

My HealtheVet

## *Personal Information Report*

Produced by the VA Blue Button (v18.4)  
17 Jan 2024 @ 1627

This Personal Information Report is a copy of information that you have selected from one or more of the following:

- Your Personal Health Record - Health related information that you self-entered.
- Key information from your official VA medical health record. Please contact your VA health care team if you have any questions about this information or if changes are needed.
- Information from your Department of Defense military service record.

This report is intended for your personal use. It is not shared with VA. Portions of this report may contain sensitive personal health information from your official VA medical record. Protection of the information contained in this report is your responsibility and of those with whom you choose to share this information.

NOTE: Your Personal Health Record does NOT contain all the information from your official VA medical record. If your VA medical center has transitioned to the new electronic health record system My VA Health you can access your medical information at [www.patientportal.myhealth.va.gov](http://www.patientportal.myhealth.va.gov). If there is medical information not available to you online, contact your local VA facility Release of Information office.

Key: Double dashes (--) mean there is no information to display.

Name: LITTLE, JAMAR D

Date of Birth: 13 Jun 1986

## Download Request Summary

|                           |  |
|---------------------------|--|
| System Request Date/Time: | 17 Jan 2024 @ 1627   |
| File Name:                | mhv_LITTLE_20240117_1627.pdf   |
| Date Range Selected:      | 20 Jun 2006 to 17 Jan 2024   |
| Data Types Selected:      | My HealtheVet Account Summary<br>Self Reported Demographics<br>VA Demographics<br>Self Reported Health Care Providers<br>Self Reported Treatment Facilities<br>Self Reported Health Insurance<br>VA Wellness Reminders<br>VA Appointments (Future)<br>VA Appointments (Limited to past 2 years)<br>VA Allergies<br>Self Reported Allergies<br>VA Medication History<br>Self Reported Medications and Supplements<br>VA Problem List<br>VA Admissions and Discharges<br>VA Notes<br>Self Reported Medical Events<br>VA Immunizations<br>Self Reported Immunizations<br>VA Laboratory Results: Chemistry/Hematology/Microbiology<br>VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy<br>Self Reported Labs and Tests<br>VA Vitals and Readings<br>Self Reported Vitals and Readings<br>VA Radiology Reports<br>VA Electrocardiogram (EKG) Reports<br>Self Reported Family Health History<br>Self Reported Military Health History<br>Self Reported Activity Journal<br>Self Reported Food Journal<br>DoD Military Service Information<br>Self Reported My Goals Current<br>Self Reported My Goals Completed |

## *My HealtheVet Account Summary*

|                               |               |
|-------------------------------|---------------|
| Source:                       | VA            |
| Authentication Status:        | Authenticated |
| Authentication Date:          | 01 Jun 2023   |
| Authentication Facility Name: | AUSTIN MHV    |
| Authentication Facility ID:   | 200MH         |

| VA Treatment Facility   | Type |
|---|------|
| Jesse Brown VAMC (537)  | VAMC |
| Note: The X represents your self-selected VA Medical Center preference. |      |

## Self Reported Demographics

Source: Self-Entered

Your self-entered information saved in My HealtheVet is not shared with other sources.

|                     |                  |
|---------------------|------------------|
| First Name:         | JAMAR            |
| Middle Initial:     | D                |
| Last Name:          | LITTLE           |
| Suffix:             |                  |
| Alias:              |                  |
| Relationship to VA: | Patient, Veteran |
| Current Occupation  |                  |
| Home Phone Number:  |                  |
| Work Phone Number:  |                  |
| Pager Number:       |                  |
| Cell Phone Number:  | 7733979225       |
| FAX Number:         |                  |

|                 |             |
|-----------------|-------------|
| Date of Birth:  | 13 Jun 1986 |
| Birth Sex:      | Male        |
| Blood Type:     |             |
| Organ Donor:    |             |
| Marital Status: |             |

### Mailing or Destination Address:

6529%20S%20EBERHART%20AVE,%  
20APT%201  
CHICAGO, IL  
60637

Email Address: [JLittle2216@gmail.com](mailto:JLittle2216@gmail.com)

Preferred Method of Contact: Email

## VA Demographics

|  |                      |
|--|----------------------|
| Source:  | VA                   |
| Last Updated:  | 17 Jan 2024 @ 1626   |
| Sorted By:   | VA Treating Facility |
| Some of your demographic data is not updated across all of your VA treatment centers. If you have questions or your information needs to be updated, contact your VA health care team. |                      |

|   |                       |
|---|-----------------------|
| VA Treating Facility                      | Jesse Brown VAMC      |
| First Name:                               | JAMAR                 |
| Middle Name:                              | D                     |
| Last Name:                                | LITTLE                |
| Date of Birth:                            | 13 Jun 1986           |
| Age:                                      | 37                    |
| Gender:                                   | Male                  |
| Ethnicity:                                | --                    |
| Religion:                                 | --                    |
| Place of Birth:                           |                       |
| Marital Status:                           | DIVORCED              |
| PERMANENT ADDRESS AND CONTACT INFORMATION |                       |
| Street Address:                           | 6529 S EBERHART AVE   |
| City:                                     | CHICAGO               |
| State:                                    | ILLINOIS              |
| Zip Code:                                 | 60637                 |
| County:                                   | 031                   |
| Country:                                  | USA                   |
| Home Phone Number:                        | --                    |
| Work Phone Number:                        | --                    |
| Cell Phone Number:                        | --                    |
| Email Address:                            | JLittle2216@gmail.com |
| ELIGIBILITY                               |                       |
| Service Connected Percentage:             | 0                     |
| Means Test Status:                        | NO LONGER REQUIRED    |
| Primary Eligibility Code:                 | --                    |
| EMPLOYMENT                                |                       |
| Occupation:                               | --                    |
| Employment Status:                        | --                    |
| Employer Name:                            | --                    |
| PRIMARY NEXT OF KIN                       |                       |
| Name:                                     | --                    |
| Street Address:                           | --                    |
| City:                                     | --                    |

|                          |                    |
|--------------------------|--------------------|
| State:                   | --                 |
| Zip Code:                | --                 |
| Home Phone Number:       | --                 |
| Work Phone Number:       | --                 |
| EMERGENCY CONTACT        |                    |
| Name:                    | --                 |
| Street Address:          | --                 |
| City:                    | --                 |
| State:                   | --                 |
| Zip Code:                | --                 |
| Home Phone Number:       | --                 |
| Work Phone Number:       | --                 |
| VA GUARDIAN              |                    |
| Name:                    | --                 |
| Street Address:          | --                 |
| City:                    | --                 |
| State:                   | --                 |
| Zip Code:                | --                 |
| Home Phone Number:       | --                 |
| Work Phone Number:       | --                 |
| CIVIL GUARDIAN           |                    |
| Name:                    | --                 |
| Street Address:          | --                 |
| City:                    | --                 |
| State:                   | --                 |
| Zip Code:                | --                 |
| Home Phone Number:       | --                 |
| Work Phone Number:       | --                 |
| ACTIVE INSURANCE         |                    |
| Insurance Company:       | --                 |
| Effective Date:          | Date not available |
| Expiration Date:         | Date not available |
| Group Name:              | --                 |
| Group Number:            | --                 |
| Subscriber ID:           | --                 |
| Subscriber Name:         | --                 |
| Subscriber Relationship: | --                 |

## *Self Reported Healthcare Providers*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *Self Reported Treatment Facilities*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |



## *Self Reported Health Insurance*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *VA Wellness Reminders*

|   |    |
|---|----|
| Source:   | VA |
| Last Updated:   |    |
| VA Wellness Reminders are no longer updated.<br>No information was available that matched your selection. |    |

## VA Appointments

|   |                    |
|---|--------------------|
| Source:   | VA                 |
| Last Updated:   | 17 Jan 2024 @ 1626 |
| Sorted By:  | Date (Descending)  |
| <p>The future VA appointments listed below may be by telephone, video, or in-person. Your local facility determines which appointments appear in My HealtheVet. VA appointment details can be updated to reflect current information. Consult your VA medical record for status, appointment type, and other updates.</p> <p>***Please remember to bring your insurance information with you to your appointment.</p> |                    |

### Past Appointments

|                             |   |
|-----------------------------|---|
| Date/Time:                  | 28 Jul 2023 @ 0900 CDT                                    |
| Medical Center Division:    | Jesse Brown Department of Veterans Affairs Medical Center |
| Status:                     | Canceled  |
| Clinic Name:                | Audio<br>Also Called: JB/COMP & PEN-FEE AUDIO             |
| Location Information:       | DAMEN BLDG 6FLR RM 6435                                   |
| Clinic Contact Information: | 3125697372  |
| Additional Contact:         | --  |
| Type:                       | Compensation and Pension Appointment                      |

|                             |  |
|-----------------------------|--|
| Date/Time:                  | 28 Jun 2023 @ 0800 CDT   |
| Medical Center Division:    | Jesse Brown Department of Veterans Affairs Medical Center            |
| Status:                     | Canceled   |
| Clinic Name:                | JB COMPENSATION AND PENSION B CLINIC<br>Also Called: JB/COMP & PEN-B |
| Location Information:       | DAMEN BLDG 6TH FL RM 6435  |
| Clinic Contact Information: | 3125697372   |
| Additional Contact:         | --   |
| Type:                       | Compensation and Pension Appointment                                 |

|                             |   |
|-----------------------------|---|
| Date/Time:                  | 23 Jun 2023 @ 0800 CDT                                    |
| Medical Center Division:    | Jesse Brown Department of Veterans Affairs Medical Center |
| Status:                     | Completed   |
| Clinic Name:                | Audio<br>Also Called: JB/COMP & PEN-FEE AUDIO             |
| Location Information:       | DAMEN BLDG 6FLR RM 6435                                   |
| Clinic Contact Information: | 3125697372  |
| Additional Contact:         | --  |
| Type:                       | Compensation and Pension Appointment                      |

|                          |   |
|--------------------------|---|
| Date/Time:               | 07 Jun 2023 @ 0800 CDT                                    |
| Medical Center Division: | Jesse Brown Department of Veterans Affairs Medical Center |

|                             |  |
|-----------------------------|--|
| Status:                     | Completed  |
| Clinic Name:                | JB COMPENSATION AND PENSION B CLINIC<br>Also Called: JB/COMP & PEN-B |
| Location Information:       | DAMEN BLDG 6TH FL RM 6435  |
| Clinic Contact Information: | 3125697372   |
| Additional Contact:         | --   |
| Type:                       | Compensation and Pension Appointment                                 |

|                             |   |
|-----------------------------|---|
| Date/Time:                  | 31 May 2023 @ 0930 CDT  |
| Medical Center Division:    | Jesse Brown Department of Veterans Affairs Medical Center                                     |
| Status:                     | Completed   |
| Clinic Name:                | JESSE BROWN COMPENSATION AND PENSION PSYCHOLOGIST<br>AGHAKHAN<br>Also Called: JB/COMP & PEN-A |
| Location Information:       | DAMEN BLDG 6TH FL RM 6435   |
| Clinic Contact Information: | 3125697372  |
| Additional Contact:         | --  |
| Type:                       | Compensation and Pension Appointment  |

## *VA Allergies and Adverse Reactions*

|  |                    |
|--|--------------------|
| Source:  | VA                 |
| Last Updated:  | 17 Jan 2024 @ 1626 |
| No known allergies or adverse reactions are available that matched your selection. |                    |

## *Self Reported Allergies*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *VA Medication History*

|   |    |
|---|----|
| Source:   | VA |
| Last Updated:   |    |
| No information was available that matched your selection. |    |

## *Self-Reported Medications & Supplements*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |



## VA Problem List

|  |   |
|--|---|
| Source:  | VA  |
| Last Updated:  | 17 Jan 2024 @ 1626  |
| Sorted By:   | Date/Time Entered (Descending) then alphabetically by Problem |
| Your VA Problem List contains a comprehensive list of health problems your VA providers are helping you to manage. This information is available thirty-six (36) hours after it has been entered. It may not contain active problems managed by non-VA health care providers. If you have any questions about your information contact your VA health care team. |   |

|           |   |                                       |
|-----------|---|---------------------------------------|
| Problem:  | Tinnitus of right ear (SCT 4851000119108) | Date/Time Entered: 23 Jun 2023 @ 1200 |
| Provider: | TANNER,BETH                               |                                       |
| Location: | Jesse Brown VAMC                          |                                       |
| Status:   | ACTIVE                                    |                                       |
| Comments: | --  |                                       |

## *VA Admissions and Discharges*

|  |                    |
|--|--------------------|
| Source:  | VA                 |
| Last Updated:  | 17 Jan 2024 @ 1626 |
| No information was available that matched your selection. However, if you were recently discharged, your summary may be available thirty-six (36) hours after it is completed. |                    |

## VA Notes

|   |                        |
|---|------------------------|
| Source:   | VA                     |
| Last Updated:   | 17 Jan 2024 @ 1626     |
| Sorted By:  | Date/Time (Descending) |
| VA Notes from January 1, 2013 forward are available thirty-six (36) hours after they have been completed (except C&P Notes) and signed by all required members of your VA health care team. If you have any questions about your information please contact your VA health care team. |                        |

|                   |                                    |
|-------------------|------------------------------------|
| Date/Time:        | 28 Jun 2023 @ 0800                 |
| Note Title:       | COMPENSATION & PENSION EXAMINATION |
| Location:         | Jesse Brown VAMC                   |
| Signed By:        | DAGHESTANI,AMIN N                  |
| Co-signed By:     | DAGHESTANI,AMIN N                  |
| Date/Time Signed: | 13 Nov 2023 @ 0910                 |

### Note

LOCAL TITLE: COMPENSATION & PENSION EXAMINATION  
STANDARD TITLE: C & P EXAMINATION NOTE  
DATE OF NOTE: JUN 28, 2023@08:00 ENTRY DATE: NOV 13, 2023@09:10:15  
AUTHOR: DAGHESTANI,AMIN N EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Medical Opinion  
Disability Benefits Questionnaire

Name of patient/Veteran: Jamar D Little

ACE and Evidence Review

-----

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

[X] 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.

Evidence Review

-----

Evidence reviewed (check all that apply):

☒ VA e-folder

☒ VA electronic health record

#### MEDICAL OPINION SUMMARY

-----

DIAGNOSIS:

Bilateral Pes Planus -M21.4

Does the Veteran have a diagnosis of toe(s) that is at least as likely as

not (likelihood is at least approximately balanced or nearly equal, if  
not  
higher) incurred in or caused by (the) sprained toes during service?

Yes, Veteran reports LEFT GREAT TOE pain since his injury during active  
duty service. Noted in November 9, 2006 is toe strain. He had tenderness  
on exam.

It is at least as likely as not that his current left toe pain is a  
continuation of left toe pain incurred in AD service.

Medical Opinion completed by Heidi Baruch MD

/es/ AMIN N DAGHESTANI, M.D.  
Compensation & Pension  
Signed: 11/13/2023 09:10

|                   |                                  |
|-------------------|----------------------------------|
| Date/Time:        | 23 Jun 2023 @ 0800               |
| Note Title:       | COMPENSATION & PENSION AUDIOLOGY |
| Location:         | Jesse Brown VAMC                 |
| Signed By:        | TANNER,BETH                      |
| Co-signed By:     | TANNER,BETH                      |
| Date/Time Signed: | 11 Jul 2023 @ 1502               |

#### Note

LOCAL TITLE: COMPENSATION & PENSION AUDIOLOGY  
STANDARD TITLE: AUDIOLOGY C & P EXAMINATION CONSULT  
DATE OF NOTE: JUN 23, 2023@08:00 ENTRY DATE: JUL 11, 2023@15:02:10  
AUTHOR: TANNER,BETH EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Hearing Loss and Tinnitus  
Disability Benefits Questionnaire

Name of patient/Veteran: Little, Jamar

Is this DBQ 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  
☐ Examination via approved video telehealth  
☐ Other, please specify in comments box

Comments:

ACE and Evidence Review

-----  
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):

☒ VA e-folder

Evidence Comments:

The veteran's electronic folder in VBMS was reviewed.

Enlistment (8 June 2006) and reference (28 June 2006) audiograms revealed  
normal hearing thresholds 500-6000 Hz, bilaterally. No further audiometric

data were located in the records.

This exam is for: Hearing loss and/or tinnitus (audiologist, performing current exam)

## SECTION 1: HEARING LOSS (HL)

### 1. Objective Findings

#### a. Puretone thresholds in decibels (air conduction):

##### RIGHT EAR

|         |                  |  |      |  |      |  |      |  |
|---------|------------------|--|------|--|------|--|------|--|
| +=====+ |                  |  |      |  |      |  |      |  |
|         | A                |  | B    |  | C    |  | D    |  |
|         | =====+           |  |      |  |      |  |      |  |
|         | 500              |  | 1000 |  | 2000 |  | 3000 |  |
|         | Hz*              |  | Hz   |  | Hz   |  | Hz   |  |
|         | =====+           |  |      |  |      |  |      |  |
|         | 25               |  | 20   |  | 10   |  | 15   |  |
|         | =====+           |  |      |  |      |  |      |  |
|         | 13.0000000000000 |  |      |  |      |  |      |  |
|         | =====+           |  |      |  |      |  |      |  |

##### LEFT EAR

|         |                 |  |      |  |      |  |      |  |
|---------|-----------------|--|------|--|------|--|------|--|
| +=====+ |                 |  |      |  |      |  |      |  |
|         | A               |  | B    |  | C    |  | D    |  |
|         | =====+          |  |      |  |      |  |      |  |
|         | 500             |  | 1000 |  | 2000 |  | 3000 |  |
|         | Hz*             |  | Hz   |  | Hz   |  | Hz   |  |
|         | =====+          |  |      |  |      |  |      |  |
|         | 5               |  | 10   |  | 5    |  | 10   |  |
|         | =====+          |  |      |  |      |  |      |  |
|         | 8.0000000000000 |  |      |  |      |  |      |  |
|         | =====+          |  |      |  |      |  |      |  |

\* 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: No

c. Validity of puretone test results: Test results are valid for rating purposes.

d. Speech Discrimination Score (Maryland CNC word list):

|         |           |     |
|---------|-----------|-----|
| +=====+ |           |     |
|         | RIGHT EAR | 98% |
|         | =====+    |     |
|         | LEFT EAR  | 98% |
| +=====+ |           |     |

e. Appropriateness of Use of Word Recognition Score (Maryland CNC word list):

Right Ear:

Is Word Discrimination Score available? Yes

Word Discrimination Score appropriateness:

Use of speech recognition score is appropriate for this Veteran.

Left Ear:

Is Word Discrimination Score available? Yes

Word Discrimination Score appropriateness:

Use of word recognition score is appropriate for this Veteran.

f. Audiologic Findings

Summary of Immittance (Tympanometry) Findings:

|                     | RIGHT EAR               | LEFT EAR                |
|---------------------|-------------------------|-------------------------|
| Acoustic immittance | [X] Normal [ ] Abnormal | [X] Normal [ ] Abnormal |
| Ipsilateral         |                         |                         |
| Acoustic Reflexes   | [X] Normal [ ] Abnormal | [X] Normal [ ] Abnormal |
| Contralateral       |                         |                         |
| Acoustic Reflexes   | [X] Normal [ ] Abnormal | [X] Normal [ ] Abnormal |
| Unable to interpret |                         |                         |
| reflexes due to     | [ ]                     | [ ]                     |
| artifact            |                         |                         |
| Unable to obtain/   |                         |                         |
| maintain seal       | [ ]                     | [ ]                     |

## 2. Diagnosis

-----

### RIGHT EAR

-----

☒ Normal hearing

☐ Conductive hearing loss ICD code:

☐ Mixed hearing loss ICD code:

☐ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)\*  
ICD code:

☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or  
higher frequencies)\*\* ICD code:

☐ Significant changes in hearing thresholds in service\*\*\*

### LEFT EAR

-----

☒ Normal hearing

☐ Conductive hearing loss ICD code:

☐ Mixed hearing loss ICD code:

☐ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)\*  
ICD code:

☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or  
higher frequencies)\*\* ICD code:

☐ 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

-----

#### Right Ear

Was there a permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 Hz for the right ear? No

Did hearing loss exist prior to service? No

#### Left Ear

Was there a permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 Hz for the left ear? No

Did hearing loss exist prior to service? No

### 4. Functional impact of hearing loss

-----

Does the Veteran's hearing loss impact ordinary conditions of daily life,

including ability to work: Yes

If yes, describe impact in the Veteran's own words: The veteran reported

that he works in customer service and has to switch his headset to the left side.

### 5. Remarks, if any, pertaining to hearing loss:

-----

The veteran reported military noise exposure from the shooting range, from

ships, and from loud tools and boiler working in the construction batallion, with hearing protection. He denied occupational and recreational noise exposure.

The veteran reported otalgia and popping in the ear/jaw, on the right side. He reported childhood history of otitis media, treated with drops, and denied history of otologic surgery. He denied history of hearing aid use and history of head trauma. He reported family history (grandmother) of lifelong hearing loss.

## SECTION 2: TINNITUS

-----

### 1. Medical history

-----

Does the Veteran report recurrent tinnitus: Yes

Date and circumstances of onset of tinnitus: The veteran reported tinnitus

in the right ear associated with jaw pain and popping, beginning in 2007.

### 2. Etiology of tinnitus

-----

Less likely than not (likelihood is less than approximately balanced or nearly equal) caused by or a result of military noise exposure.

Rationale: Service records demonstrated normal hearing thresholds with no threshold shifts, auditory complaints, or any other evidence of noise injury. Considering the absence of evidence of a nexus in the records, it is less likely than not that the tinnitus reported by the veteran is due

to

military noise exposure.

### 3. Functional impact of tinnitus

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work: Yes

If yes, describe impact in the Veteran's own words: The veteran reported that the tinnitus sometimes causes headaches.

### 4. Remarks, if any, pertaining to tinnitus::

No response provided

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

/es/ Beth Tanner, Au.D.

Audiologist

Signed: 07/11/2023 15:02

|                   |                                    |
|-------------------|------------------------------------|
| Date/Time:        | 07 Jun 2023 @ 0800                 |
| Note Title:       | COMPENSATION & PENSION EXAMINATION |
| Location:         | Jesse Brown VAMC                   |
| Signed By:        | DAGHESTANI,AMIN N                  |
| Co-signed By:     | DAGHESTANI,AMIN N                  |
| Date/Time Signed: | 14 Jun 2023 @ 1315                 |

### Note

LOCAL TITLE: COMPENSATION & PENSION EXAMINATION

STANDARD TITLE: C & P EXAMINATION NOTE

DATE OF NOTE: JUN 07, 2023@08:00 ENTRY DATE: JUN 14, 2023@13:15:50

AUTHOR: DAGHESTANI,AMIN N EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Foot Conditions, including Flatfoot (Pes Planus)  
Disability Benefits Questionnaire

Name of Claimant/Veteran: Jamar Little

Is this DBQ 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

☐ 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:

No response provided.

#### EVIDENCE REVIEW

-----  
Evidence reviewed (check all that apply):

☒ VA e-folder

#### SECTION I - DIAGNOSIS

-----  
No response provided

#### SECTION II - MEDICAL HISTORY

-----  
2A. Describe the history (including onset and course) of the Veteran's  
foot

condition (brief summary):

He went into military with flat feet and states he went into the military  
with asymptomatic flat feet that got worse with physical training/marching.

36 yo Navy Veteran served AD June -Dec 2006, followed by Reserves through  
2009. He reports that he fell during training 2006 during running in PT,  
Shepard AF Base, was transported to medical on base, foot was wrapped,  
light  
duty for 7-8 days, and states that since then he's had a weird  
popping/throbbing/cracking pain in the foot and ankle. He states that he  
had

xray was neg for fracture. He injured his right toe in this fall and hurt left ankle and foot.

current foot symptoms: pins and needles sensation in left >right foot.  
since

injury left foot is bigger/swollen at times.

right toe-toenail break off during the fall.

He thinks he has plantar fasciitis. he has pain in feet. pain is all the time

evidence review:

November 9, 2006 Vetearn was seen for left ankle joint pain lateral aspect, with swelling on the left, as well as left foot pain, after twisting ankle and foot the previous day.

Noted to have foot strain (Xrays unremarkable), ankle sprain and toe sprain

enlistment exam: + mild, asymptomatic pes planus

2B. Does the Veteran report pain of the foot being evaluated on this questionnaire?

☒ Yes ☐ No

If yes, document the Veteran's description of pain in his or her own

words:

burning pain in left > right foot. Right toenail was ingrown/came off

and didn't come off properly. self treated until he couldn't.

podiatry evaluation 2021 and right great toenail was removed.

2C. Does the Veteran report that flare-ups impact the function of the foot?

☒ Yes ☐ No

If so, ask the Veteran to describe 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.

random swelling pain/burning. not sure what brings it on.

2D. 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 repeated use over time?

☒ Yes ☐ No

If yes, document the Veteran's description of functional loss or functional impairment in his or her own words:  
can't run since the injury. In the reserves and when it was time to  
deploy, he was given an honorable discharge as he we not considered  
deployable

### SECTION III - FLATFOOT (PES PLANUS)

-----

3A. Does the Veteran have pain on use of the feet? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

If yes, is the pain accentuated on use? [X] Yes [ ] No

If yes, indicate side affected: [X] Right [ ] Left [ ] Both

3B. Does the Veteran have pain on manipulation of the feet? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

If yes, is the pain accentuated on manipulation? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

3C. Is there indication of swelling on use? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

3D. Does the Veteran have characteristic calluses? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

3E. Effects of use of arch supports, built up shoes or orthotics

Tried But Remains Symptomatic

-----

| Device            | Side Not Relieved:          |
|-------------------|-----------------------------|
| [X] Arch Supports | [ ] Right [ ] Left [X] Both |

3F. Does the Veteran have extreme tenderness of plantar surfaces on one or both  
feet? [ ] Yes [X] No

3G. Does the Veteran have decreased longitudinal arch height of one or both  
feet on weight-bearing? [X] Yes [ ] No

If yes, indicate side affected: [ ] Right [ ] Left [X] Both

3H. Is there objective evidence of marked deformity of one or both feet

(pronation, abduction etc.)? ☐ Yes ☒ No

3I. Is there marked pronation of one foot or both feet? ☐ Yes ☒ No

3J. For one or both feet, is the weight-bearing line over or medial to the great toe? ☐ Yes ☒ No

3K. Is there a lower extremity deformity other than pes planus, causing alteration of the weight-bearing line? ☐ Yes ☒ No

3L. Does the Veteran have "inward" bowing of the Achilles' tendon (i.e., hindfoot valgus, with lateral deviation of the heel) of one or both feet?  
☐ Yes ☒ No

3M. Does the Veteran have marked inward displacement and severe spasm of the Achilles' tendon (rigid hindfoot) on manipulation of one or both feet?  
☐ Yes ☒ No

3N. Comments, if any: No comments provided

#### SECTION IV - PLANTAR FASCIITIS

4A. Has the Veteran undergone non-surgical treatment for plantar fasciitis?  
☐ Yes ☒ No

4B. If yes, did the non-surgical treatment relieve the symptoms?  
No response provided

4C. Has the Veteran undergone surgical treatment for plantar fasciitis?  
No response provided

4D. If yes, did the surgical treatment relieve the symptoms?  
No response provided

4E. If the Veteran has not undergone surgical treatment, was the Veteran recommended for surgical intervention, but was not a surgical candidate?  
No response provided

4F. Does the Veteran have any functional loss of the foot/feet due to plantar fasciitis?  
No response provided

4G. Comments, if any: No comments provided

#### SECTION V - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA

5A. Does the Veteran have Morton's neuroma?  
☐ Yes ☒ No

5B. Does the Veteran have metatarsalgia?

☐ Yes ☒ No

5c. Comments: No comments provided

#### SECTION VI - HAMMER TOE

-----

6A. If the Veteran has hammer toes, which toes are affected?

RIGHT:

☒ None

LEFT:

☒ None

6b. Comments: No response provided

#### SECTION VII - HALLUX VALGUS

-----

7A. Does the Veteran have symptoms due to a hallux valgus condition?

☐ Yes ☒ No

7B. Has the Veteran had surgery for hallux valgus?

☐ Yes ☒ No

7c. Comments: No comments provided

#### SECTION VIII - HALLUX RIGIDUS

-----

8A. Does the Veteran have symptoms due to hallux rigidus?

☐ Yes ☒ No

8b. Comments: No comments provided

#### SECTION IX - ACQUIRED PES CAVUS (CLAW FOOT)

-----

9A. Effect on toes due to pes cavus (check all that apply):

☒ None

9B. Pain and tenderness due to pes cavus (check all that apply):

☒ None

9C. Effect on plantar fascia due to pes cavus (check all that apply):

No response provided.

9D. Dorsiflexion and varus deformity due to pes cavus (check all that apply):

No response provided.

9e. Comments, if any: No comments provided

SECTION X - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES  
-----

No response provided

SECTION XI - FOOT INJURIES AND OTHER CONDITIONS  
-----

11A. Does the Veteran have any foot injuries or other foot conditions not already described?

☐ Yes ☒ No

11B. Indicate severity and side affected.

No response provided

11C. Does the foot condition chronically compromise weight-bearing?

No response provided

11D. Does the foot condition require arch supports, custom orthotic inserts or shoe modifications?

No response provided

11e. Comments, if any: No comments provided

SECTION XII - SURGICAL PROCEDURES  
-----

12A. Has the Veteran had foot surgery (arthroscopic or open)?

☐ Yes ☒ No

12B. Does the Veteran have any residual signs or symptoms due to arthroscopic or other foot surgery?

No response provided

SECTION XIII - PAIN  
-----

RIGHT FOOT:

Is there pain on physical exam?

☒ Yes ☐ No

If yes, (there is pain on physical exam), does the pain contribute to functional loss?

☒ Yes ☐ No

(you will be asked to further describe these limitations in Section 14)

LEFT FOOT:

Is there pain on physical exam?

☒ Yes ☐ No

If yes, (there is pain on physical exam), does the pain contribute to



functional loss?

☒ Yes ☐ No

(you will be asked to further describe these limitations in Section 14)

#### SECTION XIV - FUNCTIONAL LOSS

-----

14A. Contributing factors of disability (check all that apply and indicate side affected):

☒ Pain

Side affected: ☐ Right ☐ Left ☒ Both

☒ Other, describe:

veteran states it's painful to walk

14B. Does procured evidence (statements from the Veteran) suggest pain, fatigability, weakness, lack of endurance, or incoordination which significantly limits functional ability during flare-ups and/or after repeated use over time?

☐ Yes ☒ No

14C. Is there any other functional loss during flare-ups and/or after repeated use over time?

☐ Yes ☒ No

14D. Is there evidence of pain on any of the following? (check all that apply)

☒ Passive motion

Side affected: ☐ Right ☐ Left ☒ Both

☒ Active motion

Side affected: ☐ Right ☐ Left ☒ Both

☒ Weight-bearing

Side affected: ☐ Right ☐ Left ☒ Both

No response provided

No response provided

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

-----

15A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above?

☐ Yes ☒ No

15B. 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

#### SECTION XVI - ASSISTIVE DEVICES

16A. Does the Veteran use any assistive devices (other than those identified above) as a normal mode of locomotion, although occasional locomotion by other methods may be possible?

☐ Yes ☒ No

16B. If the Veteran uses any assistive devices, specify the condition, indicate

the side, and identify the assistive device used for each condition:

No response provided.

#### SECTION XVII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

17A. Due to the Veteran's foot 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 lower extremity include balance and propulsion, etc.

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

☒ No

#### SECTION XVIII - DIAGNOSTIC TESTING

18A. Have imaging studies been performed in conjunction with this examination?

☒ Yes ☐ No

18B. If yes, is degenerative or post-traumatic arthritis documented?

☐ Yes ☒ No

18C. If yes, provide type of test or procedure, date and results (brief summary):

xray left foot 06/07/2023:

Impression:

1. No acute fracture or malalignment.

2. No joint space narrowing.

3. Bipartite medial hallux sesamoid.

Primary Diagnostic Code: NO ALERT REQUIRED

18D. 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

18E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:  
No response provided

#### SECTION XIX - FUNCTIONAL IMPACT

19A. Regardless of the Veteran's current employment status, do the condition(s) listed in the diagnosis section impact his or 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:  
Veteran states he has pain with walking, he cannot lift, do physical labor

#### SECTION XX- REMARKS

20A. Remarks (if any--please identify the section to which the remark pertains when appropriate).  
Exam and report completed by Heidi Baruch MD

This examiner introduced herself to Veteran and ensured that 2 identifiers were correctly answered. Veteran was thanked for their military service. The purpose of this specific exam was reviewed. Veteran was informed that the VBA makes determinations on claims, and that all questions regarding claims should be directed toward the Regional Office. Limitations of confidentiality were reviewed. Veteran agreed to proceed with this examination.

\*\*\*\*\*

Chronic Fatigue Syndrome (CFS)  
Disability Benefits Questionnaire

Name of patient/Veteran: Jamar Little

Is this DBQ 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  
☐ Examination via approved video telehealth  
☐ Other, please specify in comments box

Comments:

ACE and Evidence Review

-----  
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):

☒ VA electronic health record

1. Diagnosis

-----  
a. Does the Veteran currently have chronic fatigue syndrome (CFS)?  
☒ Yes ☐ No

## 2. Medical History

a. Describe the history (including onset and course or whether the condition is now completely resolved and no longer requires treatment of any type)

OF THE VETERAN'S CHRONIC FATIGUE SYNDROME (brief summary):

36 yo Veteran states he's had bouts of syncope that began in 2018.

He

relates it to service, due to strain and stress of ankle. he was stressed, got migraines, and had episodes of passing out including

once

was driving in 2019. Hospitalized at northwestern.

He states he has had fatigue with trying to be more active in 2008

when

his son was born.

Since then he states his fatigue got progressively worse and then he started having syncope. He changed his lifestyle after he got out of the military.

manifestations of fatigue: pain sensations down back of neck. numb burning sensation started in 2018, and due to that pain he is tired

all

the time. Getting up in am he is tired and winded. constantly tired where he feels exhausted and drained.

He gets fatigue after any exercise. He was diagnosed with obstructive sleep apnea a about 4-5 years ago and has a cpap, though he is not using it consistently as it's hard for him to tolerate mask.

He has extensive evaluation for syncope including tilt test. no

passing

out on tilt test, but passed out after. He was on nortriptiline, duloxetine, gabapentin for a while. he stopped all due to side

effects.

regimen was in process of being adjusted but he lost his job in 2019 and lost insurance.

## 3. Findings, signs and symptoms

a. Does the Veteran now have or has the Veteran had any findings, signs and symptoms attributable to chronic fatigue syndrome?

☐ Yes ☒ No

b. Does the Veteran now have or has the Veteran had any cognitive impairment attributable to chronic fatigue syndrome?

☐ Yes ☒ No

4. Other pertinent physical findings, scars, complications, conditions, signs, symptoms and scars

-----  
No response provided.

5. Diagnostic testing

-----  
Are there any significant diagnostic test findings and/or results?

☐ Yes ☐ No

6. Functional impact

-----  
No response provided.

7. Remarks, if any:

-----  
Veteran has not been diagnosed with chronic fatigue syndrome. He reports symptoms of chronic fatigue. Contributors to his fatigue include incompletely treated obstructive sleep apnea.

\*\*\*\*\*

Ankle Conditions  
Disability Benefits Questionnaire

Name of patient/Veteran: Jamar Little

Is this DBQ 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

☐ Examination via approved video telehealth

☐ Other, please specify in comments box

Comments:

ACE and Evidence Review

-----  
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):

[X] VA e-folder

#### 1. Diagnosis

-----

1A. List the claimed condition(s) that pertain to this questionnaire: ankle pain

1B. Select diagnoses associated with the claim condition(s) No response provided

1C. If there are additional diagnoses that pertain to ankle conditions, list using above format: No response provided

#### 2. Medical History

-----

2A. Describe the history (including onset and course) of the Veteran's ankle

condition (brief summary): Veteran reports left ankle sprain in running incident in 2006,during which he twisted ankle and foot, sustaining a

sprain. ACE wrap, ice, light duty. He was put on light duty. He states that

he was unable to deploy in 2009 due to his ankle, as he had inability to pass the PT test as he couldn't run.

Since 2006, he states his ankle has not been reinjured. Persistent and more frequent pain.

With walking, feels sensation that ankle will give out. In 2019 it last gave

out and he fell, and was not injured, he states.

current laft ankle symptoms; pain is achy pain, 5-6/10 in intensity from daily activity. radiates up back of calf

2B. Does the Veteran report flare-ups of the ankle?

[X] Yes [ ] No

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

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 or her own words:

cannot work physical labor. He could not do security as it was hard and painful to stop/walk. he cannot run

2D. Does the Veteran report or have a history of instability of the ankle?

☒ Yes ☐ No

If yes, document the Veteran's description of instability in his/her own

words:

sensation that ankle is going to give out on a daily basis

### 3. Range of motion (ROM) and functional limitations

-----

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.

### 3A. Initial range of motion

Right ankle

-----

☒ All Normal

☐ Abnormal or outside of normal range

☐ Unable to test

☐ Not indicated

Can testing be performed? ☒ Yes ☐ No

If this is the unclaimed joint, is it: ☐ Damaged ☒ Undamaged

If undamaged, range of motion testing must be conducted.

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

Plantar Flexion endpoint (45 degrees): 45 degrees

Dorsiflexion endpoint (20 degrees): 20 degrees

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

Plantar Flexion endpoint (45 degrees): 45 degrees

Dorsiflexion endpoint (20 degrees): 20 degrees

Left ankle

-----

☐ All Normal

☒ Abnormal or outside of normal range

☐ Unable to test

☐ Not indicated

If abnormal, does the range of motion itself contribute to a functional loss? ☐ Yes ☒ No

Can testing be performed? ☒ Yes ☐ No

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

Plantar Flexion endpoint (45 degrees): 30 degrees

Dorsiflexion endpoint (20 degrees): 5 degrees

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

☒ Plantar Flexion

☒ Dorsiflexion

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

Plantar Flexion endpoint (45 degrees): 30 degrees

Dorsiflexion endpoint (20 degrees): 5 degrees

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

☒ Plantar flexion

☒ Dorsiflexion

Is there evidence of pain? ☒ Yes ☐ No

If yes, check all that apply.

☒ Passive motion

☒ Active motion

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).

lateral aspect of ankle

3B. Observed repetitive use

Left ankle  
-----

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

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

### 3C. Repeated use over time

Right ankle  
-----

No response provided

Left ankle  
-----

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

Please cite and discuss evidence. (Must be specific to the case and based on all procurable evidence.)  
No response provided.

### 3D. Flare-ups

Left ankle  
-----

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 all factors that cause this functional loss. Check all that apply.

- ☒ Pain
- ☐ Fatigability
- ☐ Weakness
- ☒ Lack of endurance
- ☐ Incoordination
- ☐ Other:

☐ N/A

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.

Plantar Flexion endpoint (45 degrees): 30 degrees

Dorsiflexion endpoint (20 degrees): 5 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. (Must be specific to the case and based on all procurable evidence.)

No response provided.

3E. Additional factors contributing to disability: No response provided

#### 4. Muscle Atrophy

-----  
Left ankle

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

#### 5. Ankylosis

-----  
Right Side

-----  
5A. Is there ankylosis of the ankle?

No response provided

Left Side

-----

5A. Is there ankylosis of the ankle? ☐ Yes ☒ No

5B. Indicate angle of ankle ankylosis in degrees.

☐ N/A no ankylosis of joint

Plantar flexion:

Dorsiflexion:

5C. Is there ankylosis of the subastragalar or tarsal joint?.

No response provided

6. Joint stability

-----

Right ankle

No response provided

Left ankle

6A. Complete the following:

Anterior Drawer Test: Is there absence of firm end point with asymmetric  
or

excessive motion? ☐ Yes ☒ No ☐ Unable to test

Talar Tilt Test: Is there asymmetric or excessive motion? ☐ Yes ☒ No  
☐ Unable to test

If unable to test, please explain why: No response provided.

6B. If unable to test, is ankle instability suspected? ☐ Yes ☐ No

if yes, describe: No response provided.

7. Additional comments

-----

Right ankle

-----

No response provided

Left ankle

-----

7A. Does the Veteran now have or has he or she ever had shin splints (medial  
tibial stress syndrome), stress fractures, Achilles tendonitis, Achilles  
tendon

rupture, malunion of calcaneus (os calcis) or talus (astragalus), or has the  
Veteran had a talectomy (astragalectomy)? ☐ Yes ☒ No

8. Surgical procedures

-----

Right ankle  
-----

No response provided

Left ankle  
-----

8A. Indicate any surgical procedures that the Veteran has had performed and provide the additional information as requested (check all that apply):

☒ No surgery

9. Other pertinent physical findings, complications conditions, signs, symptoms and scars

-----  
9A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above? ☐ Yes ☒ No

9B. 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

10. Assistive devices  
-----

10A. Does the Veteran use any assistive devices as a normal mode of locomotion, although occasional locomotion by other methods may be possible? ☐ Yes ☒ No

10B. If the Veteran uses any assistive devices, specify the condition, indicate the side, and identify the assistive device used for each condition.  
No response provided

11. Remaining effective function of the extremities  
-----

11A. Due to the Veterans ankle condition(s), is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis (functions of the lower extremity include balance and propulsion, etc.)?

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the Veteran.  
☒ No

12. Diagnostic testing

-----

12a. Have imaging studies been performed in conjunction with this examination?

☒ Yes ☐ No

12b. If yes, is degenerative or post-traumatic arthritis documented?

☐ Yes ☒ No

12C. If yes, provide type of test or procedure, date and results

(brief

summary):

Left ankle xray June 7, 2023

Impression:

1. No acute fracture or malalignment.

2. Ankle mortise congruent.

3. Talar dome intact.

4. No joint space narrowing.

12D. 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

12E. If any test results are other than normal, indicate relationship of abnormal findings to diagnosed conditions:

No response provided

13. Functional impact

-----

13A. Regardless of the Veteran's current employment status, do the condition(s)

listed in the Diagnosis Section impact his or 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:

Veteran states he cannot do physical labor, walk long distances/climb

14. Remarks

-----

14A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

Exam and report completed by Heidi Baruch MD

This examiner introduced herself to Veteran and ensured that 2 identifiers

were correctly answered. Veteran was thanked for their military service. The purpose of this specific exam was reviewed. Veteran was informed that the VBA makes determinations on claims, and that all questions regarding claims should be directed toward the Regional Office. Limitations of confidentiality were reviewed. Veteran agreed to proceed with this examination.

\*\*\*\*\*

Medical Opinion  
Disability Benefits Questionnaire

Name of patient/Veteran: Jamar Little

ACE and Evidence Review

-----

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

☒ In-person examination

Evidence Review

-----

Evidence reviewed (check all that apply):

☒ VA e-folder

MEDICAL OPINION SUMMARY

-----

RESTATEMENT OF REQUESTED OPINION:

a. Opinion from general remarks: DOes the Veteran have a diagnosis of toe that is at least as likely as not incurred in or caused by sprained toes during service.

b. Indicate type of exam for which opinion has been requested: dbq foot/ankle

TYPE OF MEDICAL OPINION PROVIDED: [ MEDICAL OPINION FOR DIRECT SERVICE CONNECTION ]



The claimed condition was at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in section c.

c. Rationale: Veteran has evidence of left ankle, foot and toe injury/sprain while in AD service. He reports ongoing pain in left ankle.

His current left ANKLE symptoms are at least as likely as not were incurred during AD service. His foot symptoms are bilateral and are related to his pre-existing pes planus. There is no documentation of painful bilateral feet related to pes planus that were found in str.

\*\*\*\*\*

#### RESTATEMENT OF REQUESTED OPINION:

CFS a. Opinion from general remarks: Does the Veteran have a diagnosis of that is at least as likely as not incurred in or caused by noted stress during service?

b. Indicate type of exam for which opinion has been requested: DBQ  
FATIGUE

TYPE OF MEDICAL OPINION PROVIDED: [ MEDICAL OPINION FOR DIRECT SERVICE CONNECTION ]

The claimed condition was less likely than not (likelihood is less than approximately balanced or nearly equal) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in section c.

c. Rationale: Veteran has not been diagnosed with chronic fatigue syndrome. He is chronically fatigued, which is at least, in part, due to his obstructive sleep apnea. Chronic Fatigue Syndrome is a diagnosable multisymptom condition of unknown etiology. It is by definition not caused by stress or any other condition.

\*\*\*\*\*

MEDICAL OPINON COMPLETED BY HEIDI BARUCH MD

/es/ AMIN N DAGHESTANI, M.D.  
Compensation & Pension  
Signed: 06/14/2023 13:15

|                   |                                    |
|-------------------|------------------------------------|
| Date/Time:        | 31 May 2023 @ 0930                 |
| Note Title:       | COMPENSATION & PENSION EXAMINATION |
| Location:         | Jesse Brown VAMC                   |
| Signed By:        | DAGHESTANI,AMIN N                  |
| Co-signed By:     | DAGHESTANI,AMIN N                  |
| Date/Time Signed: | 02 Jun 2023 @ 1032                 |

Note

LOCAL TITLE: COMPENSATION & PENSION EXAMINATION  
STANDARD TITLE: C & P EXAMINATION NOTE  
DATE OF NOTE: MAY 31, 2023@09:30 ENTRY DATE: JUN 02, 2023@10:32:05  
AUTHOR: DAGHESTANI,AMIN N EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Initial Post Traumatic Stress Disorder (PTSD)  
Disability Benefits Questionnaire  
\* Internal VA or DoD Use Only \*

Name of patient/Veteran: Jamar Little

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  
☐ Examination via approved video telehealth  
☐ Other, please specify in comments box:

Comments:

SECTION I:  
-----

1. Diagnostic Summary  
-----  
Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria  
based on today's evaluation?  
☒ Yes ☐ No

ICD code: F43.10

2. Current Diagnoses  
-----

a. Mental Disorder Diagnosis #1: PTSD

ICD code: F43.10

Comments, if any:

Data Relevant to Claim:

The symptoms and features associated with Mr. Little's mental health claim have been proximately due to witnessing a military sexual assault and nearly drowning in the navy. Symptoms have included him experiencing a combination of the following: distressing memories, distressing dreams, avoidance of or efforts to avoid external reminders that arouse memories, thoughts, or feelings associated with events, diminished interest or participation in significant activities, feelings of detachment or estrangement from others, irritable behavior, hypervigilance, concentration difficulty, and sleep disturbance. Features (or secondary) of this condition have included social withdrawal, agitation, worry, anxiety, suspiciousness, substance-related issues, and depressive symptoms (depressed mood, feeling fatigue, feelings of worthlessness, and infrequent suicidal ideation-none endorsed this examination).

\*\*\*During this examination, Mr. Little clarified that he was not a victim of military sexual assault but witnessed it and subsequently reported it to the authorities.

Diagnostic Impressions:

In review of reported symptomology and documentation, Mr. Little would be best described as meeting diagnostic criteria for PTSD, which is more likely than not proximately due to witnessing a military sexual assault and nearly drowning in the navy (see VA Form 21-0781; lay statement in VBMS- January 25, 2023; Periodic Health Assessment- March 15, 2008; and Northwestern Medicine/nongovernmental notes-pages 27 and 103 in VBMS- January

5,

2023; and medication list in VBMS- January 5, 2023). Symptoms have included him experiencing a combination of the following: distressing memories, distressing dreams, avoidance of or efforts to avoid external reminders that arouse memories, thoughts, or feelings associated with events, diminished interest or participation in significant activities, feelings of detachment or estrangement from others, irritable behavior, hypervigilance, concentration difficulty, and sleep disturbance. Features (or secondary) of this condition have included social withdrawal, agitation, worry, anxiety, suspiciousness, substance-related issues, and depressive symptoms (depressed mood, feeling fatigue, feelings of worthlessness, and infrequent suicidal ideation-none endorsed this examination).

\*\*\*Insomnia is a symptom of PTSD. Depression, anxiety, and substance issues are part of PTSD and not separate diagnoses.

In terms of functioning level, Mr. Little seemed to be exhibiting

mild limitations in the areas of remember or applying information. In addition, he appeared to be exhibiting recurrent limitations in relating to and working with supervisors, co-workers, and others. Furthermore, he appeared to be exhibiting mild limitations in the ability to concentrate, persist, or maintain pace. Finally, he appeared to be exhibiting recurrent limitations in trying to adapt and manage oneself.

b. Medical diagnoses relevant to the understanding or management of the mental health disorder (to include TBI):  
No response provided.

### 3. Differentiation of symptoms

-----

3A. Does the Veteran have more than one mental disorder diagnosed?  
☐ Yes ☒ No

3C. Does the Veteran have a diagnosed traumatic brain injury (TBI)?  
☐ Yes ☐ No ☒ Not shown in records reviewed

### 4. Occupational and social impairment

-----

a. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses? (Check only one)  
☒ Occupational and social impairment with reduced reliability and productivity

4B. For the indicated occupational and social impairment, is it possible to differentiate which impairment is caused by each mental disorder?  
☐ Yes ☐ No ☒ Not Applicable (N/A)

4C. If a diagnosis of TBI exists, is it possible to differentiate which occupational and social impairment indicated above is caused by the TBI?  
☐ Yes ☐ No ☒ Not Applicable (N/A)

## SECTION II:

-----

### Clinical Findings:

-----

#### 1. Evidence Review

-----

Evidence reviewed (check all that apply):

☒ VA e-folder  
☒ VA electronic health record

#### 2. History

-----

a. Relevant social/marital/family history (pre-military, military, and post-military):

Mr. Little was born and raised in Chicago, Illinois. He had little information about his father (Calvin-air force veteran) in terms of career/occupation. Prior to going on physical disability, his mother (Gail) was employed in the hospitality industry (including management).

He was an only child from his parents relationship. His mother had two other children- Rashaud and Dantrell.

As a child and adolescent, Mr. Little portrayed himself as being introverted and easy going. Academically, he reportedly was an average student. After graduating from high school, he attended DeVry University before entering the naval reserves. Entry date was June 8, 2006.

Interpersonal Relationship:

Mr. Little's only marriage to Genina produced a child (Jacoree) divorce.

b. Relevant occupational and educational history (pre-military, military, and post-military):

Military:

Following basic training was Great Lakes Naval Station, Mr. Little's primary specialty was UT. During service, he was awarded the National Defense Service Medal. Character of service on DD Form 214 (June 23 to December 1, 2006) was honorable. On March 8, 2009, he separated from the reserves under honorable conditions.

Employment/Education:

Up until his layoff this past January, Mr. Little reportedly was employed for five years as a data support analyst. Prior to this position, he was employed as a security officer (seven to eight years),

apprentice manager for AT&T (two years), resolution specialist for Allstate Corporation (two years), and Uber driver (two years).

Regarding education, he reportedly obtained a bachelor's degree from DeVry University.

c. Relevant mental health history, to include prescribed medications and family mental health (pre-military, military, and post-military):

Mental health and related treatment issues were noted via Northwestern Medicine (see pages 27 and 310/nongovernmental records in VBMS-January

5, 2013, and correspondence in VBMS-January 5, 2023) and military (see Periodic Health Assessment- March 15, 2008).

d. Relevant legal and behavioral history (pre-military, military, and post-military):  
None noted.

e. Relevant substance abuse history (pre-military, military, and post-military):

Substance-related issues have been noted (see lay statement in VBMS-January 25, 2023, and Periodic Health Assessment- March 15, 2008).

f. Other, if any:  
No response provided.

### 3. Stressors

-----

Describe one or more specific stressor event(s) the Veteran considers traumatic (may be pre-military, military, or post-military):

a. Stressor #1: Nearly drowning in the navy.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?  
☒ Yes ☐ No

Is the stressor related to the Veteran's fear of hostile military  
or terrorist activity?  
☐ Yes ☒ No

If no, explain:  
Not related to terrorist or hostile military activity.

Is the stressor related to personal assault, e.g. military sexual trauma?  
☐ Yes ☒ No

b. Stressor #2: Witnessing a MST.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?  
☒ Yes ☐ No

Is the stressor related to the Veteran's fear of hostile military  
or terrorist activity?

☐ Yes ☒ No

If no, explain:

Not related to terrorist or hostile military activity.

Is the stressor related to personal assault, e.g. military sexual trauma?

☒ Yes ☐ No

If yes, please describe the markers that may substantiate the stressor.

Claimant clarified that witnessed a MST and not a victim of one in the military.

#### 4. PTSD Diagnostic Criteria

-----  
Note: Please check criteria used for establishing the current PTSD diagnosis.

Do NOT mark symptoms below that are clearly not attributable to the Criterion

A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other

things should be noted under #7 - Other symptoms. The diagnostic criteria for PTSD, referred to as Criterion A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

Criterion A: Exposure to actual or threatened a) death, b) serious injury,

c) sexual violence, in one or more of the following ways:

☒ Directly experiencing the traumatic event(s)

☒ Witnessing, in person, the traumatic event(s) as they occurred to others

Criterion B: Presence of (one or more) of the following intrusion symptoms

associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

☒ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

☒ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

Criterion C: Persistent avoidance of stimuli associated with the traumatic

event(s), beginning after the traumatic events(s) occurred, as evidenced by one or both of the following:

the [X] Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

or [X] Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, feelings about or closely associated with the traumatic event(s).

of Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) the following:

[X] Markedly diminished interest or participation in significant activities.

[X] Feelings of detachment or estrangement from others.

of Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) the following:

[X] Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

[X] Hypervigilance.

[X] Problems with concentration.

[X] Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F:

[X] Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

Criterion G:

[X] The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion H:

[X] The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.



Criterion I: Which stressor(s) contributed to the Veteran's PTSD diagnosis?:

☒ Stressor #1

☒ Stressor #2

## 5. Symptoms

-----

For VA rating purposes, check all symptoms that actively apply to the Veteran's diagnoses:

☒ Depressed mood

☒ Anxiety

☒ Suspiciousness

☒ Near-continuous depression affecting the ability to function independently, appropriately and effectively

☒ Chronic sleep impairment

☒ Disturbances of motivation and mood

☒ Difficulty in establishing and maintaining effective work and social relationships

☒ Suicidal ideation

## 6. Behavioral Observations

-----

Mental Status Exam:

ALERT? Fully.

ORIENTED? In all spheres.

APPEARANCE: Mr. Little reportedly is sixty-eight inches tall and weighs about

two hundred forty pounds.

DRESS: Appropriate.

GROOMING: Good.

EYE CONTACT: Good.

SPEECH/COMMUNICATION: Content was logical.

MOTOR BEHAVIOR: Nothing significant noted.

MOOD: Mr. Little reportedly has been feeling depressed and irritable over the

past few days.

AFFECT: Appropriate.

HALLUCINATIONS/DELUSIONS? Though evidence of a psychotic process or core was

not noted.

SUICIDALITY: Mr. Little did not report experiencing any suicidal ideation or any intent to carry out such an act.

HOMICIDALITY: Mr. Little did not report any homicidal ideation or any intent to carry out such an act.

COGNITIVE DEFICITS: Mr. Little noted a decrease in focus and concentration.

MEMORY DEFICITS: Nothing significant was noted or detected on the MMSE

ESTIMATED INTELLECTUAL CAPACITY: Although no formal IQ testing was performed as part of this examination, Mr. Little's intelligence fell within the high average range of intelligence.

INSIGHT: Mr. Little seemed to have some understanding of the emotional, social, and psychological factors that contribute to his personality development.

JUDGEMENT: Unimpaired.

#### 7. Other symptoms

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?

☐ Yes ☒ No

#### 8. Competency

Is the Veteran capable of managing his or her financial affairs?

☒ Yes ☐ No

#### 9. Remarks, (including any testing results) if any

In review of reported symptomology and documentation, Mr. Little would be best described as meeting diagnostic criteria for PTSD, which is more likely than not proximately due to witnessing a military sexual assault and nearly drowning in the navy (see VA Form 21-0781; lay statement in VBMS- January 25, 2023; Periodic Health Assessment- March 15, 2008; and Northwestern Medicine/nongovernmental notes-pages 27 and 103 in VBMS- January 5, 2023; and medication list in VBMS- January 5, 2023). Symptoms have included him experiencing a combination of the following: distressing memories, distressing dreams, avoidance of or efforts to

avoid

external reminders that arouse memories, thoughts, or feelings associated with events, diminished interest or participation in significant activities, feelings of detachment or estrangement from others, irritable behavior, hypervigilance, concentration difficulty, and sleep

disturbance.

Features (or secondary) of this condition have included social withdrawal,

agitation, worry, anxiety, suspiciousness, substance-related issues, and depressive symptoms (depressed mood, feeling fatigue, feelings of worthlessness, and infrequent suicidal ideation-none endorsed this examination).

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In terms of functioning level, Mr. Little seemed to be exhibiting mild limitations in the areas of remember or applying information. In

addition,

he appeared to be exhibiting recurrent limitations in relating to and working with supervisors, co-workers, and others. Furthermore, he

appeared

to be exhibiting mild limitations in the ability to concentrate, persist, or maintain pace. Finally, he appeared to be exhibiting recurrent limitations in trying to adapt and manage oneself.

\*\*\*\*\*

Medical Opinion  
Disability Benefits Questionnaire

Name of patient/Veteran: Jamar Little

ACE and Evidence Review

-----

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

☒ In-person examination

Evidence Review

-----

Evidence reviewed (check all that apply):

☒ VA e-folder

☒ VA electronic health record

MEDICAL OPINION SUMMARY

-----

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best described as meeting diagnostic criteria for PTSD, which is more likely than not proximately due to witnessing a military sexual assault and nearly drowning in the navy (see VA Form 21-0781; lay statement in VBMS- January 25, 2023; Periodic Health Assessment- March 15, 2008; and Northwestern Medicine/nongovernmental notes-pages 27 and 103 in VBMS- January 5, 2023; and medication list in VBMS- January 5, 2023).

\*\*\*Insomnia is a symptom of PTSD. Depression, anxiety, and substance issues are part of PTSD and not separate diagnoses.

\*\*\*During this examination, Mr. Little clarified that he was not a victim

of military sexual assault but witnessed it and subsequently reported it to the authorities.

THIS DOCUMENT WAS ORIGINALLY INITIATED BY: AGHAKHAN, MARK

/es/ AMIN N DAGHESTANI, M.D.

Compensation & Pension

Signed: 06/02/2023 10:32

## *Self Reported Medical Events*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *VA Immunizations/Vaccinations*

|   |    |
|---|----|
| Source:   | VA |
| Last Updated:   |    |
| No information was available that matched your selection. |    |

## *Self Reported Immunizations*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

*VA Laboratory Results*

|   |                    |
|---|--------------------|
| Source:   | VA                 |
| Last Updated:   | 17 Jan 2024 @ 1626 |
| No information was available that matched your selection. However, if you recently had a VA laboratory test done, your results may be available thirty-six (36) hours after laboratory analysis is finalized. Your VA provider may need additional time to review the results. Note: COVID-19 results are available immediately after receipt by VA. If you have any concerns about your results, contact your VA health care team. |                    |



## *VA Pathology Reports*

|  |                    |
|--|--------------------|
| Source:  | VA                 |
| Last Updated:  | 17 Jan 2024 @ 1626 |
| <p>No information was available that matched your selection. However, if you recently had a VA pathology specimen collected, the reports may be available thirty-six (36) hours after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation.</p> <p>Note: Your provider may not have had a chance to read your VA pathology reports. If you have any concerns about your reports, contact your health care team.</p> |                    |

## *Self Reported Labs and Tests*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

*VA Vitals and Readings*

|   |                    |
|---|--------------------|
| Source:   | VA                 |
| Last Updated:   | 17 Jan 2024 @ 1626 |
| No information was available that matched your selection. |                    |

## *Self Reported Vitals & Readings*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## VA Radiology Reports

|   |                                       |
|---|---------------------------------------|
| Source:   | VA                                    |
| Last Updated:   | 17 Jan 2024 @ 1626                    |
| Sorted By:  | Date/Time Exam Performed (Descending) |
| VA Radiology Reports are available thirty-six (36) hours after they have been completed. Your VA provider may need more time to review the results. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any concerns about your reports, contact your VA health care team. |                                       |

|                           |  |
|---------------------------|--|
| Procedure/Test Name:      | LEFT FOOT, MINIMUM 3 VIEWS                             |
| Date/Time Exam Performed: | 07 Jun 2023 @ 0927                                     |
| Ordering Location:        | Jesse Brown VAMC                                       |
| Requesting Provider:      | BARUCH,HEIDI L   |
| Reason for Study:         | left foot/great toe pain                               |
| Performing Location:      | Jesse Brown VAMC 820 SOUTH DAMEN AVENUE, CHICAGO 60612 |
| Clinical History:         |  |
| Radiologist:              | YASIN,YOUSEF M   |

### Report

Report:

LEFT FOOT, MINIMUM 3 VIEWS

INDICATION: Left foot/great toe pain

COMPARISON: None

NUMBER OF IMAGES: 3

Impression:

1. No acute fracture or malalignment.

2. No joint space narrowing.

3. Bipartite medial hallux sesamoid.

Primary Diagnostic Code: NO ALERT REQUIRED

|                           |                             |
|---------------------------|-----------------------------|
| Procedure/Test Name:      | LEFT ANKLE, MINIMUM 3 VIEWS |
| Date/Time Exam Performed: | 07 Jun 2023 @ 0927          |
| Ordering Location:        | Jesse Brown VAMC            |
| Requesting Provider:      | BARUCH,HEIDI L              |

|  |  |
|--|--|
| Reason for Study:  | s/p remote sprain. continued pain                      |
| Performing Location:   | Jesse Brown VAMC 820 SOUTH DAMEN AVENUE, CHICAGO 60612 |
| Clinical History:  |  |
| Radiologist:   | YASIN,YOUSEF M   |
|  |  |
| Report   |  |
| Report:<br>LEFT ANKLE, MINIMUM 3 VIEWS<br><br>INDICATION: S/p remote sprain, continued pain<br><br>COMPARISON: None<br><br>NUMBER OF IMAGES: 3<br><br>Impression:<br>1. No acute fracture or malalignment.<br><br>2. Ankle mortise congruent.<br><br>3. Talar dome intact.<br><br>4. No joint space narrowing.<br><br>Primary Diagnostic Code: NO ALERT REQUIRED |  |
|  |  |

## *VA Electrocardiogram Historical Exam Dates*

|   |                    |
|---|--------------------|
| Source:   | VA                 |
| Last Updated:   | 17 Jan 2024 @ 1626 |
| VA Electrocardiogram (EKG) dates are no longer updated. No Information was available that matched your selection. |                    |

*Self Reported Family Health History*

|   |              |
|---|--------------|
| Source:   | Self-Entered |
| No information was available that matched your selection. |              |



## *Self Reported Military Health History*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *Self Reported Activity Journal*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## *Self Reported Food Journal*

|   |
|---|
| Source: Self-Entered                                      |
| No information was available that matched your selection. |

## DoD Military Service Information

|               |                    |
|---------------|--------------------|
| Source:       | DoD                |
| Last Updated: | 17 Jan 2024 @ 1626 |

### NOTES:

- 1) This report may not show your complete DoD Military Service Information. For more information go to the FAQ tab. Data prior to establishment of DEERS and full service reporting (c. 1980) may not appear.
- 2) It is normal for the begin/end dates in DoD records, adjusted by the Personnel Center after separation, to vary slightly from the DD-214.
- 3) No peacetime deployments will be displayed. For Gulf War I, only one period will be displayed even if you deployed more than once. No conflict prior to Gulf War I will be displayed. Kosovo, Bosnia, and Southern Watch data is incomplete and may not display.
- 4) For Guard/Reserve, periods of active duty may not display. No periods of Active duty service less than 30 days will display.

### -- Regular Active Service

| Service | Begin Date | End Date | Character of Service | Rank |
|---------|------------|----------|----------------------|------|
| -----   |            |          |                      |      |

### -- Reserve/Guard Association Periods

| Service      | Begin Date | End Date   | Character of Service    | Rank |
|--------------|------------|------------|-------------------------|------|
| -----        |            |            |                         |      |
| Navy Reserve | 06/08/2006 | 03/08/2009 | Under honorable conditi | SN   |

### -- Reserve/Guard Activation Periods

| Service      | Begin Date | End Date   | Activated Under (Title 10, 32, etc.) |
|--------------|------------|------------|--------------------------------------|
| -----        |            |            |                                      |
| Navy Reserve | 06/23/2006 | 12/01/2006 |                                      |
| Navy Reserve | 07/12/2008 | 07/26/2008 |                                      |

### -- Deployment Periods

| Service | Begin Date | End Date | Conflict | Location |
|---------|------------|----------|----------|----------|
| -----   |            |          |          |          |

### -- DoD MOS/Occupation Codes

-- Note: Both Service and DoD Generic codes may not be present in all records

| Service      | Begin Date | Enl/Off  | Type      | Svc Occ Code | DoD Occ Code |
|--------------|------------|----------|-----------|--------------|--------------|
| -----        |            |          |           |              |              |
| Navy Reserve | 08/23/2006 | Enlisted | Primary   | SR           | 950          |
| Navy Reserve | 08/23/2006 | Enlisted | Secondary | SR           | 950          |
| Navy Reserve | 09/08/2006 | Enlisted | Duty      | SN           | 063          |
| Navy Reserve | 09/30/2006 | Enlisted | Primary   | UT           | 720          |
| Navy Reserve | 09/30/2006 | Enlisted | Secondary | UT           | 720          |
| Navy Reserve | 09/30/2006 | Enlisted | Duty      | UT ZZZZ      | 720          |
| Navy Reserve | 07/31/2007 | Enlisted | Duty      | UT 6104      | 720          |

### -- Military/Combat Pay Details

| Service | Begin Date | End Date | Military Pay Type | Location |
|---------|------------|----------|-------------------|----------|
| -----   |            |          |                   |          |

### -- Separation Pay Details

| Service | Begin Date | End Date | Separation Pay Type |
|---------|------------|----------|---------------------|
|---------|------------|----------|---------------------|

-- Retirement Periods

| Service | Begin Date | End Date | Retirement Type | Rank |
|---------|------------|----------|-----------------|------|
|---------|------------|----------|-----------------|------|

-- DoD Retirement Pay

| Service | Begin Date | End Date | Dsblty % | Pay Stat | Term Rsn | Stop Pay Rsn |
|---------|------------|----------|----------|----------|----------|--------------|
|---------|------------|----------|----------|----------|----------|--------------|

Translations of Codes Used in this Section:

Service Occupation Codes

|    |          |            |                |
|----|----------|------------|----------------|
| SN | Enlisted | (obsolete) | Seaman         |
| SR | Enlisted | (obsolete) | Seaman Recruit |
| UT | Enlisted | (obsolete) | Utilitiesman   |

DoD Occupation Codes

|         |          |                               |
|---------|----------|-------------------------------|
| 063     | Enlisted | Seamanship,                   |
| General |          |                               |
| 720     | Enlisted | Utilities,                    |
| General |          |                               |
| 950     | Enlisted | Not Occupationally Qualified, |
| General |          |                               |

Military Pay Type Code

|    |                                  |
|----|----------------------------------|
| 01 | Combat Zone Tax Exclusion (CZTE) |
| 02 | Hostile Fire/Imminent Danger     |
| 03 | Hazardous Duty incentive         |

Separation Pay Type Code

|    |  |
|----|--|
| 01 | Separation Pay                           |
| 02 | Readjustment Pay                         |
| 03 | Non-Disability Severance Pay             |
| 04 | Disability Severance Pay                 |
| 05 | Discharge Gratuity                       |
| 06 | Death Gratuity                           |
| 07 | Special Separation Benefit               |
| 08 | Voluntary Separation Incentive Pay       |
| 09 | Voluntary Separation Pay (VSP)           |
| 10 | Contract Cancellation Pay and Allowances |
| 11 | Separation Pay Recoupment                |
| 12 | Severance Pay Recoupment                 |

Retirement Type Code

|   |                                      |
|---|--------------------------------------|
| A | Mandatory                            |
| B | Voluntary                            |
| C | Fleet Reserve                        |
| D | Temporary Disability Retirement List |
| E | Permanent Disability Retirement List |
| F | Title III                            |
| G | Special Act                          |
| H | Philippine Scouts                    |
| Z | Unknown                              |

Retired Pay Status Code

|   |   |
|---|---|
| 1 | Receiving retired pay                         |
| 2 | Eligible, not receiving pay                   |
| 3 | Eligible, not receiving direct SBP remittance |

4 Terminated  
5 Suspended

Retired Pay Termination Reason Code

C Pay condition terminated  
S Pay terminated for the reason reported in the Stop Payment Reason Code  
W Not terminated

Stop Payment Reason Code

A Member died  
B Recalled to Active Duty  
C Removed from TDRL, returned to Active Duty  
D Removed from TDRL, returned to Civilian  
E Pay suspended, failure to report for TDRL physical  
F Civil Service retirement waiver  
G VA compensation waiver  
H Dual compensation, pay cap offset  
J Refused retired pay  
K Pay suspended, whereabouts unknown  
L Suspected death  
M Pay suspended, miscellaneous  
Z Not applicable

---

## *Self Reported My Goals: Current Goals*

|  |  |
|--|--|
| Source:  | Self-Entered                                   |
| Sorted By:   | Priority, then by Goal Start Date (Descending) |
| There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished. |  |
| ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)   |  |
| None Entered   |  |

## *Self Reported My Goals: Completed Goals*

|  |                                  |
|--|----------------------------------|
| Source:  | Self-Entered                     |
| Sorted By:   | Date Goal Completed (Descending) |
| There is no longer a 'My Goals' feature. Your Blue Button report shows the goals you set and finished. |                                  |
| COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)  |                                  |
| None Entered   |                                  |

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END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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