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PHYSICAL EXAMINATION

INTRODUCTION

The physical exam is designed to provide a comprehensive assessment of the participant's past and present state of health and to obtain in depth information about certain aspects of health which might be particularly relevant for evaluating the effects of the Vietnam experience. To help ensure that the examination is performed as objectively as possible, the examiner will not know the military experience of the individual s/he is examining. By combining information obtained from the physical exam with questionnaire, psychologic, physiologic, and biochemical data, the state of health of the participants at one point in time will be carefully documented.

Two board certified internists will perform the exams. The same physician will examine both members of a twin pair. To assess quality and consistency, at least weekly, a paid non-twin will be examined by each physician twice, just as if the physicians were examining twin pairs. Generally, the examining physicians will be unable to distinguish the real from "placebo" twins. The results of the examinations will then be compared for intra and inter-physician reliability. Occasionally, the "placebo twin" will be specifically chosen because of a known abnormality (for example, a slightly enlarged liver, heart, certain skin lesions, etc). Again, consistency among exams will be assessed.

SPECIFIC GOALS OF THE PHYSICAL EXAMINATION

The following is a list of specific research hypotheses which the physical examination is designed to address, and the rationale for addressing them. Many additional hypotheses can be generated. However, only those which are most important to the purposes of the VETS are included below. It should be understood that any physical differences which are defined will be correlated with other data obtained from the comprehensive health evaluation. If possible, specific diagnoses will then be made and an etiology for the illnesses established. Section c of each hypothesis is a list of specific portions of the physical examination which will be utilized to evaluate the hypothesis. The numbers in parentheses refer to the relevant sections in the physical examination form.

1. a. Hypothesis - The dermatologic assessment of the Vietnam experienced participant is not different from that of his twin.
- b. Rationale - Dermatologic lesions directly attributable to the Vietnam experience are most likely to be derived from:

residual scarring as a consequence of skin infections while in Vietnam and/or active or residual chloracne. Reports of an increased incidence in skin infections subsequent to being in Vietnam can also be evaluated.

- c. Sections of the physical exam which address the hypothesis
 - identification of skin lesions, presence of abnormal pigmentation patterns, alopecia, hirsutism
 - full face and bilateral profile photographs, photographs of skin lesions

2. a. Hypothesis - The Vietnam experienced participant's hepatic function is no different from that of his twin.

b. Rationale - The liver may be affected by exposure to any one of a variety of toxic substances and infectious agents which were present in Vietnam.

- c. Sections of the physical exam which address the hypothesis
 - liver and spleen size (by palpation and percussion), gynecomastia, ascites, edema, spider angiomas

3. a. Hypothesis - The Vietnam experienced participant's neurologic function is not different from that of his twin.

b. Rationale - Vietnam experienced veterans report a variety of neurologically related symptoms and animal and human data suggests that exposure to Agent Orange may affect the neurologic system adversely. A careful assessment of current neurologic status is therefore warranted.

- c. Sections of the physical exam which address the hypothesis
 - (refer to attached physical exam forms)

4. a. Hypothesis - The general physical health of the Vietnam experienced participant is not different from that of his twin.

b. Rationale - This hypothesis will evaluate the general physical condition of the twins to detect any unexpected health effects of the Vietnam experience.

- c. Sections of the physical exam which address the hypothesis
 - the sections of the physical assessment not encompassed by the hypotheses 1 - 3 will be utilized to evaluate this hypothesis.

THE PHYSICAL EXAM

Examination to assess the participant's general state of

*outstanding
Alternative
explanations &
findings*

health

Blood pressure, weight, height, chest circumference (maximum and minimum), waist circumference, skin fold thickness, pulse, temperature,

Dermatologic examination

rashes, hirsutism, hyperpigmentation, alopecia, spider angiomas, etc

document lesions with photographs, indicating the location of the photograph by reference to the anatomical figure drawing

(refer to attached physical exam forms)

HEALTH ASSESSMENT FOLLOW-UP

Emergent Illness - If an illness of an emergent nature is discovered at any time during any phase of the health assessment, appropriate health care shall be provided at government expense. The project's health assessment will be continued only if medically justified.

Non-emergent Illness - At the conclusion of the VETS' health assessment protocol, an "exit interview" will be performed by a board certified internist and psychologist who were not involved with the participant's evaluation. The participant's entire health status data base will be reviewed and discussed with him. If an illness of a non-emergent nature is suspected or discovered during the health assessment, and if further studies might help define that suspected or discovered illness within a maximum of three days, and if the VETS staff feel it is appropriate, the participant can elect to remain for further evaluation. An example might be a participant who has epigastric symptoms consistent with a duodenal ulcer. While an assessment for a duodenal ulcer is not part of the health assessment protocol, an upper gastro-intestinal radiographic series will be performed if recommended by the reviewing VETS staff and if the participant agrees. Such non-protocol tests will be performed at the St. Louis Veterans Administration Medical Center at the VA's expense. During the period of non-protocol assessment, hotel accommodations and meals shall continue to be paid ~~for~~ by the project but the participant will not receive the daily \$100 compensation.

Follow-up care - If the participant wishes, a comprehensive summary of his health assessment will be prepared and mailed to his private physician along with a record of any treatment

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provided and follow-up recommendations.