VA Notes

Source:	VA
Last Updated:	09 Jan 2020 @ 0851
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:	09 Dec 2019 @ 1400
Note Title:	COMPENSATION AND PENSION EXAM
Location:	PHOENIX AZ VAMC
Signed By:	EDELSON,STEPHEN
Co-signed By:	EDELSON,STEPHEN
Date/Time Signed:	10 Dec 2019 @ 1047

Note

LOCAL TITLE: COMPENSATION AND PENSION EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: DEC 09, 2019@14:00 ENTRY DATE: DEC 10, 2019@10:47:11
AUTHOR: EDELSON,STEPHEN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Addendum / Clarification
Disability Benefits Questionnaire

Name of patient/Veteran: Stamm DBQ Back

Please utilize this form when responding to VBA requests for either addendums
or clarifications of prior VHA examination reports.

TYPE OF EXAMINATION: Back exam.

RECORDS REVIEWED: Veteran had a VBMS file which was reviewed.

SECTION 1 DIAGNOSIS:
1. T11 and T12 mild compression deformity. Code number S32.000S. Date of diagnosis 2016.
2. Thoracic spondylosis. Code number M47.894 Date of diagnosis 20106.

SECTION 2. MEDICAL HISTORY: This is a 32-year-old right-handed male

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who he tells me that he injured his back in the same incident in which he injured his neck in 2010 when a hatch hit in the head. He tells me he was not seen for his back in the military. He has had no back surgery. He takes Flexeril for back pain. He does flare up. With a flare, he has to be assisted to a full standing position. He has functional loss of the thoracolumbar spine in that he has difficulty with prolonged walking and lifting.

SECTION 3:
3A. INITIAL RANGE OF MOTION WEIGHTBEARING: Flexion 0 to 60, extension 0 to 5, bending to both sides 0 to 20, rotating to both sides 0 to 20. Range of motion is abnormal for flexion, extension, bending to both sides and rotating to both sides. This contributes to functional loss. He has subjective pain at the end range of flexion and extension. Subjective pain and stiffness at the end range of bending or rotating to both sides. Pain and stiffness also contribute to functional loss. Nonweightbearing range of motion done while seated: Flexion 0 to 40, extension 0 to 10, bending to both sides 0 to 10, rotating to both sides 0 to 10. Range of motion is abnormal for flexion, extension, bending to both sides and rotating to both sides. This contributes to functional loss. He has subjective pain at the end range of flexion, extension and rotating to both sides. Subjective pain and stiffness at the end range of bending to both sides. Pain and stiffness also contribute to functional loss. No evidence of pain with weightbearing. He walks with a normal gait. He is tender to palpation over his upper and lower thoracic spine and his lower lumbar spine. Above range of motion is active range of motion, passive range of motion contraindicated in painful spinal disorders.
3B. OBSERVED REPETITIVE USE: He is able to perform 3 repetitions. There is no additional loss function after 3 repetitions.
3C. REPEATED USE OVER TIME: He is examined immediately after 3 repetitions weightbearing and nonweightbearing.
3D. FLAREUPS: Exam is not being conducted during a flareup. The exam is neither medically consistent nor inconsistent with the Veteran's statements regarding functional loss during flareups. After taking the history, doing the physical exam and reviewing the available records, it would be reasonable to conclude that the Veteran would have difficulty with prolonged walking and lifting with repetitive use. However, I have no basis to offer additional losses of function or motion when it comes to repetitive use of during a flareup.
3E. GUARDING AND MUSCLE SPASM: None.
F. ADDITIONAL FACTORS CONTRIBUTING TO DISABILITY: None.

SECTION 4. MUSCLE STRENGTH TESTING: Grade 5 for hip flexors, quads, hamstrings, ankle dorsi and plantar flexors and extensor hallucis longus bilaterally. No muscle atrophy.

SECTION 5. REFLEX EXAMINATION: 2+ knees and ankles.

SECTION 6. SENSORY EXAMINATION: Intact to light touch bilaterally.

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SECTION 7. STRAIGHT LEG RAISE TEST: Negative bilaterally.

SECTION 8. RADICULOPATHY: No definitive symptoms of radiculopathy.

SECTION 9 ANKYLOSIS: None.

SECTION 10. OTHER NEUROLOGIC ABNORMALITIES: No bowel or bladder incontinence.

SECTION 11: No history of intervertebral disk syndrome. No incapacitating episodes.

SECTION 12. ASSISTIVE DEVICES: None.

SECTION 13: He would not be better served by an amputation with prosthesis.

SECTION 14. OTHER PERTINENT PHYSICAL FINDINGS: No scars. Toes are downgoing.

SECTION 15. DIAGNOSTIC TESTING: X-rays done at the Phoenix VA may 26, 2016 show mild compression deformities of the superior endplates at T11 and T12 with associated disk space narrowing and spondylosis. New thoracolumbar x-rays show:

FINDINGS:

Thoracic spine: Mild S-shaped scoliosis of the thoracolumbar spine. No significant listhesis. Mild multilevel degenerative disc disease. Stable mild compression deformities of the T11 and T12 vertebral bodies. No significant new compression deformities. Intermediate and posterior elements are intact. Surrounding soft tissues are unremarkable.

Lumbar spine: Five nonrib-bearing lumbar type vertebral bodies. Mild S-shaped scoliosis of the thoracolumbar spine. Mild disc space narrowing at L4-L5 and L5-S1 with associated mild facet arthropathy. Lumbar vertebral body heights are maintained with no significant compression deformities. Bilateral sacroiliac joints are unremarkable. Moderate colonic stool burden.

Impression:

1. Mild S-shaped scoliosis of the thoracolumbar spine.

2. Mild multilevel degenerative disc disease of the thoracic and lower lumbar spine.

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3. Stable remote appearing mild compression deformities of the
T11 and T12 vertebral bodies.

Veteran informed of x-ray results and advised to follow-up with a physician
regarding his spine x-rays and symptoms as well as his colonic stool burden

SECTION 16. FUNCTIONAL IMPACT: In his current occupation he has
difficulty with lifting and going up and down ladders.

OPINION: I have been asked for an opinion. Review of the VBMS file
indicates no visits for back pain in his service treatment records.
He submitted several buddy statements including 1 from his wife who
has noted progressive neck and back pain and 1 from his father who
also notes neck and back pain. In addition, the note from Cody Bull
was submitted indicating the incident in which the hatch struck him
on the head, knocking him unconscious, and noted that he complained

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help]====
of neck pain and headache. He is being followed by Dr.
Schuttari who notes on the August 6, 2019, lateral views of the
thoracolumbar spine were unremarkable. Initial visit to the
Thunderbird Clinic on October 23, 2013 under review of systems notes
for musculoskeletal pain some complaints of left knee pain, chronic.
No complaints of back pain were noted. The initial note from the Phoenix VA
May
26, 2016, notes back pain. In the history, it notes that he was told
several years ago that because he has been limping on his left knee
he would have back problems and now it is catching up to him. Given
tha
t we have no visits for back pain during his time spent in the
military combined with the 2013 note indicating no complaints of back
pain, I would state it is less likely as not that the Veteran's back
pain is secondary to his 2010 episode or secondary to his time spent
in the military.

DICTATED BY: EDELSON,STEPHEN

8806276/mm/Alpha/33214594
D: 12/09/2019 17:19:08 T: 12/09/2019 23:24:35

/es/ STEPHEN EDELSON
MD PHYSIATRIST
Signed: 12/10/2019 10:47

Date/Time:	09 Dec 2019 @ 1400
Note Title:	COMPENSATION AND PENSION EXAM
Location:	PHOENIX AZ VAMC

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Signed By:	EDELSON,STEPHEN
Co-signed By:	EDELSON,STEPHEN
Date/Time Signed:	10 Dec 2019 @ 1025

Note

LOCAL TITLE: COMPENSATION AND PENSION EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: DEC 09, 2019@14:00 ENTRY DATE: DEC 10, 2019@10:25:38
AUTHOR: EDELSON,STEPHEN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Addendum / Clarification
Disability Benefits Questionnaire

Name of patient/Veteran: Stamm DBQ Neck

Please utilize this form when responding to VBA requests for either addendums
or clarifications of prior VHA examination reports.

TYPE OF EXAMINATION: Neck exam.

RECORD REVIEWED: Veteran had VBMS file which was reviewed.

SECTION 1. DIAGNOSIS: Cervical disk disease. Code number M50.30. Date of diagnosis unknown.

SECTION 2. MEDICAL HISTORY: This is a 32-year-old right-handed male who tells me that he developed neck pain after a hatch hit him on the head in 2010. He tells me he was not seen in the military for this problem. He has had no neck surgery. He takes Flexeril for neck pain. He does flare up. With a flare, he has to turn his trunk instead of just turning his neck. He has functional loss of the cervical spine in that he has difficulty with fast motions, computer use, prolonged standing and prolonged walking.

SECTION 3:
3A. INITIAL RANGE OF MOTION WEIGHTBEARING: Flexion 0 to 20, extension 0 to 10, bending to both sides 0 to 30, rotating to the right 0 to 40, rotating to the left 0 to 20. Range of motion is abnormal for flexion, extension, bending to both sides and rotating to both sides. This contributes to functional loss. He has subjective pain and stiffness at the end range of flexion and bending to both sides. Subjective pain at the end range of extension and rotating to both sides. Pain and stiffness also contribute to functional loss. Nonweightbearing range of motion done while seated: Flexion 0 to 30,

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extension 0 to 20, bending to both sides 0 to 30, rotating to the right 0 to 30, rotating to the left 0 to 20. Range of motion is abnormal for flexion, extension, bending to both sides and rotating to both sides. This contributes to functional loss. He has subjective pain and stiffness at the end range of flexion, bending to both sides and rotating to both sides. Subjective pain at the end range of extension. Pain and stiffness also contribute to functional loss. No evidence of pain with weightbearing. He walks with a normal gait. He is tender to palpation over his lower cervical spine. Above range of motion is active range of motion, passive range of motion contraindicated in painful spinal disorders.
3B. OBSERVED REPETITIVE USE: He is able to perform 3 repetitions. There is no additional loss of function after 3 repetitions.
3C. REPEATED USE OVER TIME: He is examined immediately after 3 repetitions weightbearing and nonweightbearing.
3D. FLAREUPS: Exam is not being conducted during a flareup. The exam is neither medically consistent nor inconsistent with the Veteran's statements regarding functional loss during flare-ups. After taking the history, doing the physical exam and reviewing the available records, it would be reasonable to conclude that the Veteran would have increased difficulty turning his neck during a flareup. However, I have no basis to offer additional losses of function or motion when it comes to repetitive use or during a flareup.
3E. GUARDING AND MUSCLE SPASM: None.
3F. ADDITIONAL FACTORS CONTRIBUTING TO DISABILITY: None.

SECTION 4. MUSCLE STRENGTH TESTING: Grade 5 for shoulder abduction, biceps triceps, wrist flexors and extensors, finger flexors and intrinsics bilaterally. No muscle atrophy.

SECTION 5. REFLEX EXAMINATION: 2+ at the biceps, triceps and brachioradialis bilaterally.

SECTION 6. SENSORY EXAMINATION: Intact to light touch bilaterally.

SECTION 7. RADICULOPATHY: No definitive symptoms of radiculopathy

SECTION 8. ANKYLOSIS: None.

SECTION 9. OTHER NEUROLOGIC ABNORMALITIES: No bowel or bladder incontinence.

SECTION 10: He does have a history of intervertebral disk syndrome. No incapacitating episodes.

SECTION 11. ASSISTIVE DEVICES: None.

SECTION 12: He would not be better served by an amputation with prosthesis.

SECTION 13. OTHER PERTINENT PHYSICAL FINDINGS: No scars. Hoffmann response negative.

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SECTION 14. DIAGNOSTIC TESTING: MRI done October 7, 2019 done privately showed a 2.7 mm midline disk protrusion at C5-C6 which does not contact the spinal cord. The neural foramina and facet joints are unremarkable. Study is otherwise unremarkable.

SECTION 15. FUNCTIONAL IMPACT: He is a loss prevention manager. He has difficulty with computer use. Prolonged standing and prolonged walking.

Section 16: Remarks:

Veteran does complain of pain radiating to his biceps and triceps bilaterally. He states that it is a dull pain which is constant as well as a sharp pain which is intermittent, both rated moderate to severe in terms of severity. Involvement would be the mid cervical group. Severity rating mild. Based on his MRI this is less likely as not secondary to radiculopathy as the neuroforamina are noted to be unremarkable.

OPINION: I have been asked for an opinion. Review of the VBMS file indicates no notes indicating visits for neck pain. There is a primary care progress note from October 23, 2013 from his first visit the VA. Under review of systems for musculoskeletal, it states some complaints of left knee pain, chronic. There is no mention of neck pain. The first note from the Phoenix VA from May 26, 2016 also does

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not mention any neck pain. He submits several buddy notes including 1 from Cody Bull, indicating the incident in 2010 in which a hatch struck him on the top of his head, knocking him unconscious. That note states that he did not seek medical treatment as he only complained of a little neck pain and headache at the time. There is also a note from his wife indicating his chronic neck and back pain and a note from his father indicating chronic neck and back pain. On the MRI history, it notes neck pain for 5 years. No specific injury. Given the absence of complaints of neck pain in the records combined with the notes from 2013 and 2016 which do not mention neck pain as well as the history for the neck pain on the cervical spine MRI, I would state it is less likely as not that the Veteran's current neck pain is secondary to the incident from 2010 or his time spent in the military.

DICTATED BY: EDELSON,STEPHEN

8806126/mm/Alpha/33214286
D: 12/09/2019 17:03:09 T: 12/09/2019 23:12:37

/es/ STEPHEN EDELSON

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MD PHYSIATRIST
Signed: 12/10/2019 10:25

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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