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Brain and Spinal Cord Examination *Comprehensive Version*

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

Narrative: In some cases, assessment of the residuals of brain or spinal cord disease or injury will require following examination worksheets in other body systems or referring for a specialist examination (for Eye, Hearing, or Mental Disorders). For example, bladder impairment may require assessment under the Genitourinary worksheet guidelines. Vision problems will require a specialist eye examination. Other examination worksheets for the nervous system (cranial nerves, peripheral nerves, epilepsy and narcolepsy) may need to be followed for thorough assessment.

A. Review of Medical Records: Indicate whether the C-file was reviewed.

B. Medical History (Subjective Complaints):

Comment on:

1. History of hospitalizations or surgery, reason or type of surgery, location and dates, if known.
2. History of trauma to brain or spinal cord. If there is a history of traumatic brain injury, follow the Traumatic Brain Injury worksheet.
3. If a neoplasm is or was present, state whether benign or malignant and provide:
 - a. Exact diagnosis and date of confirmed diagnosis.
 - b. Location of neoplasm.
 - c. Types and dates of treatment.
 - d. For malignant neoplasm, also state exact date of the last surgical, X-ray, antineoplastic chemotherapy, radiation, or other therapeutic procedure.
 - e. If treatment is already completed, provide date of last treatment. If not completed, state expected date of completion.
4. Current treatment, response, and side effects.
5. State whether condition has stabilized.
6. Seizures - type, frequency. Follow the Epilepsy worksheet.

7. Headache (frequency, duration, severity); dizziness (frequency and severity); fever; weakness or paralysis (location); dysesthesias, numbness, or paresthesias (location), fatigability (frequency).
8. Tremors (location), gait difficulty (frequency), rigidity (describe).
9. Difficulty swallowing: extent (liquids, solids, or both); severity (feeding tube, liquid diet, etc.); episodes of aspiration per year, if any).
10. Impairment of bowel function: for constipation (frequency (occasional, frequent, constant), measures needed (bowel training, manual evacuation, enemas, suppositories, medication, etc.); for incontinence (pads required?, extent (mild, moderate, severe) and frequency (occasional leakage, occasional involuntary bowel movement, frequent involuntary bowel movement, persistent loss of sphincter control).
11. Impairment of bladder function: type (urgency, continual urine leakage, urinary incontinence, leakage due to surgical urinary diversion, stress incontinence, etc.), requirement for constant or intermittent catheterization or use of an appliance, wearing of absorbent material (number of times that must be changed daily).
12. Impairment of sense of smell or taste: Follow Sense of Smell and Taste worksheet.
13. Difficulty breathing: Describe.
14. Vision symptoms: Follow Eye worksheet.
15. Insomnia: frequency.
16. Tinnitus: constant or recurrent?
17. Speech problems: Describe.
18. Cognitive impairment: If related to traumatic brain injury, follow Traumatic Brain Injury worksheet; otherwise follow Mental Disorders worksheet.
19. History of cerebrovascular accident: type, if known, and date.
20. Assistive device needed for walking: type (cane(s), brace, crutch(es), walker).

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. If a neoplasm is or was present, describe residuals of the neoplasm.
2. Describe specific functional motor impairment of affected areas (for example, weakness of flexion of left elbow (3/5 strength for flexors), complete paralysis (0/5) of all muscle groups of left lower extremity). Use standard muscle strength grading system: 0 = absent. No muscle movement felt; 1 = trace. Muscle can be felt to tighten, but no movement produced; 2 = poor. Muscle movement produced only with gravity eliminated; 3 = fair. Muscle movement produced against gravity but cannot overcome resistance; 4 = good. Muscle movement produced against some resistance, but not against “normal” resistance; 5 = normal. Muscle movement can overcome “normal” resistance.
3. Describe abnormality of muscle tone and any muscle atrophy (give left and right side measurements).
4. Reflexes. Use deep tendon reflex grading system (0 = absent, 1+ = hypoactive, 2+ = normal, 3+ = hyperactive, without clonus, 4+ = hyperactive,

with clonus. Report bilateral reflexes of biceps (C5-6), triceps (C6-8), brachioradialis (C5-6), finger jerk (C8-T1), abdominal (T8-T12), knee jerk (L3-4), ankle jerk (S1), plantar (Babinski).

5. If there is loss of sensory function of a nerve or group of nerves, report the location, modality of sensation affected, and whether decreased or absent.
6. If cranial nerve function is affected, follow the Cranial Nerves worksheet.
7. Describe in detail any functional impairment of the autonomic nervous system.
8. If there is limitation of motion of one or more joints, a detailed assessment of each affected joint is required. Using a goniometer, measure the active range of motion in degrees. State whether there is objective evidence of pain on motion. After at least 3 repetitions of the range of motion, state whether there are additional limitations of range of motion and whether there is objective evidence of pain on motion. Also state the most important factor (pain, weakness, fatigue, lack of endurance, incoordination) for any additional loss of motion after repetitive motion. Report the range of motion after the repetitions. (See the appropriate musculoskeletal worksheet for more details.)
9. If there is speech impairment, state to what extent veteran is able to be understood (complete aphonia, unable to be understood, able to be understood less than half the time, able to be understood half of the time or more but not always, able to be understood all of the time except for a few words or only occasionally not understood).
10. Describe any psychiatric or cognitive manifestations in detail - see worksheets for mental disorders (but when traumatic brain injury is present, also see the Traumatic Brain Injury worksheet to assess cognitive impairment).
11. Describe tremors or fasciculation, gait, balance, cerebellar signs.
12. Eye examination - follow Eye worksheet. Requires specialist to conduct examination if there are eye complaints or findings.
13. State if the veteran has bladder or bowel functional impairment. For bowel impairment, state whether leakage is evident and the status of the sphincter (normal, decreased tone, absent tone). For bladder impairment, state whether leakage is evident and describe any complications (follow the Genitourinary worksheet if indicated.)
14. If smell or taste is affected, also complete the worksheet for Sense of Smell and Taste.

D. Diagnostic and Clinical Tests:

1. Skull X-rays to measure bony defect, if there was surgery; spine X-rays if there was spinal cord surgery.
2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. State diagnosis or diagnoses.

2. For each condition diagnosed, describe the effects on the veteran's usual occupation and daily activities.
3. **Capacity to Manage Financial Affairs:** Mental competency, for VA benefits purposes, refers only to the ability of the veteran to manage VA benefit payments in his or her own best interest, and not to any other subject. Mental incompetency, for VA benefits purposes, means that the veteran, because of injury or disease, is not capable of managing benefit payments in his or her best interest. In order to assist raters in making a legal determination as to competency, please address the following:

What is the impact of injury or disease on the veteran's ability to manage his or her financial affairs, including consideration of such things as knowing the amount of his or her VA benefit payment, knowing the amounts and types of bills owed monthly, and handling the payment prudently? Does the veteran handle the money and pay the bills himself or herself?

Based on your examination, do you believe that the veteran is capable of managing his or her financial affairs? Please provide examples to support your conclusion.

If you believe a Social Work Service assessment is needed before you can give your opinion on the veteran's ability to manage his or her financial affairs, please explain why.

Signature:

Date: