

Gordan Stevens  
TRA-93-0604

Veteran's Contact Information in VBA Systems:

Work Phone:

Home Phone:

Email:

Address:

31 Hopkins Plz

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 083 - DISABLED AMERICAN VETERANS

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 4.55 of the Exam Request Builder (ERB\_v\_4.55).

**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)

DBQ MUSC Neck (cervical spine)

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

Lumbosacral strain

Cervical strain

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

The Veteran is service connected for Lumbosacral strain which is currently evaluated at 10%. 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 on 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 MUSC Neck (cervical spine):**

The Veteran is service connected for Cervical strain which is currently evaluated at 10%. 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.

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Please address the "Correia" questions found on 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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#### **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:

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Phone number:

Email: