DMA Traumatic Brain Injury Residuals Examination

Welcome

Disclaimer

It is important to note that this course only provides basic information about conducting a C&P Traumatic Brain Injury (TBI) Residuals examination. Determining the causality of residual symptoms is a complex issue. In addition to this introduction, ongoing Continuing Medical Education (CME) related to TBI is recommended to further your competency in conducting TBI evaluations.

Welcome

This course is a joint presentation of the Veterans Health Administration (VHA) Office of Disability and Medical Assessment (DMA), and Employee Education System (EES), with assistance from the Veterans Benefits Administration (VBA) and the Board of Veterans' Appeals (BVA). This training will focus on compensation and pension (C&P) examinations for residuals of TBI. TBI may produce a complex constellation of medical consequences including physical, emotional, behavioral, and cognitive deficits. The impact is heterogeneous given the varied types of injury (open, closed, penetrating), severity, comorbid conditions, and premorbid characteristics. Furthermore, when assessing, the practitioner must consider the impact of psychosocial factors.

This training will discuss the eligibility requirements and reasons for conducting a C&P TBI Residuals examination and why it is important to gather historical, personal, and medical information about the Veteran or Servicemember. You will also be able to review video segments about C&P TBI Residuals examinations.

What You Will Learn

What You Will Learn

The purpose of this Web-based training (WBT) course is to provide you with training on the recommended process required to perform C&P TBI Residuals examinations. It will address a knowledge gap by providing updated information including procedures regarding how to prepare for, conduct, and properly document a thorough and legally defensible C&P TBI Residuals examination. You will be successful in addressing the knowledge gap if you successfully pass the end-of-course assessment with a minimum score of 80%.

Target Audience

This training is designed for clinicians, including Integrated Disability Evaluation System (IDES) providers, who seek certification to conduct C&P TBI Residual examinations.

Length of the Course

This course will take you approximately 90 minutes to complete. Please view each lesson in the order presented. By doing so, you will be able to build on that knowledge in subsequent lessons.

Your knowledge will be checked periodically using quizzes and a case study designed to help you apply information you have just learned.

Note

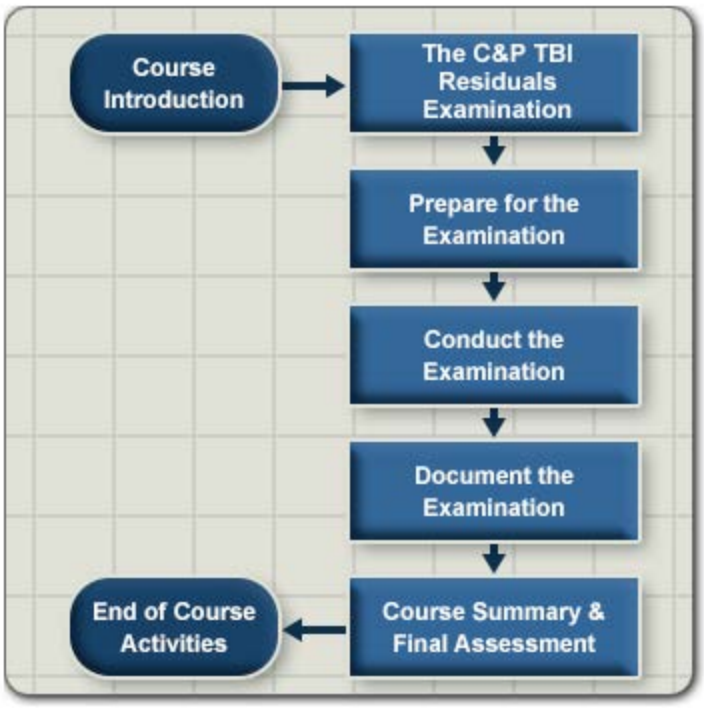
When you complete the entire course, you will have access to the Final Assessment. An 80% correct score on the Final Assessment is required to obtain a Certificate of Completion for this course to keep for your records.

Course Objective

When you complete this course, you will be able to explain requirements for conducting and documenting a C&P Traumatic Brain Injury Residuals examination according to federal regulations, policies, and guidelines from DMA and the VBA Medical Disability Exam Quality and Program Office.

To help you achieve this goal, content in the lessons that follow will explain:

1. The C&P TBI Residuals Examination: qualifications for diagnosing TBI and conducting a C&P TBI Residuals examination, the purpose and target audience for this C&P examination, the criteria that define TBI, the prevalence of TBI in the general population, and the relationship of TBI residuals to the initial injury and comorbid conditions.
2. Prepare for the Examination: information gathered by reviewing the Request for Examination, records in the claimant's e-folder, and appropriate documentation protocols for the C&P examination.
3. Conduct the Examination: guidelines for conducting a C&P TBI Residuals examination including the extent of history for an initial or review examination, evaluating the impact of residuals on the claimant’s functioning, methods of evaluating causes of cognitive impairment and other symptoms that may be attributed to comorbid conditions, and DMA policy for conditions that require follow-up.
4. Document the examination: guidelines for diagnostic testing, including neuropsychological assessments; requirements for diagnoses; and guidelines for documenting functional impact.



DMA Training

In support of improving the overall C&P disability examination process, DMA works jointly with VHA EES to develop and update web-based training courses. The courses are developed through a collaborative effort with clinical, legal, policy, and administrative subject matter experts, and designed to reflect current practice standards and required outcomes for ratable C&P disability examinations. All DMA web-based training courses are accredited and can be accessed on the VA Talent Management System (TMS) and the TRAIN Learning Network.

VHA requires all clinicians designated to perform disability examinations to achieve certification by completing specific, mandatory training modules and posttests that are developed and approved by DMA. VHA Fee Basis and non-VHA contract providers are held to the same training and certification standards and requirements.

Information on certification requirements and certification registration can be accessed within VA's network on DMA's Training intranet website.

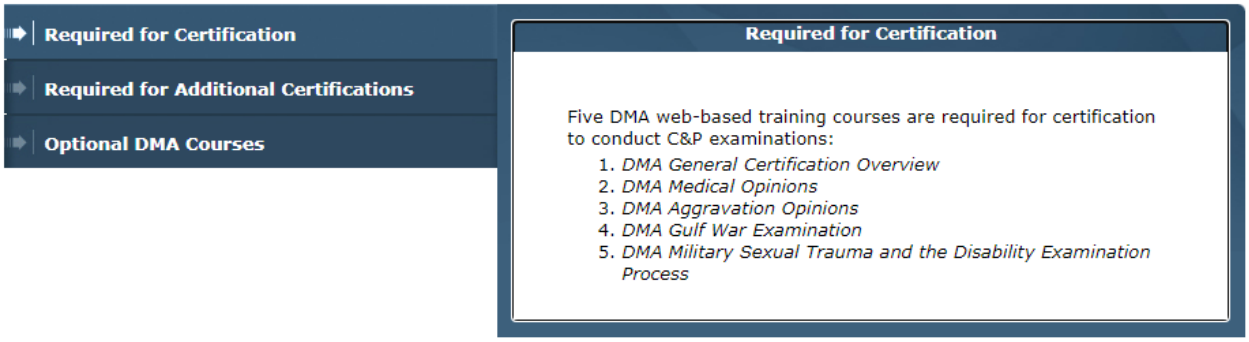
In addition, DMA reference publications are available on the Training website, including:

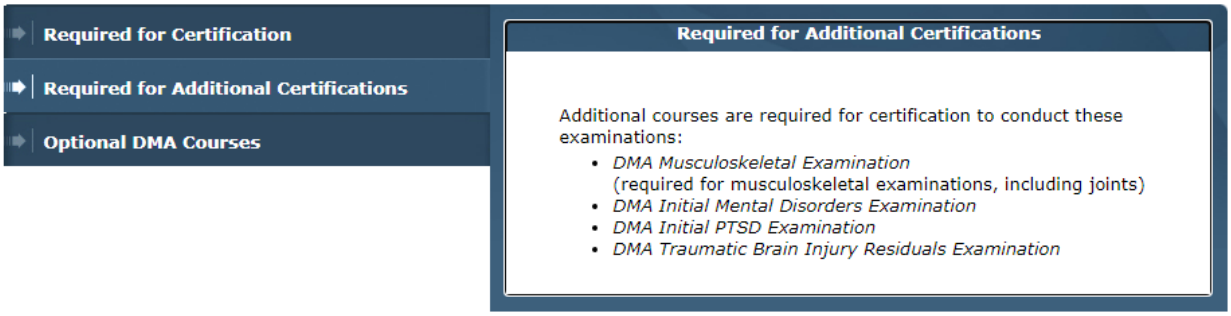
- the *DMA Compensation and Pension Clinician's Guide*
- the *DMA C&P Disability Examinations Procedure Manual*

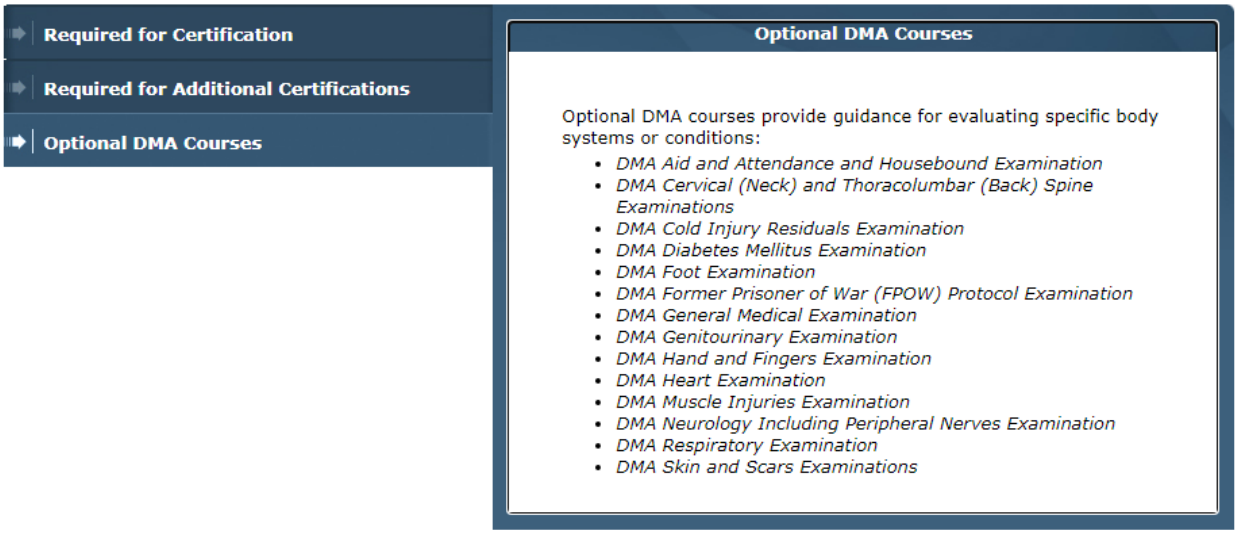
These publications are also listed in course Resources.

DMA Certification Requirements

Certified C&P examiners who want to conduct C&P TBI Residuals examinations are required to complete this course to qualify for certification by DMA. Select each topic below to understand where this course fits in the DMA curriculum.







Support for Your Learning

The following features within this course are provided to support your learning.

Bookmarking

If you must exit the course before completion, your place will be bookmarked so you can continue where you left off. However, you must use the Exit button in the course interface for the bookmark to work. If you close the course from the browser, your location may not be saved.

Knowledge Check Questions

You will be required to answer questions provided in each lesson to check your knowledge. Knowledge check questions will not be scored and the feedback you get is your information only. In comparison, the final assessment will be scored.

Checklists

Links on some pages will open pop-up windows with checklists based on the DMA Medical/Dental Quality Review Tool, an evaluation produced by DMA's quality initiative. This tool is used to evaluate the clinical quality of a C&P examination as documented in the examiner's report. The DMA Medical/Dental Quality Review Tool is available on the Quality page at DMA's intranet website and on the TRAIN network.

Resources

This course has resources you can access by selecting the Resources button at the bottom of the course interface. Resources can include reference citations, reference documents, the course glossary, and web addresses for locating useful information.

Help

Select Help on the bottom of the course interface to access the Help page. This page has information and tips to help you optimize your experience viewing this course.

Case Study

Mr. Smith is a 25-year-old Marine Corps Veteran who was deployed to Afghanistan from August through December of 2010. Mr. Smith filed a claim with VBA for:

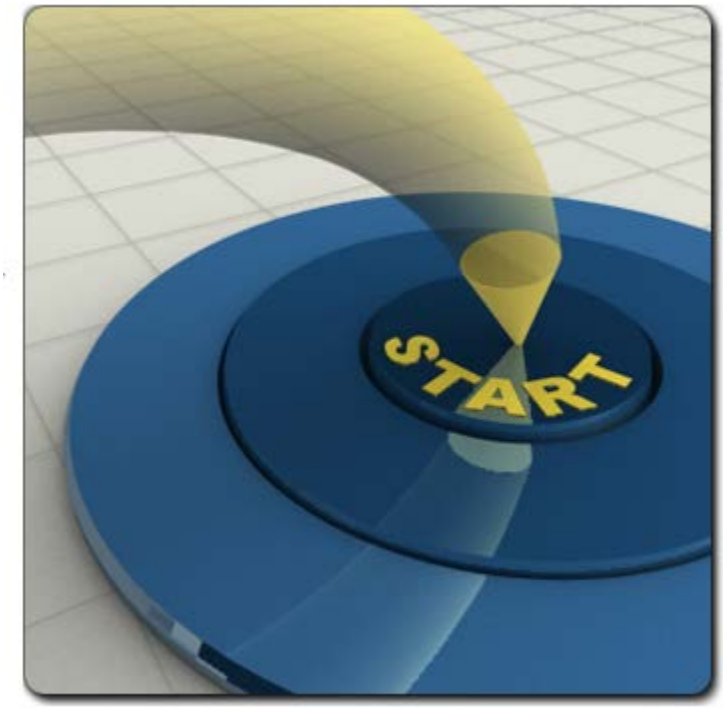
- depression,
- posttraumatic stress disorder (PTSD), and
- TBI residuals in the form of headaches from an improvised explosive device (IED) blast during service.

You will have opportunities to review information the examiner gathered from the C&P Request for Examination, Mr. Smith's eFolder, and examination findings. Videos will show highlights of Mr. Smith's C&P examination.

Lesson 1 Overview

This lesson focuses on unique requirements for the C&P TBI Residuals examination, beginning with the disciplines qualified to diagnose TBI for C&P purposes. Because C&P examiners evaluate residuals of a TBI that happened in the past, this lesson provides a basic background that includes criteria that define TBI, the prevalence of TBI in the general population, and how the residuals of TBI evaluated in the present might relate to the initial severity of injury. As well, the symptoms of residuals may overlap with those of comorbid conditions.

The purpose of an initial C&P TBI Residuals examination is different than for a review or increase examination, so this difference is explained. You will also be reminded that this C&P examination is a legal and forensic one conducted to gather evidence for adjudication purposes.



Qualifications for Conducting C&P TBI Residuals Examinations

A diagnosis of TBI for C&P purposes can be made by:

- a VHA clinician who is Board certified or Board eligible in physiatry, neurology, neurosurgery, or psychiatry
- any DoD clinician while the claimant is in active duty service

This table shows DMA-certified examiners who may conduct C&P TBI Residuals examinations. Eligibility is subject to existing guidance from VBA, VHA, or both.

