VA Clinicians' Guide

2014 version

MEMORANDUM

Date:
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From:
ın Service (21)

Subj:
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To:
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statement could avoid a remand from BVA when the test is not done. However, in the case of a BVA remand in which the DLCO is requested, the DLCO MUST be done unless there is a medical contraindication.

E. Diagnosis:

1.

In reactivated cases, is this reactivation of the old disease or a separate and distinct new infection?

Additional note to the examiner:

In all claims, if the disease is inactive and if the inactivity was confirmed at a non-VA facility, obtain the name and mailing address of the facility from the veteran so that the Regional Office may request the report.

Chapter 7 - CARDIOVASCULAR SYSTEM

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7.1 What are the important elements of a cardiovascular examination?

This chapter supplements the 5 examination worksheets titled: HEART; ARRHYTHMIAS; ARTERIES, VEINS, AND MISCELLANEOUS; HYPERTENSION; COLD INJURY PROTOCOL EXAMINATION.

a. What is needed in the history for an initial examination?

1) History of present illness - onset, frequency, and severity of symptoms; past and current treatment; whether symptoms are controlled by treatment; effects of condition on daily activities.

2) General health information - including previous surgery and illnesses; family history; military history.

b. What is needed in the history for a review examination?

For a review examination, only an interval history covering the period since the last examination is needed.

c. What is needed for the physical examination?

Follow the appropriate cardiovascular examination worksheet. Supplementary information is provided below.

d. What laboratory studies may be needed?

1) SMA-12, chest x-ray and ECG are routine; other tests such as cardiac

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enzymes, lipid profile, echocardiography, Doppler studies, cardiac stress tests, Holter monitor, electrophysiologic testing, computed tomography, magnetic resonance imaging, radionuclide imaging (or myocardial perfusion scan), cardiac catheterization, pulmonary artery catheterization, coronary angiography, or thallium stress test may be required.

2) Most of the disability evaluations of cardiovascular disease are based on objective tests. Therefore, exercise stress testing, for example, is commonly needed (unless one done within the past year is of record) since it is a primary basis of evaluation for many types of heart disease.

3) Stress testing and METS
Meaning of METS: One MET is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. This is the resting energy requirement. With progressive activity, the number of METs required progressively increases. For example, a workload of three METs represents such activities as level walking, driving, and very light calisthenics, and a workload of between three and five METs represents such activities as walking two and a half miles per hour, social dancing, light carpentry, etc.

Requirements for stress testing: Types of heart disease which require stress testing, and the exceptions for requirements, are listed on the examination worksheets (See B4 on HEART worksheet). Note that if left ventricular dysfunction is present and the ejection fraction is 50 percent or less, or if there is chronic congestive heart failure or there has been more than one episode of acute congestive heart failure in the past year, stress testing is not needed. Many other conditions, especially during active infection or acute stages, such as valvular heart disease during active infection also do not require stress testing.

If stress testing not done: However, when stress testing is needed, an examination will be returned for completion unless there is a medical reason why the stress testing cannot be done.

Estimation of METS: When stress testing is medically contraindicated, the examiner must then provide an estimate of the level of activity expressed in METs that results in cardiac symptoms. Charts that associate METs levels with various activities and that may be used for estimates are available in standard medical and heart textbooks.

7.2 What is a standard way of reporting a diagnosis by NYHA criteria?

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Nomenclature and Criteria established by the New York Heart Association are commonly used to report a diagnosis and status of heart disease. These include the etiological, anatomical, physiological and functional capacity.

Example:

I. Diagnosis: Arteriosclerotic heart disease.
II. Anatomy: 90% left circumflex coronary artery occlusion, EF = 60%.
III. Physiology: Atrial fibrillation, congestive heart failure.
IV. Functional Capacity: METS = 6.
V. Prognosis: Good with therapy. (Use gradations such as excellent, good with therapy, fair with therapy or poor despite therapy.)

7.3 What information would be useful for valvular heart disease (including rheumatic heart disease), endocarditis, heart valve replacement, pericarditis, or pericardial adhesions?

a. For all:

Report results of exercise testing in METs unless medically contraindicated or otherwise not needed. (See B4 on HEART worksheet for list of conditions/situations where exercise testing is not needed.)

Describe any episodes of congestive heart failure and whether the heart failure has resolved.

Report current treatment

b. Valvular heart disease or endocarditis

Diagnosis of either should be established (unless already of record) by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization.

For endocarditis: Bacterial, fungal, or nonbacterial vegetations may form on the cardiac valves or endocardial surface of patients with rheumatic fever, artificial heart valve, congenital heart disease, heroin addiction involving intravenous self-medication, or dental procedures. Emboli to the coronary, renal, cerebral, or peripheral arteries may occur when vegetations break loose from the valves. Note any petechiae, finger or toenail hemorrhages, Osler's nodes, or Roth spots in the retina. Report residual effects of any emboli, using appropriate worksheet.

c. Rheumatic heart disease:

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History: Record attacks prior to service, during service, and after leaving the service, including results of throat cultures, antistreptolysin titers, electrocardiographic findings, skin rashes, migratory swollen joints, chorea, prolonged weakness, and fever.

Physical examination: Report mitral or aortic murmurs, accentuation of the mitral component of the first heart sound, decreased intensity of second aortic sound, prolongation of the P-R interval.

d. Some causes of pericarditis:
infection, such as AIDS or other virus
cancer from an adjacent area
myocardial infarction
trauma
rheumatoid arthritis
lupus erythematosus
renal failure.

7.4 What information would be useful for arteriosclerotic heart disease, myocardial infarction, hypertensive heart disease, coronary bypass surgery, cardiomyopathy, or syphilitic heart disease?

a. The diagnosis: requires documentation. For example, the diagnosis of coronary artery disease may be established by ECG, treadmill exercise testing (with or without a thallium scan), or cardiac catheterization and angiography - the "gold standard".

b. If the diagnosis has already been established:
Report results of exercise testing in METs unless medically contraindicated or otherwise not needed. (See B4 on HEART worksheet for list of conditions/situations where exercise testing is not needed.)

Describe any episodes of congestive heart failure and whether the heart failure has resolved.

Report current treatment.

c. If arteriosclerotic heart disease has been superimposed upon another type of heart disease that is related to service, explain which current signs and symptoms are attributable to each type of heart disease. If it is impossible to separate the findings due to each condition, explain why.

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d. Untreated tertiary syphilis may be associated with aortic insufficiency, coronary artery ostial occlusion, angina pectoris, or aortic aneurysm. Any aortic regurgitation, capillary pulsation, or Duroziez's sign should be recorded. Valvular malfunction should be documented by echocardiography or cardiac catheterization.

e. If asked to give an opinion about the etiology of coronary artery disease in a particular veteran, be sure you take into consideration all risk factors for CAD that are present and explain the rationale for your opinion.

7.5 What is important about a diagnosis of ischemic heart disease in former prisoners of war?

Beriberi heart disease is a condition that is presumptively service connected for former prisoners of war. A regulation has established that beriberi heart disease includes ischemic heart disease if the former prisoner experienced edema of the feet or legs during captivity. There is no requirement that there was ever an actual diagnosis of beriberi.

Therefore you may be asked to determine whether ischemic heart disease is present in a former prisoner of war. You need not determine the etiology in these cases, only whether ischemic heart disease is present, and the current findings. The ischemic heart disease may be either absolute (e.g., coronary artery disease) or relative (e.g., cardiomyopathy with a greatly enlarged heart).

An exam for ischemic heart disease should use the HEART worksheet and the inform in section 7.4.

7.6 What additional information would be useful in a disability examination for arrhythmias?

Arrhythmias may occur as part of a primary heart disease or secondary to pulmonary or metabolic disease. Record the time of onset of the arrhythmia, precipitating conditions, and responses to past and present therapy. Although an ECG is essential, it may often be necessary to record long rhythm strips or Holter monitors to document intermittent abnormalities. The diagnosis of conduction block is usually established by ECG, but it may require special conduction studies such as HIS bundle tests.

Supraventricular arrhythmias: Report number of documented (by ECG or Holter monitor) episodes per year. State whether paroxysmal or permanent. Report treatment, including pacemaker

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Sustained ventricular arrhythmias: Report results of exercise testing in METs unless medically contraindicated or otherwise not needed (See B4 on HEART worksheet for list of conditions/situations where exercise testing is not needed). Report any periods of hospitalization for diagnosis or treatment. State whether there is an AICD in place. Report current treatment and results, including pacemaker. Describe any episodes of congestive heart failure and whether the heart failure has resolved.

Atrioventricular block: Report results of exercise testing in METs unless medically contraindicated or otherwise not needed. (See B4 on HEART worksheet for list of conditions/situations where exercise testing is not needed.) Describe any episodes of congestive heart failure and whether the heart failure has resolved. Report current treatment, including pacemaker.

7.7 What additional information would be useful in a disability examination for cardiac transplantation?

Report results of exercise testing in METs unless medically contraindicated or otherwise not needed. (See B4 on HEART worksheet for list of conditions/situations where exercise testing is not needed.)

Describe any episodes of congestive heart failure and whether the heart failure has resolved.

7.8 What additional information would be useful in a disability examination for cor pulmonale?

a. Diagnosis of cor pulmonale:
clinical examination
ECG
echocardiography showing increased right ventricular size and wall thickness
right heart catheterization showing elevated right atrial, ventricular, and pulmonary artery pressures

b. Exam
Record any underlying chronic lung disease as well as the cardiac symptoms and signs. Include any hypertrophy of the right ventricle, dilation of the right atrium or ventricle, and venous or hepatic congestion. Evaluation is based on the underlying pulmonary disease.

7.9 What additional information would be useful in a disability examination for endocrinopathic heart disease?

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Record both endocrine and cardiac functions and past and present response to therapy. Any signs of congestive heart failure, emaciation, obesity, myxedema, circulatory insufficiency, paroxysmal atrial fibrillation, flutter, tachycardia, or mediastinal obstruction should be noted. Report heart disease findings as stated on HEART worksheet.

7.10 What additional information would be useful in a disability examination for traumatic heart disease?

Blunt trauma to the chest such as a motor vehicle accident, crush, blow or fall injury, a high velocity missile, or a stab wound may injure the heart. Record any aortic regurgitation, pericardial tamponade, pericardial fibrosis, or calcification. Chest x-ray, ECG, or serum enzymes may be useful. Follow guidelines on HEART worksheet.

7.11 What additional information would be useful in a disability examination for other heart disease?

Amyloid disease, sarcoidosis, metastatic neoplasm, infections such as diphtheria, typhoid fever, malaria, meningitis, melioidosis, arteriovenous fistula, renal disease, and cardiac poisons, such as herbicides, insecticides, and solvents may cause heart disease. Follow guidelines on HEART worksheet.

7.12 What additional information would be useful in a disability examination for hypertension and isolated systolic hypertension?

a. Diagnosis

Multiple BP readings are required to establish the diagnosis of hypertension. There must be 2 or more readings on at least 3 different days.

However, once hypertension has been properly diagnosed, readings on multiple days are not required for follow-up examinations.

If the veteran is on treatment for hypertension at the initial exam, multiple readings on different days are not necessary because they would not be useful.

b. Classification

Current classification of hypertension (Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - 1997)

Stage 1 - 140 mm Hg to 159 mm Hg systolic or 90 mm Hg to 99 mm Hg diastolic

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Stage 2 - 160-179 systolic or 100-109 diastolic
Stage 3 - >180 systolic or >110 diastolic

The Committee considers a systolic pressure of <120 and diastolic pressure of <80 to be optimal, systolic pressure of <130 and diastolic of <85 to be normal, and systolic pressure of 130-139 and diastolic of 85 to 89 to be high normal.

c. Examination needs once diagnosis has been established:
Carefully record the blood pressure, preferably at least three times, spread throughout the examination, because the blood pressure reading is the primary basis of evaluation.

Describe in detail any complications that are present - eye, renal, cerebral, cardiac, etc - following the appropriate worksheets.

If isolated systolic hypertension is present, indicate underlying condition, if any.

Report treatment and side effects.

7.13 What additional information would be useful in a disability examination for aneurysms?

a. For aortic aneurysms:
Diagnosis may be made on the signs and symptoms on a routine examination, but may require abdominal x-ray, ultrasound scan, computed tomography (CT) scan, MRI scan, or aortography.

Record size, location, related symptoms, etiology (arteriosclerosis, syphilis, hypertension, trauma, etc.). Give history of any grafting or other surgery and residuals. State any restrictions on activity. Describe any other organs affected.

b. Aneurysms of other large arteries:
Report location, symptoms (including claudication), history of surgical correction and residuals, ankle/brachial index (See 7.15b).

c. Aneurysms of small arteries:

Berry aneurysm - small (<1.5 cm diameter), congenital aneurysm of brain. Rupture leads to subarachnoid hemorrhage. Can be cured by being clipped.

Mycotic aneurysm - from infection. A typical complication of bacterial endocarditis. Involves any artery, especially the cerebral, mesenteric, renal, or splenic arteries. Tend

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to rupture when small (< 1 cm diameter).

For any small aneurysm, report any symptoms in body part affected. If surgically corrected, report residuals.

7.14 What additional information would be useful in a disability examination for arterial embolism?

Report residual effects of embolus or emboli on particular area of body affected.

Emboli arising from the cardiac atria, ventricles, valves, or the aorta can produce anoxia, devascularization, paresthesia, anesthesia, hyperesthesia, loss of motor function, gangrene, or even auto-amputation.

Arterial pulmonary embolism (paradoxical embolus) may arise from the peripheral veins if congenital heart disease, trauma, infarction, or endocarditis has caused an abnormal communication between the right and left sides of the heart.

7.15 What additional information would be useful in a disability examination for arteriosclerosis obliterans and thromboangiitis obliterans?

a. Diagnosis: Angiography is required for precise localization of the obstructed vascular segments. During claudication attacks there may be coldness and pallor of the foot (particularly just following exercise), cyanosis on dependency, and altered or diminished sensation. Rest pain of the most distal parts of the involved extremity is a sign indicative of poor prognosis. In advanced cases muscle atrophy, osteoporosis, terminal ulceration, and gangrene may follow.

b. Examination:

1) Record the ankle/brachial index (using Doppler) for each affected lower extremity. Divide the ankle systolic blood pressure by the brachial systolic pressure to determine the ankle/brachial index. The ankle pressure is normally 90% of the arm pressure, or 0.9 or greater.
0.7 to 0.9 = mild arterial insufficiency or obstruction.
0.5 to 0.7 = moderate disease.
less than 0.5 = severe arterial occlusive disease.

2) Report how many yards of walking on level ground at 2 miles per hour a person is able to cover before claudication develops.

3) Report color, temperature (if cool or cold, whether this is persistent), trophic

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changes (skin thinning, hair loss, dystrophic nails), ulceration, whether there is pain at rest.

c. Additional information about thromboangiitis obliterans (Buerger's disease)
Obstruction of small and medium-sized arteries and veins by inflammation. Mostly (95%) in men who smoke cigarettes. Not a type of arteriosclerosis, but an inflammatory response in the arteries, veins, and nerves, which leads to a thickening of the blood vessel walls. Symptoms begin at fingertips or toes and progress up the arms or legs. About 40% also have episodes of phlebitis. Some have Raynaud's phenomenon. Additional residuals may include muscle atrophy in affected areas, osteoporosis of the bones of the leg and foot, regional hyperkeratosis, callus formation.

7.16 What additional information would be useful in a disability examination for arteriovenous fistulae?

a. Background and diagnosis:
Arteriovenous fistulae are connections between an artery and vein, often due to trauma such as a gunshot or stab wound.

The missile need not penetrate the vessel wall, and blunt trauma can sufficiently weaken the wall so that arterial pulsation will create a fistula through the damaged elastic and muscle layers.

Fistulae may cause delayed manifestations such as hypervolemic hypertensive heart failure with dilation of the chambers, edema, ischemia, ulcers, and even gangrene of the affected extremities.

Record any palpable thrill or bruit with pronounced accentuation in systole. When the fistula is closed by pressure, the fast heart rate and the systolic blood pressure elevation fall. Arteriography and Doppler sonography provide a precise diagnosis.

b. Examination
Record blood pressure, pulse, heart size, and whether there is heart failure.

Record edema, stasis dermatitis, ulceration, or cellulitis of affected extremity.

7.17 What additional information would be useful in a disability examination for Raynaud's phenomenon and Raynaud's disease?

a. Characteristics of Raynaud's:
Raynaud's disease and Raynaud's phenomenon or syndrome are conditions in

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which arterioles, usually in the fingers and toes, go into spasm, causing a characteristic attack lasting minutes to hours.

It may also affect the nose, earlobes, or lips.

Color changes in the digits of white, red, and blue occur, not necessarily in a particular order.

There is no underlying cause for Raynaud's disease. Raynaud's phenomenon or syndrome may be associated with scleroderma, rheumatoid arthritis, lupus erythematosus, atherosclerosis, nerve disorders, or reactions to certain drugs.

b. Exam:
Describe a characteristic attack and report frequency and duration of characteristic attacks. Report ulcers or autoamputation of fingers.

7.18 What additional information would be useful in a disability examination for erythromelalgia?

a. Diagnosis: Erythromelalgia is a pain syndrome of the skin with 5 main signs:
1) intense burning and tingling pain of the hands and feet
2) erythema
3) increased skin temperature at affected sites
4) aggravation of symptoms by warmth
5) there is symptomatic relief by cooling or aspirin.
It may be idiopathic, congenital, or due to myeloproliferative disorder, rheumatoid arthritis or other collagen vascular disorder, diabetes mellitus, cancer, or pernicious anemia.

b. Exam: Report frequency and duration of attacks and their responses to treatment, plus any effects on daily activities.

7.19 What additional information would be useful in a disability examination for varicose veins or post-phlebitic syndrome?

a. Background:
Varicosities are dilated segments of veins with thin walls, and inflammation, thrombosis, and infection may occur. The cause of varices is not known, but is probably a hereditary weakness in the walls of the superficial veins. Some are due to phlebitis. Varices are often more cosmetically disturbing than disabling; however, there may be severe and even fatal complications at times. Some experience symptoms of tired,

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heavy, or aching legs, and a few develop dermatitis, phlebitis, bleeding, induration, ulceration, edema (post-phlebitic syndrome.

The causes of thrombophlebitis include injury to the lining of the vein; an increased tendency for blood to clot, as can happen with some cancers and rarely with oral contraceptive use; slowing of the blood flow in the veins, as happens during prolonged bed rest, long flights or drives, etc. Acute thrombophlebitis will not normally present for disability examination. It is the chronic residuals, such as post-phlebitic syndrome, that will be seen.

The post-phlebitic syndrome may itself lead to the development of varicosities because of chronic venous insufficiency, and varicosities can lead to post-phlebitic syndrome, a chronic form of venous insufficiency due either to varicose veins or thrombophlebitis.

b. Exam for either varices or post-phlebitic syndrome:
Report any visible or palpable varicose veins, level of activity that leads to symptoms, level of activity that leads to it, and whether it is relieved by elevation or compression hosiery. Report other skin changes - pigmentation, eczema, ulceration and whether there is subcutaneous induration or board-like edema.

7.20 What additional information would be useful in a disability examination for residuals of cold injury?

Follow the COLD INJURY PROTOCOL worksheets. They offer a detailed examination protocol. See VHA IL 10-96-030 and 10-98-008 for further information for examiners of cold injury residuals. Additional detailed clinical information about the late effects of cold injury is available on the VA cold injury website at http://www.va.gov/oph/cold.

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Worksheet - ARRHYTHMIAS EXAMINATION

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Comprehensive Version

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1. *Describe type of arrhythmia and onset of disorder. Indicate whether arrhythmia is intermittent or continuous.*

2. *Describe hospitalization or surgery for arrhythmia, including location, date, type of surgery, reason for hospitalization.*

3. *For intermittent arrhythmia, state frequency and duration of episodes, and for supraventricular arrhythmia, state how many episodes per year have been confirmed by EKG or Holter monitor?*

4. *Is a pacemaker present? If so, when was it inserted, effectiveness, side effects?*

5. *Is an AICD (automatic implantable Cardioverter-Defibrillator) present? If so, when was it implanted, effectiveness, side effects?*

6. *Describe other treatment, including RF (radiofrequency) ablation, type, effectiveness, and side effects. Is continuous medication required?*

7. *Is there a history of congestive heart failure? If so, state whether chronic or not. If not chronic, how many episodes have there been in the past 12 months?*

8. *Sustained ventricular arrhythmias, atrioventricular block, and implantable cardiac pacemakers (if ventricular arrhythmia or atrioventricular block was the reason for the pacemaker) require that the examiner provide the METs level, determined by exercise testing, at which symptoms of dyspnea, fatigue, angina, dizziness, or syncope result. Exercise testing is <u>not required</u> for these 3 conditions in the following*

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circumstances:

a.

If exercise testing is medically contraindicated:

i. In that case, provide the medical reason exercise testing cannot be conducted, and;

ii. Provide an estimate of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing, or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope.

b.

If left ventricular dysfunction is present, and the ejection fraction is 50 percent or less.

c.

If there is chronic congestive heart failure or there has been more than one episode of acute congestive heart failure in the past year.

d.

With valvular heart disease - during active infection with valvular heart damage and for three months following cessation of therapy for the active infection.

e.

With endocarditis - for three months following cessation of therapy for active infection with cardiac involvement.

f.

With pericarditis - for three months following cessation of therapy for active infection with cardiac involvement.

g.

With myocardial infarction - for three months following myocardial infarction.

h.

With valve replacement - for six months following date of hospital admission for valve replacement.

i.

With coronary bypass surgery - for three months following hospital admission for surgery.

j.

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For cardiac transplantation - for indefinite period from date of hospital admission for cardiac transplantation.

k.

If an exercise test has been done within the past year, the results are of record, and there is no indication that there has been a change in the cardiac status of the veteran since.

l.

Other significant history.

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1.

Vital signs; heart size and method of determination; heart sounds, rate, and rhythm, blood pressure.

2.

Status of cardiac function - evidence of congestive heart failure.

3.

Other significant physical findings.

D. Diagnostic and Clinical Tests:

1.

EKG.

2.

Was testing for left ventricular function done? If so, report the ejection fraction.

3.

Holter monitor, other tests as indicated.

4.

Chest X-ray or other imaging study, exercise stress test, echocardiogram, Holter monitor, thallium study, angiography, etc., as appropriate, and as required or indicated.

5.

Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1.

Type of cardiac arrhythmia, if present. Confirmed by EKG or Holter

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monitor?

2. *Other diagnoses.*

3. *Describe the effects of each diagnosed condition on the veteran's usual occupation and daily activities.*

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Worksheet - ARTERIES, VEINS, AND MISCELLANEOUS EXAMINATION

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A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1.

*For **all conditions**, comment on:*

a.

Course, including onset of disorder and any injury or surgery (type and when carried out). Past treatment.

b.

Current treatment - type, effectiveness, side effects.

c.

Symptoms.

d.

If surgery has been done, report effectiveness and any residual or recurrent symptoms.

2.

*For **aortic aneurysm, aneurysm of any large artery, aneurysm of any small artery, arteriovenous fistula, arteriosclerosis obliterans and thromboangiitis obliterans**, additionally comment on:*

a.

If lower extremities are affected, is there claudication, and, if so, after how many yards of walking on level ground at 2 miles per hour does it develop?

b.

Is there pain at rest?

c.

For aortic aneurysm, is exercise and exertion precluded by the condition?

3.

