

Department of Veterans Affairs Health
Summary
Creation Date: July 16, 2023, 11:59:44

Department of Veterans Affairs

Patient: JAMAR LITTLE
DOB: June 13, 1986, 00:00:00
Gender: Male

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Patient & Contact Information

Patient Information	
Address	Primary Home: 7920 S MANISTEE AVE CHICAGO, IL 60617, United States Tel: (773)797-6335
Marital status	Divorced
Religious Affiliation	

Race	White, Black or African American
Ethnicity	Not Hispanic or Latino
Language(s)	
Preferred Language	

No data provided for this section.

Healthcare Providers

No data provided for this section.

Insurance Providers: All on record at VA

No Data Provided for This Section

Advance Directives: All on record at VA

No Data Provided for This Section

Allergies and Adverse Reactions (ADRs): All on record at VA

Section Date Range: From patient's date of birth to the date document was created.

This section includes Allergies and Adverse Reactions (ADRs) on record with VA for the patient. The data comes from all VA treatment facilities. It does not list Allergies/ADRs that were removed or entered in error. Some allergies/ADRs may be reported in the Immunization section. Allergies and Adverse Reactions (ADRs) from the new VA electronic health record are not included.

Allergen	Event Date	Event Type	Reaction(s)	Severity	Source
No Known Allergies					JESSE BROWN VAMC

Encounters: Outpatient Encounters with Notes

This section contains a list of completed VA Outpatient Encounters for the patient and a list of Encounter Notes for the patient. The data comes from all VA treatment facilities. Consult Notes, History & Physical Notes, and Discharge Summaries are provided separately, in subsequent sections.

Outpatient Encounters with Notes

This section includes a list of VA Outpatient Encounters from the last 18 months and includes a maximum of the 10 most recent encounters. Follow-up visits related to the VA Encounter are not included. The data comes from all VA treatment facilities. Outpatient Encounters and Encounter Notes from the new VA electronic health record are not included.

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Jun 23, 2023 08:00 AM		AUDIOLOGY	ICD-10-CM H93.11 Tinnitus, right ear with Provider Comments: Tinnitus of right ear (SNOMED CT 4851000119108)	TANNER, BETH	JESSE BROWN VAMC
	Encounter Notes The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.				

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source						
Jun 07, 2023 08:00 AM		GENERAL INTERNAL MEDICINE	ICD-10-CM Z02.89 Encounter for other administrative examinations with Provider Comments: Encounter for other administrative examinations	BARUCH, HEIDI L	JESSE BROWN VAMC						
<div><div>Encounter Notes</div><div>The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.</div><table><tr><th>Date/Time</th><th>Encounter Note</th><th>Provider</th></tr><tr><td>Jun 07, 2023 08:00 AM</td><td><div>C & P EXAMINATION 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</div><div>Foot Conditions, including Flatfoot (Pes Planus) Disability Benefits Questionnaire</div><div>Name of Claimant/Veteran: Jamar Little</div><div>Is this DBQ being completed in conjunction with a VA 21-2507, C&P Examination Request? [X] Yes [] No</div><div>How was the examination completed? (check all that apply) [X] In-person examination [X] Records reviewed [] Examination via approved video telehealth [] Other, please specify in comments box</div></td><td>DAGHESTANI,AMIN N</td></tr></table></div>						Date/Time	Encounter Note	Provider	Jun 07, 2023 08:00 AM	<div>C & P EXAMINATION 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</div> <div>Foot Conditions, including Flatfoot (Pes Planus) Disability Benefits Questionnaire</div> <div>Name of Claimant/Veteran: Jamar Little</div> <div>Is this DBQ being completed in conjunction with a VA 21-2507, C&P Examination Request? [X] Yes [] No</div> <div>How was the examination completed? (check all that apply) [X] In-person examination [X] Records reviewed [] Examination via approved video telehealth [] Other, please specify in comments box</div>	DAGHESTANI,AMIN N
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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 evluation 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? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ Both

