TRAUMATIC BRAIN INJURY (TBI) CLAIMS DEVELOPMENT

Instructor Lesson Plan

Time Required: 3 Hours

**Table of Contents**

[Lesson Description 2](#_Toc450722957)

[Introduction to Traumatic Brain Injury (TBI) Claims Development 4](#_Toc450722958)

[Topic 1: Traumatic Brain Injury 6](#_Toc450722959)

[Topic 2: Additional Benefits for Veterans with TBI 14](#_Toc450722960)

[Topic 3: TBI Examinations 17](#_Toc450722961)

[Practical Exercise 21](#_Toc450722962)

[Lesson Review, Assessment, and Wrap-up 22](#_Toc450722963)

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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 # | 68864 |
| Prerequisites | Prior to this lesson, the Veteran Service Representatives (VSRs) should have completed the following lessons: AMIE/CAPRI and Compensation Claims. |
| target audience | The target audience for Traumatic Brain Injury (TBI) Claims Development is entry-level VSRs.  Although this lesson is targeted to teach entry-level VSRs, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Traumatic Brain Injury (TBI) Claims Development Presentation * Traumatic Brain Injury (TBI) Claims Development Handout |
| 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, 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 & evaluation |
| 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 Traumatic Brain Injury (TBI) Claims Development | | |
| 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 provide a thorough understanding of the processes necessary to properly develop a claim of TBI, and possible residuals. This lesson will contain discussions and exercises that will assist you in better understanding:   * TBI * TBI residuals * SMC T * Conditions proximately due to TBI * Additional benefits for Veterans with TBI * TBI examinations |
| Lesson Objectives  Slide 2 | To accomplish the purpose of this lesson, the VSR must achieve the following lesson objectives.  Thetraineewill be able to:   * identify the characteristics, * identify subjective symptoms, * differentiate residuals, * identify additional benefits for Veterans with TBI, and * identify examination requirements.   Processing of TBI claims is the responsibility of the Special Operations lane. | |
| 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 | TBI is more often than not a hidden trauma, unnoticed by the sufferer at the time of the event, yet its effects are often very visible, even to those around the inflicted. It is our duty to be aware of the intricacies of this diagnosis to best serve the Veterans. | |
| STAR Error code(s) | B2 | |
| References  Slide 3-4 | Explain these references.   * [38 CFR 3.310](http://www.ecfr.gov/cgi-bin/text-idx?SID=aa8695bf80ca9d5ab7d0459f77ce875f&mc=true&node=se38.1.3_1310&rgn=div8)(d), Traumatic brain injury * [M21-1, Part III, Subpart i, 1.3.a](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000014098%2FM21-1-Part-III-Subpart-i-Chapter-1-Structure-of-the-Veterans-Service-Center-VSC), Segmented, Claim-Processing Lanes * [M21-1, Part III, Subpart iv, 3.D.2.h](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent/portal/554400000001034/article/554400000015812/M21-1-Part-III-Subpart-iv-Chapter-3-Section-D-Examination-Reports), Qualification Requirements of Examiners – TBI Examinations * [M21-1, Part III, Subpart iv, 4.G.2](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent/portal/554400000001034/article/554400000014200/M21-1-Part-III-Subpart-iv-Chapter-4-Section-G-Neurological-Conditions-and-Convulsive-Disorders), Traumatic Brain Injury * [M21-1, Part III, Subpart iv, 4.G.3](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent/portal/554400000001034/article/554400000014200/M21-1-Part-III-Subpart-iv-Chapter-4-Section-G-Neurological-Conditions-and-Convulsive-Disorders), Secondary Conditions Associated with TBI * [M21-1, Part IV, Subpart ii, 2.H.11](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent/portal/554400000001034/article/554400000014571/M21-1-Part-IV-Subpart-ii-Chapter-2-Section-H-Special-Monthly-Compensation-SMC), Entitlement to SMC Under 38 U.S.C. 1114(t) Based on the Need for A&A for Residuals of TBI | |

