[redacted]

DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office

[redacted]

VA File Number
[redacted]

Represented By:
[redacted]

Rating Decision
03/22/2023

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era, Peacetime and Vietnam Era. You served in the Air Force from August 14, 1969 to August 31, 1999. You filed a new claim for benefits that was received on November 13, 2022. Based on a review of the evidence listed below, we have made the following decisions on your claim.

DECISION

1. Service connection for degenerative arthritis of the cervical spine is granted with an evaluation of 10 percent effective November 12, 2022.

[redacted]

[redacted]

[redacted]

[redacted]

d.

EVIDENCE

- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, received November 13, 2022
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, received January 6, 2023
- Service Treatment Records, received October 1, 2014
- DD Form 214, Certificate of Release or Discharge from Active Duty, received October 1, 2014, for the period August 14, 1969 to August 31, 1999
- VAMC (Veterans Affairs Medical Center) treatment records, Hampton, for the period April 11, 2011 to March 16, 2023
- VAMC (Veterans Affairs Medical Center) treatment records, Detroit, October 28, 1999
- VAMC (Veterans Affairs Medical Center) treatment records, Washington, for the period May 19, 2005 to February 28, 2007
- Disability Benefit Questionnaires, conducted November 8, 2022 and March 8, 2023

REASONS FOR DECISION

1. Service connection for degenerative arthritis of the cervical spine.

Service connection for degenerative arthritis of the cervical spine has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is November 12, 2022. Service connection has been established from the day VA received your intent to file (ITF) a claim for compensation. When a claim for service connection is received more than one year after discharge from active duty, the effective date is the date VA receives the intent to file when a prescribed form is received within a year of the ITF. (38 CFR 3.155, 38 CFR 3.400).

While the VA examiner also diagnosed you with degenerative disc disease and spinal stenosis, a negative opinion was provided for these additional diagnoses so we have determined only your degenerative arthritis of the cervical spine is service connected.

An evaluation of 10 percent is assigned from November 12, 2022.

We have assigned a 10 percent evaluation for your degenerative arthritis of of the cervical spine based on:
• 38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the cervical spine, the minimum compensable evaluation of 10 percent is assigned.

Additional symptom(s) include:
• X-ray evidence of post-traumatic arthritis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for diseases and injuries of the cervical spine unless the evidence shows:
• Combined range of motion of the cervical spine not greater than 170 degrees; or,
• Forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees; or,
• Muscle spasm or guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis. (38 CFR 4.71a)

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Patrick McNamara Federal Bldg.
477 Michigan Avenue
Detroit MI 48226-2591

FEB 1 8 2000

In Reply Refer To: [redacted]

[redacted]

Dear [redacted]s:

We made a decision on your compensation claim.

What We Decided

We found the following disabilities are service connected. Here are the conditions and percentages of disability.

1. We found your Bronchial Asthma 10% disabling.
2. We found your Seborrheic Dermatitis 10% disabling.
3. We found your Hypertension 10% disabling.
4. We found your Low Back Pain 10% disabling.
5. We found your Retention Cyst Left Maxillary Sinus 0% disabling.
6. We found your Mild Ulnar Nerve Entrapment, Right Side 0% disabling.
7. We found your Seasonal Allergic Rhinitis 0% disabling.
8. We found your Pseudofolliculitis Barbae 0% disabling.
9. We found your Scar, Top of Head 0% disabling.
10. We found your Hepatitis C 0% disabling.
11. We found your Mild Deformity to Left Little Finger 0% disabling.
12. We found your Well Healed Scar under the Chin 0% disabling.
13. We found dental injury from service trauma to tooth #24 (for dental treatment purposes).

The percentages of your individual disabilities may not add up to your overall evaluation. We use a "combined rating table" to decide how disabled you are. The percentages in this table are set by regulation. Your overall or *combined* evaluation is 30%.

We did ***not*** find the following conditions to be service connected:

Right Ankle Sprain
Neck Stiffness

6. The law provides that a person who submits a claim for VA benefits must submit evidence sufficient to justify a belief that the claim is well grounded. A well-grounded claim is a plausible claim, one which has merit on its own, or is capable of substantiation. Such a claim need not be conclusive, but it must be accompanied by evidence which shows that the claimed condition exists and is possibly related to service.

Compensation is payable for a disease or injury which causes a disabling physical or mental limitation. The evidence regarding neck stiffness fails to show a disability for which compensation may be established. It is therefore not a well-grounded claim which can be resolved. In order to establish a well-grounded claim, it is necessary to provide evidence which demonstrates an actually disabling condition.

The service medical records show the veteran was seen June 12, 1996 with current neck pain, denies injury. He reported stiff neck for one week, pointing to upper neck area. Physical examination showed cervical spine with full range of motion with tenderness along C5-C6. Assessment cervical strain/sprain.

At the VA examination the veteran reported he has neck pain. VA examination of the cervical spine shows that the head is square on the shoulders and there is no muscle spasm. Muscle tone is good without any tenderness. The range of motion reveals 25 degrees of flexion and extension without any pain, 20 degrees of lateral flexion bilaterally and 45 degrees of rotation bilaterally. X-rays of the cervical spine (neck) were normal. VA examination show no objective evidence of pathology of the neck and service connection is denied. The rule regarding benefit of reasonable doubt does not apply because the preponderance of evidence is unfavorable.

[redacted]

Date/Time Exam Performed: 28 Oct 1999 @ 1140

Ordering Location: --

Requesting Provider: HANS,BIJAYA A

Reason for Study: --

Performing Location: JOHN D.DINGELL VA MEDICAL CTR

Clinical History:

r/o residuals of trauma.

Radiologist: --

Report

Report:

Impression:

STUDY CERVICAL SPINE.

THERE IS REVERSAL OR NORMAL LORDOTIC CURVATURE OF CERVICAL SPINE WHICH MAY BE RELATED TO MUSCLE SPASM OR TRAUMA. HYPERTROPHIC CHANGES ARE SEEN IN THE CERVICAL SPINE. THERE IS NARROWING OF THE DISC SPACES BETWEEN C3 AND C5 AND POSTERIOR SPUR FORMATION IN MULTIPLE LEVELS. THESE FINDINGS INDICATE SPONDYLOSIS.

PERIVERTEBRAL SOFT TISSUES ARE UNREMARKABLE.

IMPRESSION: CERVICAL SPONDYLOSIS WITH POSSIBLE MUSCLE SPASM.

DD&T:10-28-99 sl

Source: VA

Last Updated: --

Sorted By: Date/Time Exam Performed (Descending)

VARO/AMIE C&P EXAMINATION REQUEST WORKSHEET

VAMC: (✓) Detroit ( ) Battle Creek ( ) Iron Mountain
( ) Saginaw ( ) Ann Arbor ( ) Milwaukee

Last Name: [redacted] First [redacted] Middle [redacted] SS# [redacted]

Claim No. [redacted] Date Ordered 9/29/99 by Cme Last Rating Exam Date _____

Exam Priority: (✓) Original SC ( ) Original NSC ( ) Review ( ) Increase ( ) Other ( ) Insufficient -Dated

(✓) GENERAL MEDICAL EXAMINATION

BODY SYSTEM: MUSCULOSKELETAL (DC 5000-5329)
- ( ) BONES (FRACTURES AND BONE DISEASE)
- ( ) AMPUTATIONS, RESIDUALS OF
- (✓) HAND, THUMB, AND FINGERS
- (✓) SPINE
- ( ) FIBROMYALGIA
- (✓) JOINTS
- ( ) FEET
- ( ) MUSCLES

BODY SYSTEM: ORGANS OF SENSE (DC 6000-6276)
- (✓) EYE EXAMINATION
- ( ) EAR DISEASE
- (✓) AUDIO
- ( ) SENSE OF SMELL AND TASTE

BODY SYSTEM: SYSTEMIC (DC 6300-6354)
- ( ) INFECTIOUS DISEASES, IMMUNE DISORDERS, NUTRITIONAL DEFICIENCIES
- ( ) CHRONIC FATIGUE SYNDROME
- ( ) HIV-RELATED ILLNESS

BODY SYSTEM: RESPIRATORY (DC 6502-6847)
- ( ) NOSE, SINUS, LARYNX, AND PHARANYX
- (✓) PULMONARY TUBERCULOSIS AND MYCOBACTERIAL DISEASES
- (✓) RESPIRATORY (OBSTRUCTIVE, RESTRICTIVE AND INTERSTITIAL)
- ( ) MISCELLANEOUS RESPIRATORY DISEASES (PVD, NEOPLASMS, BACTERIAL INFECTIONS, MYCOTIC LUNG DISEASE, SARCOIDOSIS, AND SLEEP APNEA)

BODY SYSTEM: CARDIOVASCULAR (DC 7000-7348)
- (✓) HEART AND HYPERTENSION
- ( ) ARTERIES AND VEINS
- ( ) ARRHYTHMIAS

BODY SYSTEM: DIGESTIVE (DC 7200-7348)
- ( ) MOUTH, LIPS, AND TONGUE
- ( ) INTESTINES, LARGE AND SMALL
- ( ) DIGESTIVE CONDITIONS, MISCELLANEOUS (PERITONITIS, INGUINAL HERNIA, VENTRAL HERNIA, BENIGN AND MALIGNANT GROWTHS)
- ( ) ESOPHAGUS AND HIATAL HERNIA
- (✓) LIVER, GALL BLADDER, AND PANCREAS
- ( ) RECTUM AND ANUS
- ( ) STOMACH, DUODENUM, AND PERITONEAL ADHESIONS

BODY SYSTEM: GENITOURINARY (DC 7500-7542)
- ( ) GENITOURINARY EXAMINATION

BODY SYSTEM: GYNECOLOGICAL AND BREAST (DC7610-7629)
- ( ) GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

BODY SYSTEM: HEMATOLOGIC (DC 7700-7716)
- ( ) HEMIC DISORDERS
- ( ) LYMPHATIC DISORDERS

BODY SYSTEM: SKIN (DC 7800-7819)
- (✓) SCARS
- (✓) SKIN DISEASES (OTHER THAN SCARS)

BODY SYSTEM: ENDOCRINE (DC 7900-7919)
- ( ) ENDOCRINE DISEASES, MISCELLANEOUS (BENIGN AND MALIGNANAT NEOPLASMS, AND HYPERPITUITARISM)
- ( ) THYROID AND PARATHYROID DISEASE
- ( ) CUSHING'S SYNDROME
- ( ) ACROMEGALY
- ( ) DIABETES MELLITUS

BODY SYSTEM: NEUROLOGIC (DC 8000-8914)
- ( ) BRAIN AND SPINAL CORD
- ( ) NEUROLOGICAL DISORDERS, MISC. (MIGRAINE, TIC, ETC.)
- ( ) CRANIAL NERVES
- ( ) PERIPHERAL NERVES
- ( ) EPILEPSY AND NARCOLEPSY

BODY SYSTEM: MENTAL DISORDERS (DC 9201-9521)
- ( ) MENTAL DISORDERS (EXCEPT PTSD AND EATING DISORDERS)
- ( ) POST-TRAUMATIC STRESS DISORDER
- ( ) EATING DISORDERS

BODY SYSTEM: DENTAL AND ORAL (DC 9900-9916)
- (✓) DENTAL AND ORAL

SPECIAL EXAMINATIONS:
- ( ) AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION
- ( ) PRISONER OF WAR PROTOCOL EXAMINATION
- ( ) COLD INJURY PROTOCOL EXAMINATION

( ) C-FILE TO BE SENT

P.O.A. N/A

DATE EXAM REQUEST SENT TO VAMC OCT 13 1999

( ) INCOMPETENCY DETERMINATION REQUIRED

INITIALS OF SENDER (734) 942-3533 - W (734) 516-0054 W

VET'S ADDRESS AND PHONE: P.O. BOX 42278 DETROIT MI. 48242

REMARKS: (1) ~~High Blood Pressure~~ (2) ASTHMATIC BRONCHITIS (3) SINUS Problems (4) ~~TB VIRUS~~ (5) ~~Hepatitis C Virus~~ (6) ~~Bronchial Spasm~~, (7) ~~Right eye Damage~~ (8) ~~Sprained Right Ankle~~ (9) ~~Hearing loss~~ (10) Allergie (11) ~~Bruise top of Head~~ (12) Right Arm pain (13) LEFT Leg pain (14) Right WRIST pain (15) ~~Rash grown face~~ (16) PSEUDO FOLLICULITIS (17) ~~NECK STIFFNESS~~ (18) Razor bumps on Neck (19) ~~CUT ON Skin~~ (20) ~~Broken Right Ring Finger~~ (21) Dental trauma

VAF 21-1 (329) AUG 1997 (REVISED)

Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A-32
600-102-01

[redacted]

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT (TREATING ORGANIZATION (Sign each entry)
6217 USAF HOSPITAL, APO 96318	
6217 USAF HOSPITAL CHING CHUAN KANG AFB, TAIWAN 22 MAY 1970 DUTY UNIF TRS HOSP	[redacted] Still painful Rte: X-Ray C-spine Rte w/ Jong DAVID J. THOMPSON CAPT, USAF, MC 9486D
6217 USAF HOSPITAL CHING CHUAN KANG AFB, TAIWAN 25 MAY 1970 DUTY UNIF TRS HOSP	Has male pattern alopecia. NO Rx required. Arrowsmith DAVID R. ARROWSMITH CAPT, USAF, MC ~~9556D~~
6217 USAF HOSPITAL CHING CHUAN KANG AFB, TAIWAN 27 MAY 1970 DUTY UNIF TRS HOSP	Cancelled AIC Keller, OPR Sect
6217 USAF HOSPITAL CHING CHUAN KANG AFB, TAIWAN 27 MAY 1970 DUTY UNIF TRS HOSP	C-Spine films negative Still painful Rte: Rte 1 mo Thompson DAVID J. THOMPSON CAPT, USAF, MC

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M		AIC	6217 SUP		USAF - AD

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO. (AFSN/SSAN)
[redacted]		[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

BEST COPY

Personal Data - Privacy Act ... Printed: 12 Jun 1996@1432

PRIMARY CARE CLIN KA[redacted]SH,FRANCIS J 1[redacted] Jun 1996 1515 SDA

CMT: nk pain

REF:

RSN:

BP: PULSE: RESP: TEMP: HT: WT:

==========

ADDITIONAL COMMENTS:

PRIMARY CARE CLINIC
WALSON AF HOSPITAL FT. DIX, NJ

DATE APPT TIME PROV.

SEX M LMP ~~PREGNANT Y N~~ N/A

ALLERGIES — MEDS —

AGE 45 BP 170/96 R T WT. 193#

Repeat c̄ large cuff 148/102

PRP Y N FLIGHT ST Y N

LAST TETANUS Current

Neck pain - Denies Fx/Trx x 1 wk

Stiff neck x 1 week pointing to upper back area; pain intermittent; non radiating

no injury; no cold symptoms; no fever

Alert, oriented x3 ~~f~~ of NAD

Heart wnl

Neck no nodes. C-spine - full ROM c̄ gravity

(+) tenderness along paraspinal cervical muscles ~~NC2~~ - C6 -

Skin changes -

Lungs clear

Heart nnx

A) Cervical Strain/Sprain

P) ① Cortisone c̄ methocarbamol

② Motrin TID

③ Heat, ROM, massage

DISCHARGE INSTRUCTIONS PROVIDED
PATIENT/PARENT VERBALIZED UNDERSTANDING
PATIENT HANDOUT: [illegible]

FRANCIS J.KARCSH,D.O
NJ LIC. MB 49079
DEA BK 1016890

[illegible] 6-3-96

(4) Blind Pouch, Pouch.

[redacted]

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ACTIVE DUTY (Month/Day/Year)				ADDITIONAL SERVICE CODE	COMBAT STATUS	SPECIAL PROVISION CODE	FUTURE EXAM (Month/Year)
EOD	RAD	EOD	RAD				
08-14-69	08-31-69				1		None

COPY TO:		EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
	S						
	M						
	C						

JURISDICTION: 010;18 Original disability claim received 09-21-99

1. SC

6602 [redacted]
10% from 09-01-99 (VE AGG)

7899-7817 [redacted]
10% from 09-01-99 (PTE INC)

7101 [redacted]
10% from 09-01-99 (GW INC)

5003 LOW BACK PAIN WITH MILD DEGENERATIVE CHANGES
10% from 09-01-99 (PTE INC)

6599-6513 [redacted]
0% from 09-01-99 (PTE INC)

8516 [redacted]
0% from 09-01-99 (VE INC)

6599-6522 [redacted]
0% from 09-01-99 (PTE INC)

7899-7806 [redacted]
0% from 09-01-99 (VE INC)

7805 [redacted]
0% from 09-01-99 (GW INC)

7345 [redacted]
0% from 09-01-99 (VE INC)

5227 [redacted]AL
[redacted]
0% from 09-01-99 (VE INC)

7805 [redacted]
0% from 09-01-99 (PTE INC)

8. NSC (PTE VE GW)
5271 RIGHT ANKLE SPRAIN (NWG Not found last exam)
5299-5290 NECK STIFFNESS (NWG No actual disability)
6100 HEARING LOSS, BILATERALLY (NWG No record of condition)
7711 TB-VIRUS (NWG No actual disability)
6099 BILATERAL EYE CONDITION (to include blepharitis and cataracts) (NWG No actual disability)

[redacted]ES)

COMB SC: 30% from 09-01-99

Mary Ellis

Mary Ellis

Rating Specialist

E. West

Rating Specialist

029295634-000201.RTG

UCMB Fil 12/99 (OTD) 9/1/99

SEPARATION BOVO DOC 9-1-99

Date: DEC 17,1999 COMPENSATION AND PENSION EXAM REQUEST

For 553 Medical Center Division at ALLEN PARK

Requested by DETROIT-RO

Date Requested: OCT 13,1999@16:00:01

==========

Name: [redacted]

SSN: [redacted]

Address: [redacted]

City,State,Zip+4:
DETROIT MICHIGAN 48242

Res Phone:
Bus Phone: 734-942-3533

Entered active service: AUG 14,1969 Last rating exam date:
Released active service: SEP 1,1999

==========

** Priority of exam: Original SC

Slides & PFT, Dental Sent 12-17-99

Selected exams:

AUDIO (Exam Ref #: 72631); DENTAL AND ORAL (Exam Ref #: 72632);
EYE (Exam Ref #: 72633); GENERAL MEDICAL (Exam Ref #: 72634);
HAND/THUMB/FINGERS - cancelled (DUPLICATE EXAM) (Exam Ref #: 72635);
HYPERTENSION - cancelled (DUPLICATE EXAM) (Exam Ref #: 72636);
JOINTS (Exam Ref #: 72637);
LIVER/GALL B/PANCREAS - cancelled (DUPLICATE EXAM) (Exam Ref #: 72638);
PUL TB/MYCOBAC DIS - cancelled (DUPLICATE EXAM) (Exam Ref #: 72639);
RESP (OBS/RESTR/INTERST) - cancelled (DUPLICATE EXAM) (Exam Ref #: 72640);
SCARS - cancelled (DUPLICATE EXAM) (Exam Ref #: 72641);
SKIN (OTHER THAN SCARS) (Exam Ref #: 72642);
SPINE - cancelled (DUPLICATE EXAM) (Exam Ref #: 72643);

Current Rated disabilities:

No rated disabilities on file

Other Disabilities:

RECEIVED
DEC 22 1999
VETERANS SERVICES CENTER
VARO DETROIT INT_____

General remarks:

1) PO BOX 42278, DETROIT, MI 48242, WORK #'S 734-942-3533 OR 734-516-0054 2) NO POA 3) 1-HIGH BLOOD PRESSURE; 2-ASTHMATIC BRONCHITIS; 3-SINUS PROBLEMS; 4-TB VIRUS; 5-HEPATITIS C VIRUS; 6-BRONCHIAL SPASM; 7-RIGHT EYE DAMAGE; 8-SPRAINED RIGHT ANKLE; 9-HEARING LOSS; 10-ALLERGIES; 11-BRUISE TOP OF HEAD; 12-RIGHT ARM PAIN; 13-LEFT LEG PAIN; 14-RIGHT WRIST PAIN; 15-RASH-GROIN & FACE; 16-PSEUDOFOLLICULITIS; 17-NECK STIFFNESS; 18-RAZOR BUMPS ON NECK; 19-CUT ON CHIN; 20-BROKEN RIGHT PINKY FINGER; 21-DENTAL TRAUMA

