**DEPARTMENT OF VETERANS AFFAIRS**
**Veterans Benefits Administration**
**Regional Office**

**John James Rambo**

**VA File Number**

**000 00 0012**

**Represented By: VETERANS OF FOREIGN WARS OF THE US**

**Rating Decision**

**08/03/2020**

## INTRODUCTION

The records reflect that you are a Veteran of the Vietnam War and Gulf War Era. You served in the Army from July 8, 1965 to July 31, 2020. You filed an original disability claim that was received on August 1, 2020. Based on a review of the evidence listed below, we have made the following decisions on your claim.

## DECISION

1. Service connection for allergic rhinitis is denied.

## EVIDENCE

- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, February 11, 2020
- VA Form 21-0781, Statement In Support Of Claim For Service Connection for Post-Traumatic Stress Disorder (PTSD), received February 11, 2020
- VA Form 21-4138, Statement in Support of Claim, received February 11, 2020
- Service Treatment and Personnel Records received February 11, 2020, March 24, 2020, April 16, 2020, April 28, 2020 and June 3, 2020

- VA Contract Examinations for allergic rhinitis dated March 26, 2020.
- Section (§) 5103 Notice Response, received May 5, 2020
- DD214 and electronic review of service personnel file showing active duty service from July 8, 1965 to August 1, 2020

## REASONS FOR DECISION

**1. Service connection for allergic rhinitis is denied.**

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection for allergic rhinitis is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Review of your service treatment records does not show a diagnosis of allergic rhinitis. Your claim of service connection for allergic rhinitis is denied.

## REFERENCES:

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

Department of Veterans Affairs

# SINUSITIS/RHINITIS AND OTHER CONDITIONS OF THE NOSE, THROAT, LARYNX AND PHARYNX DISABILITY BENEFITS QUESTIONNAIRE

**IMPORTANT** - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

| NAME OF PATIENT/VETERAN | PATIENT/VETERAN'S SOCIAL SECURITY NUMBER |
|---|---|
| John James Rambo | xxx-xx-0012 |

**NOTE TO PHYSICIAN** - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with a VA 21-2507, C&P examination request? ☒ Yes ☐ No

How was the examination completed? Check all that apply:

☒ In-person examination

☐ Records reviewed Comments:

☒ Examination via approved telehealth

☐ Other, please specify in comments box:

## ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

## EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

☐ Not requested

☐ No records were reviewed

☐ VA claims file (hard copy paper C-file)

☒ VA e-folder (VBMS or Virtual VA)

☐ CPRS

☐ Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

## SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A SINUS, NOSE, THROAT, LARYNX OR PHARYNX CONDITION? *(This is the condition the Veteran is claiming or for which an exam has been requested.)*

☒ YES ☐ NO

1B. IF YES, SELECT THE VETERAN'S CONDITION *(check all that apply)*

| | | | |
|---|---|---|---|
| ☐ | CHRONIC SINUSITIS | ICD Code: | Date of diagnosis: |
| ☒ | ALLERGIC RHINITIS | ICD Code: J30.9 | Date of diagnosis: 01/01/2000 |
| ☐ | NON-ALLERGIC RHINITIS | ICD Code: | Date of diagnosis: |
| ☐ | BACTERIAL RHINITIS | ICD Code: | Date of diagnosis: |
| ☐ | GRANULOMATOUS RHINITIS | ICD Code: | Date of diagnosis: |
| ☐ | CHRONIC LARYNGITIS | ICD Code: | Date of diagnosis: |
| ☐ | LARYNGECTOMY | ICD Code: | Date of diagnosis: |
| ☐ | LARYNGEAL STENOSIS | ICD Code: | Date of diagnosis: |
| ☐ | APHONIA | ICD Code: | Date of diagnosis: |
| ☐ | PHARYNGEAL INJURY *(Describe):* | ICD Code: | Date of diagnosis: |
| ☐ | DEVIATED NASAL SEPTUM *(Traumatic)* | ICD Code: | Date of diagnosis: |
| ☐ | ANATOMICAL LOSS OF PART OF NOSE *(Complete Scars Benefits Questionnaire in lieu of this questionnaire)* | ICD Code: | Date of diagnosis: |
| ☐ | BENIGN OR MALIGNANT NEOPLASM OF SINUS, NOSE, THROAT, LARYNX OR PHARYNX | ICD Code: | Date of diagnosis: |
| ☒ | OTHER *(specify)* | | |
| | Other diagnosis #1: Acute Sinusitis | ICD Code: J01.90 | Date of diagnosis: 01/01/2000 |
| | Other diagnosis #2: | ICD Code: | Date of diagnosis: |

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO THE SINUSES, NOSE, THROAT, LARYNX, OR PHARYNX CONDITION(S), LIST USING ABOVE FORMAT:

## SECTION II - MEDICAL HISTORY

2. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S SINUS, NOSE, THROAT, LARYNX, OR PHARYNX CONDITION:

Onset date:
2000
Details of onset:
Veteran reports at onset, he had cold symptoms like congestion and runny nose. Veteran reports he was put on antibiotics, which did not help.
Course since onset:
Veteran reports he still gets allergic rhinitis symptoms. Veteran reports he has had sinus infections before as a result of untreated allergic rhinitis.
Current symptoms:
Veteran reports he gets allergic rhinitis symptoms of runny nose, cough and congestion at least once per month. Veteran reports having sniffles and
congestion daily.
Current treatment:
Veteran reports taking claritin daily.

## SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS

3. DOES THE VETERAN HAVE ANY OF THE FOLLOWING NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS?

☒ YES ☐ NO *(If "No," proceed to Section IV) (If "Yes," check all that apply):*

- ☒ Sinusitis *(If checked, complete Part A below)*
- ☒ Rhinitis *(If checked, complete Part B below)*
- ☐ Larynx or pharynx condition *(If checked, complete Part C below)*
- ☐ Deviated nasal septum *(traumatic)* *(If checked, complete Part D below)*
- ☐ Tumors or neoplasms *(If checked, complete Part E below)*
- ☐ Other nose, throat, larynx or pharynx conditions, pertinent physical findings or scars due to nose, throat, larynx or pharynx conditions. *(If checked, complete Part F below)*

## PART A - SINUSITIS

A1. INDICATE THE SINUSES/TYPE OF SINUSITIS CURRENTLY AFFECTED BY THE VETERAN'S CHRONIC SINUSITIS *(Check all that apply):*

☐ NONE ☐ MAXILLARY ☐ FRONTAL ☐ ETHMOID ☐ SPHENOID ☐ PANSINUSITIS

A2. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO CHRONIC SINUSITIS?

☐ YES ☒ NO

*(If "Yes," check all that apply)*

- ☐ Chronic sinusitis detected only by imaging studies *(See Diagnostic Testing Section)*
- ☐ Episodes of sinusitis
- ☐ Near constant sinusitis *(If checked, describe frequency):* _____
- ☐ Headaches
- ☐ Pain of affected sinus
- ☐ Tenderness of affected sinus
- ☐ Purulent discharge
- ☐ Crusting
- ☐ Other *(describe):* _____

FOR ALL CHECKED CONDITIONS, DESCRIBE: _____

A3. HAS THE VETERAN HAD **NON-INCAPACITATING** EPISODES OF SINUSITIS CHARACTERIZED BY HEADACHES, PAIN AND PURULENT DISCHARGE OR CRUSTING IN THE PAST 12 MONTHS?

☐ YES ☒ NO

*(If "Yes," provide the total number of non-incapacitating episodes over the past 12 months):*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more

A4. HAS THE VETERAN HAD **INCAPACITATING** EPISODES OF SINUSITIS REQUIRING PROLONGED *(4 to 6 weeks)* OF ANTIBIOTICS TREATMENT IN THE PAST 12 MONTHS?

**NOTE -** For VA purposes, an incapacitating episode of sinusitis means one that requires bed rest and treatment prescribed by a physician.

☐ YES ☒ NO

*(If "Yes," provide the total number of incapacitating episodes of sinusitis requiring prolonged (4 to 6 weeks) of antibiotic treatment over the past 12 months):*

☐ 1 ☐ 2 ☐ 3 or more

A5. HAS THE VETERAN HAD SINUS SURGERY?

☐ YES ☒ NO

*(If "Yes," specify type of surgery):*

☐ Radical *(open sinus surgery)* ☐ Endoscopic ☐ Other: _____

*(Type of procedure, sinuses operated on and side(s)):* _____

*(Date(s) of surgery (if repeated sinus surgery, provide all dates of surgery)):* _____

A6. IF VETERAN HAS HAD RADICAL SINUS SURGERY, DID CHRONIC OSTEOMYELITIS FOLLOW THE SURGERY?

☐ YES ☐ NO *(If "Yes," complete Osteomyelitis Questionnaire)*

A7. HAS THE VETERAN HAD REPEATED SINUS-RELATED SURGICAL PROCEDURES PERFORMED?

☐ YES ☒ NO

## PART B - RHINITIS

B1. IS THERE GREATER THAN 50% OBSTRUCTION OF THE NASAL PASSAGE ON BOTH SIDES DUE TO RHINITIS?

☒ YES ☐ NO

B2. IS THERE COMPLETE OBSTRUCTION ON THE LEFT SIDE DUE TO RHINITIS?

☐ YES ☒ NO

B3. IS THERE COMPLETE OBSTRUCTION ON THE RIGHT SIDE DUE TO RHINITIS?

☐ YES ☒ NO

## SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS *(Continued)*

### PART B - RHINITIS *(Continued)*

B4. IS THERE PERMANENT HYPERTROPHY OF THE NASAL TURBINATES?

☐ YES ☒ NO

B5. ARE THERE NASAL POLYPS?

☐ YES ☒ NO

B6. DOES THE VETERAN HAVE ANY OF THE FOLLOWING GRANULOMATOUS CONDITIONS?

☐ YES ☒ NO *(If "Yes," check all that apply)*

☐ Granulomatous rhinitis ☐ Rhinoscleroma ☐ Wegener's granulomatosis ☐ Lethal midline granuloma

☐ Other granulomatous infection *(Describe):* _____

### PART C - LARYNX AND PHARYNX CONDITIONS

C1. DOES THE VETERAN HAVE CHRONIC LARYNGITIS?

☐ YES ☐ NO

*(If "Yes," does the Veteran have any of the following symptoms due to chronic laryngitis?)*

☐ YES ☐ NO *(If "Yes," check all that apply)*

☐ Hoarseness *(If checked, describe frequency):* _____

☐ Inflammation of vocal cords

☐ Inflammation of mucous membrane

☐ Thickening of vocal chords

☐ Nodules of vocal chords

☐ Submucous infiltration of vocal chords

☐ Vocal chord polyps

☐ Other *(describe):* _____

C2. HAS THE VETERAN HAD A LARYNGECTOMY?

☐ YES ☐ NO *(If "Yes," specify)*

☐ Total laryngectomy

☐ Partial laryngectomy

*(If checked, does the Veteran have any residuals of the partial laryngectomy?)*

☐ YES ☐ NO

*(If "Yes," describe):* _____

C3. DOES THE VETERAN HAVE LARYNGEAL STENOSIS, INCLUDING RESIDUALS OF LARYNGEAL TRAUMA *(unilateral or bilateral)?*

☐ YES ☐ NO *(If "Yes," assess for upper airway obstruction with pulmonary function testing to include Flow-Volume Loop, and provide results in Diagnostic Testing Section)*

C4. DOES THE VETERAN HAVE COMPLETE ORGANIC APHONIA?

☐ YES ☐ NO *(If "Yes," check all that apply)*

☐ Constant inability to speak above a whisper

☐ Constant inability to communicate by speech

☐ Other *(describe):* _____

C5. DOES THE VETERAN HAVE INCOMPLETE ORGANIC APHONIA?

☐ YES ☐ NO *(If "Yes," check all that apply)*

☐ Hoarseness *(If checked, describe frequency):* _____

☐ Inflammation of vocal cords

☐ Inflammation of mucous membrane

☐ Thickening of vocal chords

☐ Nodules of vocal chords

☐ Submucous infiltration of vocal chords

☐ Vocal chord polyps

☐ Other *(describe):* _____

C6. HAS THE VETERAN HAD A PERMANENT TRACHEOSTOMY?

☐ YES ☐ NO *(If "Yes," describe reason for tracheostomy and potential for decannulation):*

## SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS *(Continued)*

### PART C - LARYNX AND PHARYNX CONDITIONS

C7. HAS THE VETERAN HAD AN INJURY TO THE PHARYNX?

☐ YES ☐ NO *(If "Yes," check all findings, signs and symptoms that apply):*

- ☐ Obstruction of the pharynx
- ☐ Obstruction of the nasopharynx
- ☐ Stricture of the pharynx
- ☐ Stricture of the nasopharynx
- ☐ Absence of the soft palate secondary to trauma
- ☐ Absence of the soft palate secondary to chemical burn
- ☐ Absence of the soft palate secondary to granulomatous disease
- ☐ Paralysis of the soft palate
- ☐ Swallowing difficulty
- ☐ Nasal regurgitation
- ☐ Speech impairment
- ☐ Other *(describe):* _____

C8. DOES THE VETERAN HAVE VOCAL CHORD PARALYSIS OR ANY OTHER PHARYNGEAL OR LARYNGEAL CONDITIONS?

☐ YES ☐ NO *(If "Yes," describe):*

### PART D - DEVIATED NASAL SEPTUM *(TRAUMATIC)*

D1. IS THERE AT LEAST 50% OBSTRUCTION OF THE NASAL PASSAGE ON BOTH SIDES DUE TO TRAUMATIC SEPTAL DEVIATION?

☐ YES ☐ NO

D2. IS THE VETERAN'S DEVIATED SEPTUM TRAUMATIC?

☐ YES ☐ NO

D3. IS THERE COMPLETE OBSTRUCTION ON LEFT SIDE DUE TO TRAUMATIC SEPTAL DEVIATION?

☐ YES ☐ NO

D4. IS THERE COMPLETE OBSTRUCTION ON RIGHT SIDE DUE TO TRAUMATIC SEPTAL DEVIATION?

☐ YES ☐ NO

### PART E - TUMORS AND NEOPLASMS

E1. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

☐ YES ☐ NO *(If "Yes," complete the following section)*

E2. IS THE NEOPLASM:

☐ BENIGN ☐ MALIGNANT

E3. HAS THE VETERAN COMPLETED TREATMENT OR IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR A BENIGN OR MALIGNANT NEOPLASM OR METASTASES?

☐ YES ☐ NO; WATCHFUL WAITING

*(If "Yes," indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply)):*

- ☐ Treatment completed; currently in watchful waiting status
- ☐ Surgery *(If checked, describe):* _____ *(Date(s) of surgery):* _____
- ☐ Radiation therapy
  *(Date of most recent treatment):* _____ *(Date of completion of treatment or anticipated date of completion):* _____
- ☐ Antineoplastic chemotherapy
  *(Date of most recent treatment):* _____ *(Date of completion of treatment or anticipated date of completion):* _____
- ☐ Other therapeutic procedure *(If checked, describe procedure):* _____
  *(Date of most recent procedure):* _____
- ☐ Other therapeutic treatment *(If checked, describe treatment):* _____
  *(Date of completion of treatment or anticipated date of completion):* _____

E4. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM *(including metastases)* OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE?

☐ YES ☐ NO *(If "Yes," list residual conditions and complications (brief summary)):*

## SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS *(Continued)*

### PART E - TUMORS AND NEOPLASMS *(Continued)*

E5. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTIONI, DESCRIBE USING THE ABOVE FORMAT:

### PART F - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

F1. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, DESCRIBE (*brief summary*):

F2. DOES THE VETERAN HAVE ANY SCARS (*surgical or otherwise*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM *(6 square inches)*; OR ARE LOCATED ON THE HEAD, FACE OR NECK? (An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar.)

☐ YES ☐ NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: _____ MEASUREMENTS: length _____ cm X width _____ cm.

**NOTE:** If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

F3. COMMENTS, IF ANY:

F4. DOES THE VETERAN HAVE LOSS OF PART OF THE NOSE OR OTHER SCARS OF THE NOSE EXPOSING BOTH NASAL PASSAGES?

☐ YES ☐ NO

F5. DOES THE VETERAN HAVE LOSS OF PART OF THE NOSE OR OTHER SCARS CAUSING LOSS OF PART OF ONE ALA?

☐ YES ☐ NO

F6. DOES THE VETERAN HAVE LOSS OF PART OF THE NOSE OR OTHER SCARS CAUSING ANY OTHER DISFIGUREMENT?

☐ YES ☐ NO

## SECTION IV - DIAGNOSTIC TESTING

**NOTE -** If testing has been performed and reflects the Veteran's current condition, repeat testing is not required. Specific diagnostic testing is not required for many conditions, but if performed, record in this section.

4A. HAVE IMAGING STUDIES OF THE SINUSES OR OTHER AREAS BEEN PERFORMED?

☒ YES ☐ NO

*(If "Yes," check all that apply)*

- ☐ Magnetic resonance imaging *(MRI)* Date: _____ Results: _____
- ☐ Computed tomography *(CT)* Date: _____ Results: _____
- ☒ X-rays: x-ray paranasal sinuses Date: 08/17/2020 Results: normal sinus cavities
- ☐ Other: _____ Date: _____ Results: _____

4B. HAS ENDOSCOPY BEEN PERFORMED?

☐ YES ☒ NO

*(If "Yes," check all that apply):*

- ☐ Nasal endoscopy Date: _____ Results: _____
- ☐ Laryngeal endoscopy Date: _____ Results: _____
- ☐ Bronchoscopy Date: _____ Results: _____
- ☐ Other endoscopy Date: _____ Results: _____

4C. HAS THE VETERAN HAD A BIOPSY OF THE LARYNX OR PHARYNX?

☐ YES ☒ NO

*(If "Yes," complete the following):*

Site of biopsy: _____ Date: _____

Results: ☐ Benign ☐ Pre-malignant ☐ Malignant

Describe results: _____

4D. HAS THE VETERAN HAD PULMONARY FUNCTION TESTING TO ASSESS FOR UPPER AIRWAY OBSTRUCTION DUE TO LARYNGEAL STENOSIS?

☐ YES ☒ NO

*If "Yes," indicate results:*

- ☐ FEV-1 of 71 to 80% predicted
- ☐ FEV-1 of 56 to 70% predicted
- ☐ FEV-1 of 40 to 55% predicted
- ☐ FEV-1 less than 40% predicted

*Is the Flow-Volume Loop compatible with upper airway obstruction?*

☐ YES ☐ NO

4E. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☒ NO *(If "Yes," provide type of test or procedure, date and results (brief summary)):*

## SECTION V - FUNCTIONAL IMPACT AND REMARKS

5A. DOES THE VETERAN'S SINUS, NOSE, THROAT, LARYNX OR PHARYNX CONDITION IMPACT HIS OR HER ABILITY TO WORK?

☒ YES ☐ NO *(If "Yes," describe impact of each of the veteran's sinus, nose, throat, larynx or pharynx conditions, providing one or more examples):*

Current OR if retired/unemployed, previous occupation:
unemployed, previously army
0-1 week work time lost in last 12 months
Veteran reports it is harder to run, due to chronic congestion and sniffles.

5B. REMARKS *(If any)*

Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any findings in this examination (not limited to claimed condition(s))? No
Is the Veteran homeless? No
Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.

*NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the application.*

## SECTION VII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

| 7A. PHYSICIAN'S SIGNATURE | 7B. PHYSICIAN'S PRINTED NAME | 7C. DATE SIGNED |
|---|---|---|
| John Smith | John Smith | 03/26/2020 |

| 7D. PHYSICIAN'S PHONE AND FAX NUMBERS | 7E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER | 7F. PHYSICIAN'S ADDRESS |
|---|---|---|
| 619-400-5555 | 123456 | 8810 Rio San Diego Dr |

**NOTE -** VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Department of Veterans Affairs

# INTERNAL VETERANS AFFAIRS USE
# SHOULDER AND ARM CONDITIONS
# DISABILITY BENEFITS QUESTIONNAIRE

| Name of Claimant/Veteran: | Claimant/Veteran's Social Security Number: | Date of Examination: |
|---|---|---|
| John James Rambo | xxxxx0012 | 08/26/2020 |

Note to examiner - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with VA 21-2507, C&P examination request? ☒ Yes ☐ No

How was the examination completed? (check all that apply)

☒ In-person examination

☒ Records reviewed

☐ Examination via approved video telehealth

☐ Other, please specify in comments box:

Comments:

## ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

☒ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

## EVIDENCE REVIEW

Evidence reviewed (check all that apply):

☐ Not requested

☐ VA claims file (hard copy paper C-file)

☒ VA e-folder

☐ VA electronic health record

☐ No records were reviewed

☒ Other (please identify other evidence reviewed):

Evidence comments:

JLV

## DOMINANT HAND

Dominant hand: ☒ Right ☐ Left ☐ Ambidextrous

## SECTION I - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire: Right shoulder injury with degenerative changes

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

☐ The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the remarks section)

| | | Side affected: | | | ICD Code: | Date of diagnosis: | |
|---|---|---|---|---|---|---|---|
| ☐ Shoulder strain | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: | |
| ☐ Shoulder impingement syndrome | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: | |
| ☐ Bicipital tendonitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: | |
| ☐ Bicipital tendon tear | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: | |
| ☒ Rotator cuff tendonitis | ☒ Right | ☐ Left | ☐ Both | | Right: s46.092s 2 | Left: | |

## SECTION I - DIAGNOSIS (continued)

| | Side affected: | | | ICD Code: | Date of diagnosis: | |
|---|---|---|---|---|---|---|
| ☐ Rotator cuff tear | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Labral tear, including SLAP (superior labral anterior-posterior lesion) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Subacromial/subdeltoid bursitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Glenohumeral joint osteoarthritis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Acromioclavicular joint osteoarthritis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Ankylosis of glenohumeral articulations (shoulder joint) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Glenohumeral joint instability | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Glenohumeral joint dislocation/recurrent dislocation | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Shoulder joint replacement (total shoulder arthroplasty/hemiarthroplasty) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Acromioclavicular joint separation | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Degenerative arthritis, other than post-traumatic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, gonorrheal | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, pneumococcic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, streptococcic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, syphilitic | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, rheumatoid (multi-joints) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Post-traumatic arthritis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Arthritis, typhoid | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Other specified forms of arthropathy (excluding gout) (specify) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Osteoporosis, residuals of | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Osteomalacia, residuals of | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Bones, neoplasm, benign | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Osteitis deformans | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Gout | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Bursitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Myositis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Heterotopic ossification | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinopathy (select one if known) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tendinosis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Tenosynovitis | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |
| ☐ Inflammatory - other types (specify) | ☐ Right | ☐ Left | ☐ Both | | Right: | Left: |

☐ Other (specify)

Other diagnosis #1

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: Date of diagnosis: Right: Left:

Other diagnosis #2

Side affected: ☐ Right ☐ Left ☐ Both ICD Code: Date of diagnosis: Right: Left:

If there are additional diagnoses that pertain to shoulder and/or arm conditions, list using above format:

## SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's shoulder and/or arm condition (brief summary):

History of R shoulder pain since 2013. Presents with limitations in ROM, strength, posture, function and endurance. He reports occasional pain and stiffness.

## SECTION II - MEDICAL HISTORY (continued)

2B. Does the Veteran report flare-ups of the shoulder and/or arm? ☒ Yes ☐ No

If yes, document the Veteran's description of the flare-ups he or she experiences, including the frequency, duration, characteristics, precipitating and alleviating factors, severity and/or extent of functional impairment he or she experiences during a flare-up of symptoms:

Patient reports pain with movement.

2C. Does the Veteran report having any functional loss or functional impairment of the joint or extremity being evaluated on this questionnaire, including but not limited to after repeated use over time? ☐ Yes ☒ No

If yes, document the Veteran's description of functional loss or functional impairment in his/her own words:

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION

There are several separate parameters requested for describing function of a joint. The question "Does this ROM contribute to a functional loss?" asks if there is a functional loss that can be ascribed to any documented loss of range of motion; and, unlike later questions, does not take into account the numerous other factors to be considered. Subsequent questions take into account additional factors such as pain, fatigue, weakness, lack of endurance, or incoordination. If there is pain noted on examination, it is important to understand whether or not that pain itself contributes to functional loss. Ideally, a claimant would be seen immediately after repetitive use over time or during a flare-up; however, this is not always feasible.

Information regarding joint function on repetitive use is broken up into two subsets. The first subset is based on observed repetitive use, and the second is based on functional loss associated with repeated use over time. The observed repetitive use section initially asks for objective findings after three or more repetitions of range of motion testing. The second subset provides a more global picture of functional loss associated with repetitive use over time. The latter takes into account medical probability of additional functional loss as a global view. This takes into account not only the objective findings noted on the examination, but also the subjective history provided by the claimant, as well as review of the available medical evidence.

Optimally, a description of any additional loss of function should be provided - such as what the degrees of range of motion would be opined to look like after repetitive use over time. However, when this is not feasible, an "as clear as possible" description of that loss should be provided. This same information (minus the three repetitions) is asked to be provided with regards to flare-ups.

| Right shoulder | Left shoulder |
|---|---|
| 3A. Initial ROM measurements | 3A. Initial ROM measurements |
| ☐ All normal ☒ Abnormal or outside of normal range | ☒ All normal ☐ Abnormal or outside of normal range |
| ☐ Unable to test ☐ Not indicated | ☐ Unable to test ☐ Not indicated |
| If "Unable to test" or "Not indicated" please explain: | If "Unable to test" or "Not indicated" please explain: |
| If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a hip/thigh condition, such as age, body habitus, neurologic disease), please describe: | If ROM is outside of "normal" range, but is normal for the Veteran (for reason other than a hip/thigh condition, such as age, body habitus, neurologic disease), please describe: |
| If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☒ No | If abnormal, does the range of motion itself contribute to a functional loss? (if yes, please explain) ☐ Yes ☐ No |

Note: For any joint condition, examiners should address pain on both passive and active motion, and on both weight-bearing and nonweight-bearing. Examiners should also test the contralateral joint (unless medically contraindicated). If testing cannot be performed or is medically contraindicated (such as it may cause the Veteran severe pain or the risk of further injury), an explanation must be given below. Please note any characteristics of pain observed on examination (such as facial expression or wincing on pressure or manipulation).

| | |
|---|---|
| Can testing be performed? ☒ Yes ☐ No If no, provide an explanation: | Can testing be performed? ☒ Yes ☐ No If no, provide an explanation: |
| If this is the unclaimed joint, is it: ☐ Damaged ☒ Undamaged | If this is the unclaimed joint, is it: ☐ Damaged ☒ Undamaged |
| If undamaged, range of motion testing must be conducted. | If undamaged, range of motion testing must be conducted. |

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

### 3A. Initial ROM measurements (continued)

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

| | | |
|---|---|---|
| Flexion endpoint (180 degrees): | 0-140 | degrees |
| Abduction endpoint (180 degrees): | 0-130 | degrees |
| Internal rotation endpoint (90 degrees): | 0-65 | degrees |
| External rotation endpoint (90 degrees): | 0-70 | degrees |

If noted on examination, which ROM exhibited pain? (select all that apply):

- ☐ Flexion
- ☐ Internal rotation
- ☐ Abduction
- ☐ External rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

- _____ Flexion degree endpoint (if different than above)
- _____ Abduction degree endpoint (if different than above)
- _____ Internal rotation degree endpoint (if different than above)
- _____ External rotation degree endpoint (if different than above)

Passive Range of Motion - Perform passive ROM and provide the ROM values.

| | | | |
|---|---|---|---|
| Flexion endpoint (180 degrees): | _____ | degrees | ☐ Same as active ROM |
| Abduction endpoint (180 degrees): | _____ | degrees | ☐ Same as active ROM |
| Internal rotation endpoint (90 degrees): | _____ | degrees | ☐ Same as active ROM |
| External rotation endpoint (90 degrees): | _____ | degrees | ☐ Same as active ROM |

If noted on examination, which ROM exhibited pain? (select all that apply):

- ☐ Flexion
- ☐ Internal rotation
- ☐ Abduction
- ☐ External rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

- _____ Flexion degree endpoint (if different than above)
- _____ Abduction degree endpoint (if different than above)
- _____ Internal rotation degree endpoint (if different than above)
- _____ External rotation degree endpoint (if different than above)

Is there evidence of pain? ☒ Yes ☐ No If yes check all that apply.

- ☐ Weight-bearing
- ☐ Nonweight-bearing
- ☒ Active motion
- ☐ Passive motion
- ☐ On rest/non-movement
- ☐ Does not result in/cause functional loss
- ☐ Causes functional loss (if checked describe in the comments box below)

### 3A. Initial ROM measurements (continued)

Active Range of Motion (ROM) - Perform active range of motion and provide the ROM values.

| | | |
|---|---|---|
| Flexion endpoint (180 degrees): | 0-180 | degrees |
| Abduction endpoint (180 degrees): | 0-180 | degrees |
| Internal rotation endpoint (90 degrees): | 0-90 | degrees |
| External rotation endpoint (90 degrees): | 0-90 | degrees |

If noted on examination, which ROM exhibited pain? (select all that apply):

- ☐ Flexion
- ☐ Internal rotation
- ☐ Abduction
- ☐ External rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

- _____ Flexion degree endpoint (if different than above)
- _____ Abduction degree endpoint (if different than above)
- _____ Internal rotation degree endpoint (if different than above)
- _____ External rotation degree endpoint (if different than above)

Passive Range of Motion - Perform passive ROM and provide the ROM values.

| | | | |
|---|---|---|---|
| Flexion endpoint (180 degrees): | _____ | degrees | ☐ Same as active ROM |
| Abduction endpoint (180 degrees): | _____ | degrees | ☐ Same as active ROM |
| Internal rotation endpoint (90 degrees): | _____ | degrees | ☐ Same as active ROM |
| External rotation endpoint (90 degrees): | _____ | degrees | ☐ Same as active ROM |

If noted on examination, which ROM exhibited pain? (select all that apply):

- ☐ Flexion
- ☐ Internal rotation
- ☐ Abduction
- ☐ External rotation

If any limitation of motion is specifically attributable to pain, weakness, fatigability, incoordination, or other; please note the degree(s) in which limitation of motion is specifically attributable to the factors identified and describe.

- _____ Flexion degree endpoint (if different than above)
- _____ Abduction degree endpoint (if different than above)
- _____ Internal rotation degree endpoint (if different than above)
- _____ External rotation degree endpoint (if different than above)

Is there evidence of pain? ☐ Yes ☒ No If yes check all that apply.

- ☐ Weight-bearing
- ☐ Nonweight-bearing
- ☐ Active motion
- ☐ Passive motion
- ☐ On rest/non-movement
- ☐ Does not result in/cause functional loss
- ☐ Causes functional loss (if checked describe in the comments box below)

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

### 3A. Initial ROM measurements (continued)

**Right shoulder**

Comments:

Is there objective evidence of crepitus? ☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☒ No
If yes, please explain. Include location, severity, and relationship to condition(s).

### 3A. Initial ROM measurements (continued)

**Left shoulder**

Comments:

Is there objective evidence of crepitus? ☐ Yes ☒ No

Is there objective evidence of localized tenderness or pain on palpation of the joint or associated soft tissue? ☐ Yes ☒ No
If yes, please explain. Include location, severity, and relationship to condition(s).

### 3B. Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?
☒ Yes ☐ No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?
☐ Yes ☒ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

### 3B.Observed repetitive use ROM

Is the Veteran able to perform repetitive-use testing with at least three repetitions?
☒ Yes ☐ No

If no, please explain:

Is there additional loss of function or range of motion after three repetitions?
☐ Yes ☒ No

If yes, please respond to the following after the completion of the three repetitions:

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

Note: When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and/or after repeated use over time in terms of additional loss of range of motion. In the exam report, the examiner is requested to provide an estimate of decreased range of motion (in degrees) that reflect frequency, duration, and during flare-ups - even if not directly observed during a flare-up and/or after repeated use over time.

### 3C. Repeated use over time

Is the Veteran being examined immediately after repeated use over time?
☒ Yes ☐ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ☐ Yes ☐ No

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

### 3C. Repeated use over time

Is the Veteran being examined immediately after repeated use over time?
☒ Yes ☐ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with repeated use over time? ☐ Yes ☐ No

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

### 3C. Repeated use over time (continued)

**Right shoulder**

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence here. (Must be specific to the case and based on all procurable evidence.)

### 3C. Repeated use over time (continued)

**Left shoulder**

Estimate range of motion in degrees for this joint immediately after repeated use over time based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence here. (Must be specific to the case and based on all procurable evidence.)

### 3D. Flare-ups

Is the examination being conducted during a flare-up?

☐ Yes ☐ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ☐ Yes ☐ No

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence here. (Must be specific to the case and based on all procurable evidence.)

### 3D. Flare-ups

Is the examination being conducted during a flare-up?

☐ Yes ☐ No

Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability with flare-ups? ☐ Yes ☐ No

Select factors that cause this functional loss (check all that apply):

☐ N/A ☐ Pain ☐ Fatigability ☐ Weakness

☐ Lack of endurance ☐ Incoordination

☐ Other _____

Estimate range of motion in degrees for this joint during flare-ups based on information procured from relevant sources including the lay statements of the Veteran.

Flexion endpoint (180 degrees): _____ degrees

Abduction endpoint (180 degrees): _____ degrees

Internal rotation endpoint (90 degrees): _____ degrees

External rotation endpoint (90 degrees): _____ degrees

The examiner should provide the estimated range of motion based on a review of all procurable information - to include the Veteran's statement on examination, case-specific evidence (to include medical treatment records when applicable and lay evidence), and the examiner's medical expertise. If, after evaluation of the procurable and assembled data, the examiner determines that it is not feasible to provide this estimate, the examiner should explain why an estimate cannot be provided. The explanation should not be based on an examiner's shortcomings or a general aversion to offering an estimate on issues not directly observed.

Please cite and discuss evidence here. (Must be specific to the case and based on all procurable evidence.)

## SECTION III - RANGE OF MOTION (ROM) AND FUNCTIONAL LIMITATION (continued)

### 3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Select all that apply and describe:

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability here:

3E. Additional factors contributing to disability

In addition to those addressed above, are there additional contributing factors of disability? Select all that apply and describe:

- ☐ None
- ☐ Interference with standing
- ☐ Disturbance of locomotion
- ☐ Less movement than normal
- ☐ Weakened movement
- ☐ Instability of station
- ☐ Interference with sitting
- ☐ Swelling
- ☐ Deformity
- ☐ More movement than normal
- ☐ Atrophy of disuse
- ☐ Other, describe:

Please describe additional contributing factors of disability here:

## SECTION IV - MUSCLE ATROPHY

### Right shoulder

4A. Does the Veteran have muscle atrophy? ☐ Yes ☐ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section? ☐ Yes ☐ No If no, provide rationale:

4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

☐ Right upper extremity (specify location of measurement such as "10cm above the anterior elbow crease" here):

Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm

### Left shoulder

4A. Does the Veteran have muscle atrophy? ☐ Yes ☐ No

4B. If yes, is the muscle atrophy due to the claimed condition in the diagnosis section? ☐ Yes ☐ No If no, provide rationale:

4C. For any muscle atrophy due to a diagnosis listed in Section I, indicate specific location of atrophy, providing measurements in centimeters of normal side and corresponding atrophied side, measured at maximum muscle bulk.

☐ Left upper extremity (specify location of measurement such as "10cm above the anterior elbow crease" here):

Circumference of more normal side: _____ cm Circumference of atrophied side: _____ cm

## SECTION V - ANKYLOSIS

Note: Ankylosis is the immobilization of a joint due to disease, injury, or surgical procedure.

5A. Is there ankylosis of the scapulohumeral (glenohumeral) articulation (shoulder joint) - (i.e., the scapula and humerus move as one piece)? ☐ Yes ☐ No
If yes, indicate the severity of the ankylosis:

- ☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head (favorable ankylosis)
- ☐ Ankylosis in abduction between favorable and unfavorable (intermediate ankylosis)
- ☐ Ankylosis in abduction at 25 degrees or less from side (unfavorable ankylosis)

5B. Indicate angle of ankylosis in degrees of abduction: _____ degrees

5C. If ankylosed, is there involvement of Muscle Group I (trapezius, levator scapulae, serratus magnus) and II (pectoralis major II (costosternal), latissimus dorsi and teres major, pectoralis minor; rhomboid)? ☐ Yes ☐ No If yes, complete the Muscle Injuries questionnaire.

5A. Is there ankylosis of the scapulohumeral (glenohumeral) articulation (shoulder joint) - (i.e., the scapula and humerus move as one piece)? ☐ Yes ☐ No
If yes, indicate the severity of the ankylosis:

- ☐ Ankylosis in abduction up to 60 degrees; can reach mouth and head (favorable ankylosis)
- ☐ Ankylosis in abduction between favorable and unfavorable (intermediate ankylosis)
- ☐ Ankylosis in abduction at 25 degrees or less from side (unfavorable ankylosis)

5B. Indicate angle of ankylosis in degrees of abduction: _____ degrees

5C. If ankylosed, is there involvement of Muscle Group I (trapezius, levator scapulae, serratus magnus) and II (pectoralis major II (costosternal), latissimus dorsi and teres major, pectoralis minor; rhomboid)? ☐ Yes ☐ No If yes, complete the Muscle Injuries questionnaire.

## SECTION VI - ROTATOR CUFF CONDITIONS

| 6A. Complete the following: | 6A. Complete the following: |
|---|---|
| Hawkins' Impingement Test: Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A | Hawkins' Impingement Test: Forward flex the arm to 90 degrees with the elbow bent to 90 degrees. Internally rotate arm. Pain on internal rotation indicates a positive test; may signify rotator cuff tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A |
| Empty Can Test: Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A | Empty Can Test: Abduct arm to 90 degrees and forward flex 30 degrees. Patient turns thumbs down and resists downward force applied by the examiner. Weakness indicates a positive test; may indicate rotator cuff pathology, including supraspinatus tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A |
| External rotation/infraspinatus strength test: Patient holds arms at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A | External rotation/infraspinatus strength test: Patient holds arms at side with elbow flexed 90 degrees. Patient externally rotates against resistance. Weakness indicates a positive test; may be associated with infraspinatus tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A |
| Lift-off subscapularis test: Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A | Lift-off subscapularis test: Patient internally rotates arm behind lower back, pushes against examiner's hand. Weakness indicates a positive test; may indicate subscapularis tendinopathy or tear.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A |
| 6B. If unable to test, is a rotator cuff condition suspected? ☐ Yes ☐ No<br>If yes, please describe: | 6B. If unable to test, is a rotator cuff condition suspected? ☐ Yes ☐ No<br>If yes, please describe: |

## SECTION VII - SHOULDER INSTABILITY, DISLOCATION OR LABRAL PATHOLOGY

| Right shoulder | Left shoulder |
|---|---|
| 7A. Complete the following:<br>Crank Apprehension and Relocation Test: With patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of instability with further external rotation may indicate shoulder instability.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A | 7A. Complete the following:<br>Crank Apprehension and Relocation Test: With patient supine, abduct patient's arm to 90 degrees and flex elbow 90 degrees. Pain and sense of instability with further external rotation may indicate shoulder instability.<br>☐ Positive ☐ Negative ☐ Unable to test ☐ N/A |
| 7B. If unable to test, is shoulder instability, dislocation or labral pathology suspected?<br>☐ Yes ☐ No If yes, please describe | 7B. If unable to test, is shoulder instability, dislocation or labral pathology suspected?<br>☐ Yes ☐ No If yes, please describe: |
| 7C. Is there shoulder instability, dislocation or labral pathology? ☐ Yes ☐ No | 7C. Is there shoulder instability, dislocation or labral pathology? ☐ Yes ☐ No |
| 7D. Does the Veteran have mechanical symptoms (clicking, catching, etc.)?<br>☐ Yes ☐ No | 7D. Does the Veteran have mechanical symptoms (clicking, catching, etc.)?<br>☐ Yes ☐ No |
| 7E. Are there current residuals of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint? ☐ Yes ☐ No If yes, check all that apply:<br>☐ Infrequent episodes and guarding of movement only at shoulder level (flexion and/or abduction at 90°)<br>☐ Frequent episodes and guarding of all arm movements<br>Affects range of motion? ☐ Yes ☐ No | 7E. Are there current residuals of recurrent dislocation (subluxation) of the glenohumeral (scapulohumeral) joint? ☐ Yes ☐ No If yes, check all that apply:<br>☐ Infrequent episodes and guarding of movement only at shoulder level (flexion and/or abduction at 90°)<br>☐ Frequent episodes and guarding of all arm movements<br>Affects range of motion? ☐ Yes ☐ No |

## SECTION VIII - CLAVICLE, SCAPULA, ACROMIOCLAVICULAR (AC) JOINT AND STERNOCLAVICULAR JOINT CONDITIONS

8A. Complete the following:

Cross-body adduction test: Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology.

☐ Positive ☐ Negative ☐ Unable to test ☐ N/A

8B. If unable to test, is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected? ☐ Yes ☐ No If yes, please describe:

8C. Is there a clavicle, scapula, acromioclavicular (AC) joint, sternoclavicular joint condition or other impairment? ☐ Yes ☐ No If yes, indicate severity:

☐ Malunion of clavicle or scapula

☐ Nonunion of clavicle or scapula without loose movement

☐ Nonunion of clavicle or scapula with loose movement

☐ Dislocation (acromioclavicular separation or sternoclavicular dislocation)

☐ Other (describe):

8D. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral joint)? ☐ Yes ☐ No

8E. Is there tenderness on palpation of the AC joint? ☐ Yes ☐ No

8A. Complete the following:

Cross-body adduction test: Passively adduct arm across the patient's body toward the contralateral shoulder. Pain may indicate acromioclavicular joint pathology.

☐ Positive ☐ Negative ☐ Unable to test ☐ N/A

8B. If unable to test, is a clavicle, scapula, acromioclavicular (AC) joint or sternoclavicular joint condition suspected? ☐ Yes ☐ No If yes, please describe:

8C. Is there a clavicle, scapula, acromioclavicular (AC) joint, sternoclavicular joint condition or other impairment? ☐ Yes ☐ No If yes, indicate severity:

☐ Malunion of clavicle or scapula

☐ Nonunion of clavicle or scapula without loose movement

☐ Nonunion of clavicle or scapula with loose movement

☐ Dislocation (acromioclavicular separation or sternoclavicular dislocation)

☐ Other (describe):

8D. Does the clavicle or scapula condition affect range of motion of the shoulder (glenohumeral joint)? ☐ Yes ☐ No

8E. Is there tenderness on palpation of the AC joint? ☐ Yes ☐ No

## SECTION IX - CONDITIONS OR IMPAIRMENTS OF THE HUMERUS

9A. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus? ☐ Yes ☐ No If yes, check all that apply:

☐ Loss of head (flail shoulder) ☐ Nonunion (false flail shoulder) ☐ Fibrous union

9B. Does the Veteran have malunion of the humerus with moderate or marked deformity?: ☐ Yes ☐ No If yes,indicate severity:

☐ Moderate deformity ☐ Marked deformity

9C. Does the humerus condition affect range of motion of the shoulder (glenohumeral joint)? ☐ Yes ☐ No

9A. Does the Veteran have loss of head (flail shoulder), nonunion (false flail shoulder), or fibrous union of the humerus? ☐ Yes ☐ No If yes, check all that apply:

☐ Loss of head (flail shoulder) ☐ Nonunion (false flail shoulder) ☐ Fibrous union

9B. Does the Veteran have malunion of the humerus with moderate or marked deformity?: ☐ Yes ☐ No If yes,indicate severity:

☐ Moderate deformity ☐ Marked deformity

9C. Does the humerus condition affect range of motion of the shoulder (glenohumeral joint)? ☐ Yes ☐ No

## SECTION X - SURGICAL PROCEDURES

10. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total shoulder joint replacement Date of surgery: _____

Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain, or limitation of motion

☐ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe: _____

☐ Arthroscopic or other shoulder surgery

Date of Surgery: _____ Type of Surgery: _____

Describe residuals:

10. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☐ No surgery

☐ Total shoulder joint replacement Date of surgery: _____

Residuals: ☐ None ☐ Intermediate degrees of residual weakness, pain, or limitation of motion

☐ Chronic residuals consisting of severe painful motion or weakness

☐ Other residuals, describe: _____

☐ Arthroscopic or other shoulder surgery

Date of Surgery: _____ Type of Surgery: _____

Describe residuals:

## SECTION XI - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

11A. Does the Veteran have any other pertinent physical findings, complications, signs, or symptoms related to any conditions listed in the diagnosis section above?
☐ Yes ☐ No If yes, describe (brief summary):

11B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?
☐ Yes ☐ No If yes, also complete the appropriate dermatological questionnaire.

11C. Comments, if any:

## SECTION XII - ASSISTIVE DEVICES

12A. Does the Veteran use any assistive devices? ☐ Yes ☐ No

If yes, identify the assistive devices used. Check all that apply and indicate frequency:

☐ Brace Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

☐ Other, describe: _____ Frequency of use: ☐ Occasional ☐ Regular ☐ Constant

12B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition:

## SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

Note: The intention of this section is to permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should undergo an amputation with fitting of a prothesis. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an amputation and prosthesis, the examiner should check "yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the same degree as if there were an amputation of the affected limb.

13A. Due to the Veteran's shoulder or arm condition(s), is there functional impairment of an extremity such that no effective functions remain other than that which would be equally well-served by an amputation with prosthesis (functions of the upper extremity include grasping, manipulation, etc.)?

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran

☐ No

If yes, indicate extremities for which this applies: ☐ Right upper ☐ Left upper

13B. For each checked extremity, identify the condition causing loss of function, describe loss of effective function, and provide specific examples (brief summary):

## SECTION XIV - DIAGNOSTIC TESTING

Note: Testing listed below is not indicated for every condition. The diagnosis of degenerative arthritis (osteoarthritis) or post-traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, even if in the past, no further imaging studies are required by VA, even if arthritis has worsened.

14A. Have imaging studies been performed in conjunction with this examination? ☒ Yes ☐ No

14B. If yes, is degenerative or post-traumatic arthritis documented? ☐ Yes ☒ No If yes, indicate side: ☐ Right ☐ Left ☐ Both

14C. If yes, provide type of test or procedure, date and results (brief summary):

## SECTION XIV - DIAGNOSTIC TESTING (continued)

14D. Are there any other significant diagnostic test findings or results related to the claimed condition(s) and/or diagnosis(es), that were reviewed in conjunction with this examination?
☐ Yes ☐ No If yes, provide type of test or procedure, date and results (brief summary):

14E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed condition(s):

## SECTION XV - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

15A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)? ☐ Yes ☐ No If yes, describe the functional impact of each condition, providing one or more examples:

## SECTION XVI - REMARKS

16A. Remarks (if any – please identify the section to which the remark pertains when appropriate):

For issue of right shoulder pain refer to diagnosis section

## SECTION XVII - EXAMINER'S CERTIFICATION AND SIGNATURE

**CERTIFICATION -** To the best of my knowledge, the information contained herein is accurate, complete and current.

| 17A. Examiner's signature | 17B. Examiner's printed name: | 17C. Date signed |
|---|---|---|
| | Robert Smith NP | 08/26/2020 |

| 17D. Examiner's phone/fax numbers | 17E. National Provider Identifier (NPI) number | 17F. Medical license number and state |
|---|---|---|
| 619-400-1234 | 123456 | 123456 |

17G. Examiner's address

8810 rio san diego dr, san diego, ca 92108

Department of Veterans Affairs

# INTERNAL VETERANS AFFAIRS USE
# HEARING LOSS AND TINNITUS
# DISABILITY BENEFITS QUESTIONNAIRE

**IMPORTANT -** THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** **OR** ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

| NAME OF PATIENT/VETERAN | PATIENT/VETERAN'S SOCIAL SECURITY NUMBER |
|---|---|
| John James Rambo | xxx-xx-0012 |

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☒ YES ☐ NO

How was the examination completed? (check all that apply)

- ☒ In-person examination
- ☐ Records reviewed
- ☐ Examination via approved video telehealth
- ☐ Other, please specify in comments box:

Comments:

## ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

## EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

- ☐ Not requested
- ☐ VA claims file (hard copy paper C-file
- ☐ VA e-folder (VBMS or Virtual VA
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):
- ☐ No records were reviewed

EVIDENCE COMMENTS:

**NOTE:** This form is only for use by VHA staff or contract examiners.

This exam is for:

- ☐ Tinnitus only (audiologist or non-audiologist clinician) If this exam is for tinnitus only, complete section 2 only. Otherwise complete entire form.
- ☒ Hearing loss and/or tinnitus (audiologist, performing current exam)
- ☐ Hearing loss and/or tinnitus (audiologist or non-audiologist clinician, using audiology report of record that represents Veteran's current condition)

If using audiology report of record, date audiology exam was performed:

## SECTION 1: HEARING LOSS (HL)

**Note: All testing must be conducted in accordance with the following instructions to be valid for VA disability evaluation purposes.**

**Instructions**: An examination of hearing impairment must be conducted by a state-licensed audiologist and must include a controlled speech discrimination test (specifically, the Maryland CNC recording) and a puretone audiometry test in a sound isolated booth that meets American National Standards Institute standards (ANSI S3.1.1999 [R2004]) for ambient noise. Measurements will be reported at the frequencies of 500, 1000, 2000, 3000, and 4000 Hz.

The examination will include the following tests: Puretone audiometry by air conduction at 250, 500, 1000, 2000, 3000, 4000, 6000 Hz and 8000 Hz, and by bone conduction at 250, 500, 1000, 2000, 3000, and 4000 Hz, spondee thresholds, speech discrimination using the recorded Maryland CNC Test, tympanometry and acoustic reflex tests (ipsilateral and contralateral), and, when necessary, Stenger tests. Bone conduction thresholds are measured when the air conduction thresholds are poorer than 15 dB HL. A modified Hughson-Westlake procedure will be used with appropriate masking. A Stenger must be administered whenever puretone air conduction thresholds at 500, 1000, 2000, 3000, and 4000 Hz differ by 20 dB or more between the two ears.

Maximum speech discrimination will be reported with the 50 word VA approved recording of the Maryland CNC test. The starting presentation level will be 40 dB re SRT. If necessary, the starting level will be adjusted upward to obtain a level at least 5 dB above the threshold at 2000 Hz, if not above the patient's tolerance level.

The examination will be conducted without the use of hearing aids. Both ears must be examined for hearing impairment even if hearing loss in only one ear is at issue.

When speech discrimination is 92% or less, a performance intensity function must be obtained.

A comprehensive audiological evaluation should include evaluation results for puretone thresholds by air and bone conduction (500-8000 Hz), speech reception thresholds (SRT), speech discrimination scores, and acoustic immittance with acoustic reflexes (ipsilateral and contralateral reflexes). Tests for non-organicity must be performed when indicated.

### 1. OBJECTIVE FINDINGS

A. PURETONE THRESHOLDS IN DECIBELS (AIR CONDUCTION):

Instructions: Measure and record puretone threshold values in decibels at the indicated frequencies (air conduction). Report the decibel (dB) value, which ranges from - 10 dB to 105 dB, for each of the frequencies. Add a plus behind the decibel value when a maximum value has been reached with a failure of response from the Veteran. In those circumstances where the average includes a failure of response at either the maximum allowable limit (105 dB) or the maximum limits of the audiometer, use this maximum decibel value of the failure of response in the puretone threshold average calculation.

If the Veteran could not be tested (CNT), enter CNT and state the reason why the Veteran could not be tested. Clearly inaccurate, invalid or unreliable test results should not be reported.

The puretone threshold at 500 Hz is not used in calculating the puretone threshold average for evaluation purposes but is used in determining whether or not for VA purposes, hearing impairment reaches the level of a disability. The puretone threshold average requires the decibel levels of each of the required frequencies (1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz) be recorded for the test to be valid for determination of a hearing impairment.

RIGHT EAR

| A | B | C | D | E | F | G | |
|---|---|---|---|---|---|---|---|
| 500 Hz* | 1000 Hz* | 2000 Hz* | 3000 Hz* | 4000 Hz* | 6000 Hz* | 8000 Hz* | Avg Hz (B-E)** |
| 15 | 15 | 25 | 25 | 25 | 20 | 25 | 22.5 |

LEFT EAR

| A | B | C | D | E | F | G | |
|---|---|---|---|---|---|---|---|
| 500 Hz* | 1000 Hz* | 2000 Hz* | 3000 Hz* | 4000 Hz* | 6000 Hz* | 8000 Hz* | Avg Hz (B-E)** |
| 20 | 15 | 25 | 25 | 30 | 20 | 35 | 23.75 |

*The puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.
**The average of B, C, D, and E.
***CNT - Could Not Test

B. WERE THERE ONE OR MORE FREQUENCY(IES) THAT COULD NOT BE TESTED?

☐ YES ☒ NO *If yes, enter CNT in the box for frequency(ies) that could not be tested, and explain why testing could not be done:*

C. VALIDITY OF PURETONE TEST RESULTS:

☒ Test results are valid for rating purposes.

☐ Test results are not valid for rating purposes (not indicative of organic hearing loss).

If invalid, provide reason:

D. SPEECH DISCRIMINATION SCORE (MARYLAND CNC WORD LIST)

Instructions on pausing: Examiners should pause when necessary during speech discrimination tests, in order to give the Veteran sufficient time to respond. This will ensure that the test results are based on actual hearing loss rather than on the effects of other problems that might slow a Veteran's response. There are a variety of problems that might require pausing, for example, the presence of cognitive impairment. It is up to the examiner to determine when to use pausing and the length of the pauses.

| | | |
|---|---|---|
| RIGHT EAR | 100 | % |
| LEFT EAR | 100 | % |

E. APPROPRIATENESS OF USE OF WORD RECOGNITION SCORE (MARYLAND CNC WORD LIST):

RIGHT EAR:

IS WORD DISCRIMINATION SCORE AVAILABLE?

☒ YES ☐ NO

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

LEFT EAR:

IS WORD DISCRIMINATION SCORE AVAILABLE?

☒ YES ☐ NO

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

F. AUDIOLOGIC FINDINGS

Summary of Immittance (Tympanometry) Findings:

| | RIGHT EAR | | LEFT EAR | |
|---|---|---|---|---|
| ACOUSTIC IMMITTANCE | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| IPSILATERAL ACOUSTIC REFLEXES | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| CONTRALATERAL ACOUSTIC REFLEXES | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| UNABLE TO INTERPRET REFLEXES DUE TO ARTIFACT | ☐ | | ☐ | |
| UNABLE TO OBTIAN / MAINTAIN SEAL | ☐ | | ☐ | |

## 2. DIAGNOSIS

RIGHT EAR

☒ Normal hearing

☐ Conductive hearing loss — ICD CODE:

☐ Mixed hearing loss — ICD CODE:

☐ Sensorineural hearing loss (in frequency range of 500-4000 Hz)* — ICD CODE:

☐ Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)** — ICD CODE:

☐ Significant changes in hearing thresholds in service*** — ICD CODE:

LEFT EAR

☐ Normal hearing

☐ Conductive hearing loss — ICD CODE:

☐ Mixed hearing loss — ICD CODE:

☒ Sensorineural hearing loss (in frequency range of 500-4000 Hz)* — ICD CODE: H90

☒ Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)** — ICD CODE: H90

☐ Significant changes in hearing thresholds in service***

**NOTES:**

*The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.

** The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.

***The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

## 3. ETIOLOGY

☐ ETIOLOGY OPINION NOT INDICATED AS: ☐ SERVICE CONNECTED CONDITION ☐ VBA DID NOT REQUEST ETIOLOGY

RIGHT EAR

WAS THERE A PERMANENT POSITIVE THRESHOLD SHIFT (WORSE THAN REFERENCE THRESHOLD) GREATER THAN NORMAL MEASUREMENT VARIABILITY AT ANY FREQUESCY BETWEEN 500 AND 6000 HZ FOR THE RIGHT EAR?

☐ YES ☒ NO

OPINION PROVIDED FOR THE RIGHT EAR:

☐ YES ☒ NO

## 3. ETIOLOGY *(continued)*

RIGHT EAR *(continued)*

IF PRESENT, IS THE VETERAN'S RIGHT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

☐ YES
☐ NO
☐ CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S RIGHT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

RATIONALE (Provide rationale for either a yes, no answer or speculation reason):

DID HEARING LOSS EXIST PRIOR TO SERVICE?

☐ YES ☐ NO

IF YES, WAS THE PRE-EXISTING HEARING LOSS AGGRAVATED BEYOND NORMAL PROGRESSION IN MILITARY SERVICE?

☐ YES ☐ NO

PROVIDE RATIONALE FOR BOTH YES OR NO:

LEFT EAR

WAS THERE A PERMANENT POSITIVE THRESHOLD SHIFT (WORSE THAN REFERENCE THRESHOLD) GREATER THAN NORMAL MEASUREMENT VARIABILITY AT ANY FREQUESCY BETWEEN 500 AND 6000 HZ FOR THE LEFT EAR?

☐ YES ☒ NO

OPINION PROVIDED FOR THE LEFT EAR:

☐ YES ☒ NO

IF PRESENT, IS THE VETERAN'S LEFT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

☐ YES
☐ NO
☐ CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S LEFT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

RATIONALE (Provide rationale for either a yes, no answer or speculation reason):

DID HEARING LOSS EXIST PRIOR TO SERVICE?

☐ YES ☒ NO

IF YES, WAS THE PRE-EXISTING HEARING LOSS AGGRAVATED BEYOND NORMAL PROGRESSION IN MILITARY SERVICE?

☐ YES ☐ NO

PROVIDE RATIONALE FOR BOTH YES OR NO:

## 4. FUNCTIONAL IMPACT OF HEARING LOSS

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e., the current complaint of hearing loss on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

DOES THE VETERAN'S HEARING LOSS IMPACT ORDINARY CONDITIONS OF DAILY LIFE, INCLUDING ABILITY TO WORK?

