Neurological and convulsive disorders

Instructor Lesson Plan

Time Required: 3.75 Hours

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| Lesson Description | |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. | |
| TMS # | 4176626 |
| Prerequisites | |  | | --- | | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have 24 months of VSR experience. Trainees should also have completed the lessons on Roles & Attitude, References, Claims Recognition, Effective Dates, and Rating Analysis. | |  | |
| target audience | The target audience for neurological and convulsive disordersis RVSR, (Post Challenge).  Although this lesson is targeted to teach the RVSR, (Post Challenge) employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3.75 hour |
| Materials/ TRAINING AIDS | Lesson materials:   * Neurological and convulsive disordersPowerPoint Presentation * Neurological and convulsive disordersTrainee Handouts * Neurological and convulsive disordersJob Aid |
| Training Area/Tools | The following are required to ensure the trainees are able to meet the lesson objectives:   * Classroom or private area suitable for participatory discussions * Seating, writing materials, and writing surfaces for trainee note taking and participation * Handouts, which include a practical exercise * Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials * Computer with PowerPoint software to present the lesson material   Trainees require access to the following tools:   * VA TMS to complete the assessment * Medical EPSS |
| Pre-Planning | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| Training Day | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers. |

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| Neurological and convulsive disorders | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | .5 hours |
| Purpose of Lesson  Explain the following: | | |  | | --- | | This lesson is intended to teach the trainees a basic understanding of concepts concerning the diagnosis, establishment of service connection, and evaluation of neurological and convulsive disorders. |   This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * General Considerations * Diseases of the Central Nervous System * Miscellaneous Diseases of a neurological nature * Epilepsies |
| Lesson Objectives  Discuss the following:  Slide 2  Handout 2 | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.  TheRVSRwill be able to:   * understand the various etiologies and the prevalence of neurological and convulsive disorders * recognize those conditions most frequently claimed under the neurological system and understand how to rate neurological issues. | |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. | |
| Motivation | Understanding and Rating Neurological conditions on the basis of residual complications is crucial to the effective application of benefits sought by Veterans. | |
| STAR Error code(s) | TBD | |
| References  Slide 3  Handout 3 | Explain where these references are located in the workplace.  All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).   * [38 CFR 3.350 - Special monthly compensation ratings](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_350.htm) * [38 CFR 4.120 - Evaluations by Comparison](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_120.htm) * [38 CFR 4.121 - Identification of epilepsy](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_121.htm) * [38 CFR 4.122 - Psychomotor epilepsy](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_122.htm) * [38 CFR 4.123 - Neuritis, Cranial or Peripheral](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_123.htm) * [38 CFR 4.124 (a) - Schedule of Ratings - Neurological Conditions](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part4/4_124a.htm) * [38 CFR 4.31 - A no-percent rating](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_31.htm) * [M21-1, Part III, Subpart iv, 4, G - Neurological Conditions and Convulsive Disorders](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) | |

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| Topic 1: General Considerations | |
| Introduction | This topic will allow the trainee to familiarize themselves with the general considerations of Rating Neurological conditions |
| Time Required | .5 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * understand the various etiologies and the prevalence of neurological and convulsive disorders   The following topic teaching points support the topic objectives:   * prevalence of Service Connected claims for diseases involving nuerological condition |
| Prevalence  Slide 4  Handout 4 | Explain that with the increased prevalence of service connection for diseases such as diabetes, a thorough knowledge and understanding of the neurological rating schedule is important.  Neurological and convulsive disorders can result from a variety of conditions such as brain injury due to trauma and cerebrovascular accidents, organic diseases of the central nervous system, nutritional deficiency and diabetes.  Organic diseases of the nervous system and epilepsies are included under 38 CFR 3.309(a) as subject to presumptive service connection. |
| Topic 2: Diseases of the Central Nervous System | |
| Introduction | This topic will allow the trainee to evaluate the diseases of the Central Nervous system. |
| Time Required | 2 hour |
| OBJECTIVES/ Teaching Points | Topic objectives:   * recognize those conditions most frequently claimed under the neurological system   The following topic teaching points support the topic objectives:   * Organic Diseases * Miscellaneous diseases * Diseases of the Cranial Nerves * Diseases of the Peripheral Nerves |
| Organic Diseases  *Explain the following:*  Slide 5 & 6  Handout 5-9  Eplain ALS Rating to ensure Highest award | Organic Diseases of the Nervous System are Rated under Diagnostic Codes (DC) 8000 – 8046  As indicated in 38 CFR 4.124a of the schedule, (with exceptions noted) these disabilities and their residuals may be rated 10% to 100% in proportion to the degree of impairment. You are to consider psychotic manifestations, loss of use, speech disturbances, vision, etc.  By the very nature of these diseases, it **will be seldom** **that moderate to far advanced conditions will result in only disturbances of one body system.** With partial loss of use of one or more extremities from neurological lesions, rate by comparison with the mild, moderate, severe, or complete paralysis of peripheral nerves.  38 CFR 4.31 - There must be ascertainable residuals for a compensable evaluation. If there are no residuals, a 0% evaluation is to be assigned. |
|  | *With MS evaluating affected system seperatley is a change from the previous requirement to evaluate MS as a single disability when the combined degree was less than 100 percent.*   * *If the combined evaluation for all disabilities due to MS is 20 percent or less, assign a 30-percent evaluation under 38 CFR 4.124a, DC 8018.* |
| *Miscellaneous diseases*  *Explain the following*  *Discuss the requirement of “prostrating” attacks to warrant a compensable evaluation under 8100 Migraine.*  Slide 8  Handout 10 & 11  **Cranial Nerves**  Slide 9 & 10  Handout 12 - 14  Attachment A & B  Refer to the Handout to briefly discuss the rating schedule provisions of DC 8205–DC 8412.  **Discuss the Bold items.**  Briefly discuss the 12 Cranial nerves from Slide 10  **Peripheral Nerves**  Slide 11 & 12  Refer to Handout for discussion on DCs.  Handout 15-22  **Epilepsies**  Slide 13 - 16  Refer to Handout for discussion on DCs, Mental Disorders in Epilepsies, and Epilepsy and Unemployability.  Handout 23 - 26 | **Miscellaneous diseases DC 8100 – 8108**  These codes cover diseases of a neurological nature not listed elsewhere.  **Diseases of the cranial nerves - DC 8205–DC 8412**  Neuritis of a nerve is inflammation attended by pain and tenderness of the nerve, anesthesia, disturbances of sensation; and may result in paralysis, wasting and disappearance of the reflexes associated with the nerve involved.  38 CFR 4.123 - **Neuritis, cranial or peripheral, characterized by loss of reflexes, muscle atrophy, sensory disturbances, and constant pain, at times excruciating, is to be rated on the scale provided for injury of the nerve involved, with a maximum equal to severe, incomplete, paralysis.**  See nerve involved for diagnostic code number and rating. **The maximum rating which may be assigned for neuritis not characterized by organic changes referred to in this section will be that for moderate, or with sciatic nerve involvement, for moderately severe, incomplete paralysis.**  Neuralgia is a paroxysmal pain extending along the course of the nerve.  38 CFR 4.124 - **Neuralgia, cranial or peripheral, characterized usually by a dull and intermittent pain, of typical distribution so as to identify the nerve, is to be rated on the same scale, with a maximum equal to moderate incomplete paralysis.**  See nerve involved for diagnostic code number and rating. Tic douloureux, or trifacial neuralgia, may be rated up to complete paralysis of the affected nerve.  **Diseases of the peripheral nerves DC 8510 – DC 8730**  The schedule follows the same format for these diseases as that for diseases of the cranial nerves. That is, the nerves are listed followed by diagnostic codes for **paralysis,** **neuritis** and **neuralgia** for that particular nerve.  The term “incomplete paralysis” with this and other peripheral nerve injuries indicates a degree of lost or impaired function substantially less than the type pictured for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration.  When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. The **DC 8510 – DC 8730** ratings for the peripheral nerves are for unilateral involvement; when bilateral, combine with application of the bilateral factor.  **Epilepsies DC 8910–8914**  Where there is doubt as to the true nature of epileptiform attacks, neurological observation in a hospital adequate to make such a study is necessary. To warrant a rating for epilepsy, the seizures must be witnessed or verified at some time by a physician.  As to frequency, competent, consistent lay testimony emphasizing convulsive and immediate post-convulsive characteristics may be accepted. The frequency of seizures should be ascertained under the ordinary conditions of life (while not hospitalized). |

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| Practical Exercise | |
| Time Required | .5 hours |
| EXERCISE | Reveiew the scenarios and choose the answer that is the most appropriate.  Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |
| Practical Exercise  Slide 17  Handout 30 - 35 |  |

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| Lesson Review, Assessment, and Wrap-up | |
| Introduction  Discuss the following: | The Neurological and Convulsive Disorders lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | .25 hours |
| Lesson Objectives | You have completed the Neurological and Convulsive Disorders  lesson.  The trainee should be able to:   * understand the various etiologies and the prevalence of neurological and convulsive disorders * recognize those conditions most frequently claimed under the neurological system * understand how to rate neurological issues. |
| Assessment | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.  The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |