

My HealthVet

## Personal Information Report

\*\*\*\*\***CONFIDENTIAL**\*\*\*\*\*

Produced by the VA Blue Button (v12.10)

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:

MEDICAL CONFIDENTIAL

## Download Request Summary

System Request Date/Time:	
Date Range Selected:	
VA Notes	



MEDICAL CONFIDENTIAL



## VA Notes

Source:	VA
Last Updated:	
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:	
Note Title:	Compensation and Pension
Location:	
Note	
LOCAL TITLE: Compensation and Pension STANDARD TITLE: C & P EXAMINATION NOTE DATE OF NOTE: AUTHOR: EXP COSIGNER: URGENCY: STATUS: COMPLETED  C&P EXAM  /es/ NP Signed:	

Date/Time:	
Note Title:	Compensation and Pension
Location:	
Note	
LOCAL TITLE: Compensation and Pension STANDARD TITLE: C & P EXAMINATION NOTE DATE OF NOTE: EXP COSIGNER:	

URGENCY:

STATUS: COMPLETED

Gulf War General Medical Examination  
Disability Benefits Questionnaire  
\* Internal VA or DoD Use Only\*

Name of patient/Veteran: [REDACTED]

## 1. Medical record review

-----

☒ C-file (VA only)☒ Other, describe: VBMS

## 2. Medical history

-----

a. No symptoms, abnormal findings or complaints: No answer provided

b. Skin and scars: No answer provided

c. Hematologic/lymphatic: No answer provided

d. Eye: No answer provided

e. Hearing loss, tinnitus and ear: No answer provided

f. Sinus, nose, throat, dental and oral: No answer provided

g. Breast: No answer provided

h. Respiratory: No answer provided

i. Cardiovascular: No answer provided

j. Digestive and abdominal wall: No answer provided

k. Kidney and urinary tract: No answer provided

l. Reproductive: No answer provided

m. Musculoskeletal: The following conditions have been reported

    Joints and extremities: Knee and Lower Leg

    Feet: Flatfeet

n. Endocrine: No answer provided

o. Neurologic: No answer provided

p. Psychiatric: No answer provided

q. Infectious disease, immune disorder or nutritional deficiency: No answer provided

r. Miscellaneous conditions: No answer provided

3. Diagnosed illnesses with no etiology

-----  
From the conditions identified and for which Questionnaires were completed,  
are there any diagnosed illnesses for which no etiology was established?

☐ Yes ☒ No

4. Additional signs and/or symptoms that may represent an "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness"

-----  
Does the Veteran report any additional signs and/or symptoms not addressed through completion of DBQs identified in the above sections?  
☐ Yes ☒ No

5. Physical Exam

-----  
Normal PE, except as noted on additional Questionnaires included as part of this report

6. Functional impact of additional signs and/or symptoms that may represent an "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness"

-----  
☐ Yes ☒ No

7. Remarks, if any:

-----  
CLAIMS SHIN SPLINTS AND PES PALANUS/FASCITIS.

\*\*CLAIM TYPE: ORIGINAL  
\*\*SPECIAL CONSIDERATIONS: NOT APPLICABLE  
\*\*INSUFFICIENT EXAM: NO

ELECTRONIC CLAIMS FOLDER AVAILABLE.

\*\*This file is not being sent as it is being worked electronically. Please see VBMS for the claims file. Please note: a hard copy of the file CANNOT be requested as the file is now electronic\*

Days pending: 58

An in-person examination is required for the following exam(s).  
ACE process  
must not be used to complete the DBQ.

DBQ General Medical Gulf War

The Veteran will need to report for the following exam(s) unless the ACE process is utilized. Clinician: If using the ACE process to complete the DBQ, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the DBQ. Also if the exam is completed using ACE, please review the Veteran's claims folder and indicate so in the exam report.

DBQ MUSC Foot Conditions including Flatfoot (pes planus)  
DBQ MUSC Knee and lower leg

The following contentions need to be examined:

flatfoot bilateral  
plantar fasciitis

MEDICAL CONFIDENTIAL

shin splints

Active duty service dates:

Branch: Marine Corps

EOD: [REDACTED]  
[REDACTED]

Veteran has statement that feet issues and shin splints due to daily activities of infantry company.

STRS

complained of shin splints on separation exam noted in file.

Veteran states

he didn't go to BAS to complain due to stigma with seeking medical attn. within infantry culture.

Private medical records

Veteran states private physician has recommended orthotic inserts

VAMC records

No relevant VAMC records

DBQ General Medical Gulf War:

Please review the Veteran's electronic folder in VBMS and state that it was reviewed in your report.

Please examine and evaluate this Veteran with Southwest Asia service for any chronic disability pattern. Please review the claims file as part of your evaluation and state that it was reviewed. The Veteran has claimed a disability pattern related to flat feet, foot pain, shin splints, plantar fasciitis, feet swelling and tender after repetitive use.

Please provide a medical statement explaining whether the Veteran's disability pattern is: (1) an undiagnosed illness, (2) a diagnosable but medically unexplained chronic multisymptom illness of unknown etiology, (3) a diagnosable chronic multisymptom illness with a partially explained etiology, or (4) a disease with a clear and specific etiology and diagnosis.



MEDICAL CONFIDENTIAL

If, after examining the Veteran and reviewing the claims file, you determine that the Veteran's disability pattern is either (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or (4) a disease with a clear and specific etiology and diagnosis, then please provide a medical opinion, with supporting rationale, as to whether it is "at least as likely as not" that the disability pattern or diagnosed disease is related to a specific exposure event experienced by the Veteran during service in Southwest Asia.

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

DBQ MUSC Foot Conditions including Flatfoot (pes planus):

Please review the Veteran's electronic folder in VBMS and state that it was reviewed in your report.

MEDICAL OPINION REQUEST

TYPE OF MEDICAL OPINION REQUESTED: Direct service connection

OPINION: Direct service connection

Does the Veteran have a diagnosis of flatfoot, bilateral that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) strenuous training with heavy packs, body armor and rifle during service?

Rationale must be provided in the appropriate section.

MEDICAL OPINION REQUEST

TYPE OF MEDICAL OPINION REQUESTED: Secondary Service connection.

OPINION REQUESTED: Secondary Service Connection.

Is the Veteran's plantar fasciitis at least as likely as not (50 percent or

greater probability) proximately due to or the result of flat foot, bilateral?

Rationale must be provided in the appropriate section.

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

DBQ MUSC Knee and lower leg:

Please review the Veteran's electronic folder in VBMS and state that it was reviewed in your report.

MEDICAL OPINION REQUEST

TYPE OF MEDICAL OPINION REQUESTED: Direct service connection

OPINION: Direct service connection

Does the Veteran have a diagnosis of shin splints that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) strenuous training with heavy packs, body armor and rifle during service?

MEDICAL OPINION REQUEST

TYPE OF MEDICAL OPINION REQUESTED: Secondary Service connection.

OPINION REQUESTED: Secondary Service Connection.

Is the Veteran's shin splints at least as likely as not (50 percent or greater probability) proximately due to or the result of flatfoot bilateral?

Rationale must be provided in the appropriate section.

NOTE TO EXAMINER - In Your Response Please:

1. Identify the specific evidence you reviewed and considered in forming your opinion
2. Please provide a rationale (explanation/basis) for the opinion presented.
3. State your conclusions using one of the following legally

recognized

phrases:

a) \_\_\_\_\_ is caused by or a result of \_\_\_\_\_

b) \_\_\_\_\_ is most likely caused by or a result of \_\_\_\_\_

c) \_\_\_\_\_ is at least as likely as not (50/50 probability) caused by \_\_\_\_\_

or a result of \_\_\_\_\_

d) \_\_\_\_\_ is less likely as not (less than 50/50 probability) caused by \_\_\_\_\_

or a result of: \_\_\_\_\_

e) \_\_\_\_\_ is not caused by or a result of \_\_\_\_\_

We have the same address and phone number for vet as you

Please direct any questions regarding this request to:



-----  
-----  
SHIN SPLINTS AND PES PALANUS/FASCITIS.

Veteran's disability pattern is: (4) a disease with a clear and specific etiology and diagnosis.

OPINE: The claimed conditions are at least as likely as not r/t or the result of military service.

RATIONALE : Based on the history, physical examination, review of the C-file, the VA medical records, and the medical literature. The claimed conditions as noted on DBQ exams are a continuation of claimed conditions vet was c/o in service, incurred in or caused by the strenuous training with heavy packs, body armor and rifle during service. They, however, were not caused specifically by gulf war service, as these conditions are not specific to gulf war exposures.

OPINE: the Veteran's shin splints LESS likely as not proximately due to or the result of bilateral flatfoot.

RATIONALE : Based on the history, physical examination, review of the C-file,

the VA medical records, and the medical literature. Medical literature does not support bilateral shin splints as r/t or caused by pes planus, as noted or 10/2015 radiological findings. Left is stated as mild pesplanus. Severity of pesplanus a decade ago would have been mild and less apt to be a causation for exertional shin splints.

\*\*\*\*\*

### Foot Conditions, including Flatfoot (Pes Planus) Disability Benefits Questionnaire

Name of patient/Veteran: [REDACTED]

#### ACE and Evidence Review

-----

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

## a. Evidence 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

## b. Was pertinent information from collateral sources reviewed?

☐ Yes ☒ No

## 1. Diagnosis

## a. List the claimed condition(s) that pertain to this DBQ:

foot pain

## b. Select diagnoses associated with the claimed condition(s):

☒ Flat foot (pes planus)

ICD code: Q66.5

Side affected: Both

Date of diagnosis: Right: 2015

Date of diagnosis: Left: 2015

☒ Plantar fasciitis

ICD Code: M72.2

Side affected: Both

Date of diagnosis: Right 2005

Date of diagnosis: Left 2005

## c. Comments (if any):

No response provided

## d. Was an opinion requested about this condition (internal VA only)?

☒ Yes ☐ No ☐ N/A

## 2. Medical history

## a. Describe the history (including onset and course) of the Veteran's foot

condition (brief summary):

BILATERAL FOOT PAIN BEGAN IN M C IN ABOUT 2005-06. PAIN

PATTERN HAS  
CONTINUED SINCE.  
HAS SEEN ORTHOPEDICS. ADVISED RECENTLY THAT HE PROBABLY HAS  
FLAT FEET.

b. Does the Veteran report pain of the foot being evaluated on  
this DBQ?

☒ Yes ☐ No

If yes, document the Veteran's description of pain in his  
or her own

words:

PAIN IN ARCHES ROUTINELY

c. Does the Veteran report that flare-ups impact the function of  
the foot?

☒ Yes ☐ No

If yes, document the Veteran's description of flare-ups in  
his or her

own words:

PAIN IN ARCHES ROUTINELY, MUCH WORSE IF I TRY TO RUN.

d. Does the Veteran report having any functional loss or  
functional impairment  
of the foot being evaluated on this DBQ (regardless of  
repetitive use)?

☒ Yes ☐ No

If yes, document the Veteran's description of functional  
loss or

functional impairment in his or her own words:

CAN'T REALLY RUN ANY LONGER.

### 3. Flatfoot (pes planus)

-----

a. Does the Veteran have pain on use of the feet? ☒ Yes ☐  
No

If yes, indicate side affected: ☐ Right ☐ Left ☒  
Both

If yes, is the pain accentuated on use? ☐ Yes ☒ No

b. Does the Veteran have pain on manipulation of the feet? ☒  
Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒

Both

If yes, is the pain accentuated on manipulation? ☐ Yes  
☒ No

c. Is there indication of swelling on use? ☐ Yes ☒ No

d. Does the Veteran have characteristic callouses? ☐ Yes ☒ No

e. Effects of use of arch supports, built-up shoes or orthotics:  
No response provided

f. Does the Veteran have extreme tenderness of plantar surfaces on one or both feet? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ Both

Is the tenderness improved by orthopedic shoes or appliances?  
RIGHT - ☐ Yes ☐ No ☒ N/A

LEFT - ☐ Yes ☐ No ☒ N/A

g. Does the Veteran have decreased longitudinal arch height of one or both feet on weight-bearing? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☒ Left ☐ Both

h. Is there objective evidence of marked deformity of one or both feet (pronation, abduction etc.)? ☐ Yes ☒ No

i. Is there marked pronation of one or both feet? ☐ Yes ☒ No

j. For one or both feet, does the weight-bearing line fall over or medial to the great toe? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☒ Left ☐ Both

k. Is there a lower extremity deformity other than pes planus, causing alteration of the weight-bearing line? ☐ Yes ☒ No

l. Does the Veteran have "inward" bowing of the Achilles tendon (i.e., hindfoot valgus, with lateral deviation of the heel) of one or both feet?

☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☒ Left ☐ Both

m. Does the Veteran have marked inward displacement and severe spasm of the Achilles tendon (rigid hindfoot) on manipulation of one or both feet?

☐ Yes ☒ No

n. Comments: No comments provided

#### 4. Morton's neuroma (Morton's disease) and metatarsalgia

a. Does the Veteran have Morton's neuroma?

☐ Yes ☒ No

b. Does the Veteran have metatarsalgia?

☐ Yes ☒ No

c. Comments: No comments provided

#### 5. Hammer toe

a. Which toes are affected on each side?

RIGHT:

☒ None

LEFT:

☒ None

b. Comments: No response provided

#### 6. Hallux valgus

a. Does the Veteran have symptoms due to a hallux valgus condition?

☐ Yes ☒ No

b. Has the Veteran had surgery for hallux valgus?

☐ Yes ☒ No

c. Comments: No comments provided



### 7. Hallux rigidus

a. Does the Veteran have symptoms due to hallux rigidus?

☐ Yes ☒ No

b. Comments: No comments provided

### 8. Acquired pes cavus (clawfoot)

a. Effect on toes due to pes cavus (check all that apply):

☒ None

b. Pain and tenderness due to pes cavus (check all that apply):

☒ None

c. Effect on plantar fascia due to pes cavus (check all that apply):

☒ None

d. Dorsiflexion and varus deformity due to pes cavus (check all that apply):

☒ None

e. Comments: No comments provided

### 9. Malunion or nonunion of tarsal or metatarsal bones

No response provided

### 10. Foot injuries and other conditions

a. Does the Veteran have any foot injuries or other foot conditions not already described?

☐ Yes ☒ No

b. Indicate severity and side affected:

No response provided

c. Does the foot condition chronically compromise weight bearing?

No response provided

d. Does the foot condition require arch supports, custom orthotic inserts or shoe modifications?

No response provided

e. Comments: No comments provided

### 11. Surgical procedures

MEDICAL CONFIDENTIAL

a. Has the Veteran had foot surgery (arthroscopic or open)?

☐ Yes ☒ No

b. Does the Veteran have any residual signs or symptoms due to arthroscopic or other foot surgery?

No response provided

## 12. Pain

-----

### RIGHT FOOT:

Is there pain on physical exam?

☒ Yes ☐ No

If yes, (there is pain on physical exam), does the pain contribute to functional loss?

☐ Yes ☒ No

If no, (the pain does not contribute to functional loss or additional limitations), explain why the pain does not contribute:

I am unable to opine without speculating whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used repeatedly over a period of time.

### LEFT FOOT:

Is there pain on physical exam?

☒ Yes ☐ No

If yes, (there is pain on physical exam), does the pain contribute to functional loss?

☐ Yes ☒ No

If no, (the pain does not contribute to functional loss or additional limitations), explain why the pain does not contribute:

I am unable to opine without speculating whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used

repeatedly  
over a period of time.

### 13. Functional loss and limitation of motion

a. Contributing factors of disability (check all that apply and indicate side affected):

☒ No functional loss for left lower extremity attributable to claimed condition

☒ No functional loss for right lower extremity attributable to claimed condition

Contributing factors of disability associated with limitation of motion:

b. Is there pain, weakness, fatigability, or incoordination that significantly limits functional ability during flare-ups or when the foot is used repeatedly over a period of time?

RIGHT FOOT: ☐ Yes ☒ No

LEFT FOOT: ☐ Yes ☒ No

c. Is there any other functional loss during flare-ups or when the foot is used repeatedly over a period of time?

RIGHT FOOT: ☐ Yes ☒ No

LEFT FOOT: ☐ Yes ☒ 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: No comments provided

#### 15. Assistive devices

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

☐ Yes ☒ No

b. If the Veteran uses any assistive devices, specify the condition and

identify the assistive device used for each condition:

No response provided

#### 16. Remaining effective function of the extremities

Due to the Veteran's foot 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., while functions for the lower extremity include balance and propulsion, etc.)

☐ Yes, functioning is so diminished that amputation with prosthesis would

equally serve the Veteran.

☒ No

#### 17. Diagnostic testing

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

☒ Yes ☐ No

If yes, is degenerative or traumatic arthritis documented?

☐ Yes ☒ No

b. Are there any other significant diagnostic test findings or results?

[X] Yes [ ] No

If yes, provide type of test or procedure, date and results (brief summary):

(Case COMPLETE) FOOT 3 OR MORE VIEWS (RAD

Detailed)

CPT

Proc Modifiers : LEFT

Reason for Study: C&P EXAM

Clinical History:

? OF PES PLANUS. HAS DX OF PLANTAR FASCIITIS.

Report Status: Verified

Date Reported:

Report:

Left foot 3 views

Impression:

Mild pes planus. No calcaneal spur. No degenerative changes, hallux valgus or fracture.

Primary Diagnostic Code:

Primary Interpreting Staff:

FOOT 3 OR MORE VIEWS

Exm Date:

Pat Loc: IM COMP &

(Req'g Loc)

Img Loc: IM RAD

XRAY

Service: Unknown

MEDICAL CONFIDENTIAL

(Case [REDACTED] COMPLETE) FOOT 3 OR MORE VIEWS (RAD  
 Detailed)  
 CPT [REDACTED]

Proc Modifiers : RIGHT

Reason for Study: C&P EXAM

Clinical History:

? OF PES PLANUS. HAS DX OF PLANTAR FASCIITIS.

Report Status: Verified

Date Reported:

OCT 06,

2015

Date Verified: OCT 06,

2015

Verifier E- [REDACTED]

Report:

Right foot 3 views

Impression:

Pes planus.

No calcaneal spur, degenerative changes, hallux  
 valgus or  
 fracture.

Primary Diagnostic Code:

Primary Interpreting Staff:

[REDACTED]

c. If any test results are other than normal, indicate  
 relationship of abnormal  
 findings to diagnosed condition:  
 No response provided

#### 18. Functional impact

Regardless of the Veteran's current employment status, do the  
 condition(s)  
 listed in the Diagnosis section impact his or her ability to  
 perform any type  
 of occupational task (such as standing, walking, lifting,  
 sitting, etc.)?

[X] Yes [ ] No

If yes, describe the functional impact of each condition,  
 providing one or

more examples:  
INCREASED PAIN AND FATIGUE IN FEET W/ WEIGHT BEARING ACTIVITY  
> 45 MIN.

19. Remarks, if any:

-----  
No remarks provided

\*\*\*\*\*

Knee and Lower Leg Conditions  
Disability Benefits Questionnaire

Name of patient/Veteran: [REDACTED]

ACE and Evidence Review

-----  
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

## a. Evidence 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

## b. Was pertinent information from collateral sources reviewed?

☐ Yes ☒ No

## 1. Diagnosis

## a. List the claimed condition(s) that pertain to this DBQ:

SHIN SPLINTS W/ OVER EXERTION

## b. Select diagnoses associated with the claimed condition(s)

(Check all that

apply):

☒ Shin splints (including tibia and/or fibula stress fracture and/or

exertional compartment syndrome)

Side affected: ☐ Right ☐ Left ☒ Both

ICD Code: T79.6

Date of diagnosis: Right 2005

Date of diagnosis: Left 2005

## c. Comments (if any):

No response provided

## d. Was an opinion requested about this condition (internal VA only)?

☒ Yes ☐ No ☐ N/A

## 2. Medical history

## a. Describe the history (including onset and course) of the Veteran's knee

and/or lower leg condition (brief summary):

BILATERAL RECCURENT SHIN SPLINT PAIN SINCE RUNNING IN THE MARINES.



b. Does the Veteran report flare-ups of the knee and/or lower leg?

☒ Yes ☐ No

If yes, document the Veteran's description of the flare-ups in his or her own words:

BILATERAL RECCURENT SHIN SPLINT PAIN SINCE RUNNING IN THE MARINES.

c. Does the Veteran report having any functional loss or functional impairment

of the joint or extremity being evaluated on this DBQ, including but not limited to repeated use over time?

☒ Yes ☐ No

If yes, document the Veteran's description of functional loss or

functional impairment in his or her own words:

BILATERAL RECCURENT SHIN SPLINT PAIN SINCE RUNNING IN THE MARINES.

### 3. Range of motion (ROM) and functional limitation

#### a. Initial range of motion

Right Knee

☒ All normal

☐ Abnormal or outside of normal range

☐ Unable to test (please explain)

☐ Not indicated (please explain)

Flexion (0 to 140): 0 to 140 degrees

Extension (140 to 0): 140 to 0 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 joint or associated soft tissue? ☐ Yes ☒ No

Is there objective evidence of crepitus? ☐ Yes ☒ No

Left Knee

-----

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

Flexion (0 to 140): 0 to 140 degrees  
 Extension (140 to 0): 140 to 0 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 joint or associated soft tissue? ☐ Yes ☒ No

Is there objective evidence of crepitus? ☐ Yes ☒ No

b. Observed repetitive use

Right Knee

-----

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☒ Yes ☐ No  
 Is there additional functional loss or range of motion after three repetitions? ☐ Yes ☒ No

Left Knee

-----

Is the Veteran able to perform repetitive use testing with at least three repetitions? ☒ Yes ☐ No  
 Is there additional functional loss or range of motion after three repetitions? ☐ Yes ☒ No

c. Repeated use over time

Right Knee

-----

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.

[X] 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 [X] Unable to say w/o mere speculation

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

I am unable to opine without speculating whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used

repeatedly over a period of time.

Left Knee

-----

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

[ ] Yes [X] 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.

[X] 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:

I am unable to opine without speculating whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used repeatedly over a period of time.

#### d. Flare-ups

Right Knee

-----

Is the exam being conducted during a flare-up? ☐ Yes ☒ No

If the examination is not being conducted during a flare-up:

☐ The examination is medically consistent with the Veteran's

statements describing functional loss during flare-ups.

☐ The examination is medically inconsistent with the Veteran's

statements describing functional loss during flare-ups.

Please

explain.

☒ The examination is neither medically consistent or inconsistent with

the Veteran's statements describing functional loss during flare-ups.

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare-ups?

☐ Yes ☐ No ☒ Unable to say w/o mere speculation

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

Veteran is not having a flare up today and In the absence of further objective evidence I am unable to determine additional functional loss, during flare ups or after using the joint repeatedly over a period of time, without resorting to conjecture.

Left Knee

Is the exam being conducted during a flare-up? ☐ Yes ☒ No

If the examination is not being conducted during a flare-up:

☐ The examination is medically consistent with the Veteran's

statements describing functional loss during flare-ups.

☐ The examination is medically inconsistent with the Veteran's

statements describing functional loss during flare-ups.

Please

explain.

☒ The examination is neither medically consistent or inconsistent with

the Veteran's statements describing functional loss during flare-ups.

Does pain, weakness, fatigability or incoordination significantly limit functional ability with flare-ups?

☐ Yes ☐ No ☒ Unable to say w/o mere speculation

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

Veteran is not having a flare up today and In the absence of further

objective evidence I am unable to determine additional functional loss,

during flare ups or after using the joint repeatedly over a period of

time, without resorting to conjecture.

#### e. Additional factors contributing to disability

Right Knee

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

Left Knee

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. Muscle strength - 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

Right Knee:           Rate Strength:

Forward flexion:       5/5

Extension:           5/5

Is there a reduction in muscle strength? ☐ Yes ☒ No

Left Knee:           Rate Strength:

Forward flexion:       5/5

Extension:           5/5

Is there a reduction in muscle strength? ☐ Yes ☒ No

b. Does the Veteran have muscle atrophy?

☐ Yes ☒ No

c. Comments, if any:

No response provided

#### 5. Ankylosis

-----

Complete this section if the Veteran has ankylosis of the knee  
and/or lower  
leg.

a. Indicate severity of ankylosis and side affected (check all  
that apply):

Right Side:

☐ Favorable angle in full extension or in slight flexion  
between 0 and

10 degrees

☐ In flexion between 10 and 20 degrees

☐ In flexion between 20 and 45 degrees

☐ Extremely unfavorable, in flexion at an angle of 45  
degrees or more

☒ No ankylosis

Left Side:

- ☐ Favorable angle in full extension or in slight flexion between 0 and 10 degrees
- ☐ In flexion between 10 and 20 degrees
- ☐ In flexion between 20 and 45 degrees
- ☐ Extremely unfavorable, in flexion at an angle of 45 degrees or more
- ☒ No ankylosis

b. Indicate angle of ankylosis in degrees:

No response provided

c. Comments, if any:

No response provided

6. Joint stability tests

-----  
a. Is there a history of recurrent subluxation?

Right: ☒ None ☐ Slight ☐ Moderate ☐ Severe

Left: ☒ None ☐ Slight ☐ Moderate ☐ Severe

b. Is there a history of lateral instability?

Right: ☒ None ☐ Slight ☐ Moderate ☐ Severe

Left: ☒ None ☐ Slight ☐ Moderate ☐ Severe

c. Is there a history of recurrent effusion?

☐ Yes ☒ No

d. Performance of joint stability testing

Right Knee:

Was joint stability testing performed?

☒ Yes

☐ No

☐ Not indicated

☐ Indicated, but not able to perform

If joint stability testing was performed is there joint instability?

☐ Yes ☒ No

If yes (joint stability testing was performed), complete the section below:

- Anterior instability (Lachman test)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)
- Posterior instability (Posterior drawer test)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)
- Medial instability (Apply valgus pressure to knee in extension and with 30 degrees of flexion)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)
- Lateral instability (Apply varus pressure to knee in extension and with 30 degrees of flexion)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)

Left Knee:

Was joint stability testing performed?

- ☒ Yes
- ☐ No
- ☐ Not indicated
- ☐ Indicated, but not able to perform

If joint stability testing was performed is there joint instability?

- ☐ Yes ☒ No

If yes (joint stability testing was performed), complete the section below:

- Anterior instability (Lachman test)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)
- Posterior instability (Posterior drawer test)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)



- Medial instability (Apply valgus pressure to knee in extension and with 30 degrees of flexion)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)
- Lateral instability (Apply varus pressure to knee in extension and with 30 degrees of flexion)
  - ☒ Normal
  - ☐ 1+ (0-5 millimeters)
  - ☐ 2+ (5-10 millimeters)
  - ☐ 3+ (10-15 millimeters)

e. Comments, if any:

No response provided

#### 7. Additional conditions

- 
- a. Does the Veteran now have or has he or she ever had recurrent patellar dislocation, "shin splints" (medial tibial stress syndrome), stress fractures, chronic exertional compartment syndrome or any other tibial and/or fibular impairment?
- ☒ Yes ☐ No

If yes, indicate condition and complete the appropriate sections below.

- ☒ "Shin splints" (medial tibial stress syndrome)
- Indicate side affected: ☐ Right ☐ Left ☒ Both
- Does this condition affect ROM of knee? ☐ Yes ☒ No
- Does this condition affect ROM of ankle? ☐ Yes ☒ No
- Describe current symptoms: SHIN SPLINT PAIN W/ OVER USE ACTIVITY--
- NONE AT PRESENT

b. Comments, if any:

No response provided

#### 8. Meniscal conditions

- 
- a. Does the Veteran now have or has he or she ever had a meniscus (semilunar cartilage) condition?
- ☐ Yes ☒ No

b. For all checked boxes above, describe:

No response provided

9. Surgical procedures

-----

No response provided

10. 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

11. 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

b. If the Veteran uses any assistive devices, specify the condition and

identify the assistive device used for each condition:

No response provided

12. Remaining effective function of the extremities

-----

Due to the Veteran's knee and/or lower leg condition(s), 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., while  
functions for the lower extremity include balance and propulsion,  
etc.)

☐ Yes, functioning is so diminished that amputation with  
prosthesis would  
equally serve the Veteran.  
☒ No

### 13. Diagnostic testing

a. Have imaging studies of the knee been performed and are the  
results  
available?  
☒ Yes ☐ No

If yes, is degenerative or traumatic arthritis documented?  
☐ Yes ☒ No

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

If yes, provide type of test or procedure, date and results  
(brief  
summary):

Report Status: Verified                      Date Reported:  
OCT 06, 2015  
Date Verified: OCT 06,  
2015

Verifier E-Sig: [REDACTED]

Report:  
3 views of each knee

Impression:  
No degenerative changes seen in either knee joint.  
No joint  
space narrowing. No fracture or gross joint effusion.

Primary Diagnostic Code:

Primary Interpreting Staff:

[REDACTED]

MEDICAL CONFIDENTIAL

c. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:  
No response provided

14. Functional impact

Regardless of the Veteran's current employment status, do the condition(s) listed in the Diagnosis Section impact his or her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?  
☐ Yes ☒ No

15. Remarks, if any:

No response provided

/es/

NP

Signed:

END OF MY HEALTHVET PERSONAL INFORMATION REPORT