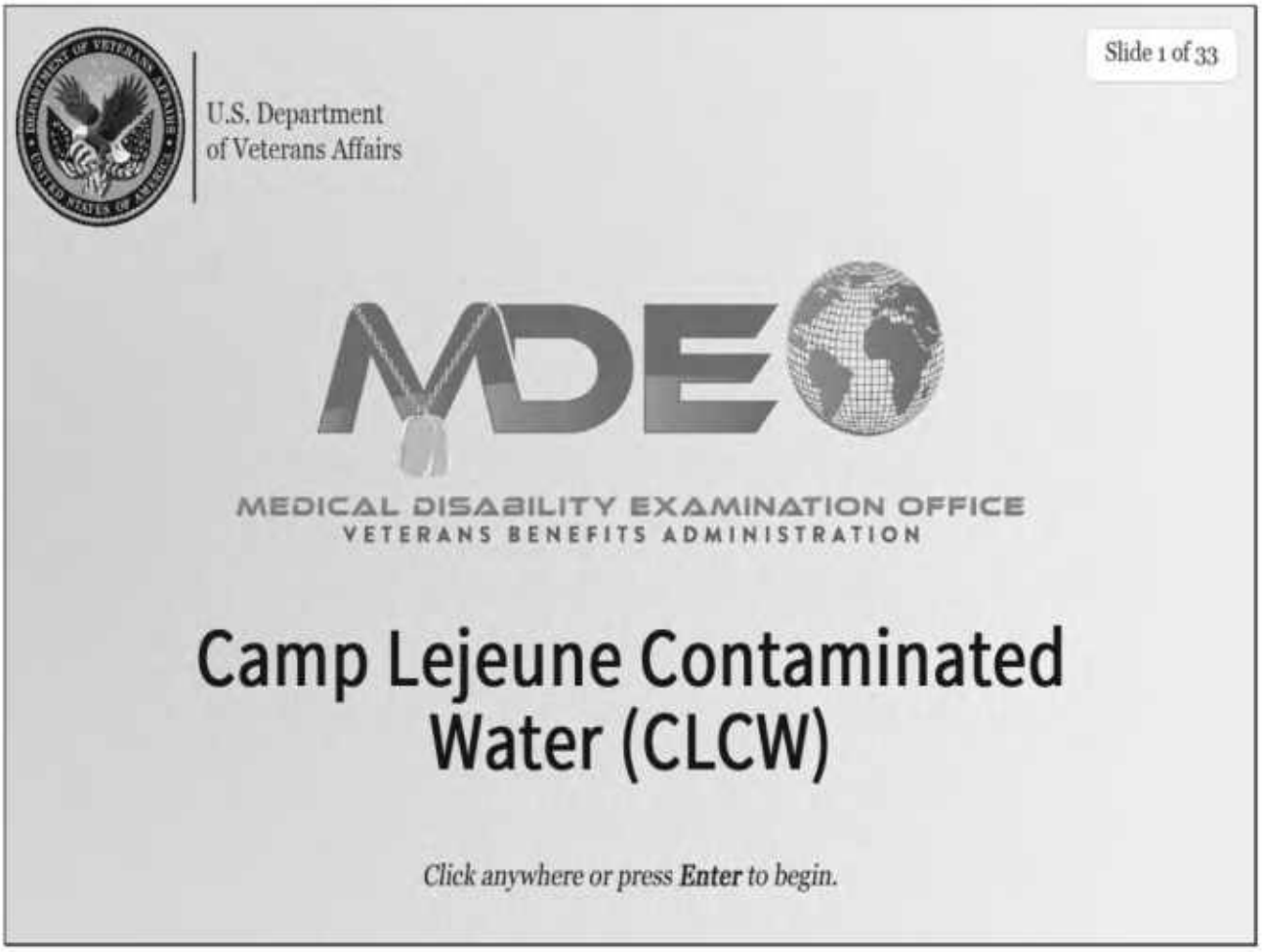
Toxic Exposure Risk Activity (TERA)
Medical Opinion Checklist

- ❑ Review Examination Scheduling Request (ESR).
- ❑ Separately address each requested opinion.
- ❑ Use the appropriate legal language.
- ❑ Demonstrate a thorough understanding of the claimed condition(s) and exposure (TERA) on which the claim is based.
- ❑ Identify the importance of disease/illness-based considerations when addressing the claimed condition(s).
- ❑ Discuss pertinent exposure-based details and their relationship to the claimed condition(s) when formulating a TERA Medical Opinion.
- ❑ Provide sufficient Medical Opinions with supporting rationales that are clear, understandable, comprehensive, and address the relationship of causation.
- ❑ Ensure appropriate identification of evidence-based, peer-reviewed scientific literature/medical studies/resources that were searched and considered in formulating the opinion(s) are included in the medical opinion rationale.
- ❑ Ensure all requested opinions were answered.
- ❑ Has the report been reviewed for careless errors, typos, and internal consistency?
- ❑ Is the report ready for signature?

Slide 1 - CLCW Title Slide

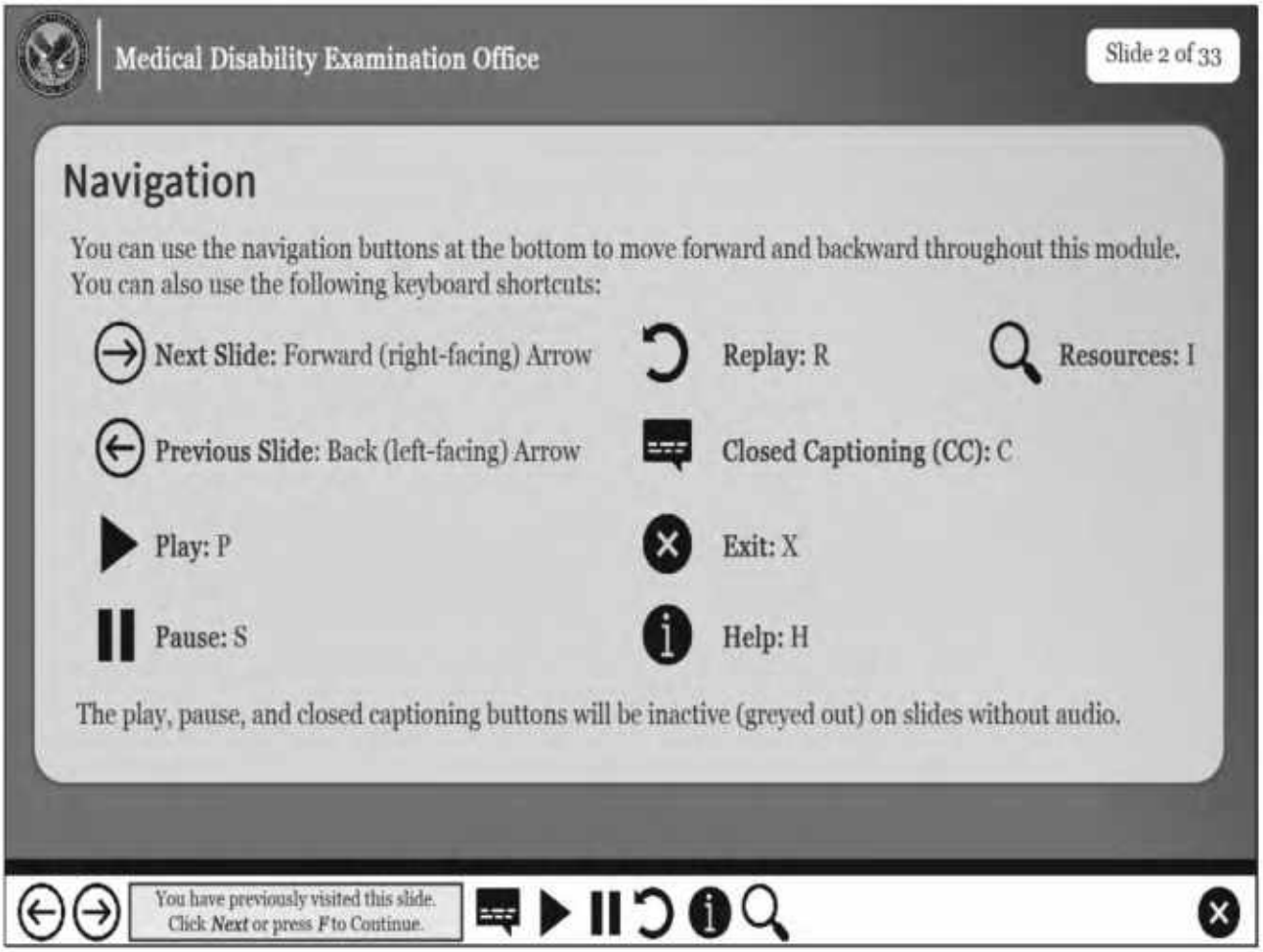


Lesson Time: 45 minutes

Core Content: Course and Evaluation

Test out: No required score

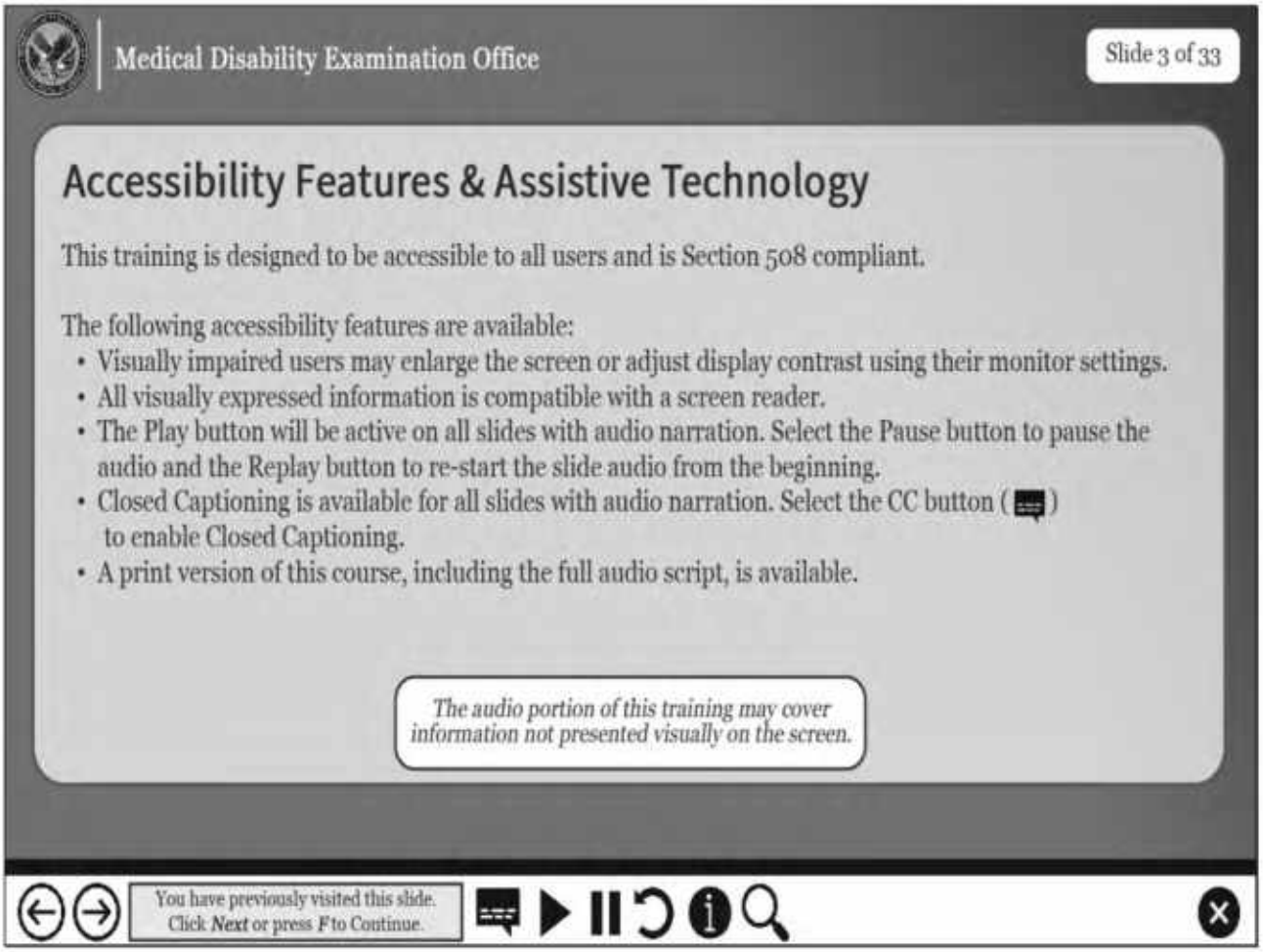
Slide 2 - Navigation



Slide notes

Take a moment to review the navigation options for this course. Closed-captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

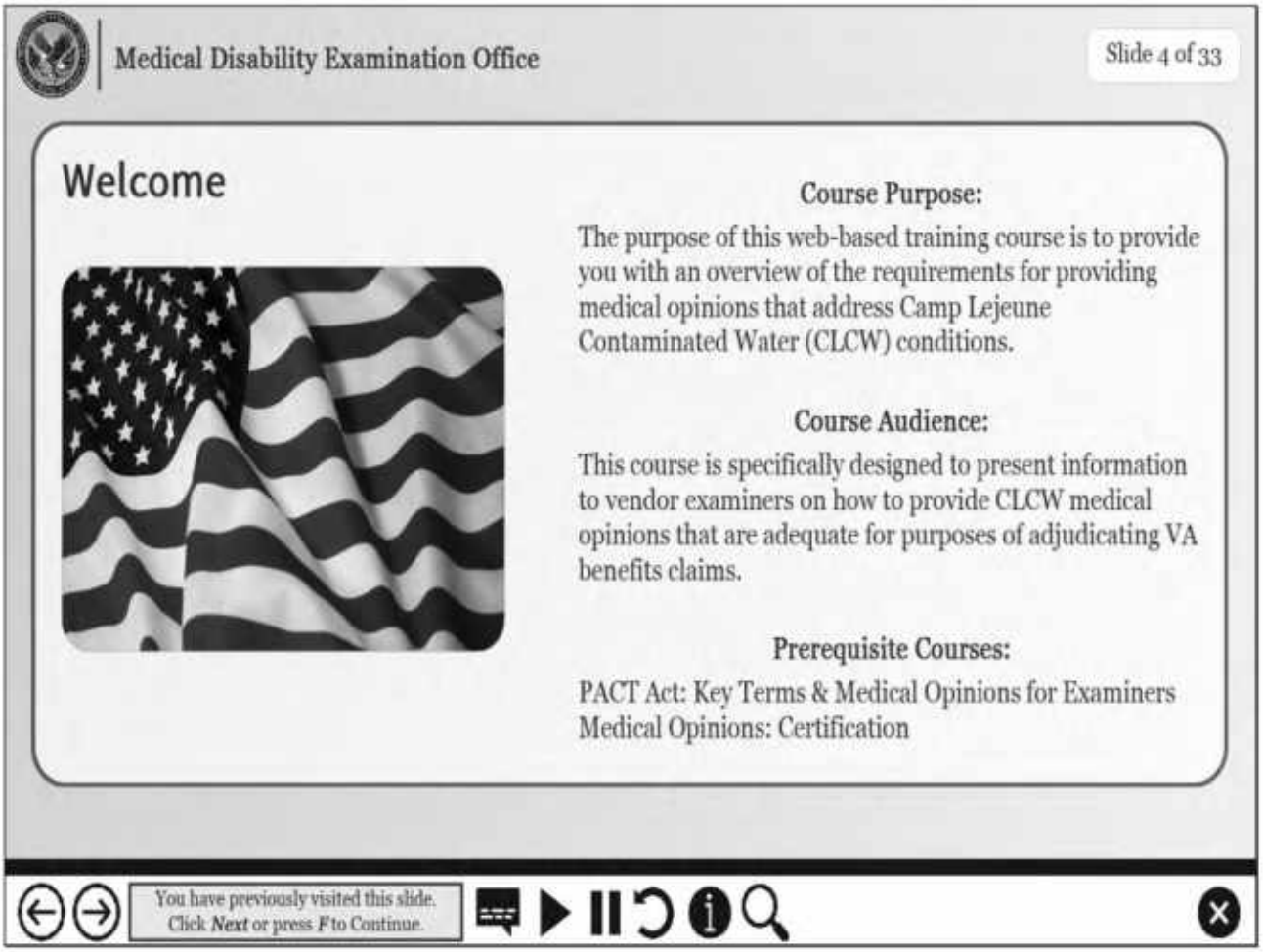
Slide 3 - Accessibility Features & Assistive Technology



Slide notes

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

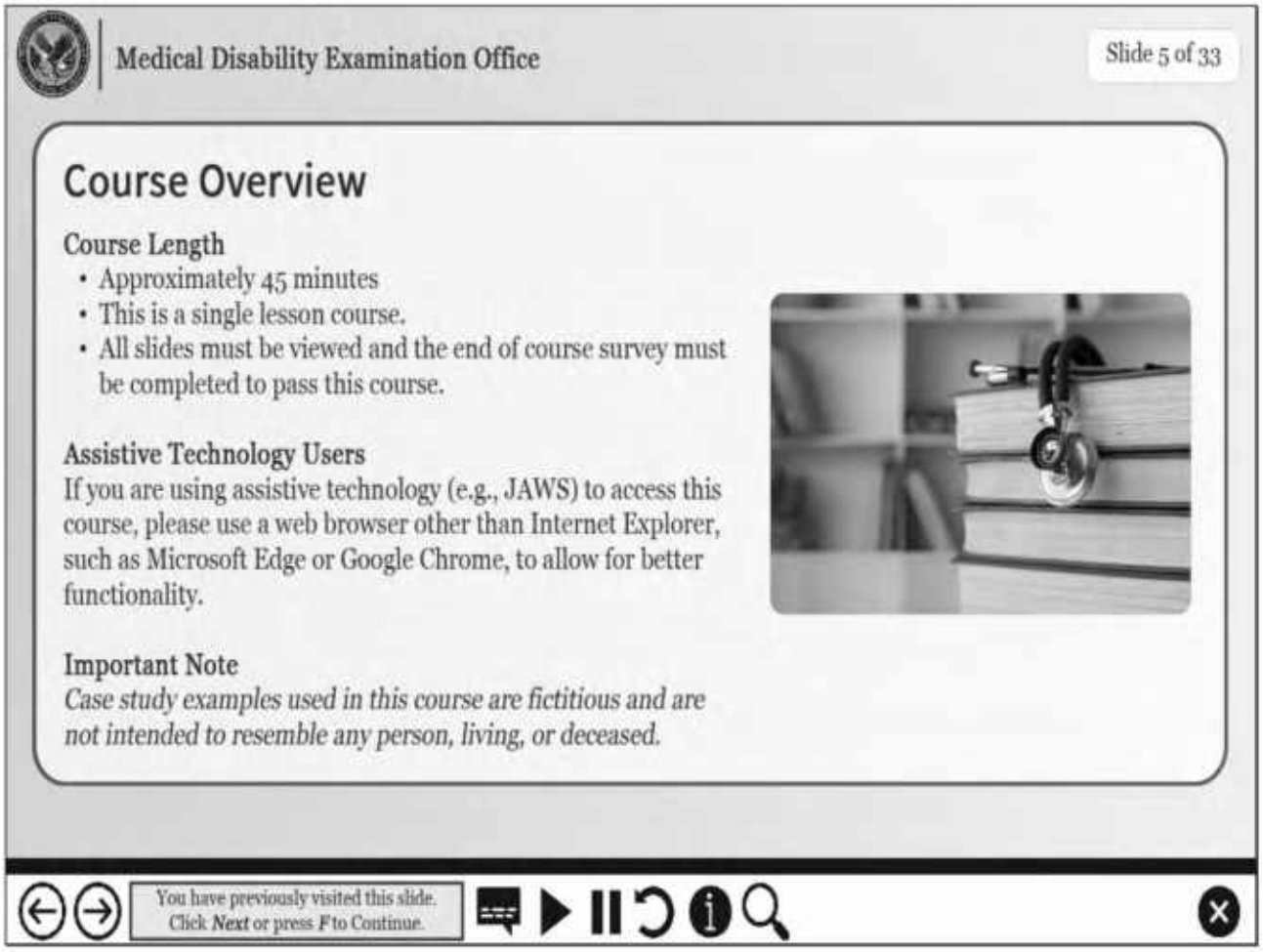
Slide 4 - Welcome



Slide notes

Welcome to the Medical Disability Examination Office, MDEO, training on Camp Lejeune Contaminated Water, or CLCW, examinations. Prior to taking this course, you should have completed both the Promise to Address Comprehensive Toxins (PACT) Act Examiner Training and Medical Opinions courses.

Slide 5 - Course Overview



Slide notes

This course will take you approximately 45 minutes to complete. If you must exit the course before completion, your place will be bookmarked so you can continue where you left off when you return. For the bookmark to work, you must use the course Exit (x) button and not the browser's close button. All slides must be viewed, and the end of the course survey must be completed to pass the course.

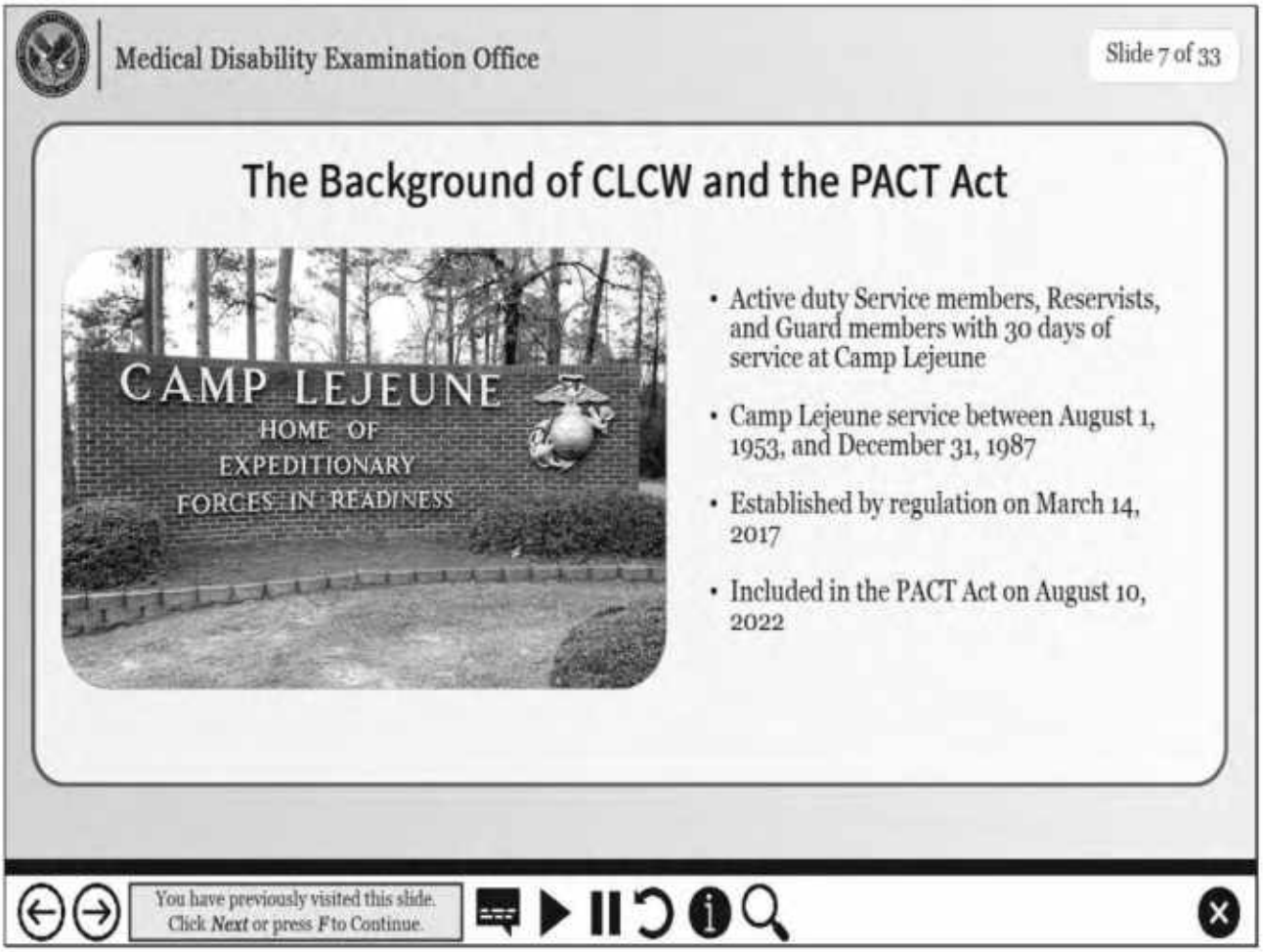
Slide 6 - Learning Objectives



Slide notes

Upon completion of this course, you should be able to identify the established CLCW presumptive conditions, recognize improperly requested medical opinions for established CLCW presumptive conditions, and compose a medical opinion for a CLCW non-presumptive condition with an adequate supporting rationale. For additional information on the PACT Act and Medical opinions, please reference the MDE PACT Act: Key Terms & Medical Opinions for Examiners course and the MDE Medical Opinions: Certification course.

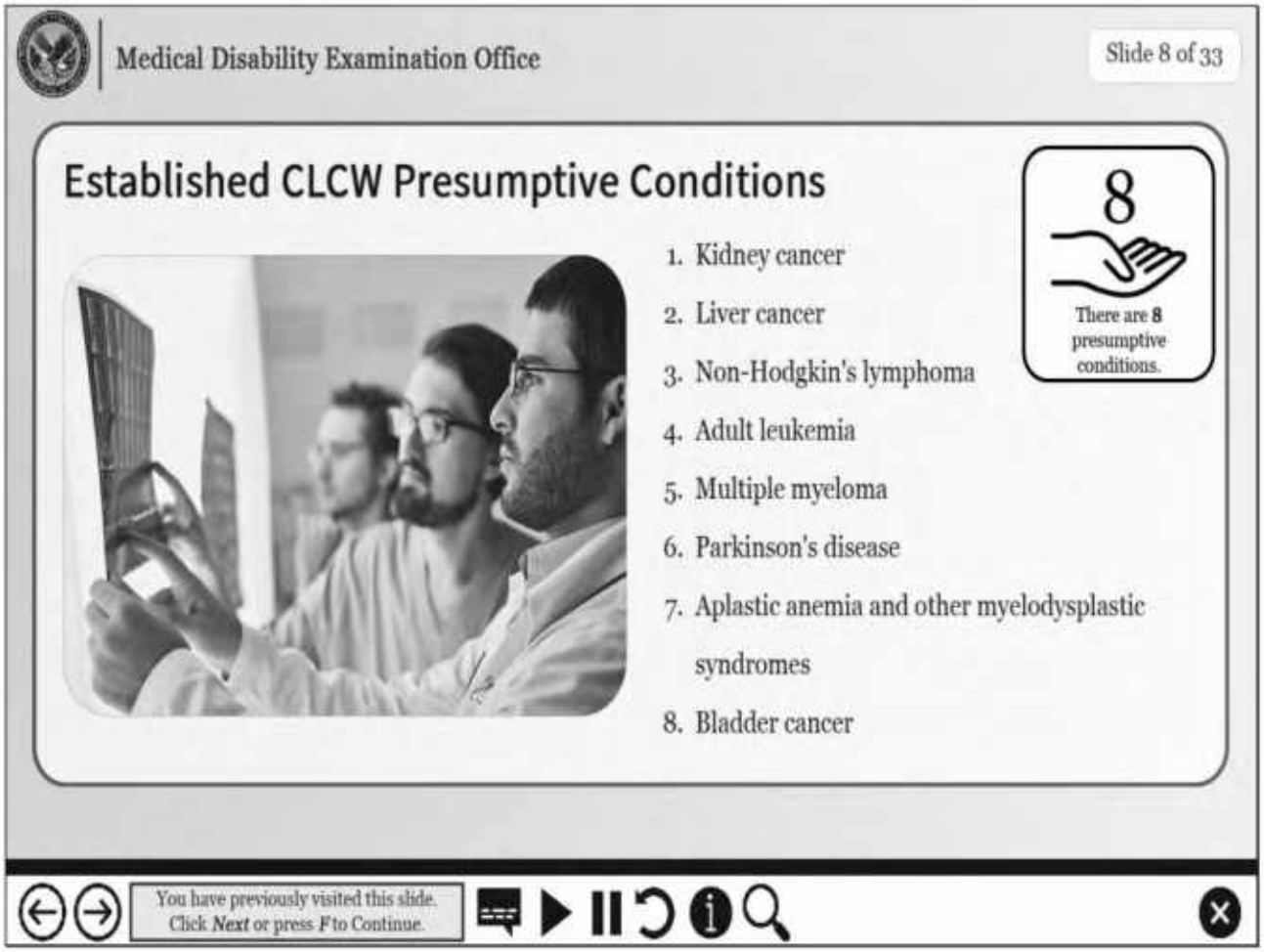
Slide 7 - Background of CLCW and the PACT Act



Slide notes

On March 14, 2017, a new regulation was established for Veterans who served at Camp Lejeune between August 1, 1953, and December 31, 1987, based on exposure to contaminants present in the base's water supply. On August 10, 2022, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics, or PACT Act, was signed into law. This law impacted how medical opinions regarding Toxic Exposure Risk Activity (TERA) and Camp Lejeune Contaminated Water (CLCW) exposure claims are handled. All examiners who provide PACT Act medical opinions are required to complete the PACT Act: Key Terms and Medical Opinions for Examiner training. Examiners who complete the PACT Act training may also be requested to provide medical opinions for non-presumptive CLCW conditions.

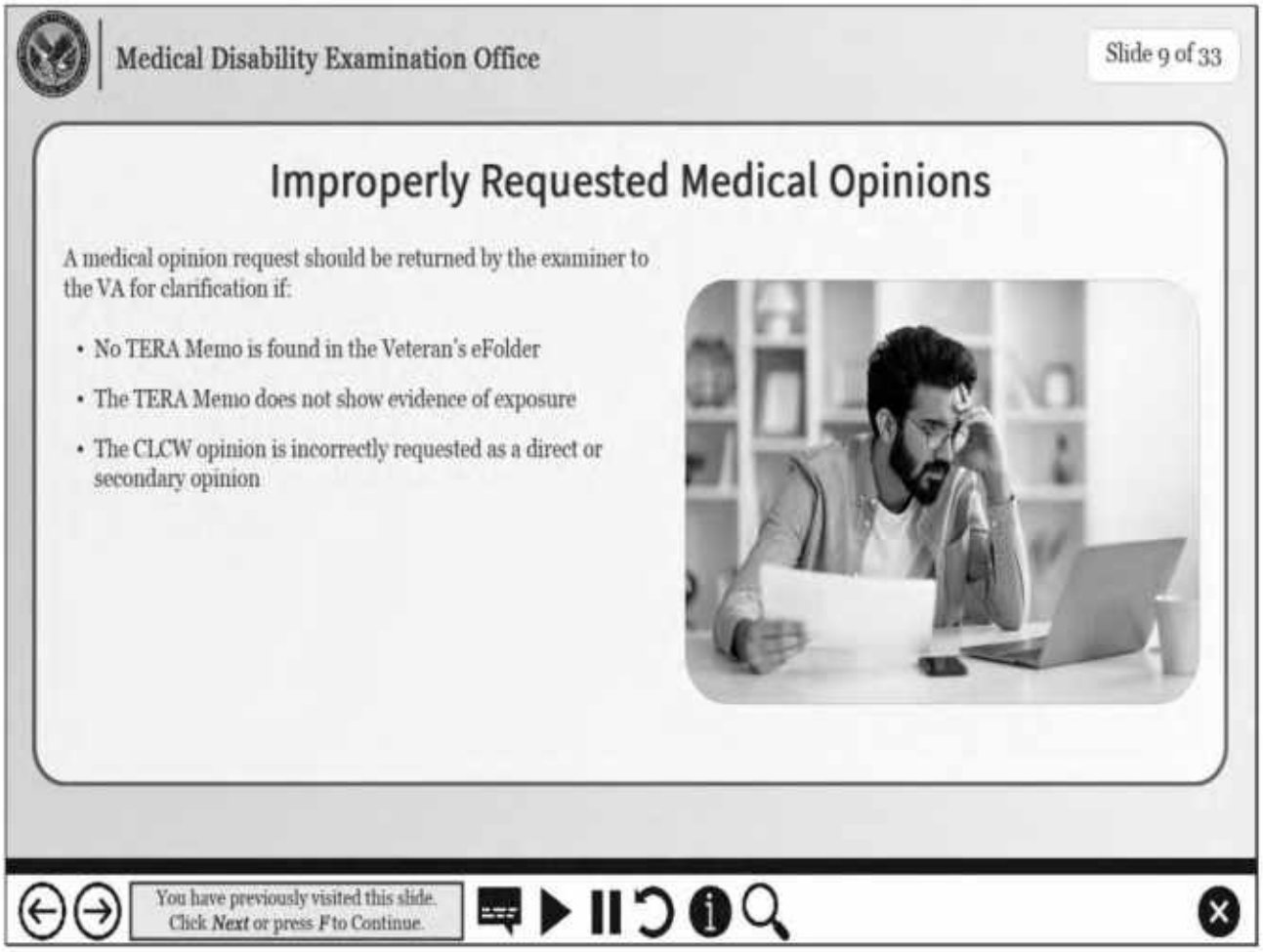
Slide 8 - Established CLCW Presumptive Conditions



Slide notes

This slide shows the list of established presumptive conditions the Department of Veterans Affairs has associated with exposure to the volatile organic compounds trichloroethylene (TCE), perchloroethylene (PCE), benzene and vinyl chloride, which were found in the on-base water-supply systems located at the United States Marine Corps Base Camp Lejeune. For VBA purposes, the diagnoses of these presumptive conditions do not require a nexus medical opinion.

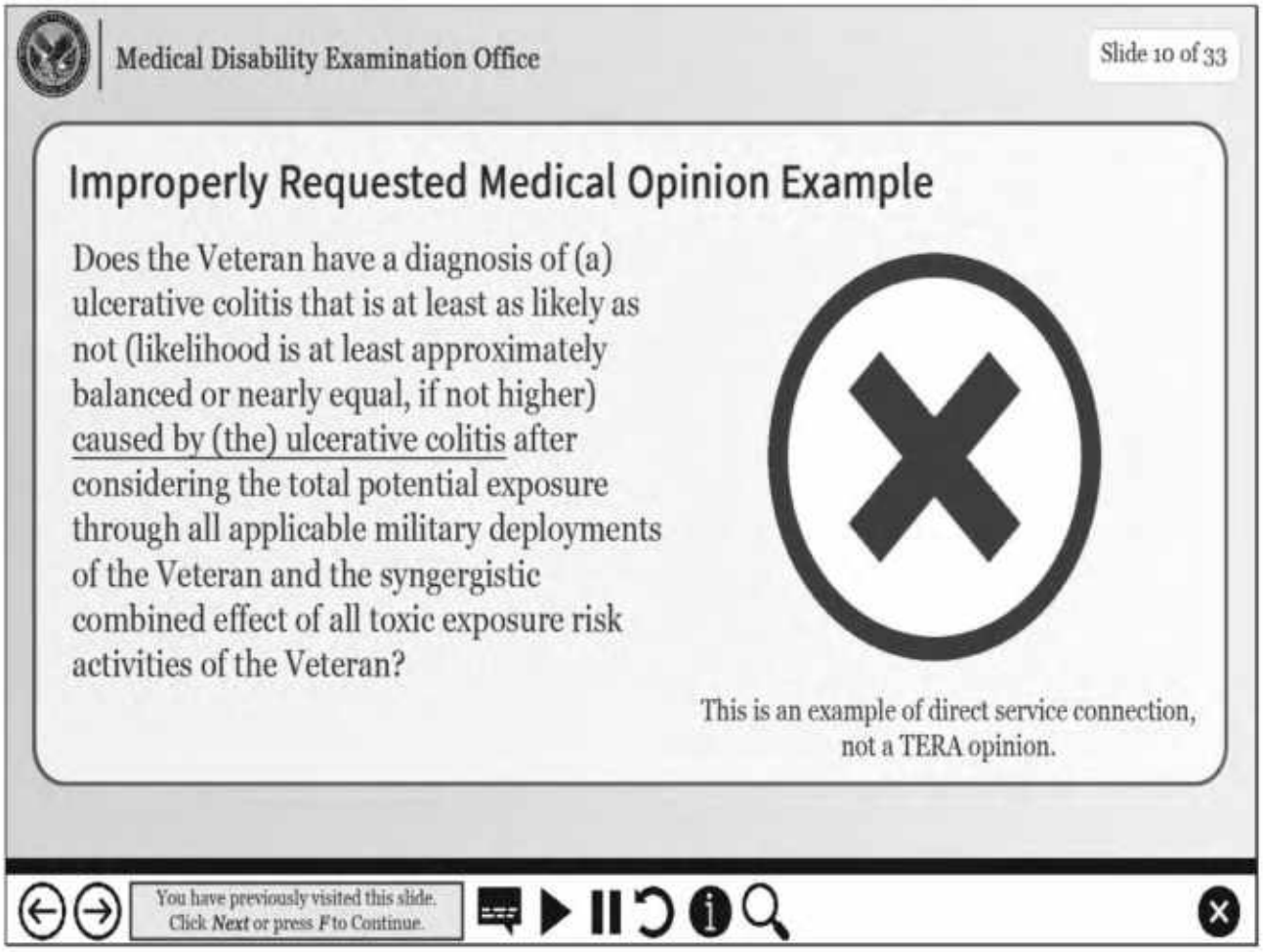
Slide 9 - Improperly requested medical opinions



Slide notes

Vendor examiners may need to return a medical opinion for clarification to the VA if a medical opinion is requested and the TERA Memo is not found in the Veteran's eFolder, if the TERA Memo does not show evidence of the exposure event, or if the TERA Memo is only partially completed. Additionally, if a CLCW medical opinion is requested as a direct or secondary opinion, the request should be returned for clarification. CLCW opinions must be requested as TERA opinions, and the opinion must be provided in this section of the medical opinion DBQ. For example, a properly worded medical opinion request will include the specific claimed contention, the specific exposure event cited in the TERA memorandum, and the following verbiage: "after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic combined effect of all toxic exposure risk activities of the Veteran."

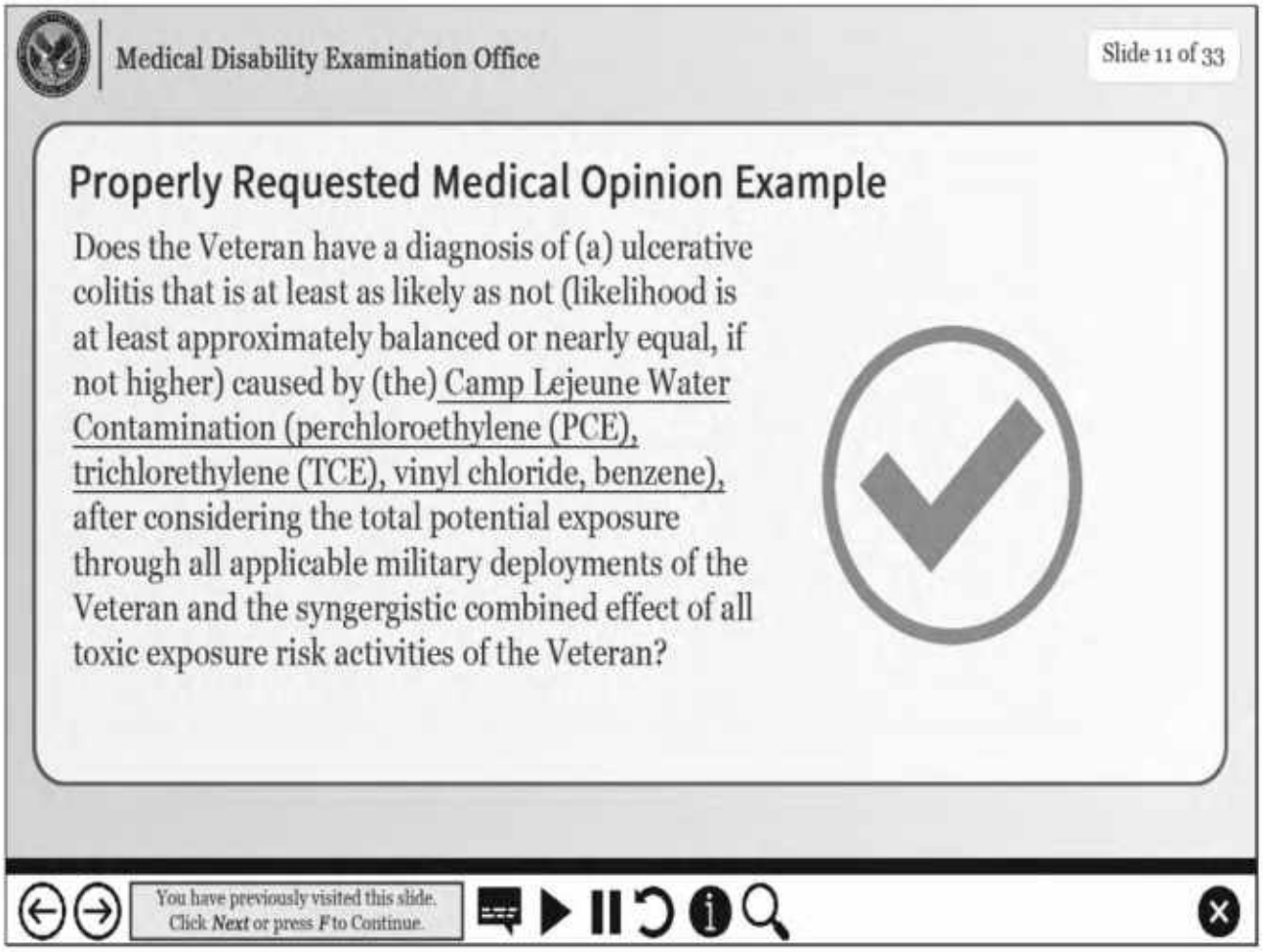
Slide 10 - Improperly requested medical opinion example



Slide notes

In this example of an improper medical opinion request, when the medical opinion request asks whether the diagnosis of ulcerative colitis is at least as likely as not caused by the ulcerative colitis, we recognize this is a request for direct service connection. A correct TERA opinion would ask whether the diagnosis of ulcerative colitis was caused by a specific exposure listed on the Veteran's TERA memorandum.

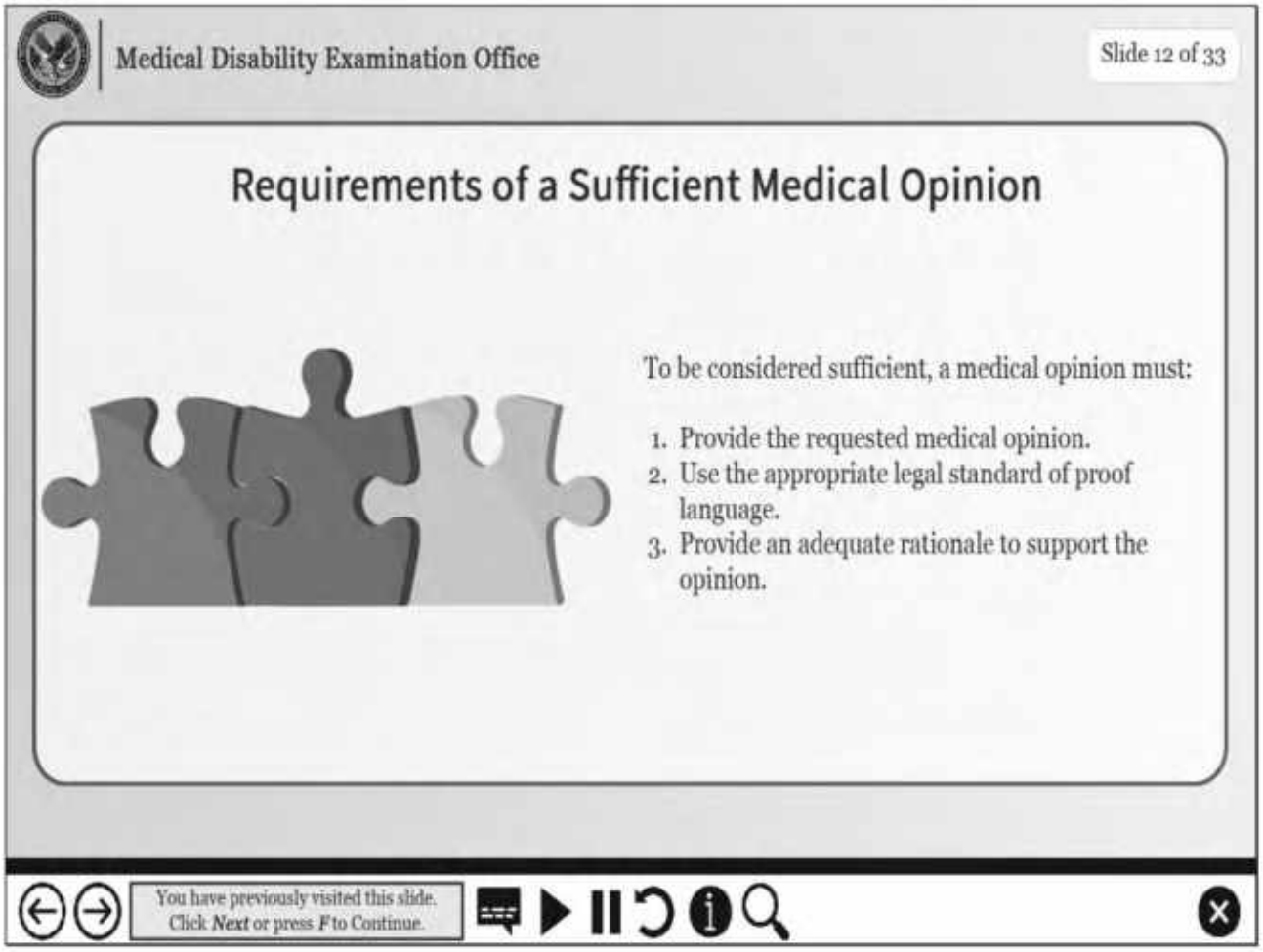
Slide 11 - Properly requested medical opinions



Slide notes

As stated on the previous slide, a properly worded TERA opinion request will ask whether the Veteran's claimed condition was caused by a specific toxic exposure encountered during the Veteran's time in service, or after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic combined effect of all toxic exposure risk activities of the Veteran.

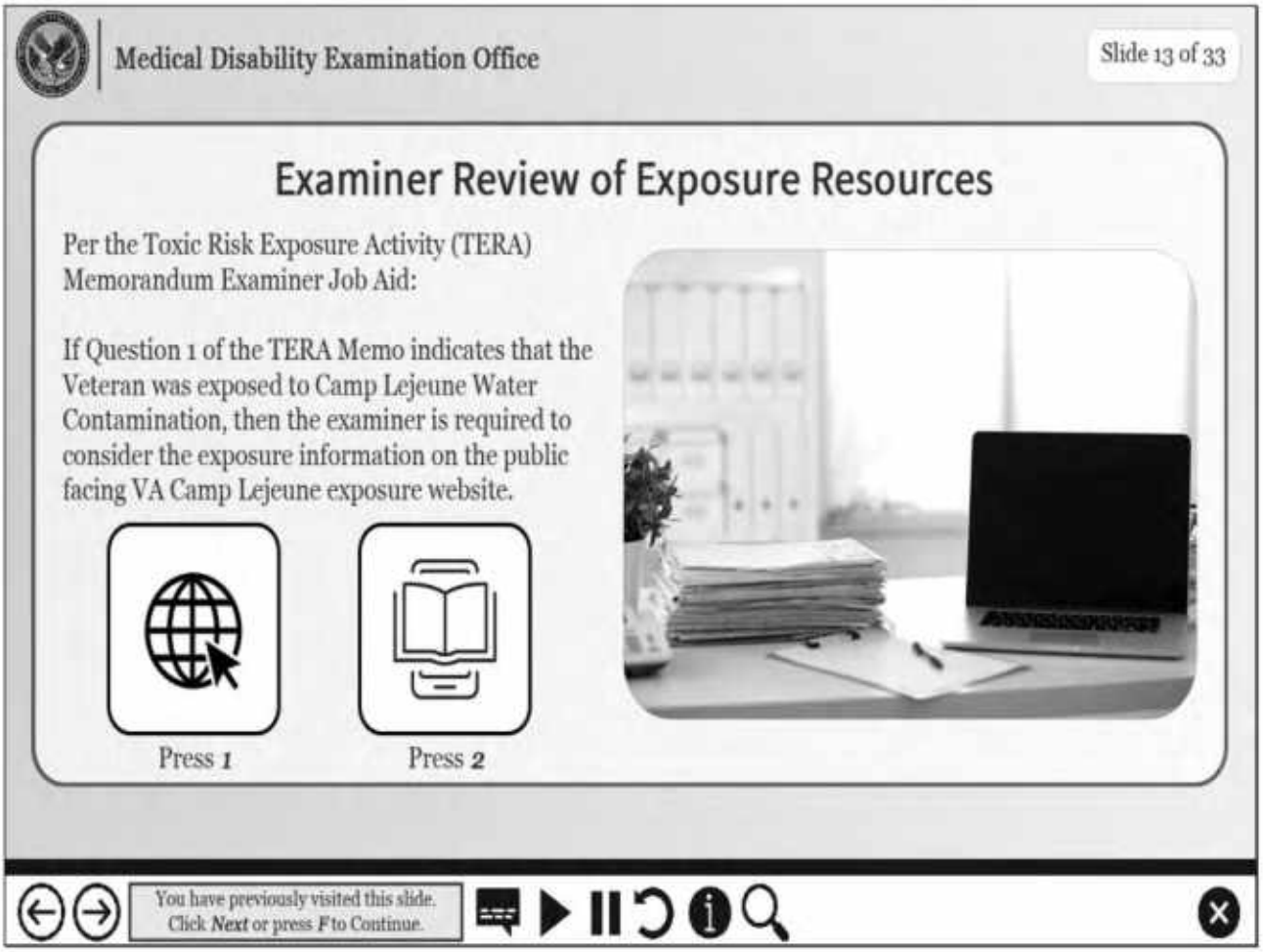
Slide 12 - Sufficient Medical Opinion Requirements



Slide notes

Now that you have learned about the location and presumptive conditions associated with CLCW claims, we will discuss the requirements for a sufficient medical opinion for non-presumptive claimed conditions and review a few examples. For a medical opinion to be considered sufficient, the following criteria must be met: The requested medical opinion must be provided. The appropriate legal standard of proof language must be utilized. An adequate rationale must be provided to support the medical opinion. On the next slide we will take a closer look at each of these requirements.

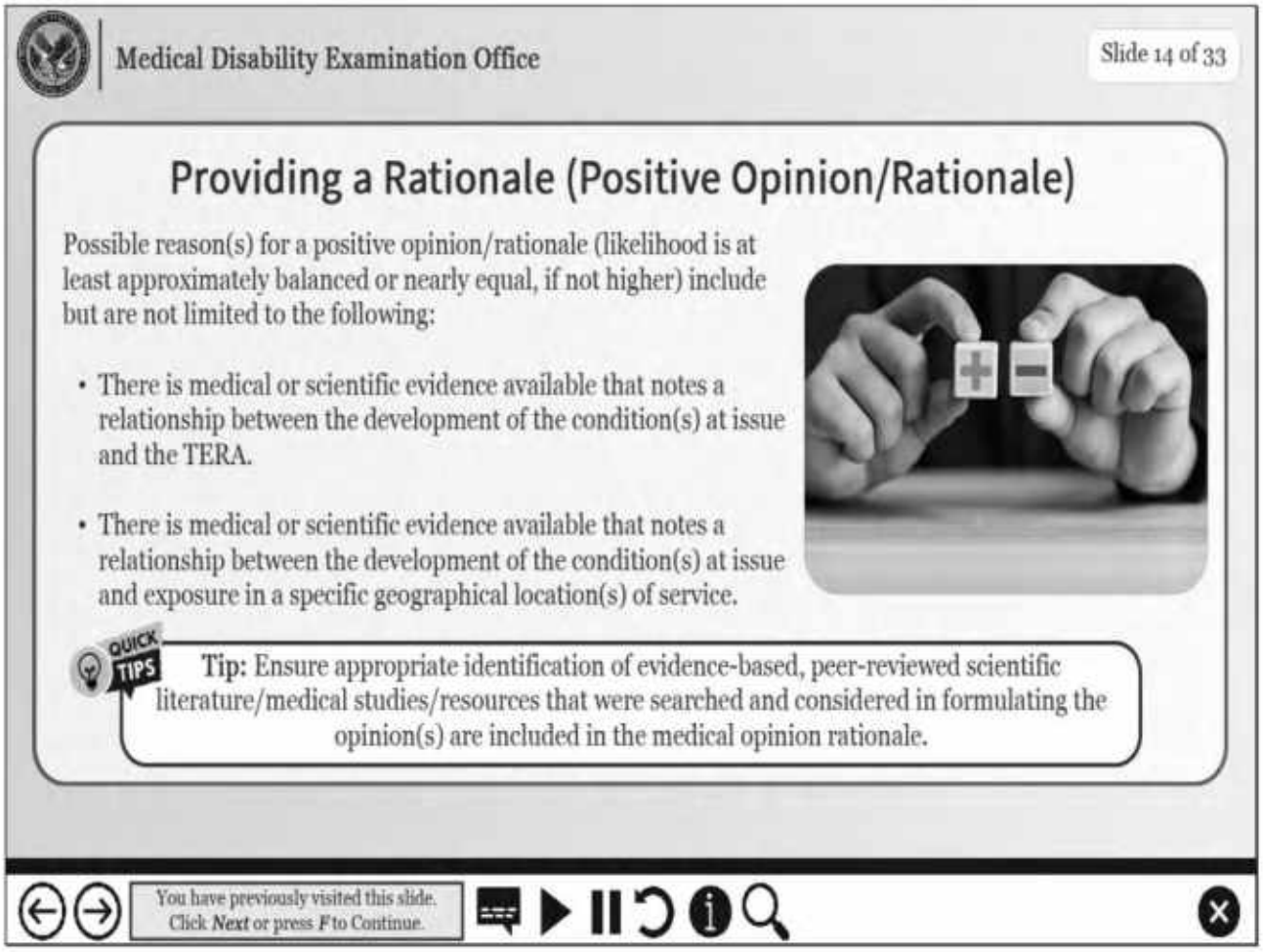
Slide 13 - Examiner Review of Exposure Resources



Slide notes

Per the Toxic Risk Exposure Activity (TERA) Memorandum Examiner Job Aid, if question 1 of the TERA Memo indicates that the Veteran was exposed to Camp Lejeune Water Contamination, then the examiner is required to consider the exposure information on the public facing VA Camp Lejeune website. Press *1* or select the world wide web icon to open the VA Camp Lejeune exposures website in a new browser. Press *2* or select the book icon to access the electronic book Contaminated Water Supplies at Camp Lejeune: Assessing Potential Health Effects. Suggested chapters to review include Chapter 4: Review of Toxicologic Studies and Chapter 5: Review of Epidemiologic Studies.

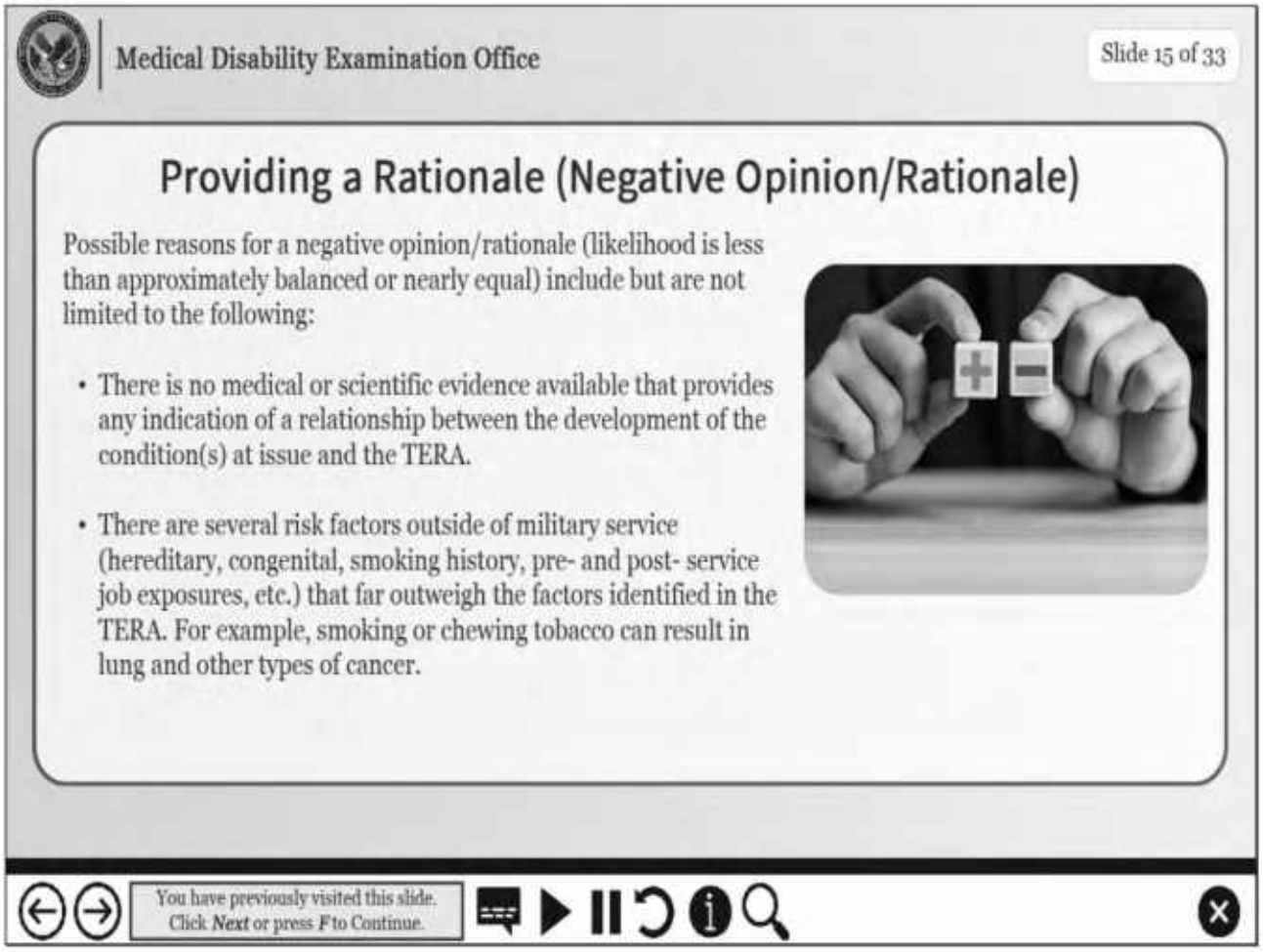
Slide 14 - The Rationale - Positive



Slide notes

If an examiner has determined a claimed condition is a result of exposure to CLCW, the examiner should indicate that the condition is related to the TERA or environmental exposure and cite the scientific literature, medical studies, and any other resources that were reviewed and considered to reach the conclusion.

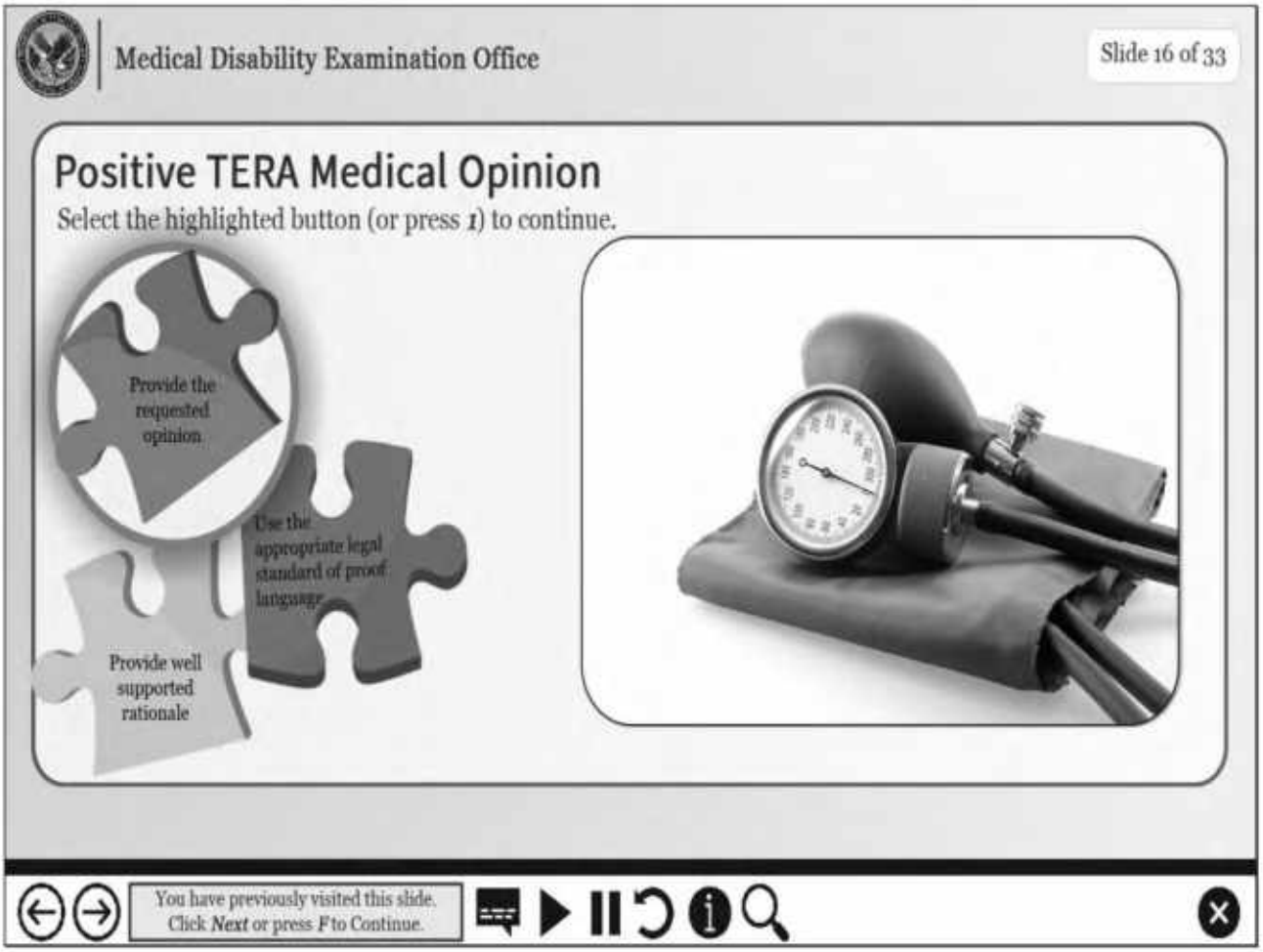
Slide 15 - The Rationale - Negative



Slide notes

When an examiner has determined a claimed condition is not due to exposure to CLCW, the examiner should specify that there is no scientific or medical literature which shows a link between the claimed condition and the exposure incident within the rationale. The examiner should also outline the established risk factors that are more likely associated with the claimed condition and how those factors relate to that specific Veteran and diagnosis.

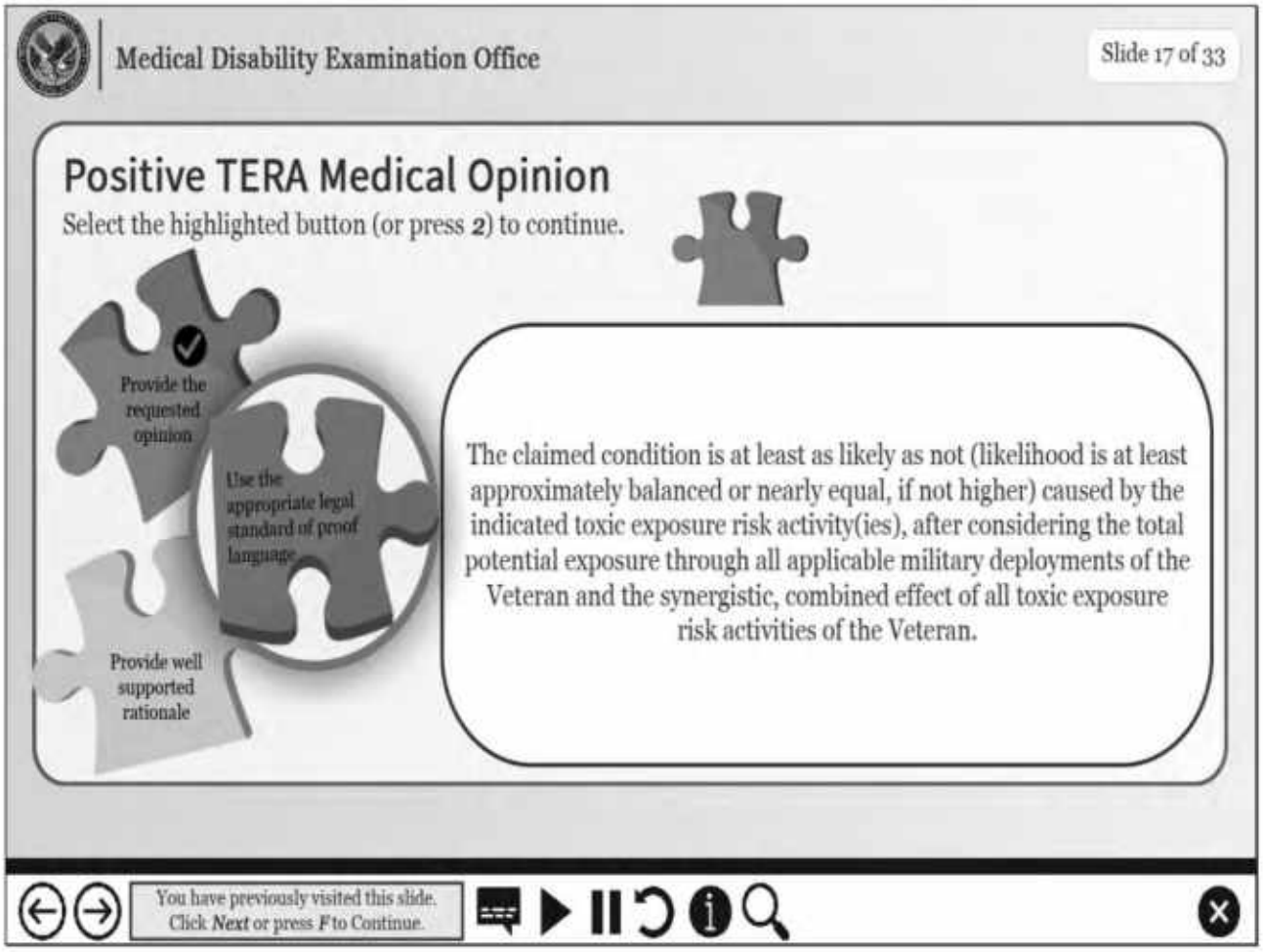
Slide 16 - Positive Opinion 1



Slide notes

Here is a sample of a positive TERA medical opinion. Please take a few moments to click on each section of the medical opinion to see what the required sections look like when they are adequately completed. Press *1*, or select the provide the requested opinion button, to see an example of an appropriate positive medical opinion.

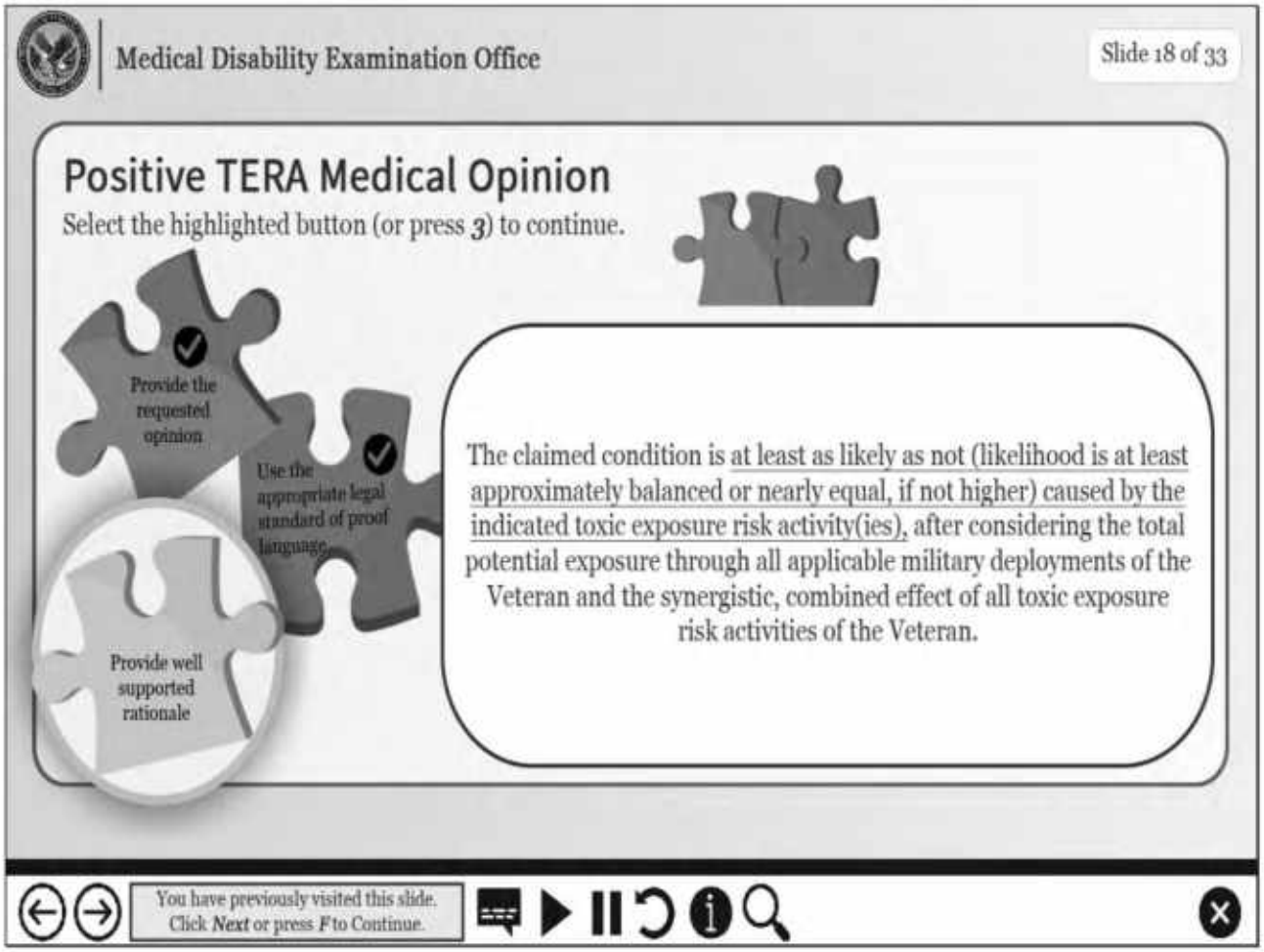
Slide 17 - Positive Opinion 2



Slide notes

Here we see that the examiner has selected an opinion. This meets the requirement of providing the requested opinion. Press *2*, or select the appropriate legal standard of proof language button, to review an example of a sufficient rationale to support the provided opinion.

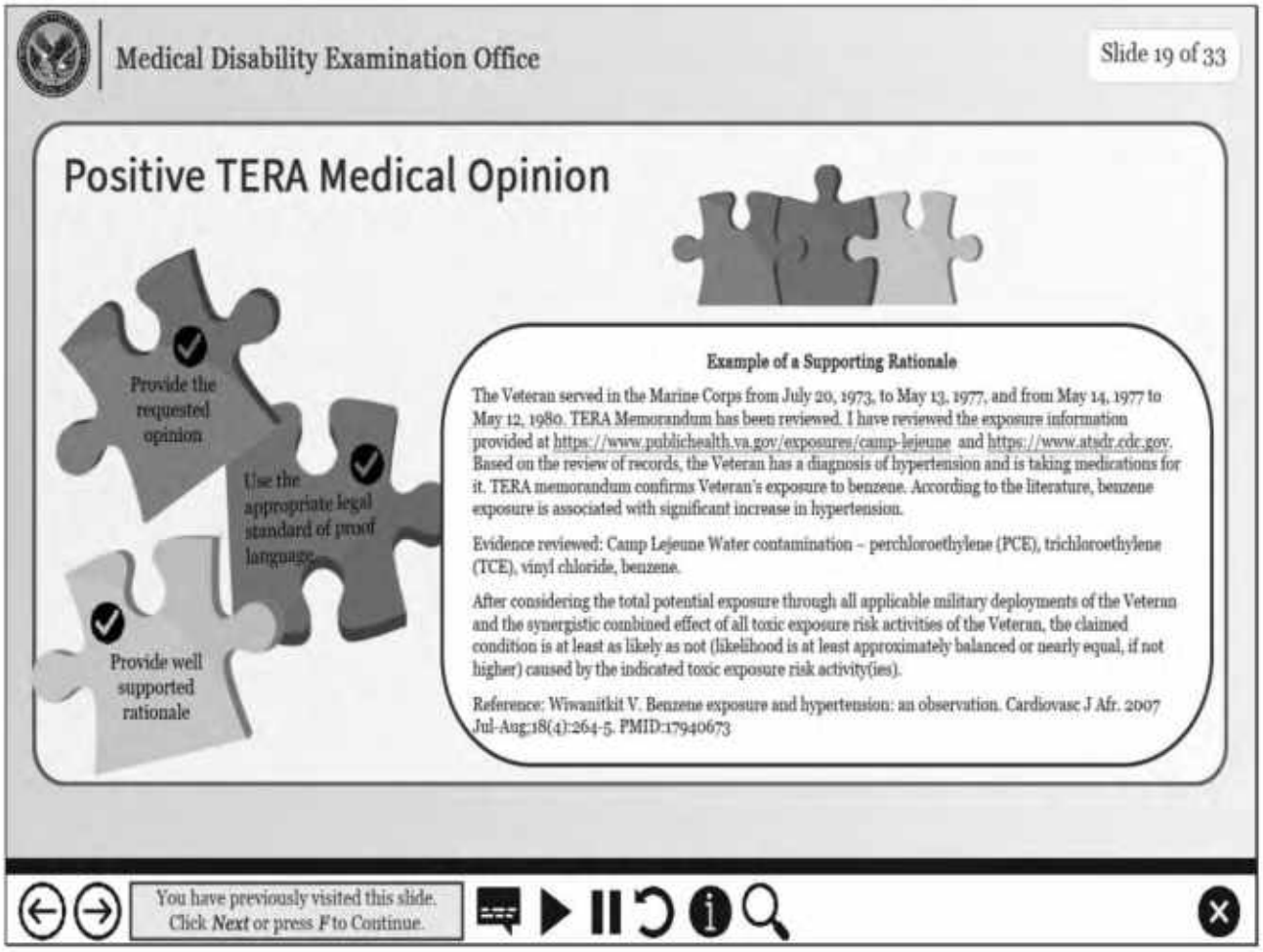
Slide 18 - Positive Opinion 3



Slide notes

In this section we also see that the required legal standard of proof language has been utilized. Press *3*, or select the provide well supported rationale button, to review an example of a sufficient rationale to support the provided opinion.

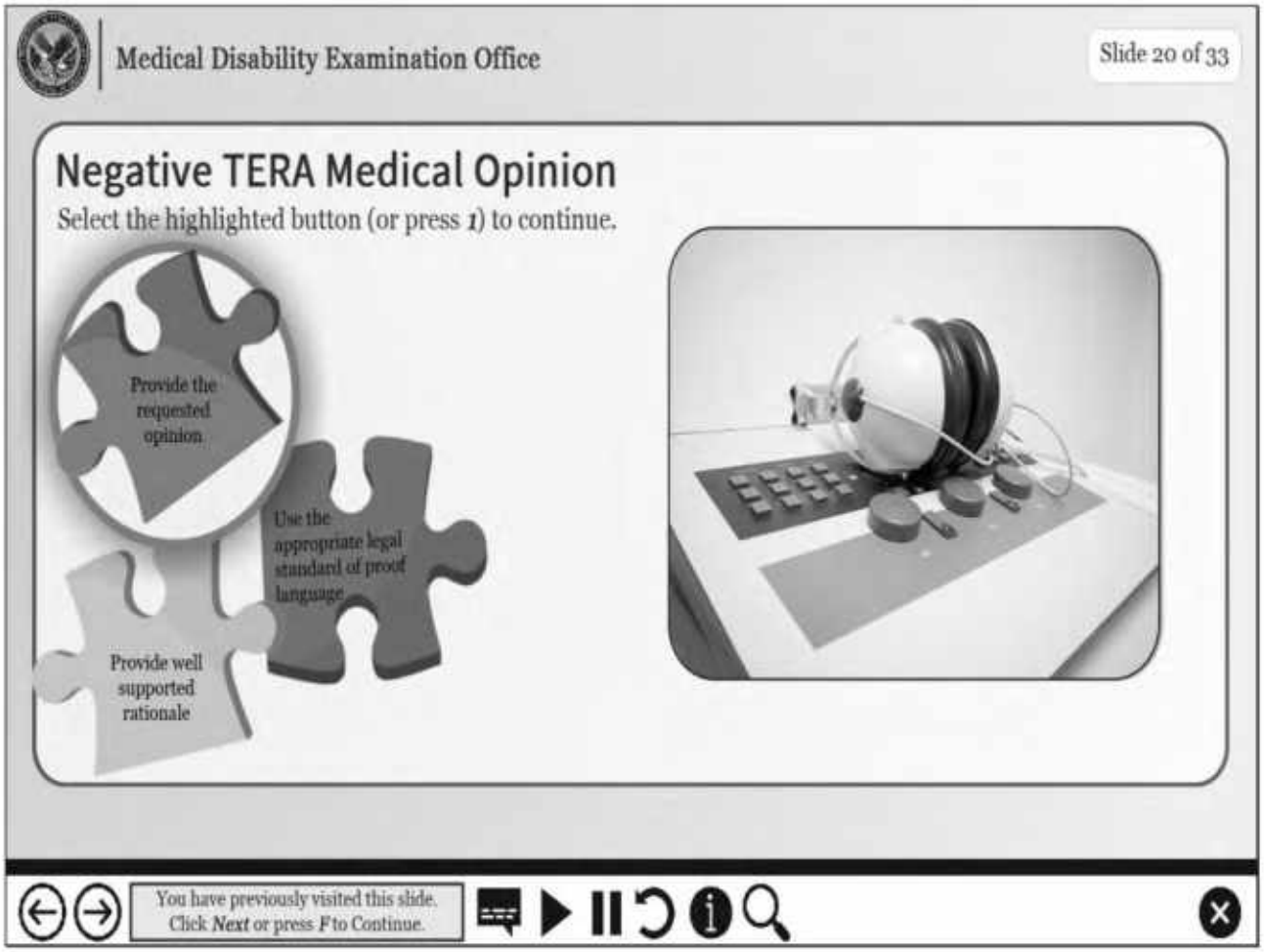
Slide 19 - Positive Opinion 4



Slide notes

This is an example of an adequate rationale. The examiner provided the factors that most likely caused the condition and listed out the common causes of the disease. The examiner has provided citations of the medical (or scientific) literature to support the rationale.

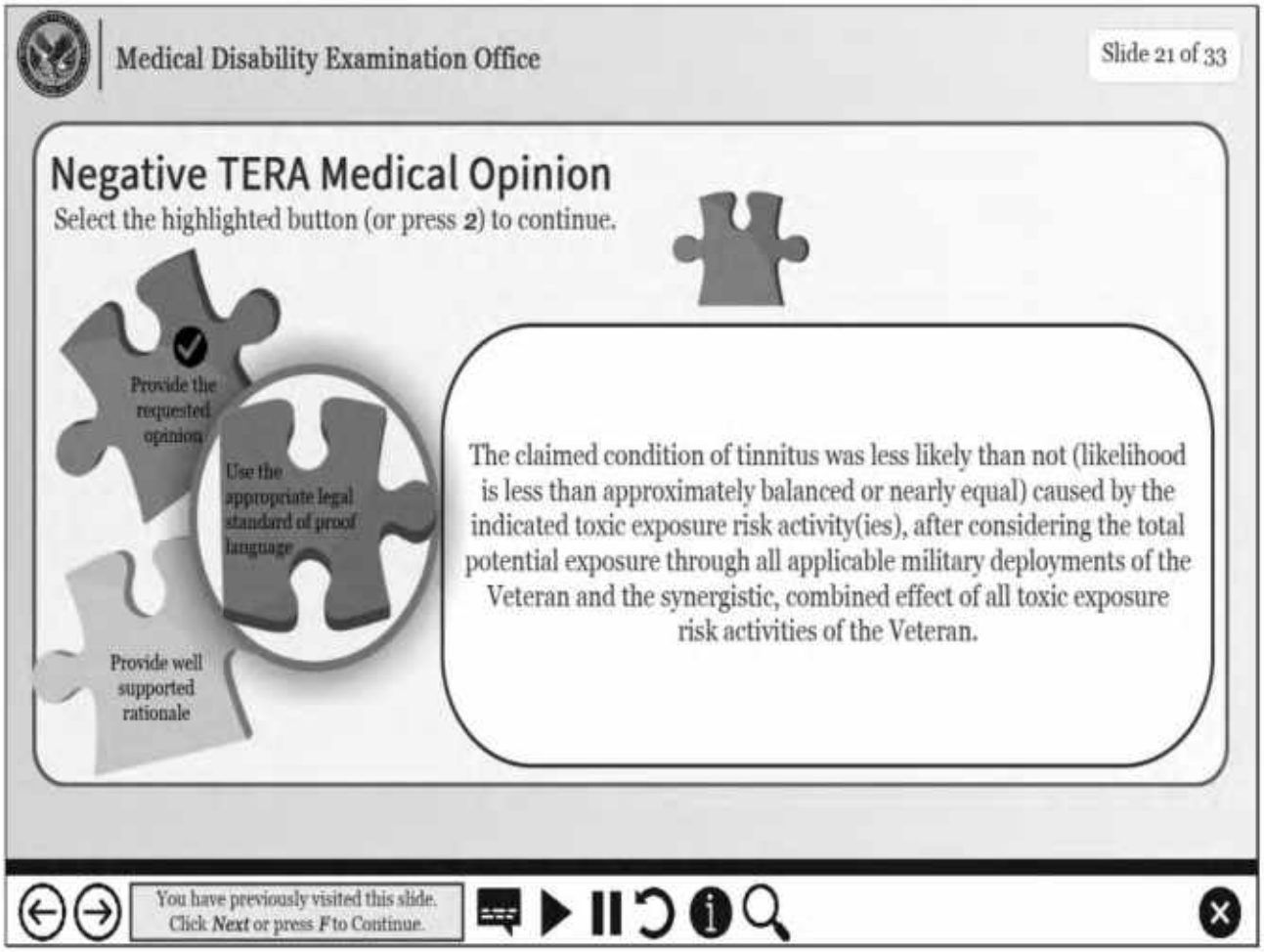
Slide 20 - Negative Opinion 1



Slide notes

To underscore the three necessary elements for a medical opinion to be deemed sufficient, an additional example is being provided. Press *1*, or select the provide the requested opinion button, to see an example of a proper negative medical opinion.

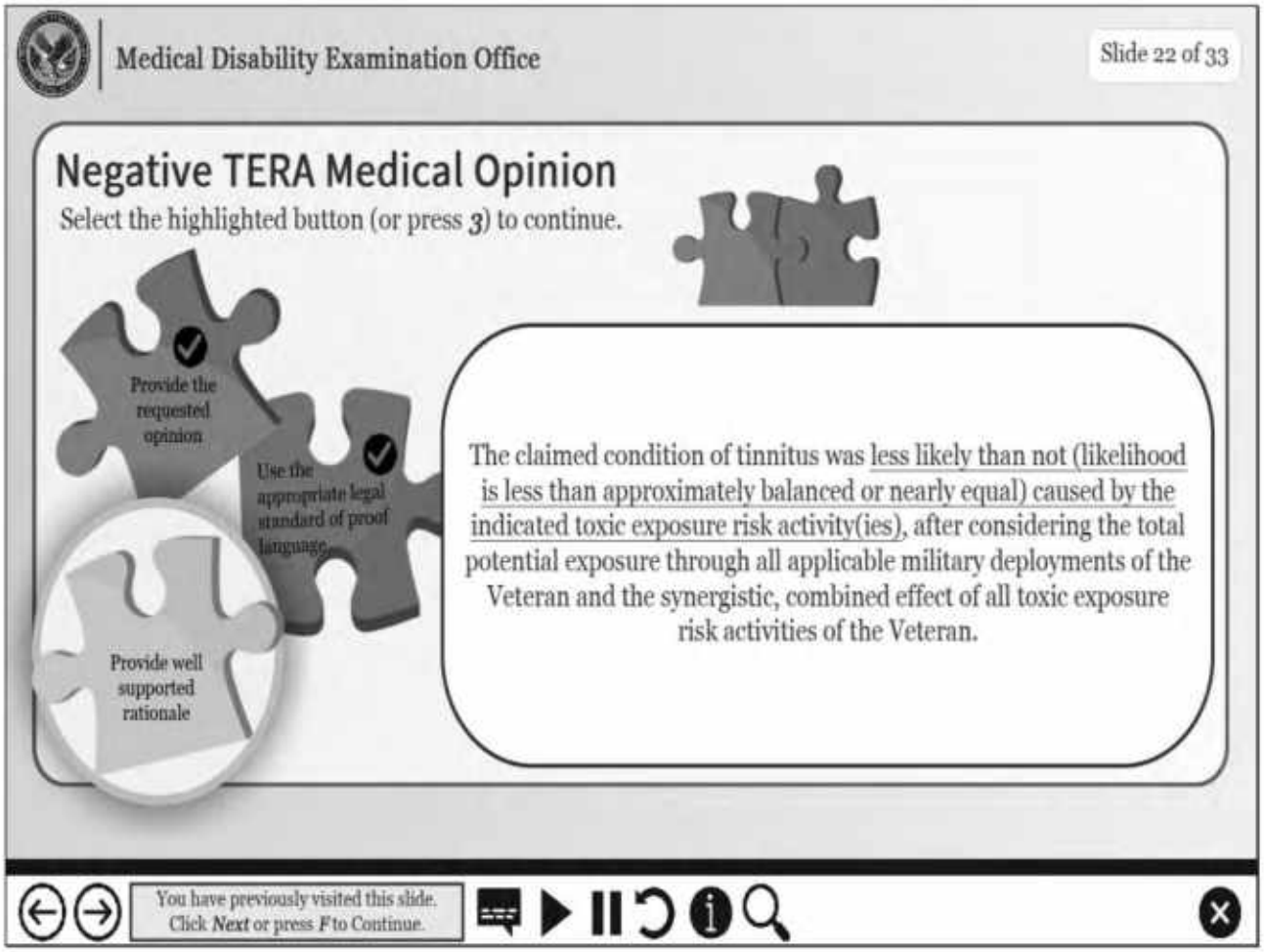
Slide 21 - Negative Opinion 2



Slide notes

Press *2*, or select the appropriate legal standard of proof language button, to review an example of the proper utilization of the legal standard of proof language.

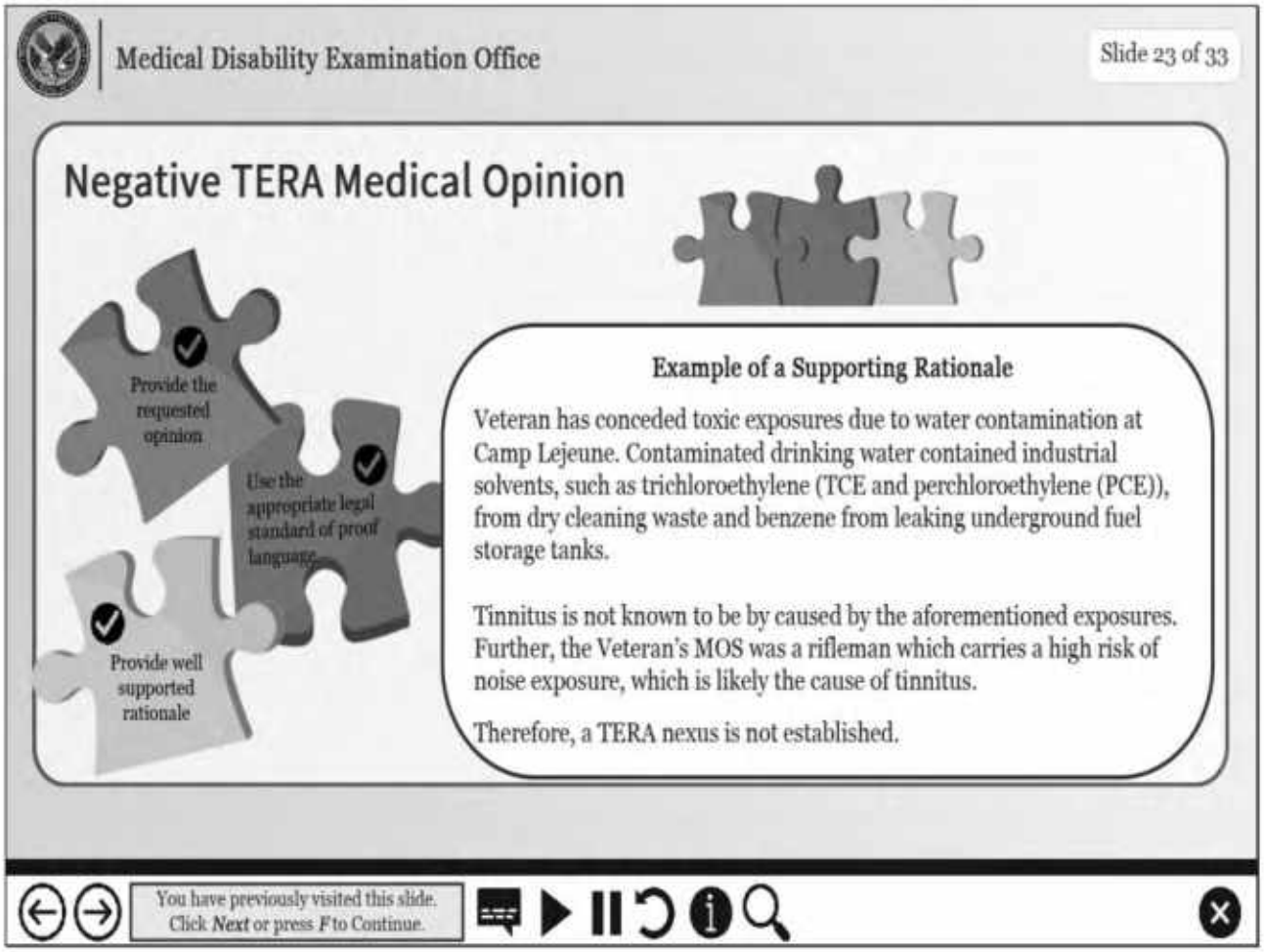
Slide 22 - Negative Opinion 3



Slide notes

Press *3*, or select the provide well-supported rationale button, to review an example of a sufficient rationale to support the provided opinion.

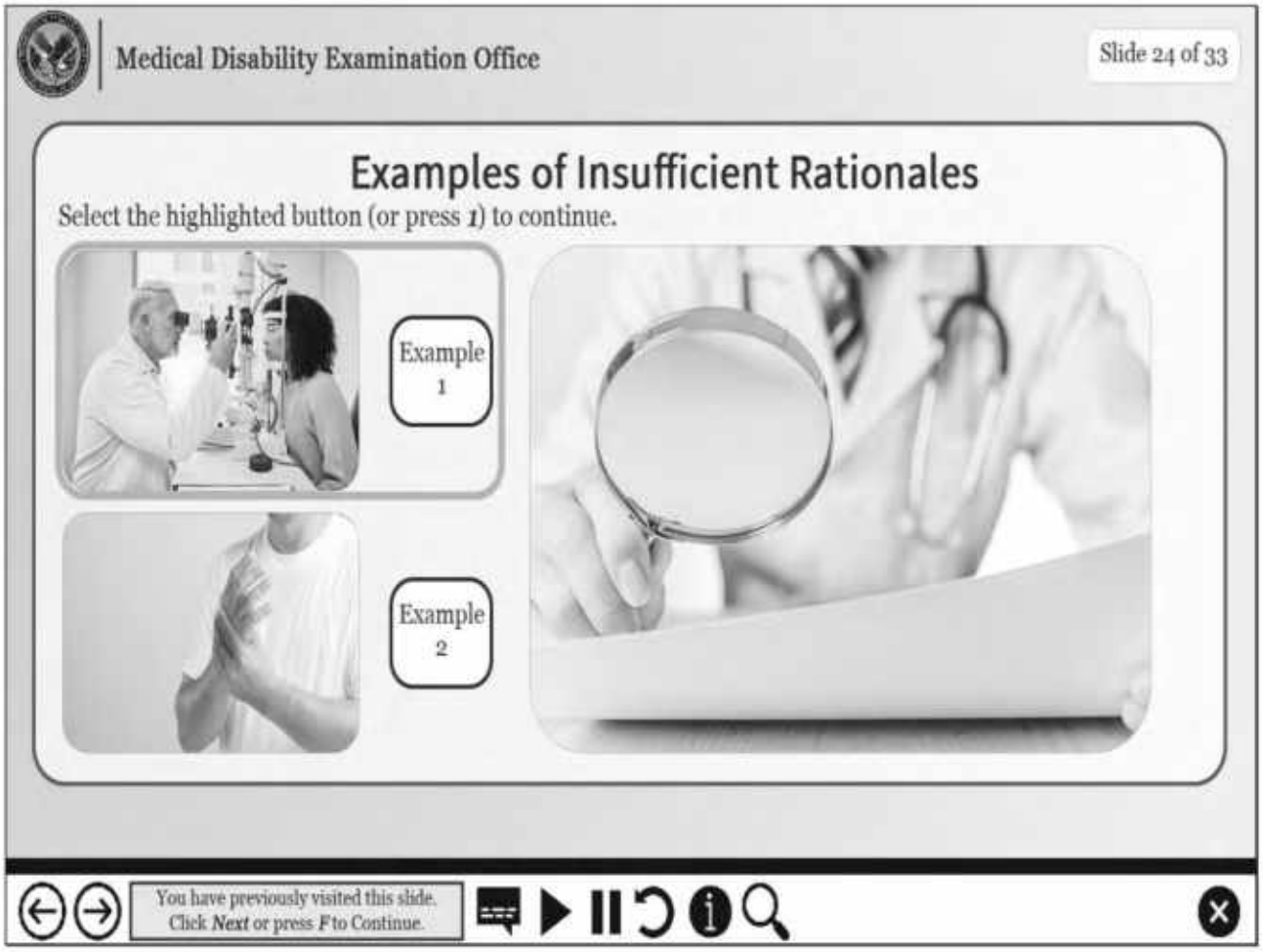
Slide 23 - Negative Opinion 4



Slide notes

Remember, examiners must closely analyze the given medical opinion and its rationale to maintain clarity and consistency.

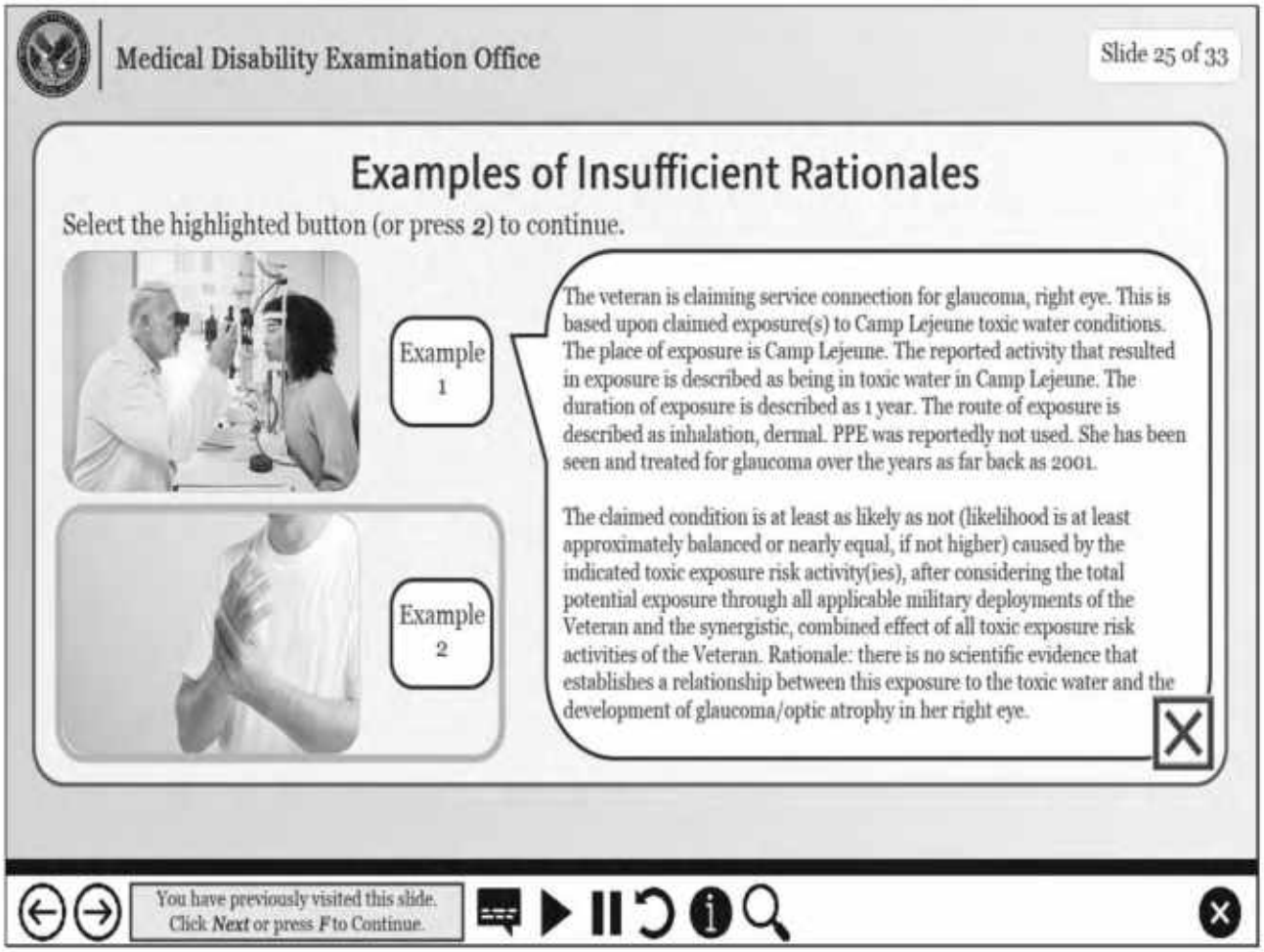
Slide 24 - Examples of Insufficient Rationales



Slide notes

Many reworks have been caused by insufficient rationales. Let's look at two examples of insufficient rationales. Press *1*, or select the Example 1 button, to review the first example.

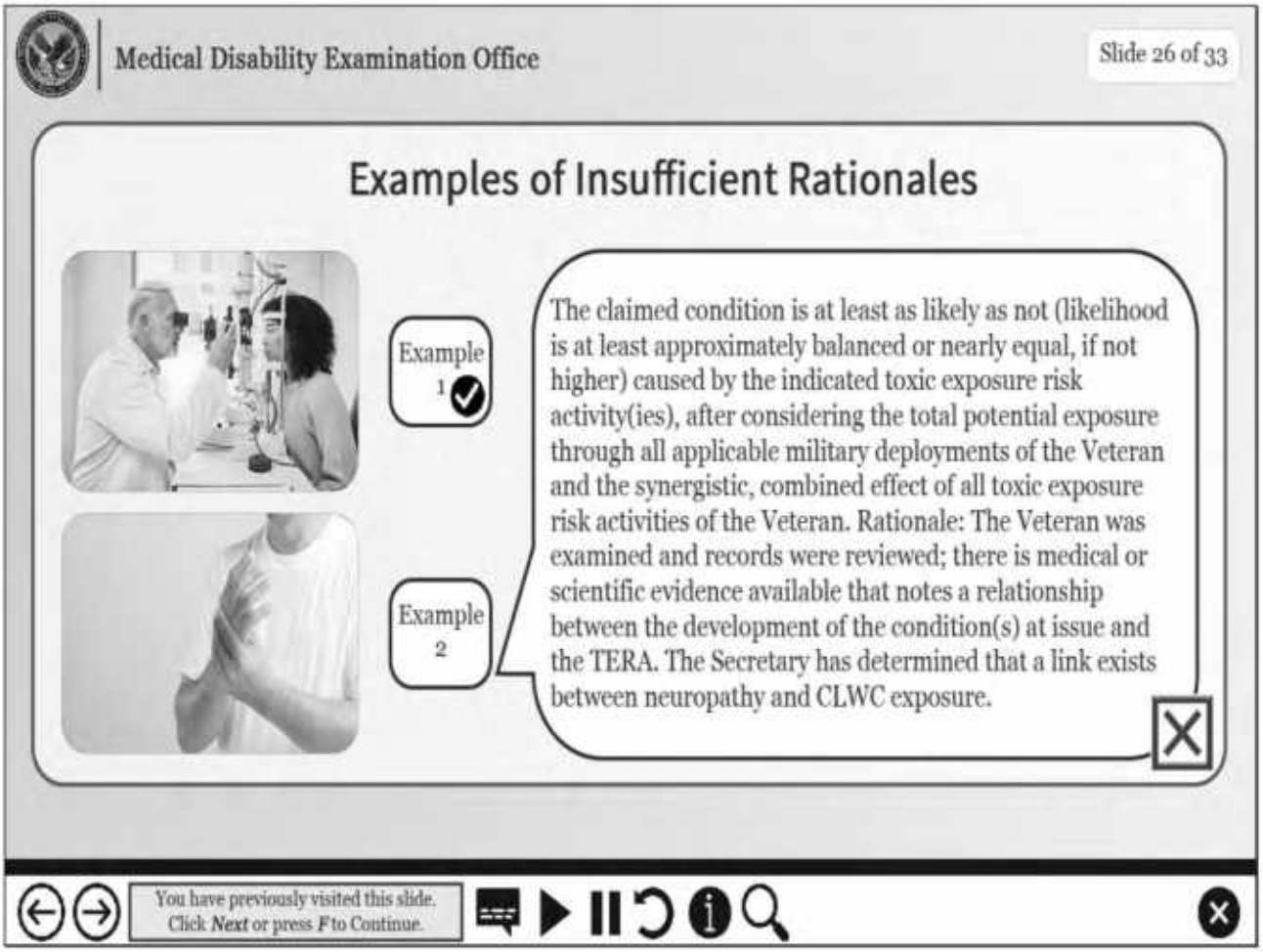
Slide 25 - Examples of Insufficient Rationales



Slide notes

In this example, the rationale provided to support the medical opinion is considered insufficient. The examiner has indicated the Veteran's glaucoma is at least as likely as not caused by the indicated toxic exposure risk activity. However, the rationale states: "there is **no** scientific evidence that establishes a relationship between this exposure to the toxic water and the development of glaucoma or optic atrophy in her right eye." This rationale conflicts with the positive medical opinion rendered because it indicates there is **not** a link between the glaucoma and the toxic water exposure; it would be expected as a rationale for a **negative** medical opinion and would therefore be returned to the examiner to resolve the discrepancy. Press 2, or select the Example 2 button, to review the next example.

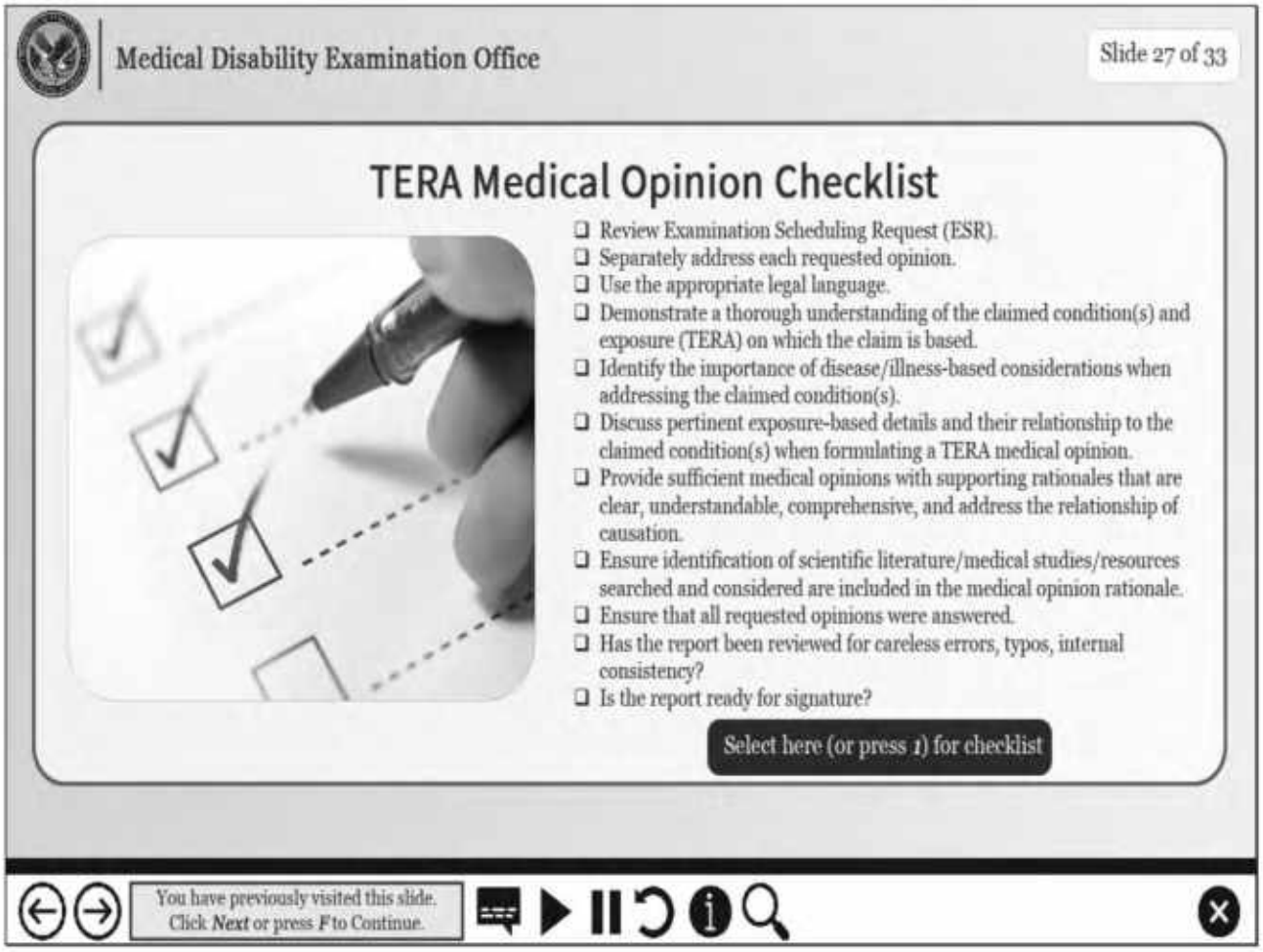
Slide 26 - Examples of Insufficient Rationales



Slide notes

In this second example, an opinion on the link between exposure to CLCW and neuropathy was requested. The examiner provided the opinion and used the appropriate legal standard; however, the rationale states "The Secretary has determined that a link exists between neuropathy and CLCW exposure." The Secretary has not established a link between neuropathy and CLCW exposure, and this renders the supporting rationale inadequate.

Slide 27 - TERA Medical Opinion Checklist



Slide notes

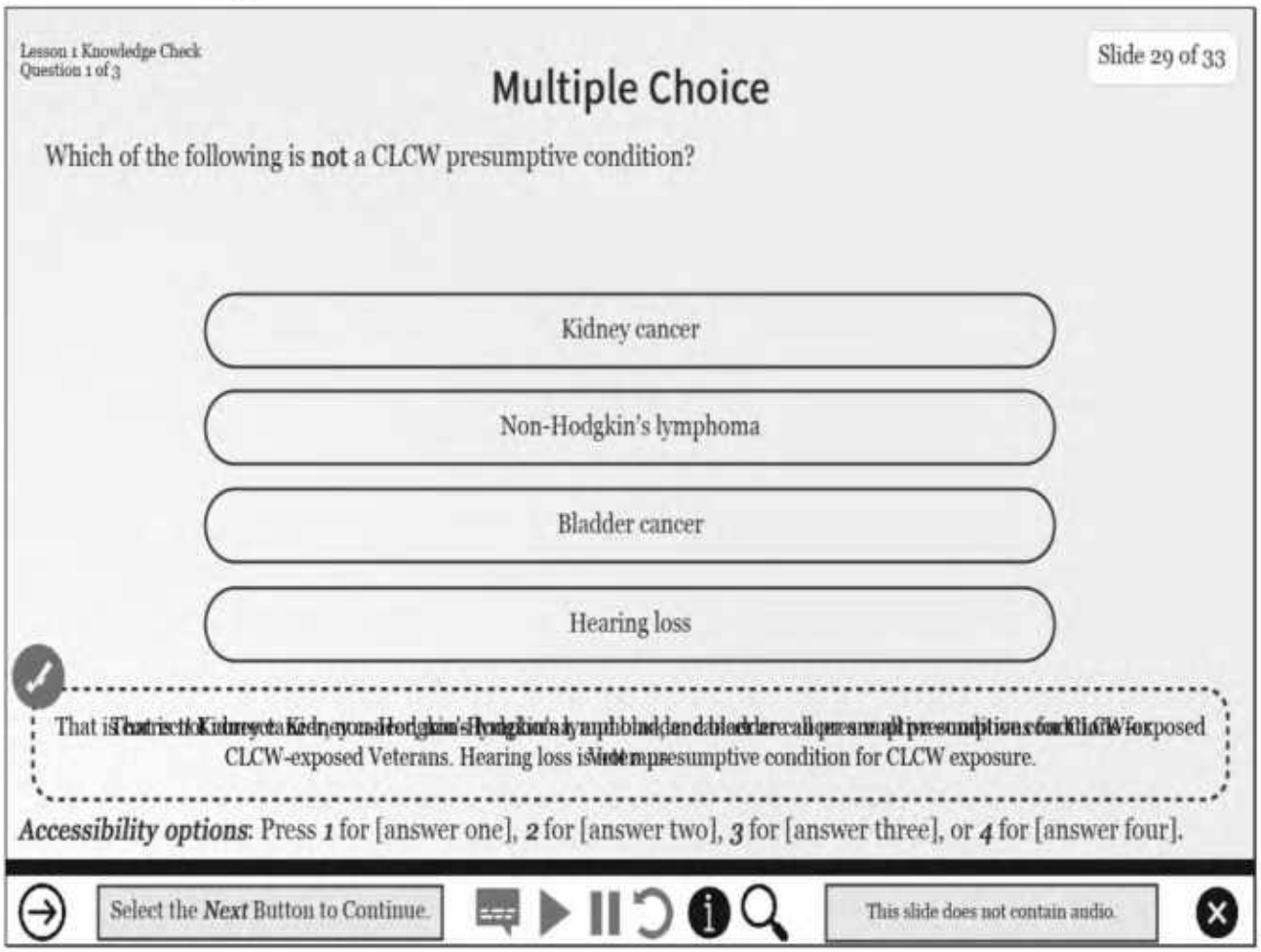
Here is a checklist to assist vendor examiners when providing medical opinions for non-presumptive conditions due to TERA. A copy of this checklist can be obtained by selecting the button on the screen (or by pressing ***1***). Select the ***Next*** button to continue.