Initial TBI Residuals Examination	Review TBI Residuals Examination
• A VHA clinician who is Board-certified or Board-eligible in physiatry, neurology, neurosurgery, or psychiatry • A C&P-certified generalist examiner, provided there is a qualified TBI diagnosis in the Veteran's records	• A VHA clinician who is Board-certified or Board-eligible in physiatry, neurology, neurosurgery, or psychiatry • A C&P-certified generalist examiner

Qualifications Knowledge Check

Question 1

A diagnosis for C&P purposes can be made by any DoD clinician while the Veteran or Servicemember is in active duty service.

A. True

B. False

Question 2

An initial C&P TBI Residuals examination on a Veteran with a previously diagnosed TBI can only be conducted by a VHA clinician who is Board-certified or Board-eligible in physiatry, neurology, neurosurgery, or psychiatry.

1. Option A is correct because the statement is true.
2. Option B is correct because the statement is false. A C&P generalist can conduct an initial TBI Residuals exam provided there is a qualified TBI diagnosis in the Veteran's records.

Unique Aspects of C&P Legal Forensic Examination

A clinical examination for treatment has the purpose of providing a diagnosis and appropriate treatment for a patient, and the audience for the treatment examination report is primarily other clinicians.

By comparison, the C&P disability examination is requested by VBA or the Department of Defense (DOD) when clinical information is needed to determine entitlement to benefits for a Veteran or Servicemember you examine. The audience for the documentation you provide from a C&P examination is primarily VBA adjudicative staff and if appealed, judges. The information requested from you, the examiner, is based on adjudication needs and not on treatment considerations. In fact, the C&P examination is a forensic tool used only to determine whether a disability exists and the degree to which a disability affects function.

The Purpose of a C&P TBI Residuals Examination

The purpose is different for an initial C&P TBI Residuals examination compared to a review examination.

Initial TBI Residuals Examination

1. Ensure that the claimant has a qualified diagnosis of TBI.
2. Evaluate the claimant for residuals.
3. If there are residuals, evaluate and document their current impact on the claimant's functioning.

Review TBI Residuals Examination

1. The TBI diagnosis has been established.
2. Evaluate and document the current impact of TBI residuals on the claimant's functioning.

The examiner should keep in mind that a TBI is a historical event. Determination of TBI severity is important in the acute management and rehabilitation following the TBI, but initial severity does not determine long-term functional impairment.

Moreover, no symptom is unique to TBI. Symptoms commonly seen after a TBI can also be seen in other disorders. There may be an overlap of manifestations of TBI residual conditions with symptoms of a comorbid mental, neurological, or other physical disorder that can be individually evaluated in a separate evaluation.

Important Note

A generalist clinician may not complete all examinations requested on an Examination Request. For example, a requested mental disorders exam would need to be performed by an appropriate C&P-certified mental health specialist.

What Criteria Define a TBI?

Per the *VA/DoD Clinical Practice Guideline for the Management Of Concussion-Mild Traumatic Brain Injury*:

A traumatic brain injury (TBI) is a traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force and is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- Any period of loss of or a decreased level of consciousness
- Any loss of memory for events immediately before or after the injury (posttraumatic amnesia)

- Any alteration in mental state at the time of the injury (e.g., confusion, disorientation, slowed thinking, alteration of consciousness/mental state)
- Neurological deficits (e.g., weakness, loss of balance, change in vision, praxis, paresis/plegia,sensory loss, aphasia) that may or may not be transient
- Intracranial lesion

The severity of TBI is determined at the time of injury, and a disability examination evaluates the current functioning, not the diagnosis. Select Severity Classification to learn about classifying TBI severity at the time of diagnosis and what an experienced examiner keeps in mind about this information in a Veteran's or Servicemember's records.

Note

The *VA/DoD Clinical Practice Guideline for the Management Of Concussion-Mild Traumatic Brain Injury* can be downloaded from the VA/DoD Clinical Practice Guidelines website.

The Frequency of TBI and Co-occurring Conditions in Veterans and Servicemembers

(Defense Visual Information Distribution Service, 2014)

DoD and VA track information about TBI and typical co-occurring conditions in Veterans and Servicemembers.

- Defense and Veterans Brain Injury Center (DVBIC) surveillance data reveals that 383,947 active duty Servicemembers received a first-time diagnosis of TBI between 2000 and Q1 2018 (data pulled in September 2019).
- Over 80% of TBIs sustained by Servicemembers were classified as mild.
- Research shows a high co-prevalence of mild TBI, PTSD and chronic pain. A VA healthcare utilization report in 2014 revealed that of all post-9/11 Veterans with a TBI diagnosis: 73% had a co-existing diagnosis of PTSD, and 56% had co-existing PTSD and pain diagnoses (Taylor, et al., 2015).

(Defense Visual Information Distribution Service, 2014)

Note:

Data about TBI diagnoses in Servicemembers is regularly updated at the Defense and Veterans Brain Injury Center (DVBIC) website.

Lesson 1 Knowledge Check

Question 1

VHA clinicians who are Board certified or Board eligible in certain disciplines may diagnose TBI for C&P purposes. (Select **all** that apply.)

- [ ] A. Physiatry
- [ ] B. Ophthalmology
- [ ] C. Neurology
- [ ] D. Neurosurgery
- [ ] E.Psychiatry

Question 2

TBI may be indicated by the onset or worsening of one or more clinical signs such as neurological deficits immediately following the structural injury and/or physiological disruption of brain function. Neurological deficits may or may not be transient.

- ( ) A. True
- ( ) B. False

Question 3

Match each description with the type of C&P TBI residuals examination.

Options
1. Initial TBI Residuals Examination 2. Review TBI Residuals Examination

A. The TBI diagnosis has been established; evaluate and document the current impact of TBI residuals on the claimant's functioning.

B. Ensure that the claimant has a qualified diagnosis of TBI. Evaluate the claimant for TBI residuals and if any are found, evaluate and document their current impact on the claimant's functioning.

Question 4

During a C&P TBI Residuals examination, an examiner often needs to evaluate overlapping symptoms from TBI residuals and comorbid mental or physical conditions. For example, VA healthcare utilization data from 2014 indicated that over ___ percent of Veterans with a TBI diagnosis were also diagnosed with PTSD.

- A. 35
- B. 50
- C. 70
- D. 80

Question 5

When is the severity of a TBI usually determined?

- A. During a TBI residuals examination
- B. At the time of diagnosis
- C. At various intervals

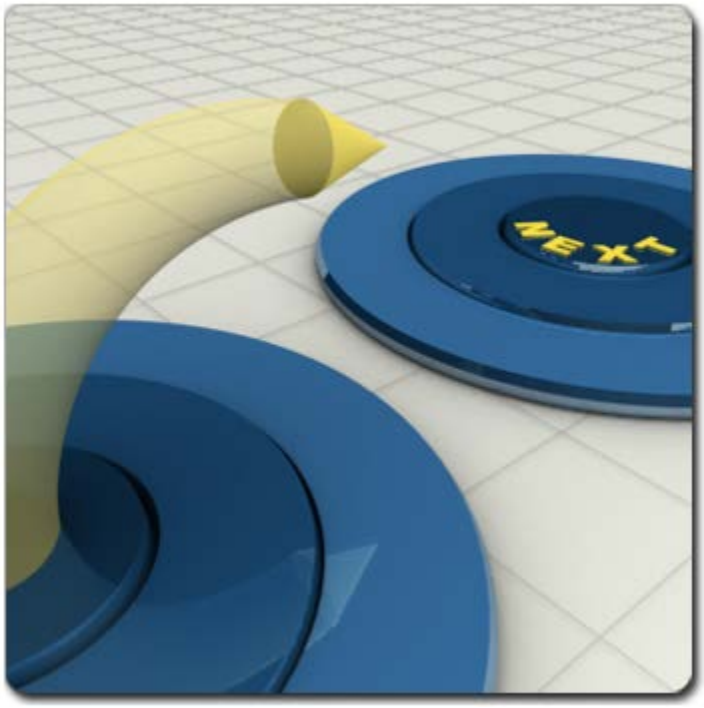
Answer Key

1. All answers except option B are true. Option B is not true because an ophthalmologist is not qualified to diagnose TBI for C&P purposes.
2. Option A is true because the statements are true.
3. Option A describes a review examination and Option B describes an original examination.
4. Option C is true because over 70 percent of Veterans diagnosed with TBI were also diagnosed with PTSD.
5. Option B is true because the severity of a TBI is determined when it is diagnosed.

Lesson 1 Summary

This lesson explained requirements unique to the C&P TBI Residuals examination. It also provided basic information to help you recognize the types of issues that can be involved when you evaluate TBI residuals. Now that you have completed this lesson, you should be able to

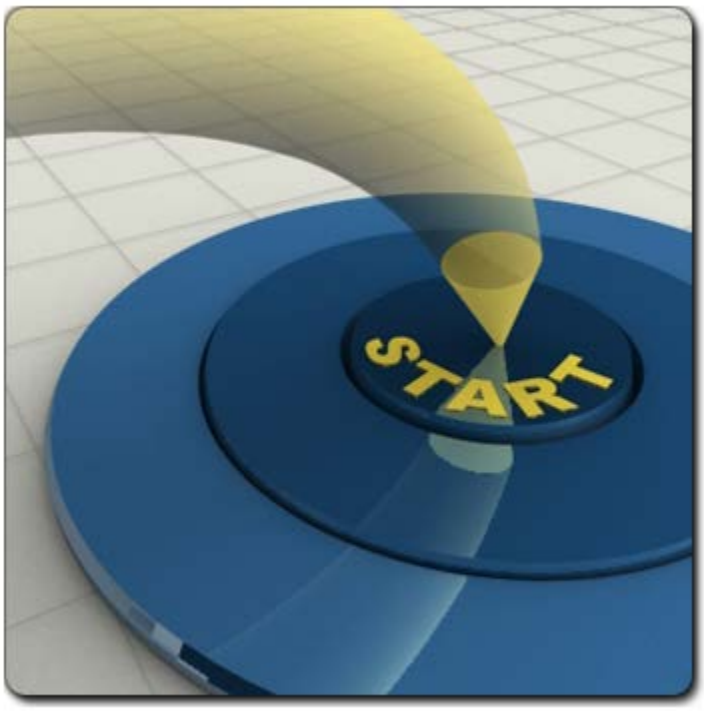
- recognize disciplines qualified to diagnose TBI for C&P purposes,
- recognize disciplines qualified to conduct C&P TBI Residuals examinations,
- compare the purpose of an initial C&P TBI Residuals examination with a review or increase examination, and
- recognize potential relationships of TBI residuals to the initial injury and comorbid conditions.



Lesson 2 Overview

This lesson is about preparing for the examination. The process starts with reviewing the Request for Examination to find out the type of C&P examination, claimed conditions, and other information specific to the examination at hand. This kind of information from the Request for Examination about Mr. Smith, the case-study Veteran, is summarized. The claimant's eFolder must always be reviewed for a C&P TBI Residuals examination, so the kinds of information that you might find in the eFolder are summarized.

In addition, this lesson recommends that you review the appropriate documentation protocol for an initial or review TBI Residuals examination to ensure that you obtain required information during the examination.



Request for Examination

When clinical evidence is needed for a Veteran's or Servicemember's claim, VBA sends a Request for Examination to a VHA compensation and pension (C&P) clinic, the equivalent Integrated Disability Evaluation System (IDES) clinic, or for contractors, through the Veterans Benefits Management System (VBMS). The examiner should review the Request for examination in detail prior to conducting a C&P TBI Residuals examination. More time may be needed for this examination, so the examiner should keep this in mind. This table shows three types of examinations that can be requested.

Original	Increase	Review
This is the first time the Veteran or Servicemember has applied for service connection of any disability. The history should be detailed and encompass the origin of the condition(s) until today, including any mechanism of injury. Ask open-ended questions and document the functional impact of reported symptoms that affect the claimant's functional ability.	The Veteran or Servicemember believes service-connected condition(s) have increased in severity since the last evaluation. The history should be detailed and encompass from the date of the last C&P examination until today, including where the Veteran goes for care of the condition(s). (It is not necessary to provide the history prior to the last C&P exam.) Ask open-ended questions and document the functional impact of reported symptoms that affect the claimant's functional ability.	The Veteran or Servicemember is already service connected for a condition(s) and VA is requesting an examination to see if the condition(s) have changed since the last rating as part of a requirement to periodically review non-static conditions. The history should be detailed and encompass from the date of the last C&P examination until today, including where the Veteran or Servicemember goes for care of the condition(s). Ask open-ended questions and document the functional impact of reported symptoms that affect the claimant's functional ability.

Important Note

The General Remarks section of a Request for Examination is essential because it contains specific instructions for the examination and possibly questions to answer for VBA. If you, as examiner, have any questions about the Request, you should contact the VBA requestor using the contact information at the bottom of the Request for Examination. This can avoid having your C&P examination report returned to you for clarification or additional information.

General Remarks Knowledge Check

Question 1

Which statement is **not** true of the General Remarks section of a Request for Examination?

- A. The General Remarks section contains specific instructions for the examination.
- B. You may find questions to answer for VBA in the General Remarks section.
- C. It is not critical that you understand all information in the General Remarks section.
- D. You can contact the VBA requestor with questions.

Answer:

1. Option C is not true because understanding all the information in the General Remarks section is critical.

TBI Case Study

The examiner learned from the Request for Examination that he would examine Mr. Alan Smith, a 25-year-old Veteran.

The examination type was original.

Mr. Smith's active duty dates were: 7/31/2007 – 7/30/2011, and he served in the Marine Corps.

The Request for Examination showed that Mr. Smith claimed these disabilities:

- depression
- posttraumatic stress disorder (PTSD)
- residuals of TBI due to IED blast: headaches

The Request also stated: ELECTRONIC CLAIMS FOLDER AVAILABLE.

Records to Review

All C&P TBI Residuals examinations require the examiner to review the Claims File (also called C-file or claims folder). The Request for Examination will also indicate when a Claims File review is required. Nearly all of this information is stored in an electronic folder (eFolder) and is accessible to authorized users via the Internet. The eFolder will contain information from VBA, BVA, or both. C&P examiners need to be familiar with this documentation to effectively evaluate all claimed conditions.

Documents you may see in an eFolder can include:

- a Certificate of Release or Discharge from Active Duty documents (e.g. DD 214, NOAA 56-56, or PHS 1867)
- military personnel records
- service treatment records (STRs)
- the Veteran's Application for Compensation or Pension (VA 21-526 or VA 10-10EZ)
- a Veteran Statement of Claim form
- rating decisions, both the Narrative explanation and Code sheet (information about the claimant, the current decision, past decisions and the current state of entitlement to compensation and pension benefits)
- prior Requests for Physical Examination (VA 21-2507), also called Requests for Examination
- prior C&P examinations (may be referred to as C&P Exam or VA Exam (VAE)) Various correspondence documents (third party, email, etc.)
- medical records: Compensation and Pension Record Interchange (CAPRI) for VA treatment records
- medical treatment record – non-government
- medical treatment record – government facility

Specialists who perform neuropsychological assessments can access pre-deployment baseline Automated Neuropsychological Assessment Metrics (ANAM) screenings. Select this link to learn more: ANAM screenings.

