent with usual medical practices.

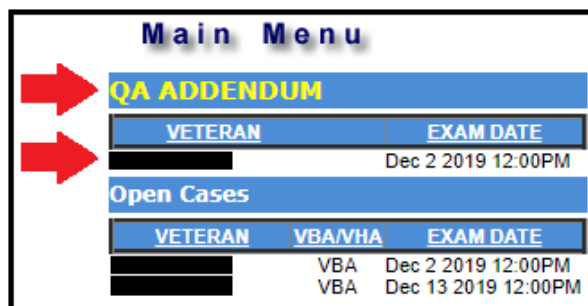
Please be advised that you are the sole author of your report and have final approval for all changes. The QA must **ALWAYS** ask your permission before making final edits to your report as well as provide an explanation as to why they think the edit is necessary.

Getting started:

- You will receive an automated email alerting you there is an addendum in the portal.



- Once you are on the main page of the portal, the Veteran's name will appear in the **QA ADDENDUM** section on the left side of the screen above your case list.



- Clicking on the Veteran's name in the **QA ADDENDUM** section will populate the Veteran's Information on the main page. The addendum will be located above the **Examination** section.

Worksheet	.Doc	Compensation Condition
DBQ KNEE LOWER LEG		NEW CLAIM : LEFT KNEE CONDITION
DBQ SHOULDER ARM		NEW CLAIM : BILATERAL SHOULDER CONDITION

- Click on the **RED** box with the plus sign, titled **VES – QA ADDENDUM**. The red box will indicate that this is a new addendum that has not been submitted yet by you, the provider.
- Once the addendum is open, it will look like the picture below. Generally, the addendum will start out with a greeting, and below that the questions or comments from the QA will be listed one by one.

QA ADDENDUM

Name [redacted] SSN ***-**-**** Date of Exam 12/14/2019 VES Case# [redacted]

COMPENSATION CONDITION
INSTRUCTIONS
COMMENTS

****Please submit your response to the QA Addendum within 48 hours of receipt. Thank you****

SAVE AND FINISH LATER **SUBMIT WORKSHEET TO VES**

Dear Dr. [redacted]

Thank you for your report for Veteran [redacted]
We would appreciate your assistance with a couple quick questions, so that we may send this report to VA.

[Empty text box for response]

- You will see the question/request, and directly below that a text box for you to respond in.

Peripheral Nerve DBQ- Please clarify if both wrists have a 5.5 x 1 cm scar.
If not, please state the measurement for each scar.

- Please respond in the box below the QA's question/request, unless the QA specifically asks that you make an update to the DBQ. If you do make a change to the DBQ, please make a note on the addendum so that the QA is aware.

Peripheral Nerve DBQ- Please clarify if both wrists have a 5.5 x 1 cm scar.
If not, please state the measurement for each scar.

Left wrist scar is 5.5 X 1 cm
Right wrist scar is 3.0 x 1 cm

- Please read all the questions completely before answering them, as sometimes one question will lead to the next and you may be able to answer them in one box.
- If you have any questions about what is being asked of you, please feel free to request further clarification from the QA.
- Continue to address each question or comment that is on the addendum. **Please note that if a question is not answered or addressed the QA will send another addendum until they have all the information they need.**

Submitting your completed addendum back to VES:

- Once you have completed your addendum and are ready to send back to the QA for edits or to approve the suggested changes, you can submit it back to VES via the red **SUBMIT WORKSHEET TO VES** button at the top or bottom of the report.

SUBMIT WORKSHEET TO VES

- If you are not ready to complete the addendum and want to save your work that you have started, you can click the red **SAVE AND FINISH LATER** button next to the submit button.

SAVE AND FINISH LATER

Now that you have submitted your addendum:

- Once your addendum has been submitted back to VES, the QA will be notified via email. The QA will review your addendum answers and update the report as needed. If they have additional questions or suggestions they will either submit another addendum or give you a call. QAs try to avoid sending multiple addendums, so please try to respond to all questions or comments completely with as much information as you can the first time.
- Don't forget that you are the sole author of every report you submit. A QA cannot make any change to a report without your express consent, and they also must make it clear as to why they think the suggested change is needed.
- If you need assistance with any of the QA's requests, or require additional information before answering any questions, please reach out to the QA using their contact information at the bottom of the addendum.

NECK DBQ

14B. As the scars are of the neck, a Scar DBQ must be completed.

Scars DBQ has been completed. Thank you.

Have a great day!

Quality Analyst
Veterans Evaluation Services (VES) – A Maximus Company
Toll Free: 1-877-637-8387
Direct Line:
www.vesservices.com

INSUFFICIENT DIAGNOSIS LIST


- This is a short list of diagnoses that the VA considers insufficient for rating purposes. Please remember that symptoms cannot be diagnosed. The VA wants to know the underlying condition that is causing the symptoms.

Bruxism (<i>as a stand-alone diagnosis</i>)
Cervicalgia
Chronic constipation (<i>unless there is no known etiology. If this is the case, please make it very clear in your report</i>)
Chronic low back syndrome
Condition
Contusion (<i>not a chronic condition for VA purposes</i>)
Disc Space narrowing
Effusion
"Headaches" (<i>need the specific type</i>)
"History of"
"Injury" (<i>need the current residual conditions diagnosed. Exceptions: cold injury, crush injury</i>)
Loss of Lordosis or Abnormal Kyphosis (<i>if that's the only diagnosis</i>)
Lumbago
Numbness
Osteopenia (<i>this is considered a laboratory finding, we need to know if it's causing an actual disability</i>)
Possible
Provisional
Rash (<i>need to know the underlying cause if at all possible, or at least get a diagnosis of eczema/dermatitis</i>)
Residuals of (<i>Instead you must describe the residuals, e.g. "Elbow fracture with residual _____"</i>)
Rule out
Sciatica (<i>Instead this should be diagnosed as "Radiculopathy of the sciatic nerve"</i>)
Spasms
Status Post
"Surgery" (<i>need the specific surgery diagnosed if at all possible</i>)
Tenderness
Vomiting (<i>or episodic vomiting</i>)
Weakness

COMMON ERRORS ON GENERAL MEDICAL DBQS



1 – NOT ADDRESSING ALL OF THE VETERAN’S CLAIMED CONDITIONS

DISABILITY BENEFITS QUESTIONNAIRE - SINUSITIS/RHINITIS		
Examination		
Worksheet	Compensation Condition	
DBQ SINUSITIS, RHINITIS		NEW CLAIM : SINUSITIS ; ALLERGIC RHINITIS A.
SECTION I - DIAGNOSIS		
1A. *Does the Veteran now have or has he or she ever been diagnosed with a sinus, nose, throat, larynx, or pharynx condition?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
B.	1B. If yes, select the Veteran's condition (<i>check all that apply</i>)	
<input checked="" type="checkbox"/>	Chronic sinusitis	ICD Code: <input type="text" value="J01.90"/> Date of diagnosis: <input type="text" value="12/2019"/>
C.	<input type="checkbox"/>	Allergic rhinitis ICD Code: <input type="text"/> Date of diagnosis: <input type="text"/>
5B. Remarks (<i>If any</i>)		
<input type="text"/>		

For example: The Veteran is claiming both chronic sinusitis and allergic rhinitis (**A.**). While you did diagnose chronic sinusitis (**B.**), you did not diagnose allergic rhinitis (**C.**), nor did you comment on the lack of diagnosis. It could be that there was no evidence found on the exam to support a diagnosis, or the symptoms of that claimed condition were attributable to another claimed condition, etc. Regardless, since the allergic rhinitis was being claimed, it would need to be addressed in some way. So, if there is no diagnosis, you will need to explain why. You can provide this explanation in the Remarks section (**D.**) at the end of the DBQ.


2 – NOT MATCHING UP FINDINGS ACROSS DBQS THAT HAVE REOCCURRING SECTIONS

BACK (THORACOLUMBAR SPINE) CONDITIONS

SECTION IV - MUSCLE STRENGTH TESTING

4A. *Rate strength according to the following scale:
 0/5 No muscle movement
 1/5 Palpable or visible muscle contraction, but no joint movement
 2/5 Active movement with gravity eliminated
 3/5 Active movement against gravity
 4/5 Active movement against some resistance
 5/5 Normal strength

Side	Flexion/Extension	Rate Strength
LEFT All Normal	Knee Extension	4 /5
	Ankle Plantar Flexion	5 /5
	Ankle Dorsiflexion	5 /5


A. 

For example: On the Back DBQ you note the left knee extension as 4/5 (**A.**), yet on the accompanying Peripheral Nerves DBQ you mark it as 5/5 (**B.**). If you have multiple DBQs with overlapping questions, please ensure that the values match across all worksheets.

PERIPHERAL NERVES CONDITIONS

SECTION IV - MUSCLE STRENGTH TESTING

4A. *Rate strength according to the following scale:
 0/5 No muscle movement
 1/5 Palpable or visible muscle contraction, but no joint movement
 2/5 Active movement with gravity eliminated
 3/5 Active movement against gravity
 4/5 Active movement against some resistance
 5/5 Normal strength

B. 

Knee extension: Right: 5/5 4/5 3/5 2/5 1/5 0/5
 Left: 5/5 4/5 3/5 2/5 1/5 0/5

Ankle plantar flexion: Right: 5/5 4/5 3/5 2/5 1/5 0/5
 Left: 5/5 4/5 3/5 2/5 1/5 0/5

Ankle dorsiflexion: Right: 5/5 4/5 3/5 2/5 1/5 0/5
 Left: 5/5 4/5 3/5 2/5 1/5 0/5

3 – NOT ADDRESSING NEW DIAGNOSES IN THE ADDITIONAL QUESTIONS

<input checked="" type="checkbox"/> Lumbosacral strain	ICD Code: <input type="text" value="S39.012A"/>	Date of diagnosis: <input type="text" value="6/2014"/> <input type="text" value="6/2014"/>
<input checked="" type="checkbox"/> Intervertebral disc syndrome ⁱ	ICD Code: <input type="text" value="M51.17"/>	Date of diagnosis: <input type="text" value="3/2021"/> <input type="text" value="3/2021"/>

(NOTE: See VA Definition of IVDS in Section XI.) **A.**

ADDITIONAL QUESTIONS

B.
THE VETERAN'S ESTABLISHED DIAGNOSIS IS LUMBAR STRAIN.

IF YOU HAVE PROVIDED ANY ADDITIONAL DIAGNOSES, OR IF THE ESTABLISHED DIAGNOSIS HAS CHANGED IN ANY WAY, PLEASE SELECT AT LEAST ONE FROM THE FOLLOWING:

A. THERE IS NO CHANGE IN THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.
 B. THE NEW DIAGNOSIS IS A CORRECTION OF THE PREVIOUS DIAGNOSIS.
 C. THERE IS A WORSENING OF THE VETERAN'S SYMPTOMS HOWEVER NO CHANGE TO THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.
 D. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE DIRECTLY DUE TO OR RELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A PROGRESSION).
 E. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE UNRELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A NEW AND SEPARATE CONDITION) ***FOR OPTION E, PLEASE SPECIFY WHICH OF THE VETERAN'S SYMPTOMS AND FINDINGS CORRESPOND WITH EACH DIAGNOSIS, IF FEASIBLE.***
 F. THE SERVICE CONNECTED DIAGNOSIS HAS RESOLVED.

C.

FOR OPTIONS OTHER THAN A AND C PLEASE PROVIDE YOUR MEDICAL RATIONALE.

D.

FOR OPTIONS OTHER THAN A AND C PLEASE PROVIDE YOUR MEDICAL RATIONALE.

E.

For example: You diagnosed the Veteran with the new condition of Intervertebral disc syndrome (**A.**), and the Veteran is currently service connected for lumbosacral strain (**B.**). On the Additional Questions, you select '**A. There is no change in the service connected diagnosis and no additional diagnoses have been rendered,**' or '**C. There is a worsening of the Veteran's symptoms however no change to the service connected diagnosis and no additional diagnoses have been rendered.**' (**C.**) Because the IVDS is a new diagnosis, you are unable to select options '**A**' or '**C**' and instead will need to choose either '**B**' '**D**' or '**E**' (**D.**) and then provide an appropriate rationale (**E.**) based on the option you choose.

4 – NOT RENDERING A DIAGNOSIS WHEN DIAGNOSTICS ARE ABNORMAL

BACK (THORACOLUMBAR SPINE) CONDITIONS		
Report: SPINE THORACOLUMBAR 2 VIEWS ↓ A.		
Impression: Significant chronic degenerative joint disease and mild but significant vertebral body height loss is again noted.		
SECTION I - DIAGNOSIS		
1A. *Does the Veteran now have or has he/she ever been diagnosed with a thoracolumbar spine (back) condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1B. If yes, provide only diagnoses that pertain to the thoracolumbar spine (back) conditions: <i>FURTHER INSTRUCTIONS:</i> Enter specific diagnosis in diagnosis box(es) with ICD Code and Date of diagnosis.		
<input type="checkbox"/> Ankylosing spondylitis	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Lumbar strain	ICD Code: S33.5	Date of diagnosis: 6/1/2016
→ <input type="checkbox"/> Degenerative arthritis of the spine	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Intervertebral disc syndrome	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Sacroiliac injury	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
B. <input type="checkbox"/> Spinal stenosis	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Spondylolisthesis	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Vertebral dislocation	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Vertebral fracture	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
→ <input type="checkbox"/> Other (specify) Diagnosis #1: <input type="text"/>	ICD Code: <input type="text"/>	Date of diagnosis: <input type="text"/>
SECTION XVII - REMARKS		
17. Remarks, if any: <input type="text"/> ← C.		

For example: Upon review of the Veteran's medical records, you discover x-ray results which show degenerative joint disease of the thoracolumbar spine (A.), yet you do not diagnose DJD on the exam. Prior diagnostic testing results, (x-rays, MRIs, CTs, etc.) in the records that show evidence of a medical condition (e.g., arthritis, fracture, etc.) can and should be used as evidence to support a diagnosis. This applies not only to results found in the Veteran's records, but also to any abnormal findings on tests that you or VES has ordered. If appropriate, you may either check off the box in the diagnosis section, or select 'Other' to write in your own (B.). Please ensure that if there is an applicable preset diagnosis that you check the box, rather than select 'Other.' If for any reason, despite the diagnostic findings, you still feel like a diagnosis is not warranted, you will need to provide an explanation for why in the **Remarks** section (C.) at the end of the DBQ.

5 – NOT PROVIDING A DIAGNOSIS WHEN THERE ARE ABNORMAL FINDINGS IN AN EXAM

If any abnormal findings are documented in your report, they will need to be addressed; either with a diagnosis, or you will need to provide a reason why a diagnosis is not warranted, despite those findings.

SKIN DISEASES

SECTION I - DIAGNOSIS

*Does the Veteran have a current skin condition?
 Yes No **A.**

Eczema
 Total body area None < 5% 5% to < 20% 20% to 40% > 40%
 EXPOSED area None < 5% 5% to < 20% 20% to 40% > 40%

Psoriasis **B.**
 Total body area None < 5% 5% to < 20% 20% to 40% > 40%
 EXPOSED area None < 5% 5% to < 20% 20% to 40% > 40%

Specific diagnosis:
 1. ECZEMA **C.**
 2. PSORIASIS

Describe appearance:
 1. SKIN IS RED, DRY, WITH SMALL BLISTERS.
 2. SKIN IS BUMPY RED PATCHES WITH WHITE SCALES, ALSO DRY AND FLAKY. **D.**

Describe location:
 1. MOSTLY ON THE HANDS AND ARMS. VERY LITTLE ON THE FEET.
 2. PRIMARILY AROUND THE SCALP.

SECTION XV - REMARKS **E.**
 15. Remarks, if any:

For example: You note that the Veteran does not have a current skin condition (**A.**), however, later in the DBQ you describe how much of the Veteran's body area eczema and psoriasis cover (**B.**) You then go on to note both conditions as diagnoses (**C.**) when they were not diagnosed at the top and you give a specific location and appearance (**D.**). Consistency is very important, so please address any abnormal findings on your exam, and if necessary, provide an explanation for why a diagnosis is not warranted. You may do so in the **REMARKS** section (**E.**) at the end of the DBQ.

6 – DIAGNOSING SYMPTOMS RATHER THAN CONDITIONS

MALE REPRODUCTIVE SYSTEM CONDITIONS	
SECTION I - DIAGNOSIS	
1A. *Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," complete Item 1B	
1B. Indicate diagnoses (check all that apply)	
A. <input checked="" type="checkbox"/> Erectile dysfunction	ICD code: <input type="text"/>
<input checked="" type="checkbox"/> Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to the male reproductive system)	
Other diagnosis #1:	B. <input type="text" value="VOIDING DYSFUNCTION"/>
ICD code:	<input type="text"/>
Date of diagnosis:	<input type="text" value="9/2019"/>

For example: In addition to diagnosing the Veteran with “Erectile dysfunction” (**A.**), you also diagnose “Voiding dysfunction.” (**B.**) Unfortunately, the VA will not accept “Voiding dysfunction” as a sufficient diagnosis for rating purposes, as this would be considered a symptom, and symptoms are unable to be diagnosed. The VA will need to know the underlying condition that is causing this voiding dysfunction.

Please note: “Voiding dysfunction” would be accepted as a residual if attributed to an acceptable diagnosis, though you would not be required to do so. For example, you could diagnose “BPH with residual voiding dysfunction.”

7 – NOT ADDRESSING ALL DIAGNOSES IN THE APPROPRIATE SECTIONS OF THE DBQ

SINUSITIS/RHINITIS AND OTHER CONDITIONS		
SECTION I - DIAGNOSIS		
1A. *Does the Veteran now have or has he or she ever been diagnosed with a sinus, nose, throat, larynx, or pharynx condition?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1B. If yes, select the Veteran's condition (<i>check all that apply</i>)		
A.	<input checked="" type="checkbox"/> Chronic sinusitis ICD Code: <input type="text" value="J01.90"/>	Date of diagnosis: <input type="text" value="12/09/19"/>
B.	<input checked="" type="checkbox"/> Allergic rhinitis ICD Code: <input type="text" value="J30.9"/>	Date of diagnosis: <input type="text" value="12/09/19"/>
SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS		
3. *Does the Veteran have any of the following nose, throat, larynx or pharynx conditions?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If no, proceed to Section IV		
If yes, check all that apply:		
C.	<input type="checkbox"/> Sinusitis	(If checked, complete Part A below)
	<input checked="" type="checkbox"/> Rhinitis	(If checked, complete Part B below)
	<input type="checkbox"/> Larynx or pharynx condition	(If checked, complete Part C below)
	<input type="checkbox"/> Deviated nasal septum (<i>traumatic</i>)	(If checked, complete Part D below)
	<input type="checkbox"/> Tumors or neoplasms	(If checked, complete Part E below)
	<input type="checkbox"/> Other nose, throat, larynx or pharynx conditions, pertinent	(If checked, complete Part F below)
physical findings or scars due to nose, throat, larynx or pharynx conditions.		

For example: You diagnose the Veteran with both “Chronic sinusitis” (**A.**) and “Allergic Rhinitis.” (**B.**) Under Section III – Nose, Throat, Larynx or Pharynx Conditions, you inadvertently do not check off “Sinusitis,” (**C.**) and because of this, the Sinusitis condition is not fully evaluated. Please double-check to ensure that any and all diagnosed conditions are addressed in the appropriate sections in the DBQ.

8 – REPORTING A FUNCTIONAL IMPACT WHEN NO DIAGNOSIS IS RENDERED

SLEEP APNEA	
A.	SECTION I - DIAGNOSIS *Does the Veteran have or has he/she ever had sleep apnea? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	SECTION VI - FUNCTIONAL IMPACT 6. *Does the Veteran's sleep apnea impact his or her ability to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," describe impact of the Veteran's sleep apnea, providing one or more examples):</i> *NOTE: If the Veteran is retired, please respond to this question as though the Veteran was not retired (to the greatest extent possible).
C.	THE VETERAN REPORTS HE IS UNABLE TO STAY AWAKE AT HIS DESK FOR MOST OF THE DAY AND MUST GET UP AND WALK AROUND AT LEAST ONCE OR TWICE AN HOUR. HE MUST WORK IN A WELL-LIT ENVIRONMENT AS WELL.

For example: You do not diagnose the Veteran with sleep apnea (**A.**), though under Section VI – Functional Impact, they ask if the Veteran’s sleep apnea impacts his or her ability to work, to which you answered “yes” (**B.**) and provided your opinion of how it would affect them in an occupational setting (**C.**). Because the VA is asking if the diagnosed condition impacts the Veteran’s ability to work, and you do not render a diagnosis, then you are unable to give a positive opinion for this question.

DOCUMENTS READY TO SIGN

Once your reports have been reviewed and all questions and requests from the QA have been addressed, you will have the opportunity to review the worksheet(s) and sign off on them before they are submitted to the VA.



Batches of reports that are ready for your electronic signature will be gathered and sent to your portal throughout the day.

When you log into your portal they will appear above your list of **Open Cases**:



Each document represents a batch of reports requiring your electronic signature.

When you click on a document, you'll review the report and once you've reached the end you'll see the following:

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Options ▾ Next required field 2

Start

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

* Click here to sign

8A. PHYSICIAN'S SIGNATURE: _____

8B. PHYSICIAN'S PRINTED NAME: _____

8C. DATE SIGNED: See date in digital signature above.

8D. PHYSICIAN'S PHONE/FAX NUMBERS: _____

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER AND MEDICAL LICENSE NUMBER AND STATE: _____

8F. PHYSICIAN'S ADDRESS: _____

8G. PHYSICIAN'S SPECIALTY: Family Medicine

In the upper right corner, the number beside **Next required field** will tell you how many more electronic signatures are required for that batch of reports.

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Start

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

* Click here to sign

8A. PHYSICIAN'S SIGNATURE: _____

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8C. DATE SIGNED: See date in digital signature above.

8D. PHYSICIAN'S PHONE/FAX NUMBERS: _____

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER AND MEDICAL LICENSE NUMBER AND STATE: _____

8F. PHYSICIAN'S ADDRESS: _____

8G. PHYSICIAN'S SPECIALTY: Family Medicine

If you click on the down arrow in the upper left corner you are given the following options:

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8A. PHYSICIAN'S SIGNATURE: _____

8B. PHYSICIAN'S PRINTED NAME: _____

8C. DATE SIGNED: See date in digital signature above.

8D. PHYSICIAN'S PHONE/FAX NUMBERS: _____

8E. PHYSICIAN'S NATIONAL PROVIDER IDENTIFIER (NPI) AND MEDICAL LICENSE NUMBER AND STATE: _____

8F. PHYSICIAN'S ADDRESS: _____

8G. PHYSICIAN'S SPECIALTY: Family Medicine

If you need to make any last updates to your report before it is submitted, or you have any questions for the QA, you can simply choose **Decline to sign**.

Adobe Sign

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Read agreement

Decline to sign

Clear document data

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ATTENTION - To the best of my knowledge, the information contained herein is accurate, complete and current.

* Click here to sign

8A. PHYSICIAN'S SIGNATURE: _____

8B. PHYSICIAN'S PRINTED NAME: _____

8C. DATE SIGNED: See date in digital signature above.

8D. PHYSICIAN'S PHONE/FAX NUMBERS: _____

8E. PHYSICIAN'S NATIONAL PROVIDER IDENTIFIER (NPI) AND MEDICAL LICENSE NUMBER AND STATE: _____

8F. PHYSICIAN'S ADDRESS: _____

8G. PHYSICIAN'S SPECIALTY: Family Medicine

Despite there being a there being a box for you to document the reason you declined to sign, that information doesn't go to VES, so please email vesphysicianshelp@vesservices.com, or contact us through the **Physician Help** link in the portal so that we may have the QA assigned to the case contact you directly regarding any changes that need to be made to the report.

If you are satisfied with your report and you are ready for it to be submitted, simply click on ***Click here to sign:**

Adobe Sign

Options ▾ Next required field 2

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

Start

*Click here to sign

8A. PHYSICIAN'S SIGNATURE: _____

8B. PHYSICIAN'S PRINTED NAME: _____

8C. DATE SIGNED: See date in digital signature above.

8D. PHYSICIAN'S PHONE/FAX NUMBERS: _____

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER AND MEDICAL LICENSE NUMBER AND STATE: _____

8F. PHYSICIAN'S ADDRESS: _____

8G. PHYSICIAN'S SPECIALTY: Family Medicine

A box will then pop up which gives you several options on how to enter your signature. Please select **"Type"** and enter your full name and credentials in the designated area.

Type Draw Image Mobile

Type your signature here

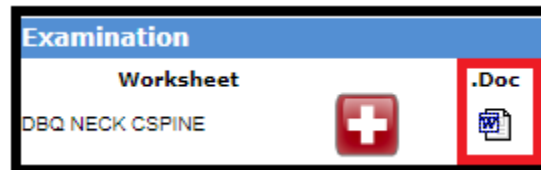
Close Apply

You will continue until all reports for that case have been signed. Once you have finished the QA assigned to the case will be alerted and the report will be electronically submitted to the VA for you. The case will then disappear from your portal.

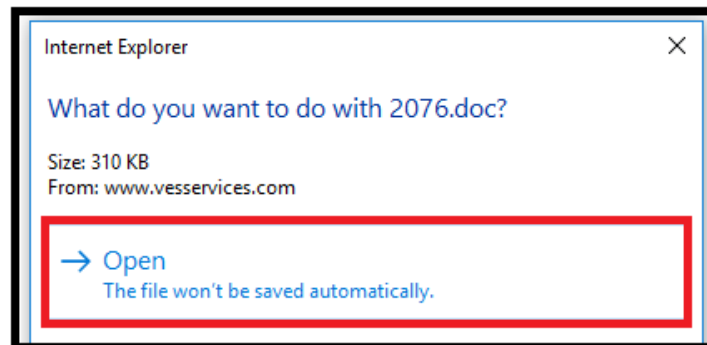
FREQUENTLY ASKED QUESTIONS

Q: How do I print the DBQs?

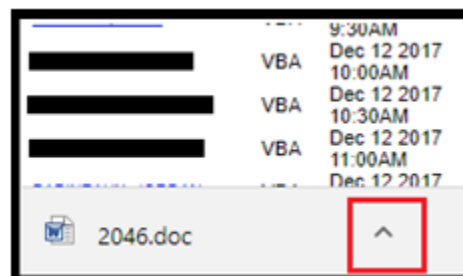
- Click on the Word Document icon.



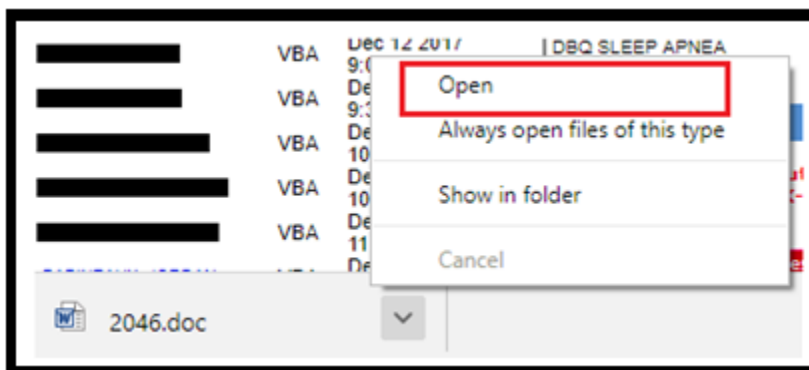
- You will get a pop up box that gives you the option to **Open**. The appearance of the pop up box will depend on what internet browser you are using.
- Internet Explorer example:



- Google Chrome example:
 - *Click on the arrow on the bottom left side of your screen.*



- *Select **Open**.*



Please note: It is **strongly recommended** that the DBQs be completed electronically during the evaluation and paper copies only be used when unexpected circumstances may prevent you from having internet access. Filling the DBQ out by hand makes it easier to inadvertently miss adding additional DBQs and diagnostics if they are necessary.

Q: What if the Veteran is late? Do I need to cancel the exam?

- This can be determined on a case by case basis. We ask that you allow them 10 to 15 minutes, and if you are still able to see him or her, please do, as long as doing so will not compromise your other scheduled appointments for that day. If you are not able to see the Veteran due to their late arrival, please cancel the exam and contact us via Physician Help to let us know the Veteran's appointment was not able to be completed.

Q: Do I need to check the Veteran's I.D. or have them fill out any paperwork?

- When the Veteran arrives you can check their photo I.D., however, if they do not have a photo I.D. available you can verify their identity by using either their date of birth or the last four numbers of their Social Security (*File*) Number. This information can be found on the Veteran's page in the portal.

Veteran Information	
Name:	██████████
Date of Birth:	██████████
File Number:	██████████
Address:	██████████
Exam Date:	██████████
VES Case:	██████████
VA Facility:	██████████ ██████████
City/State/Zip:	██████████

- The Veteran will not need to provide any health insurance or billing information, nor will they need to sign or fill out any paperwork on your end. You do not need to make a photo copy of their I.D. or have them sign any consent forms. We will send them all HIPAA information as part of their appointment packet.

Q: What if the Veteran brings in records or results for me to review? Do I need to submit those to VES?

- Our contract prohibits examiners from reviewing outside records (*as this can lead to incomplete claims folders*), so if the Veteran brings in any records for you to review in conjunction with your exam, please encourage him or her to submit the records directly to the VA so they can be added to his or her claim file.
- If a Veteran leaves copies of records with you to review, please just follow HIPAA disposal protocols.

Q: What if the Veteran asks me for a copy of their report?

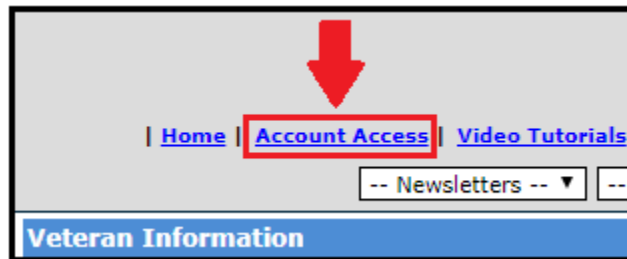
- As a third party, we are unable to provide the Veteran with a copy of their report, so please refer the Veteran to the VA's toll-free benefits hotline: **1-800-827-1000**.