If yes, is the pain accentuated on use? ☒ Yes ☐ No

If yes, indicate side affected: ☒ Right ☐ Left ☐ Both

3B. Does the Veteran have pain on manipulation of the feet? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ Both

If yes, is the pain accentuated on manipulation? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ Both

3C. Is there indication of swelling on use? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ Both

3D. Does the Veteran have characteristic calluses? ☒ Yes ☐ No

If yes, indicate side affected: ☐ Right ☐ Left ☒ 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 [X] No

3I. Is there marked pronation of one foot or both feet? [] Yes [X] No

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

3K. Is there a lower extremity deformity other than pes planus, causing alteration of the weight-bearing line? [] Yes [X] 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 [X] 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 [X] 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):

☒ 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 left 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?

☒ 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 [X] 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 [X] 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):

[X] 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 sympoms are at least as likely as not were incurred during AD service. His foot sympoms 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:

a. Opinion from general remarks: Does the Veteran have a diagnosis of CFS 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

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
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May 31, 2023 09:30 AM		MENTAL HEALTH CLINIC - IND	ICD-10-CM Z02.89 Encounter for other administrative examinations with Provider Comments: Encounter for other administrative examinations	AGHAKHAN, MARK	JESSE BROWN VAMC						
<div>Encounter Notes</div> <div>The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.</div> <table><tr><th>Date/Time</th><th>Encounter Note</th><th>Provider</th></tr><tr><td>May 31, 2023 09:30 AM</td><td><div>C & P EXAMINATION 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</div><div>Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire * Internal VA or DoD Use Only *</div><div>Name of patient/Veteran: Jamar Little</div><div>Is this questionnaire being completed in conjunction with a VA 21-2507, C&P Examination Request? [X] Yes [] No</div><div>How was the examination completed? (check all that apply) [X] In-person examination [] Examination via approved video telehealth [] Other, please specify in comments box:</div><div>Comments:</div></td><td>DAGHESTANI,AMIN N</td></tr></table>						Date/Time	Encounter Note	Provider	May 31, 2023 09:30 AM	<div>C & P EXAMINATION 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</div> <div>Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire * Internal VA or DoD Use Only *</div> <div>Name of patient/Veteran: Jamar Little</div> <div>Is this questionnaire being completed in conjunction with a VA 21-2507, C&P Examination Request? [X] Yes [] No</div> <div>How was the examination completed? (check all that apply) [X] In-person examination [] Examination via approved video telehealth [] Other, please specify in comments box:</div> <div>Comments:</div>	DAGHESTANI,AMIN N
Date/Time	Encounter Note	Provider									
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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 bachelors 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:

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

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) of the following:

☒ Markedly diminished interest or participation in significant activities.

☒ Feelings of detachment or estrangement from others.

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) of the following:

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

☒ Hypervigilance.

☒ Problems with concentration.

☒ Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Criterion F:

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

Criterion G:

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

Criterion H:

☒ 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

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).

***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	
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Functional Status: Functional Independence Measurement (FIM) Scores

No Data Provided for This Section

Medications: VA Dispensed and Non-VA Documented (Obtained Outside VA)

No Data Provided for This Section

Immunizations: All on record at VA

No Data Provided for This Section

Procedures: Surgical Procedures with Notes

No Data Provided for This Section

Plan of Treatment: Future Appointments and Active/Pending Orders

No Data Provided for This Section

Problems (Conditions): All on record at VA

Section Date Range: From patient's date of birth to the date document was created.

This section includes a list of all active and inactive Problems/Conditions known to VA for the patient. New problems/conditions are available thirty-six (36) hours after entry. The data comes from all VA treatment facilities. Problems (Conditions) from the new VA electronic health record are not included.

Problem	Status	Problem Code	Date of Onset	Date of Resolution	Comment(s)	Provider	Source
Tinnitus of right ear	Active	4851000119108				TANNER,BETH	JESSE BROWN VAMC

Results: Chemistry and Hematology

No Data Provided for This Section

Social History: All on record at VA

No Data Provided for This Section

Vital Signs

No Data Provided for This Section

Consult Notes

No Data Provided for This Section

History and Physical Notes

No Data Provided for This Section

Discharge Summaries

No Data Provided for This Section

Radiology Reports

Radiology Reports

The included Radiology Reports are from the last 24 months, are available thirty-six (36) hours after completion, and include a maximum of the 5 most recent reports. Your provider may not have had a chance to read your VA radiology reports. If you have any concerns about your results, contact your health care team. The data comes from all VA treatment facilities. Radiology Reports from the new VA electronic health record are not included.

Date/Time	Radiology Report	Provider	Source
Jun 07, 2023 09:27 AM	<p>LEFT ANKLE, MINIMUM 3 VIEWS: LITTLE,JAMAR D 360-78-2144 DOB-JUN 13, 1986 M Exm Date: JUN 07, 2023@09:27 Req Phys: BARUCH,HEIDI L Pat Loc: JB/COMP & PEN-B (Req'g Loc) Img Loc: JB/RADIOLOGY-OUTPATIENT Service: Unknown</p> <p>(Case 537-060723-838 COMPLETE) LEFT ANKLE, MINIMUM 3 VIEWS (RAD Detailed) CPT:73610 Reason for Study: s/p remote sprain. continued pain</p> <p>Clinical History:</p> <p>Report Status: Verified Date Reported: JUN 07, 2023 Date Verified: JUN 07, 2023 Verifier E-Sig:/ES/YOUSEF M YASIN</p> <p>Report:</p>	YASIN,YOUSEF M	JESSE BROWN VAMC

	<p>LEFT ANKLE, MINIMUM 3 VIEWS</p> <p>INDICATION: S/p remote sprain, continued pain</p> <p>COMPARISON: None</p> <p>NUMBER OF IMAGES: 3</p> <p>Impression:</p> <ol style="list-style-type: none"> 1. No acute fracture or malalignment. 2. Ankle mortise congruent. 3. Talar dome intact. 4. No joint space narrowing. <p>Primary Diagnostic Code: NO ALERT REQUIRED</p> <p>Primary Interpreting Staff: YUSEF M YASIN, Staff Physician (Verifier) /YMY</p>		
Jun 07, 2023 09:27 AM	<p>LEFT FOOT, MINIMUM 3 VIEWS:</p> <p>LITTLE,JAMAR D 360-78-2144 DOB-JUN 13, 1986 M</p> <p>Exm Date: JUN 07, 2023@09:27</p> <p>Req Phys: BARUCH,HEIDI L Pat Loc: JB/COMP & PEN-B (Req'g Loc)</p> <p>Img Loc: JB/RADIOLOGY-OUTPATIENT</p> <p>Service: Unknown</p> <p>(Case 537-060723-837 COMPLETE) LEFT FOOT, MINIMUM 3 VIEWS (RAD Detailed) CPT:73630</p> <p>Reason for Study: left foot/great toe pain</p> <p>Clinical History:</p> <p>Report Status: Verified Date Reported: JUN 07, 2023</p>	YASIN,YUSEF M	JESSE BROWN VAMC

	<p>Date Verified: JUN 07, 2023</p> <p>Verifier E-Sig:/ES/YOUSEF M YASIN</p> <p>Report:</p> <p>LEFT FOOT, MINIMUM 3 VIEWS</p> <p>INDICATION: Left foot/great toe pain</p> <p>COMPARISON: None</p> <p>NUMBER OF IMAGES: 3</p> <p>Impression:</p> <p>1. No acute fracture or malalignment.</p> <p>2. No joint space narrowing.</p> <p>3. Bipartite medial hallux sesamoid.</p> <p>Primary Diagnostic Code: NO ALERT REQUIRED</p> <p>Primary Interpreting Staff:</p> <p>YOUSEF M YASIN, Staff Physician (Verifier)</p> <p>/YMY</p>		
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Pathology Reports

No Data Provided for This Section

Clinical Procedure Notes

No Data Provided for This Section