

Hester Hamilton  
TRA-04-8085

Veteran's Contact Information in VBA Systems:

Work Phone: 5555551212

Home Phone:

Email:

Address:

31 Hopkins Plaza

Baltimore, MD 21201

Date of claim: See 526ez

Days pending:

Veteran has a power of attorney.

Please send a courtesy copy of the exam notice letter to 074 - AMERICAN LEGION

Attention C&P clinical staff - This exam request was scheduled at your location based on the claimant's preference.

These remarks were generated using version 4.49 of the Exam Request Builder (ERB\_v\_4.49).

**The Veteran will need to report for the following exam(s) unless the ACE process is utilized.**

**Clinician: If using the ACE process to complete the DBQ, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the DBQ. Also if the exam is completed using ACE, please review the Veteran's claims folder and indicate so in the exam report.**

DBQ MUSC Back (thoracolumbar spine)

**An in-person examination is required for the following exam(s). ACE process must not be used to complete the DBQ.**

DBQ PSYCH PTSD Review

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**The following contentions need to be examined:**

lumbosacral strain

Posttraumatic Stress Disorder

**DBQ MUSC Back (thoracolumbar spine):**

The Veteran is service connected for lumbosacral strain which is currently evaluated at 20%. Please evaluate for the current level of severity of the Veteran's service connected disability.

When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and repeated use over time in terms of additional loss of range of motion. Pursuant to the Court's holding in Sharp v. Shulkin, 29 Vet.App. 26 (2017), if a flare-

up event is not directly observed during the examination, the examiner is requested to provide an estimate on the frequency, duration, and severity of decreased range of motion in degrees during flare-ups in the exam report.

If the examiner is unable to provide a statement regarding additional loss of range of motion during flare-ups or repeated use over time without resorting to speculation, he or she must provide a rationale for this statement based on all procurable information to include the veteran's testimony on examination, case specific evidence to include medical treatment records when applicable, and the examiner's medical expertise. The statement should not be based on an examiner's shortcomings or a general aversion to offering this statement on issues not directly observed.

Please address the "Correia" questions found near the bottom of this exam request.

\*\*\*Please comment on the effect of the Veteran's service connected disabilities on his or her ability to function in an occupational environment and describe any identified functional limitations. Please refrain from opining on if the veteran is unemployable or employable; instead focus and reflect on the functional impairments and how these impairments impact occupational and employment activities.

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#### **DBQ PSYCH PTSD Review:**

Please review the Veteran's electronic folder in VBMS and state that it was reviewed in your report.

The Veteran is service connected for Posttraumatic Stress Disorder which is currently evaluated at 30%. Please evaluate for the current level of severity of the Veteran's service connected disability. If the diagnosis rendered is different from the disability for which the Veteran is service connected, please indicate whether the Veteran's current diagnosis is a progression of the service connected disability or the original diagnosis was in error. If the diagnosis was in error, please provide a rationale supported by the clinical evidence of record that refutes the previous exam(s) which diagnosed the condition.

If more than one mental disorder is diagnosed please comment on their relationship to one another and, if possible, please state which symptoms are attributed to each disorder.

\*\*\*Please comment on the effect of the Veteran's service connected disabilities on his or her ability to function in an occupational environment and describe any identified functional limitations. Please refrain from opining on if the veteran is unemployable or employable; instead focus and reflect on the functional impairments and how these impairments impact occupational and employment activities.

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Additional exam request information:

For any joint condition, examiners should test the contralateral joint, unless medically contraindicated, and the examiner should address pain on both passive and active motion, and on both weightbearing and non-weightbearing. In addition to the questions on the DBQ, please respond to the following questions:

1. Is there evidence of pain on passive range of motion testing? (Yes/No/Cannot be performed or is not medically appropriate)

2. Is there evidence of pain when the joint is used in non-weight bearing? (Yes/No/Cannot be performed or is not medically appropriate)

3. If yes, is the opposing joint undamaged (i.e. no abnormalities)? (Yes/No)

If yes, conduct range of motion testing for the opposing joint and provide ROM measurements.

If no, the examiner is requested to state whether it is medically feasible to test the joint and if not to please state why the examiner cannot test the range of motion of the opposing joint. (Please note: item 3 does not apply to neck and back disabilities.)

Please direct any questions regarding this request to:

VSR Trainee

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Phone number: 4431212122

Email: vsrtrainee@va.gov