RESIDUALS OF TRAUMATIC BRAIN INJURY

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REFERENCES

Training Letter 09-01
Training Letter 07-05
38 CFR 4.124a & 4.25
M21-1MR.III.iv.3.D.2.j
M21-1MR.III.iv.3.D.2.b
FL 11-35

OBJECTIVES

- Defining TBI
- Categories of TBI
- Diagnosing TBI
- Evaluating residuals of TBI
- Other Considerations

DEFINITION OF TBI

A TRAUMATICALLY INDUCED STRUCTURAL INJURY AND/OR PHYSIOLOGICAL DISRUPTION OF BRAIN FUNCTION AS A RESULT OF AN EXTERNAL FORCE THAT IS INDICATED BY NEW ONSET OR WORSENING OF AT LEAST ONE OF THE FOLLOWING CLINICAL SIGNS, IMMEDIATELY FOLLOWING THE EVENT:

1. ANY PERIOD OF LOSS OF OR A DECREASED LEVEL OF CONSCIOUSNESS;

2. ANY LOSS OF MEMORY FOR EVENTS IMMEDIATELY BEFORE OR AFTER THE INJURY;

3. ANY ALTERATION IN MENTAL STATE AT THE TIME OF THE INJURY (CONFUSION, DISORIENTATION, SLOWED THINKING, ETC.);

4. NEUROLOGICAL DEFICITS (WEAKNESS, LOSS OF BALANCE, CHANGE IN VISION, PRAXIS, PARESIS/PLEGIA, SENSORY LOSS, APHASIA, ETC.) THAT MAY OR MAY NOT BE TRANSIENT;

5. INTRACRANIAL LESION.

CATEGORIES OF TBI

Cognitive

Behavioral/emotional

Physical

COGNITIVE

Attention and concentration deficits, memory, speed of processing, learning impairment, planning difficulties, reasoning limitations, judgment difficulties, language deficiencies, abstract thinking limitations, etc.

BEHAVIORAL/EMOTIONAL

Depression, anxiety, agitation, irritability, impulsivity, aggression, impulsivity, etc.

PHYSICAL

Headaches, nausea, vomiting, dizziness, blurred vision, sleep disturbances, sensory deficits, balance disorders, seizures, plegia, amputations, burns, apraxia, etc.

SEVERITY OF TBI

The residuals of TBI (RTBI) vary in severity. They may be mild, moderate, or severe depending on the extent of the brain injury.

(The Glasgow Coma Scale is the test that used by doctors to determine the severity level of TBI)

DIAGNOSING TBI

THE ***INITIAL*** DIAGNOSIS OF TBI MUST BE MADE BY ONE OF THE FOLLOWING SPECIALISTS WHO HAVE TRAINING & EXPERIENCE WITH TBI:

PHYSIATRISTS

PSYCHIATRISTS

NEUROSURGEONS, OR

NEUROLOGISTS.

FACETS OF RTBI

There are 10 facets: memory, attention, concentration, executive functions; judgment; social interaction; orientation; motor activity (with intact motor and sensory system); visual spatial orientation; subjective symptoms; neurobehavioral effects; communication; and consciousness.

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EVALUATING PHYSICAL RTBI

Physical residuals of TBI are rated under DC 8045, as follows:

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

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EVALUATING PHYSICAL RTBI CONT.

neurogenic bladder

neurogenic bowel

cranial nerve dysfunctions

autonomic nerve dysfunctions

endocrine dysfunctions.

All physical residuals that are reported on an examination should be evaluated under the most appropriate diagnostic code and body system and combined under § 4.25.

EVALUATING PHYSICAL RTBI CONT.

Evaluate each residual condition separately, as long as the same signs and symptoms are not used to support more than one evaluation. Then combine the evaluations under 38 CFR § 4.25.

Example:

If the TBI Examiner linked tinnitus with TBI & the Audio Examiner confirmed the diagnosis of tinnitus, tinnitus should be separately granted; assigned a separate evaluation; and shall not be considered to support any other assigned evaluations.

EVALUATING BEHAVIORAL &EMOTIONAL RTBI

Behavioral/emotional symptoms due to TBI fall most often under the neurobehavioral symptoms facet of the table in diagnostic code 8045, but at times (such as when mild anxiety is a major symptom) may also fall under the subjective symptoms facet.

EVALUATION OF COGNITIVE RTBI CONT.

The memory, attention, concentration, executive functions facet.

Evaluation of levels are based on the extent of loss of memory, concentration, attention, or executive functions and their effect on functional impairment.

Level 1 may be assigned based solely on a complaint of mild loss of memory, etc., without objective evidence on testing, and level 0 means there are no complaints in these areas.

Levels 2, 3, and "total" require that there be *objective evidence on testing* of impairment of memory, concentration, attention, or executive functions.

EVALUATION OF COGNITIVE RTBI CONT.

The lowest level, 0, which equates to 0%, is assigned if there are subjective symptoms that do not interfere with work; instrumental activities of daily living; or work, family, or other close relationships.

The highest level, 2, is assigned if there are three or more subjective symptoms that moderately interfere with work; instrumental activities of daily living; or work, family, or other close relationships.

EVALUATION OF COGNITIVE RTBI CONT.

