Practical Exercise

**ONE**:

The Veteran submitted an original claim for service connection for sleep apnea on a VA Form 21-526, received March 1, 2013.

Service information is verified as March 14, 2006 to March 3, 2012.

The service treatment records show the Veteran was referred to a Neurology Sleep Lab on June 3, 2011 for evaluation of primary snoring. A polysomnogram was conducted on June 5, 2011, and reported the diagnosis of obstructive sleep apnea, with recommendation for CPAP titration.

At the VA examination, conducted April 16, 2013, the Veteran reported feeling rested in the morning after treatment of the sleep apnea and reported no hypersomnolence.The VA examination reported the diagnosis of sleep apnea with continuous positive airway pressure machine, with pressures of 12 cm.

**Explain your answers to the following questions**.

Is the Veteran entitled to service connected compensation and if so, on what basis?

What DC would you use?

What evaluation would you assign?

What evidence supports your decision?

What effective date would you assign?

**Answer: ­­­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TWO**:

Veteran who is service connected for Asthma with 10% evaluation effective January 2, 2000 files a claim for increase received on April 11, 2013. DBQ dated May 17, 2013 shows FEV-1: 75%, FEV-1/FVC: 75%, and daily inhalational bronchodilator therapy.

**Explain your answers to the following questions.**

Is the Veteran entitled to increased compensation and if so, on what basis?

What DC would you use?

What evaluation would you assign?

What evidence supports your decision?

What effective date would you assign?

**Answer: ­­­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TWO ½ :**

What if there was evidence in the Veteran’s VAMC OPTs showing the need for daily inhalation therapy started on December 21, 2005?

**Answer: ­­­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THREE**:

The Veteran submitted an original claim for service connection for sinusitis on a VA Form 21-526, received February 7, 2014.

Service information is verified as March 14, 2006 to March 3, 2012.

The service treatment records show the Veteran was treated on several occassions for sinus infections with antibiotics.

Results of the VA examination conducted March 17, 2014 show a diagnosis of chronic sinusitis affecting the Veteran’s maxillary sinus and the examiner opined that the Veteran’s current chronic sinusitis is at least as likely as not a continuation of the same chronic sinusitis shown in service. The Veteran has headaches and pain and tenderness of affected sinus. She has had 2 non-incapacitating episodes in the past 12 months and no incapacitating episodes.

**Explain your answers to the following questions.**

Is the Veteran entitled to service connected compensation and if so, on what basis?

What DC would you use?

What evaluation would you assign?

What evidence supports your decision?

What effective date would you assign?

**Answer: ­­­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOUR**:

The Veteran submitted an original claim for service connection for rhinitis on a VA Form 21-526, received December 31, 2013.

Service information is verified as March 14, 2006 to March 3, 2013.

The service treatment records show the Veteran was treated on several occassions for runny nose, itchy eyes and sneezing. She was treated with eye drops and Claritin and the diagnosis shows seasonal allergies.

Results of the VA examination conducted January 17, 2014 show a diagnosis of allergic rhinitis. There is no obstruction of the nasal passage, hypertrophy or nasal polyps. The examiner remarked that the Veteran currently has no symptoms whatsoever, and that although she does suffer from seasonal allergies when she is exposed to specific pollens, her symptoms subside and resolve in the absence of such allergens.

**Explain your answers to the following questions.**

Is the Veteran entitled to service connected compensation and if so, on what basis?

What DC would you use?

What evaluation would you assign?

What evidence supports your decision?

What effective date would you assign?

**Answer: ­­­­­­­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**