VA Notes

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Sorted By:	Date/Time (Descending)

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Date/Time:	17 Apr 2018 @ 1300
Note Title:	C&P SPINE
Location:	SE LOUISIANA V H C S VAMC
Signed By:	
Co-signed By:	
Date/Time Signed:	18 Apr 2018 @ 1000

Note

LOCAL TITLE: C&P SPINE
STANDARD TITLE:
DATE OF NOTE: APR 17, 2018@13:00 ENTRY DATE: APR 18, 2018@10:00:31
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Back (Thoracolumbar Spine) Conditions

Name of patient/Veteran:

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

ACE and Evidence Review

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

[X] In-person examination

Evidence Review

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Evidence reviewed (check all that apply):

[X] VA e-folder (VBMS or Virtual VA)
[X] CPRS

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a thoracolumbar spine (back) condition?
[X] Yes [ ] No

Thoracolumbar Common Diagnoses:
[ ] Ankylosing spondylitis
[ ] Lumbosacral strain
[X] Degenerative arthritis of the spine
[ ] Intervertebral disc syndrome
[ ] Sacroiliac injury
[ ] Sacroiliac weakness
[ ] Segmental instability
[ ] Spinal fusion
[ ] Spinal stenosis
[ ] Spondylolisthesis
[ ] Vertebral dislocation
[ ] Vertebral fracture

Diagnosis #1: Facet arthropathy/degenerative changes with neuroforaminal
nrrowing, radiculopathy
Date of diagnosis: 2017

2. Medical history
---
a. Describe the history (including onset and course) of the Veteran's thoracolumbar spine (back) condition (brief summary):
45 year old male Veteran of the US Army.

Active duty service dates:
Branch: Army
EOD: 12/02/1994
RAD: 08/08/1997

Branch: Army
EOD: 07/01/1992
RAD: 12/18/1992

The Veteran is service connected for degenerative joint disease of the thoracolumbar spine, lumbosacral strain (previously rated as mechanical low
back pain with history of radiculopathy).

Veteran injured back in service lifting up on a tool box. Treated with

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therapy and injections in service. Injured back in 1996. Never returned to full duty prior to discharge. No prior back surgery. PCP treats back pain with injections and occassional therapy. Pain localized to the lower
back. Pain with prolonged standing and sitting.

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

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

3. Range of motion (ROM) and functional limitation
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a. Initial range of motion

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

Forward Flexion (0 to 90): 0 to 50 degrees
Extension (0 to 30): 0 to 5 degrees
Right Lateral Flexion (0 to 30): 0 to 20 degrees
Left Lateral Flexion (0 to 30): 0 to 20 degrees
Right Lateral Rotation (0 to 30): 0 to 10 degrees
Left Lateral Rotation (0 to 30): 0 to 10 degrees

If abnormal, does the range of motion itself contribute to a functional loss? [X] Yes (please explain) [ ] No
If yes, please explain:
limited ROM, decreased independence with ADl's

Description of pain (select best response):
Pain noted on exam and causes functional loss

If noted on exam, which ROM exhibited pain (select all that apply)?
Forward Flexion, Extension, Right Lateral Flexion, Left Lateral Flexion, Right Lateral Rotation, Left Lateral Rotation

Is there evidence of pain with weight bearing? [ ] Yes [X] No

Is there objective evidence of localized tenderness or pain on palpation of the joints or associated soft tissue of the thoracolumbar spine (back)?
[X] Yes [ ] No

If yes, describe including location, severity and relationship to condition(s):

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mid line and paraspinals of the lumbar spine

b. Observed repetitive use

Is the Veteran able to perform repetitive use testing with at least three repetitions? [X] Yes [ ] No
Is there additional loss of function or range of motion after three repetitions? [ ] Yes [X] No

c. Repeated use over time

Is the Veteran being examined immediately after repetitive use over time?
[X] Yes [ ] No

Does pain, weakness, fatigability or incoordination significantly limit functional ability with repeated use over a period of time?
[ ] Yes [X] No [ ] Unable to say w/o mere speculation

d. Flare-ups
Not applicable

e. Guarding and muscle spasm

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

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:
Disturbance of locomotion, Interference with sitting, Interference with standing

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: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5
Left: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5

Knee extension:
Right: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5

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Left: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5

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

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

Great toe extension:
Right: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5
Left: [X] 5/5 [ ] 4/5 [ ] 3/5 [ ] 2/5 [ ] 1/5 [ ] 0/5

b. Does the Veteran have muscle atrophy?
[ ] Yes [X] 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:
Right: [ ] 0 [ ] 1+ [X] 2+ [ ] 3+ [ ] 4+
Left: [ ] 0 [ ] 1+ [X] 2+ [ ] 3+ [ ] 4+

Ankle:
Right: [ ] 0 [ ] 1+ [X] 2+ [ ]
3+ [ ] 4+
Left: [ ] 0 [ ] 1+ [X] 2+ [ ] 3+ [ ] 4+

6. Sensory exam

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

Upper anterior thigh (L2):
Right: [X] Normal [ ] Decreased [ ] Absent
Left: [X] Normal [ ] Decreased [ ] Absent

Thigh/knee (L3/4):
Right: [X] Normal [ ] Decreased [ ] Absent
Left: [X] Normal [ ] Decreased [ ] Absent

Lower leg/ankle (L4/L5/S1):
Right: [X] Normal [ ] Decreased [ ] Absent
Left: [X] Normal [ ] Decreased [ ] Absent

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Foot/toes (L5):
Right: [X] Normal [ ] Decreased [ ] Absent
Left: [X] Normal [ ] Decreased [ ] Absent

7. Straight leg raising test

Provide straight leg raising test results:
Right: [X] Negative [ ] Positive [ ] Unable to perform
Left: [X] Negative [ ] Positive [ ] Unable to perform

8. Radiculopathy

Does the Veteran have radicular pain or any other signs or symptoms due to radiculopathy?
[X] Yes [ ] No

a. Indicate symptoms' location and severity (check all that apply):

Constant pain (may be excruciating at times)
Right lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe
Left lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe

Intermittent pain (usually dull)
Right lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe
Left lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe

Paresthesias and/or dysesthesias
Right lower extremity: [ ] None [X] Mild [ ] Moderate [ ] Severe
Left lower extremity: [ ] None [X] Mild [ ] Moderate [ ] Severe

Numbness
Right lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe
Left lower extremity: [X] None [ ] Mild [ ] Moderate [ ] Severe

b. Does the Veteran have any other signs or symptoms of radiculopathy?
[ ] Yes [X] No

c. Indicate nerve roots involved: (check all that apply)

[X] Involvement of L4/L5/S1/S2/S3 nerve roots (sciatic nerve)

If checked, indicate: [ ] Right [ ] Left [X] Both

d. Indicate severity of radiculopathy and side affected:

Right: [ ] Not affected [X] Mild [ ] Moderate [ ] Severe

Left: [ ] Not affected [X] Mild [ ] Moderate [ ] Severe

9. Ankylosis

Is there ankylosis of the spine? [ ] Yes [X] No

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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 [X] No

11. Intervertebral disc syndrome (IVDS) and episodes requiring bed rest
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a. Does the Veteran have IVDS of the thoracolumbar spine?
[X] Yes [ ] No

b. If yes to question 11a above, has the Veteran had any episodes of acute signs and symptoms due to IVDS that required bed rest prescribed by a physician and treatment by a physician in the past 12 months?
[ ] Yes [X] 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 [X] No

b. If the Veteran uses any assistive devices, specify the condition and identify the assistive device used for each condition:
No response provided.

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.)

[X] No

14. Other pertinent physical findings, complications, conditions, signs, symptoms and scars
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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?
[X] Yes [ ] No

If yes, describe (brief summary):

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positive facet overloading

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 [X] 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?
[X] Yes [ ] No

If yes, is arthritis documented?
[X] Yes [ ] No

b. Does the Veteran have a thoracic vertebral fracture with loss of 50 percent or more of height?
[ ] Yes [X] No

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

If yes, provide type of test or procedure, date and results (brief summary):
MRI 03/01/2017

Impression
1# obeses body habitus with likely associates
component of epidural
lipomatosis contributary to relative narrowing of the
thecal
sac/subarachnoid space at primarly lower lumbar
levels.
2# Generalized mild-moderate hypertrophic facet
joint, most
prominenet at lower lumbar levels with associated
thickening or
hypertrophy of the ligamentum flavum and small facet
joit
effusions.
3# Asymmetric mild-moderate narrowing of the right as
compared to
the left L4-5 neural foramen with mild L5-S1 level
foraminal
narrowing, the lumbar spinal canal otherwise normal
in its overal

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dimensions.

16. Functional impact

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

If yes describe the impact of each of the Veteran's thoracolumbar
spine (back) conditions providing one or more examples:
Increased pain with porlonged standing/sitting, employed as Police Officer at Southern University. unable to run.

17. Remarks, if any:

Degenerative changes/facet arthropathy causes the nneuroforaminal narrowing, which more likely than not is the cause fo bilatral radicular symptoms.

1. Is there evidence of pain on passive range of motion testing? (Yes/No/Cannot be performed or is not medically appropriate)

not appropriate for spine exam

2. Is there evidence of pain when the joint is used in non-weight bearing? (Yes/No/Cannot be performed or is not medically appropriate)

not appropriate for spine exam

3. If yes, is the opposing joint undamaged (i.e. no abnormalities)? (Yes/No)

n/a

Concerning recent ruling of Mitchell vs Shinseki-It is not feasible to produce an opinion about how pain, incoordination ,weakness, or fatigability could be limiting functional ability because, there is no reason to add inaccurate information about how much decrease of ROM if any occurs during a flare-up since either A) Vet is having flare up when with an examiner present
and then the decrease ROM will be subjective evidence of painful motion and noted on the exam report or B)Vet is having no flare ups or not having one when an examiner, with a protractor, is present and then it is just a guess

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