Respiratory System (RVSR IWT)

Instructor Lesson Plan

Time Required: 1.5 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 # | 4189169 |
| Prerequisites | Not Applicable |
| target audience | The target audience for Respiratory System (RVSR IWT) is RVSR Challenge trainees.  Although this lesson is targeted to teach the RVSR Challenge trainees, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Respiratory System (RVSR IWT) PowerPoint Presentation * Respiratory System (RVSR IWT) Trainee Handouts * Respiratory System (RVSR IWT) Practical Exercise |
| 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 * VBA Schoolhouse to complete the e-case |
| 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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| Introduction to Respiratory System (RVSR IWT) | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 0.25 hours |
| Purpose of Lesson  Explain the following: | | This lesson is intended to introduce the Respiratory System to RVSR trainees. This lesson will contain discussions and exercises that will allow you to gain a better understanding of the regulations that govern the respiratory system, the application of the pulmonary function test (PFT) results and other benefit entitlement considerations. |
| Lesson Objectives  Discuss the following:  Slide 2 | Upon completion of this lesson and given available references, the trainee will be able to prepare a rating decision targeting respiratory conditions with 98% accuracy. The trainee will be able to:   * Properly evaluate respiratory conditions. * Apply pulmonary functions test (PFT) results to the rating schedule. * Identify other considerations. | |
| STAR Error code(s) | A1, A2, B2, C1, C2, D1 | |
| References  Slide 3 Slide 4 | 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 3.309, Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.317(b), Signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.350, Special monthly compensation ratings](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.380, Diseases of allergic etiology](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.809(a), Special home adaptation grants under 38 U.S.C. 2101(b)](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 4.88(c), Ratings for inactive nonpulmonary tuberculosis initially entitled after August 19, 1968](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [38 CFR 4.89, Ratings for inactive nonpulmonary tuberculosis in effect on August 19, 1968](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [38 CFR 4.96, Special provisions regarding evaluation of respiratory conditions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [38 CFR 4.97, Schedule of ratings—respiratory system](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [M21-1](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) Part [III, Subpart iv, Chapter 4, Section D Respiratory Conditions](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) * [M21-1 Part III, Subpart v, Chapter 7, Section A Eligibility for Hospital, Nursing Home, Domiciliary, and Medical Care](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) * [M21-1 Part IV, Subpart ii, Chapter 1, Section I Developing Claims for Service Connection (SC) Based on Other Exposure Types](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) * [M21-1 Part IV, Subpart ii, Chapter 2, Section C Service Connection (SC) for Disabilities Resulting From Exposure to Environmental Hazards or Service in the Republic of Vietnam (RVN)](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/) | |

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| Topic 1: Overview of the Respiratory System | |
| Introduction | This topic is intended to introduce the Respiratory System to RVSR trainees. This lesson will contain discussions and exercises that will allow you to gain a better understanding of the regulations that govern the respiratory system, the application of the pulmonary function test (PFT) results and other benefit entitlement considerations. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Properly evaluate respiratory conditions. * Apply pulmonary functions test (PFT) results to the rating schedule. * Identify other considerations. |
| Overview of the Respiratory System  Slide 5 | As you learned in your Medical TPSS, and may already know, the respiratory system is your ability to breathe in the air which your body filters, distributes the oxygen to the blood (and therefore throughout the body) and exhale the “waste” or carbon dioxide.  The respiratory tract consists of upper and lower airways. Structures of the upper airway include: the nose, pharynx, adenoids, tonsils, epiglottis, and larynx. Structures of the lower airway include: the trachea, bronchi, bronchioles, and lungs. |
| Conditions for Discussion  Slide 6 | Explain that the following conditions will be discussed: Tuberculosis, Respiratory Cancer, Sleep Apnea, Sinusitis, Rhinitis, Asthma, COPD, and Asbestosis |
| Tuberculosis  (DC 6701 – 6732)  Slide 7  M21-1 III.v.7.A.10.b.  M21-1 IV.ii.1.I.1.b. | Explain that this is not something that you will likely be granting currently, however it is something that you will see that has been service connected for a LONG time, more often than not they will be noncompensable and only receiving the SMC Q (Statutory grant for arrested TB) -which is protected. (next slide discusses reg).  Most often you will see claims based on a positive test- which is NOT a diagnosis or evidence of active disease.  Emphasize that apositive TB test NOT the same as a diagnosis. A positive tuberculin reaction without any other evidence of a tuberculosis infection is not a disease or disability, and is not a reason for discharge from service.  If a positive tuberculin reaction is claimed together with other disabilities complete any appropriate development required for the other disabilities, and refer the claims folder to the rating activity for rating of all the claimed disabilities.  **Important**: Military service departments have adopted a program of chemotherapy for personnel who had a negative tuberculin test on entrance into service, but who were found to have converted to positive during service. If at the completion of 12-month period of treatment, based on examination, a VA outpatient clinic or VAMC report or any other evidence indicates the presence of tuberculous disease, solicit a claim for service connection (SC). |
| Protected Tuberculosis under 38 CFR 4.96(b)  Slide 8  M21-1 IV.ii.2.I.8 | Effective August 1, 1952, a minimum level of SMC (q) was established for Veterans whose tuberculosis was completely arrested. The minimum rate of SMC payable under this law was $67.00.  Effective August 19, 1968, public law repealed 38 U.S.C. 1114(q) except for those veterans who on August 19, 1968, were receiving or entitled to receive disability compensation for tuberculosis. |
| Respiratory Cancer (DC 6819)  Slide 9  M21-1 IV.ii.2.C.3.i  M21-1 IV.ii.2.C.3.k  M21-1 IV.ii.2.C.5.p. | Explain that as with most cancers, they get the 100 percent during active malignancy and for 6 months following the discontinuance of treatment, then evaluated based on residuals.  Note: Cancer of the tongue, mouth, nasal passages, throat, pharynx are NOT respiratory cancers and are not subject to AO presumption  Ask: I know we did not cover the criteria for other respiratory conditions yet, but why do you think you cannot evaluate lung cancer (or cancer with pleural involvement) separately from conditions like Asthma and/or COPD? (Other than the fact this is specified in 4.96(a).)  Answer: Pyramiding!  Ask: In what instance MIGHT you be able to grant a separate evaluation for cancer?  Explain: It depends on the location/type of cancer. If they have cancer of the larynx or trachea, there would be no pyramiding to separate this.  Important: *ALL cancers are presumptive under 3.309(a) if they manifest within one year of discharge!* When it comes to cancer, keep in mind that if they are deemed terminal, referred to hospice, or only pursuing palliative care, they should NOT be set up for a future examination.  Important: Lung cancer is one of several diseases potentially associated with exposure to contaminants present in the Camp Lejeune water supply between 1953 and 1987. Manifestation of lung cancer in a Veteran with verified Camp Lejeune service between 1953 and 1987 is sufficient to initiate a VA medical examination, and request an opinion regarding its relationship to Camp Lejeune service. There are currently no presumptive diseases attributed to service at Camp Lejeune by statute, regulation, or VA policy. |
| Sleep Apnea (DC 6847)  Slide 10  If further questions are asked see M21-1.III.iv.4.D.1.n. Processing Claims for Increase in Sleep Apnea  M21-1 IV.ii.2.D.1.n. | Explain that a diagnosis of sleep apnea must be confirmed by sleep study for compensation rating purposes. Receipt of medical evidence disclosing a diagnosis of sleep apnea without confirmation by a sleep study is sufficient to trigger the duty to assist for scheduling an examination if the other provisions of 38 CFR 3.159(c)(4) have been satisfied. However, such evidence is not sufficient to award SC for sleep apnea.  **Important**: A home sleep study is only accepted if it has been clinically determined that the Veteran can be appropriately evaluated by a home sleep study, anda competent medical provider has evaluated the results.  Explain that we evaluate sleep apnea using the criteria in 38 CFR 4.97, DC 6847 (sleep apnea syndromes (obstructive, central, mixed).  When determining whether the 50-percent criteria are met, the key consideration is whether use of a qualifying breathing assistance device is required by the severity of the sleep apnea. CPAP is enough for 50%! It does NOT matter if the Veteran says he does not use it, if one has been medically prescribed, the 50 is warranted.  **Note**: Sleep apnea is NOT a presumptive condition under 38 CFR 3.309(a) or 3.317. |
| Sinusitis (DC 6510 – 6514)  Slide 11 | Explain, under 38 CFR 3.380, seasonal and other acute allergic manifestations subsiding on the absence of or removal of the allergen are generally to be regarded as acute diseases, healing without residuals. The condition must be *chronic* to grant SC. |
| Sinusitis – DBQ and Evaluation Builder  Slide 12 | Evaluate sinusitis under 38 CFR 4.97, diagnostic codes (DCs) 6510 through 6514. When applying the higher of two possible evaluations under 38 CFR 4.7, a history of radical surgery or repeated surgeries is not required if the criteria under the rating formula are otherwise met.  **(DBQ)** Explain as you can see the doctor will identify what type of condition the Veteran has, and that will be the diagnosis you will select in evaluation builder, which will provide you with the correct code for that specific type.  **Note**: An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician. Make sure you correctly select incapacitating versus non-incapacitating episodes (whichever applies) or you may under or over evaluate! |
| Rhinitis (DC 6522 – 6523)  Slide 13 | Explain, again under 38 CFR 3.380, seasonal and other acute allergic manifestations subsiding on the absence of or removal of the allergen are generally to be regarded as acute diseases, healing without residuals. The condition must be *chronic* to grant SC.  *If question comes up regarding sympathetic reading of a claim for sinusitis or rhinitis. M21-1 III.iv.6.B.1.c.*  **Note**: VA does not expect, nor does the law require, claimants to articulate with medical precision the disabilities for which compensation is sought. Veterans regularly claim disability compensation for a specific clinical entity and ultimately establish service connection (SC) for a similar, but clinically distinct, condition.  **Example 1**: VA may, in developing a Veteran’s claim for SC for sinusitis, provide the Veteran with an examination that renders a diagnosis of a similar condition, such as allergic rhinitis, rather than sinusitis.  **Result**: In the event that the examination is otherwise sufficient for rating purposes and the condition is associated with service, the decision maker awards SC for allergic rhinitis as within the scope of the claim for sinusitis |
| Rhinitis – DBQ and Evaluation Builder  Slide 14 | **(DBQ)** Explain, again, you can see the doctor will identify what type of condition the Veteran has, and that will be the diagnosis you will select in evaluation builder, which will provide you with the correct code for that specific type.  Depending on which type of rhinitis you are evaluating will determine which criteria you need to use to evaluate. They all should very clearly be provided by the DBQ and easily translated into the evaluation builder. Although providing the exact percentage of obstruction may not be common practice, this specific number is not required and can be left blank. |
| Coexisting Respiratory Conditions under 38 CFR 4.96(a)  Slide 15  M21-1 III.iv.4.D.1.g. | 38 CFR 4.96(a) prohibits the assignment of separate evaluations for co-existing respiratory conditions rated under DCs 6600 through 6817 and 6822 through 6847.  DCs 6819 and 6820 (malignant and benign neoplasms) are rated on residuals, including any residual disability of the respiratory system. Therefore, where there is lung or pleural involvement, separate evaluations under 38 CFR 4.97, DCs 6819 and 6820 are prohibited, to have co-existing respiratory conditions rated under DCs 6600 through 6817 and 6822 through 6847. |
| Special Provisions DC 6600, 6603, 6604, 6825 – 6833, and 6840 – 6845  Slide 16  Slide 17  Slide 18  You can demonstrate the Respiratory Conditions DBQ to show where these items appear.  See If/And/Then table M21-1 III.iv.4.D.1.j. | 38 CFR 4.96(d) provides for special provisions for the application of evaluation criteria for diagnostic codes 6600, 6603, 6604, 6825-6833, and 6840-6845  When the rating schedule criteria includes pulmonary function test (PFT) results, PFTs must be obtained except when   * the results of a maximum exercise capacity test are of record and are 20 milliliters/per kilogram of body weight per minute (ml/kg/min) or less * pulmonary hypertension has been diagnosed * cor pulmonale has been diagnosed * right ventricular hypertrophy has been diagnosed * there have been one or more episodes of acute respiratory failure, or * outpatient oxygen therapy is required.   **Notes**:   * If a maximum exercise capacity test is not of record, evaluate based on alternative criteria. * A diagnosis of pulmonary hypertension requires objective documentation by an echocardiogram or cardiac catheterization   It is not something you need to memorize, just remember that the specifications are in 4.96 and when you have a case, refer to it!  It is just important to make sure you refer to 4.96 to make sure you have PFTs if they are required, but also to make sure you are not ordering them when you do not NEED them.  Post-bronchodilator studies are required when PFTs are done for disability evaluation purposes except when   * the results of pre-bronchodilator PFTs are normal * the examiner determines that post-bronchodilator studies should not be done and states why, or * using the DLCO score values (Clinicians have stated that bronchodilator use has no effect on DLCO values.)   When evaluating based on PFTs, use post-bronchodilator results unless the post-bronchodilator results were poorer than the pre-bronchodilator results. In those cases, use the pre-bronchodilator values for rating purposes. Simply put, use post-bronchodilator results *unless* they are worse than the pre.  When there is a disparity between the results of different PFT's (FEV-1 (Forced Expiratory Volume in one second), FVC (Forced Vital Capacity), etc.), so that the level of evaluation would differ depending on which test result is used, use the test result that the examiner states most accurately reflects the level of disability. The examiner will identify on the DBQ which result most accurately reflects the level of disability. |
| Asthma (DC 6602)  Slide 19 | Explain that under 38 CFR 3.304 (b) Presumption of soundness, we cannot assume that the asthma preexisted induction, even if the Veteran mentions having asthma their entire life.  The FEV-1, FVC & FEV-1/FVC you see shown here are determined by PFT results. Although the evaluation builder shows fields for the predicted and actual for FEV-1 and FVC, these are integer values, you will see that these are not usually provided, or even asked for, on the DBQ, so most likely will be left blank. You will use the percentage value (FEV-1% Predicted) and ratio (FEV-1/FVC Ratio).  For asthma under DC 6602, the criteria shows PFT values or treatment with varying medications. If the medications would result in a higher evaluation than the PFT results, you should assign that evaluation based on the treatment. DC 6602 is not included in the Special Provisions under 38 CFR 4.96(d). |
| Asthma – DBQ  Slide 20  Slide 21 | Explain: As you can see the doctor will specify what type of medications the Veteran requires for his/her condition as well as frequency of use.  Make sure you take your time and evaluate based on the right treatment (systemic -oral or parenteral- corticosteroids or inhalational or oral bronchodilator therapy or inhalational anti-inflammatory medication).  **Note**: Be sure to use the post-bronchodilator results unless they are poorer than the pre. Remember for asthma you will be using the FEV-1 or FEV-1/FVC Ratio or the treatment type and frequency. Be careful again to make sure you take the percentage from the correct field and are not using a percentage that may actually coincide with a different finding.  It is important that you evaluate the Veteran based on what the doctor identifies is the most accurate representation of his/her condition. |
| Chronic Obstructive Pulmonary Disease (COPD) (DC 6604)  Slide 22 | As you can see with COPD it is very similar criteria, but there are some differences, such as the use of DLCO and maximum exercise capacity. |
| Asbestosis (DC 6833)  Slide 23 | Veterans who were exposed to asbestos while in service and developed a disease related to that asbestos exposure may receive compensation benefits.  Claims based on exposure to asbestos require a military occupational skill with exposure to asbestos or other exposure event associated with service sufficient to request an examination with medical opinion, anda diagnosed disability that has been associated with in-service asbestos exposure.  As you can see again, with asbestosis it is very similar criteria, but there are some differences, such as the use of FVC % predicted rather than FEV-1 |
| Respiratory Conditions (other than TB and Sleep Apnea) – DBQ  Slide 24 | Again as you can see, the doctor will provide the diagnosis of the condition (if there is one) here.  Keep in mind that exposure is NOT a condition! |
| Presumptive Considerations  Slide 25 | Review the respiratory conditions that fall under the following presumptive criteria.   * 3.309(a) – Chronic diseases (within one year of discharge): Sarcoidosis, Active Tuberculosis, Malignant tumors * 3.309(d) – Radiation exposure: Cancer of the Lung * 3.309(e) – Herbicide exposure: Respiratory Cancers (of the lung, bronchus, larynx, or trachea), Soft-tissue sarcoma (of the cells lining lungs) * 3.317(b) – Gulf War: Undiagnosed illness – signs or symptoms involving respiratory system (upper or lower) * 3.317(c) – Gulf War: Infectious diseases |
| SMC  Slide 26 | SMC K should be granted when there is complete aphonia (6519), laryngectomy (6518) or loss of tongue (7202). You will most often assign these things in advanced ALS, Parkinson’s disease.  Again make sure to backfill the SMC Q! You should not be granting SMC Q now. If you are granting a 100 percent and there is evidence of need for aid and attendance or that the Veteran is housebound, you must grant. They do not need to claim it.  Also, look to see if they have other SC conditions that combine to a separate 60% or more and if so, grant SMC S. |
| Ancillary Considerations  Slide 27 | Residuals of an inhalation injury, including, but not limited to   * pulmonary fibrosis * asthma, or * chronic obstructive pulmonary disease (COPD).   Qualification for SHA based on a respiratory disorder requires more than a showing of permanent and total disability from a respiratory diagnosis such as pulmonary fibrosis, asthma or COPD. The diagnosis must have resulted from an inhalational injury caused by breathing steam or toxic fumes, gases and mists present in a fire environment (including, but not limited to, acrolein, chlorine, phosgene, and nitrogen dioxide).  Again, must be granted if entitlement is shown, the Veteran does not have to claim. (§3.809a) |
| Questions  Slide 28 |  |
| Exercise | Exercise is performed at the end of the lesson. |
| note(s) | N/A |
| DEMONSTRATION | Demonstration of embedded Evaluation Builder for the Respiratory System is performed at the end of the lesson. |

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| Practical Exercise | |
| Time Required | 0.5 hours |
| EXERCISE | There are scenarios that are assigned to the students to work independently at the end of the lesson. Students should be given about 20 minutes to work through them, and then they should be gone over together as a class.  *These scenarios can also be done together, depending on the number of students/time constraints. However, with larger groups this often results in some students answering immediately and others not being afforded with the time/opportunity to work through them effectively.* |
| **Scenario 1** | 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? |
| **Scenario 2** | 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?  What if there was evidence in the Veteran’s VAMC OPTs showing the need for daily inhalation therapy started on December 21, 2005? |
| Scenario 3 | 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? |
| Scenario 4 | 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? |