

DMA Gulf War General Medical Examination

Welcome

This course is a joint presentation of the Veterans Health Administration (VHA) Office of Disability and Medical Assessment ([DMA](#)) and the Employee Education System. This program will focus on the Compensation and Pension ([C&P](#)) Gulf War General Medical examination. Experienced individuals from the Board of Veterans' Appeals ([BVA](#)), the Veterans Benefits Administration ([VBA](#)), and [VHA](#) contributed to this course.

Course Purpose

The purpose of this web-based training course is to provide an overview of the C&P Gulf War General Medical examination process. It will address a knowledge gap by providing updated information, including procedures to prepare for, conduct, and properly document a C&P Gulf War General Medical examination sufficient for adjudication purposes. You will successfully address the knowledge gap by achieving a score of 80 percent or higher in the Final Assessment.

Target Audience

This training is designed for C&P examiners and all other clinicians seeking information on how to properly conduct and document a C&P Gulf War General Medical examination.

Length of the Course

This course will take you approximately one hour to complete. If you must exit the course before completion, your place will be bookmarked so you can continue where you left off. However, in order for the bookmark to work, you must use the course Exit (x) button and not the browser's close button.

Please complete the lessons in the order presented so you can build on knowledge from one lesson to the next. Each lesson includes knowledge checks or exercises designed to help you apply the knowledge you gain along the way.

When you complete the entire course, you will have access to the Final Assessment. A score of 80 percent or higher on the Final Assessment is required for accreditation purposes. The final page of this course contains instructions for accessing a certificate of completion.

Terminal Learning Objective

At the completion of this course, you should be able to identify the criteria and recognize the general process to prepare for, conduct, and document a C&P Gulf War General Medical examination. This includes the use of an appropriate [documentation protocol](#) to assess the presence and extent of disability according to United States Department of Veterans Affairs ([VA](#)) regulations, policies, directives, guidelines, and DMA requirements.

Enabling Learning Objectives

There are three enabling learning objectives to help you meet the terminal learning objective:

1. Recognize the purpose of conducting a Gulf War General Medical examination for rating purposes versus an examination for treatment, given an overview of the C&P Gulf War General Medical examination.
2. Identify requirements for conducting a C&P Gulf War General Medical examination, given direction on how to perform a C&P Gulf War General Medical examination.
3. Determine documentation requirements of a C&P Gulf War General Medical examination, given an overview of requirements.

The standards for this course are found in relevant sections of the United States Code ([U.S.C.](#)) the Code of Federal Regulations ([CFR](#)), VA directives, manuals from VHA and VBA, accepted medical standards, and with guidance from DMA.

Background



In 1991, Veterans returning from the Southwest Asia theater of operations began to report patterns of chronic debilitating medical symptoms that typically included some combination of chronic headaches, cognitive difficulties, widespread bodily pain, unexplained fatigue, chronic diarrhea, skin rashes, respiratory problems, and other abnormalities. These symptoms did not correspond easily to recognized categories of diseases and presented a problem for health care diagnoses and treatment procedures, as well as for regional office ([RO](#)) decision makers attempting to adjudicate claims for disability compensation. The problem involved an estimated 25 percent of Gulf War Veterans.

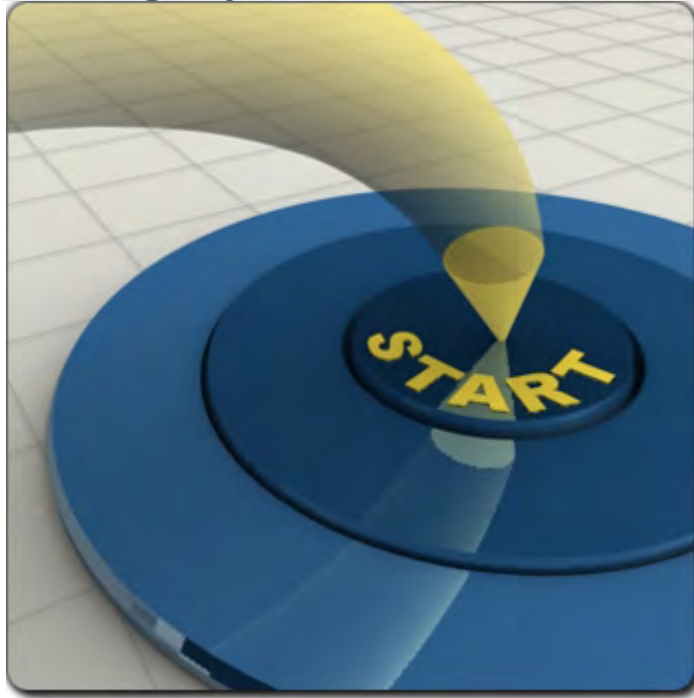
One Veteran's Experience

When I had the honor and privilege of serving with him, Joel was the epitome of what a special operations officer should be—smart, physically and mentally fit, a respected and beloved leader...so it was all the more heartbreaking to learn that he's now totally debilitated and disabled and at home, overcome by chronic, widespread pain that affects so many of us, and more health issues than he can name.

— Anonymous

This completes the introduction to the course. The first lesson begins on the next page and provides you with an overview of the C&P Gulf War General Medical examination.

Learning Objective



As a disability examiner, you play a critical role in a Veteran's claim for disability benefits by conducting and documenting a C&P Gulf War General Medical examination that is sufficient for adjudication purposes. You'll benefit from being familiar with legal aspects of the C&P Gulf War General Medical examination, and you'll benefit from knowing the purpose and scope of this examination.

When you complete this lesson, you should be able to recognize the purpose of conducting a C&P Gulf War General Medical examination for rating purposes versus an examination for treatment.

Purpose of the C&P Gulf War General Medical Examination

The C&P Gulf War General Medical examination is a forensic and legal examination. The two main differences between an examination for treatment and a C&P Gulf War General Medical examination are:

1. The purpose of the examination
2. The primary audience for the examination report

Generally, the purpose of an examination for treatment is to provide a diagnosis and determine appropriate treatment for a patient. The audience for a treatment examination report is primarily other clinicians.

In contrast, VBA requests a C&P Gulf War General Medical examination to gather clinical information needed to assist VA in determining a claimant's entitlement to benefits based on service in the Southwest Asia theater of operations. The CFR provides some guidance for the Gulf War General Medical examination. Select [38 CFR 3.317](#) to view this entire section at the U.S. Government Printing Office website. You can access this website at any time from course Resources.

IMPORTANT NOTE

The claimant may be referred to as a Gulf War Veteran or a Persian Gulf Veteran throughout this course, as VA regulations and directives may use either term. Both terms refer to Veterans who served in the Southwest Asia theater of operations.

Gulf War Service Described

The C&P Gulf War General Medical examination focuses primarily on conditions related to military service in designated areas of Southwest Asia during the Persian Gulf War, which began on August 2, 1990 and continues through a date yet to be prescribed by Presidential proclamation or law ([38 CFR 3.2](#)).

Compensation for Gulf War Veterans for disability due to undiagnosed illness and medically unexplained chronic multisymptom illnesses, as well as for certain infectious diseases, requires that the condition be manifest to a degree of 10 percent or more not later than December 31, 2016 (38 CFR 3.317), although this date is subject to change to a later date as determined by the Secretary of the Department of Veterans Affairs. The VA Regional Office ([VARO](#)) will make a determination as to whether a Veteran qualifies as having Gulf War Service before requesting a Gulf War General Medical examination.

Please note that the designated areas include specific bodies of water and the airspace above all areas listed below.

Southwest Asia Theater of Operations

Iraq

Saudi Arabia

Bahrain

The United Arab Emirates (U.A.E.)

Gulf of Aden

Waters of the Persian Gulf, the Arabian Sea, and the Red Sea

Kuwait

The neutral zone between Iraq and Saudi Arabia

Qatar

Oman

Gulf of Oman

The airspace above these locations

Veterans of Afghanistan or Djibouti



The regulatory definition of a Persian Gulf Veteran provided in 38 CFR 3.317 includes service in a large area of Southwest Asia, but does not include Afghanistan or Djibouti. A Gulf War General Medical examination is not conducted for Veterans based only on service in Afghanistan, and Afghanistan service is not considered for undiagnosed illnesses. However, a relevant C&P examination may be conducted for Veterans of Afghanistan or Djibouti for conditions related to environmental hazard exposures. Generally, VA examinations are ordered for all claims received within one year of separation from the military, unless the evidence is sufficient for deciding the claim. This includes a general medical examination and any specialty examinations deemed necessary.

However, in claims received more than one year after separation from service, a VA examination will ordinarily be ordered for environmental-hazard claims when the evidence of record contains the following three elements:

Element 1: Evidence of a current diagnosed disability or persistent or recurrent symptoms of disability.

Element 2: Evidence that the Veteran was exposed to an in-service exposure event or incident, including a Veteran's lay evidence. For the purposes of this element, exposure to certain environmental hazards can be conceded on a case-by-case basis.

Element 3: Evidence that the claimed disability or symptoms may be associated with the in-service exposure event.

Note: In cases where evidence showing continuity of symptoms is strong, medical examinations and/or opinions may not be necessary. Furthermore, in some cases an opinion based only on a record review will be sufficient; in other cases, an examination will be required.

When an examination is requested, the examiner should be informed of the Veteran's service, along with the location and nature of the environmental hazard to which the Veteran was exposed, and given pertinent Fact Sheets (based on [Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and](#)

[Other Military Installations](#)) about exposures. The claims file should be forwarded to the examiner for review. The examiner should state whether it is more likely, less likely, or at least as likely as not that a Veteran's claimed condition is related to the hazardous environmental exposure and support the opinion with a rationale.

Presumptive Infectious Diseases

Certain infectious diseases are presumed to be service connected for Persian Gulf Veterans if the disease manifests within a year of the Veteran's departure from the Southwest Asia theater of operations (38 CFR 3.317). These diseases include:

- Brucellosis
- Campylobacter jejuni
- Coxiella burnetii (Q fever)
- Malaria (special considerations apply to the timeframe for manifestation)
- Mycobacterium tuberculosis (no time limit)
- Nontyphoid salmonella
- Shigella
- Visceral leishmaniasis (no time limit)
- West Nile virus

IMPORTANT NOTE

Veterans with service in Afghanistan after September 19, 2001 are also eligible for [presumptive service connection](#) for these infectious diseases. For both Persian Gulf Veterans and Veterans with service in Afghanistan only, you should use the C&P Persian Gulf and Afghanistan infectious disease documentation protocol to assess these conditions.

Scope of the C&P Gulf War General Medical Examination

The Gulf War General Medical examination is a comprehensive disability examination and, as such, conducting and reporting this examination can be a lengthy process. C&P examiners conducting Gulf War-related VA examinations should conduct a Gulf War General Medical examination and also follow additional examination protocols as indicated. In the examination report, you must characterize the Veteran's conditions as belonging to one of four disability patterns that were explained in *VA Training Letter 10-01, Adjudicating Claims Based on Service in the Gulf War and Southwest Asia*. Sometimes the disability patterns are called categories.

(1) An **undiagnosed illness**

(2) A **medically unexplained chronic multisymptom illness** (a diagnosed illness without conclusive pathophysiology or etiology) that is defined by a cluster of signs or symptoms, such as (but not limited to):

- A. Chronic fatigue syndrome (long-term and severe fatigue that is not relieved by rest and is not directly caused by other conditions)
- B. Fibromyalgia (characterized by widespread muscle pain; other symptoms may include insomnia, morning stiffness, headache, and memory problems)
- C. Functional gastrointestinal disorders *

**Functional gastrointestinal disorders include disorders such as irritable bowel*

*syndrome and a host of other GI conditions but do **not** include structural gastrointestinal diseases. These disorders are characterized by chronic or recurrent symptoms that are unexplained by structural, endoscopic, laboratory, or other objective signs of injury or disease and may be related to any part of the GI tract. Symptoms include abdominal pain, substernal burning or pain, nausea, vomiting, altered bowel habits (including diarrhea and constipation), indigestion, bloating, postprandial fullness, and painful or difficult swallowing.*

(3) A diagnosable chronic multisymptom illness with a partially explained etiology

(4) A disease with a clear and specific etiology

Select [diagnostic guidelines](#) to access VA guidelines for diagnosing chronic fatigue syndrome or fibromyalgia. You may be asked questions about this content. These diagnostic guidelines can also be accessed in course Resources.

Please note for (2): Chronic fatigue syndrome may be referred to as **systemic exertion intolerance disease (SEID)** in records.

Please note for (3): Diabetes mellitus (DM) is one example of (3) a diagnosable chronic multi-symptom illness with a partially explained etiology. However, DM and other conditions that fall into the same category are generally not considered to be related to Gulf War service.

Medical Statements and Medical Opinions

Under the remarks section of each documentation protocol that you follow, you need to provide a medical statement that says which category of illness the condition or symptoms that you have found fall into.

(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

(4) A disease with a clear and specific etiology and diagnosis

A nexus opinion is not required for categories (1) and (2). However, for any condition that falls into category (3) or (4), a medical nexus opinion with a supporting rationale is generally required to address 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. However, you are not required to address whether conditions that fall into category (3) or (4) are otherwise related to the Veteran's service (separate and apart from an exposure event) unless VBA specifically requests that you do so.

Sample Medical Statement

Here is a sample medical statement that might be found in the Remarks section of a documentation protocol.

Remarks:

Summary of Diagnosis: This Veteran's disability pattern falls under the categories indicated below:

An undiagnosed illness (category 1)

1. Generalized muscle ache
2. Loss of appetite
3. Tiredness

A disease with a clear and specific etiology and diagnosis (category 4)

1. Asthma
2. Degenerative disc disease (DDD) of cervical spine

Since asthma and DDD are in category (4), disease with a clear and specific etiology and diagnosis, you are required to provide a medical opinion with supporting rationale as to whether either condition was related to a specific exposure event experienced by the Veteran during his service in Southwest Asia.

For example, in this case asthma may have been caused by specific exposure to particulate matter or hazardous gases if the Veteran was stationed or worked near burn pits, oil fires, or dust storms. On the other hand, if the Veteran's service treatment records ([STRs](#)) were positive for record of an injury or incident involving the neck, the required opinion and rationale would explain that Veteran's DDD of the cervical spine was not caused by any specific exposure event due to his service in Southwest Asia.

IMPORTANT NOTE

In these cases, the Veteran may still be eligible for direct service connection for DDD of the cervical spine as an injury in the line of duty similar to any injury affecting a Veteran during active military service in any part of the world. Unless the examination request (VA form 21-2507) specifically required an opinion for this, you should not provide one.

Conditions Not Related to Specific Exposure Events



Under the direction of Congress, VA entered into an agreement with the Institute of Medicine of the National Academy of Sciences (NAS) that would have NAS periodically review and evaluate scientific evidence regarding associations or lack of associations between illnesses and exposure to toxic agents, environmental or wartime hazards, or preventive medicines or vaccines to which Veterans may have been exposed during service, including service in the Southwest Asia theater of operations during the Persian Gulf War.

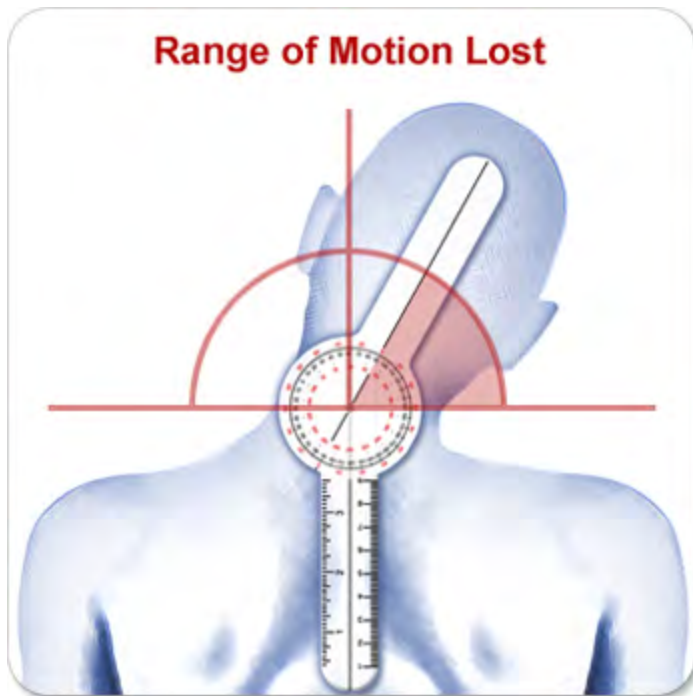
Based on the 2006 and 2010 NAS reports cited in a [2011 Notice in the Federal Register](#), VA determined that a number of conditions, for example, cancer, psychiatric disorders, and cardiovascular diseases, are not subject to presumptive service connection based on Gulf War service. If future evidence links any of these or other illnesses to exposures associated with Gulf War service, VA may establish presumptions of service connection for such illnesses.

The most important guidance for you as examiners is to follow the provisions of 38 CFR 3.317 regarding conditions that are subject to [presumptive service connection](#).

IMPORTANT NOTE

VA's determinations not to establish presumptions do not in any way preclude claimants from seeking and establishing service connection for these diseases and illnesses or any other diseases or illnesses that may be shown by evidence in an individual case to be associated with service in the Gulf War.

DeLuca and Mitchell Criteria



Joint pain is a common complaint in Gulf War Veterans. *DeLuca* and *Mitchell* criteria apply to all joint assessments as part of a Gulf War General Medical examination. In the [DeLuca v. Brown case](#), the US Court of Appeals for Veterans Claims (CAVC) found that VA's method of assessing joint disabilities for rating purposes was inadequate, as VA examinations did not account for additional limitation of function due to pain on movement, weakness, excess fatigability, or incoordination, including during repetitive use or during flare-ups.

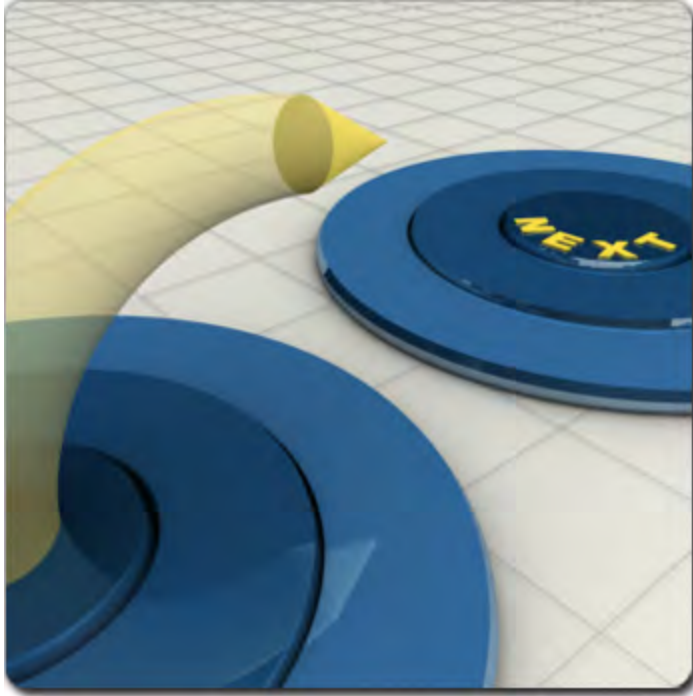
As a result of the *DeLuca* case, these additional factors must be considered for each joint examined to ensure that functional impairment is not underestimated:

1. Pain on movement that limits function, including during repetitive use and flare-ups
2. Weakness
3. Excess fatigability
4. Incoordination

The [Mitchell v. Shinseki](#) case of 2011 emphasized the importance of any functional loss on repetitive use over a period of time or during flare-ups, especially due to pain. For a C&P examination, a flare-up is generally regarded as any temporary or recurring significant increase in signs or symptoms associated with the condition. If there are flare-ups of a joint or limb condition, you should report the duration, frequency, and severity of the flare-ups as described by the claimant.

For documentation purposes, limitation of motion should be expressed when possible in degrees of range of motion lost due to pain on use or during flare-ups.

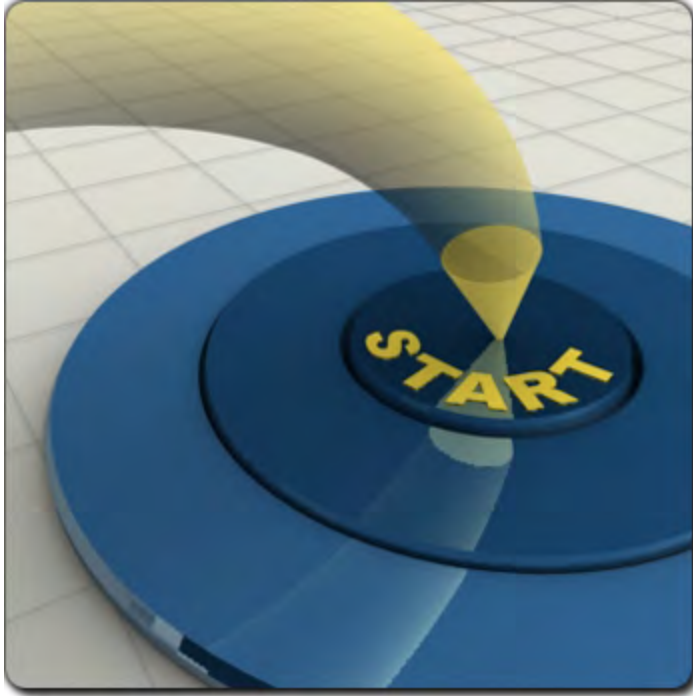
Lesson Summary



This lesson compared the purpose of C&P Gulf War General Medical examination with a treatment examination. Gulf War service was defined and the scope of the examination was discussed. Some legal considerations were also covered, including the need to include a medical statement that says which category of illness the Veteran's conditions or symptoms fall into.

Now that you've completed this lesson, you should be able to recognize the purpose of conducting a Gulf War General Medical examination for rating purposes versus an examination for treatment.

Learning Objective



This lesson will focus on the C&P medical examination process, beginning with reviewing the examination request (VA form 21-2507), medical history needs, and physical examination requirements for the C&P Gulf War General Medical examination. This lesson will emphasize needs for the medical history interview, as potential exposures to hazardous environmental conditions are important to assess. The physical examination for the Gulf War General Medical examination will be extensive, and is guided by the Gulf War General Medical documentation protocol and by additional documentation protocols, as appropriate.

Once you've finished this lesson, you should be able to identify requirements for conducting a C&P Gulf War General Medical examination.

The Examination Request

Review the examination request (VA form 21-2507) carefully before the examination to ensure that you understand all instructions from the RO. As the examiner, you'll want to allow sufficient time for conducting and reporting a thorough and complete examination. You may want to review examination requests in advance and work with clinic schedulers to ensure sufficient time is scheduled for Gulf War General Medical Examinations. This is because the physical examination can involve the use of many documentation protocols, and writing the examination report often requires lengthy analysis.

In some cases, you can save time before the examination. For example, if an examination request lists a complaint such as "joint pain," but no specific joints are claimed, it is acceptable to phone the Veteran and ask if specific joints are a concern or if there is generalized joint pain. Determining the scope of joints to assess will help you prepare for the impending examination during your review of records and to prepare the tools to be used for the documentation of the exam. Along the same lines, you may want to phone the claimant for details on claimed "sleep disturbances." Also, a complaint of "breathing problems" may prompt you to order pulmonary function tests prior to the examination.

Environmental Hazards

Since environmental hazard exposures are a critical element of the C&P Gulf War Medical examination, the examination request (VA form 21-2507) will include information for the examiner regarding the potential relationship of chronic disabilities with exposure to certain kinds of environmental hazards. This text is extracted from VBA training letter, TL 10-01, specifically the *Notice to Examiners Regarding Gulf-War Related Disability Claims* shown below.

Examiner,

VA statutes and regulations provide for service connecting certain chronic disability patterns based on exposure to environmental hazards experienced during military service in Southwest Asia. The environmental hazards may have included: exposure to smoke and particles from oil well fires; exposure to pesticides and insecticides; exposure to indigenous infectious diseases; exposure to solvent and fuel fumes; ingestion of pyridostigmine bromide tablets, as a nerve gas antidote; the combined effect of multiple vaccines administered upon deployment; and inhalation of ultra fine-grain sand particles. In addition, there may have been exposure to smoke and particles from military installation "burn pit" fires that incinerated a wide range of toxic waste materials.

Review of Records

Your review of records for a C&P Gulf War General Medical examination will include a thorough review of the claims file (C-file) and available medical treatment records. Select each topic for more information.

The Claims File (C-file)

In general, the C-file could be in paper form, electronic form such as the records in the efolder contained in the Veterans Benefits Management System ([VBMS](#)), or a combination of paper and electronic forms. You are required to review the entire C-file, whether in paper or electronic form. In addition, you must document that you have done so in your examination report.

A C-file may contain the following information:

- History of the claimed condition
- Service personnel records, including Department of Defense separation form (DD 214) or equivalent
- Entrance history and physical examination report
- Service treatment records (STRs), including Post Deployment Health Assessments ([PDHA](#)) in which the Veteran has indicated what he or she thinks his or her environmental hazard exposures may have been
- Exit history and physical examination report
- Private medical information the claimant has submitted to the RO or authorized VA to obtain on his or her behalf

Medical Treatment Records

You'll need to thoroughly review all available medical records, including those stored electronically, to ensure that you have a comprehensive understanding of the claimant's relevant medical conditions. This would include problem lists, diagnostic tests, and laboratory results.

The Post-Deployment Health Assessment

The Post Deployment Health Assessment (PDHA), form DD 2796, is a voluntary self-reporting form used to report on exposure events a Veteran experienced while deployed outside of the United States. The PDHA becomes part of the Veteran's service treatment records (STRs), so there may be one or multiple PDHAs in a C-file. The Veteran fills out some pages and a healthcare provider fills out other pages of this form. The PDHA is completed within 30 days after returning home or going to a processing station. Deployments, exposures, and past and present symptoms are queried in the PDHA. A review of this form will help you prepare for the examination, especially the medical history interview.

In fact, even if the Veteran later does not recall his or her exposure verbally during the examination, at the time of return from deployment, he or she likely submitted documentation to DoD recollecting exposure to environmental hazards such as dust and/or sand, fumes from exhaust, smoke, oil fires, burn pits, noise, etc. However, please keep in mind that while the PDHA may help you determine what the Veteran thinks were environmental hazards, he or she may not have full or accurate knowledge of all the environmental hazards that were present during his or her deployment. The Veteran generally completes the PDHA according to his or her knowledge.

The C&P Gulf War General Medical Documentation Protocol

The threshold for the RO to order a Gulf War General Medical examination is [very low](#). While the Veteran does not have to express explicitly that the claim he or she files is due to Gulf War Service, VBA verifies Gulf War Service when reviewing a claim. If the claim fits the description of conditions listed under 38 CFR 3.317(a)(2)(B) or 3.317(b), and VBA confirms the Veteran's service in the Southwest Asia theater of operations, VBA will consider the claim for service-connection on the basis of Gulf War Service and list the Gulf War General Medical documentation protocol or [template](#) on the examination request (VA form 21-2507).

The C&P Gulf War General Medical documentation protocol is different from the C&P General Medical documentation protocol. The C&P General Medical documentation protocol is not sufficient for a Gulf War General Medical examination because the C&P General Medical documentation protocol does not address claimed symptoms of undiagnosed illness.

The latest version of the Gulf War General Medical documentation protocol can be accessed at this DMA intranet site: <http://vbacodmoint1.vba.va.gov/bl/21/DBQ/>.

Specific complaints listed on the examination request (21-2507) usually prompt you to open and complete appropriate documentation protocols in addition to the Gulf War General Medical documentation protocol. All documentation protocols are available at the DMA intranet site, or at this public website: http://benefits.va.gov/COMPENSATION/dbq_ListByDBQFormName.asp. Please note: documentation protocol names may differ from those in CAPRI (Compensation and Pension Record Interchange).

NOTE:

The C&P Gulf War General Medical examination generally is a long examination with complex reporting needs, so allow sufficient time for the examination and document as much information as possible as you conduct the examination with the Veteran.

History Needed for Gulf War Conditions



The extensive medical interview for the C&P Gulf War Medical examination will cover the Veteran's pre-service, during service, and post-service history. It will be helpful to set parameters for taking the Veteran's history. For example, start by talking about the context of the interview and explain that you will be following the documentation protocol. Also explain that you will go on to another question once you have sufficient information.

Ask open-ended questions such as, "Do you know why you are here?"

You may want to ask the Veteran for information about the job ([MOS](#) details) that he or she performed while deployed, as there may be exposure risks that pertain to the job.

Although the Veteran may use terms such as "Gulf War Illness" or "Gulf War Syndrome" you should avoid these terms when you report on this interview in the examination report, as VA does not recognize these terms. You'll be gathering information about symptoms and conditions that fall into the four disability patterns or categories for the Gulf War General Medical examination.

You will need to ask the Veteran about potential exposures to environmental hazards, so we'll discuss exposures in some detail in the following pages.

Potential Exposures

Select Forward on the slide show to view additional information about potential exposures.



Afghanistan, and elsewhere. Hazards identified by the Department of Defense (DoD) include:

- Large pit burns throughout Iraq, Afghanistan, and Djibouti on the Horn of Africa
- Particulate matter in Iraq and Afghanistan
- A large sulphur fire at Mishraq State
- A sulphur mine near Mosul, Iraq
- Hexavalent chromium exposure at the Qarmat Ali Water Treatment Plant at Basrah, Iraq

Additional Potential Exposures



Additional questions that you ask about the Veteran's service may yield more potential hazardous environmental exposures.

- Did the Veteran participate in rescue or salvage operations? Was he or she ever in a burning vehicle or building?
- Was the Veteran inside of an IED-pierced vehicle or otherwise hit with shrapnel from an IED that might have contained depleted uranium?
- Was the Veteran given orders to take [pyridostigmine bromide](#) (PB) tablets?
- Was the Veteran exposed to infectious diseases from contaminated water or food, or from sand flies (leishmaniasis)?

Be systematic in order to be thorough. A complete list of exposures is available in VA's *Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and Other Military Installations*. The website address for this document can be accessed in course resources.

Questions about Exposure and Symptoms



After you inquire about their complaints and symptoms, you should ask Veterans how they believe their condition is related to their experience in the Persian Gulf. Recollections of specific exposures to environmental hazards may be recalled, but some may have been unknown to the Veteran. For example, many disposal sites containing environmental hazards, but not considered burn pits, may have been in proximity to troops.

Concerns about Exposures

Addressing exposure concerns of Gulf War Veterans is very important. There is a very high level of concern about some potential exposures encountered during Operations Desert Shield and Desert Storm. You can refer the Veteran to a VA Environmental Health Coordinator to schedule a free Gulf War Registry examination and clinical consultation. More information is found at the VA Gulf War Registry web page: <http://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.asp>

The Veteran can also access updates and information at the VA Public Health web page for Gulf War Veterans' Illnesses: <http://www.publichealth.va.gov/exposures/gulfwar/index.asp>.

In addition, there is Airborne Hazards and Open Burn Pit Registry at this VA website:
<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>.

Objective Indications of a Chronic Disability

38 CFR 3.317(a)(3) and (b) provide guidance on symptoms you may assess during a Gulf War General Medical examination that may or may not be supported by a diagnosis of a known condition. Signs and symptoms that may be manifestations of undiagnosed illness or medically unexplained chronic multi-symptom illness include (but are not limited to):

1. Fatigue
2. Signs or symptoms involving skin
3. Headache
4. Muscle pain
5. Joint pain
6. Neurologic signs and symptoms
7. Neuropsychological signs or symptoms
8. Signs or symptoms involving the respiratory system (upper or lower)
9. Sleep disturbances
10. Gastrointestinal signs or symptoms
11. Cardiovascular signs or symptoms
12. Abnormal weight loss
13. Menstrual disorders

It will be your task as a C&P examiner to conduct a comprehensive C&P Gulf War General Medical examination to assess claimed and other conditions present in the Veteran, and to determine, to the extent possible, the etiology, or at a minimum, the disability pattern, of the signs and symptoms that are present.

Objective Indications of Chronic Disability Continued

38 CFR 3.317 states, “For purposes of this section, “objective indications of chronic disability” include both ‘signs,’ in the medical sense of objective evidence perceptible to an examining physician, and other, non-medical indicators that are capable of independent verification.”

Therefore, determining that an undiagnosed illness or a medically unexplained chronic multisymptom illness is present must be supported either by objective medical indications (signs, imaging studies, laboratory tests, etc.) or by non-medical objective indications (lay evidence) of a chronic disability (missing time from work, seeking treatment, reported change in appearance or behavior, etc.). Some undiagnosed or chronic multisymptom illnesses will present with both types of objective indications of chronic disability, but some will have only one.

IMPORTANT NOTE

Lay evidence is often critical in determining whether an undiagnosed or chronic multisymptom illness is present, since only one type of objective indications is needed.

Is it a Symptom or a Disease?

NOTE:

Ask if the Veteran had a Gulf War Registry examination, as those can provide useful medical data.

During the medical history interview, you should concentrate on symptoms, especially for assessing the need for diagnostic tests such as pulmonary function tests.

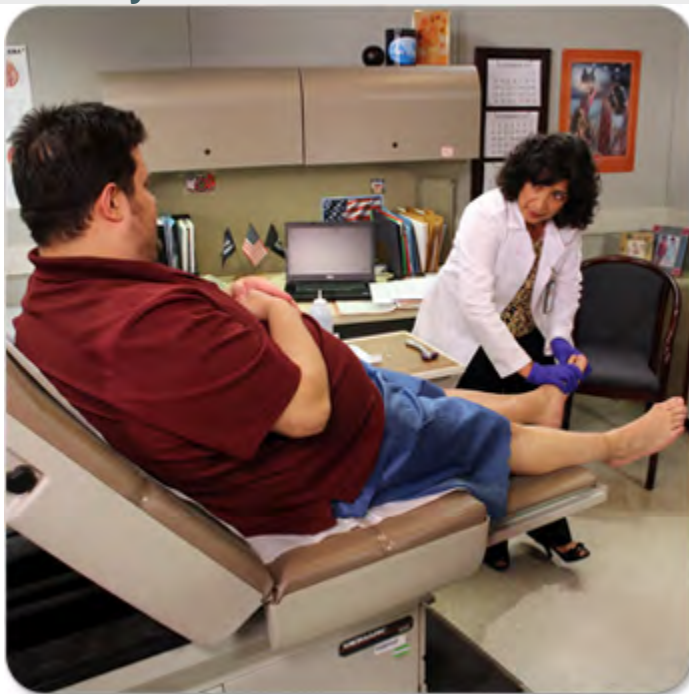
Remember, you'll also need to differentiate signs or symptoms from conditions for this C&P examination. For example, you may see mention of chronic fatigue in a claimant's medical treatment records or the claimant may tell you that he or she has chronic fatigue. Remember, chronic fatigue can be a symptom of an (1) undiagnosed illness but **chronic fatigue syndrome** is a (2) chronic multisymptom illness that has to meet specific VA guidelines for diagnosis.

When a Veteran tells you he or she has fibromyalgia or chronic fatigue syndrome, ask questions to make sure the diagnosis was established by a clinician. For example, "Was a diagnosis made of the condition you have claimed, and if so, can you tell me by whom, and where the condition was diagnosed?" Provide the Veteran's answers in the examination report.

For the Veteran who tells you that he or she has a gastrointestinal complaint, you'll need to determine if a structural gastrointestinal condition was diagnosed, or if assessments were conducted to investigate structural diseases. If specific tests, e.g., a colonoscopy or an esophagogastroduodenoscopy (EGD) were performed, include the results of these in the examination report. Remember that both inflammatory bowel disease and irritable bowel syndrome may exist together. If specific anatomic or explainable pathology was identified, then the diagnosis is considered a structural diagnosis. Symptoms are then not attributable to a functional gastrointestinal condition.

Sometimes a symptom or multiple symptoms may have begun as a diagnosable disease. For example, Veterans were sometimes encouraged to befriend local inhabitants of the countries where they were deployed. Some Veterans who developed infectious diarrhea afterward continued to have similar bowel problems for years after the acute episode. In some of those cases, the chronic bowel problems could be determined to represent irritable bowel syndrome even if the symptom began as infectious diarrhea.

The Physical Examination



Use the Gulf War General Medical and other documentation protocols as requested on an examination request (VA form 21-2507) to conduct the physical examination. Considerations and suggestions discussed earlier in this course will apply during this part of the examination.

1. Remember to document findings during the examination because this can be a long examination.
2. Adhere to VA's diagnostic guidelines from [38 CFR 4.88a](#) and [4.88b](#) for chronic fatigue syndrome, and diagnostic guidelines listed from [38 CFR 4.71](#) for fibromyalgia.
3. Symptoms or complaints received during the medical history may prompt you to initiate other C&P documentation protocols as appropriate.
4. Provide a medical statement that says which category of illness the condition or symptoms that you have found fall into under the remarks section of each documentation protocol that you follow.

You'll also need to request required diagnostic tests as needed. Considerations for diagnostic testing are covered next.