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Date: DEC 17,1999 Compensation and Pension Exam Report
ALLEN PARK
** FINAL **
Processing time: 63
For JOINTS (SHOULDER/ELBOW/WRIST/HIP/KNEE/ANKLE) Exam

==========

Name: [redacted]

SSN: [redacted]
C-Number: [redacted]
DOB: [redacted]

Address: [redacted]

City,State,Zip+4:
DETROIT MICHIGAN 48242

Res Phone:
Bus Phone: 734-942-3533

Entered active service: AUG 14,1969
Released active service: SEP 1,1999

Last rating exam date:

Priority of exam: Original SC

==========

Examining provider: S. MAITRA, M.D.
Examined on: OCT 28,1999

==========

Examination results:

AMIE C&P JOINTS EXAMINATION

[redacted]

PHYSICIAN: S. MAITRA, M.D.
DATE OF EXAM: 10-28-99
DATE OF DICTATION: 11-18-99
DATE RECEIVED: 11-18-99
DATE TRANSCRIBED: 11-18-99

PLACE: JOHN D. DINGELL VAMC, DETROIT, MI

[redacted] is a 48-year-old veteran and was in the service between 1969 and 1999. He is now retired.

Physical Complaints: Right wrist pain and it is difficult to continue typing and work with computer. There is minor deformity of the left little finger which he injured while playing basketball in July 1972.

As far as his wrist is concerned, there is no specific injury, but the symptoms may be due to constant use of computers. Also, he complained that he sprained his right ankle in sports, and cannot run anymore. Sometimes there is sore muscle in right shoulder especially when he is trying to raise his arm. He has no complaints about his left leg, but there is lower back and neck pain. That is all his complaint. He has no other physical complaints. The only thing bothering him is his using his right hand for computer especially due to pain in the wrist. He is right handed.

Continued on next page

Name: [redacted] SSN: [redacted] C-number: [redacted]
For JOINTS (SHOULDER/ELBOW/WRIST/HIP/KNEE/ANKLE) Exam
==========

Exam Results Continued

Physical Examination: Healthy-looking male and does not appear to be in any distress. He stands 5'8" tall and weighs 225 pounds.

Cervical spine examination reveals that head is square on the shoulders and there is no muscle spasm. Muscle tone is good without any tenderness. The range of motion reveals 25 degrees of flexion and extension without any pain, 20 degrees of lateral flexion on either side and 45 degrees of rotation on either side.

Both shoulders are at symmetrical level. Range of motion is full on both sides and power is satisfactory without any pain. Right wrist and hand examination revealed that there is normal grip. There is normal sensation. Tinel and Phalen tests are negative. There is no atrophy of the hand muscle and hand feels moist and warm. Wrist motion is full and power is satisfactory.

Left hand examination revealed that there is mild deformity of the PIP joint of the little finger. There is no tenderness and movement is full without any pain.

Right and left ankles are normal without any swelling or deformity or tenderness. Range of motion is full and power is satisfactory.

Lumbosacral spine examination revealed that alignment is normal. There is no spasm. Muscle tone is good. Extension 25 degrees with complaint of pain and flexion 70 degrees also with complaint of pain. Right and left lateral flexion 20 degrees and rotation 20 degrees.

Both lower limbs are negative for any neurological deficiency and the straight leg raising is 80 degrees on either side with negative Lasegue test.

Diagnostic studies include x-rays of right ankle, right wrist, right shoulder and right hand. These x-rays are all within normal limits. X-rays of the cervical spine were also normal, but x-rays of the lumbosacral spine show some evidence of degenerative changes at L5-S1 disc space.

An EMG and NCV study was conducted of the upper arm and it says "Findings are consistent with right ulnar nerve entrapment at the elbow, mild".

DIAGNOSIS: Subjective complaint of pain in the neck, right wrist, right hand and right ankle. No objective evidence of pathology. Also subjective complaint of right shoulder pain without any objective pathology. Complaint of low back pain with mild degenerative changes at L5-S1 disc space. Mild deformity of left little finger at PIP

Continued on next page