☒ YES ☐ NO

IF YES, DESCRIBE IMPACT IN THE VETERAN'S OWN WORDS:

Difficulty understanding those around me. Required to stand close to understand. Still on active duty as special forces.

**5. REMARKS, IF ANY, PERTAINING TO HEARING LOSS:**

Pre-military: None During-military: M9 handgun, M16 rifle, M4 Rifle, M249 Rifle, hand grenade training, right handed shooter. 30+ years as a active duty special forces. aircraft.
The examinee reports serving in the Army. The examinee indicates they served a total of 40+ year(s). The period(s) of service were from: 11/17/1965 to 7/31/2020.The examinee was in service during Vietnam War, Gulf War, Afghan War and Iraq War. The examinee reports that they participated in combat activity.
For the claimant's claimed condition of hearing loss, left please refer to the diagnosis

## SECTION 2: TINNITUS

### 1. MEDICAL HISTORY

DOES THE VETERAN REPORT RECURRENT TINNITUS?

☒ YES ☐ NO

DATE AND CIRCUMSTANCES OF ONSET OF TINNITUS:

Approximately 20 years ago after a night of flying on a C130 I noticed a ringing in my ears while trying to go to sleep. The reported tinnitus is constant. The side(s) affected:
Both

### 2. ETIOLOGY OF TINNITUS

SELECT ANSWER BELOW AND PROVIDE RATIONALE WHERE REQUESTED:

☐ ETIOLOGY OPINION NOT INDICATED AS: ☐ SERVICE CONNECTED CONDITION ☐ VBA DID NOT REQUEST ETIOLOGY

☐ THE VETERAN HAS A DIAGNOSIS OF CLINICAL HEARING LOSS, AND HIS OR HER TINNITUS IS AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) A SYMPTOM ASSOCIATED WITH THE HEARING LOSS, AS TINNITUS IS KNOWN TO BE A SYMPTOM ASSOCIATED WITH HEARING LOSS.

☐ LESS LIKELY THAN NOT (LESS THAN 50% PROBABILITY) A SYMPTOM ASSOCIATED WITH THE VETERAN'S HEARING LOSS
RATIONALE:

☐ AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE
RATIONALE:

☐ AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) DUE TO A KNOWN ETIOLOGY *(such as traumatic brain injury)*
RATIONALE:

☐ LESS LIKELY THAN NOT (LESS THAN 50% PROBABILITY) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE
RATIONALE:

☒ CANNOT PROVIDE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S TINNITUS WITHOUT RESORTING TO SPECULATION
REASON SPECULATION REQUIRED:

See remarks

## 3. FUNCTIONAL IMPACT OF TINNITUS

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e., the current complaint on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

DOES THE VETERAN'S TINNITUS IMPACT ORDINARY CONDITIONS OF DAILY LIFE, INCLUDING ABILITY TO WORK?

☒ YES ☐ NO

IF YES, DESCRIBE IMPACT IN THE VETERAN'S OWN WORDS

Ringing makes it difficult to focus for sustained periods.

## 4. REMARKS, IF ANY, PERTAINING TO TINNITUS

For issue of hearing loss please refer to diagnosis section.
For the issue of Tinnitus, I am unable to provide diagnosis without mere speculation.

## SECTION 3: PHYSICIAN'S CERTIFICATION AND SIGNATURE

**CERTIFICATION -** To the best of my knowledge, the information contained herein is accurate, complete and current.

| 3A. AUDIOLOGIST/PHYSICIAN SIGNATURE & TITLE | 3B. AUDIOLOGIST/PHYSICIAN PRINTED NAME |
|---|---|
| | Richard Jones Nurse Practitioner |
| 3C. DATE SIGNED | 3D. AUDIOLOGIST/PHYSICIAN PHONE AND FAX NUMBER<br>619-400-1234 |
| 3E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER<br>NPI: 1256666 Lic#:A#697 AR | 3F. AUDIOLOGIST/PHYSICIAN ADDRESS<br>8810 Rio San Diego Drive, San Diego, CA 92108 |

**NOTE -** VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

**IMPORTANT -** Audiologist/Physician please fax the completed form to _____
*(VA Regional Office FAX No.)*

**NOTE -** A list of VA Regional Office FAX Numbers can be found at **www.benefits.va.gov/disabilityexams** or obtained by calling 1-800-827-1000.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Department of Veterans Affairs

# INTERNAL VETERANS AFFAIRS USE
# HEARING LOSS AND TINNITUS
# DISABILITY BENEFITS QUESTIONNAIRE

**IMPORTANT -** THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** **OR** ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

| NAME OF PATIENT/VETERAN | PATIENT/VETERAN'S SOCIAL SECURITY NUMBER |
|---|---|
| John James Rambo | xxx-xx-0012 |

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☒ YES ☐ NO

How was the examination completed? (check all that apply)

- ☒ In-person examination
- ☒ Records reviewed
- ☒ Examination via approved video telehealth
- ☐ Other, please specify in comments box:

Comments:

## ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

## EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

- ☐ Not requested
- ☐ VA claims file (hard copy paper C-file
- ☒ VA e-folder (VBMS or Virtual VA
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):
- ☐ No records were reviewed

EVIDENCE COMMENTS:

All pertinent information was reviewed. Audiogram dated 2000 and last audiogram on file dated 2018 show hearing within normal limits bilaterally. Veteran is currently in the
Army serving with an MOS of special forces, which has a high probability of hazardous noise exposure. In addition, he fought in combat during the Vietnam War.

**NOTE:** This form is only for use by VHA staff or contract examiners.

This exam is for:

- ☐ Tinnitus only (audiologist or non-audiologist clinician) If this exam is for tinnitus only, complete section 2 only. Otherwise complete entire form.
- ☒ Hearing loss and/or tinnitus (audiologist, performing current exam)
- ☐ Hearing loss and/or tinnitus (audiologist or non-audiologist clinician, using audiology report of record that represents Veteran's current condition)

If using audiology report of record, date audiology exam was performed:

## SECTION 1: HEARING LOSS (HL)

**Note: All testing must be conducted in accordance with the following instructions to be valid for VA disability evaluation purposes.**

**Instructions**: An examination of hearing impairment must be conducted by a state-licensed audiologist and must include a controlled speech discrimination test (specifically, the Maryland CNC recording) and a puretone audiometry test in a sound isolated booth that meets American National Standards Institute standards (ANSI S3.1.1999 [R2004]) for ambient noise. Measurements will be reported at the frequencies of 500, 1000, 2000, 3000, and 4000 Hz.

The examination will include the following tests: Puretone audiometry by air conduction at 250, 500, 1000, 2000, 3000, 4000, 6000 Hz and 8000 Hz, and by bone conduction at 250, 500, 1000, 2000, 3000, and 4000 Hz, spondee thresholds, speech discrimination using the recorded Maryland CNC Test, tympanometry and acoustic reflex tests (ipsilateral and contralateral), and, when necessary, Stenger tests. Bone conduction thresholds are measured when the air conduction thresholds are poorer than 15 dB HL. A modified Hughson-Westlake procedure will be used with appropriate masking. A Stenger must be administered whenever puretone air conduction thresholds at 500, 1000, 2000, 3000, and 4000 Hz differ by 20 dB or more between the two ears.

Maximum speech discrimination will be reported with the 50 word VA approved recording of the Maryland CNC test. The starting presentation level will be 40 dB re SRT. If necessary, the starting level will be adjusted upward to obtain a level at least 5 dB above the threshold at 2000 Hz, if not above the patient's tolerance level.

The examination will be conducted without the use of hearing aids. Both ears must be examined for hearing impairment even if hearing loss in only one ear is at issue.

When speech discrimination is 92% or less, a performance intensity function must be obtained.

A comprehensive audiological evaluation should include evaluation results for puretone thresholds by air and bone conduction (500-8000 Hz), speech reception thresholds (SRT), speech discrimination scores, and acoustic immittance with acoustic reflexes (ipsilateral and contralateral reflexes). Tests for non-organicity must be performed when indicated.

### 1. OBJECTIVE FINDINGS

A. PURETONE THRESHOLDS IN DECIBELS (AIR CONDUCTION):

Instructions: Measure and record puretone threshold values in decibels at the indicated frequencies (air conduction). Report the decibel (dB) value, which ranges from - 10 dB to 105 dB, for each of the frequencies. Add a plus behind the decibel value when a maximum value has been reached with a failure of response from the Veteran. In those circumstances where the average includes a failure of response at either the maximum allowable limit (105 dB) or the maximum limits of the audiometer, use this maximum decibel value of the failure of response in the puretone threshold average calculation.

If the Veteran could not be tested (CNT), enter CNT and state the reason why the Veteran could not be tested. Clearly inaccurate, invalid or unreliable test results should not be reported.

The puretone threshold at 500 Hz is not used in calculating the puretone threshold average for evaluation purposes but is used in determining whether or not for VA purposes, hearing impairment reaches the level of a disability. The puretone threshold average requires the decibel levels of each of the required frequencies (1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz) be recorded for the test to be valid for determination of a hearing impairment.

RIGHT EAR

| A | B | C | D | E | F | G | |
|---|---|---|---|---|---|---|---|
| 500 Hz* | 1000 Hz* | 2000 Hz* | 3000 Hz* | 4000 Hz* | 6000 Hz* | 8000 Hz* | Avg Hz (B-E)** |
| 15 | 15 | 25 | 25 | 25 | 20 | 25 | 22.5 |

LEFT EAR

| A | B | C | D | E | F | G | |
|---|---|---|---|---|---|---|---|
| 500 Hz* | 1000 Hz* | 2000 Hz* | 3000 Hz* | 4000 Hz* | 6000 Hz* | 8000 Hz* | Avg Hz (B-E)** |
| 20 | 15 | 25 | 25 | 30 | 20 | 35 | 23.75 |

*The puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.
**The average of B, C, D, and E.
***CNT - Could Not Test

B. WERE THERE ONE OR MORE FREQUENCY(IES) THAT COULD NOT BE TESTED?

☐ YES ☒ NO *If yes, enter CNT in the box for frequency(ies) that could not be tested, and explain why testing could not be done:*

C. VALIDITY OF PURETONE TEST RESULTS:

☒ Test results are valid for rating purposes.