ANAM screenings

To retrieve pre-deployment baseline Automated Neuropsychological Assessment Metrics (ANAM) screenings, examiners can contact the US Army Neurocognitive Assessment Branch:

Toll-free: 1-855-630-7849
Defense Switched Network (DSN): 471-9242
Email: usarmy.jbsa.medcom.mbx.otsg--anam-baselines@mail.mil
Hours: Available 24/7
Army Medicine website Search on keyword ANAM.
This ANAM information can also be accessed in course Resources.

Records Review Checklist

The examiner takes notes during his review. It makes it easier to ensure that his documentation for the examination:

- ✓ includes references or excerpts from records that provide objective evidence of his records review
- ✓ lists primary diagnostic source verification, especially for malignancies or conditions that require a pathology report or specific testing
- ✓ refers to background or baseline information from previous C&P exams, when they are available

In addition, the examiner knows that a thorough review is necessary in case he has to record negative findings such as these:

- Objective records are silent for symptoms, diagnosis or treatment of a claimed condition.
- The Veteran's objective records report that the Veteran denied symptoms or diagnoses in previous records.

Close

Review the Appropriate Documentation Protocol

The Initial or Review TBI Residuals documentation protocol is used to guide the documentation of the examination, but not necessarily to guide the examination itself. You need to ensure you obtain the information that is required in order to fulfill the purpose and needs of the examination and to complete an adequate report. The documentation protocol includes formats for providing relevant examination findings for adjudication staff. When you complete a documentation protocol, you provide evidence necessary for VBA to adjudicate a Veteran's or Servicemember's claim. Adjudicators decide claims based on the information in the documentation protocol as well as all other evidence of record.

As a practical matter, without the benefit of the documentation protocol, it would be possible to have a perfect examination from a medical perspective, but an insufficient examination report from an adjudicative perspective.

Current C&P TBI Residuals documentation protocols can be accessed within the VA network on the Disability Benefits Questionnaires Switchboard intranet site.

Note

It is also possible to have a sufficient examination from an adjudicative perspective that is not sufficient for medical purposes and quality review. The Records Review checklist on the previous page and additional checklists on other pages in this course are based on the DMA Medical and Dental Quality Review Tool. The checklists present considerations to keep in mind as you prepare for, conduct, and document a C&P examination that meets clinical quality standards.

Lesson 2 Knowledge Check

Question 1

The _____ shows required formats for documenting examination findings.

- A. Request for Examination
- B. Documentation protocol
- C. eFolder

Question 2

Which types of examination requested by VBA requires a detailed history for each evaluated condition from the last C&P examination to the present? (Select **all** that apply.)

- A. Original
- B. Increase
- C. Review

Question 3

All C&P TBI Residuals examinations require the C&P examiner to review the claims file (eFolder).

- A. True
- B. False

Question 4

Match each purpose for a C&P examination with the type of examination requested by VBA.

Options
1. Original
2. Increase
3. Review

A. The Veteran or Servicemember is already service connected for a condition and, as part of a requirement to periodically review non-static conditions, VA is requesting an examination to see if the condition has changed since the last

B. This is the first time the Veteran or Servicemember has applied for service connection of any disability.

C. The Veteran or Servicemember believes that a service-connected condition has increased in severity since the last evaluation.

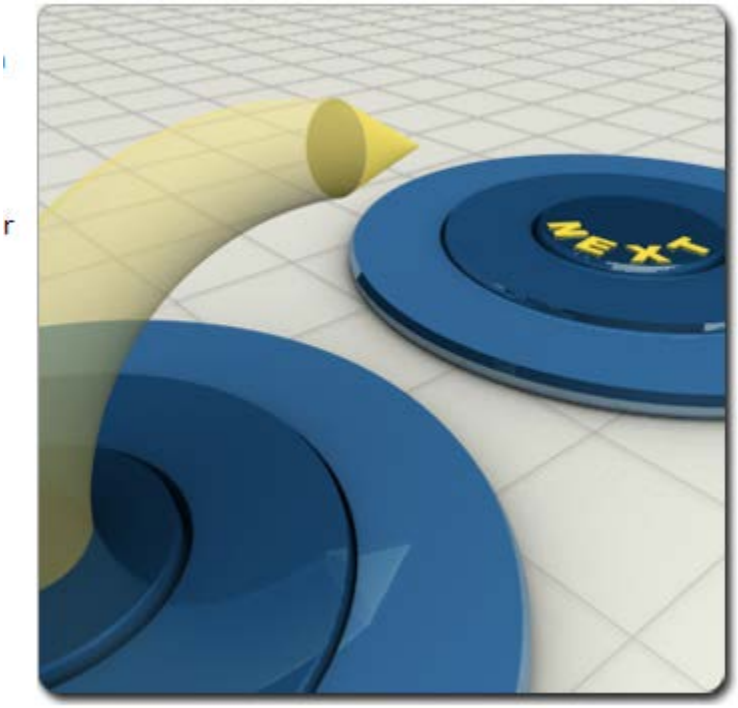
Answer Key:

1. Option B is true because a documentation protocol shows formats required for documenting findings from the examination.
2. Options B and C are true because the history for increase and review C&P examinations encompasses from the last C&P examination to the present.
3. Option A is correct because the statement is true.
4. Option A describes a review examination, option B describes an original examination, and option C describes an increase examination.

Lesson 2 Summary

This lesson discussed requirements for reviewing the Request for Examination, the claimant's eFolder, and the appropriate documentation protocol as you prepare for a C&P TBI Residuals examination. Since you've completed this lesson, you should be able to

- compare the kinds of information gathered from reviewing documentation for a C&P examination and
- compare history needs for an initial C&P examination with those of a review or increase examination.

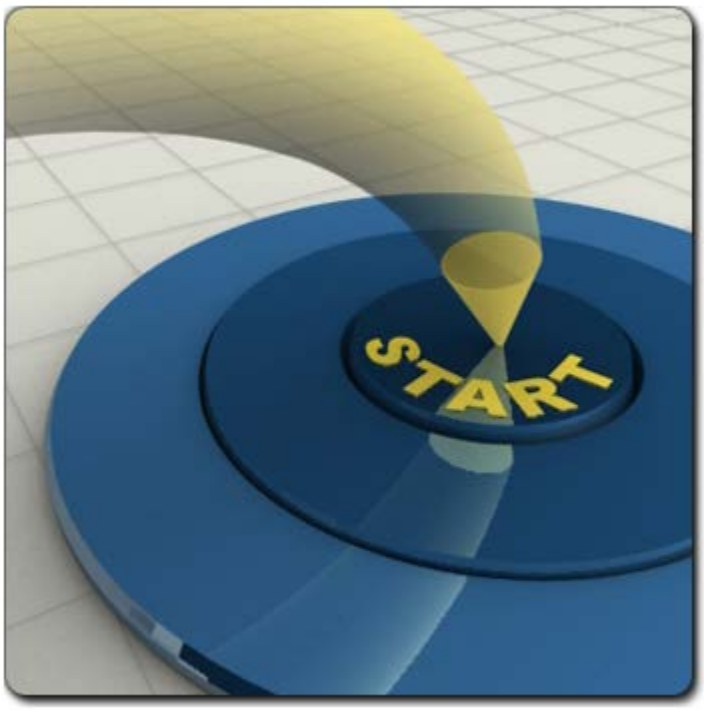


Lesson 3 Overview

This lesson explains C&P requirements for opening, conducting, and closing an examination to evaluate residuals of TBI. The process begins with opening the examination and taking a history appropriate for an initial or review examination. Highlights of an initial C&P TBI Residuals examination are explained and illustrated with videos based on the case-study involving Mr. Smith.

As an examiner, you may need to address an overlap of symptoms of TBI residuals and a comorbid condition such as PTSD. This issue is explained in this lesson and supported by a video in which subject matter experts share their experience and insights.

As in other types of C&P examinations, describing the functional impact of conditions is mandatory. The functional impact of TBI residuals frequently includes effects on activities of daily living (ADLs) and instrumental activities of daily living (IADLs), so examples of how they can be documented are provided.



Greet the Veteran or Servicemember

When opening a C&P examination, you should:

- Introduce yourself to the Veteran or Servicemember.
- Explain why the Veteran or Servicemember is there.
- Explain the focus of the exam.
- Discuss the difference between a disability and a treatment exam.
- Explain the purpose of the documentation protocol to the Veteran or Servicemember.
- Invite the Veteran or Servicemember to ask questions at any time during the examination.

It is critical before proceeding with the evaluation to determine if the Veteran or Servicemember is able to safely and adequately comprehend the purpose, nature, and scope of the evaluation. Ensure you evaluate the Veteran's or Servicemember's level of understanding and emotional ability to comprehend. If you determine the Veteran or Servicemember is unable to safely and adequately comprehend the purpose, nature, and scope of the evaluation, contact the Regional Office (RO) or your supervisor.

Mr. Smith has reported for his C&P examination. Select Play to watch as the examiner introduces himself to Mr. Smith and his wife and implements the instructions on this page.

DOCTOR: Mr. Smith? Good morning I'm Doctor Riechers it's nice to meet you.

MR. SMITH: Nice to meet you. This is my wife Karen.

DOCTOR: Hi, nice to meet you.

KAREN: Hi nice to meet you.

DOCTOR: You both can come over here and have a seat in these chairs.

MR. SMITH: Okay.

DOCTOR: Mr. Smith you are here in our clinic today for a compensation and pension evaluation for a traumatic brain injury. The focus of this examination is going to be to review any injuries you may have experienced during your military service and discuss any long term effects of those injurie. The effects of those injuries will be used to determine compensation and disability healthcare benefits for your time here at the VA. The information will be gathered using this disability benefits questionnaire, so it's a structured way we gather the information. Uh, this examination will differ a little bit from a clinical examination in that the information we use won't be used for treatment purposes but rather for the purposes of establishing your disability.

MR. SMITH: Okay.

Review Pertinent History

The history you take for a TBI residuals examination is different for an initial or review examination.

Initial TBI Residuals History	Review TBI Residuals History
Describe the history (including onset and course) of the claimant's TBI and residuals attributable to TBI, and the impact on the Veteran's functional ability.	Describe the history of the claimant's TBI residuals from the date of the last C&P TBI Residuals examination to the present, and the impact on the Veteran's functional ability.

The examiner takes a detailed history from Mr. Smith that covers two events during deployment. He asks about any symptoms Mr. Smith had immediately after the events up to the present. When Mr. Smith reports persistent headaches, the examiner asks how they affect his functioning.

You can view this part of the examination by selecting Highlights of the History Interview.

History Interview Checklist

History Interview Checklist

This is Mr. Smith's original TBI Residuals exam, so the examiner is systematic in gathering this information:

- ✓ the date of both TBIs
- ✓ a description of the relevant events
- ✓ the treatment and response, and clinical course of residuals
- ✓ the current health status

Close

Events During Service

Mr. Smith is a 25-year-old who was in the Marine Corps for four years. He was most recently deployed to Afghanistan from August through December of 2010. He reports that at the end of November, he was the passenger in a Humvee that was hit by an improvised explosive device on the driver side. He was with two other Marines at the time and reports that all three of them experienced a loss of consciousness for less than one minute. There was some mild confusion at the time of regaining consciousness, but they acted very quickly and subsequently participated in a firefight, which lasted approximately 30 minutes. Mr. Smith was wearing a helmet and had no significant residual deficits thereafter.

He was in a second explosion approximately one month later. Mr. Smith was on foot patrol when a grenade exploded less than five feet away from him. He was thrown backwards by the impact of the blast; he had a loss of consciousness for approximately two minutes. He was evacuated from theater and treated emergently for injuries to his hand, hip, and forearm. Mr. Smith immediately underwent orthopedic surgery and does not recall any subsequent events until waking up after his surgery.

Current History

Mr. Smith reported ongoing symptoms since the time of injury, including:

- almost daily headaches ranging from seven to nine out of ten in severity
- severe hearing difficulty
- significant difficulty in falling asleep and staying asleep
- having nightmares every night
- severe irritability and being easily annoyed

Mr. Smith reported that his symptoms were getting worse since he returned home.

His current medications included Seroquel, which Mr. Smith felt was improving his irritability and helping him sleep.

Conduct the Physical Examination

Now that the examiner has taken a detailed history that is appropriate for an initial TBI Residuals exam, he is ready to begin the physical examination. He keeps in mind that approximately 90% of the physical examination relates to the TBI history. It is now the examiner's responsibility to determine if Mr. Smith has any subjective symptoms or any objective findings of mental, physical, or neurological conditions or residual attributes.

Note

All appropriate documentation protocols must be completed prior to submitting your report. This applies to all conditions that may be involved.

Physical Exam Checklist

Physical Exam Checklist

The examiner carefully gathers information during the examination to make sure that his documentation of the physical examination demonstrates that:

- ✓ The examination was appropriate in scope for claimed conditions and review of systems
- ✓ He documented both the pertinent positive findings and negative findings

Close

Residuals

For the Veteran or Servicemember claimant diagnosed with a TBI, you should specifically address the history of each symptom, or residual, as described in the documentation protocol. Since individuals with TBI may have difficulty organizing and communicating their symptoms without prompting, it is important to ask about and document all problems, whether subtle or pronounced, so that the Veteran or Servicemember can be appropriately evaluated for all disabilities associated with TBI. You must address each one of the signs or symptoms and report the findings in as much detail as necessary. Negative, as well as, positive responses to residual symptoms should be documented. Ask what types of treatments have been used and whether they have been effective.

You may need to complete additional documentation protocols as you evaluate residuals in the examination:

- motor dysfunction
- sensory dysfunction
- hearing loss and/or tinnitus
- visual impairments
- alteration of sense of smell or taste
- seizures
- gait, coordination, and balance
- speech (including aphasia and dysarthria)
- neurogenic bladder
- neurogenic bowel
- cranial nerve dysfunction
- skin disorders
- endocrine dysfunction

Motor Dysfunction

When assessing motor dysfunction, you should ask about the frequency, severity, and duration of motor dysfunction and the impact on daily functioning. If the Veteran or Servicemember complains of weakness, mobility problems or paralysis, describe the symptoms and locations. Ask what types of treatments have been used and if they have been effective. To the extent possible, identify the specific peripheral nerves that innervate the weakened or paralyzed muscles. Describe any muscle atrophy or loss of muscle tone.

Additionally, examine and report deep tendon reflexes and any pathological reflexes. Motor dysfunction findings and symptoms are not typically seen with mild TBI.

Select Resources at the bottom of this screen to view a typical Grading of Muscle Strength Chart.

The examiner conducts a systematic evaluation of Mr. Smith's motor function. Select Highlights of the Motor Function Assessment to watch the video.

DOCTOR: The next part of the examination is going to be to evaluate your motor function, or your strength and muscles.

MR. SMITH: Okay

DOCTOR: We're gonna start in the arms and then move to the legs. The first muscles I'd like to test are the deltoid muscles.

DOCTOR: The next thing I'd like for you to do is to hold your hands out in front of you, like you're holding a pizza. Put them out as straight as you can and as far as you can. And then I want you to close your eyes. Okay, you can relax and open your eyes. Now we're gonna move on to the legs. The first thing I wanna test is the strength of the flexion of your leg. So I want you to hold onto the table.

MR. SMITH: Alright.

DOCTOR: And first bring your right leg up off the table as far as you can. And push up. Does that cause you a little bit of pain?

MR. SMITH: Little bit.

DOCTOR: Okay now let's try on the left.

DOCTOR: The next part of your exam is gonna be testing your reflexes.

MR. SMITH: Okay.

DOCTOR: So let me have you relax your arms in your lap. I'm gonna tap on your reflexes. You just relax. Here on the forearm, on the left and the right. And at the biceps, on the left and on the right. Then the triceps, on the left and on the right. And we're gonna move down into the legs.

MR. SMITH: Okay.

DOCTOR: I'm gonna tap you here at the knee on the left and again on the right. And then here behind the ankle, on the right and the left. Okay. The next reflex we're going to test is something called the Babinski sign. I'm going to tickle the bottom of your foot with this piece of wood. It might be a little uncomfortable, but I won't hurt you try not to pull away for me. Okay?

MR. SMITH: Mm-hm.

DOCTOR: Start on the right foot and then on the left. Very good.

DOCTOR: The next part of the examination is going to be to evaluate your motor function, or your strength and muscles.

MR. SMITH: Okay.

DOCTOR: We're gonna start in the arms and then move to the legs. The first muscles I'd like to test are the deltoid muscles.

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MR. SMITH: Alright.

DOCTOR: And first bring your right leg up, off the table as far as you can. And push up. Does that cause you a little bit of pain?

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DOCTOR: Okay now let's try on the left.

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MR. SMITH: Mm-hm.

DOCTOR: Start on the right foot and then on the left. Very good.

Sensory Dysfunction

If the Veteran or Servicemember complains of sensory changes, such as numbness or parasthesias, describe the location and type. If the Veteran or Servicemember complains of hypersensitivity to sound or light, describe. Note that a complete sensory examination of all modalities can take a significant amount of time. Assess with basic sensory screening of extremities then focus on areas where the Veteran or Servicemember has complaints. If the Veteran or Servicemember has no complaints of sensory changes, a basic sensory assessment is still recommended.

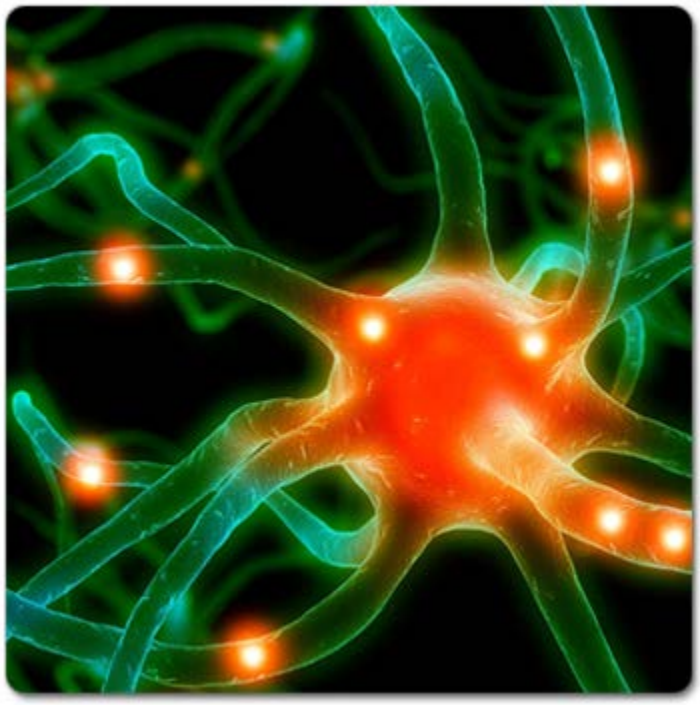
Basic Sensory Screen

For basic sensory screening use the following technique:

- Test sharp/dull, light touch and proprioception or vibration in hands and feet
- Test for extinction on double simultaneous testing – hand and face on opposite sides of the body, ipsilateral hands, ipsilateral face, ipsilateral hand and face. Abnormal is mislocalization of any touch.

Autonomic Nervous System Dysfunction

Sensory changes are not typically seen with mild TBI. If the Veteran or Servicemember complains of symptoms of autonomic nervous system dysfunction, describe any complaint such as hyperhydrosis, heat intolerance, orthostatic, or postural hypotension. If orthostatic hypotension is present, report whether or not it is associated with dizziness or syncope on standing. Ask what types of treatments have been used and whether they have been effective.



Hearing Loss and/or Tinnitus

You should ask about the frequency, severity, and duration of their hearing loss and/or tinnitus and the impact on daily functioning. If the Veteran or Servicemember complains of hearing problems, such as decreased hearing or tinnitus, describe. If findings are positive, the Veteran or Servicemember will need to be scheduled for an audiology exam with a C&P certified audiology specialist. Ask what types of treatments have been used and about their effectiveness.

Vision, Taste, and Smell

Visual Impairment

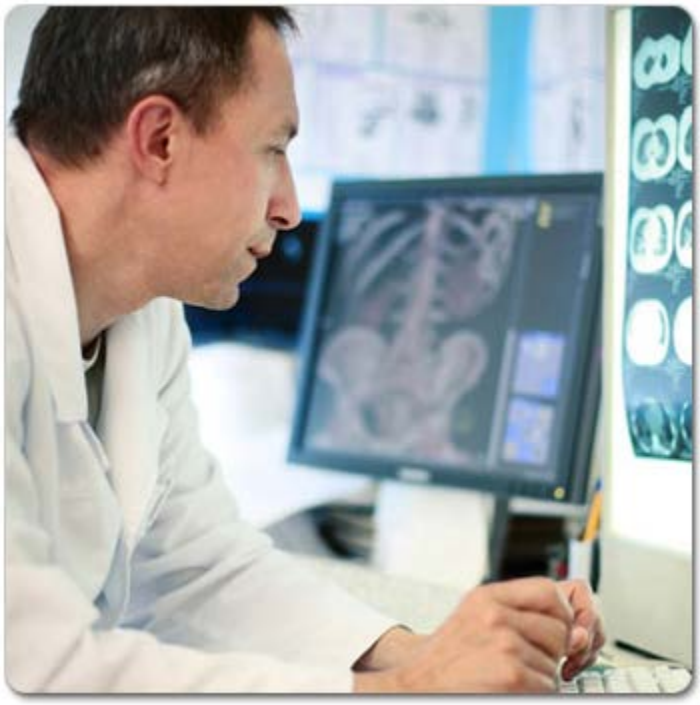
If the Veteran or Servicemember complains of visual disturbances, describe. Ask about the frequency, severity, duration and any treatment of visual impairment and the impact on daily functioning. Perform a screening exam for vision. If any abnormalities are found, or if there are symptoms or complaints of visual impairment, request an eye exam by a C&P certified eye specialist. Remember, the Veteran's or Servicemember's eye exam must be completed before your examination report can be submitted.

Sense of Smell or Taste Impairment

Ask about the frequency, severity, and duration of any reported altered sense of smell or taste, and the impact on daily functioning. If the Veteran or Servicemember reports a decreased sense of taste or smell, describe. The olfactory nerve is the most commonly injured nerve in mild TBI; however, this is still a rare finding in mild TBI. Impaired sense of smell is often manifested as a loss of taste, rather than a complaint of loss of the sense of smell. Veterans or Servicemembers may lose weight due to their loss of sense of taste and smell. Check for functional loss of cranial nerve I in any Veteran or Servicemember who reports loss of sense of taste or smell. Ask what types of treatments have been used and whether they have been effective.

Seizures

Seizures are extremely rare sequelae of mild TBI, occurring in less than 0.5% of cases, but are seen more frequently after moderate, severe, or penetrating injuries. Ask about the type, frequency, severity, and duration of seizures and the impact on daily functioning. Ask what types of treatments have been used and whether they have been effective.



Gait, Coordination, and Balance

Generally speaking, if the Veteran or Servicemember is ambulatory, describe what devices, if any, are needed to assist in walking. When describing the Veteran's or Servicemember's gait, a tandem assessment is recommended. Describe objective findings of abnormality, imbalance, incoordination, or spasticity. Assess any limitation of gait that is caused by joint rigidity or spasticity of muscle movements. Ambulatory problems are rarely seen with mild TBI. Problems with balance in mild TBI are typically accompanied by dizziness and may be the result of vestibular deficits.

Select Highlights of the Gait, Coordination and Balance Assessment to watch as the examiner conducts coordination, balance, and gait assessments with Mr. Smith.

DOCTOR: The next thing we're gonna test is your coordination.

MR. SMITH: Okay.

DOCTOR: First thing we're gonna do is evaluate the arms. So what I'd like for you to do is to take your right indexfinger.

MR. SMITH: Okay.

DOCTOR: Touch the tip of your nose.

MR. SMITH: Now take that same index finger and move to touch my finger .And you are going to go back and forth between the two. Excellent. Now with the left arm do the same thing. Very good. Now we're gonna test your ability to do rapid movements.

MR. SMITH: Okay.

DOCTOR: So what I want you to do is tap the palm of your right hand and then the back of your hand, back and forth. Fast as you can. Now with your left hand. Very good. And the last thing I'd like to do is watch you walk. So if you could step down.

MR. SMITH: Okay.

DOCTOR: And I'd like you to walk to the door and back with your arms at your side, your normal walk.

MR. SMITH: Alright.

DOCTOR: And then come back to me. And then I would like you to take some steps on your tiptoes.

DOCTOR: And then when you come back I would like you to walk on your heels. And finally, I would like you to walk to the door like you're walking on a tight rope, one foot in front of the other, heel touching toe. Excellent. You can walk back to the bed normally, and turn around. Keep standing and face me. The last thing I wanna do is evaluate your balance.

MR. SMITH: Okay.

DOCTOR: So I'd like to have you take- put your feet together. Put your arms out to the side. And I want you to close your eyes.

DOCTOR: Keep your balance. Okay, you can open your eyes and relax your arms.

Speech (including Aphasia and Dysarthria)

Ask the Veteran or Servicemember if they have any communication or swallowing difficulties. Gather information about the severity and specific type of problem. Ask about the frequency, severity, and duration of symptoms and their impact on daily functioning. Also ask what types of treatments have been used and whether they have been effective.

Ask about and observe the claimant for dysfluencies and word finding difficulties and their impact on daily communication:

- language disorder, i.e., aphasia
- dysfluency, word finding difficulty, or stuttering
- speech disorder, i.e., dysarthria

Ask about swallowing problems:

- coughing or choking directly related to oral intake (difficulty swallowing food or liquid)
- history of aspiration/aspiration pneumonia due to difficulty swallowing, etc.

Note

Swallowing problems or severe speech and language disorders are not seen after mild TBI.

Neurogenic Bowel and Bladder

Ask about the frequency, severity, and duration of any neurogenic bladder or bowel dysfunction and the impact on daily functioning. These difficulties are never a primary result of a mild TBI and are highly unlikely as a long term sequelae of moderate TBI, but can occur in severe TBI. Report type of bladder impairment such as incontinence, urgency, urinary retention, etc., and measures needed such as catheterization or pads. Also report the type and frequency of need to evacuate bowels, and any assistance needed such as digital stimulation, suppositories, etc. Ask what types of treatments have been used and if they have been effective.

Cranial Nerve Screening

Ask about the frequency, severity, and duration of any symptom associated with cranial nerve dysfunction and the impact on daily functioning. To view the elements of a cranial nerve screening, refer to course Resources.

If cranial nerve screening is positive, ask what types of treatments have been used and whether they have been effective. If identified, complete an ear or central nervous system documentation protocol.

Select Highlights of the Cranial Nerve Assessment to watch as the examiner conducts this evaluation of Mr. Smith's neurologic system.

DOCTOR: Alright Mr. Smith, the next part of the examination is going to be a physical evaluation of your neurologic system. I'm gonna check you over from head to toe. I'm gonna ask you to do several different things, just try to do your best that you can. And I'll guide you along the way. The first thing we're gonna do is evaluate your cranial nerves. And we're gonna start with the evaluation of the sense of smell. For this test, I am going to present you with different odors. You are going to have your eyes closed and cover one nostril. And just identify for me what it is that you smell. Okay?

MR. SMITH: Okay.

DOCTOR: So first let me have you cover your right nostril. And close your eyes. And breathe in.

DOCTOR: And what do you smell?

MR. SMITH: Uh, mint.

DOCTOR: Very good, you can open your eyes. Go ahead and cover your left nostril. And now tell me what you smell?

MR. SMITH: Coffee.

DOCTOR: Very good. You can open your eyes. Okay, next thing we're gonna test is your vision. And the first part of your vision we're gonna test is the peripheral vision. So I want you to look at the tip of my nose. I'm going to show you a number of fingers on my hands. I want you to tell me how many fingers you see. And if I show you more than one, I want you to add them up for me.

MR. SMITH: Okay.

DOCTOR: Now.

MR. SMITH: Three. One. Four. Three. Two. Five.

DOCTOR: Very good. The next thing we're going to test is the back of your eyes. I'm gonna take a look in the back of your eyes with some bright light. So I apologize if it's uncomfortable. During this evaluation, I want you to just pick a spot on the wall opposite you and keep staring at that spot even if I get in the way. Okay?

MR. SMITH: Okay.

DOCTOR: Next we're gonna move on to checking some of the other functions of the cranial nerves. We're gonna check the sensation in your face. Okay?

MR. SMITH: Okay.

DOCTOR: To check that sensation, I'm gonna use this stick. There's gonna be a sharp side and a dull side.

MR. SMITH: Okay.

DOCTOR: I want you to close your eyes and just tell me sharp or dull.

MR. SMITH: Alright. Okay, we're about to begin. So, here.

MR. SMITH: Sharp. Dull. Sharp. Sharp. Dull. Dull.

DOCTOR: Very good. You can open your eyes.

MR. SMITH: Okay.

DOCTOR: I wanna check the movements in your face. First thing I want you to do is open your eyes very wide. Now I want you to close your eyes, as tight as you can. Now you can relax. And I want you to smile and show me your teeth. And you can relax. The next thing I'm gonna test is your hearing. To do that I'm gonna move my fingers on the left or the right behind your ears.

MR. SMITH: Okay.

DOCTOR: I want you to just identify left or right as to which side you hear the sound coming from.

MR. SMITH: Okay.

MR. SMITH: Left. Right. Both.

DOCTOR: Very good. Next I want to evaluate the movement of your mouth and tongue.

MR. SMITH: Okay.

DOCTOR: Now I want you to open your mouth as wide as you can, and say ahhh.

MR. SMITH: Ahhh.

DOCTOR: Now stick your tongue out for me. Very good. You can relax.

Skin Disorders and Endocrine Dysfunction

Ask about the frequency, severity, and duration of any skin disorders and the impact on daily functioning. Conduct a screening exam and describe any areas of skin breakdown due to neurological problems. Ask what types of treatments have been used and if they have been effective.

Endocrine dysfunction findings and symptoms occur more frequently in moderate and severe TBI. If present, ask about the frequency, severity, and duration of symptoms related to endocrine disorders and the impact on daily functioning. Conduct a thorough screening and describe any findings consistent with endocrine problems. Ask what types of treatments have been used and whether they have been effective.

Sexual Dysfunction

Sexual dysfunction is not a typical physiologic finding after mild TBI. If the Veteran or Servicemember complains of erectile dysfunction, female sexual arousal disorder (FSAD), or another sexual dysfunction, ask questions in a sensitive manner. Ask what types of treatments have been used and whether they have been effective. If identified, the examiner should also complete the appropriate documentation protocol.

Headaches, Including Migraine Headaches

Ask about the onset in relation to the claimed condition, the frequency, severity, and duration of headaches; the type (post-traumatic, migraine-like, tension-type, or cluster headaches (rare)). Note that headaches may be of mixed character and there may be cervicogenic, or neck-related, pain. Knowing the mechanism of injury for persistent headache can help identify the cause, for example, acceleration or deceleration injury as in whiplash or direct impact injury.

Ask the Veteran or Servicemember what types of treatments have been used and if they have been effective. Document if the Veteran or Servicemember had headaches prior to the injury, what the course of symptoms have been since the trauma occurred, and the impact on his or her daily functioning.

Select each type of headache to view characteristics and symptoms.

Post-Traumatic | **Migraine** | **Tension-type**

Characteristics	Symptoms
Develops less than 7 days after trauma, regaining of consciousness, or the ability to sense/report pain. Considered "persistent" if lasts more than 3 months. Can occur after mild TBI, moderate and/or severe TBI or whiplash. Can be a new headache, significant worsening of pre-existing headache, or change to chronic, daily headache.	No typical symptoms but can be of any type below.

Trigeminal Autonomic Cephalalgias (Cluster) | **Chronic Daily** | **Medication Overuse**

Post-Traumatic | **Migraine** | **Tension-type**

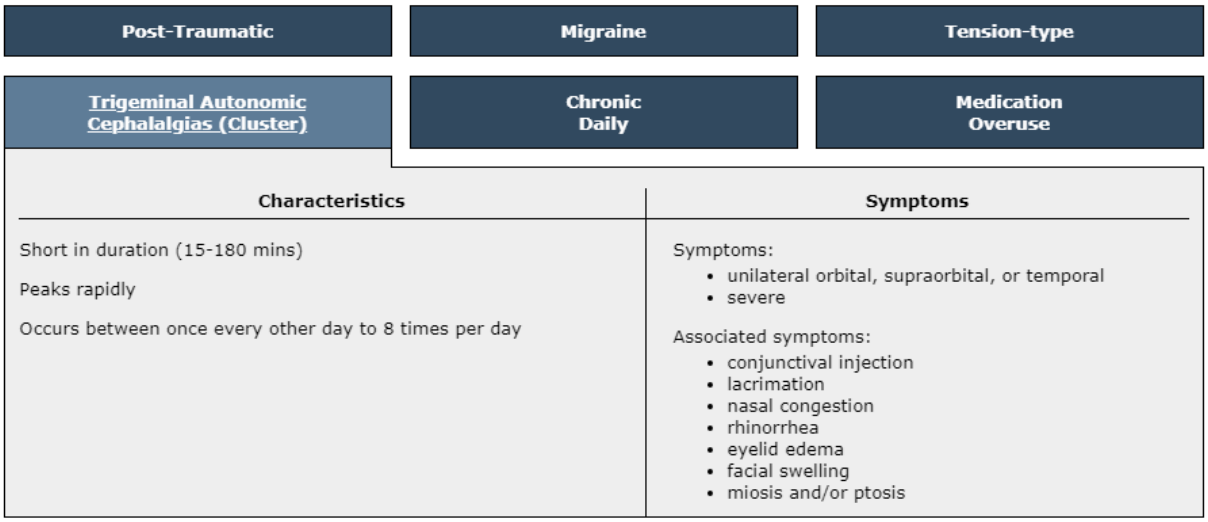
Characteristics	Symptoms
Lasts 4-72 hours when untreated or unsuccessfully treated. Triggers: • sleep deprivation • menses • stress • missed meals • specific foods	Symptoms: • unilateral • pulsating • moderate to severe pain intensity • avoidance of physical activity Associated symptoms: • photophobia • phonophobia • nausea, vomiting, or both • aura (longer than 5 mins) • motor weakness • visual, sensory, or speech symptoms, or acombination of these symptoms

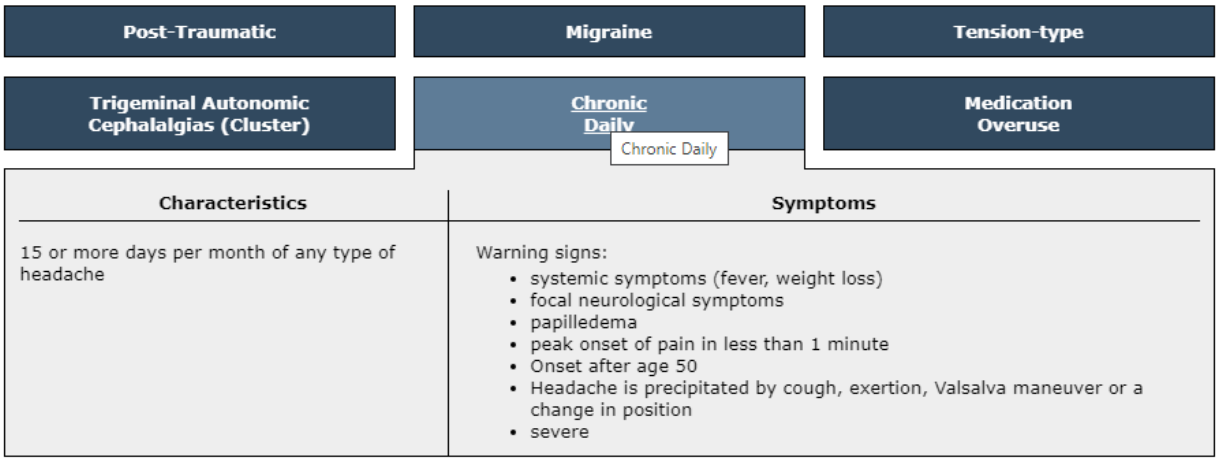
Trigeminal Autonomic Cephalalgias (Cluster) | **Chronic Daily** | **Medication Overuse**

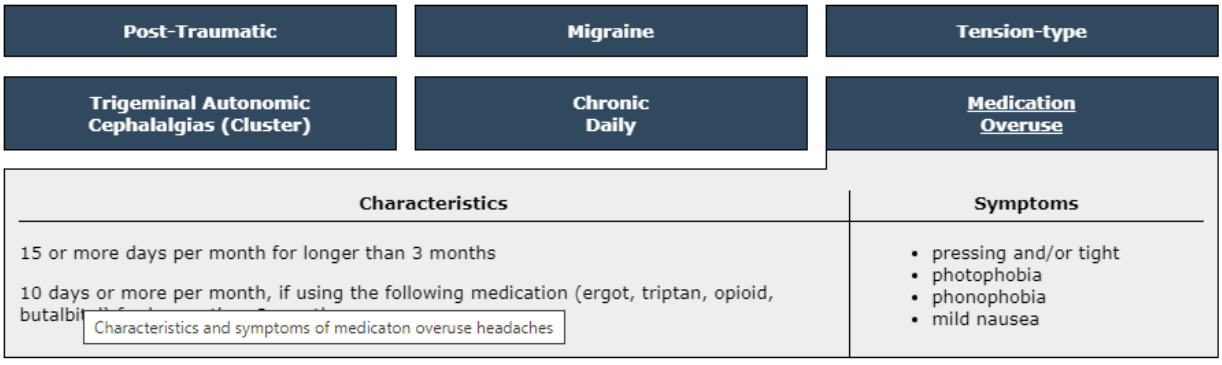
Post-Traumatic | **Migraine** | **Tension-type**

Characteristics	Symptoms
	• bilateral location • pressing/tightening quality • mild and/or moderate intensity • not aggravated by physical activity

Trigeminal Autonomic Cephalalgias (Cluster) | **Chronic Daily** | **Medication Overuse**


Post-Traumatic
Migraine
Tension-type
Trigeminal Autonomic Cephalalgias (Cluster)
Chronic Daily
Medication Overuse
Characteristics
Symptoms
Short in duration (15-180 mins)
Peaks rapidly
Occurs between once every other day to 8 times per day
Symptoms:
unilateral orbital, supraorbital, or temporal
severe
Associated symptoms:
conjunctival injection
lacrimation
nasal congestion
rhinorrhea
eyelid edema
facial swelling
miosis and/or ptosis


Post-Traumatic
Migraine
Tension-type
Trigeminal Autonomic Cephalalgias (Cluster)
Chronic Daily
Medication Overuse
Chronic Daily
Characteristics
Symptoms
15 or more days per month of any type of headache
Warning signs:
systemic symptoms (fever, weight loss)
focal neurological symptoms
papilledema
peak onset of pain in less than 1 minute
Onset after age 50
Headache is precipitated by cough, exertion, Valsalva maneuver or a change in position
severe


Post-Traumatic
Migraine
Tension-type
Trigeminal Autonomic Cephalalgias (Cluster)
Chronic Daily
Medication Overuse
Characteristics
Symptoms
15 or more days per month for longer than 3 months
10 days or more per month, if using the following medication (ergot, triptan, opioid,
Characteristics and symptoms of medicaton overuse headaches
pressing and/or tight
photophobia
phonophobia
mild nausea

Sleep Disturbances, Fatigue, and Other Residuals

Sleep disturbances and fatigue are common complaints in the general population. When sleep disturbances, fatigue, or both are related to the TBI, they generally resolve with time. Because fatigue and sleep disturbances may be present in a variety of other conditions, the examiner will need to describe these signs and symptoms in detail. Evaluations will need to be completed as appropriate based on all related clinical history and physical examination findings.

It is the examiner's responsibility to ensure all signs and symptoms are accounted for and diagnoses assigned when appropriate. The examiner will have to indicate if each of the identified signs and symptoms or diagnoses are a residual of the TBI or not and explain why or why not.

The examiner will also need to ensure that associated documentation protocols are completed for conditions or body systems affected.

Mental Health Disorders

If the Veteran or Servicemember complains of psychiatric symptoms such as mood swings, anxiety, depression, etc., a C&P certified mental health examiner should work in conjunction with the TBI examiner. Note: if the TBI examiner is a psychiatrist, the psychiatrist can complete both the TBI and mental health documentation protocols. While new psychiatric symptoms and diagnoses can be seen after TBI, other than depression, it is rare. Neurobehavioral symptoms are common in moderate and severe TBI, but can present similarly to psychiatric disorders. In mild TBI, symptoms can also occur, but are typically less severe in nature and may indicate anxiety, depression, or posttraumatic stress disorder symptoms.

Keep in mind that behavioral changes may be due to a mental health condition, sleep dysfunction, or pain disorder. The most common behavioral symptoms seen in the first several weeks after mild TBI include irritability and difficulty with interpersonal relationships, such as with spouse, children, or coworkers. These symptoms are typically first manifested in the 2 to 4 weeks post-injury, if causally related. As the Veteran or Servicemember was likely not around his/her family after injury, you should also ask about relationships with other Servicemembers. With treatment of these disorders, the neurobehavioral symptoms in mild TBI will typically improve, but can persist if undertreated or can re-emerge if new life stressors occur.

Suicide Risk in Veterans and Servicemembers

Based on information available from the Centers for Disease Control and VA, Veterans and some Servicemembers die by suicide at a higher rate than the general population. As an examiner, it is important to note that Veterans or Servicemembers undergoing any transitions, including the Compensation and Pension Exam process, may be at higher risk for suicide.

Suicidal thoughts and behaviors are commonly found at increased rates among individuals with psychiatric disorders, especially major depressive disorder, bipolar disorders, schizophrenia, PTSD, anxiety, chemical dependency, and personality disorders. A history of a suicide attempt is the strongest predictor of future suicide attempts, as well as death by suicide. Intentional self-harm (i.e., intentional self-injury without the expressed intent to die) is also associated with long-term risk for repeated attempts as well as death by suicide. Additionally, the risk of suicide may increase with the severity of Veterans' and Servicemembers' war-related injuries.

Note

All Veterans and Servicemembers, regardless of risk, should be given the Veterans Crisis Line number. A Veteran or Servicemember can reach the Veterans Crisis Line by dialing: 1-800-273-TALK (8255), and then pressing 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat.

Potential Risk Factors

Veterans' transition-related challenges can be a risk factor for suicide. Research shows that most suicide attempts by those who are or will become Veterans occur following separation from military service. In particular, the first 12 months after separation from service are a critical period, marked by elevated risk for suicide among Veterans. Some Veterans report experiencing difficulties in reintegrating into civilian life. These difficulties can include

- problems with productivity at work or in school,
- an inability to complete chores, and
- difficulty interacting with friends and family members.

In addition, all Veterans and Servicemembers who have a previous mental health diagnosis or who present with any of the suicide warning signs and risk factors should undergo a further suicide risk assessment, which can be completed either by the examiner or by referral, secondary to the C&P examination process. In the event that a Veteran or Servicemember is deemed at risk for self-harm or a danger to others, an emergent evaluation should be performed.

Screening for Risk

VA has standardized the suicide risk screening and evaluation processes across all VHA facilities for treatment purposes. The process uses high-quality, evidence-based tools and practices and is designed to help VA provide preventive mental health care to Veterans. It comprises three parts—an initial screening, a secondary screening, and a comprehensive evaluation. Guidance on this new process is available on VA's Talent Management System (TMS):

- VA 36829: *Suicide Risk Screening and Assessment ID Overview Session*
- VA 36816: *Suicide Risk Screening and Assessment ID Primary and Secondary Screening Tools*
- VA 36830: *Suicide Risk Screening and Assessment ID Comprehensive Suicide Risk Evaluation*

During the first phase of screening, Veterans are asked this question to identify Veterans who may be at risk: "Over the last two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?" Studies have found that this question is a strong predictor of suicide risk (Louzon, Bossarte, McCarthy, & Katz, 2016). While not part of the TBI examination, it is recommended that examiners ask this question if they are concerned about depression or suicidal ideation.

Additional training on suicide risk assessment is available on the TMS in VA 34399: *Suicide Risk Assessment*. As well, a self-study course, *Suicide Risk Prevention for Clinicians*, is available on TRAIN.

Additional resources can be found at VA public websites.

The *VA/DoD Clinical Practice Guideline: Assessment and Management of Patients at Risk for Suicide*, can be downloaded from the VA/DoD Clinical Practice Guidelines website.

Other useful information, including data on Veteran suicides and information about the warning signs of suicide, can be found on the VA Mental Health web page for Suicide Prevention.

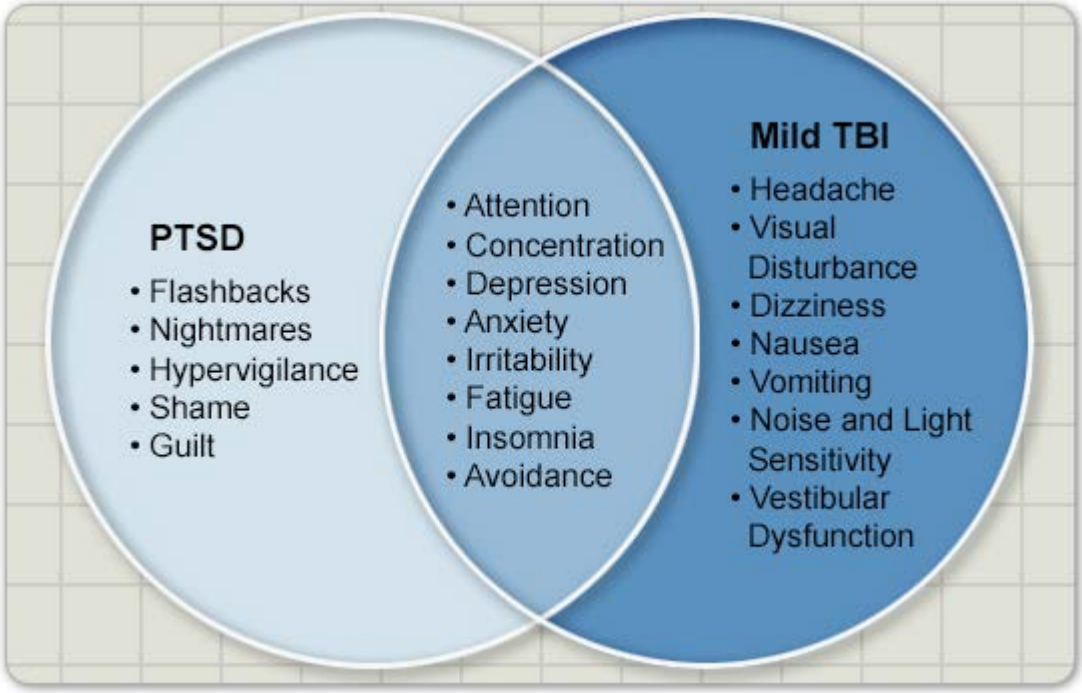
Distinguishing Symptoms

Unfortunately, there is no one symptom that is unique to, or diagnostic of TBI. Most of these symptoms occur in normal healthy individuals and may overlap. So the question becomes, is this history, examination, and group of symptoms consistent with TBI, or is it more likely something else? In those individuals reporting long-term TBI residuals, their clinical presentation may be very similar to related disorders, including PTSD or major depression.

For instance, individuals may report sleep difficulties, memory problems, irritability, and anxiety that fit any of these diagnoses. Within the context of a C&P evaluation, you may be asked to

determine if symptoms are attributable to TBI or to other diagnoses (often mental health diagnoses).

Additional information about symptoms that may overlap can be found in the VA/DoD Clinical Practice Guideline, *Management of Concussion-mild Traumatic Brain Injury* and in an independent study course, *Veterans Health Initiative: Traumatic Brain Injury*, on TRAIN.



Assessment of Cognitive Problems

Describe cognitive problems that the Veteran or Servicemember demonstrates or reports. Ask the Servicemember or Veteran to describe any functional limitations associated with reported cognitive problems. Reports of difficulty with attention, concentration, and memory should always be followed up with brief objective testing such as a Mini-Mental State Exam (MMSE) or Montreal Cognitive Assessment (MoCA). Providers should be aware that additional fees may be required to use objective outcome measures that are not in the public domain, including MMSE and MoCA.

Screening measures can be helpful for identifying and describing gross cognitive difficulties, although they can miss subtle, yet impactful cognitive problems. Further, such tests can indicate the presence of impairment, but they are rarely specific as to the cause of cognitive disorders such as TBI, depression, anxiety, sleep disorder, pain, or other functional deficit. Thorough neuropsychological assessment can help to specify causes of observed cognitive deficits, including TBI. In addition, assessment of symptom and performance validity can help to assure that interpretable results are obtained. The examiner should request any testing he or she deems necessary, based on the types of symptoms, deficits, and functional limitations the Veteran or

Servicemember is reporting. Positive cognitive screening may indicate a need for referral for more specific evaluations. If you are unsure as to which type of evaluation to request, contact your supervisor.

If a neurocognitive assessment was performed in the last six months, repeat testing is usually not necessary. Assessments older than six months may need to be repeated if there is evidence of change in functional status. Remember that any required testing must be completed prior to submitting your report.

Side Note

According to the Defense and Veterans Brain Injury Center (DVBIC), common cognitive symptoms after TBI include:

- concentration problems
- temporary gaps in memory
- attention problems
- slowed thinking
- difficulty finding words

DVBIC has clinical tools and resources for mild TBI that can be accessed from the Defense and Veterans Brain Injury Center Resources web page.

Advice for the Examiner

A Veteran or Servicemember may have cognitive difficulties that can be due to TBI or another condition such as a mental disorder, chronic pain, or insomnia. Select Play to watch as an expert panel of clinicians discusses ways in which an examiner becomes aware of cognitive difficulties and when a neuropsychological assessment may be needed to determine the causes.

Matuschka: Welcome to this discussion about C&P TBI residual examinations. I'm Matuschka Lindo and I'll be your moderator. We have a panel of subject matter experts who have experience in conducting these TBI exams. They can help you, the viewers, understand when neuropsychological assessments are needed for an exam and how that process might work. Here are the panelists for this program. Brenda Howard. Brenda is a certified physician assistant at VHA. She has been a PA for 24 years and has 10 years of C&P experience; eight as the Lead Examiner at the Durham, North Carolina VA facility. Brenda has been a subject matter expert on numerous DMA training courses related to C&P. Ajit Pai, MD. Dr. Pai is a board certified physical medicine rehabilitation physician who was Medical Director of the Polytrauma Rehabilitation Center at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia and then Chief of Physical Medicine and Rehabilitation. Dr. Pai is a subject matter expert in brain injury medicine and has written multiple textbook chapters on this topic. Greg Lamberty, PhD, ABPP. Dr. Lamberty is a board-certified clinical neuropsychologist who is the Supervisor of the Neuropsychological and Psychological Assessment Clinic at the Minneapolis VA Health Care System. Prior to that he was the Supervisor of the Rehabilitation Psychology Group at the Minneapolis VA. Dr. Lamberty was the Site Project Director for Traumatic Brain Injury Model Systems and is widely published in the area of traumatic brain injury .A Veteran or Servicemember can have cognitive difficulties that may be due to TBI or another condition, such as a mental disorder, insomnia, chronic pain or a number of other conditions. When this is the case, it is up to the examiner to document for VBA which cognitive difficulties are due to the TBI. One aspect of a C&P TBI residuals exam is to find out if a Veteran has cognitive impairment. Is this something that the C&P examiner does?

Brenda: Yes, in most cases VBA includes the claimed symptoms of memory loss or difficulty concentrating on the Request for Examination. At other times, while gathering the Veteran's history or observing behaviors during the evaluation, we are prompted to further explore cognitive and neuro-behavioral symptoms.

Matuschka: Is it common for a claimant to be evaluated for both TBI and a mental disorder?

Brenda: Yes, frequently the Request for Examination indicates that the Veteran is claiming both a TBI and a mental disorder, often PTSD.

Dr. Lamberty: There's certainly many mental health diagnoses that have associated cognitive difficulties. And those can also overlap with the difficulties we see in TBI.

Matuschka: This DMA TBI training course has content about differentiating between PTSD in particular, and TBI.Is this what examiners in the field are tasked with?

Dr. Lamberty: I think we talk about PTSD at VA because in our cohort of patients it's a frequently asked question and it's a concern, particularly for Veterans with combat exposure. The most common cause of TBI and PTSD occurring together is a traumatic combat experience.

Metish: So can you give our viewers some examples of cognitive impairments or other symptoms that are the result of TBI or PTSD?

Dr. Pai: Certainly, symptoms of TBI can include headaches, visual disturbances, dizziness, nausea, vomiting, noise and light sensitivity, and vestibular dysfunction. For PTSD, symptoms include flashbacks, nightmares, hypervigilance, and shame and guilt. There is overlap between mild TBI and PTSD with regard to attention and concentration difficulties, depression, anxiety, irritability, fatigue, insomnia and avoidance of various situations. However, it's important to note that these symptoms are what we define in a typical case. But we have no objective way to definitively link these nonspecific symptoms to a specific condition.

Dr. Lamberty: There is a fair amount of current research looking at how these conditions, PTSD and TBI, impact cognitive functioning. Research suggests a complex interrelationship between PTSD, mild TBI, and cognitive impairment.

Matuschka: I understand that neuropsychological assessments are conducted by a specialist to determine whether cognitive impairment exists and to make an assessment as to whether it is due to TBI or another condition. When does an examiner decide to involve a specialist to conduct a psychological testing or a full neuropsychological assessment?

Brenda: If the Veteran describes symptoms or if there are signs on exam of cognitive impairment, a cognitive screening assessment should be performed. When the assessment is abnormal or inconclusive, the Veteran or Servicemember should be referred for a neuropsychological evaluation. If there are records of a prior cognitive screening assessment or formal neurocognitive testing, the examiner should review those results and make a determination of whether to repeat testing.

Matuschka: So, you can use the results of previous neuropsychological testing?

Brenda: Yes, if the testing in the record is consistent with the current clinical findings, they can be used. If repeat testing is not conducted, the examiner must explain why additional testing is not indicated at this time.

Matuschka: What if the cognitive screening test is normal?

Brenda: It is important for examiners to view cognitive screening measures as one part of the overall assessment. It really should not be a single deciding factor in determining if formal neuropsych testing is needed. In my experience, the Veteran can have normal cognitive screening results and still have impairments on exam. Examiners need to look at these results in relation to the rest of the Veteran's history and physical exam.

Dr. Lamberty: Yes, especially, for younger adults and those with high levels of education. Tests like the MoCA and the Mini-Mental State Exam are screeners that look to identify obvious cognitive impairment, such as that seen in patients with early dementia. The test items are often quite basic and younger patients and those with more extensive education can answer them with little difficulty.

Brenda: Often times, before testing is ordered, a C&P examiner and a mental health examiner will discuss the particular case and come to a decision whether to refer the Veteran for neuropsychological assessment.

Matuschka: Panelists, why would an examiner need to work with a mental health clinician?

Dr. Lamberty: Clinical problems following TBI can be very complex, especially in our combat Veterans. And mental health specialists can provide guidance about sorting through possible causes of current difficulties.

Dr. Pai: Often times, symptoms of TBI overlap with those of the PTSD or other mental health conditions. For many of these overlapping symptoms, it is difficult to parse out the etiology; as such, a mental health clinician can assist.

Letish: Now, how are referrals for neuropsychological assessments typically made?

Dr. Pai: There are multiple methods of requesting a neuropsychological assessment. Each facility has different resources. Some can refer directly to onsite neuropsychologists while others may have to refer out for these services.

Dr. Lamberty: It is important for VHA examiners and contract examiners to know what local resources are available for those assessments.

Dr. Pai: I agree. Having a clear understanding of the availability of clinical specialists, including neuropsychologists, is very important. Additionally, having a general understanding of neuropsychological testing and with whom to discuss concerns or questions is essential.

Matuschka: Thank you, panelists. We'll talk with you again later in this course.

Cognitive Screenings and TBI Diagnoses

For C&P TBI examiners, questions have arisen involving the appropriate use of cognitive screening information in formulating decisions about TBI diagnoses. Specifically, can cognitive screening measures be employed to support or deny a diagnosis of TBI, and more generally, can such measures, as administered by allied health personnel as part of regular clinical care, be used as examples of cognitive difficulty/inefficiency? Additionally, questions have arisen regarding the scope of practice of clinical psychologists versus neuropsychologists in the use of cognitive screeners.

Screening tests are not typically used to make specific diagnoses. Many such measures can be found in the clinical record to describe functioning in cognitive and functional realms. Thus, while measures like the Montreal Cognitive Assessment (MoCA), Mini-Mental State Exam (MMSE) and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) might be noted, they are not used to make a diagnosis of TBI. Instead, these tests can help quantify residuals.

Licensed VA psychologists are not among the professionals that provide initial C&P TBI examinations, but they may be involved in conducting assessments that support the overall diagnostic process.

Providers should ensure that the objective tests they administer and interpret are within their scope of practice, and when administering a test, they should refer to the manual of the specific test to determine whether they are able to administer each measure.

Additional Findings

Ask the Veteran or Servicemember if they have any other problem areas or symptoms. If they complain of any other symptoms, describe those symptoms. If additional findings, signs, symptoms or residuals are identified during the examination process, complete appropriate documentation protocols.

Additional Findings

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Documentation Protocols

Complete appropriate documentation protocols for all additional residuals identified.

Additional C&P Examinations

Most additional examinations and documentation protocols for a C&P TBI Residuals examination can be completed by a DMA-certified generalist clinician. C&P examinations that a specialist must conduct are shown in this table. Procedures for referrals to specialists are determined at the facility level.

Type of Examination	Required Specialist
Hearing loss and tinnitus	• Licensed audiologist
Dental or oral	• Dentist • Oral and maxillofacial surgeon Note: Temporomandibular joint (TMJ) conditions are considered joint (musculoskeletal) examinations. They may be evaluated by dentists, oral and maxillofacial surgeons, or C&P generalist examiners.
Ophthalmology	• Licensed optometrist • Licensed ophthalmologist
Psychiatric conditions: Mental disorder, posttraumatic stress disorder (PTSD), eating disorders	• Licensed psychiatrist • Licensed psychologist • Board-eligible clinician under the close supervision of a board-certified or board-eligible psychiatrist or licensed psychologist Note: The mental health clinician must be certified by DMA to perform C&P mental disorders or PTSD examinations.
Traumatic brain injury (TBI) residuals	• The diagnosis of TBI must be made by a neurologist, neurosurgeon, physiatrist, or psychiatrist. • If the claimant has been diagnosed by one of these specialists, a DMA-certified generalist clinician may evaluate TBI residuals.

Functional Impact

A C&P examiner is required to determine if each condition being evaluated or diagnosed impacts the Veteran’s or Servicemember's ability to work. This information is recorded in every documentation protocol in the “functional impact” section. Frequently, Veterans or Servicemembers examined are not employed, yet evaluated conditions impact their day-to-day life. This information can also be documented.

Two widely used terms often found in treatment records, basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs), can be used to describe nonwork-related impact. The impact does not have to be permanent or continuous to affect functioning and does not have to require total assistance with a particular task.

Functional Status Checklist

Functional Status Checklist

The examiner reviews any functional impact statement that he documents to make sure it includes:

- ✓ an appropriate discussion of disease or body-part-specific limitations
- ✓ an appropriate discussion of limitations on employment-related activities
- ✓ an appropriate discussion of limitations on personal/social activities
- ✓ an appropriate discussion that addresses Activities of Daily Life, if indicated

Close

Functional Impact Statements for ADLs or IADLs

The examiner can use the Veteran's or Servicemember's reports of difficulties performing ADLs or IADLs for functional impact statements.

ADLs	IADLs
ADLs include: • eating, feeding, or both • bathing • dressing • toileting • continence • transferring (uses an ambulatory aid, such as walker or cane*, or needs assistance to get out of a bed) • getting in or out of bed, or both (may require the assistance of another person or a mechanical lift) *Examiners should also consider whether a claimant requires assistance to don or remove a prosthesis and document when assistance is required.	IADLs include: • using a telephone • shopping • food preparation • housekeeping • laundry • mode of transportation • responsibility for own medications • ability to handle finances

Example Functional Impact Statements

Example 1: This Veteran reports he can take care of his basic needs of eating, dressing, bathing, etc. However, he is unable to drive because his neck pain prevents him from being able to appropriately turn his neck. He is also unable to perform housekeeping tasks for more than 20-30 minutes at a time because he develops low-back pain.

Example 2: Veteran John Smith reports independence with all of his ADLs but needs help with his finances and with driving as he forgets to pay his bills in a timely manner and has difficulty with route finding. In addition he reports he is having difficulty with work as he is not completing tasks because he is easily distracted.

Close the Disability Exam

Generally speaking, you should provide clear instructions on what happens next as you close the examination. If Veterans or Servicemembers ask about the outcome of their claim, do not respond by speculating on a claim outcome. Instead, explain that this is not a decision that the clinician makes. Inform them that your role is to perform the examination for VBA, and VBA will determine the final rating and mail the results to them. In the meantime, they can contact VBA at 800-827-1000 or on the eBenefits website to ask questions about their claim.

Please keep in mind that as an examiner, you are responsible for the way people feel after your conversation with them. Consider that in many instances, the appointment with you is the first contact a Veteran or Servicemember has with the VA. If you are courteous and appear interested, the Veteran or Servicemember will likely leave with the impression that you are concerned about his or her situation. Escort the Veteran or Servicemember to the door or provide directions for the way out.

Select Play to watch as the examiner closes the examination with Mr. Smith. The examiner reminds Mr. Smith of his upcoming vision and hearing examinations, answers questions from Mr. and Mrs. Smith, and explains the next steps in the C&P claims process.

DOCTOR: Well Mr. Smith I've gathered enough information for my portion of the compensation and pension evaluation. I'll complete your disability benefits questionnaire. There are a couple areas we need to expand on, so I am going to refer you to two other specialists. One of them is an audiologist, which is a hearing specialist; the other is a vision specialist. They'll both do examinations to help us in this process as well. Do you have any questions at this time?

MR. SMITH: Yeah.um what did I qualify for?

DOCTOR: So, at this point, I am not involved in the decision about your qualification. I simply gather the information from today. The Veterans Benefit Administration will make a final decision about your rating and qualification.

MR. SMITH: Okay.

KAREN: Okay, so in the meantime what are some things that we can do to minimize his symptoms?

DOCTOR: What I would recommend for evaluation and treatment of your symptoms that you go to see your primary care physician. And if you haven't engaged in the VA clinical system for medical care, I would recommend you do that as soon as possible, so you can start treating some of these symptoms you're experiencing.

MR. SMITH: Okay.Um, when are we gonna hear by?

DOCTOR: So it takes some time for this rating to be completed, it may be a matter of weeks to months until you hear via the mail from the Veterans Benefits Administration.

MR. SMITH: Okay.

DOCTOR: Okay, do you have any further questions?

KAREN: Not at this time.MR. SMITH: No.

DOCTOR: If not, you're free to go. It was very nice to meet you.

MR. SMITH: Nice to meet you.

KAREN: Nice to meet you.

DOCTOR: Nice to meet you, ma'am.

Conditions That Require Follow-Up

As a C&P examiner, you are responsible for educating Veterans or Servicemembers regarding any abnormal findings or diagnoses identified as part of the examination. You are also responsible for educating Veterans or Servicemembers when they should seek treatment for any of the conditions identified as part of the examination process. For non-emergent findings or conditions, you must assist the Veteran or Servicemember by making an appropriate warm hand-off, ordering the appropriate referrals, or by notifying current treating providers of the findings to ensure follow-up care is arranged. In addition, you must document the actions you took in the examination report.

In emergent situations, you should ensure a proper hand-off to an acute care facility. The process for emergent care referrals will depend on the location of the C&P clinic. This requirement applies to all conditions, including mental health conditions or suicidal ideation.

If the Veteran or Servicemember requires urgent or emergency medical care and the examination was not completed, the examination appointment will need to be rescheduled as soon as possible.

You should not make recommendations related to specific treatments such as medications to take, dosage changes to medications, or recommending a specific provider.

Lesson 3 Knowledge Check

Question 1

What should the examiner keep in mind if a claimant complains of psychiatric symptoms such as mood swings, depression, or anxiety, during a C&P TBI Residuals examination? Select all that apply. (Select **all** that apply.)

- [ ] A. Behavioral changes are a result of TBI.
- [ ] B. Work in conjunction with a C&P-certified mental health examiner.
- [ ] C. Neurobehavioral symptoms common to moderate and severe TBI can present similarly to psychiatric disorders.
- [ ] D. Symptoms that can occur in mild TBI present similarly to those of anxiety, depression, or PTSD.

Question 2

Which type of testing is used to determine the cause of cognitive problems that may be resulting from a TBI or a comorbid condition such as depression, other functional deficit, or a sleep disorder?

- ( ) A. A brief objective test, e.g., a Mini-Mental State Exam or Montreal Cognitive Assessment
- ( ) B. A neuropsychological assessment

Question 3

C&P-certified specialists perform which evaluations for a C&P TBI Residuals examination? (Select **all** that apply.)

- [ ] A. Hearing loss
- [ ] B. Motor dysfunction
- [ ] C. Mental disorders
- [ ] D. Cranial nerve dysfunction

Question 4

Which statement is **not** true of functional impact statements?

- A. They can be based on basic activities of daily living, e.g., eating.
- B. They can be based on instrumental activities of daily living, e.g., ability to handle finances.
- C. They should be based on requiring total assistance with a particular task.
- D. They can be based on temporary or intermittent impact to functioning.

Question 5

Which topics should be avoided when closing a C&P examination with a Veteran or Servicemember? Select all that apply. (Select **all** that apply.)

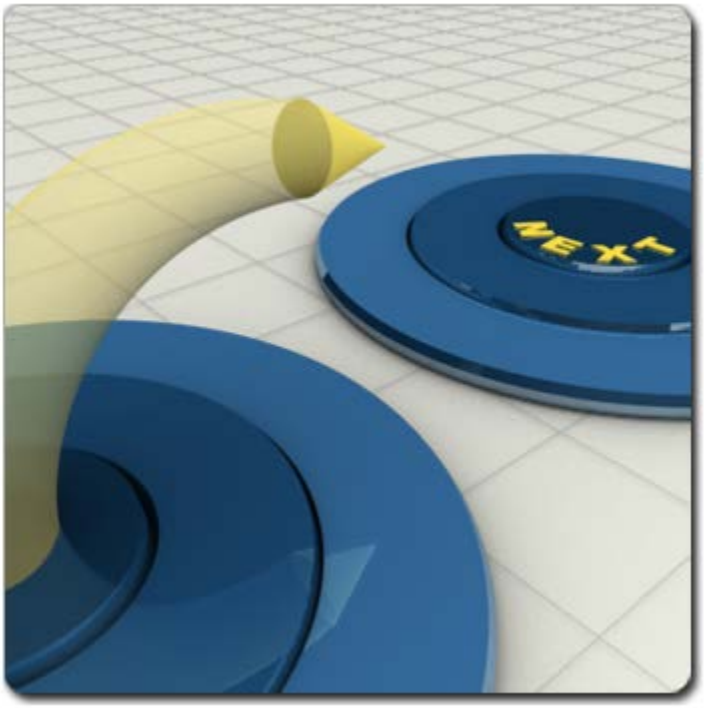
- A. Further appointments for necessary diagnostic tests or related specialist examinations
- B. Treatment recommendations
- C. Notifying the claimant of diagnostic test results
- D. Your thoughts on the outcome of the claim
- E. The next step in the claims process, i.e., completing the examination report and submitting it to VBA

1. All answer options are true except option A. Option A is not true because psychiatric symptoms may also be due to a mental health condition, sleep dysfunction, or pain disorder.
2. Answer B is true because a brief objective test can help identify cognitive issues but is rarely specific as to what causes them while a neuropsychological assessment can help identify the causes.
3. Options A and C are true because specialists conduct those examinations, while a generalist examiner can evaluate motor dysfunction and cranial nerve dysfunction.
4. Option C is not true because functional impact statements can also describe needing just some assistance with a task.
5. Options B and D should be avoided because they are not topics that should be discussed with the claimant.

Lesson 3 Summary

Procedures for opening, conducting, and closing a C&P examination to evaluate residuals of TBI were explained and illustrated in this lesson. Now that you have completed this lesson, you should be able to

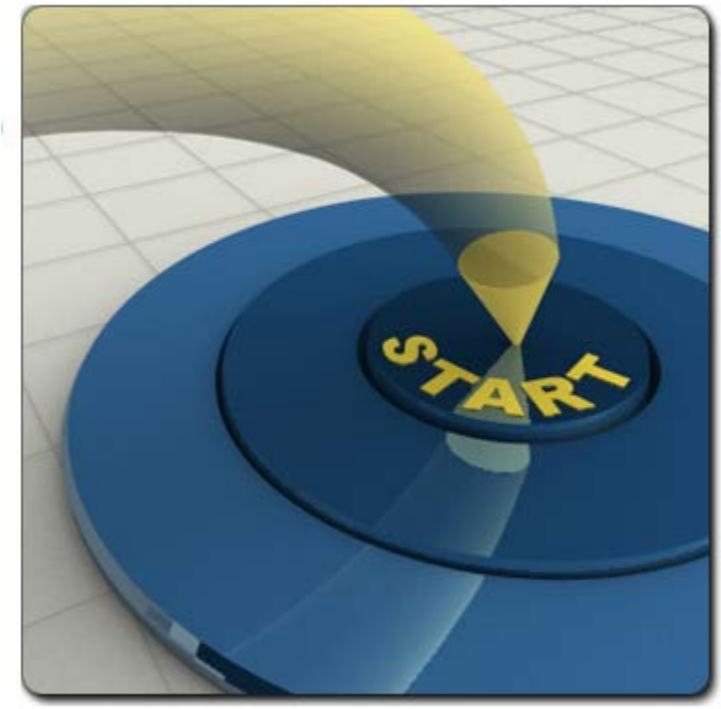
- summarize requirements for conducting a C&P examination,
- recognize C&P requirements for evaluating TBI residuals,
- recognize C&P guidelines for using neuropsychological assessments, and
- exemplify statements describing the functional impact of TBI residuals on ADLs and IADLs.



Lesson 4 Overview

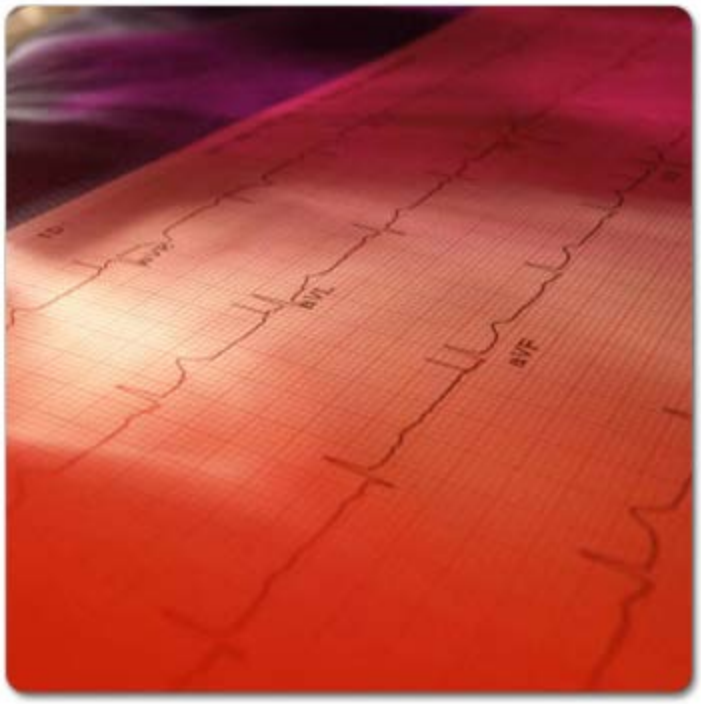
The content in this lesson will focus on information that must be documented for a C&P TBI Residuals examination. As an examiner, you may be using data from additional studies or specialist examinations to determine diagnoses. This lesson presents C&P guidance for testing related to evaluating TBI residuals, supported with examples from the case study and a video.

You will also be required to document whether each diagnosis is related to a claimant's TBI, so this lesson provides examples. As well, this lesson summarizes requirements to address each facet and residual of TBI on the documentation protocol.



Additional Testing

A thorough history and physical examination are required to make a diagnosis of TBI. A variety of other tests, such as a neuropsychological assessment, might be utilized to clarify examination findings.



Important Note

Remember, you cannot complete your report until you have incorporated the results from all testing.

Clinicial Testing Checklist

Clinical Testing Checklist

The examiner will check his documentation of clinical tests to ensure:

- ✓ Appropriate tests were used
- ✓ Tests were interpreted and properly reported
- ✓ He notified the Veteran of any abnormal test results and diagnosis

Close

Using Previous Neuropsychological Assessments

A claimant may have a report from a previous neuropsychological assessment in their eFolder. Select Play to watch a panel of experts discuss what an examiner should keep in mind when reviewing the findings from a previous assessment.

Matuschka: It is a C&P practice to use previous tests when appropriate. So before an examiner refers a Veteran or Servicememberfor neuropsychological testing, he or she should look for previous testing results in the Veteran's records.

Brenda: That's right. They may be in the eFolder, Joint Legacy Viewer, or JLV,or in VA treatment records.

Matuschka: Previous testing is not used if the findings are different from current examination findings. Would you tell me more about that? Why might current findings be different?

Dr. Pai: Over time, individuals may experience symptoms that mimic TBI symptoms, but are due to a variety of other causes. For example, a Veteran with TBI is at increased risk of comorbid pain. Treatment of pain may include medications that affect cognition. This in turn can impact testing. Conversely, comorbid conditions may have masked the symptoms of TBI in earlier examinations.

Dr. Lamberty: It depends on the amount of time that has elapsed between examinations. Recovery can be a gradual process, and it's not unusual for new test results to verify additional recovery. It is also possible that familiarity with the assessment procedures can result in improvement, which we sometimes refer to as practice effects.

Matuschka: Is there a time limit for a neuropsychological assessment to still be valid?

Dr. Lamberty: That's somewhat arbitrary when you consider that it can be based on how long ago the injury was and how many previous evaluations have been done. It’s helpful to have some sort of time frame, and six months is reasonable from a test-retest standpoint. If a test has been done that recently, there really isn't much point in having it redone.

Matuschka: Would that also be true for a year, given relative stability in a Veteran's or Servicemember's presentation?

Dr. Lamberty: Depending on the acuity of the injury, and most of these cases are probably not that acute. Generally, most of what is seen in C&P didn't occur within the past year. So unless there's clinical evidence of significant change or a new reason for concern, you could probably stretch it out a bit more than that if you were inclined. I think these evaluations and TBI exams can be done anywhere from several months to multiple years from the time that the index injury actually occurred. So even an exam done a year or two ago for a person who had their TBI eight or 10 years ago would probably still be relevant.

Matuschka: What advice would you give to a C&P examiner concerning when previous testing can be used?

Dr. Pai: For the general C&P examiner, if they have records of neuropsychological testing and there have been no neurocognitive changes reported since that last testing, then there's no need for further testing.

Dr. Lamberty: To me, it makes sense that if what you're seeing in the clinical exam deviates from what's in the record, then that's an indication that it might be worthwhile to consider another assessment. That's the reason you want a newer assessment, if what the Veteran is saying seems quite different from what has been previously documented.

Matuschka: Thank you both. Now, when a C&P examiner finds previous neuropsychological testing in the Veteran's records, how do they utilize the interpretation provided with the test?

Dr. Lamberty: A well-done neuropsychological evaluation typically includes an interpretation that should be clear to just about anybody in the evaluation process. It is important to be specific in your referral for evaluation.

Brenda: I agree. It is a good practice for C&P examiners to become familiar with neuropsychological assessment reports. Did the conclusion indicate there's a cognitive impairment or a mental health disorder? Was the impairment related to TBI, or do the difficulties relate to a mental health diagnosis or other condition?

Matuschka: What advice would you give to the C&P examiner regarding neuropsych assessment reports?

Dr. Lamberty: Becoming more familiar with different reports is a good strategy. And part of that process might involve discussion or consultation with a neuropsychologist, either before making a referral or when trying to sort through a report. Again, being specific in your referral questions can also help focus the report you get.

Dr. Pai: Just along those lines, I would say that a reasonable reporter a reasonable assessment is one that actually makes comments or addresses each of the functional areas that are of concern. So if those areas are not addressed in the report, then it's certainly time for another assessment.

Matuschka: Can you give examples of appropriate referral questions for the C&P neuropsychological evaluation?

Dr. Lamberty: It is helpful to ask specific questions in a referral for neuropsychological assessment. Such questions might include the extent to which there are cognitive deficits and how such deficits might be related to a TBI or multiple TBIs sustained in service. Additionally, are there other significant factors such as mental health or medical diagnoses that might be contributing to the cognitive deficits? Finally, to what extent do the deficits noted impact function?

Matuschka: Thank you, panelists, for your insights on using the results of previous neuropsychological assessments for a C&P TBI residuals exam. This is information that the C&P examiner can use.

Mr. Smith's Specialist Examinations

Mr. Smith was diagnosed with mild TBI by a board-certified neurologist. Mr. Smith's baseline headaches, having started shortly after his injury, were related to the mild TBI.

The examiner referred Mr. Smith to a neuropsychologist for testing to determine which of his cognitive difficulties were attributable to TBI. During the neuropsychological testing, Mr. Smith reported mild depression and anxiety. Test results indicated that Mr. Smith was above average on tests of attention, processing speed, and verbal memory. His visual memory was on the lower side of the average range, and overall cognitive functioning appeared to be in the normal range.

A C&P-certified mental health examiner conducted a PTSD examination for Mr. Smith. The mental health examiner considered his symptoms of irritability, sleep disturbances, and nightmares. If it were impossible to determine which symptoms were attributable to PTSD and/or TBI, the mental health examiner would be required to explain this finding. The mental health examiner also conducted a mental disorders examination because Mr. Smith claimed depression as a disability.

These examinations were in addition to the specialist vision and hearing examinations that the examiner discussed with Mr. Smith as he closed the examination.

The examiner reviewed these results before completing his documentation protocols.

Note

This case study is an example, as results of any specialist evaluations depend on the individual Veteran or Servicemember.

Making the Diagnostic Conclusion

Review and interpret any diagnostic tests and complete each documentation protocol before you provide a diagnosis. Each diagnosis must be:

- clinically accurate and concur with ICD-10, DSM-5, or both
- precise, and identify the disease process for the noted signs and symptoms (no rule-outs or non-committals)
- validated by primary source documentation
- supported by the history, physical exam, diagnostic studies, and other medical evidence

In addition, you should explain when a diagnosis is not possible or if you change a diagnosis of record, including supporting evidence. Also document that you notified the Veteran or Servicemember of any significant change in diagnosis or new diagnosis.

Explaining Relationships

If a diagnosis or symptom is related to TBI, explain how it is related. For example:

> TBI-associated headache. This condition is at least as likely as not to have been caused by, or a result of, the Veteran's claimed TBI, as the onset of the condition occurred immediately following the blast injury.

Also explain when a diagnosis or symptom is not related to TBI. For example:

> On examination, Veteran Johnson reported that he’s had daily headaches since he was 20 and the headaches did not change after the TBI. Therefore, the headaches are not related to or worsened by the incident that caused the TBI.

Diagnosis Checklist

The examiner always checks his recorded diagnoses to make sure that he provided the following:

- ✓ clinically accurate diagnoses that concur with ICD-10
- ✓ precise diagnoses that identify the disease process for the noted signs and symptoms
- ✓ no rule-out or non-committal diagnoses
- ✓ explanations that support any finding of no diagnosis
- ✓ diagnoses that were validated by primary source documentation
- ✓ diagnoses that were supported by history, physical exam, diagnostic studies and other medical evidence
- ✓ documentation that he notified the claimant of any clinically significant new or changed diagnosis
- ✓ an explanation of discrepancies or changes from diagnoses of record, if applicable

Close

Required Documentation

Before signing a TBI Residuals documentation protocol, check to ensure that you answered all questions in the Request for Examination. Also verify that you described current signs and symptoms and any functional limitations imposed by TBI residuals, along with any current treatment and any side effects.

General assessment of TBI residuals includes evaluating and documenting facets as listed on a TBI Residuals documentation protocol. This information is required for VBA to adjudicate the Veteran's or Servicemember's claim:

- consciousness
- communication
- orientation
- memory, attention, concentration, executive functions
- judgment

- social interaction
- neurobehavioral effects
- motor activity (with intact motor and sensory systems)
- visual spatial orientation
- subjective symptoms

Note

Information must be provided for every facet of TBI, including documentation of normal functioning.

Examination Report Checklist

Examination Report Checklist

The examiner double-checks each documentation protocol to make sure that:

- ✓ He is the appropriate clinician with certification for the type of examination conducted.
- ✓ His documented reporting is appropriate, e.g., professional and ethical language is used and reporting is within his scope of practice.

Close

Lesson 4 Knowledge Check

Question 1

Which methods may be utilized by C&P generalist examiners for evaluating residuals of TBI? (Select **all** that apply.)

- A. Physical examination
- B. Detailed history
- C. Neuroimaging
- D. Neuropsychological assessment

Question 2

While a thorough history and physical examination are required to make a diagnosis of TBI, a variety of other tests might be utilized to clarify examination findings.

- A. True
- B. False

Question 3

Which TBI-related diagnosis is acceptable?

- A. TBI-associated headache.
- B. TBI-associated headache. This condition is at least as likely as not to have been caused by, or a result of, the Veteran's claimed TBI, as the onset of the condition occurred immediately following the blast injury.

Question 4

Select each requirement for diagnoses recorded for a C&P TBI Residuals examination. (Select **all** that apply.)

- A. Concurs with ICD-10 or DSM 5, or both
- B. Identifies the disease process for noted signs and symptoms
- C. Supported by the history, physical exam, diagnostic studies, and other medical evidence
- D. Includes an explanation of whether it is related to TBI

Question 5

Which action can result in incomplete documentation on a TBI Residuals documentation protocol?

- A. Describe current signs and symptoms in as much detail as needed
- B. Evaluate facets that seem to be relevant
- C. Evaluate all residuals listed on the documentation protocol
- D. Describe the functional impact of evaluated residuals

Answer Key:

1. Option C is not correct true because neuroimaging isn't used by generalist examiners for evaluating TBI residuals
2. Option A is correct because the statement is true.
3. Option B is true because you must explain how each diagnosis is related to a claimant's diagnosed TBI.
4. All answers are true of diagnoses for a C&P TBI Residuals examination.
5. Option B can result in incomplete documentation because all facets listed on the documentation protocol must be evaluated.

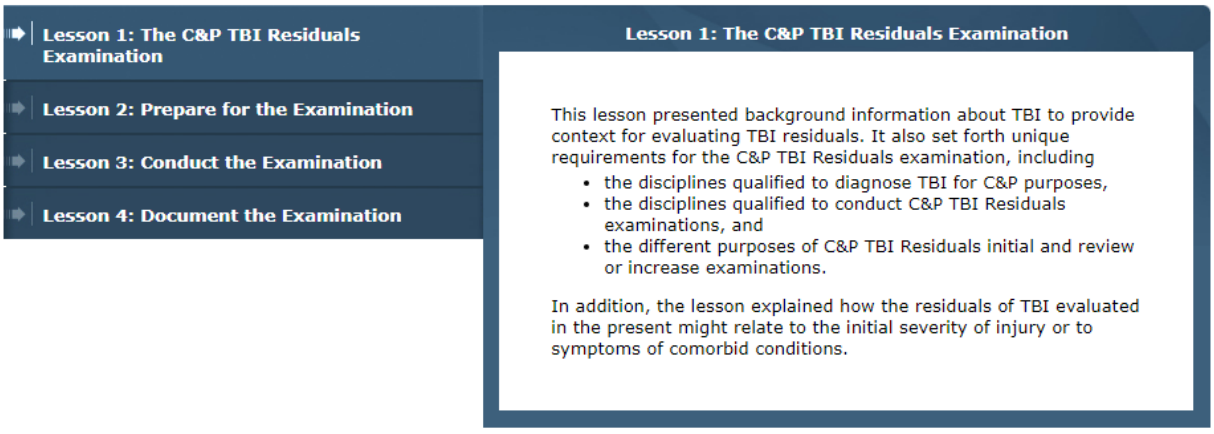
Lesson 4 Summary

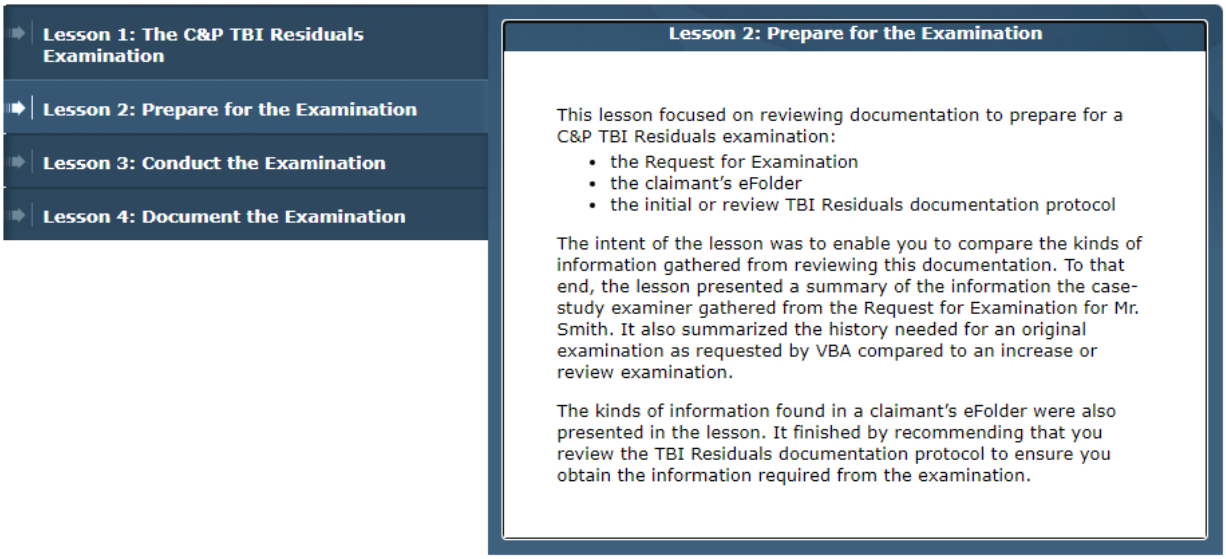
This lesson focused on requirements for documenting a C&P TBI Residuals examination. Now that you've finished this lesson, you should be able to

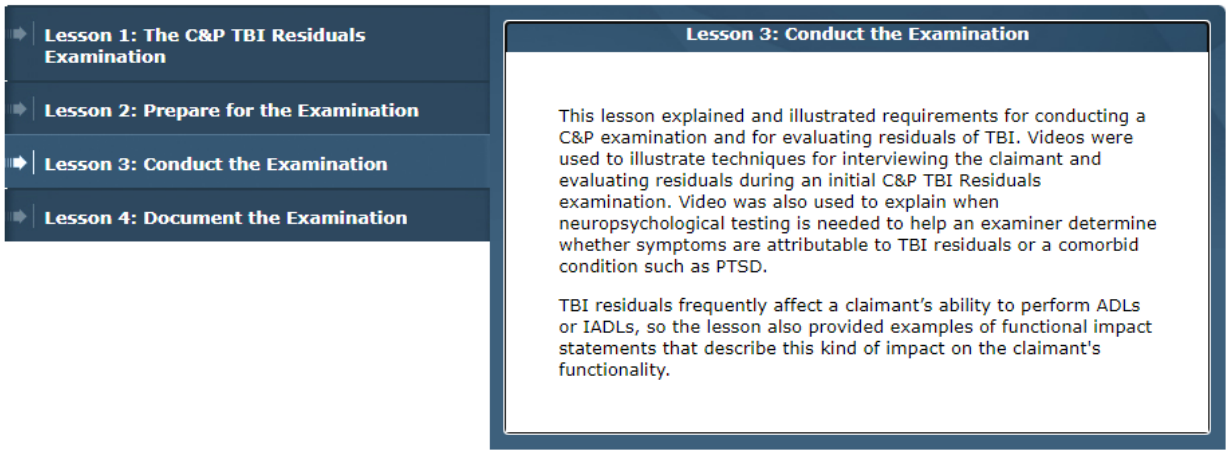
- recognize guidelines for ordering diagnostic studies and assessments specific to a C&P TBI Residuals examination,
- summarize requirements for documenting TBI-related diagnoses, and
- recognize requirements for documenting facets and residuals of TBI.

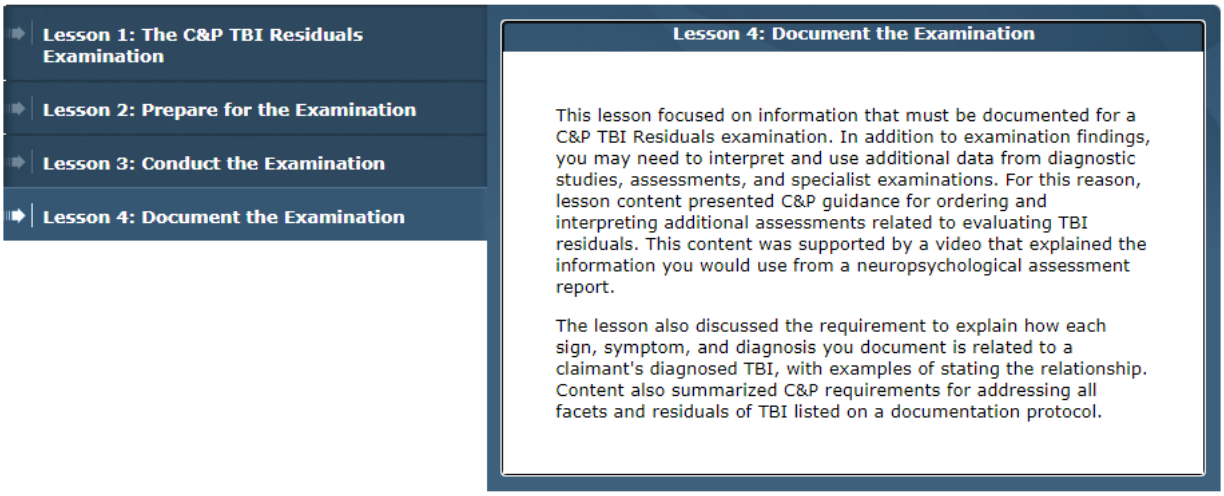
Course Summary

You've completed the lessons in this course. Select each lesson for a quick review of the content that was covered.









Directions for Taking the Course Assessment

You have completed the instructional portion of this course and are ready to move into the final assessment. What follows are 15 questions that will test your understanding of the subject matter and provide the foundation for certification. The questions are in multiple-choice or true or false format and you will have to achieve a score of 80% in order to pass.

You may take the final assessment as often as you want. However, the questions will be loaded in random order and pulled randomly from a question and answer data bank. Good luck!