Medical Opinion
Disability Benefits Questionnaire

Post-service medical records:

09/09/2014: American Medical Center, Bahnstr. 104, 66849 Landstuhl:
Patient with chronic knee and foot pain for 2 years. Pain worse over R knee and L foot 1st MTPJ. Patient is taking Motrin 800 mg about twice a day.
Dx: Chronic knee pain.
Dx: Left 1st MTJ pain.
Referral to X-rays of knees.

09/09/2014: American Medical Center, Bahnstr. 104 66849 Landstuhl:
Patient with chronic knee and foot pain for 2 years, right knee worse.

09/15/2014: X-rays of the knee joints: Slight varus position of knees. Slight asymmetric patella type Wiberg I.

10/21/2014: Patient states he is unable d/t pain, R is is worse.
Both knees with tenderness subpatellar.
Diagnosis: Chronic knee pain.

05/07/2015: Out-patient treatment record Klinikum Westpfalz, Landstuhl:
Patella tendon irritation as well as prepatellar bursitis.
Therapy: Infiltration of bilateral knee joints with Triam and Ropivacain.

06/22/2016: Treatment Records Dr. Rüdiger Frenkl:
Secured diagnosis: Bursitis prepatellaris bilaterally.

06/29/2016: Bursitis prepatellaris, bilaterally.

03/14/2017: Forklift injury on 10 March 2017: Also hit knees which hurt now.

03/17/2017: Claimed C&P at the VA for knees (but also for hips, neck, back and shoulders as well as for fibromyalgia)

03/27/2017: Takes prescribed Ibuprofen 800 for back, joint and foot pain

03/16/2017: Statement Dr. A. Flynn, American Medical Center Landstuhl: It is clear on my examination that Michael Hunter currently suffers from retropatellar pain syndrome.

07/02/2018: Patient is here for knee pain 10/10 since years an issue, but had flare-up today, AF ex-military. Thinks he has osteoarthritis from military service X-rays generally okay.
Diagnosis bilateral knee pain; generalized lower limb joint pain.

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02/07/2018: X-rays R knee: Mild valgus R knee. Patella type Wiberg I. Unremarkable skeletal status, normal for the age. No evidence of degenerative changes. Regular articulation. No acute injury.

02/07/2018: X-rays L knee: Mild valgus L knee. Patella type Wiberg I. Unremarkable skeletal status, normal for the age. No evidence of degenerative changes. Regular articulation. No acute injury.

05/25/2019: Pain in knees one week pain 9/10 . Had this problem for many years. Tried knee injections. Feels the need to pop the joint which helps with his symptoms.
Diagnosis: Knee pain.
Therapy: Prescribed Celebrex 200 mg.
Referral to Orthopedics.

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01/11/2019: Medical Opinion based on ACE and Evidence review: The opining medical professional felt that the Veteran's bilateral patellar knee pains are less likely as not incurred in or caused by military service.

4. Medical opinion for direct service connection
Choose the statement that most closely approximates the etiology of the claimed condition.

a. ☒ **The claimed condition was at least as likely as not (50 percent or greater probability) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in section c.**

b. ☐ The claimed condition was less likely than not (less than 50 percent probability) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in section c.

c. Rationale:
The Veteran's knee problems entered his service treatment records exactly 12 x. He had been diagnosed with retropatellar pain syndrome (= patellofemoral pain syndrome), a frequent overuse injury of soldiers.
After active service and when the American Medical Center in Landstuhl had been opened for the Veterans health care, he had been seen on a pretty regular basis for his still ongoing bilateral knee complaints as noted above.
The post-service knee diagnoses varied a bit in their terminology but they all included the