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| Topic 1: Traumatic Brain Injury | |
| Introduction | This topic will assist the trainee in understanding the following characteristics of traumatic brain injury (TBI): definition, causes, symptoms, classifications, and effects. The trainees will also be presented an overview of symptoms and residuals. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Identify the characteristics of TBI. * Identify subjective symptoms. * Differentiate residuals of TBI.   The following topic teaching points support the topic objectives:   * Definition of TBI * Clinical Signs * Initial Diagnosis * Causation * Classifications * Effects * Symptoms * Residuals |
| Definition  Slide 5 | VA and DoD have developed and approved a common definition of traumatic brain injury (TBI) for their general use. This definition is used as the foundation of data systems, policies, and regulations regarding TBI.  “The physical, cognitive and/or behavioral/emotional residual disability resulting from an event of external force causing an injury to the brain.” |
| Clinical Signs  Slide 6-7 | 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 injury, such as   + confusion   + disorientation   + slowed thinking * neurological deficits, whether or not transient, or * intracranial lesion.   **Note**: Although unconsciousness or reduced consciousness is common in TBI events, these are not required. Any one of the five signs is sufficient.  External force means any of the following events:   * a foreign body penetrating the brain * the head being struck by an object * the head striking an object * the brain undergoing an acceleration/deceleration movement without direct external trauma to the head, * force generated from events such as a blast, or * other force yet to be defined. |
| NOTE | The TBI event has two necessary components:   1. external force, and 2. 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, will not meet the criteria for having a TBI event.  Acute manifestations may resolve with or without chronic disability.  TBI events may occur in any situation. |
| Initial Diagnosis  Slide 8 | The initial diagnosis of traumatic brain injury (TBI) must be made by one of the following specialists   * physiatrists, * psychiatrists, * neurosurgeons, or * neurologists.   **Note**: A generalist clinician who has successfully completed the Disability Examination Management Office (DEMO) TBI training module may conduct a TBI examination, if a TBI diagnosis is of record and was established by one of the aforementioned specialty providers. |
| Causation  Slide 9-10 | Blast injuries are the primary cause of TBI in war zones. Blast injuries are the result of physical trauma sustained in an explosion.  Blast injuries occur with the detonation of high-order explosives (explosives that produce supersonic, over-pressurized shock waves) as well as low-order explosives (explosives that produce a subsonic explosion and lack the over-pressurized shock wave). These injuries are compounded when the explosion takes place in a confined space.  Examples of high-order explosives include TNT, C-4, Semtex, nitroglycerin, dynamite, and ammonium nitrate fuel oil (ANFO).  Examples of low-order explosives include pipe bombs, gunpowder, and most pure petroleum-based bombs such as Molotov cocktails or aircraft improvised as guided missiles.  Additional causes of TBI are:   * Bullets * Fragments * Blasts * Falls * Motor vehicle crashes * Assaults * Blows to the head * Penetrating brain wounds * Other trauma, both combat and non-combat |
| Classifications  Slide 11 | Depending upon the extent of damage to the brain, TBI is classified as mild, moderate, or severe at or close to the time of the original injury.  The following abbreviations are used in the TBI Classifications Table:   * LOC - Loss of consciousness * AOC - Alteration of consciousness/mental state * PTA - Post traumatic amnesia * GCS - Glasgow Coma Scale  |  |  |  |  | | --- | --- | --- | --- | |  | **MILD** | **MODERATE** | **SEVERE** | | Normal structural imaging | Normal or abnormal structural imaging | | | LOC | ≤ 30 mins | > 30 min to < 24 hrs | ≥ 24 hrs | | AOC | ≤ 24 hrs | > 24 hrs | | | PTA | ≤ 1 day | > 1 to < 7 days | ≥ 7 days | | GCS | 13-15 | 9-12 | 3-8 |   **MILD TBI**  TBI can be classified as mild if loss of consciousness and/or confusion and disorientation are shorter than 30 minutes.  While MRI and CAT scans may appear normal, the individual is experiencing cognitive problems such as headaches, difficulty thinking, memory problems, attention deficits, mood swings, and frustration.  **MODERATE TBI**  TBI can be classified as moderate if loss of consciousness lasts for more than 30 minutes but less than 24 hours. For moderate TBI memory loss after the traumatic event, called post-traumatic amnesia (PTA), lasts for 24 hours to 7 days.  **SEVERE TBI**  TBI can be classified as severe if loss of consciousness lasts for more than 24 hours.  The deficits range from impairment of higher level cognitive functions to comatose states. Survivors may exhibit:   * Limited function of arms or legs * Abnormal speech or language * Loss of thinking ability * Emotional problems |
| Effects  Slide 12 | The effects of TBI can be profound, even for individuals with mild TBI; the effects on a person’s daily life can be dramatic. Changes in brain function can have a major impact on family, job, social, and community interactions.  Common long-term symptoms of moderate to severe TBI are changes in appropriate social behavior, deficits in social judgment, and cognitive changes; especially problems with sustained attention, processing speed, and executive functioning. Alexithymia, a deficiency in identifying, understanding, processing, and describing emotions occurs in 60.9% of individuals with TBI. Cognitive and social deficits have long-term consequences for the daily lives of people with moderate to severe TBI, but can be improved with appropriate rehabilitation.  Individuals with severe injuries can be left in long-term unresponsive states. For many people with severe TBI, long-term rehabilitation is often necessary to maximize function and independence. |
| Subjective Symptoms  Slide 13 | A group of subjective symptoms could be the main residual of TBI. Subjective symptoms may qualify for entitlement to benefits under a rating of TBI.  Subjective Symptoms include:   * “I just don’t feel like myself” * Feeling light-headed or dizzy * Difficulty organizing daily tasks * Blurred vision or eyes tire easily * Headaches or ringing in the ears * Feeling sad, anxious, or listless * Easily irritated or angered * Constantly feeling tired * Trouble with memory, attention, or concentration * More sensitive to sounds, lights, or distractions * Impaired decision making or problem solving * Difficulty inhibiting behavior – impulsive * Slowed thinking, moving, speaking, or reading * Easily confused, feeling easily overwhelmed * Change in sleep habits – much more or much less * Change in sexual interest or behavior |
| Residuals  Slide 14-15 | Residuals of TBI can be categorized into three types of disabilities:   * Physical * Cognitive * Emotional/Behavioral   The residuals of TBI can be associated with one or more body system. It is important to be able to identify the residual and the body system associated with the residuals to thoroughly develop the claim  **Physical residuals**: apraxia, aphasia, paresis/plegia, dysphagia, disorders of balance and coordination, diseases of hormone deficiency, parkinsonism, nausea/vomiting, headaches, dizziness, blurred vision, seizure disorder, sensory loss, weakness, sleep disturbance.  Frequently, survivors of TBI face language and communication problems. These can include the following:   * Difficulty recalling words * Inability to speak or write in complete sentences (non-fluent aphasia) * Incomprehensible speech (fluent aphasia) * Inability to articulate speech resulting from the loss of muscle function required to form words and produce sounds. (dysarthria) * Speech may be slow, slurred, and/or garbled   TBI survivors may also have problems with one of the five senses, particularly vision. Some develop tinnitus, some develop a persistent bitter taste in their mouth, and others report a constant foul smell.  In addition, many individuals who have sustained TBI have eye-hand coordination difficulties that cause the individual to often bump into things or drop objects and exhibit unsteadiness in general. Some individuals experience difficulty driving, working complex machinery, or playing sports.  **Cognitive residuals**: dementias; attention and concentration deficits; memory, processing, and learning impairment; planning difficulties; judgment and control difficulties; reasoning and abstract thinking limitations; and self-awareness limitations.  Most individuals who regain consciousness following severe TBI suffer some level of cognitive disability, specifically in the processes of thinking, reasoning, problem-solving, information-processing, and memory.  Among those who survive severe TBI, the most common cognitive impairment is memory loss. Some individuals experience post-traumatic amnesia, which can involve complete loss of memories of events that occurred either before or after the injury.  Individuals sustaining mild to moderate TBI may have problems with higher level functioning such as planning, organizing, abstract reasoning, problem solving, and judgment. Such cognitive deficit may make it difficult to gain or retain employment.  **Emotional or behavioral residuals**: depression, agitation and irritability, impulsivity, aggression, anxiety, and post-traumatic stress disorder.  Emotional or behavioral problems may manifest in individuals following a TBI. Medication and psychotherapy are effective treatments.  A claim for TBI may also be worded as, “head injury” or “concussion.” A claim mentioning these must be sympathetically read and understood as a claim for all identifiable TBI residuals.  A claim mentioning a specific traumatic event must be sympathetically read as a claim for all disabling chronic residuals of the event.  A medical opinion is necessary when the medical evidence of record does not show a clear-cut etiology for a sign or symptom claimed as a delayed effect. |
| NOTE | Residuals can resolve in a short period or can persist chronically or permanently. Chronic residuals may include clinical signs that developed immediately during the TBI event. Others may have a delayed onset.  Overlapping symptoms of PTSD/TBI need differential diagnosis of brain injury and PTSD for accurate diagnosis/treatment. The differential diagnosis must be established by a physician (designated on the TBI exam worksheet) and addressed on the VA TBI Exam. Overlapping symptoms may include any of the cognitive functions. The VSR may have to consult a RVSR when there is a claim for TBI and PTSD or when one of the issues is claimed after the other has been diagnosed or granted on a previous rating. |

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| Topic 2: Additional Benefits for Veterans with TBI | |
| Introduction | This topic will assist the trainee in understanding the benefits available to Veterans who have been diagnosed with TBI**.** |
| Time Required | 0.5 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Identify additional benefits for Veterans with TBI.   The following topic teaching points support the topic objectives:   * Conditions proximately due to TBI * Additional Benefits |
| NOTE(S) | Duty to Assist is covered in detail in other lessons. Therefore, spend only a few minutes to review the concept and discuss how it relates specifically to TBI development. |
| Proximately Due to TBI  Slide 16 | 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.   Secondary service-condition for these depends upon the initial severity of the TBI and the period between injury and onset of 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 TBI of a qualifying degree of severity.   |  |  | | --- | --- | | **If ...** | **then ...** | | one of the five diagnosable conditions is identified in the evidence of record while processing a claim unrelated to SC TBI, | a claim for that secondary condition **must** be invited. | | evidence shows one of the five diagnosable conditions while evaluating a claim related to SC TBI, | develop under normal claim processing procedures. | |
| Additional Benefits  Slide 17 | When a TBI claim is received, the following additional benefits should be considered:   * Pre-Stabilization * Special Monthly Compensation (SMC) * Individual Unemployability (IU) * Ancillary Benefits   Pre-stabilization ratings are provided to assure earliest payment to Veterans separated from service with significant disability when they are most likely in need and least likely self-sufficient.  In cases of severe TBI, a newly discharged Veteran may be granted a pre-stabilization rating until their condition can stabilize.  Lengthy VA hospitalizations or surgeries with convalescence may also implicate consideration of eligibility for temporary total evaluation.  Brain injuries may be associated with impairment of sensory organs, loss of use of an extremity, loss of bladder and/or bowel control, erectile dysfunction, or the need for A&A (including need for protection from hazards of the daily living environment due to cognitive impairment) or being factually or statutorily housebound. Because SMC involves a severe degree of disability, there may be a need for this benefit in severe TBI cases. These are usually complex, polytrauma cases involving numerous disabilities.  Carefully consider eligibility for special monthly compensation (SMC) when evaluating TBI residuals.  SMC(t) 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.  Entitlement to compensation at 100% based on IU, a veteran must be unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities.  Ancillary benefits are available to Veterans or Service members who meet certain eligibility requirements.  Once a Veteran has been rated service-connected for one or more conditions, they may also be entitled to additional ancillary benefits.  \*Active Duty Service members are also eligible to apply for these ancillary benefits.  These benefits include:   * Clothing Allowance * Restored Entitlement Program for Survivors (REPS) * Civilian health and medical program of the department of veterans affairs (CHAMPVA) * Vocational Rehabilitation\* * Dependents’ Educational Assistance (DEA)\* * Loan Guaranty\* * Automobile or other conveyance allowance\* * Specially Adapted Housing Grant\* * Special Housing Adaptation Grant\* |