Appropriate Diagnostic Testing

In general, you will need to order more diagnostic studies for Gulf War claims than for other types of C&P examinations, although there is no specific required laboratory or other diagnostic test that would be required in all cases. The majority of (1) undiagnosed illnesses and (2) medically unexplained chronic multi-symptom illnesses are characterized by symptoms such as pain and fatigue that are widespread in the healthcare setting and are nonspecific, being associated with a host of medical conditions. Objective signs on physical examination are often lacking. Furthermore, such illnesses ordinarily cannot be established by objective laboratory tests. These types of illnesses are, therefore, usually primarily defined by excluding category (3) and (4) conditions.

Preparing for Diagnostic Testing

During the examination, it will be helpful to develop a differential diagnosis in your mind, and request appropriate tests to rule in or rule out the most likely possibilities. For example, when there are gastrointestinal complaints, tests that might be needed to exclude or diagnose structural gastrointestinal conditions such as GERD, inflammatory bowel disease, or esophageal motility disorder include contrast imaging of the upper or lower gastrointestinal tract, stool cultures, motility studies, endoscopy, manometry, etc. Because of the vast array of tests available, it's not practicable or necessary to request all that are available. In general, you need to request only selected tests that will provide enough information to make you feel able to state and defend whether the claimant has a functional gastrointestinal disorder or has a specific structural gastrointestinal condition.

Deciding on Diagnostic Tests

You will need to determine on a case-by-case basis, based on the claimant's specific signs and symptoms, what types of testing you should request in order to exclude all but an undiagnosed or medically unexplained chronic multisymptom illness. Ordinarily, only testing to exclude the condition or conditions with subjective complaints and observed signs, if any, that closely resemble those of the claimant needs to be done. While the documentation protocols may be helpful because they often list commonly requested tests for specific conditions or groups of conditions, in many cases you will have to conduct a literature search and/or use your own medical knowledge and experience to judge which tests would be most useful and necessary in a given situation.

Once tests have been scheduled, you'll need to follow up to ensure you get test results back to be included in your examination report. Special considerations for diarrhea and irritable bowel conditions are discussed on the next pages.

Diagnostic Considerations for Chronic Diarrhea

Has the Veteran reported episodes of diarrhea for more than six months? If so, consider these suggestions to support a diagnosis for a complaint of chronic diarrhea. Select each topic for details.

Review existing records

Review existing medical records for diagnostic work-ups for chronic diarrhea.

Testing considerations

If testing is needed, consider noninvasive testing, such as stool testing.

Categorize stool form

Categorize stool form – see the Bristol stool chart. A resource for this task can be found at a Continence Foundation of Australia website: <http://www.continence.org.au/pages/bristol-stool-chart.html>.

Data needs

You might be testing for data in support of these kinds of determinations:

- Categorize diarrhea as watery, inflammatory, or fatty
- Exclude pancreatic insufficiency
- Stool chymotrypsin

Considerations for Irritable Bowel Syndrome

When you review the claimant's records and take a medical history from the claimant, and see that there has been a diagnosis of irritable bowel syndrome (IBS), please keep in mind that you need to determine whether the evidence is sufficient to support a diagnosis of IBS or if it would better support another bowel condition, such as some type of inflammatory bowel disease (IBD). While both IBS and IBD can be present at the same time, they are not interchangeable.

Things to bear in mind:

- Irritable bowel syndrome is a functional bowel disorder that is included in the list of category (2) conditions.
- Inflammatory bowel disease is a structural bowel disorder not included in the list of category (2) conditions. IBD includes such conditions as Crohn's disease and ulcerative colitis. Stool studies often show blood or pus in stool and an elevated fecal calprotectin.
- Lactose intolerance – is often mistaken for irritable bowel syndrome and should be included in the diagnostic differential.

- Celiac disease or gluten intolerance – while more uncommon should also be ruled out prior to making a diagnosis of irritable bowel syndrome as well. In this case there will likely be findings of weight loss, anemia, and microscopic colitis on endoscopy.
- Consider laxative-induced diarrhea – it is often osmotic in nature.
- Consider alcohol ingestion – results in secretory diarrhea.
- Consider bile acid malabsorption.
- Consider parasites or bacteria – order stool sample. Clostridium difficile colitis secondary to antibiotic use doesn't occur just in the debilitated elderly, but is becoming more opportunistic and widespread.

Considerations for irritable bowel syndrome continue on the next page.

Irritable Bowel Syndrome Continued

Here are particulars about considering evidence for irritable bowel syndrome in the claimant's records, and suggestions based on the Rome III criteria.

Review of Records

When the medical record says IBS, do not assume the diagnosis of irritable bowel syndrome has been substantiated. If there is a report of a GI study and there is a noted structural abnormality, that does not equate to a diagnosis of irritable bowel syndrome.

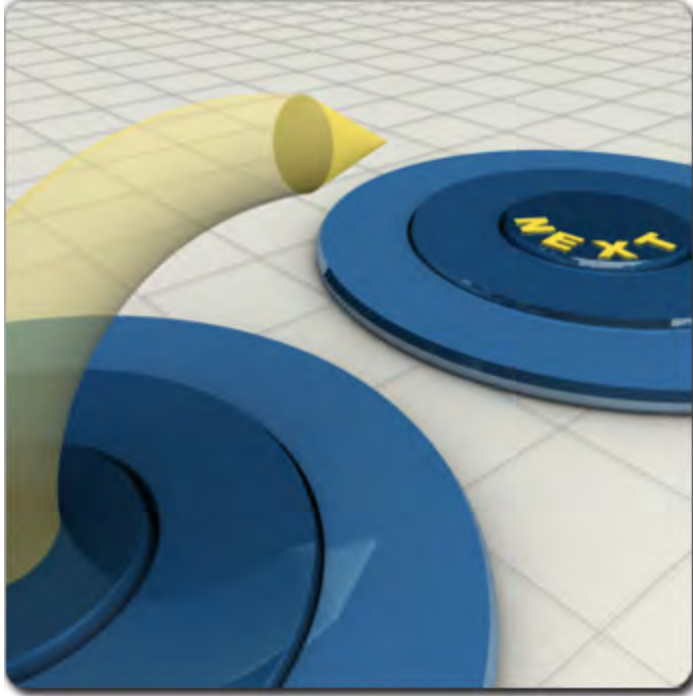
Rome III Diagnostic Criteria for Irritable Bowel Syndrome (2006)

- Recurrent abdominal pain or discomfort, at least 3 days per month in the last 3 months, associated with two or more of the following:
 1. Improvement with defecation
 2. Onset associated with a change in frequency of stool
 3. Associated with a change in form (appearance) of stool
- Criteria fulfilled for the last 3 months with symptom onset 6 months prior to diagnosis.

IMPORTANT NOTE

Rome III criteria are based on symptoms that manifest for at least 3 months. For C&P purposes, symptoms must be manifest for at least 6 months, per 38 CFR 3.317(a)(4).

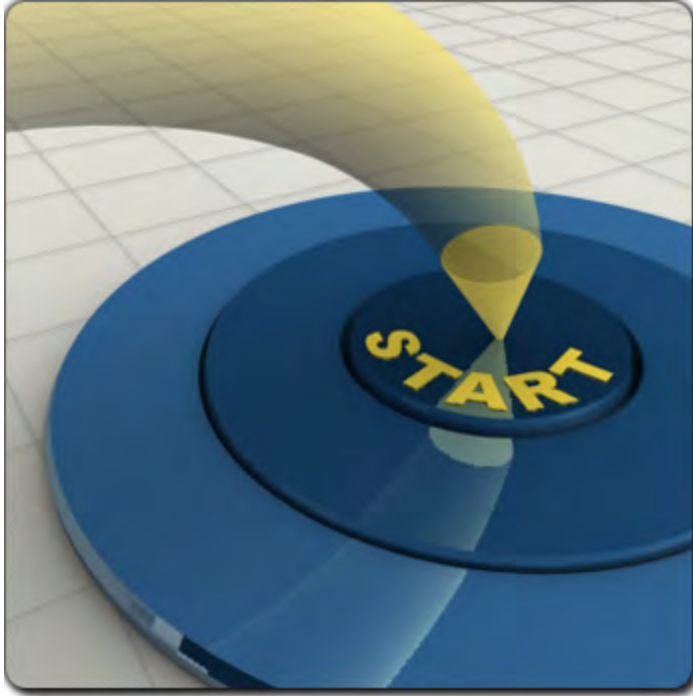
Lesson Summary



This lesson covered physical examination considerations and requirements, as well as tips for the medical history interview for C&P Gulf War General Medical examinations. It's important to follow VA guidelines for diagnosing chronic fatigue syndrome or irritable bowel syndrome, so those were included. Suggestions for appropriate tests for gastrointestinal conditions were covered too.

Now that you've completed this lesson, you should be able to identify requirements for conducting a C&P Gulf War General Medical examination. The final lesson, Document the Examination, begins on the next page.

Learning Objective



As an examiner, you will complete your C&P Gulf War General Medical examination documentation based on adjudicators' needs. The examination report must be complete and comprehensive, and it should provide information according to requirements on the examination request (VA form 21-2507). When it's required, provide an opinion with a well-reasoned rationale. The process of documenting the examination report is complex, so this lesson provides instruction and suggestions for completing a thorough and accurate examination report.

At the end of this lesson, you should be able to determine documentation requirements of a C&P Gulf War General Medical examination.

Reporting Gulf War Conditions



Completing your documentation as soon as possible after an examination will help keep your report accurate. Your documentation is not complete until you have addressed all claimed conditions by providing your examination findings and pertinent test results. Include all applicable history, including any treatment and any side effects, for the interval required by the examination request. Once a diagnosis has been confirmed according to VA criteria, describe current symptoms and physical findings; it's also important to include functional limitations or impairments resulting from the assessed Gulf War conditions.

It's vital that your examination documentation is thorough and comprehensive in order to avoid having your report returned for clarification or additional information. Returned examination reports delay the Compensation and Pension process and increase the workload for examiners and adjudicators. It's important to complete your examination report correctly the first time. With this in mind, apply this checklist to avoid having your examination report returned as insufficient or for clarification:

1. Complete all necessary documentation protocols.
2. Consider and address administered test results.
3. Substantiate all diagnoses. Add a medical statement under remarks to explain which category each symptom or illness falls into.
4. Address all questions listed on the examination request (VA form 21-2507).
5. Give an opinion with a comprehensive rationale when required. Every category (3) diagnosable chronic multi-symptom illness with a partially explained etiology and category (4) disease with a clear and specific etiology requires a medical opinion and rationale regarding the relationship of the condition to a hazardous exposure event.

Tips for Analyzing and Synthesizing Gulf War Examination Data

Providing a medical statement assigning conditions or symptoms to the correct disability pattern (or category) as listed below is an important task for reporting purposes.

- (1) An undiagnosed illness

(2) A diagnosable but medically unexplained chronic multisymptom illness defined by a cluster of signs or symptoms, such as (but not limited to): chronic fatigue syndrome, fibromyalgia, and functional gastrointestinal disorders

(3) A diagnosable chronic multisymptom illness with a partially explained etiology

(4) A disease with a clear and specific etiology and diagnosis

Here are some important checks to perform:

- Check the C-file and all available medical treatment records to ensure that the appropriate diagnostic workup has been completed before you provide a diagnosis of exclusion.
- Remember that undiagnosed illness, disability pattern (1), is a diagnosis of last resort when all other potential diagnoses have been excluded.
- Ensure that the claimed conditions or symptoms meet the standard of being present for at least 6 months and can be objectively validated.
- Ensure that diagnosable conditions meet VA recognized diagnostic standards. For example, sometimes sleep apnea may be diagnosed in the medical treatment records although standard diagnostic criteria (AHI >5) has not been met.

Help is here! On the next page, a C&P examiner with experience documenting C&P Gulf War General Medical examinations helps a new examiner with tips and suggestions for determining disability patterns.

Undiagnosed Illness

Part of the process of writing a Gulf War General Medical examination report is sorting objectively assessed conditions into one of the four disability patterns, of which one is undiagnosed illness. It's important to keep in mind that an undiagnosed illness is a diagnosis of last resort, especially because you would not want to overlook any diagnosable illness that the Veteran can seek treatment to address.

The diagnosis of undiagnosed illness is not made if:

1. The illness was clearly caused by intervening conditions or events occurring between the Veteran's last service in Southwest Asia and the onset of the illness
2. Symptoms can be explained by a known diagnosis
3. Symptoms have not been present for at least six months

Note: According to 38 CFR 3.317, compensation shall not be paid in these situations:

(1) If there is affirmative evidence that an undiagnosed illness was not incurred during active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War

(2) If there is affirmative evidence that an undiagnosed illness was caused by a supervening condition or event that occurred between the veteran's most recent departure from active duty in the Southwest Asia theater of operations during the Persian Gulf War and the onset of the illness; or

(3) If there is affirmative evidence that the illness is the result of the veteran's own willful misconduct or the abuse of alcohol or drugs.

When Undiagnosed Illness is Appropriate



When a diagnosis of undiagnosed illness is appropriate, there are important considerations. This diagnosis requires replicable objective findings (capable of independent verification) that are not accounted for by another clinical condition. That is to say, this diagnosis must be made based on medical signs and/or nonmedical objective indicators, such as time lost from work. As discussed earlier, a conclusion of undiagnosed illness may be based on signs or symptoms such as those listed in 38 CFR 3.317(a)(3) and (b).

IMPORTANT NOTE

In the absence of a diagnostic work-up of subjective symptomatology, the diagnosis of undiagnosed illness cannot be made.

Sorting Symptoms Exercise

Here is an opportunity to test your understanding of disability patterns (categories). Consider which disability pattern or patterns each condition or symptom may belong to. Then select each condition or symptom to view the potential category and reporting requirements.

- Chronic fatigue syndrome
 - Fibromyalgia
- Chronic sprained ankle
- Menstrual disorders (dysmenorrhea, pelvic pain)
 - Migraine headache
 - Muscle pain
 - GERD
 - Asthma
 - Sleep disturbances
- Degenerative disc disease
- Obstructive sleep apnea

IMPORTANT NOTE

Remember, each diagnosis with a known etiology must be addressed with statements for etiology or nexus for exposure. This is because some of the unexplained illnesses can be symptoms of something else, or they can be an actual unexplained illness.

Potential Categories Chart

This chart shows how one Veteran's symptoms might be sorted into disability patterns (categories). This sorting would take place after a thorough review of all medical records, the physical examination findings, and diagnostic results particular to this case.

SYSTEM	VETERAN'S HISTORY	AN UNDIAGNOS ED ILLNESS	A DIAGNOSABL E BUT MEDICALLY UNEXPLAIN E D CHRONIC MULTISYMP T OM ILLNESS	A DIAGNOSABL E CHRONIC MULTISYMP T OM ILLNESS WITH A PARTIALLY EXPLAINED ETIOLOGY	A DISEASE WITH A CLEAR AND SPECIFIC ETIOLOGY AND DIAGNOSI S
Respiratory	No condition diagnosed Veteran has a cough Claims a respiratory condition States that he cannot run as far as he used to, no Hx of smoking	Undiagnosed illness related to cough (all other causes excluded, i.e., GERD, asthma, acute or chronic bronchitis, allergic rhinitis with PND, ACE associated cough, etc.)	N/A	Asthma	Tuberculosis (PFT's indicate restrictive pattern in addition plain film suspicious for TB – further imaging /w b reader indicates TB) Chronic bronchitis (PFTs indicate obstructive pattern)
Gastrointestinal	No condition diagnosed	Undiagnosed illness related to abdominal pain and	Irritable bowel syndrome	Peptic ulcer disease [NSAIDS & H Pylori]	Inguinal hernia

	Abdominal pain, increased bowel movements	diarrhea (other possible causes excluded)			
Skin	A rash that comes and goes, it's itchy when scratched, and it sometimes bleeds	Undiagnosed illness related to skin rash (other causes of the rash have been excluded)	N/A	Basal cell carcinoma (sun exposure)	Molluscum contagiosum

Lay Evidence for Gulf War Claims

The symptoms described by the Veteran during a Gulf War General Medical examination should be addressed in the examination report. Veterans are qualified to report symptoms such as those listed in [38 CFR 3.317\(a\)\(3\) and \(b\)](#). As the US Court of Appeals for Veterans Claims (CAVC) pointed out, “[o]bjective medical evidence is not required for an award of service connection under section 1117,” ([Gutierrez v. Principi](#) 2004). The Court further found that Veterans, spouses, family members, and friends are all competent to report visible manifestations of conditions and the effects of symptoms such as joint pain and fatigue that are capable of lay observation.

In addition, the US Court of Appeals for the Federal Circuit in [Joyner v. McDonald](#) said that objective indications include both objective evidence perceptible to an examining physician and “other, non-medical indicators that are capable of independent verification [quoting 38 CFR 3.317(a)(3)]” Non-medical indicators include evidence such as time lost from work, the Veteran having sought treatment for his or her symptoms, and changes in the Veteran’s appearance, physical abilities, and mental or emotional attitude ([Federal Register, 1995](#)).

Reporting Discrepancies

You may need to address discrepancies between findings from your C&P examination and previous reports or discrepancies between a claimant’s reported symptoms and objective examination findings. Here are suggestions for addressing these problems.

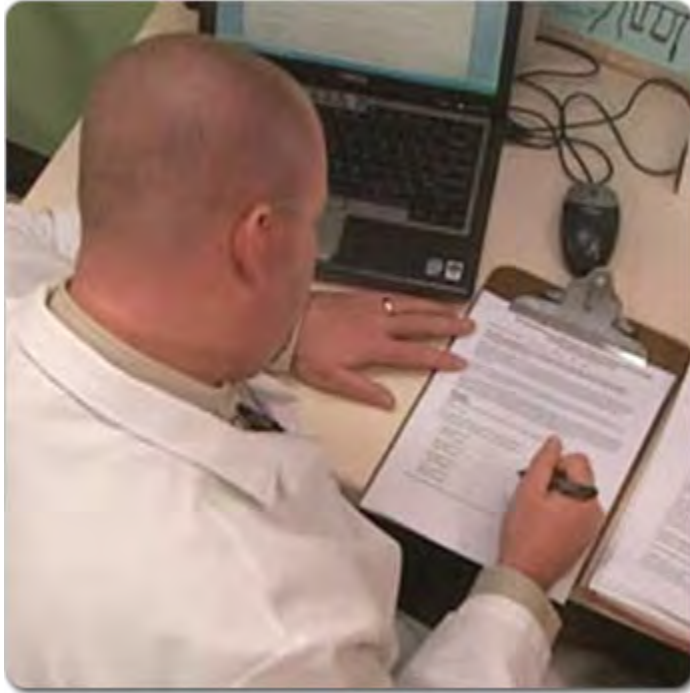
Discrepancies between Current and Prior Diagnosis

You may find conditions in your examination that differ from or contradict previous diagnoses in the Veteran’s records. If this situation arises, document the new diagnoses and provide a well-reasoned rationale for the difference, including any pertinent examination or test results. It’s also helpful to use statements or photos from the Veteran, if available, to ensure the condition is accurately documented.

Discrepancies between Reported Symptoms and Examination Findings

If you feel that reported symptoms are not supported by the physical examination, test results, or observations, include a statement similar to this one in your examination report: “No objective findings to support a diagnosis of the claimed condition” or state that the findings do not support the level of severity suggested by the complaints. Explain in detail why you cannot establish a diagnosis or a disability pattern for the condition claimed. Record the Veteran's own unprompted language and be clear that those statements are complaints and not your opinions. Remember, however, the Veteran is generally competent to describe his or her condition, as he or she is able to see and feel the condition.

Reporting Functional Impact



Every disability examination requires you to describe the functional effects of the Veteran's conditions or disabilities on his or her ability to work—whether or not he or she is currently employed—and daily activities.

Most documentation protocols will prompt you for information about the functional impact of conditions assessed. You should give as much information as possible on the effects of a condition on daily activities and any occupational activities, whether or not the claimant is currently employed and regardless of type of occupation. Consider only the impact of the claimed condition with an emphasis upon the limitation of activity imposed by the disabling condition.

When you document functional impact, report your professional medical impression, taking into consideration all pertinent evidence, including the Veteran's statements, pertinent test results, and the physical examination. What the Veteran says may help you to assess the functional impact of the condition.

Diagnostic Conclusion

Review all requested diagnostic tests, include the results in your examination report, and correlate them with clinical findings before assigning disability patterns. A quick review of helpful versus problematic diagnostic practices for Gulf War conditions follows.

Do	Do Not
Do interpret laboratory, imaging, and all relevant test findings and explain how they relate to diagnoses.	Do not just say that additional studies, evaluations, or laboratory tests are necessary for a final diagnosis. Ensure that necessary studies, evaluations, or laboratory tests are completed and include the results as part of the examination report.
Do provide a diagnosis—if found—for every condition that is claimed on the examination request or during the examination.	Do not ignore any conditions or symptoms in this comprehensive examination.
Do provide a specific diagnosis when possible.	Do not use undiagnosed condition except as a last resort.

Select [diagnostic resources](#) to view some helpful resources for diagnoses of headaches, functional gastrointestinal disorders, and lung conditions.

Medical Opinion Needs

If an opinion is requested by VBA, or required due to the disability pattern, provide an opinion in the Remarks section of the documentation protocol.

An adequate opinion for C&P purposes is a thoughtful conclusion based on medical literature, when feasible, and all available evidence. It's supported by a logical, clearly stated rationale concerning a Veteran's medical issues and the relationship to his or her exposure events

Rationale

Your medical opinion may be clinically sound, but without a robust, well-reasoned rationale your examination report is insufficient for rating purposes. Medical opinion rationales must be based on relevant peer-reviewed medical literature when feasible and related to the individual Veteran's claim. A vague rationale stating that the examiner's experience supports the opinion is generally not acceptable. Always individualize your rationale to the facts of the case before you.

Medical Opinion Best Practices

If a medical opinion is requested, or is required for either (3) a diagnosable chronic multisymptom illness with a partially explained etiology or (4) a disease with a clear and specific etiology and diagnosis, you should perform the following tasks:

1. Identify the specific evidence you reviewed and considered in forming your opinion.
2. State your opinion in the VBA-recommended format.
3. Provide a comprehensive rationale based on the particular circumstances of the Veteran.
4. Provide and cite or reference any supporting peer-reviewed medical literature or current practice standards for the opinion you present.

Document Release

Each facility has different policies governing disability examination reports and documents. These policies may include the method of delivery, certification, and contents, so make sure you know exactly which methods are required at your facility. Finally, don't forget to check for completeness and sign the

examination report. In cases where an examination request (VA form 21-2507) requires you to review a C-file you should follow certain protocols.

Keep the C-file Intact

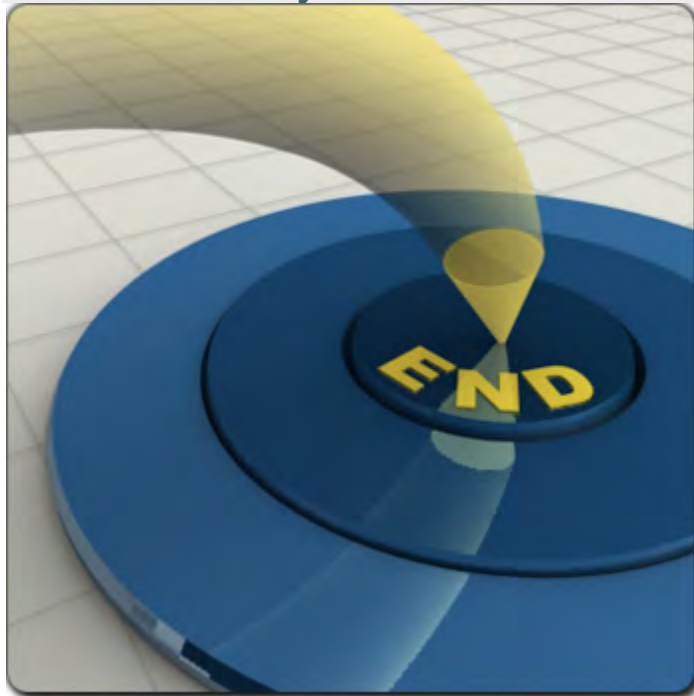
C-files are legal records that are the property of VBA. Furthermore, a C-file is the only record of the Veteran's claim. For this reason, you should never add to or delete anything from a C-file.

Sometimes the Veteran you examine will bring documents, such as private medical records, to the examination in support of his or her claim. You need to address in your report whether or not this evidence is relevant to this case. Check the policy at your facility for ensuring any document you use in your report gets to the [RO](#). Recommend that the Veteran should send the information to the VBA regional office.

C-File Security

When you are provided with a paper-based or electronic C-file, you should keep in mind that the Veteran may only have access to this legal documentation when an RO staff member is present. For this reason, a paper-based C-file should never be given to the Veteran to carry from one clinic to another or from a medical facility to an RO. Finally, never take a C-file from the facility in which you perform C&P examinations. Instead, secure the C-file according to the policy at your facility.

Lesson Summary



This lesson discussed best practices for examination reports in general and gave details for reporting Gulf War conditions. Considerations for reporting a C&P Gulf War General Medical examination included reporting any discrepancies, stating functional impairment, providing diagnostic conclusions, determining disability patterns, and providing a medical opinion and comprehensive rationale when required.

You've completed this lesson, so you should be able to determine documentation requirements of a C&P Gulf War General Medical examination.

If you've completed all lessons in this course, you will be able to select Next to view the Course Summary and access the Final Assessment.

Course Summary

Congratulations! You've completed the C&P Gulf War General Medical examination course. You may use the course Menu to navigate any lesson as needed before you proceed to the Final Assessment that follows this course summary. We covered the following information in three lessons.

The first lesson

The *C&P Gulf War General Medical Examination* lesson compared the purpose of C&P Gulf War General Medical examination with a treatment examination. Gulf War service was defined and the scope of this C&P examination was discussed. Some legal considerations were also covered, including the need to include a medical statement that says which category of illness the Veteran's conditions or symptoms fall into.

The second lesson

The *Medical Examination* lesson covered physical examination considerations and requirements, as well as tips for the medical history interview for C&P Gulf War General Medical examinations. It's important to follow VA guidelines for diagnosing chronic fatigue syndrome or irritable bowel syndrome, so those were included. Suggestions for appropriate tests for gastrointestinal conditions were covered too.

The third lesson

The *Document the Examination* lesson discussed best practices for examination reports in general and gave details for reporting Gulf War conditions. Considerations for reporting a C&P Gulf War General Medical examination included reporting any discrepancies, stating functional impairment, providing diagnostic conclusions, determining disability patterns, and providing a medical opinion and comprehensive rationale when required.



U.S. Department
of Veterans Affairs

CONDUCTING GULF WAR MEDICAL OPINIONS

Medical Disability Examination Program
Veterans Benefits Administration
April 2019



Learning Objectives

1. Identify when a medical opinion should be offered.
 - Undiagnosed illness
 - Medical unexplained chronic multi-symptom illness
 - Chronicity
2. Identify when a medical opinion should not be offered.
3. Responding to a Gulf War exam request.



Gulf War General Medical

GULF WAR (from August 2, 1990 to 1991): Military Service in Southwest Asia August 2, 1990 to the present; Operations Desert Shield, Desert Storm

OIF/OEF (Iraq and Afghanistan): Some conflicts in Iraq from August 2, 1990 to the present and in Afghanistan on or after September 19, 2001; Enduring Freedom and Iraqi Freedom (Afghanistan only included in some environmental exposures, otherwise excluded)



Gulf War Illness

Affecting Gulf War Veterans is a cluster of medically unexplained chronic symptoms.

VA refers to these illnesses as “Chronic Multi-symptom Illness” and “undiagnosed illnesses”, for this talk will use alternative of Gulf War illness.

- “Gulf War Syndrome” is less accurate when referring to medically unexplained symptoms reported by Gulf War Veterans
- Why? Because symptoms vary widely
- There is no formal ICD9/ICD10 code for this specifically

All refer to the same thing: a well-documented pattern of symptoms found at elevated rates (wide range but 1/3rd or so seen in some studies) in multiple population studies of 1990-91 Gulf War veterans.



Challenges in Defining Gulf War Illness

At this time there is

- **No single recommended or validated case definition for GWI**
- **No diagnostic test for GWI**
- **No ICD-10 code for GWI**



NO Case Definition

The Department of Veterans Affairs charged the National Academy of Medicine (formerly the Institute of Medicine) with establishing a consensus research case definition for GWI (2013)

The National Academy of Medicine released a report titled, “Chronic Multisymptom Illness in Gulf War Veterans: Case Definitions Reexamined” (2014)

Committee concluded they could not develop a new case definition because vital elements of a case definition (duration, onset, laboratory findings) were not available



Gulf War Exposures

VA statutes and regulations provide for service connection for certain chronic disabilities and infectious diseases based on exposure to environmental hazards during service in the Southwest Asia theater of operations (August 2, 1990 to present), to include Operations Desert Shield and Desert Storm:

- exposure to oil and gas fire fumes
- ingestion of pyridostigmine bromide tablets
- combined effect of multiple vaccines
- inhalation of ultra fine sand, dust and particulates
- exposure to burn pits
- Chemical and biological weapons, depleted uranium, CARC paint, and pesticides
- Infectious diseases, heat, noise and other occupational hazards



A Supporting Medical Statement Based on Gulf War Service

A ***supporting medical statement*** based on Gulf War service should be offered when the Service Member/Veteran has a qualifying chronic disability that results from:

- An undiagnosed illness (medical opinion not needed)
- A diagnosable but medically unexplained chronic multi-symptom illness (MUCMI) (medical opinion not needed)
- A diagnosable chronic multi-symptom illness with a partially explained etiology (medical opinion needed)
- A disease with a clear and specific etiology and diagnosis. (medical opinion needed)



Undiagnosed Illness

An undiagnosed illness is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination, and laboratory tests. M21-1
iv.ii.2.D.1.h



Medically Unexplained Chronic Multi-Symptom Illness (MUCMI)

- MUCMI is a type of chronic qualifying disability in which there is a diagnosed illness that has **BOTH**
 1. an inconclusive pathophysiology, and
 2. an inconclusive etiology
- Has overlapping symptoms and signs, and features such as:
 - Fatigue and pain
 - Disability out of proportion to physical findings, **and**
 - Inconsistent demonstration of laboratory abnormalities



MUCMIs include but are not limited to:

- chronic fatigue syndrome
- fibromyalgia, or
- functional gastrointestinal disorders (FGIDs), excluding structural gastrointestinal diseases.

M21-1 iv.ii.2.D.1.i



Establishing Chronicity

To establish SC for a disability under 38 CFR 3.317, the claimed disability must be chronic, that is, it must have persisted for a period of six months.

Measure the six-month period of chronicity from the earliest date on which all pertinent evidence establishes that the signs or symptoms of the disability first manifested.



Establishing Chronicity continued

If a disability is subject to intermittent episodes of improvement and worsening within a six-month period, consider the disability to be chronic. M21-1 iv.ii.2.D.1.o

Carefully review all evidence, not just the most recent evidence, prior to determining if a claimed disability is chronic. M21-1 iv.ii.2.D.1.o



Potential Signs/Symptoms of MUCMI

13 categories of signs or symptoms that may be manifestations of an undiagnosed illness or an MUCMI include but are not limited to:

- joint pain
- muscle pain
- headache
- abnormal weight loss
- fatigue
- sleep disturbances
- menstrual disorders.
- cardiovascular signs or symptoms
- neurological signs or symptoms
- neuropsychological signs or symptoms
- gastrointestinal signs or symptoms
- skin signs and symptoms, and
- respiratory signs and symptoms (upper and lower)



Actions to Take Prior to Offering Opinion

Prior to offering an opinion, the examiner should review the Veteran's records /examinations to determine if the reported symptoms are related to a diagnosed condition. For example, if there are complaints of chest pain, shortness of breath, and headaches, in conjunction with diagnosed conditions of coronary artery disease, asthma, and migraine headaches, the examiner should determine whether the symptoms are due to the diagnosed conditions.

An explanation should be provided if it is determined that the symptoms, in the presence of diagnosed conditions, are due to an *undiagnosed* illness or MUCMI.



Medical Opinions

Medical opinions should be offered WHEN

- the Service Member/Veteran has been diagnosed with a condition that is considered a **diagnosable chronic multi-symptom illnesses of partially explained etiology and pathophysiology**. Examples of these types of conditions are: diabetes mellitus and multiple sclerosis.
- the Service Member/Veteran has been diagnosed with a **disability with a clear and specific etiology**.

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.

*If applicable, medical opinions can be offered on a direct or presumptive basis.



Providing a Medical Opinion

1. Examine and evaluate the Veteran who served in Southwest Asia for any chronic disability pattern.
2. Review the claims folder as part of the evaluation and state it was reviewed when providing your findings (i.e. The Veteran has claimed a disability pattern related to insert symptoms described by the Veteran).
3. Provide a medical statement explaining whether the Veteran's disability pattern is:
 - An undiagnosed illness, **or**
 - A diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology, **or**
 - A diagnosable chronic multi-symptom illness with a partially explained etiology, **or**
 - A disease with a clear and specific etiology and diagnosis.



Examination Completion

It is imperative that the Gulf War DBQ template and all diagnostic protocol are followed and completed in their entirety. M21-1 iv.ii.2.D.2.h.



References

- 38 CFR 3.317
- M21-1 iv.ii.2.D.1.h
- M21-1 iv.ii.2.D.1.i
- M21-1 iv.ii.2.D.1.o
- M21-1 iv. ii.2.D.2.h.



Publications and
Reports on Gulf War



Diagnosis and
Treatment of GW Vete



Gulf War
Research Studies



Infectious
Diseases and Gulf War Ve



GW Unexplained
Illnesses



Gulf War
Exposures



Gulf War Fact
Sheets



SWA Brain Cancer
Fact Sheet

Gulf War Medical Opinion Fact Sheet

It is critical that the examiners ensure that the Gulf War DBQ template and all diagnostic protocol are followed and completed in their entirety.

A Supporting Medical Statement Based on Gulf War Service:

When the Service Member/Veteran has a qualifying chronic disability that results from

- An undiagnosed illness or,
- A medically unexplained chronic multi-symptom illness (MUCMI)

An **undiagnosed illness** is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination, and laboratory tests. M21-1 iv.ii.2.D.1.h (medical opinion not needed)

A **medically unexplained chronic multi-symptom illness (MUCMI)** is a type of chronic qualifying disability in which there is a *diagnosed* illness that has (medical opinion not needed)

- both
 - an inconclusive pathophysiology, and
 - an inconclusive etiology
- overlapping symptoms and signs, and
- features such as
 - fatigue and pain
 - disability out of proportion to physical findings, and
 - inconsistent demonstration of laboratory abnormalities.

include but are not limited to

- chronic fatigue syndrome
- fibromyalgia, or
- functional gastrointestinal disorders (FGIDs), excluding structural gastrointestinal diseases. M21-1 iv.ii.2.D.1.i

To establish SC for a disability under [38 CFR 3.317](#), the claimed disability must be chronic, that is, it *must* have persisted for a period of six months. M21-1 iv.ii.2.D.1.o

Measure the six-month period of chronicity from the earliest date on which *all pertinent evidence* establishes that the signs or symptoms of the disability first manifested.

Note: If a disability is subject to intermittent episodes of improvement and worsening within a six-month period, consider the disability to be chronic. Carefully review all

evidence, not just the most recent evidence, prior to determining if a claimed disability is chronic.

The following are 13 categories of signs or symptoms that may be manifestations of an undiagnosed illness or an MUCMI:

- joint pain
- muscle pain
- neurological signs or symptoms
- headache
- neuropsychological signs or symptoms
- gastrointestinal signs or symptoms
- abnormal weight loss
- fatigue
- sleep disturbances
- respiratory signs and symptoms (upper and lower)
- cardiovascular signs or symptoms
- skin signs and symptoms, and
- menstrual disorders.

The list of categories is not exclusive. Signs or symptoms not represented by one of the listed categories may also qualify for consideration.

Prior to offering a supporting medical statement based on the above-mentioned criteria, the examiner should review the Veteran's records/examinations to determine if the reported symptoms are related to a diagnosed condition. For example, if there are complaints of chest pain, shortness of breath, and headaches, in conjunction with diagnosed conditions of coronary artery disease, asthma, and migraine headaches, the examiner should determine whether the symptoms are due to the diagnosed conditions. If they determine that the symptoms, in the presence of diagnosed conditions, are due to an undiagnosed illness or MUCMI, then an explanation should be provided.

Medical opinions based on Gulf War service should be offered under the following circumstances:

- When the Service Member/Veteran has been diagnosed with a condition that is considered chronic multi-symptom illnesses of partially explained etiology and pathophysiology. Examples of these types of conditions are: diabetes mellitus and multiple sclerosis.
- When the Service Member/Veteran has been diagnosed with a disability with a clear and specific etiology.

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.

*If applicable, medical opinions can be offered on a direct or presumptive basis.

Medical Opinion Response Format

When providing the opinion, it should be provided in the following format:

Please examine and evaluate this Veteran, who has service in Southwest Asia, for any chronic disability pattern. Please review the claims folder as part of your evaluation and state, with your findings, that it was reviewed. The Veteran has claimed a disability pattern related to [insert symptoms described by Veteran].

Please provide a medical statement explaining whether the Veteran's disability pattern is:

- an undiagnosed illness, or
- a diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology, or
- a diagnosable chronic multi-symptom illness with a partially explained etiology, or
- a disease with a clear and specific etiology and diagnosis.