

My HealthVet
Personal Information Report

*******CONFIDENTIAL*******

Produced by the VA Blue Button (v12.10)
11 Oct 2015 @ 1836

This summary is a copy of information from your My HealthVet Personal Health Record. Your summary may include:

- information that you entered (self reported)
- information from your VA health record
- your military service information from the department of defense (DoD)

Note: Your health care team may not have all of the information from your Personal Health Record unless you share it with them. Contact your health care team if you have questions about your health information.

Key: Double dashes (--) mean there is no information to display.

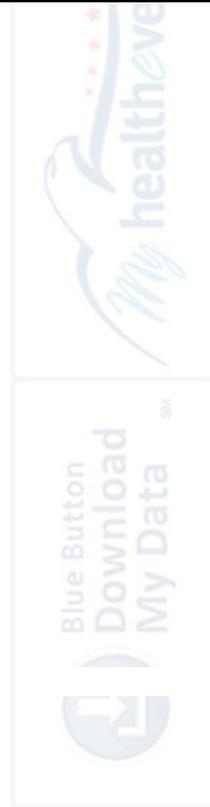
Name: LITTLE, MICHAEL JOSEPH

Date of Birth:

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Download Request Summary

System Request Date/Time:	11 Oct 2015 @ 1836
File Name:	mhv_LITTLE_20151011_1836.pdf
Date Range Selected:	01 Sep 2015 to 11 Oct 2015
Data Types Selected:	My HealthVet Account Summary VA Notes

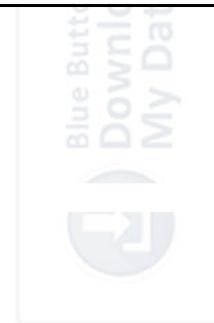


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My HealtheVet Account Summary

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	12 Jul 2012
Authentication Facility Name:	VA HEARTLAND-EAST, VISN 15 HCS JOHN COCHRAN MEMORIAL HOSPITAL
Authentication Facility ID:	657

VA Treating Facility	Type
Washington VA Medical Center	na
San Diego VA Medical Center	na
VBA BRLS	na
VA GULF COAST VETERANS HEALTH CARE SYSTEM	na
CLNCL/HLTH DAT REPT EFF 030109	na
VBA CORP	na
VA HEARTLAND-EAST, VISN 15 HCS JOHN COCHRAN MEMORIAL HOSPITAL	na
VETERANS ID CARD SYSTEM	na
Buffalo VA Medical Center	na
ENROLLMENT SYSTEM REENGINEERING	na
DEPARTMENT OF DEFENSE DEERS	na
AUSTIN MHV	na
AUSTIN	na



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VA Notes

Source: VA
Last Updated: 11 Oct 2015 @ 1835
Sorted By: Date/Time (Descending)
VA Notes from January 1, 2013 forward are available 3 calendar days after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.

Date/Time: 29 Sep 2015 @ 1230
Note Title: COMPENSATION ASSESSMENT COPY
Location: Washington VA Medical Center
Signed By: ARORA,MANISH
Co-signed By: ARORA,MANISH
Date/Time Signed: 30 Sep 2015 @ 1652

Note

LOCAL TITLE: COMPENSATION ASSESSMENT COPY
 STANDARD TITLE: C & P EXAMINATION NOTE
 DATE OF NOTE: SEP 29, 2015@12:30 ENTRY DATE: SEP 30, 2015@16:52:36
 AUTHOR: ARORA,MANISH EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

General Medical - Separation Health Assessment
 Disability Benefits Questionnaire
 * Internal VA or DoD Use Only*

Name of patient/Servicemember: LITTLE,MICHAEL JOSEPH
 SSN:

Diagnosis Summary

CLAIMED CONDITION: post traumatic stress disorder (PTSD)
 DIAGNOSIS: PTSD (per psych C&P examiner)

CLAIMED CONDITION: migraines
 DIAGNOSIS: migraines

CLAIMED CONDITION: low back pain (new claim)
 DIAGNOSIS: chronic lumbar strain

List of Symptomatic Systems:
 a. Head, face, neck and scalp:

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- e. Ears:
- l. Abdomen and Viscera (include hernia):
- m. Genitourinary:
- q. Spine:
- s. Identifying body marks, scars, tattoos:
- t. Skin, Lymphatic:
- v. Psychiatric:
- z. Miscellaneous conditions:
Other:

List of Abnormal Findings:

1. Head, face, neck and scalp
2. Identifying body marks, scars, tattoos
3. Skin
27. Psychiatric (Specify any personality deviation)

Was a DD Form 2807-1, Report of Medical History, completed by the Servicemember and available for review at the time of this examination?
 Yes No N/A

Any changes to his/her health status since DD 2807-1 completed?
 Yes No N/A

(Proposed) Date of separation from active service: n/a

1. Medical record review

Was the Veteran's VA claims file reviewed?
 Yes No

If no, check all records reviewed:
 Military service treatment records
 Other:
Online DOD records via online Janus were reviewed

2. Medical history (Review of Systems)

a. Head, face, neck and scalp:
 Yes No

If Yes:
headaches

b. Nose:
 Yes No

c. Sinuses:
 Yes No

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d. Mouth and Throat:

Yes No

e. Ears:

Yes No

If Yes:

tinnitus

f. Eyes:

Yes No

g. Heart:

Yes No

h. Lungs and Chest:

Yes No

i. Breasts:

Yes No

j. Vascular (Varicosities, hypertension, etc.):

Yes No

k. Anus and Rectum (Hemorrhoids, Fistulae, Prostate):

Yes No

l. Abdomen and Viscera (include hernia):

Yes No

If Yes:

frequent diarrhea, cramping managed w/ dietary modification

m. Genitourinary:

Yes No

If Yes:

"I've passed kidney stones before"
varicocele - "it causes me pain when it swells"

n. Upper Extremities:

Yes No

o. Lower Extremities:

Yes No

p. Feet:

Yes No

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q. Spine:

Yes No

If Yes:

LBP w/ over exerting

r. Miscellaneous musculoskeletal conditions:

Yes No

s. Identifying body marks, scars, tattoos:

Yes No

If Yes:

see exam, below

t. Skin, Lymphatic:

Yes No

If Yes:

rosacea

u. Neurologic:

Yes No

v. Psychiatric:

Yes No

If Yes:

See C&P subspecialty exam / DBQ

w. Gynecologic: (excluding breasts)

Yes No

x. Endocrine:

Yes No

y. Infectious disease, immune disorder or nutritional deficiency:

Yes No

z. Miscellaneous conditions:

Yes No

Other:

exposure to burn pits in Iraq, no associated diagnosis

3. Physical Exam

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-
- a. Dominant hand
 Right Left Ambidextrous
- b. Vital signs and Labs
Blood pressure #1: 102/64

Blood pressure #2: 105/59

Blood pressure #3: 98/61

Pulse: 69

Respiratory rate: 12

Height: 69"

Weight: 230 lbs
- c. Visual Acuity:
Near:
Right Eye Corrected 20/20
Left Eye Corrected 20/20

Far:
Right Eye Corrected 20/20
Left Eye Corrected 20/25
1. Head, face, neck and scalp
 Normal Abnormal Not examined

If abnormal:
rosacea, bilat cheeks
2. Identifying body marks, scars, tattoos
 Normal Abnormal Not examined

If abnormal:
tattoos: bilat arms
3. Skin
 Normal Abnormal Not examined

If abnormal:
rosacea, bilat cheeks
4. Nose
 Normal Abnormal Not examined

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5. Sinuses
 Normal Abnormal Not examined
6. Mouth and throat
 Normal Abnormal Not examined
7. Dental defects and disease
 Normal Abnormal Not examined
8. Eyes - General (Visual acuity and refraction to be completed on Eye DBQ if appropriate)
 Normal Abnormal Not examined
9. Ophthalmoscopic
 Normal Abnormal Not examined
10. Pupils (Equality and reaction)
 Normal Abnormal Not examined
11. Ocular motility (Associated parallel movements, nystagmus)
 Normal Abnormal Not examined
12. Ears - External ear and canal
 Normal Abnormal Not examined
13. Tympanic membranes (Perforation)
 Normal Abnormal Not examined
14. Heart (Thrust, size, rhythm, sounds)
 Normal Abnormal Not examined
15. Lungs and chest (Include breasts)
 Normal Abnormal Not examined
16. Vascular system (Varicosities, etc.)
 Normal Abnormal Not examined
17. Abdomen and viscera (Include hernia)
 Normal Abnormal Not examined
18. Anus and rectum (Hemorrhoids, fistulae, prostate if indicated)
 Normal Abnormal Not examined
19. Genitourinary (Male and female)
 Normal Abnormal Not examined
20. Upper extremities
 Normal Abnormal Not examined
21. Lower extremities (Except feet)
 Normal Abnormal Not examined

LEFT EAR							
A	B	C	D	E	F	G	
500 Hz*	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Avg Hz (B-E)**

May paste results of audiogram here if more convenient see remarks, below

33. Tinnitus:

Are you bothered by noises in your head or ears such as ringing, roaring, buzzing, crickets, or a humming tone?

[X] Yes [] No

If yes, are you bothered... See audio C&P

4. LAB STUDIES:

No response provided.

5. Diagnosis:

[X] Diagnosis/diagnoses are listed on additional DBQs (This is just a reminder to please fill out the DBQs as needed for VA rating purposes)

Comments, if any:

No comments provided.

6. Remarks, if any:

Tympanometry revealed the following: Right ear: Normal pressure and compliance (Type A) Left ear: Normal pressure and compliance (Type Ad)

Acoustic Reflex Screening @ 95 dB: 500Hz 1000Hz 2000Hz 4000Hz Right ear: Present Present Present Present Left ear: Present Present Present Present

LOCAL TITLE: COMPENSATION ASSESSMENT COPY

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STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: SEP 29, 2015@10:30 ENTRY DATE: SEP 29, 2015@11:34:46
AUTHOR: RAVE LANKENAU, MEGAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Review Post Traumatic Stress Disorder (PTSD)
Disability Benefits Questionnaire

Name of patient/Veteran: Little, Michael Joseph; c-file:

SECTION I:

1. Diagnostic Summary

Does the Veteran now have or has he/she ever been diagnosed with PTSD?
 Yes No
ICD Code: 309.81

2. Current Diagnoses

a. Mental Disorder Diagnosis #1: PTSD
ICD Code: 309.81

Mental Disorder Diagnosis #2: Unspecified Depressive Disorder
ICD Code: 311

b. Medical diagnoses relevant to the understanding or management of the
Mental Health Disorder (to include TBI): Migraines

3. Differentiation of symptoms

a. Does the Veteran have more than one mental disorder diagnosed?
 Yes No

b. Is it possible to differentiate what symptom(s) is/are attributable
to each diagnosis?
 Yes No Not applicable (N/A)

If yes, list which symptoms are attributable to each diagnosis
and discuss whether there is any clinical association between these
diagnoses: Symptoms of PTSD include intrusive traumatic
re-experiencing, avoidance of trauma related stimuli, and
hyperarousal. Symptoms of Unspecified Depressive Disorder include
sad mood, low energy, and poor appetite. Sleep disturbance, guilt,
to short-term memory problems, and anhedonia could be attributable
to either disorder.

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c. Does the Veteran have a diagnosed traumatic brain injury (TBI)?
[] Yes[X] No[] Not shown in records reviewed

4. Occupational and social impairment

a. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses? (Check only one)

[X] Occupational and social impairment with reduced reliability and productivity

b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?
[] Yes[X] No[] No other mental disorder has been diagnosed

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis: Symptoms of PTSD and Unspecified Depressive Disorder both significantly contribute to the veteran's level of occupational and social impairment, to the extent that it is not possible to tease out how each contributes independently of the other. However, it should also be noted that the Unspecified Depressive Disorder is secondary to PTSD; that is, depressive symptoms developed following the traumatic experiences in the military, and are considered to be in this case part of a post traumatic stress syndrome.

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBI?
[] Yes[] No[X] No diagnosis of TBI

SECTION II:

Clinical Findings:

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 1. Evidence review

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

a. Medical record review:

Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed?
 Yes No

Was the Veteran's VA claims file (hard copy paper C-file) reviewed?
 Yes No

If yes, list any records that were reviewed but were not included in the

Veteran's VA claims file:
 VBMS

If no, check all records reviewed:

- Military service treatment records
- Military service personnel records
- Military enlistment examination
- Military separation examination
- Military post-deployment questionnaire
- Department of Defense Form 214 Separation Documents
- Veterans Health Administration medical records (VA treatment records)
- Civilian medical records
- Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
- No records were reviewed
- Other:

b. Was pertinent information from collateral sources reviewed?
 Yes No

2. Recent History (since prior exam)

a. Relevant Social/Marital/Family history:

The veteran and his wife are currently living in Ft. Belvoir, Virginia.

They have been married for almost 2 years. He reported that,

"it kinda sucks because she has to deal with what I go through, I get angry and anxious a lot". He withdraws from the relationship sometimes.

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No children, but "we're trying to start a family". Socially, the veteran reported that he tends to isolate himself and "I don't have many friends, I talk to my boss but that's about it". He has friends from the military, but he has not talked to them in over a year. He does not talk to his family often and "it's not like it used to be". He is closest to his wife. He spends his free time at home and "I don't want to leave the house" due to anxiety. He watches TV, watches movies, reads.

b. Relevant Occupational and Educational history:

The veteran served in the Navy Reserves from January 2003 to the present time. Rank is E5, MOS is alpha bravo helo. He had a period of Active Duty from October 2009 to November 2010. He deployed to Guantanamo Bay Cuba.

The veteran is currently working for a veterans service organization,

Association of the United States Navy. He has held this job since April 2014. He is working full time. He reported that he is working from home frequently due to psychiatric symptoms; he is sometimes fearful to drive, so he doesn't want to go into work. He is going into work 2 days a week, and telecommuting 3 days a week.

c. Relevant Mental Health history, to include prescribed medications and family mental health:

The veteran is currently participating in mental health at Walter Reed National Military Medical Center. He is taking Propanolol for anxiety and migraines. He stated that, "they've had me on a bunch of different things but nothing has worked". He recently received a consult to do a Ganglion Block therapy. He meets with his psychiatrist once a week, and he participates in therapy once a week as well.

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Prior to this, the veteran had also participated in treatment at the Washington VA Medical Center. He participated in therapy and medication treatment, until switching his care to Walter Reed. He has been diagnosed with PTSD and Depression.

No psychiatric hospitalizations.

d. Relevant Legal and Behavioral history:
None reported

e. Relevant Substance abuse history:
The veteran reported that he drinks occasionally at the present time, once a month. He stated that he drank "a shit ton" when he came back from Afghanistan, but he denied that he ever participated in any substance abuse treatment.

f. Other, if any:
None

3. PTSD Diagnostic Criteria

Please check criteria used for establishing the current PTSD diagnosis. The diagnostic criteria for PTSD, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors.) Do NOT mark symptoms below that are clearly not attributable to the Criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6 - "Other symptoms".

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

Directly experiencing the traumatic event(s)

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after

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the traumatic event(s) occurred:

[X] Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

[X] Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

[X] Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings).

[X] Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic events(s) occurred, as evidenced by one or both of the following:

[X] Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

[X] Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

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[X] Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

[X] Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.

[X] Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

[X] Markedly diminished interest or participation in significant activities.

[X] Feelings of detachment or estrangement from others.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

[X] Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

[X] Hypervigilance.

[X] Exaggerated startle response.

[X] Problems with concentration.

[X] Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F:
 [X] The duration of the symptoms described above in Criteria B, C, and D are more than 1 month.

Criterion G:
 [X] The PTSD symptoms described above cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H:
 [X] The disturbance is not attributable to the physiological

effects of a substance (e.g., medication, alcohol) or another medical condition.

4. Symptoms

For VA rating purposes, check all symptoms that actively apply to the Veteran's diagnoses:

- Depressed mood
- Anxiety
- Suspiciousness
- Chronic sleep impairment
- Disturbances of motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships
- Difficulty in adapting to stressful circumstances, including work or a worklike setting

5. Behavioral Observations:

The veteran endorsed problems with sleep. He usually lays down for bed around 10:30pm. He endorsed sleep onset problems because "my mind is racing all the time, I start thinking about everything". He stated that he thinks about detainees a lot, he ruminates about friends whom he lost to suicide. Once asleep, he sleeps through until around 7am, but he might sleep through his alarm and "I'm late for work".

The veteran reported that he experiences nightmares, which are happening several times per week. He has dreams about detainees, "watching people get assaulted by the detainees, seeing myself get assaulted by the detainees, noises that went on". He endorsed intrusive memories. He has also experienced flashbacks. He stated that there are times when, "it's like it's happening in front of me, I can smell the smells, I can see things again". He does not know what causes the flashbacks except, "if I'm watching something and they start talking about Gitmo". He reported that he experiences periods of anxiety where he can't breathe, he feels scared and anxious.

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The veteran reported avoidance of crowds, people. He doesn't like being around a lot of people, he isolates himself. He stated that he doesn't like going to concerts, sports events. He does go watch Navy games because, "it's other veterans". He doesn't like talking about or thinking about traumatic events, "I usually go way out of my way to just not talk about it". He isolates himself, experiences anhedonia.

The veteran endorsed problems with anger and irritability. He stated that he gets angry at work, angry at his co-workers; he denied frequent yelling or verbal/physical aggression at work, but he shuts his door, he isolates himself. He might yell at his wife and tell her to "shut up" several times a week. The veteran endorsed problems with an exaggerated startle response. He doesn't like people coming up behind him. He is hypervigilant. He needs to see the exits, he likes to find the escape route. He does have weapons at home, but "they're locked up in a closet".

The veteran reported that his mood is "depressed and anxious lately". He experiences decreased energy, he doesn't like to go for walks with the dogs, he feels tired "all the time". He rated his mood at a 2 or 3 on a 10 point scale (with 10 being high). Appetite is low, but "I still gained 35 pounds". Motivation is low. The veteran endorsed some feelings of helplessness or hopelessness. He endorsed thoughts of "she [his wife] would be better off without me, maybe it would have been better if I hadn't come back", but he denied suicidal or homicidal ideation.

The veteran denied significant problems with memory.

6. Other symptoms

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Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?
 Yes No

7. Competency

Is the Veteran capable of managing his or her financial affairs?
 Yes No

8. Remarks, (including any testing results) if any:

The veteran meets full DSM-5 criteria for diagnoses of PTSD and Unspecified Depressive Disorder.

/es/ MEGAN K RAVE LANKENAU
PSYCHOLOGIST
Signed: 09/29/2015 11:34

All additional DBQs found to be necessary completed as appropriate at time of signing this DBQ?
 Yes No

Designated VA materials regarding military sexual trauma (MST) were provided to the Veteran/ Servicemember.

Headaches (including Migraine Headaches)
Disability Benefits Questionnaire

Name of patient/Veteran: LITTLE, MICHAEL JOSEPH

Indicate 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

to the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no

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additional

relevant evidence.

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

Evidence review

Was the Veteran's VA claims file reviewed?

- Yes No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

If no, check all records reviewed:

- Military service treatment records
- Military service personnel records
- Military enlistment examination
- Military separation examination
- Military post-deployment questionnaire
- Department of Defense Form 214 Separation Documents
- Veterans Health Administration medical records (VA treatment

records)

- Civilian medical records
- Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
- No records were reviewed
- Other:
- o

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a headache condition?

- Yes No

- Migraine including migraine variants

ICD code: 346.90

Date of diagnosis: 2010

2. Medical History

a. Describe the history (including onset and course) of the Veteran's headache conditions (brief summary):

SM is service connected for migraines and is being evaluated for an increase. He was initially diagnosed with migraines in 2010.

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Progressive worsening in frequency and severity. Now affecting QoL.

He reports headaches 4-5x/week, sometimes lasting for days. Bifrontal headaches a/w bright lights. Sometimes bioccipital pain which radiates to shoulders and neck. +Aura - tension and jaw pain and numbness. Headaches severe during PTSD flares.

On prophylactic propranolol qd and triptan SL prn

b. Does the Veteran's treatment plan include taking medication for the diagnosed condition?

Yes No

If yes, describe treatment (list only those medications used for the diagnosed condition):
see history

3. Symptoms

a. Does the Veteran experience headache pain?

Yes No

Constant head pain

Pain on both sides of the head

b. Does the Veteran experience non-headache symptoms associated with headaches? (including symptoms associated with an aura prior to headache pain)

Yes No

Nausea

Sensitivity to light

Sensitivity to sound

Changes in vision (such as scotoma, flashes of light, tunnel vision)

c. Indicate duration of typical head pain

1-2 days

d. Indicate location of typical head pain

Both sides of head

4. Prostrating attacks of headache pain

a. Migraine / Non-Migraine- Does the Veteran have characteristic prostrating attacks of migraine / non-migraine headache pain?

Yes No

If yes, indicate frequency, on average, of prostrating attacks over the last several months:

Once every month

b. Does the Veteran have very prostrating and prolonged attacks of migraines/non-migraine pain productive of severe economic inadaptability?

Yes No

5. Other pertinent physical findings, complications, conditions, signs and/or symptoms

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a. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?

Yes No

b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms related to any conditions listed in the Diagnosis section above?

Yes No

6. Diagnostic testing

Are there any other significant diagnostic test findings and/or results?

Yes No

7. Functional impact

Does the Veteran's headache condition impact his or her ability to work?

Yes No

If yes, describe the impact of the Veteran's headache condition, providing

one or more examples:

"You have to be on the swivel on the flight deck. whenever you're in pain like that you have to focus or pay attention. It would make you almost like a liability. Medication makes me drowsy"

8. Remarks, if any:

No remarks provided.

Back (Thoracolumbar Spine) Conditions
Disability Benefits Questionnaire

Name of patient/Veteran: LITTLE, MICHAEL JOSEPH

Indicate 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 DBQ and such an examination will likely provide no additional relevant evidence.

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

- Examination via approved video telehealth
 In-person examination

Evidence review

Was the Veteran's VA claims file (hard copy paper C-file) reviewed?

- Yes No

If no, check all records reviewed:

- Military service treatment records
 Military service personnel records
 Military enlistment examination
 Military separation examination
 Military post-deployment questionnaire
 Department of Defense Form 214 Separation Documents
 Veterans Health Administration medical records (VA treatment records)

- Civilian medical records
 Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
 No records were reviewed
 Other:
 o

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a thoracolumbar spine (back) condition?

- Yes No

Thoracolumbar Common Diagnoses:

- Ankylosing spondylitis
 Lumbosacral strain
 Degenerative arthritis of the spine
 Intervertebral disc syndrome
 Sacroiliac injury
 Sacroiliac weakness
 Segmental instability

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- Spinal fusion
- Spinal stenosis
- Spondylolisthesis
- Vertebral dislocation
- Vertebral fracture

Diagnosis #1: chronic lumbar strain
 ICD code: 847.9
 Date of diagnosis: today

2. Medical history

a. Describe the history (including onset and course) of the Veteran's thoracolumbar spine (back) condition (brief summary):
 Chronic intermittent LBP x 2 years. Pain 2x/month, related to activity (ie walking all day). Upper lumbar, non-radiating. No radicular component. No injuries / surgeries, attributed by SM to wearing heavy body armor in Navy.

5/2014: L-spine: X-ray: Findings: The lumbar spine alignment, vertebral heights and disc spaces are preserved. No evidence of acute fracture, subluxation or dislocation. No significant facet joint arthropathy. There are mild sclerotic changes along the left SI joint. Large amount of fecal matter is also seen in the transverse colon.

