Rating Traumatic Brain Injuries

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 # | 4192854 |
| Prerequisites | None |
| target audience | The target audience for Rating Traumatic Brain Injury is the Entry Level RVSR.  Although this lesson is targeted to teach the Entry Level RVSR, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Rating Traumatic Brain InjuryPowerPoint Presentation * Rating Traumatic Brain Injury Lesson Plan |
| 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:   * Rating Traumatic Brain Injury.Insert Lesson Name |
| 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 Rating Traumatic Brain Injuries | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 1.25 hours |
| Purpose of Lesson  Explain the following: | | This lesson is intended to provide a review of the requirements for rating traumatic brain injuries (TBI) named the “signature wound” of the conflicts in Iraq and Afghanistan.  This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * Define TBI * Evaluate TBI * Recognize common complications of TBI * Avoid pyramiding residuals of TBI * Secondary conditions associated with TBI * Consider special monthly compensation * Long Form Rating Narrative * TBI second signature requirements |
| 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 TBI. | |
| 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 | Traumatic Brain Injuries (TBI) has been called the “signature wound” of the current conflicts in Iraq and Afghanistan, but it is not something new. TBI has been around throughout all wars and conflicts, but has gained more prominence as more Veterans have survived their wounds and are returning home. It is our duty to understand how to rate these disabilities and provide the best service to our Veterans. | |
| STAR Error code(s) | A2; B2; C1; C2; D1; E2; F2 | |
| References  Slide 3-4 | 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 3.114 - Change of law or Department of Veterans Affairs issue. * 38 CFR 3.304 - Direct service connection; wartime and peacetime * 38 CFR 3.350 - Special monthly compensation ratings * 38 CFR 4.7 - Higher of two evaluations * 38 CFR 4.87 - Schedule of ratings - ear * 38 CFR 4.124a - Schedule of ratings – neurological conditions and convulsive disorders * 38 CFR 4.130 - Schedule of ratings – mental disorder * M21-1, Part III, Subpart iv, Chapter 3, Section D - Examination Reports * M21-1, Part III, Subpart iv, Chapter 4, Section G - Neurological Conditions and Convulsive Disorders * M21-1, Part III, Subpart iv, Chapter 4, Section H - Mental Disorders * M21-1, Part III, Subpart iv, Chapter 6, Section C - Completing the Rating Decision Narrative * M21-1, Part III, Subpart iv, Chapter 6, Section D - Codesheet Section * M21-1, Part IV, Subpart ii, Chapter 2, Section H - Special Monthly Compensation (SMC) * M21-1, Part IV, Subpart ii, Chapter 2, Section I - History of SMC | |

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| Topic 1: Traumatic Brain Injury (TBI) | |
| Introduction | This topic will allow the trainee to define what a TBI is, and the uses for the initial assessment of injury for the TBI. |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Define TBI * Identify the uses for the Service Treatment Records (STRs) |
| Definition of TBI  M21-1 III.iv.4.G.2.a-b  Slide 7 | The term traumatic brain injury (TBI) means the physical, cognitive and/or behavioral/emotional residual disability resulting from an event of external force causing an injury to the brain.  The TBI event is a traumatically induced structural injury and/or physiological disruption of brain function resulting from an external force indicated by at least one of the following clinical signs immediately following the event:   * any period of loss of consciousness or decreased consciousness * any loss of memory for events immediately before or after the injury * any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) * neurological deficits, whether or not transient, or * intracranial lesion.   **Notes:**   * The TBI event has two necessary components: the external force and the identifiable acute manifestations of brain injury immediately following the external force. Not all individuals exposed to an external force will have brain injury, and therefore, they will not meet the criteria for having a TBI event. * The acute manifestations may resolve without chronic disability, or a chronic disability may result. * Although unconsciousness or reduced consciousness is common in TBI events, ***these are not required.*** Any one of the five signs will be sufficient. |
| TBI Residuals  M21-1 III.iv.4.G.2.d  Slide 8 | The signs and symptoms of TBI residuals can be organized into the three main categories of physical, cognitive, and behavioral/emotional residuals for evaluation purposes.  The table located at M21-1 III.iv.4.G.2.d provides examples for the Physical, Cognitive and Behavioural/Emotional categories. |
| Cognitive Residuals  Slide 9 | * Cognitive impairment is defined as decreased memory, concentration, attention, and executive functions of the brain. * Executive functions are goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, judgment, decision making, spontaneity, and flexibility in changing actions when they are not productive. * Not all of these brain functions may be affected in a given individual with cognitive impairment, and some functions may be affected more severely than others. In a given individual, symptoms may fluctuate in severity from day to day. * Evaluate cognitive impairment under the table titled “Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified.” * Discuss the examples of Cognitive residuals listed on the slide. |
| Emotional and Behavioral Residuals  Slide 10 | * Diagnosed mental disorder due to TBI or separate from TBI (PTSD): rate under 4.130 for the specific mental disorder * No diagnosis of mental condition with only symptoms due to TBI (anxiety, depression) rate under 8045 * Examples of TBI behavioral/emotional residuals (M21-1 III.iv.4.G.2.d):   + Depression   + Agitation and irritability   + Impulsivity   + Aggression   + Anxiety   + Posttraumatic stress disorder * Evaluate emotional/behavioral dysfunction under §4.130 (Schedule of ratings—mental disorders) when there is a diagnosis of a mental disorder. When there is no diagnosis of a mental disorder, evaluate emotional/behavioral symptoms under the criteria in the table titled “Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified.” |
| Physical Residuals  Slide 11 | * Motor and Sensory Impairment * Visual-Spatial Orientation: rated on ability to follow directions and recognize self and surroundings * Examples of TBI physical residuals (M21-1 III.iv.4.G.2.d):   + Apraxia (inability to execute purposeful, previously learned motor tasks, despite physical ability and willingness)   + Aphasia (difficulty communicating orally and/or in writing)   + Paresis (muscle weakness or incomplete paralysis)   + Plegia (paralysis or stroke)   + Dysphagia (difficulty swallowing)   + Disorders of balance and coordination   + Diseases of hormone deficiency   + Parkinsonism   + Nausea/vomiting   + Headaches   + Dizziness   + Blurred vision   + Seizure disorder   + Sensory loss   + Weakness   + Sleep disturbance * Evaluate physical (including neurological) dysfunction based on the following list, under an appropriate diagnostic code: Motor and sensory dysfunction, including pain, of the extremities and face; visual impairment; hearing loss and tinnitus; loss of sense of smell and taste; seizures; gait, coordination, and balance problems; speech and other communication difficulties, including aphasia and related disorders, and dysarthria; neurogenic bladder; neurogenic bowel; cranial nerve dysfunctions; autonomic nerve dysfunctions; and endocrine dysfunctions. |
| Residuals of TBI  *Slide 12* | In addition to the evaluation for TBI manifestations under the table “Evaluation of Cognitive Impairment and Other Residuals of Residuals of TBI Not Otherwise Classified” in [38 CFR 4.124a, DC 8045](http://www.ecfr.gov/cgi-bin/text-idx?SID=061a0b481382fdc4ff5c1697742e7858&node=se38.1.4_1124a&rgn=div8) (and also incorporated into VBMS-R), manifestations of a comorbid mental, neurologic or other physical disorder can be separately evaluated under another DC if there is a distinct diagnosis – even if based on subjective symptoms – and no more than one evaluation is based on the same manifestation(s).  Follow the policy in the table below.   |  |  | | --- | --- | | **If ...** | **Then ...** | | manifestations are clearly separable | assign a separate evaluation using each applicable DC. | | the manifestations of two or more conditions cannot be clearly separated | assign a single evaluation under whichever set of criteria allows the better assessment of the overall impaired functioning due to both conditions. | |
| Residuals of TBI  *Slide 13* | ***Important***:   * If “major or mild neurocognitive disorder due to TBI,” is diagnosed, and the diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, evaluate the condition under [38 CFR 4.130, DC 9304](http://www.ecfr.gov/cgi-bin/text-idx?SID=58ecf49412cc9b2f5b9f58669425309d&mc=true&node=se38.1.4_1130&rgn=div8) as long as there is medical evidence that the manifestations supporting the diagnosis are clearly separable from the TBI. * Tinnitus is discussed in [38 CFR 4.124a, DC 8045](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.4_1124a&rgn=div8) as both a physical disorder that can be evaluated under its DC, and as a subjective symptom. Evaluate tinnitus separately under [38 CFR 4.87, DC 6260](http://www.ecfr.gov/cgi-bin/text-idx?SID=58ecf49412cc9b2f5b9f58669425309d&mc=true&node=se38.1.4_187&rgn=div8) unless a higher overall evaluation is supported by including it with the subjective symptoms facet under [38 CFR 4.124a, DC 8045](http://www.ecfr.gov/cgi-bin/text-idx?SID=061a0b481382fdc4ff5c1697742e7858&node=se38.1.4_1124a&rgn=div8). * ***Do not*** evaluate vertigo (whether referred to as "vertigo," "constant vertigo," "peripheral vestibular disorder," "benign paroxysmal positional vertigo," or any other similar wording) separately when evaluating TBI. Vertigo is a subjective symptom that is already considered in the facets of the TBI criteria. ***Exception***: If vertigo was awarded a separate compensable evaluation prior to March 15, 2012, do not change or correct the evaluation. |

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| Topic 2: TBI Evaluation Facets | |
| Introduction | This topic will allow the trainee to see the differences and more importantly the similarities between the TBI DBQ Facets and the Evaluation Builder Facets when evaluating TBI. |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Discussion of 10 TBI Evaluation Facets * Comparison of the TBI DBQ and VBMS Evaluation Builder |
| TBI Evaluation Facets  Slide 14 | 38 CFR 4.124a, DC 8045 has a table titled, “Evaluation Of Cognitive Impairment And Other Residuals Of TBI Not Otherwise Classified”, which provides the 10 TBI evaluation facets.  Discuss the table and all associated notes with the trainees.  Explain to the trainees that the evaluation for TBI is based upon the worst facet, and not a combination of the facets. |
| TBI DBQ and Evaluation Builder  Slide 15-24 | Discuss each facet from the standpoint of the DBQ versus the Evaluation Builder embedded in VBMS-R.  Explain that in the Evaluation Builder the check box for “Facet cannot be used to support evaluation” would be checked if the disability or symptoms are being separately evaluated. The language for this checkbox has been incorporated into the Evaluation Builder and will populate after the facets that have been used for the TBI evaluation. |
| Effective Dates  Slide 25 | The rating criteria for evaluating TBI were changed effective October 23, 2008.  Under Note (5) of 38 CFR 4.124a, DC 8045, a Veteran whose residuals of TBI are rated under a version of the diagnostic criteria in effect before October 23, 2008, may request review under the current regulation irrespective of whether his or her disability has worsened since the last review. A request for review pursuant to this note will be treated as a claim for an increased rating for purposes of determining the effective date of an increased rating awarded as a result of such review, applying 38 CFR 3.114(a) as applicable. However, in no case will the award be effective before October 23, 2008. |
| Scenario (1)  Slide 26 | A Veteran suffers a TBI while serving with the Army in Afghanistan, and submits an original claim for service connection. The Veteran has a TBI DBQ that indicates a diagnosis of TBI, with the highest facet indicated as a 2 for neurobehavioral effects. The Veteran also has subjective complaints of anxiety, but no diagnosis. The Veteran has separate diagnoses of tinnitus and migraine headaches (with characteristic prostrating attacks averaging one in 2 months over the last several months).  How would you combine (or separate) these conditions? |
| Scenario (1) Answer  *Slide 27* | * Rate the TBI under DC 8045 with an evaluation of 40%. The TBI evaluation includes the subjective complaints of anxiety. * Rate the tinnitus separate under DC 6260 with an evaluation of 10%. * Rate the migraine headaches separate under DC 8100 with an evaluation of 10%. |
| Service Treatment Records  Slide 28 | Evidence that may be relevant in ascertaining the initial severity of TBI symptoms includes   * lay statements provided by the Veteran * lay statements from witnesses to the injury * history provided by the Veteran in medical reports, to include VA exams, and * service treatment records (STRs) findings at any time after the TBI.   ***Note***: The *evidence* that establishes the initial severity of the TBI does not necessarily have to be contemporaneous to the injury as long as it relates to the condition of TBI at or shortly after the time of the injury.  ***Example***: A Korean War Veteran submits a claim for SC for Parkinsonism secondary to his SC TBI. The Veteran’s discharge examination from 1954 mentions a history of TBI in service. However, it does not contain information sufficient to determine the level of severity of the initial TBI injury. The Veteran provides a statement that he experienced a loss of consciousness during the Battle of Chosin Reservoir. A review of prior VA examination reports reveals a history provided by the Veteran that he was told by fellow soldiers that he fell unconscious for almost an hour after two grenades exploded near him.  ***Analysis***:Although service records do not reveal the specific level of TBI during service, the Veteran’s statement is credible, consistent with circumstances of his service, and therefore sufficient to determine that he experienced a moderate level of TBI during service. |
| Effective Dates  *Slide 29*  *See Also the Table at: M21-1 III.iv.4.G.3.f* | [38 CFR 3.310(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.3_1310&rgn=div8) was amended on December 17, 2013, to establish an association between TBI and certain illnesses.  In absence of clear evidence to the contrary, the following five diagnosable illnesses are held to be a secondary result of TBI:   * Parkinsonism, including Parkinson’s disease, following moderate or severe TBI * unprovoked seizures, following moderate or severe TBI * dementias (presenile dementia of the Alzheimer’s type, frontotemporal dementia, and dementia with Lewy bodies), *if* the condition manifests within 15 years following moderate or severe TBI * depression, *if* the condition manifests within three years of moderate or severe TBI or within 12 months of mild TBI, or * diseases of hormone deficiency that result from hypothalamo-pituitary changes, *if* the condition manifests within 12 months of moderate or severe TBI.   Entitlement to secondary SC for these TBI-related conditions in [38 CFR 3.310(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.3_1310&rgn=div8) depends upon the initial severity of the TBI ***and*** the period of time between the injury and onset of the secondary illness.  ***Important***:  There is no need to obtain a medical opinion to determine whether the above conditions are associated with TBI when there is a TBI of a qualifying degree of severity.  ***Notes***:   * Determine the initial severity level of the TBI based on the TBI symptoms at the time of the original injury, or shortly thereafter, rather than the current level of functioning. * Regional offices (ROs) must continue to follow guidance in [M21-1 Part III, Subpart iv, 4.G.2](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#2) when evaluating residuals of TBI. *However*, ROs must follow guidance in this Topic when establishing secondary SC for claimants who have experienced a TBI in service and later develop one of the five diagnosable conditions listed in [38 CFR 3.310(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.3_1310&rgn=div8).   The determination of initial severity is adjudicative – although based on medical evidence. That means the RVSR (or DRO) must decide the facts, such as initial severity, that correspond with the legal standard set forth in the regulation. |
| Scenario (2)  *Slide 30* | A Veteran suffers a moderate TBI while serving with the Marines in Iraq. The veteran submits an original claim for service connection for a TBI. The Veteran has a TBI DBQ that indicates a diagnosis of TBI, with the highest facets indicated as a 2 for judgement and a 2 for subjective symptoms. The veteran has subjective headaches without a diagnosis. The veteran also has a separate diagnosis of unprovoked seizure disorder with 2 minor seizures in the last six months, and a separate diagnosis of tinnitus.  How would you rate this? |
| Scenario (2) Answer  *Slide 31* | * Rate the TBI under DC 8045 with an evaluation of 40%. The TBI evaluation includes the subjective complaints of headaches. * Rate the seizure disorder under DC 8910 with an evaluation of 20%. * Rate the tinnitus under DC 6260 with an evaluation of 10%. |
| Special Monthly Compensation for TBI  *Slide 32* | Brain injuries may be associated with loss of use of an extremity, sensory impairments, erectile dysfunction, need for regular aid and attendance (including need for protection from hazards of the daily living environment due to cognitive impairment), and being factually housebound or statutorily housebound.  Carefully consider eligibility for special monthly compensation (SMC) when evaluating TBI residuals.  PL 111-275 amended 38 U.S.C. 1114 to authorize payment of SMC at the new (t) rate, which is equal to SMC at the (r)(2) rate for Veterans who:  • need regular A&A for residuals of TBI, but  • are not eligible for higher level of A&A under (r)(2), and  • would require hospitalization, nursing home care, or other residential institutional care in the absence of regular A&A.  Note: The SMC(t) rate authorized by PL 111-275 is not the same historical SMC(t) rate that was discontinued in 1986. The current benefit cannot be awarded or rated using that historical code. |
| Rating Decision Format  and Signatures  *Slide 31* | **Rating Decision Format**  The long form rating narrative format must be used for TBI ratings and should:   * address the decision elements noted in [M21-1, Part III, Subpart iv, 6.C.5.a](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#5a). * discuss evidence that is relevant and necessary to the determination, including specific treatment details both during service and after * clearly explain why that evidence is found to be persuasive or unpersuasive, and * address all pertinent evidence and all of the claimant's contentions.   The reason for denial should be based on a review of the available facts and how they relate to the statutory and regulatory requirements for the benefit sought. The key factors involve   * the claimant’s stated belief or contentions * the pertinent facts, to include those that address the condition or circumstances claimed * what we may have asked for but did not receive, and * succinct reasoning explaining the elements ***not*** present which are needed to award the benefit.   ***Note***: Cite both favorable and unfavorable evidence without partiality, especially when a decreased benefit is under consideration. Compare relevant findings at the time of the previous rating with present findings.  **Signatures**  All rating decisions that address TBI as an issue must only be worked/reviewed by a Rating Veterans Service Representative (RVSR) or Decision Review Officer (DRO) who has completed the required TBI Training Performance Support System module.  Rating decisions for TBI require two signatures until a decision maker has demonstrated an accuracy rate of 90 percent or greater based on a review of at least 10 TBI cases. |
| Questions?  *Slide 32* | Please ask the trainees if they have any questions concerning the training they have received. |
| Exercise | N/A |
| note(s) | N/A |
| DEMONSTRATION | N/A |

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| Practical Exercise | |
| EXERCISE | The practical exercise will be the associated e-case for TBI.  Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |

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| Lesson Review, Assessment, and Wrap-up | |
| Introduction  Discuss the following: | The Rating Traumatic Brain Injury (TBI) lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hours |
| Lesson Objectives | You have completed the Rating Traumatic Brain Injury (TBI) lesson.   * Given available references, the trainee will be able to prepare a rating decision targeting TBI. |