Distinct conditions with subjective symptoms

Separately evaluate any residual with a distinct diagnosis that may be evaluated under another diagnostic code, such as migraine headache or Meniere's disease, even if that diagnosis is based on subjective symptoms, rather than under the table titled "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified."

NEUROBEHAVIORAL OF TBI

Neurobehavioral effects include irritability, impulsivity, unpredictability, lack of motivation, verbal aggression, physical aggression, belligerence, apathy, lack of empathy, moodiness, lack of cooperation, inflexibility, and impaired awareness of disability.

The level of evaluation for neurobehavioral effects range from 0 through 3, based on the extent of interference with workplace interaction, social interaction, or both.

EVALUATING BEHAVIORAL &EMOTIONAL DYSFUNCTION CONT.

Overlap of symptoms between comorbid mental disorders and residuals of TBI is common. The examination should describe which emotional/behavioral signs and symptoms are part of a co-morbid mental disorder and which represent residuals of TBI.

OVERLAPPING MANIFESTATIONS CONT.

If the manifestations of two or more conditions cannot be clearly separated, assign a single evaluation under whichever set of diagnostic criteria allows the most favorable assessment of <u>overall impaired functioning</u> due to both conditions.
If the manifestations are clearly separable, assign a separate evaluation for each condition under the appropriate diagnostic code.

EXAMPLE NARRATIVE

You exhibit numerous physical, cognitive, and behavioral/emotional symptoms and meet the diagnostic criteria for PTSD, as well as residuals of TBI. Your STRs show that you were injured due to exposure to a September 2010 IED blast during military service. Your DD 214 shows that you served as an Infantryman in the Army and were awarded the Purple Heart and Combat Infantryman Badge. Additionally, your subjective report is accepted as sufficient proof of service connection and is consistent with the circumstances, conditions, or hardships of your service. According to VA law, we are not allowed to evaluate the same disabilities under various diagnoses. Since the examiner was unable to sort which symptoms are associated with PTSD from the symptoms associated with TBI, an evaluation under either the General Rating Formula for Mental Disorders or under the criteria for TBI could be made, depending on which better assesses overall functional impairment. In your case, the previous evaluation under the Mental Disorders (PTSD) criteria as 70 percent disabling is continued inclusive of residuals of TBI; however, the next higher 100 percent evaluation criteria for both PTSD and TBI shall be included in this Rating Decision for informational purposes.

SPECIAL MONTHLY COMPENSATION "T"

SMC T is warranted if all the following apply:

- need regular aid and attendance (A&A) for RTBI, but
- are not eligible for higher level of A&A under subsection (R)(2), and
- would require hospitalization, nursing home care, or other residential institutional care in the absence of regular in-home aid and attendance.

OTHER CONSIDERATIONS

Delayed Effects: The possible delayed effects of TBI, such as hematoma or seizures warrant service connection, if attributable to TBI.

A medical opinion will be needed in cases where the records do not indicate a clear-cut etiology for a condition that is claimed as a delayed effect.

OTHER CONSIDERATIONS

Pre-stabilization Rating: Assignment of an initial pre-stabilization rating (38 CFR 4.28) of 50% or 100% when employment is not feasible or is likely to be materially impaired because of instability or incompletely healed injuries. An examination should be scheduled by the end of 1st year following discharge.

OTHER CONSIDERATIONS

Associated injuries. The additional injuries may also be present in a veteran with TBI – burns, shrapnel wounds, fractures, amputations, spine injuries, etc. These will require separate evaluations based on additional special examinations.

Future examinations. The TBI examination worksheets ask examiners whether the condition has stabilized, and if not, to provide an estimate of when stability may be expected. If the examiner states that the condition has not stabilized, a future examination should be scheduled soon after the estimated date of stability.

OTHER CONSIDERATIONS

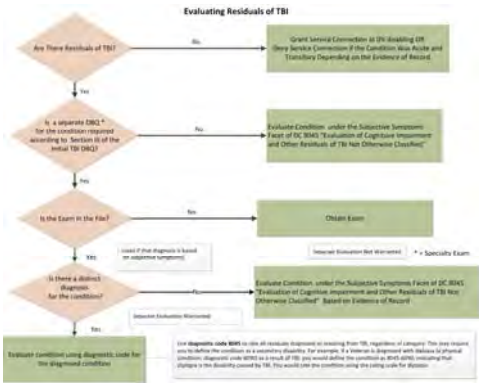
In absence of clear evidence to the contrary, the following five diagnosable illnesses are held to be a secondary result of TBI:

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.

If there is a diagnosis of...	And the initial severity of the TBI was ...	Then...
Parkinsonism, including Parkinson's disease	moderate or severe	award SC.
unprovoked seizures,	moderate or severe	award SC.
dementia of the following types: • presenile dementia of the Alzheimer type • frontotemporal dementia, and • dementia with Lewy bodies	moderate or severe	award SC if dementia manifested within 15 years after the TBI
depression	moderate or severe	award SC if depression manifested within three years after the TBI
	mild	award SC if depression manifested within one year after the TBI
a disease of hormone deficiency that results from hypothalamo-pituitary changes (any condition in the endocrine system section of the rating schedule: **38 CFR 4.119, DCs 7900-7912**, or any condition evaluated analogous to one of those conditions).	moderate or severe	award SC if the condition manifested within one year after the TBI