Q: What if the Veteran decides that he or she wants to come back to see me as his or her Primary Care Physician?

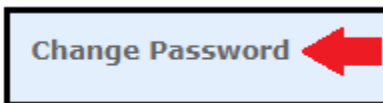
- If the Veteran chooses to come see you as a private patient, that is completely fine, as long as it is understood between yourself and the Veteran that any further visits would be strictly for treatment purposes and have nothing to do with the VA and/or the Veteran's disability examinations. You are also unable to solicit the Veteran's business and any future doctor-patient relationship must be initiated by the Veteran. If the Veteran does come back to see you as a patient, please do not discuss anything relating to the VA and/or their disability claim.

Q: How can I change my portal password?

- If you would like to change your password to something more familiar to you, you can either contact us at vesphysicianshelp@vesservices.com for assistance, or you may change it yourself.
- When you are in the portal, click on the **Account Access** link.



- On the left side of the screen, under Main Menu, click on **Change Password**.

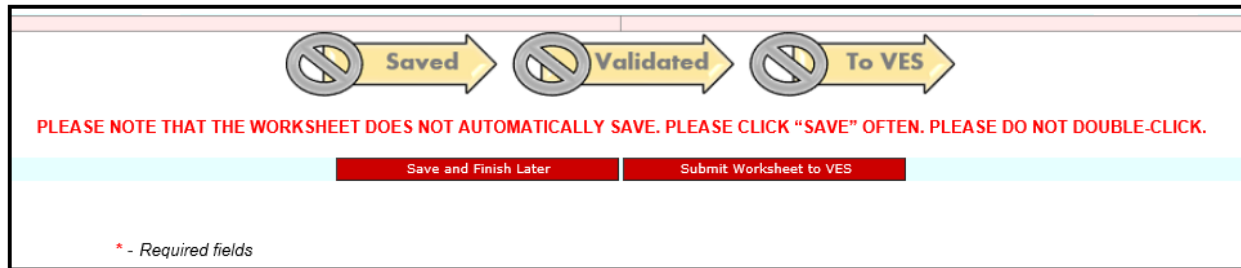


- Complete the template and click on **Change Password**.

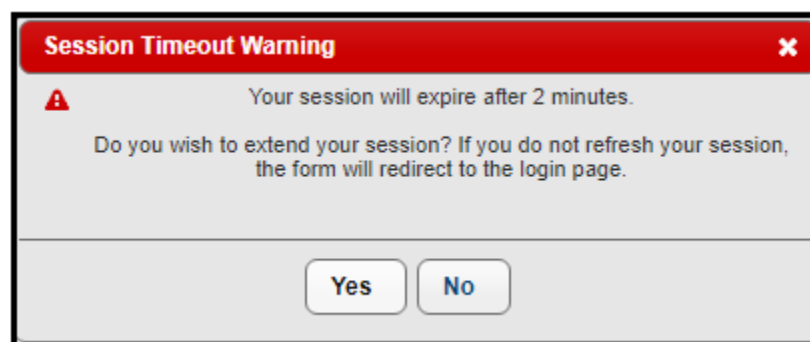
A screenshot of a password change form. It contains several input fields: 'Old Password', 'New Password', and 'Confirm Password'. Below these is a section titled 'If You Forget Your Password...' with a 'Security question' dropdown menu and a 'Your answer' input field. At the bottom of the form is a 'Change Password' button, which is highlighted with a red rectangular box and a red arrow pointing to it from the right. A blue asterisk note at the bottom states: '* Password must be at least 6 characters, consisting of at least one capital letter, one lower case and one number.'

Q: How do I save and submit my reports?

- Below the header of the worksheet you will see three arrows and two red buttons labeled **Save and Finish Later**, and **Submit Worksheet to VES**. These two red buttons will be found at the top and bottom of every DBQ.



- Between the arrows and the red buttons are the following statements:
 - Please note that the worksheet does not automatically save.
 - Please click “SAVE” often.
 - Please do not double-click.
- The portal is a secure website, so it will log you out automatically after **18 minutes** if you are not saving your work during that time. After **16 minutes** you will receive a pop-up message warning you that you will be automatically logged out in **2 minutes**.



- To avoid this pop-up and to avoid potentially being logged out on accident, it is recommended that you save your report every **10 to 12 minutes**, or after you have entered a substantial amount of information. You will save by clicking on **Save and Finish Later**. (Note: the “...and Finish Later” does not mean it will log

you out or stop you from filling out the DBQ. This is just a regular save button, and once you've saved it you can go back to working.)

