Neurological RVSR IWT

Instructor Lesson Plan

Time Required: 1.25 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 # | 4192866 |
| Prerequisites | none |
| target audience | The target audience for **Neurological RVSR Entry Level**Although this lesson is targeted to teach the RVSR, Entry Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1.25 hours |
| Materials/TRAINING AIDS | Lesson materials:* **Neurological** PowerPoint Presentation
* Neurlogical Trainee e-case
* Neurlogical 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: * VA TMS to complete the assessment
* **Rating Job Aids**
* **38 CFR Part 3**
* **38 CFR Part 4**
* **CPKM**
 |
| 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 the Neurological system |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
 |
| time required | .20 hours |
| Purpose of LessonExplain the following: | This lesson is intended to introduce new RVSRs to the neurological body system. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * References specific to the neurological system
* Common neurological diseases
* Providing an overview of peripheral nerves
 |
| Lesson ObjectivesDiscuss the following:Slide 2  | In order to accomplish the purpose of this lesson, the RVSR trainee will be required to accomplish the following lesson objectives.TheRVSR traineewill be able to: * Identify types of neurological disorders and which nerves are affected
* Identify the different types of DBQ’s and what sections are necessary for the examiner to complete for each identified disability
* Identify special considerations when evaluating neurological disabilities
* Complete a neurological rating
 |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed.  |
| STAR Error code(s) | A1, A2, C2 |
| ReferencesSlide 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 §3.307, §3.309, and §3.318 – Presumptive Service Connection**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [**38 CFR §4.120 to §4.124a – Neurological Conditions and Convulsive Disorders**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**M21-1 Part, III, Subpart iv, Chapter 4, Section A, Evaluating**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**Musculoskeletal Disabilities of the Spine and Lower Extremities**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**M21-1 Part III, Subpart iv, Chapter 4, Section E, Granting SC for Arteriosclerotic Manifestations Due to Hypertension**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**M21-1 Part III, Subpart iv, Chapter 4, Section G, Neurological and Convulsive Disorders**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**M21-1 Part IV, Subpart ii, Chapter 2, Section B, Overview of Presumptive SC & Definition: Other Organic Diseases of the Nervous System**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**M21-1 Part IV, Subpart ii, Chapter 2, Section C, Processing Claims Based on Early-Onset PN**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
* [**Medical EPSS**](http://cptraining.vba.va.gov/C%26P_Training/Job_Aids/Quick_Ref.htm)
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| Topic 1: Neurological System & Highlights |
| Introduction | This topic will allow the trainee to describe the function of the neurological body system and common types of neurological disorders. |
| Time Required | .20 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Explain the function of the neurological system
* Identify types of neurological disorders and the evaluating criteria in the rating schedule

The following topic teaching points support the topic objectives: * Introduce Migraines and what to Identify on the DBQ
* Explain Strokes and how they are rated
* Identify the specifics necessary on the Central Nervous System DBQ
 |
| Neurological System DescribedSlide 4 | Per Medical EPSS the neurological body system connects all functions of the body, to permit the body to adapt to internal and external environment. This information is then analyzed by the brain and transmitted to the appropriate body areas or parts. |
| Types of Neurological DisordersSlide 5 | We concern ourselves with five types of neurological disorders.* Organic diseases and traumatic injury to the central nervous system (brain and spinal cord), such as strokes and neurodegenerative diseases
* Miscellaneous neurological diseases, such as migraines
* Cranial nerves, affecting face, speech, and some digestive conditions
* Peripheral nerves, affecting the extremities
* Epilepsies, verification by a physician based upon factors other than observing an actual seizure is sufficient IAW [M21-1, Part III, Subpart iv, Chapter 4, Section G](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000014200%2FM21-1-Part-III-Subpart-iv-Chapter-4-Section-G-Neurological-Conditions-and-Convulsive-Disorders%3FfromQuery%3Depilepsyhttps://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000014200%2FM21-1-Part-III-Subpart-iv-Chapter-4-Section-G-Neurological-Conditions-and-Convulsive-Disorders%3FfromQuery%3Depilepsy)
 |
| Neurological HighlightsSlide 6 | Migraines, may also be referred to, or claimed as, cephalalgiaStroke, we typically deal with two types of strokes ischemic and hemorrhagic. The mechanism of the injury is different, ischemic is caused by blood clots, and hemorrhagic is caused by ruptured blood vessels. There is a third type of stroke referred to transient ischemic attack (TIA). TIAs often result in no permanent damage to the brain. Residual symptoms of a TIA (numbness of face, arms, legs, confusion, trouble speaking, trouble walking, dizziness, loss of balance, suddent headache) usually last up to a 24 hour period.Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig’s disease is a neurodegenerative disease associated with muscular weakness and atrophy with spasticity and hyperreflexia.Multiple Sclerosis is a condition with gradual onset that is also a neurodegenerative disorder.Parkinson’s disease is also a neurodegenerative disease which is the result of the loss of dopamine-producing brain cells. The four primary symptoms of PD are tremor, or trembling in hands, arms, legs, jaw, and face; rigidity, or stiffness of the limbs and trunk; bradykinesia, or slowness of movement; and postural instability, or impaired balance and coordination. As these manifestations increase in severity it will become more difficult to complete activities of daily living (ADLs and IADLs) |
| Migraines (DC 8100)Slide 7 | Peripheral Neuropathy, usually shown as tingling, burning or loss of sensation, can be either a single nerve or a nerve branch.**EXPLAIN** that migraines are rated based on frequency and prostration.Note typical complaints: nausau, vomiting, extreme senstitivity to light and sound, lightheadedness and sometimes blurred vision. **Prostrating**, as used in 38 CFR 4.124a, DC 8100 means, causing extreme exhaustion, powerlessness, debilitation or incapacitation with substantial inability to engage in ordinary activities. III.iv.4.G.7.bMigraines can be absolutely debilitating, causing intense throbbing pain that can last hours or even days in severe cases.The extent to which the headaches cause work impairment is also a factor and is considered for the 50-percent evaluation.Severe economic inadaptability, denotes a degree of substantial work impairment. **It does not mean** the individual is incapable of any substantially gainful employment. Evidence of work impairment includes, but is not necessarily limited to, the use of sick leave or unpaid absence. Referral for extraschedular IU may be appropriate.

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| ***very frequent*** | 50 percent | Duration of characteristic prostrating attacks, on average, are less than one month apart over the last several months. |

III.iv.4.G.7.g. Frequency Determinations: Types of Proof* medical progress notes
* competent and credible lay evidence on how often the claimant experiences symptoms (as long as those symptoms have been competently identified as symptoms of migraine headaches)
* contemporaneous notes (a headache journal)
* prescription refills, and
* witness statements.
 |
| Migraine DBQ*Slide 8* | Highlight and discuss the layout of the DBQ, in particular, questions 4A (characteristics of prostrating agttacks) and 7 (his/her inability to work).Do not rate of DBQ alone! Weigh all evidence (4.6) |
| Stroke (DC 8007/8008/8009)*Slide 9* | How do strokes occur? When there is not enough blood supply to the brain; either blood supply is blocked or a blood vessel within the brain ruptures, causing brain tissue to die. For this reason, treatment must be sought as quick as possible.Strokes, also known as cerebral infarctions, may result in blindness, weakness, paralysis, and the inability to speak. The disabilities such as paralysis or weakness typically affect one side of the body and may be subject to separate compensable evaluations. Strokes are rated in one of two ways. First, a stroke is subject to a minimum 10 percent evaluation. Second, if the resultant disabilities would result in an evaluation higher than 10 percent, they are broken out and rated separately.Highlight, the three types of strokes shown in the rating schedule, strokes based on an embolism (brain), a thrombosis (artery), or strokes based on a hemorrhage (treated in surgery).Note that a stroke is rated at 100 percent for a period of 6 months. |
| Central Nervous System & Neuromuscular Diseases DBQ*Slide 10* | Discuss the anatomy of the DBQ, reinforce the idea that separate evaluations are possible, and likely based on residuals of a stroke. Note that the entire body can be affected as noted in the DBQ. This DBQ sample includes a survey of weakness in the upper and lower extremities and the peripheral nerves of each in block 3A. Block 3B addresses the cranial nerves, and finally, block 3C speaks to respiratory issues as a result of the stroke. |
| Exercise | None |
| note(s) | none |
| DEMONSTRATION | None  |

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| Topic 2: Neurodegenerative Disorders |
| Introduction | This topic will allow the trainee to identify common neurodegenerative disorders, and in a general sense, describe the actions the rating activity takes in dealing with these types of of claims. |
| Time Required | .20 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify ALS criteria for rating purposes
* Identify Parkinson’s disease for rating purposes
* Identify multiple sclerosis for rating purposes
 |
| Amyotrophic Lateral Sclerosis (DC 8017)Slide 11 | EXPLAIN (ALS) is also called Lou Gehrig’s disease and is a neuromuscular disease that causes degeneration of nerve cells in the brain and spinal cord, resulting in muscle weakness, muscle atrophy, and spontaneous muscle activity. Effective September 23, 2008, 38 CFR 3.318 established a presumption of SC for ALS manifested at any time after discharge or release from active military, naval, or air service. **Exceptions:** SC will **not be** established if•there is affirmative evidence that ALS was •not incurred or aggravated by military, naval, or air service, or•was due to the Veteran’s own willful misconduct; or•if the Veteran did not have active, continuous service of 90 days or more.NOTE: PLS (Primary lateral sclerosis) is not considered qualifying under 3.318 .EXPLAIN Effective before (minimum 30 percent) and after January 19, 2012, the diagnostic criteria for ALS was amended in 38 CFR 4.124a to provide a 100-percent evaluation for any Veteran with SC ALS. A diagnosis of ALS alone is sufficient to support an evaluation of 100 percent. A total disability evaluation is the minimum evaluation to be assigned for ALS because of the possibility of SMC and automatic entitlement to ancillary benefits. III.iv.4.G.6.c. |
| ALS “If/then” chartSlide 12 | Discuss the manual “if/then chart” to demonstrate when to assign multiple evaluations for ALS in M21-1 III,iv.4.G.6.d

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| IF… | then… |
| there is no complication warranting a single 100-percent evaluation | * assign a 100-percent evaluation under [38 CFR 4.124a, DC 8017](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.4_1124a&rgn=div8), and
* include all compensable complications in the description of the diagnosis.

***Example***:  ALS with loss of use of the left foot and partial ninth cranial nerve paralysis. |
| a single 100-percent evaluation is warranted for a complication of ALS | * assign a 100-percent evaluation for that complication.
	+ Use a hyphenated DC.
	+ ***Example***:  8017-5110, loss of use of both feet.
* Separately evaluate additional complications.
* Do not assign a separate evaluation under [38 CFR 4.124a, DC 8017](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.4_1124a&rgn=div8) alone; this would be pyramiding under [38 CFR 4.14](http://www.ecfr.gov/cgi-bin/text-idx?SID=061a0b481382fdc4ff5c1697742e7858&node=se38.1.4_114&rgn=div8).

***Note***:  A 100-percent evaluation for a complication of ALS satisfies the policy that all ALS awards will be assigned at least a 100-percent evaluation. |

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| ALS DBQSlide 13 | Discuss how multiple body systems are covered by the DBQ. For example:• Block 3A can result in ratings for each of the four extremities• Block 3B can result in cranial nerve ratings• Blocks 3C/3D can result in respiratory failure/sleep apnea rating• Blocks 3E/3F can result in two separate ratings for bowel and bladder |
| ALS DBQ (cont)*Slide 14* | Discuss the highlighted areas on the DBQ and the corresponding rating action that would result. For example, SMC K, muscle atrophy and bladder |
| ALS DBQ (cont)*Slide 15* | Discuss the strength ratings on the DBQ as it relates to potential entitlement to SMC based on loss of use either unilaterally or bilaterally |
| ALS DBQ (cont)*Slide 16* | Discuss that loss of use can also be present with deep tendon reflexes are absent or decreased. |
| ALS DBQ (cont)*Slide 17* | Discuss that ALS DBQ has SMC questions built into it. Also discuss that a mental health diagnosis related to ALS request a DSM-V diagnosis to be separated compensated. |
| ALS DBQ (cont)*Slide 18* | EXPLAIN the following:•DC 8017 is present one time as the most severe and is not present on the residual ratings •Other body systems are rated on the respective diagnostic code as secondary to the issue that has the DC 8017 assigned•Be sure to address Chapter 35, SAH, SMC, and other ancillary benefits |
| Exercise | none |
| note(s) | none |
| DEMONSTRATION | none |

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| Topic 3: Central Nervous system diseases |
| Introduction | This topic will allow the RVSR trainee to evaluate the most commonly rated disabilities of the central nervous system |
| Time Required | .20 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Explain Multiple Sclerosis (DC 8018)
* Explain Parkinson’s Disease
 |
| Multiple Sclerosis (DC 8018)Slide 19 | EXPLAIN that MS is a slowly progressive central nervous system disease, that has a minimum evaluation of 30 percent. Highlight that MS has a presumptive period of 7 years for manifestation. Some early manifestations are tingling in the legs or feet that eventually results in a diagnosis of MS. Note that the Manual calls for manifestation within 7 years, not a diagnosis within 7 years.IMPORTANT:* evaluate each affected system or body part separately
* show the DC for MS only once by listing it with the most severely affected function
* code involvement of other manifestations thereafter under the DC assignable for the condition on which the evaluation is based, and
* show the remaining conditions as secondary to MS.

**Notes:** •This 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.Important: Readjudicate cases previously evaluated as a single disability as they are encountered under the procedure outlined above. III.iv.4.G.5.b |
| Parkinson’s Disease (DC 8004)Slide 20 | Central nervous system disorder characterized by muscular rigidity, tremor of resting muscles, slow and decreased voluntary movement, and position instability.Like MS, Parkinson’s is rated with a minimum of 30 percent. If separate evaluations will result in a higher evaluation, then the higher evaluation is assigned.Parkinson’s is subject to two subtypes of presumptive service connection. First, if it is diagnosed within one year of release from active duty, it is subject to service connection. Second, if related to exposure to tactical herbicide an earlier effective date maybe assigned under 3.114 or 3.816(c) |
| Parkinson’s Disease DBQSlide 21 | Highlight Section II and discuss how conditions originating in the thoracic spine and automatic nervous system are rated as opposed to peripheral nerve conditions. For example, conditions originating in the thoracic spine nerve roots are considered in the root Parkinson’s issue (with the exception of some inner arm conditions), whereas peripheral nerve issues can be separately evaluated. |
| Exercise | none |
| note(s) | none |
| DEMONSTRATION | none |

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| Topic 4: Peripheral neuropathy |
| Introduction | This topic will allow the RVSR trainee to identify common issues related to peripheral neuropathy. |
| Time Required | .20 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify the rating criteria relating to upper extremities are allowed only one evaluation
* Identify which nerves in the rating criteria relating lower extremities are allowed multiple evaluations
* Identify the parts of the DBQs for peripheral neuropathy
 |
| Peripheral Neuropathy (DC 8510 – 8730)Slide 22 | Peripheral neuropathy is a nerve dysfunction that typically results in tingling, burning, loss of sensation, or paralysis. We commonly see it as secondary to another issue such as a central nervous system disease or diabetes.Highlight that service connection can be presumptive under two theories. First, if diagnosed within one year from release from active duty. Second, if diagnosed within one year of last exposure to herbicides, is compensable, and has continuously persisted. |
| Peripheral Neuropathy (DC 8510 – 8730)Slide 23 | Highlight that Section 3 of the DBQ is subjective symptoms, the Veteran is reporting what they feel as a result of the claimed condition.This information can be shown in the Diabetic Sensory DBQ and also the Peripheral Nerves DBQ |
| Peripheral Neuropathy (DC 8510 – 8730)Slide 24 | Explain that Section 4 of the Diabetic Sensory – Motor Peripheral Neuropathy DBQ lists the objective findings. There is a similar table contained in the Peripheral Nerves DBQ.Highlight that absent sensation is enough to warrant a moderate evaluation of the nerve. |
| Peripheral Neuropathy (DC 8510 – 8730)Slide 25 | Explain that Section 5 of the Diabetic Sensory – Motor Peripheral Neuropathy DBQ is the location where the examiner lists objective findings. This is present where the doctor identifies the nerve and the severity (III.iv.4.G.4.a) |
| Peripheral Neuropathy Evaluation Builder*Slide 26* | Discuss the following:* Select peripheral neuropathy with no nerve root is identified
* Select dominant side as required
* Single evaluations for upper extremities only
* Multiple evaluations for lower extremities are allowed Must be separate and distinct, do not overlap, and attributed to different lower extremity nerves. (5) III.iv.4.G.4.f.

**Note:** Criteria for 4.123 (Neuritis), 4.124 (Neuralgia) if specified by doctor |
| Peripheral Neuropathy Evaluation BuilderSlide 27-29 | Discuss this example of a peripheral nerve rating for the arm. Highlight the following:* Software calculates the disability level for each affected nerve
* The highest evaluation is assigned
* Naming convention calls for all of the affected nerves to be included

Discuss this example of peripheral nerves affecting the right leg.Highlight that multiple evaluations maybe assigned for dissimilar leg nerve branches. |
| Peripheral Neuropathy Evaluation Builder*Slide 30* | Display slide 30 “Peripheral Neuropathy Evaluation Builder”Discuss additional example of peripheral nerve leg ratings based on separate nerve branches.Helpful hint: pull up M21-1 III.iv.4.G.4.e for nerve branches to demonstrate in evaluation builder. |
| Special ConsiderationsSlide 31 | Remind the students to consider the following issues may need to be addressed in this section and it is the raters responsibility to make sure they are abreast of all changes and implementing them in their rating decisions to avoid any errors.Presumptive DisabilitiesSpecial Monthly CompensationAncillary ConsiderationsSpecial DevelopmentManual ChangesRating Schedule Changes |
| QuestionsSlide 32 |  |
| note(s) | none |
| DEMONSTRATION | none |

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| Practical Exercise |
| EXERCISE | The students will complete a neurological e-case in the schoolhouse. Once completed the instructor will provide feedback.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 |
| IntroductionDiscuss the following: | The Neurological 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 lesson. The trainee should be able to: * Identify types of neurological disorders and which nerves are affected
* Identify the different types of DBQ’s and what sections are necessary for the examiner to complete for each identified disability
* Identify special considerations when evaluating neurological disabilities
* Complete a neurological rating
 |
| 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. |