*For **Raynaud's phenomenon, angioneurotic edema, and erythromelalgia**, additionally comment on:*

a.

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Describe a characteristic attack.

b.

Record the frequency, duration, and severity of characteristic attacks.

c.

State each part of the body that is affected. For angioneurotic edema, state whether laryngeal edema occurs and how frequently.

4.

*For **Varicose veins and Post-phlebitic syndrome of any etiology**, additionally comment on:*

a.

Any history of ulcers and aching, fatigue, or abnormal sensations in the leg at rest or after prolonged standing or walking.

b.

Are symptoms relieved by elevation of the extremity, compression hosiery, or other measures? If there is a history of edema, is it relieved completely, partially, or not at all, by elevation of the extremity?

5.

*For **soft tissue sarcoma or other malignant neoplasms of vascular origin**:*

a.

Record date of diagnosis and pathologic diagnosis.

b.

Record type and dates of treatment. If treatment has been completed, state date of last treatment.

c.

If treatment has been completed, describe residual or recurrent symptoms.

C. Physical Examination (Objective Findings):

1.

*For **aortic aneurysm, aneurysm of any large artery, aneurysm of any small artery, or arteriovenous fistula**:*

a.

State diameter of aneurysm, cardiac status, including heart

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size and rate. For arteriovenous fistula, state pulse pressure and whether there is evidence of high output failure.

b.

If extremities are affected, describe temperature and color, pulses, trophic changes, ulcers (deep or superficial?), edema, dermatitis, cellulitis.

c.

If lower extremities are affected, record ankle/brachial index (using Doppler).

d.

If surgery has been carried out, describe residual findings, using appropriate worksheet for the affected body system or organ.

2.

*For **arteriosclerosis obliterans and thromboangiitis obliterans**:*

a.

Describe each affected extremity separately.

b.

Record ankle/brachial index (using Doppler).

c.

Describe temperature and color of extremities, pulses, trophic changes, ulcers (deep or superficial?).

d.

If surgery has been carried out, describe any residuals or side effects of surgery.

3.

*For **Raynaud's phenomenon, angioneurotic edema, and erythromelalgia**:*

Describe ulcers, autoamputations, and any other current findings.

4.

*For **Varicose veins and Post-phlebitic syndrome of any etiology**:*

a.

Describe any visible or palpable varicose veins.

b.

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Describe extent of any ulcers, edema, stasis pigmentation, and eczema. If edema is present, is it boardlike? Is it massive? Is it persistent?

c.

Describe each affected extremity separately.

5.

*For **soft tissue sarcoma or other malignant neoplasms of vascular origin**:*

Describe all current findings, whether pre- or post- treatment, including any residuals of treatment. Use other worksheets, if necessary, specific to the affected body system or organs.

D. Diagnostic and Clinical Tests:

1.

Imaging studies, Doppler vascular studies, angiogram, etc., as appropriate, and if indicated.

2.

Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1.

List all diagnoses.

2.

For each condition diagnosed, describe effects on veteran's usual occupation and daily activities.

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Worksheet - HEART

A. Review of Medical Records:

B. Medical History Subjective Complaints:

Comment on:

1. *Past history - describe onset of disorder and frequency of cardiac symptoms, including angina, dyspnea, fatigue, dizziness, and syncope. Record dates and severity of episodes of acute cardiac illness, including myocardial infarction, congestive heart failure, and acute rheumatic heart disease. Describe all cardiac surgery, including coronary artery bypass, valvular surgery, cardiac transplant, and angioplasty.*

2. *Current treatment - type, dosage, response, and side effects.*

3. *With the exceptions given below, examinations for valvular heart disease, endocarditis, pericarditis, pericardial adhesions, syphilitic heart disease,, arteriosclerotic heart disease, myocardial infarction, hypertensive heart disease, heart valve replacement, coronary bypass surgery, cardiac transplantation, and cardiomyopathy, require the examiner to provide the METs level, determined by exercise testing, at which symptoms of dyspnea, fatigue, angina, dizziness, or syncope result.*

4. *Exercise testing is **not** required for the above listed conditions in the following circumstances:*

   a. *If exercise testing is medically contraindicated:*

      i. *In that case, provide the medical reason exercise testing cannot be conducted, and*

      ii. *Provide an estimate of the level of activity expressed in METs and supported by specific examples, such as slow stair climbing, or shoveling snow that results in dyspnea, fatigue, angina, dizziness, or syncope.*

   b. *If left ventricular dysfunction is present, and the ejection fraction is 50 percent or less.*

   c. *If there is chronic congestive heart failure or there has been more than one episode of acute congestive heart failure in the past*

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year.

a. *With valvular heart disease - during active infection with valvular heart damage and for three months following cessation of therapy for the active infection.*

b. *With endocarditis - for three months following cessation of therapy for active infection with cardiac involvement.*

c. *With pericarditis - for three months following cessation of therapy for active infection with cardiac involvement.*

d. *With myocardial infarction - for three months following myocardial infarction.*

e. *With valve replacement - for six months following date of hospital admission for valve replacement.*

f. *With coronary bypass surgery - for three months following hospital admission for surgery.*

g. *For cardiac transplantation - for indefinite period from date of hospital admission for cardiac transplantation.*

h. *If an exercise test has been done within the past year, the results are of record, and there is no indication that there has been a change in the cardiac status of the veteran since.*

5. *For hyperthyroid heart disease, if atrial fibrillation is present, use arrhythmia worksheet. Also use endocrine worksheet if examining for hyperthyroidism.*

6. *Describe the effects of the condition on the veteran's usual occupation and daily activities.*

7. *Even when special examinations and tests e.g., exercise testing are not* ***required*** *under the worksheet guidelines, they may be requested or conducted at the discretion of the examiner, when the examiner believes that the available information does not fully reflect the severity of the veteran's cardiovascular disability.*

C. Physical Examination Objective Findings:

Address each of the following and fully describe current findings:

1. *Heart size and method of determination, heart rhythm and rate, heart sounds, blood pressure.*

2.

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Evidence of congestive heart failure - rales, edema, liver enlargement, etc.

D. Diagnostic and Clinical Tests:

1. *Chest X-ray, EKG, exercise stress test, echocardiogram, Holter monitor, thallium study, angiography, etc., as appropriate, and as required or indicated.*
2. *Include results of all diagnostic and clinical tests conducted in the examination report, including status of left ventricular function, if measured.*
3. *Valvular heart disease and endocarditis require documentation of diagnosis by physical findings and either echocardiogram, Doppler echocardiogram, or cardiac catheterization, if not already of record.*
4. *Other types of heart disease must be documented by appropriate objective diagnostic tests.*

E. Diagnosis and Opinion:

1. *Type of heart disease and etiology, if known.*
2. *Type of surgery, if any, and results.*
3. *If the veteran is service-connected for rheumatic heart disease and later develops non-service-connected arteriosclerotic heart disease, state, if possible, which cardiac findings can be attributed to each condition. If it is not possible to separate the signs and symptoms of one from the other, so state, and explain.*

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Worksheet - HYPERTENSION

A. Review of Medical Records:

B. Medical History Subjective Complaints:

Comment on:

1. *Date of diagnosis.*
2. *Symptoms, if any.*
3. *Treatment - type, dosage, side effects.*

C. Physical Examination Objective Findings:

Address each of the following and fully describe current findings:

1. *Blood pressure - If the diagnosis of hypertension has not been previously established, readings must be taken two or more times on at least three different days. If hypertension has been previously diagnosed, take three blood pressure readings on the day of examination.*
2. *Cardiac status - size, function. If there is evidence of hypertensive heart disease, use Heart Worksheet.*
3. *If arteriosclerotic complications of hypertension are present, use worksheet for the specific conditions found.*

D. Diagnostic and Clinical Tests:

1. *X-rays or other tests, as indicated.*
2. *Include results of all diagnostic and clinical tests conducted in the examination report.*

E. Diagnosis:

Chapter 8 - DISEASES OF THE DIGESTIVE SYSTEM

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END OF EXHIBIT