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| Topic 3: TBI Examinations | |
| Introduction | This topic will assist the trainee in understanding the examinations required for claims for TBI, residuals of TBI, and issues proximately due to TBI. |
| Time Required | 1 hour |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Identify exams requirements for TBI.   The following topic teaching points support the topic objectives:   * Examinations * File Review and Exam Remarks * TBI Exam Requirements * Specialty Exams |
| Examinations  Slide 18 | TBI compensation exams are considered to be specialty exams. TBI residuals can affect any of the body systems and require an extensive examination to identify all areas affected.  Body system categories affected are:   * Physical: apraxia, aphasia, paresis/plegia, dysphagia, disorders of balance and coordination, diseases of hormone deficiency, parkinsonism, nausea/vomiting, headaches, dizziness, blurred vision, seizure disorder, sensory loss, weakness, sleep disturbance. * Cognitive: dementias; attention and concentration deficits; memory, processing, and learning impairment; planning difficulties; judgment and control difficulties; reasoning and abstract thinking limitations; and self-awareness limitations. * Behavioral/emotional: depression, agitation and irritability, impulsivity, aggression, anxiety, and post-traumatic stress disorder.   **Note**: These signs/symptoms are typical of each category but are not an exhaustive list.  For SMC(t), a medical examination/opinion may only be undertaken if the Veteran has already established SMC at the (l) rate due to the need for regular A&A.   |  |  | | --- | --- | | **If Service Connection has ...** | **then ...** | | **not** been established for residuals of TBI, **and** a TBI exam is needed, | order an initial TBI exam using the Initial TBI (I-TBI) Disability Benefits Questionnaire (DBQ), **and** VA Form 21-2680, Examination for Housebound Status or Permanent need for Regular A&A. | | already been established by residuals of TBI, **and** a TBI exam is needed, | order a TBI review exam using the TBI Review (R-TBI) DBQ **and** VA Form 21-2680. | |
| File Review & Exam Comments  Slide 19 | There has been increased awareness and medical research about the injuries incurred from TBIs. The Military is now mandated to follow protocol actions when a Service member is exposed to a blast exposure or head injuries. The protocol consists of an immediate evaluation and rest for a determined amount of time depending on the evaluation results and the type of exposure the Service member has been subjected to.  There may be records in the STRs reflecting the evaluation. It is important to make the examiner aware of all treatment records related to a TBI in service including information about the event in service that caused the TBI.  Examples of important information to include in the remarks section of the exam request:   * Veteran served in Afghanistan in a transportation company and was a driver for convoy actions. It is likely that the convoy was subjected to IEDs as stated by the Veteran. * The STRs contain an evaluation for TBI. The Veteran was within 100 feet of an IED explosion, which destroyed a military vehicle. The Veteran was put on mandatory rest for 48 hours after exposure to the blast. * The STRs contain a neuropsychological evaluation due to a TBI. * Audio exam dated mo/day/yr is after the TBI in service. * Exit exam is positive for tinnitus.   Although the examiner is required to review the claims folder, the exam request comments should contain all pertinent information related to the event in service and any medical treatment related to the TBI. |
| Examination Requirements  Slide 20 | The claims folder must be forwarded to the examiner for review for all TBI examinations.   * Use Initial Evaluation of TBI DBQ when service-connection has not been established for TBI. * Use Review Residuals of TBI DBQ when service-connection has been established.   If A&A/Housebound are involved, arrange for a TBI examination and completion of the A&A worksheet, VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*.  A medical examination and/or opinion may only be undertaken if the Veteran has already established SMC at the (l) rate due to the need for regular A&A.  In all cases where examination/opinion is required, the following medical opinion must be requested:  *In the absence of regular aid and attendance for the residuals of traumatic brain injury, would the Veteran require hospitalization, nursing home care, or other residential institutional care?*  The examiner must answer the question clearly and provide a rationale for his or her answer. If the physician’s conclusions, findings, or reasoning are unclear, inconsistent, or otherwise conflict with the remainder of the evidence of record, the examination report must be returned for clarification. |
| Specialist Exams  Slide 21 | Specialist examinations may also be necessary for the following conditions claimed due to TBI:   * Hearing Loss * Post-Traumatic Stress Disorder * Loss of teeth or jaw damage * Vision problems |
| NOTES | Veterans will be filing claims utilizing their own words and expressions. They may be unable to tell us that they suffered a traumatic brain injury. Be aware of what they are claiming. It may be related to a TBI.  An additional note of interest – VA mandated that all OEF/OIF Veterans who come to VAMCs for care must be screened for a TBI. Always check the CAPRI records for treatment. |
| Regional Office Specific Topics | At this time add any information pertaining to:   * Station quality issues with this lesson * Additional state-specific programs/guidance on this lesson |

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| Practical Exercise | |
| Time Required | 0.25 hours |
| EXERCISE | Refer trainees to Attachment A: Practical Exercise of the handout.  Allow 15 minutes for the trainees to complete the exercise individually.  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 Traumatic Brain Injury (TBI) Claims Development 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 Traumatic Brain Injury (TBI) Claims Development lesson.  The trainee should be able to:   * identify the characteristics, * identify subjective symptoms, * differentiate residuals, * identify additional benefits for Veterans with TBI, and * identify examination requirements. |
| 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. |