Managed w/ rest prn.

Lumbar exam today is normal.

b. Does the Veteran report flare-ups of the thoracolumbar spine (back)?
 Yes No

c. Does the Veteran report having any functional loss or functional impairment of the thoracolumbar spine (back) (regardless of repetitive use)?
 Yes No

3. Range of motion (ROM) and functional limitation

a. Initial range of motion

- All normal
- Abnormal or outside of normal range
- Unable to test (please explain)
- Not indicated (please explain)

Forward Flexion (0 to 90): 0 to 90 degrees
 Extension (0 to 30): 0 to 30 degrees
 Right Lateral Flexion (0 to 30): 0 to 30 degrees
 Left Lateral Flexion (0 to 30): 0 to 30 degrees
 Right Lateral Rotation (0 to 30): 0 to 30 degrees
 Left Lateral Rotation (0 to 30): 0 to 30 degrees

Description of pain (select best response):

No pain noted on exam

Is there evidence of pain with weight bearing? Yes No

Is there objective evidence of localized tenderness or pain on palpation of the joints or associated soft tissue of the thoracolumbar spine (back)?

Yes No

b. Observed repetitive use

Is the Veteran able to perform repetitive use testing with at least three repetitions? Yes No

Is there additional loss of function or range of motion after three repetitions? Yes No

c. Repeated use over time

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

Yes No

If the examination is not being conducted immediately after repetitive use over time:

The examination is medically consistent with the Veteran's statements describing functional loss with repetitive use over time.

The examination is medically inconsistent with the Veteran's statements describing functional loss with repetitive use over time. Please explain.

The examination is neither medically consistent or inconsistent with the Veteran's statements describing functional loss

with

repetitive use over time.

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?

Yes No Unable to say w/o mere speculation

If unable to say w/o mere speculation, please explain:

Pt is not being examined after repeated use over time

d. Flare-ups

No response provided

e. Guarding and muscle spasm

Does the Veteran have guarding or muscle spasm of the thoracolumbar spine (back)? Yes No

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f. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Please select all that apply and describe: None

4. Muscle strength testing

a. 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

Hip 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

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

Great toe 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

b. Does the Veteran have muscle atrophy?

Yes No

5. Reflex exam

Rate deep tendon reflexes (DTRs) according to the following scale:

0 Absent
1+ Hypoactive
2+ Normal
3+ Hyperactive without clonus
4+ Hyperactive with clonus

Knee:

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Right: 0 1+ 2+ 3+ 4+
Left: 0 1+ 2+ 3+ 4+

Ankle:

Right: 0 1+ 2+ 3+ 4+
Left: 0 1+ 2+ 3+ 4+

6. Sensory exam

Provide results for sensation to light touch (dermatome) testing:

Upper anterior thigh (L2):

Right: Normal Decreased Absent
Left: Normal Decreased Absent

Thigh/knee (L3/4):

Right: Normal Decreased Absent
Left: Normal Decreased Absent

Lower leg/ankle (L4/L5/S1):

Right: Normal Decreased Absent
Left: Normal Decreased Absent

Foot/toes (L5):

Right: Normal Decreased Absent
Left: Normal Decreased Absent

7. Straight leg raising test

Provide straight leg raising test results:

Right: Negative Positive Unable to perform
Left: Negative Positive Unable to perform

8. Radiculopathy

Does the Veteran have radicular pain or any other signs or symptoms due to radiculopathy?

Yes No

9. Ankylosis

Is there ankylosis of the spine? Yes No

10. Other neurologic abnormalities

Does the Veteran have any other neurologic abnormalities or findings related to a thoracolumbar spine (back) condition (such as bowel or bladder problems/pathologic reflexes)?

Yes No

11. Intervertebral disc syndrome (IVDS) and episodes requiring bed rest

a. Does the Veteran have IVDS of the thoracolumbar spine?

 Yes No

12. Assistive devices

a. Does the Veteran use any assistive device(s) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

 Yes No

13. Remaining effective function of the extremities

Due to a thoracolumbar spine (back) condition, is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis? (Functions of the upper extremity include grasping, manipulation, etc.; functions of the lower extremity include balance and propulsion, etc.)

 No

14. Other pertinent physical findings, complications, conditions, signs, symptoms and scars

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the Diagnosis Section above?

 Yes No

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis Section above?

 Yes No

c. Comments, if any:

No response provided

15. Diagnostic testing

a. Have imaging studies of the thoracolumbar spine been performed and are the results available?

 Yes No

If yes, is arthritis documented?

 Yes No

b. Does the Veteran have a thoracic vertebral fracture with loss of 50

percent or more of height?
 Yes No

c. Are there any other significant diagnostic test findings and/or results?
 Yes No

16. Functional impact

Does the Veteran's thoracolumbar spine (back) condition impact on his or her ability to work?
 Yes No

If yes describe the impact of each of the Veteran's thoracolumbar spine (back) conditions providing one or more examples:
 Online STRs (thru Janus system) were reviewed

17. Remarks, if any:

No remarks provided.

/es/ MANISH ARORA
 Attending Physician, Internal Medicine
 Signed: 09/30/2015 16:52

Date/Time: 29 Sep 2015 @ 1030

Note Title: COMPENSATION ASSESSMENT COPY

Location: Washington VA Medical Center

Signed By: RAVE LANKENAU,MEGAN K

Co-signed By: RAVE LANKENAU,MEGAN K

Date/Time Signed: 29 Sep 2015 @ 1134

Note

LOCAL TITLE: COMPENSATION ASSESSMENT COPY
 STANDARD TITLE: C & P EXAMINATION NOTE
 DATE OF NOTE: SEP 29, 2015@10:30 ENTRY DATE: SEP 29, 2015@11:34:46
 AUTHOR: RAVE LANKENAU,MEGAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Review Post Traumatic Stress Disorder (PTSD)
 Disability Benefits Questionnaire

Name of patient/Veteran: Little, Michael Joseph; c-file:

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SECTION I:
-----1. Diagnostic Summary

Does the Veteran now have or has he/she ever been diagnosed with PTSD?

