Muscle Injuries
(RVSR Challenge)

Instructor Lesson Plan

Time Required: 1 Hour

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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 # | 4299049 |
| Prerequisites | Rating Muscle Injuries, TMS 4194809 |
| target audience | The target audience for Rating Decision Requirements is newly hired/promoted RVSRs who are participating in centralized Challenge training.  |
| Time Required | 1 hour***Note***: This is a hands on, individually worked, training exercise. The time allotted may vary based on training needs. Flexibility is encouraged to ensure the topic is appropriately covered, based on specific classroom needs. |
| Materials/TRAINING AIDS | Lesson materials:* Muscle Injuries Trainee Handout
* Muscle Injuries Answer Key
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| 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
* Compensation Service Intranet: Rating Job Aids
* Internet access for Compensation Pension Knowledge Management (CPKM)
* Internet access for Electronic Code of Federal Regulations
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| 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.
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| 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 Muscle Injuries |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
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| time required | 0.1 hours |
| Purpose of Lesson | This lesson provides the RVSR hands on practical application with evaluating muscle injuries.  |
| Lesson Instructions* Provide the trainees with the handout.
* Explain that they will be given about half an hour to review the DBQ provided to determine the appropriate diagnostic code and evaluation.
* If they have access to VBMS-R demo, they should use that to generate a draft in the evaluation builder. If they do not have access to demo when this lesson is performed, they should use the calculator provided on [Rating Job Aids](http://vbaw.vba.va.gov/bl/21/rating/rat00.htm).
* They should be instructed to save a draft of their results, so they can follow along with the review of the correct answer and compare the selections they made.
* Check in with them after the half an hour is up, if they need more time and the schedule permits it, give them more time to work on it.
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| Answer Review and Discussion |
| Introduction | This topic will identify and discuss the correct evaluation and diagnostic code based on the facts provided in the DBQ.  |
| Time Required | 0.4 hours This may vary depending on flexibility of current schedule and if more time is allotted to work on the exercise. |
| ***Ask*:** What diagnostic code did you all come up with?***Answer:*** The appropriate diagnostic code is DC: 5314: Muscle Group XIV (§4.73). *Discuss how this was determined in greater detail, if needed.* ***Ask*:** What evaluation did you assign? ***Answer:*** The correct evaluation is 30 percent, let’s look at and discuss why!**Display** the Answer Key on the projector (and shared screen in classroom Lync meeting, when available).We have assigned a 30 percent evaluation based on a quadratus femoris injury (muscle group XIV)evaluated as moderately severe.Type of injury:* Through and through wound by a small high-velocity missile, with debridement and intermuscular scarring

History and complaint:* Service department record or other evidence of in-service treatment for the wound.
* Record of consistent complaint of one or more of the cardinal signs and symptoms of muscle disability as defined in 38 CFR §4.56(c)

Objective findings:* No evidence of fascial defect
* No evidence of atrophy
* No evidence of impaired tonus
* No impairment of function
* Metallic fragments retained in muscle tissue
* Small entrance and (if present) exit scars, indicating short track of missile through muscle tissue
* Tests of strength and endurance compared with sound side demonstrate positive evidence of impairment

A muscle injury is considered moderately severe when one of the following is found:* Type of injury consists of a through and through or deep penetrating wound by small high velocity missile or large low-velocity missile, with debridement, prolonged infection, or sloughing of soft parts, and intermuscular scarring.
* Service department record or other evidence showing hospitalization for a prolonged period for treatment of wound. Record of consistent complaint of cardinal signs and symptoms of muscle disability (loss of power, weakness, lowered threshold of fatigue, fatigue-pain, impairment of coordination and uncertainty of movement) and, if present, evidence of inability to keep up with work requirements.
* Objective findings show entrance and (if present) exit scars indicating track of missile through one or more muscle groups. Indications on palpation of loss of deep fascia, muscle substance, or normal firm resistance of muscles compared with sound side. Tests of strength and endurance compared with sound side demonstrate positive evidence of impairment.

A higher evaluation of 40 percent for muscle group XIV is not warranted unless the functional loss is rated as severe.***Discuss***: * We know they are at least a moderate because 4.56(b) tells us that based on the through and through injury, as well as the fact he has retained fragments 4.56(d)(2)(i).
* However, moderate specifies *without* debridement, which this Veteran had.
* That leads us to moderately severe, which does include debridement.
* Even though the DBQ shows a gunshot wound, they have to select through and through of a small high velocity missile, since none of the single bullet options include debridement, which this Veteran had.
* Even though we don’t have evidence of intermuscular scarring, we still have to make this selection, otherwise we would under-evaluate by not considering the debridement.
* It is not severe since there is no evidence of *extensive* debridement, prolonged infection, sloughing of soft parts, intermuscular binding and scarring. There is no indication that he required hospitalization for a prolonged period for treatment of wound, or objective findings consistent with any shown in 4.56(d)(4)(iii).
* It is significant to select both the positive and negative findings, as shown in the answer. This clearly identifies everything that was shown in the evidence and considered to arrive at the decision. (It demonstrates why the next higher evaluation was not assigned.)
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