☐ Test results are not valid for rating purposes (not indicative of organic hearing loss).

If invalid, provide reason:

D. SPEECH DISCRIMINATION SCORE (MARYLAND CNC WORD LIST)

Instructions on pausing: Examiners should pause when necessary during speech discrimination tests, in order to give the Veteran sufficient time to respond. This will ensure that the test results are based on actual hearing loss rather than on the effects of other problems that might slow a Veteran's response. There are a variety of problems that might require pausing, for example, the presence of cognitive impairment. It is up to the examiner to determine when to use pausing and the length of the pauses.

| | | |
|---|---|---|
| RIGHT EAR | 100 | % |
| LEFT EAR | 100 | % |

E. APPROPRIATENESS OF USE OF WORD RECOGNITION SCORE (MARYLAND CNC WORD LIST):

RIGHT EAR:

IS WORD DISCRIMINATION SCORE AVAILABLE?

☒ YES ☐ NO

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

LEFT EAR:

IS WORD DISCRIMINATION SCORE AVAILABLE?

☒ YES ☐ NO

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

F. AUDIOLOGIC FINDINGS

Summary of Immittance (Tympanometry) Findings:

| | RIGHT EAR | | LEFT EAR | |
|---|---|---|---|---|
| ACOUSTIC IMMITTANCE | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| IPSILATERAL ACOUSTIC REFLEXES | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| CONTRALATERAL ACOUSTIC REFLEXES | ☒ Normal | ☐ Abnormal | ☒ Normal | ☐ Abnormal |
| UNABLE TO INTERPRET REFLEXES DUE TO ARTIFACT | ☐ | | ☐ | |
| UNABLE TO OBTIAN / MAINTAIN SEAL | ☐ | | ☐ | |

## 2. DIAGNOSIS

RIGHT EAR

☒ Normal hearing

☐ Conductive hearing loss — ICD CODE:

☐ Mixed hearing loss — ICD CODE:

☐ Sensorineural hearing loss (in frequency range of 500-4000 Hz)* — ICD CODE:

☐ Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)** — ICD CODE:

☐ Significant changes in hearing thresholds in service*** — ICD CODE:

LEFT EAR

☐ Normal hearing

☐ Conductive hearing loss — ICD CODE:

☐ Mixed hearing loss — ICD CODE:

☒ Sensorineural hearing loss (in frequency range of 500-4000 Hz)* — ICD CODE: H90

☒ Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)** — ICD CODE: H90

☐ Significant changes in hearing thresholds in service***

**NOTES:**

*The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.

** The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.

***The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

## 3. ETIOLOGY

☐ ETIOLOGY OPINION NOT INDICATED AS: ☐ SERVICE CONNECTED CONDITION ☐ VBA DID NOT REQUEST ETIOLOGY

RIGHT EAR

WAS THERE A PERMANENT POSITIVE THRESHOLD SHIFT (WORSE THAN REFERENCE THRESHOLD) GREATER THAN NORMAL MEASUREMENT VARIABILITY AT ANY FREQUESCY BETWEEN 500 AND 6000 HZ FOR THE RIGHT EAR?

☐ YES ☒ NO

OPINION PROVIDED FOR THE RIGHT EAR:

☐ YES ☒ NO

## 3. ETIOLOGY *(continued)*

RIGHT EAR *(continued)*

IF PRESENT, IS THE VETERAN'S RIGHT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

- ☐ YES
- ☐ NO
- ☐ CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S RIGHT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

RATIONALE (Provide rationale for either a yes, no answer or speculation reason):

DID HEARING LOSS EXIST PRIOR TO SERVICE?

☐ YES ☐ NO

IF YES, WAS THE PRE-EXISTING HEARING LOSS AGGRAVATED BEYOND NORMAL PROGRESSION IN MILITARY SERVICE?

☐ YES ☐ NO

PROVIDE RATIONALE FOR BOTH YES OR NO:

LEFT EAR

WAS THERE A PERMANENT POSITIVE THRESHOLD SHIFT (WORSE THAN REFERENCE THRESHOLD) GREATER THAN NORMAL MEASUREMENT VARIABILITY AT ANY FREQUESCY BETWEEN 500 AND 6000 HZ FOR THE LEFT EAR?

☐ YES ☒ NO

OPINION PROVIDED FOR THE LEFT EAR:

☒ YES ☐ NO

IF PRESENT, IS THE VETERAN'S LEFT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

- ☒ YES
- ☐ NO
- ☐ CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S LEFT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

RATIONALE (Provide rationale for either a yes, no answer or speculation reason):

Record showing MOS of Special Forces which had a High probability for hazardous noise exposure. 1963 and 1975 both showed normal hearing sensitivity; current exam shows clinical hearing loss.

DID HEARING LOSS EXIST PRIOR TO SERVICE?

☐ YES ☒ NO

IF YES, WAS THE PRE-EXISTING HEARING LOSS AGGRAVATED BEYOND NORMAL PROGRESSION IN MILITARY SERVICE?

☐ YES ☐ NO

PROVIDE RATIONALE FOR BOTH YES OR NO:

## 4. FUNCTIONAL IMPACT OF HEARING LOSS

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e., the current complaint of hearing loss on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

DOES THE VETERAN'S HEARING LOSS IMPACT ORDINARY CONDITIONS OF DAILY LIFE, INCLUDING ABILITY TO WORK?

☒ YES ☐ NO

IF YES, DESCRIBE IMPACT IN THE VETERAN'S OWN WORDS:

Difficulty understanding those around me. Required to stand close to understand. Still on active duty as special forces.

**5. REMARKS, IF ANY, PERTAINING TO HEARING LOSS:**

Pre-military: None During-military: M9 handgun, M16 rifle, M4 Rifle, M249 Rifle, hand grenade training, right handed shooter. 30+ years as a active duty special forces. aircraft.
The examinee reports serving in the Army. The examinee indicates they served a total of 40+ year(s). The period(s) of service were from: 11/17/1965 to 7/31/2020.The examinee was in service during Vietnam War, Gulf War, Afghan War and Iraq War. The examinee reports that they participated in combat activity.
For the claimant's claimed condition of hearing loss, left please refer to the diagnosis

## SECTION 2: TINNITUS

### 1. MEDICAL HISTORY

DOES THE VETERAN REPORT RECURRENT TINNITUS?

☒ YES ☐ NO

DATE AND CIRCUMSTANCES OF ONSET OF TINNITUS:

Approximately 20 years ago after a night of flying on a C130 I noticed a ringing in my ears while trying to go to sleep. The reported tinnitus is constant. The side(s) affected:
Both

### 2. ETIOLOGY OF TINNITUS

SELECT ANSWER BELOW AND PROVIDE RATIONALE WHERE REQUESTED:

☐ ETIOLOGY OPINION NOT INDICATED AS: ☐ SERVICE CONNECTED CONDITION ☐ VBA DID NOT REQUEST ETIOLOGY

☐ THE VETERAN HAS A DIAGNOSIS OF CLINICAL HEARING LOSS, AND HIS OR HER TINNITUS IS AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) A SYMPTOM ASSOCIATED WITH THE HEARING LOSS, AS TINNITUS IS KNOWN TO BE A SYMPTOM ASSOCIATED WITH HEARING LOSS.

☐ LESS LIKELY THAN NOT (LESS THAN 50% PROBABILITY) A SYMPTOM ASSOCIATED WITH THE VETERAN'S HEARING LOSS
RATIONALE:

☒ AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE
RATIONALE:

Veteran clearly reports it secondary to a military event

☐ AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) DUE TO A KNOWN ETIOLOGY *(such as traumatic brain injury)*
RATIONALE:

☐ LESS LIKELY THAN NOT (LESS THAN 50% PROBABILITY) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE
RATIONALE:

☐ CANNOT PROVIDE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S TINNITUS WITHOUT RESORTING TO SPECULATION
REASON SPECULATION REQUIRED:

## 3. FUNCTIONAL IMPACT OF TINNITUS

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e., the current complaint on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

DOES THE VETERAN'S TINNITUS IMPACT ORDINARY CONDITIONS OF DAILY LIFE, INCLUDING ABILITY TO WORK?

☒ YES ☐ NO

IF YES, DESCRIBE IMPACT IN THE VETERAN'S OWN WORDS

Ringing makes it difficult to focus for sustained periods.

## 4. REMARKS, IF ANY, PERTAINING TO TINNITUS

## SECTION 3: PHYSICIAN'S CERTIFICATION AND SIGNATURE

**CERTIFICATION -** To the best of my knowledge, the information contained herein is accurate, complete and current.

| 3A. AUDIOLOGIST/PHYSICIAN SIGNATURE & TITLE | 3B. AUDIOLOGIST/PHYSICIAN PRINTED NAME |
|---|---|
| | Richard Smith M.Au.D Audiology |
| 3C. DATE SIGNED | 3D. AUDIOLOGIST/PHYSICIAN PHONE AND FAX NUMBER<br>619-400-1234 |
| 3E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER<br>NPI: 1256666 Lic#:A#697 AR | 3F. AUDIOLOGIST/PHYSICIAN ADDRESS<br>8810 Rio San Diego Drive, San Diego, CA 92108 |

**NOTE -** VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

**IMPORTANT -** Audiologist/Physician please fax the completed form to _____
*(VA Regional Office FAX No.)*

**NOTE -** A list of VA Regional Office FAX Numbers can be found at **www.benefits.va.gov/disabilityexams** or obtained by calling 1-800-827-1000.

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