Yes No

ICD Code: 309.81

2. Current Diagnoses

a. Mental Disorder Diagnosis #1: PTSD

ICD Code: 309.81

Mental Disorder Diagnosis #2: Unspecified Depressive Disorder

ICD Code: 311

b. Medical diagnoses relevant to the understanding or management of the Mental Health Disorder (to include TBI): Migraines

3. Differentiation of symptoms

a. Does the Veteran have more than one mental disorder diagnosed?

Yes No

b. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

Yes No Not applicable (N/A)

If yes, list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses: Symptoms of PTSD include intrusive traumatic re-experiencing, avoidance of trauma related stimuli, and hyperarousal. Symptoms of Unspecified Depressive Disorder include

sad

mood, low energy, and poor appetite. Sleep disturbance, guilt, short-term memory problems, and anhedonia could be attributable to either disorder.

c. Does the Veteran have a diagnosed traumatic brain injury (TBI)?

Yes No Not shown in records reviewed

4. Occupational and social impairment

a. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses? (Check only one)

Occupational and social impairment with reduced reliability and productivity

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b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?
 Yes No No other mental disorder has been diagnosed

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis: Symptoms of PTSD and Unspecified Depressive Disorder both significantly contribute to the

veteran's

level of occupational and social impairment, to the extent that it is not possible to tease out how each contributes independently of the other. However, it should also be noted that the Unspecified Depressive Disorder is secondary to PTSD; that is, depressive

symptoms

developed following the traumatic experiences in the military, and

are

considered to be in this case part of a post traumatic stress syndrome.

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the

TBI?

Yes No No diagnosis of TBI

SECTION II:

Clinical Findings:

1. Evidence review

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

a. Medical record review:

Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed?
 Yes No

Was the Veteran's VA claims file (hard copy paper C-file) reviewed?
 Yes No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:
 VBMS

If no, check all records reviewed:

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- Military service treatment records
- Military service personnel records
- Military enlistment examination
- Military separation examination
- Military post-deployment questionnaire
- Department of Defense Form 214 Separation Documents
- Veterans Health Administration medical records (VA treatment records)
- Civilian medical records
- Interviews with collateral witnesses (family and others who have known the Veteran before and after military service)
- No records were reviewed
- Other:

- b. Was pertinent information from collateral sources reviewed?
 Yes No

2. Recent History (since prior exam)

a. Relevant Social/Marital/Family history:

The veteran and his wife are currently living in Ft. Belvoir, Virginia. They have been married for almost 2 years. He reported that, "it kinda sucks because she has to deal with what I go through, I get angry and anxious a lot". He withdraws from the relationship sometimes. No children, but "we're trying to start a family". Socially, the veteran reported that he tends to isolate himself and "I don't have many friends, I talk to my boss but that's about it". He has friends from the military, but he has not talked to them in over a year. He does not talk to his family often and "it's not like it used to be". He is closest to his wife. He spends his free time at home and "I don't want to leave the house" due to anxiety. He watches TV, watches movies, reads.

b. Relevant Occupational and Educational history:

The veteran served in the Navy Reserves from January 2003 to the present time. Rank is E5, MOS is alpha bravo helo. He had a period of Active Duty from October 2009 to November 2010. He deployed to Guantanamo Bay Cuba.

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The veteran is currently working for a veterans service organization, Association of the United States Navy. He has held this job since April 2014. He is working full time. He reported that he is working from home frequently due to psychiatric symptoms; he is sometimes fearful to drive, so he doesn't want to go into work. He is going

into

work 2 days a week, and telecommuting 3 days a week.

c. Relevant Mental Health history, to include prescribed medications and family mental health:

The veteran is currently participating in mental health at Walter Reed National Military Medical Center. He is taking Propanolol for anxiety and migraines. He stated that, "they've had me on a bunch of

different

things but nothing has worked". He recently received a consult to

do

a

Ganglion Block therapy. He meets with his psychiatrist once a week, and he participates in therapy once a week as well.

Prior to this, the veteran had also participated in treatment at the Washington VA Medical Center. He participated in therapy and medication treatment, until switching his care to Walter Reed. He has been diagnosed with PTSD and Depression.

No psychiatric hospitalizations.

d. Relevant Legal and Behavioral history:

None reported

e. Relevant Substance abuse history:

The veteran reported that he drinks occasionally at the present time, once a month. He stated that he drank "a shit ton" when he

came back

from Afghanistan, but he denied that he ever participated in any substance abuse treatment.

f. Other, if any:

None

3. PTSD Diagnostic Criteria

Please check criteria used for establishing the current PTSD diagnosis. The diagnostic criteria for PTSD, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors.) Do NOT mark symptoms below that are clearly not

attributable to the Criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6 - "Other symptoms".

Criterion A: Exposure to actual or threatened a) death, b) serious injury,

c) sexual violation, in one or more of the following ways:
[X] Directly experiencing the traumatic event(s)

Criterion B: Presence of (one or more) of the following intrusion symptoms

associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

[X] Recurrent, involuntary, and intrusive distressing memories

of the traumatic event(s).

[X] Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic

event(s).

[X] Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s)

were

recurring. (Such reactions may occur on a continuum,

with

the most extreme expression being a complete loss of awareness of present surroundings).

[X] Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the

traumatic

event(s).

Criterion C: Persistent avoidance of stimuli associated with the traumatic

event(s), beginning after the traumatic events(s) occurred, as evidenced by one or both of the following:

[X] Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with

the

traumatic event(s).

[X] Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts,

or

feelings about or closely associated with the traumatic event(s).

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the

traumatic event(s) occurred, as evidenced by two (or more)

of

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the following:

[X] Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad,: "No one can be trusted,: "The world is completely dangerous,: "My whole nervous system is permanently ruined").

[X] Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.

[X] Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

[X] Markedly diminished interest or participation in significant activities.

[X] Feelings of detachment or estrangement from others.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

[X] Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

[X] Hypervigilance.

[X] Exaggerated startle response.

[X] Problems with concentration.

[X] Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F:

[X] The duration of the symptoms described above in Criteria B, C, and D are more than 1 month.

Criterion G:

[X] The PTSD symptoms described above cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H:

[X] The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

4. Symptoms

For VA rating purposes, check all symptoms that actively apply to the Veteran's diagnoses:

- [X] Depressed mood
- [X] Anxiety
- [X] Suspiciousness
- [X] Chronic sleep impairment
- [X] Disturbances of motivation and mood
- [X] Difficulty in establishing and maintaining effective work and social relationships
- [X] Difficulty in adapting to stressful circumstances, including work or

a

worklike setting

5. Behavioral Observations:

is

The veteran endorsed problems with sleep. He usually lays down for bed around 10:30pm. He endorsed sleep onset problems because "my mind

that

is racing all the time, I start thinking about everything". He stated

might

he thinks about detainees a lot, he ruminates about friends whom he lost to suicide. Once asleep, he sleeps through until around 7am, but he

sleep through his alarm and "I'm late for work".

people

The veteran reported that he experiences nightmares, which are happening several times per week. He has dreams about detainees, "watching

has

get assaulted by the detainees, seeing myself get assaulted by the detainees, noises that went on". He endorsed intrusive memories. He

"it's

also experienced flashbacks. He stated that there are times when,

see

like it's happening in front of me, I can smell the smells, I can

"if

things again". He does not know what causes the flashbacks except,

reported

I'm watching something and they start talking about Gitmo". He

feels

that he experiences periods of anxiety where he can't breathe, he

scared and anxious.

being

The veteran reported avoidance of crowds, people. He doesn't like

doesn't

around a lot of people, he isolates himself. He stated that he

talking about or thinking

like going to concerts, sports events. He does go watch Navy games because, "it's other veterans". He doesn't like

talk

about traumatic events, "I usually go way out of my way to just not

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about it". He isolates himself, experiences anhedonia.

The veteran endorsed problems with anger and irritability. He stated that he gets angry at work, angry at his co-workers; he denied frequent yelling or verbal/physical aggression at work, but he shuts his door, he isolates himself. He might yell at his wife and tell her to "shut up" several times a week. The veteran endorsed problems with an exaggerated startle response. He doesn't like people coming up behind him. He is hypervigilant. He needs to see the exits, he likes to find the escape route. He does have weapons at home, but "they're locked up in a closet".

The veteran reported that his mood is "depressed and anxious lately". He experiences decreased energy, he doesn't like to go for walks with the dogs, he feels tired "all the time". He rated his mood at a 2 or 3 on a 10 point scale (with 10 being high). Appetite is low, but "I still gained 35 pounds". Motivation is low. The veteran endorsed some feelings of helplessness or hopelessness. He endorsed thoughts of "she [his wife] would be better off without me, maybe it would have been better if I hadn't come back", but he denied suicidal or homicidal ideation.

The veteran denied significant problems with memory.

6. Other symptoms

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?

Yes No

7. Competency

Is the Veteran capable of managing his or her financial affairs?

Yes No

8. Remarks, (including any testing results) if any:

The veteran meets full DSM-5 criteria for diagnoses of PTSD and Unspecified Depressive Disorder.

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/es/ MEGAN K RAVE LANKENAU
PSYCHOLOGIST
Signed: 09/29/2015 11:34

Date/Time:	29 Sep 2015 @ 0900
Note Title:	C&P AUDIOLOGY NOTE
Location:	Washington VA Medical Center
Signed By:	PARK,YUNEA C
Co-signed By:	PARK,YUNEA C
Date/Time Signed:	29 Sep 2015 @ 1339

Note

LOCAL TITLE: C&P AUDIOLOGY NOTE
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: SEP 29, 2015@09:00 ENTRY DATE: SEP 29, 2015@13:39:07
AUTHOR: PARK,YUNEA C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

COMPENSATION AND PENSION EXAMINATION REPORT (FREE TEXT)

RIGHT EAR								
A	B	C	D	E	F	G		
500	1000	2000	3000	4000	6000	8000	Avg Hz	
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**	
15	10	15	10	10	15	20	11	

LEFT EAR								
A	B	C	D	E	F	G		
500	1000	2000	3000	4000	6000	8000	Avg Hz	
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**	
20	20	15	20	15	20	20	18	

Pure tone audiometry revealed hearing sensitivity within normal limits bilaterally.

Tinnitus:

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Are you bothered by noises in your head or ears such as ringing, roaring, buzzing, crickets, or a humming tone?
 Yes No/denied

If yes, are you bothered...
Severely bothersome (e.g., interferes with sleep, causes depression or anxiety).

Hearing Loss and Tinnitus
Disability Benefits Questionnaire

Name of patient/Veteran: Little, Michael Joseph

Is this DBQ being completed in conjunction with a VA 21-2507, C&P Examination Request?
 Yes No

ACE and Evidence Review

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

In-person examination

Evidence Review

Evidence reviewed (check all that apply):

No records were reviewed

This exam is for: Hearing loss and/or tinnitus (audiologist, performing current exam)

SECTION 1: HEARING LOSS (HL)

1. Objective Findings

a. Puretone thresholds in decibels (air conduction):

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RIGHT EAR							
A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**
15	10	15	10	10	15	20	11

LEFT EAR							
A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-E)**
20	20	15	20	15	20	20	18

* The puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.

** The average of B, C, D, and E.

*** CNT - Could Not Test

b. Were there one or more frequency(ies) that could not be tested: No

c. Validity of puretone test results: Test results are valid for rating purposes.

d. Speech Discrimination Score (Maryland CNC word list):

RIGHT EAR	100%
LEFT EAR	100%

e. Appropriateness of Use of Word Recognition Score (Maryland CNC word list):

Right Ear:
 Is Word Discrimination Score available? Yes
 Word Discrimination Score appropriateness:
 Use of word recognition score is appropriate for this Veteran.

Left Ear:
 Is Word Discrimination Score available? Yes
 Word Discrimination Score appropriateness:
 Use of word recognition score is appropriate for this Veteran.

f. Audiologic Findings

Summary of Immittance (Tympanometry) Findings:

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	RIGHT EAR	LEFT EAR
Acoustic immittance	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Ipsilateral		
Acoustic Reflexes	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Contralateral		
Acoustic Reflexes	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Unable to interpret		
reflexes due to	<input type="checkbox"/>	<input type="checkbox"/>
artifact		
Unable to obtain/		
maintain seal	<input type="checkbox"/>	<input type="checkbox"/>

2. Diagnosis

RIGHT EAR

- Normal hearing
- Conductive hearing loss ICD code:
- Mixed hearing loss ICD code:
- Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*
ICD code:
- Sensorineural hearing loss (in the frequency range of 6000 Hz or
higher frequencies)** ICD code:

Significant changes in hearing thresholds in service***

LEFT EAR

Normal hearing

Conductive hearing loss ICD code:

Mixed hearing loss ICD code:

Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*

ICD code:

Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies)** ICD code:

Significant changes in hearing thresholds in service***

NOTES:

* The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.

** The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.

*** The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

3. Etiology

Etiology opinion not indicated as:

VBA did not request etiology

4. Functional impact of hearing loss

Does the Veteran's hearing loss impact ordinary conditions of daily life, including ability to work: No

5. Remarks, if any, pertaining to hearing loss:

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Military History: US NAVY 01/22/2003 - Present; periods of active duty, currently Reservist
 Combat Deployments: OEF (2005), OIF Iraq (2008), OEF Afghanistan (2009)
 MOS: Aviation Boatswainsmate Handler, 90DO Detainee Operations Guard
 History military noise exposure: aircraft, mortar blasts, detainees screaming,
 general combat noise; denied wearing consistent hearing protection
 History nonmilitary/recreational/occupational noise exposure: Denied
 Family history of hearing loss: Denied
 History of head trauma: Exposed to multiple blast explosions but never diagnosed
 with TBI
 Other significant otologic or audiologic history: Denied

Tympanometry revealed the following:
 Right ear: Normal pressure and compliance (Type A)
 Left ear: Normal pressure and compliance (Type Ad)

Acoustic Reflex Screening @ 95 dB:
 500Hz 1000Hz 2000Hz 4000Hz
 Right ear: Present Present Present Present
 Left ear: Present Present Present Present

Could not test Contralateral Acoustic Reflexes in either ear.
 Examiner could not complete the DBQ without filling in these sections.

SECTION 2: TINNITUS

1. Medical history

Does the Veteran report recurrent tinnitus: Yes
 Date and circumstances of onset of tinnitus: Reported a fluctuating constant high pitched ringing sound that occurs in both ears. He reported the onset began approximately 5 years ago, believes it is in the background all the time, and added that it increases in perception throughout the day, especially when he is stressed or when he gets worked up.

2. Etiology of tinnitus

Etiology opinion not indicated as:

VBA did not request etiology

3. Functional impact of tinnitus

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work: Yes
 If yes, describe impact in the Veteran's own words: Reported that he

has

difficulty focusing on the task at hand, especially in the absence of background noise. He reported that he cannot sit in quiet situations and always has to have sound on in the background.

4. Remarks, if any, pertaining to tinnitus::

No response provided

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

/es/ YUNEA C PARK, Au.D., CCC-A
AUDIOLOGIST
Signed: 09/29/2015 13:39

Date/Time: 29 Sep 2015 @ 0844

Note Title: C&P AUDIOLOGY NOTE

Location: Washington VA Medical Center

Signed By: PARK,YUNEA C

Co-signed By: PARK,YUNEA C

Date/Time Signed: 29 Sep 2015 @ 0913

Note

LOCAL TITLE: C&P AUDIOLOGY NOTE
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: SEP 29, 2015@08:44 ENTRY DATE: SEP 29, 2015@08:44:31
AUTHOR: PARK,YUNEA C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

C&P Audio completed.

Otoscopy: Clear ear canals with visualization of the tympanic membrane bilaterally.

Patient with complaint of tinnitus.

Hearing Loss: Denied
Functional effect of hearing loss on daily activities: N/A

Tinnitus: Reported a fluctuating constant high pitched ringing sound that occurs in both ears. He reported the onset began approximately 5 years ago, believes it

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is in the background all the time, and added that it increases in perception throughout the day, especially when he is stressed or when he gets worked up.

Functional effect of tinnitus on daily activities: Reported that he has difficulty focusing on the task at hand, especially in the absence of background noise. He reported that he cannot sit in quiet situations and always has to have sound on in the background.

Military History: US NAVY 01/22/2003 - Present; periods of active duty, currently Reservist
Combat Deployments: OEF (2005), OIF Iraq (2008), OEF Afghanistan (2009)
MOS: Aviation Boatswainsmate Handler, 90DO Detainee Operations Guard
History military noise exposure: aircraft, mortar blasts, detainees screaming, general combat noise; denied wearing consistent hearing protection
History nonmilitary/recreational/occupational noise exposure: Denied
Family history of hearing loss: Denied
History of head trauma: Exposed to multiple blast explosions but never diagnosed

with TBI
Other significant otologic or audiologic history: Denied

Tympanometry revealed the following:
Right ear: Normal pressure and compliance (Type A)
Left ear: Normal pressure and compliance (Type Ad)

Acoustic Reflex Screening @ 95 dB:
500Hz 1000Hz 2000Hz 4000Hz
Right ear: Present Present Present Present
Left ear: Present Present Present Present

Could not test Contralateral Acoustic Reflexes in either ear.
Examiner could not complete the DBQ without filling in these sections.

Tinnitus:
Are you bothered by noises in your head or ears such as ringing, roaring, buzzing, crickets, or a humming tone?
 Yes No/denied
If yes, are you bothered...
Severely bothersome (e.g., interferes with sleep, causes depression or anxiety).

/es/ YUNEA C PARK, Au.D., CCC-A
AUDIOLOGIST
Signed: 09/29/2015 09:13

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END OF MY HEALTHEVET PERSONAL INFORMATION REPORT



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