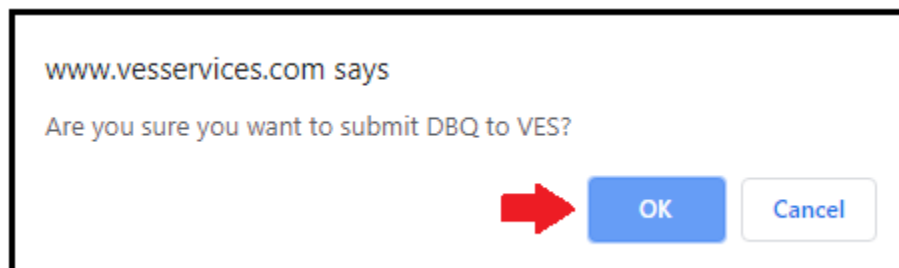
- Please refrain from double-clicking on the **Save and Finish Later** button, as this will not only cause portal interruption, but it could potentially clear out your entire report.



- Once you have finished filling out the DBQ, click on **Submit Worksheet to VES**.



- You will see a pop-up box asking for confirmation. Click **OK** to finish submitting the report.



- Before clicking on **Submit Worksheet to VES** please ensure that all the **Required fields** have been answered. Questions and/or sections that have required fields will be marked accordingly with a red asterisk.

PLEASE NOTE THAT THE WORKSHEET DOES NOT AUTOMATICALLY SAVE. PLEASE CLICK "SAVE" OFTEN. PLEASE DO NOT DOUBLE-CLICK.

Save and Finish Later Submit Worksheet to VES

* - Required fields

- If you happen to inadvertently miss any of the required fields, when you click on **Submit Worksheet to VES** you will be brought back to the beginning of the worksheet, and the yellow text will direct you to the question/section you need to address.

DBQ HAS NOT BEEN SUBMITTED
There are error(s) in the following section(s):

1. Diagnosis
15. Diagnostic testing

* - Required fields

- The appropriate questions/sections will also be marked in the DBQ for your convenience.

SECTION I - DIAGNOSIS

1A. *Does the Veteran now have or has he/she ever been diagnosed with a thoracolumbar spine (back) condition?
Please make a valid selection.

Yes No

15A. *Have imaging studies of the thoracolumbar spine been performed and are the results available? ⓘ
Please make a valid selection.

Yes No
 If yes, is arthritis documented?
 Yes No

- You can then complete the missing sections and resubmit the report again once you have finished updating.
- You will know that the worksheet has been submitted successfully, because the three arrows will light up, and the **Save and Finish Later** and **Submit Worksheet to VES** buttons will have disappeared.



- Once the **Save** and **Submit** buttons disappear you are no longer able to make or save any changes to your report. If you need to get back into the report to make any further updates, please use the **Physician Help** link located in the top right corner of the screen to request that the worksheet be unlocked. Once you receive an email telling you it's been unlocked, refresh your screen, and the **Save** and **Submit** buttons will have reappeared. You can then make any necessary changes to the report and then resubmit it like normal.
- Another way to verify that your report was submitted successfully is to go back to the Veteran's information page and look in the examination section.

Examination		
Worksheet		.Doc
DBQ MEDICAL OPINION COMP	+	
DBQ PERIPHERAL NERVE	+	
DBQ ANKLE	✓	
DBQ KNEE LOWER LEG	✓	

- Completed and submitted DBQs will now have a blue box with a white check mark, and once all of the worksheets on the case have gone from red to blue, that means the case has been submitted to VES and will soon begin to be reviewed by the QA.

TO CONTACT VES

The **Physician Help** link located on the main page of the provider portal.

Provider Assistance: 1.800.994.2054 Fax - Toll Free 1.800.355.7205 Fax - 832.320.3908 Toll Free Germany Phone/Fax: 0800.189.0363 Toll Free Japan Phone/Fax: 0120.974.967 Toll Free Korea Phone/Fax: 080.808.0201 Toll Free U.K. Phone/Fax: 0-800-088-5395 Patient Reports Physician Help Log Out

Clicking on the link will open up the following email template:

PHYSICIAN HELP

Please use this form for any questions or comments. after this request is received. If you need immediate assistance please contact VES at 800.994.2054.

* indicates required field

Provider Name:*

Provider Email:*

Veteran Name*

Case Number*

Message*

Please complete all fields and click **Submit** when finished.

Please remember that when emailing Physician Help regarding a specific Veteran's case, that you give the Veteran's name, and even more importantly their entire VES case #.

The **Physician Help** email: vesphysicianshelp@vesservices.com

If you are emailing Physician Help from your personal email address, please refrain from including any of the Veteran's PII in the body of the email. You may use the veteran's last name and case number when identifying the veteran, and we will rarely need more than that to identify the case. If an inquiry does absolutely require PII to be shared, please contact us through either the Physician Help link in the portal, or the toll-free number below.

The **Provider Assistance** toll-free number: **1-800-994-2054**

Any and all questions can go through Provider Assistance/Physician Help. Whether they be questions about a specific Veteran you will be seeing (e.g. their DBQs, their claims, medical records, etc.), or any general questions you may have (e.g. concerning your schedule, rescheduling, IT related issues in your portal, etc.)

Please note: our regular business hours are between 7:00am – 7:00pm (Central Time) Monday – Friday. Any emails or voicemails that are received after hours, on weekends, or holidays, will either be answered that day or the following business day.

**Thank you for helping us serve our nation's
Veterans and Active Duty Service Members!**