Slide 28 - Knowledge Check Transition



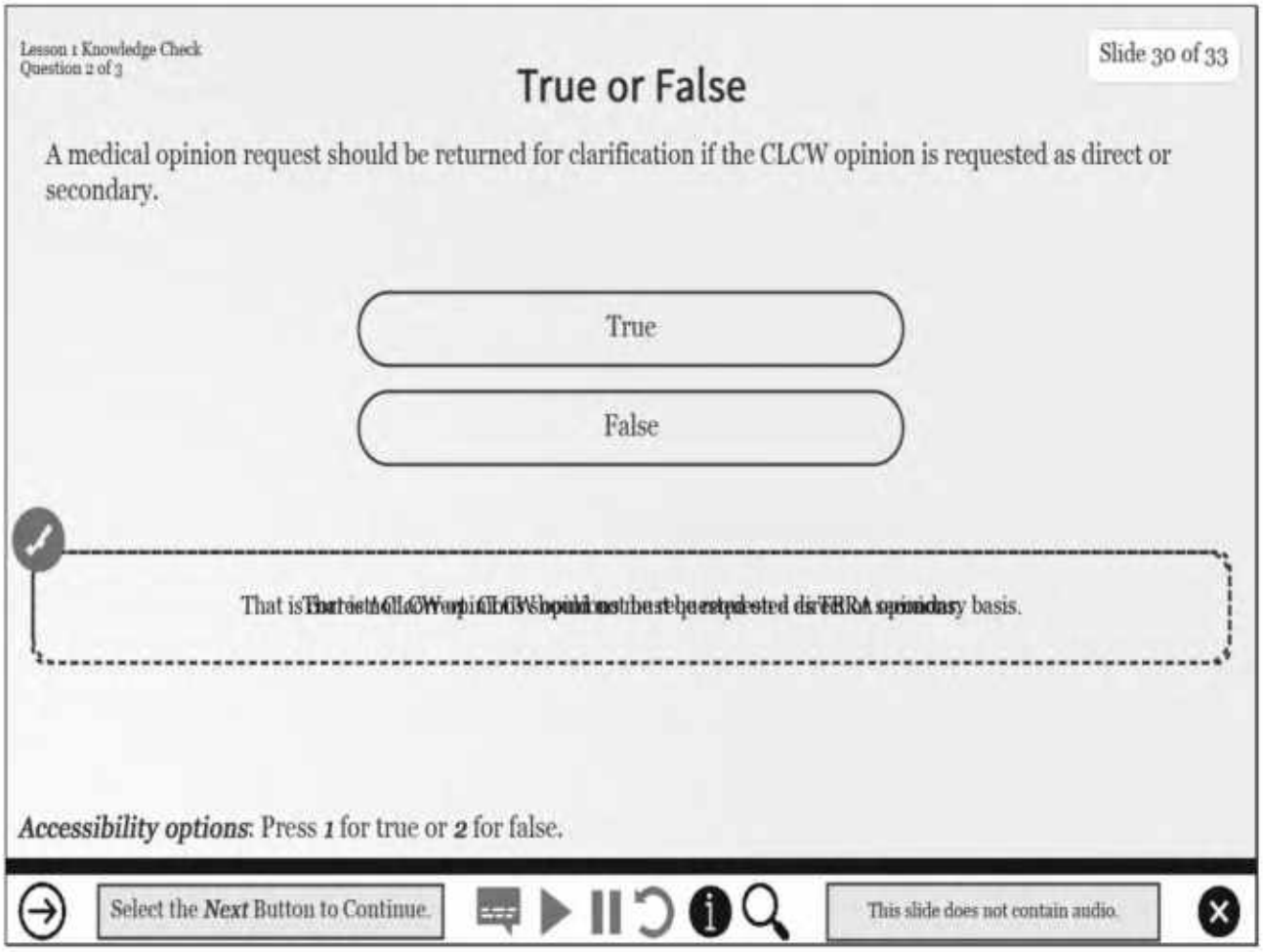
Slide notes

Slide 29 - Knowledge Check 1



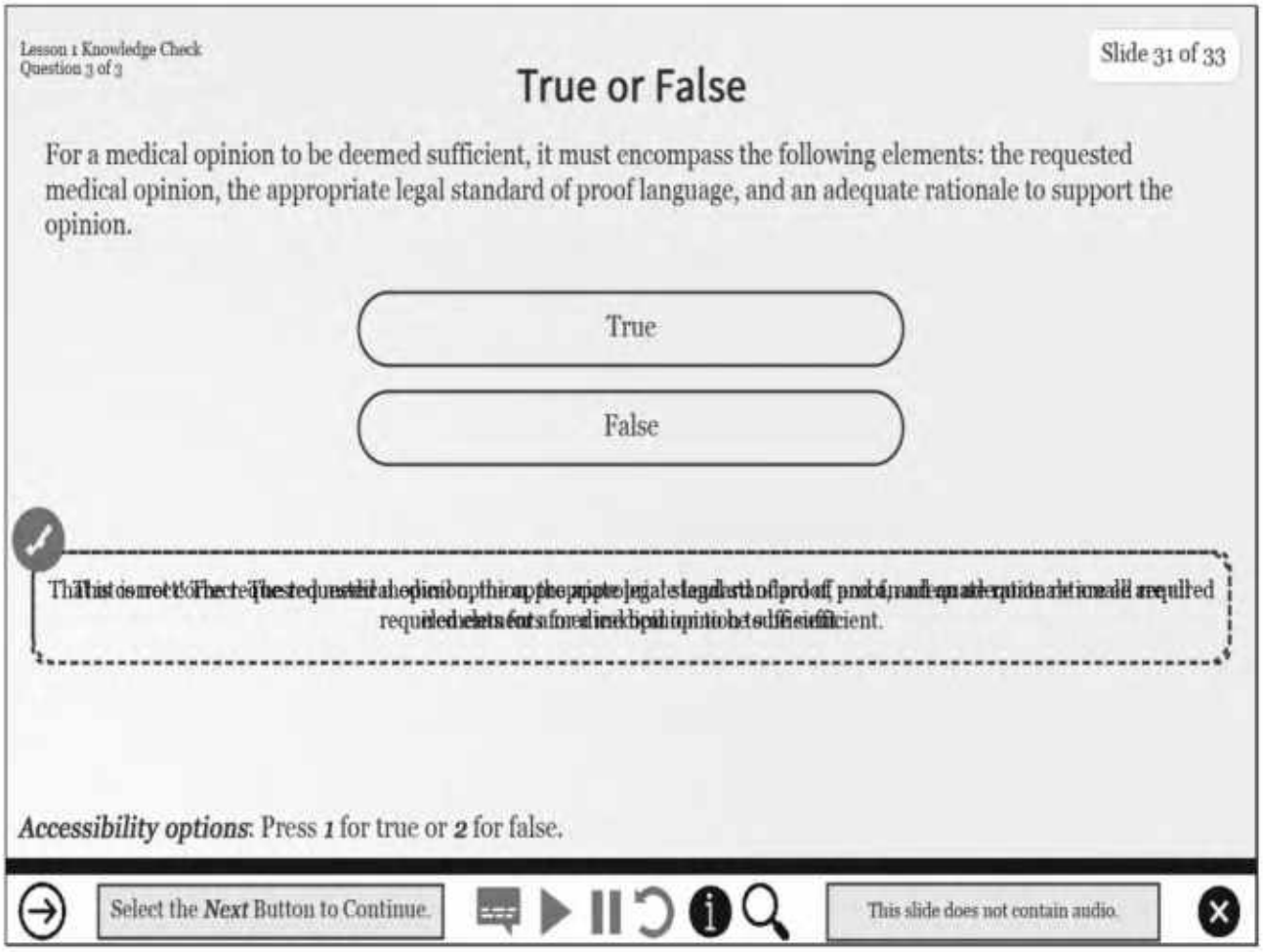
Slide notes

Slide 30 - Knowledge Check 2



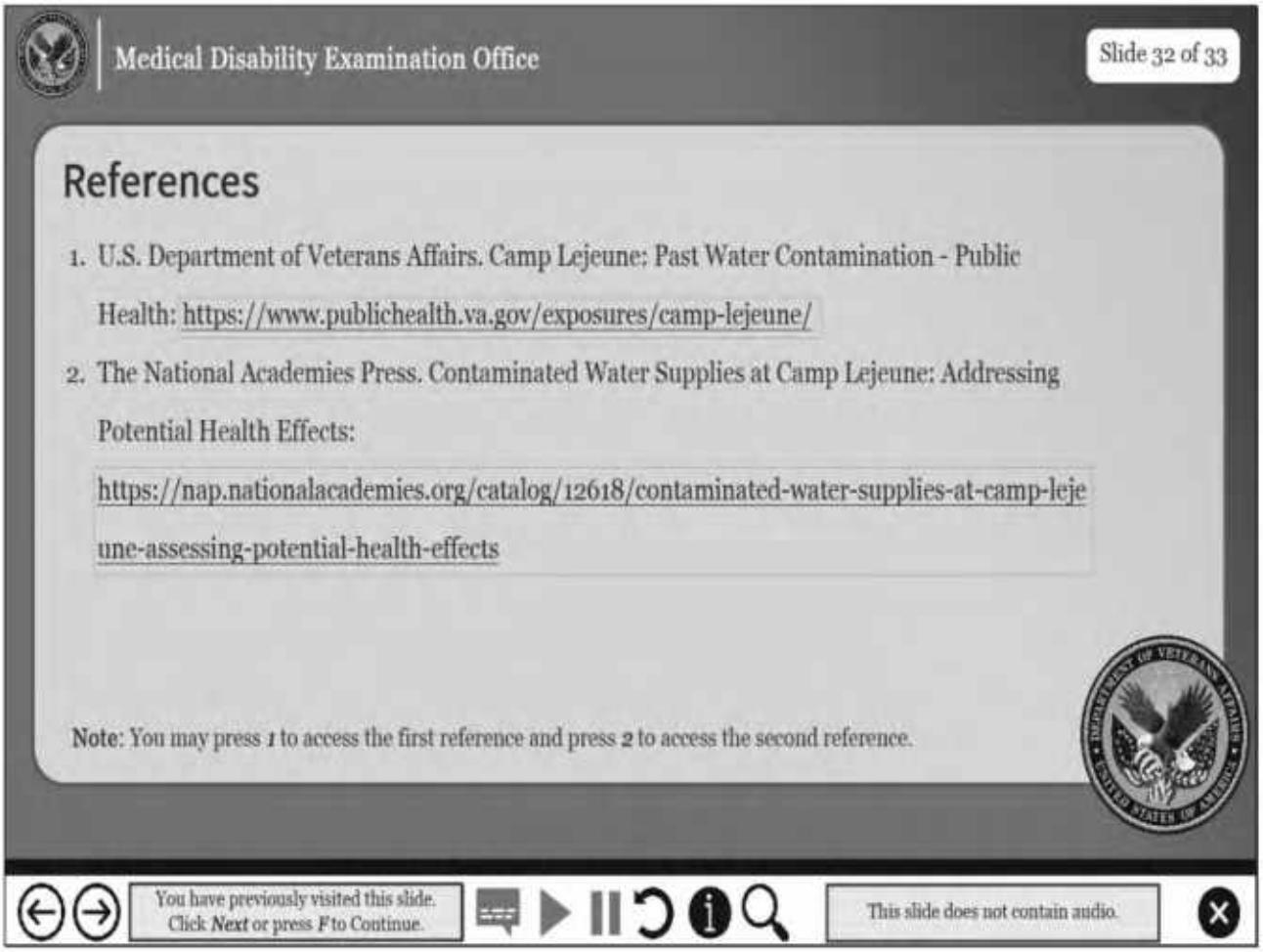
Slide notes

Slide 31 - Knowledge Check 3



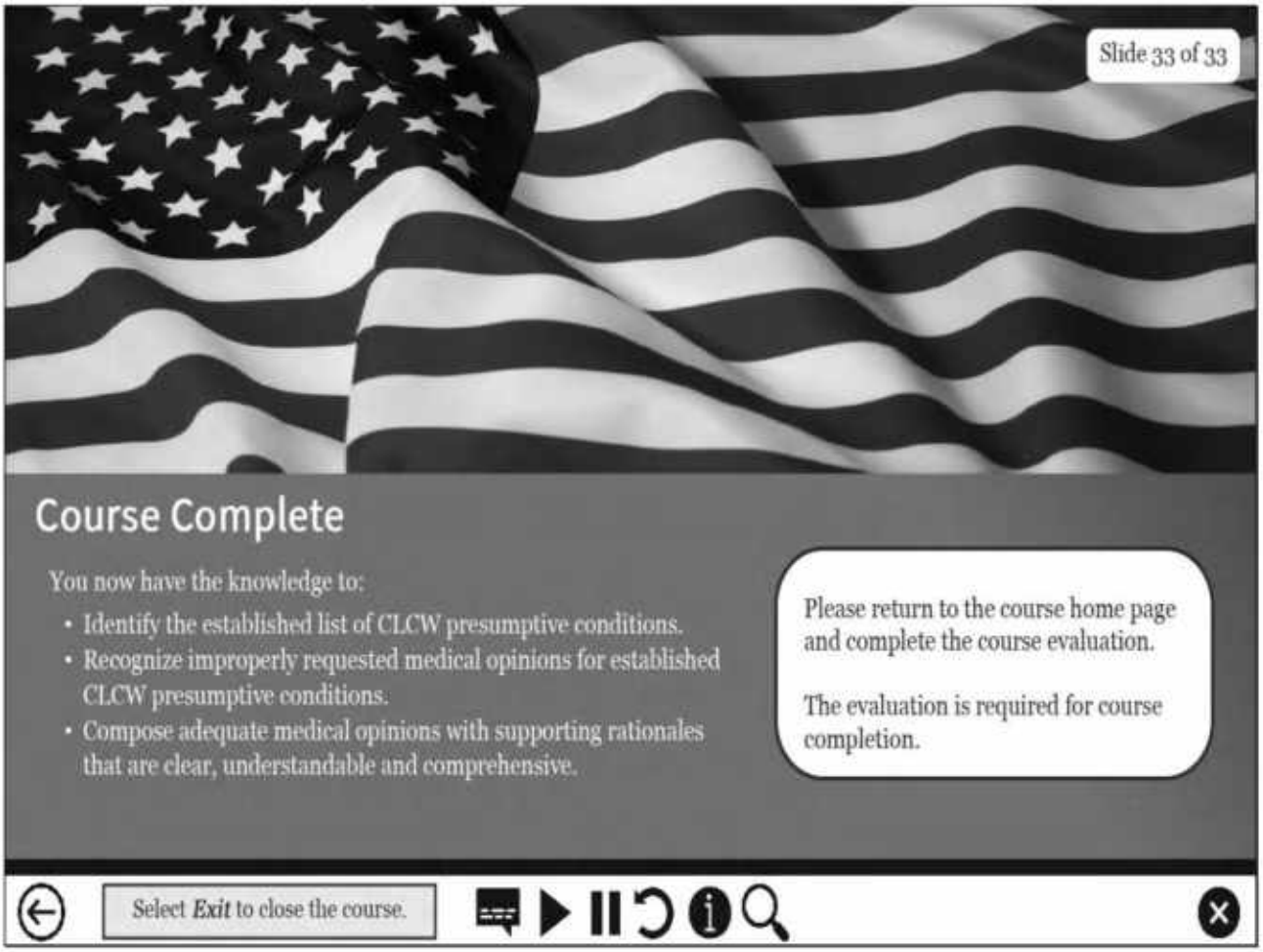
Slide notes

Slide 32 - References



Slide notes

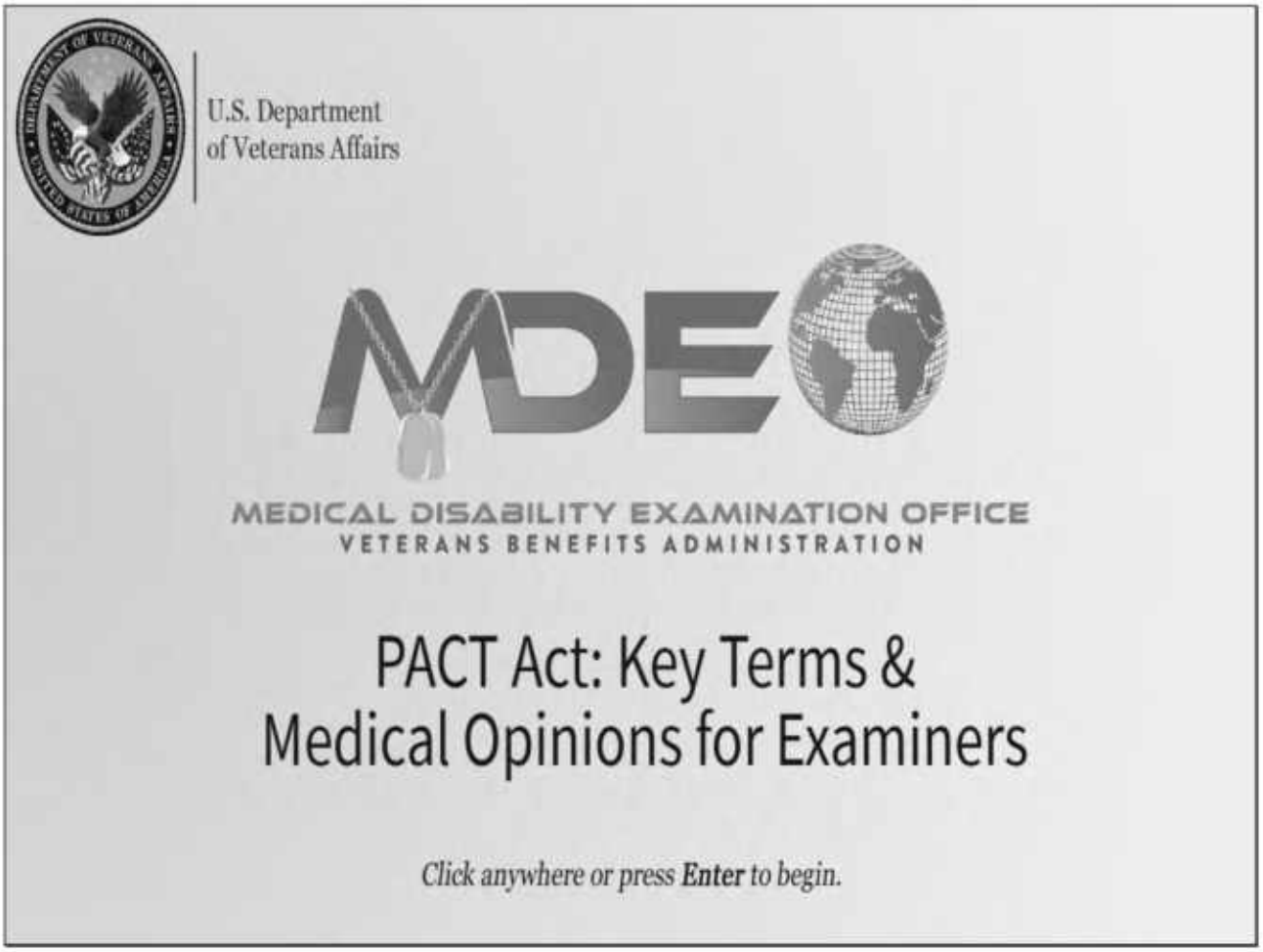
Slide 33 - Conclusion



Slide notes

Congratulations! You have successfully completed this course. Close out this screen by selecting "x" to exit from this course. You will be returned to the main menu where you will be prompted to complete the end of course evaluation. This must be completed in order for the course to be marked as complete.

Slide 1 - Title Slide

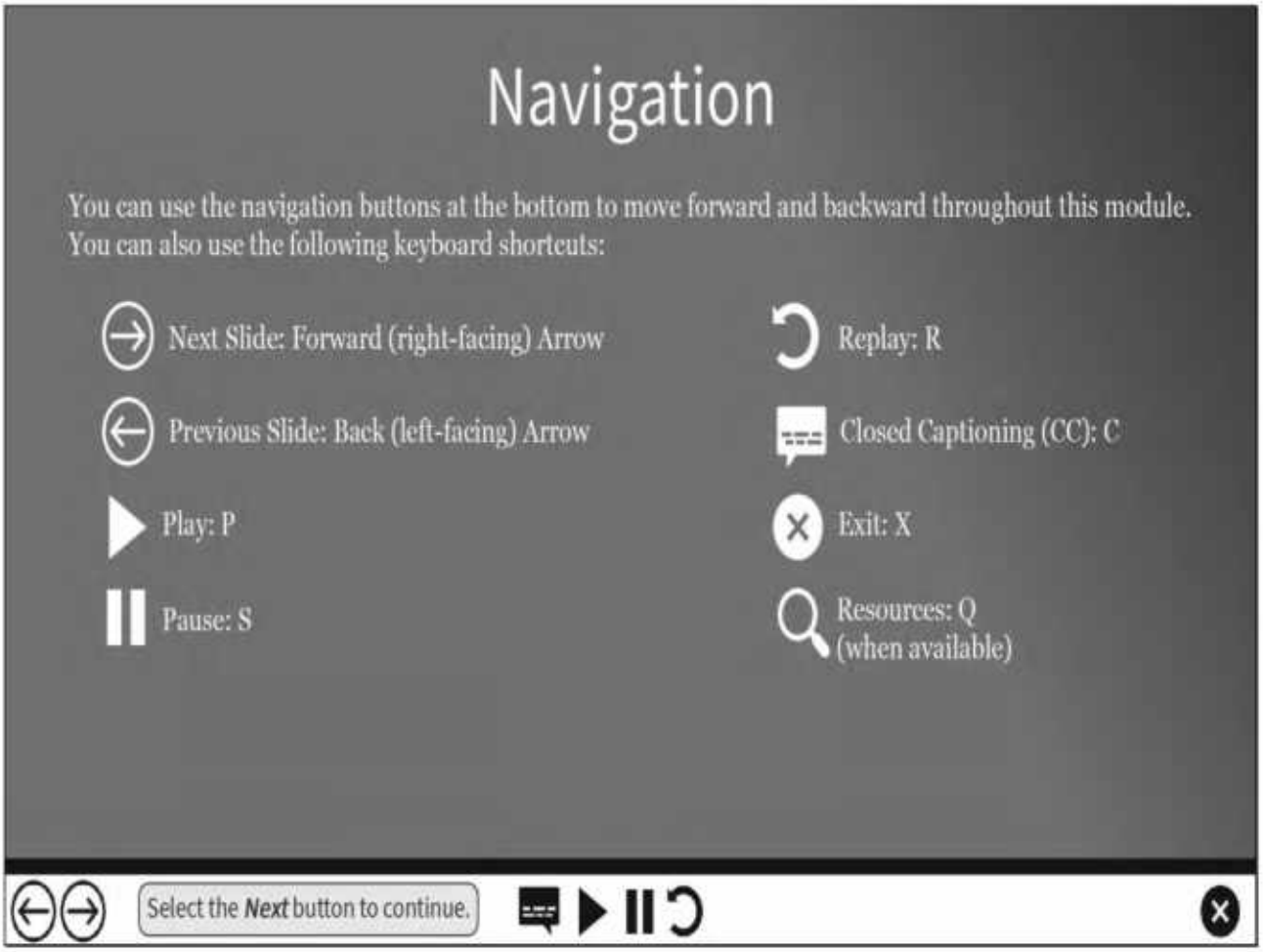


PACT Act: Key Terms & Medical Opinions for Examiners

Lesson Time: 30 minutes

Core Content: Course and Evaluation

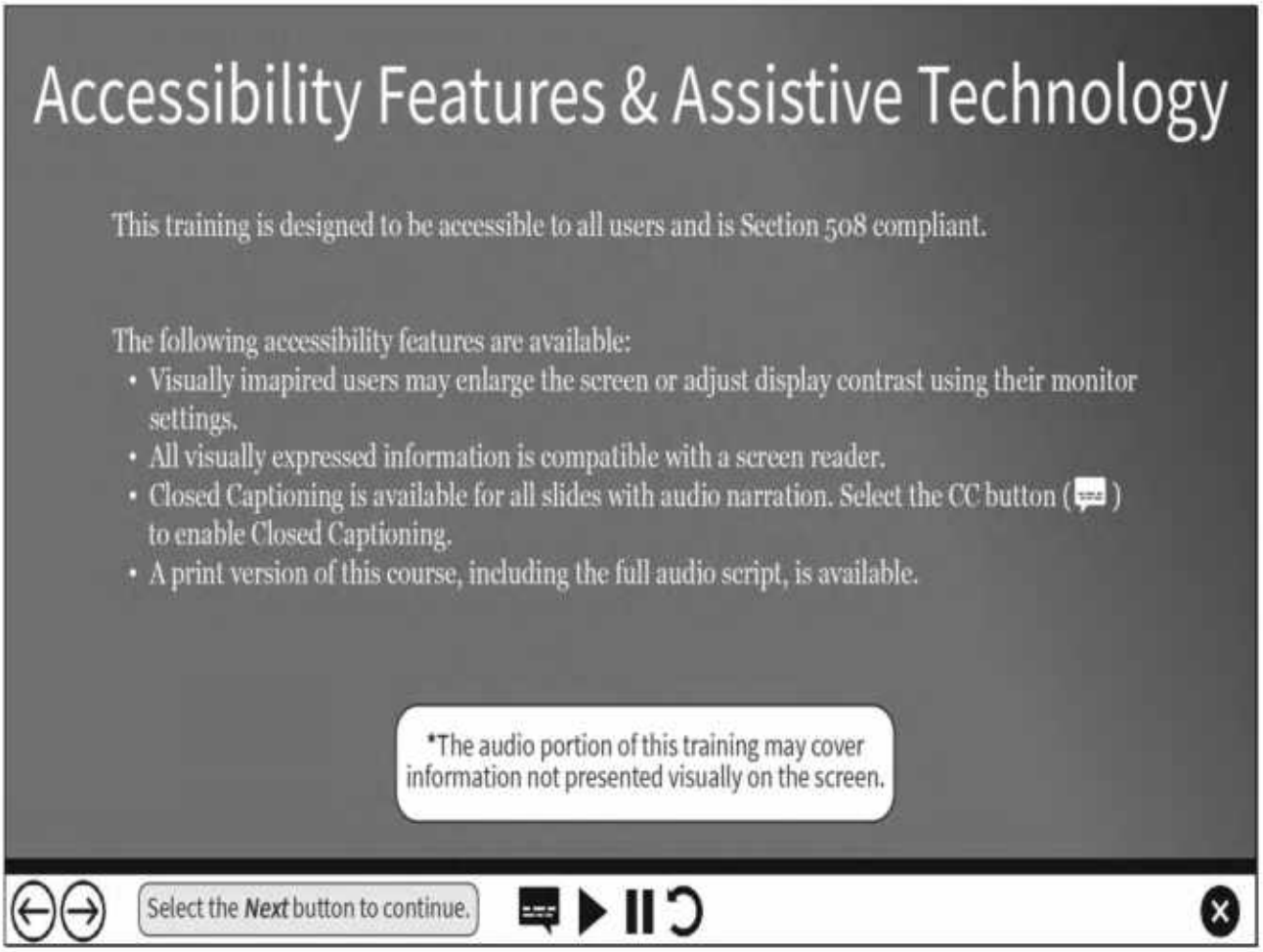
Slide 2 - Navigation



Slide notes

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time. Please select the Next button, on the bottom left of each screen or the right-facing arrow on your keyboard to progress through the presentation.

Slide 3 - Accessibility



Slide notes

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audio. The audio in this training may cover information that is not presented visually on the screen. A print version is available on the resources page, including the full audio script. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

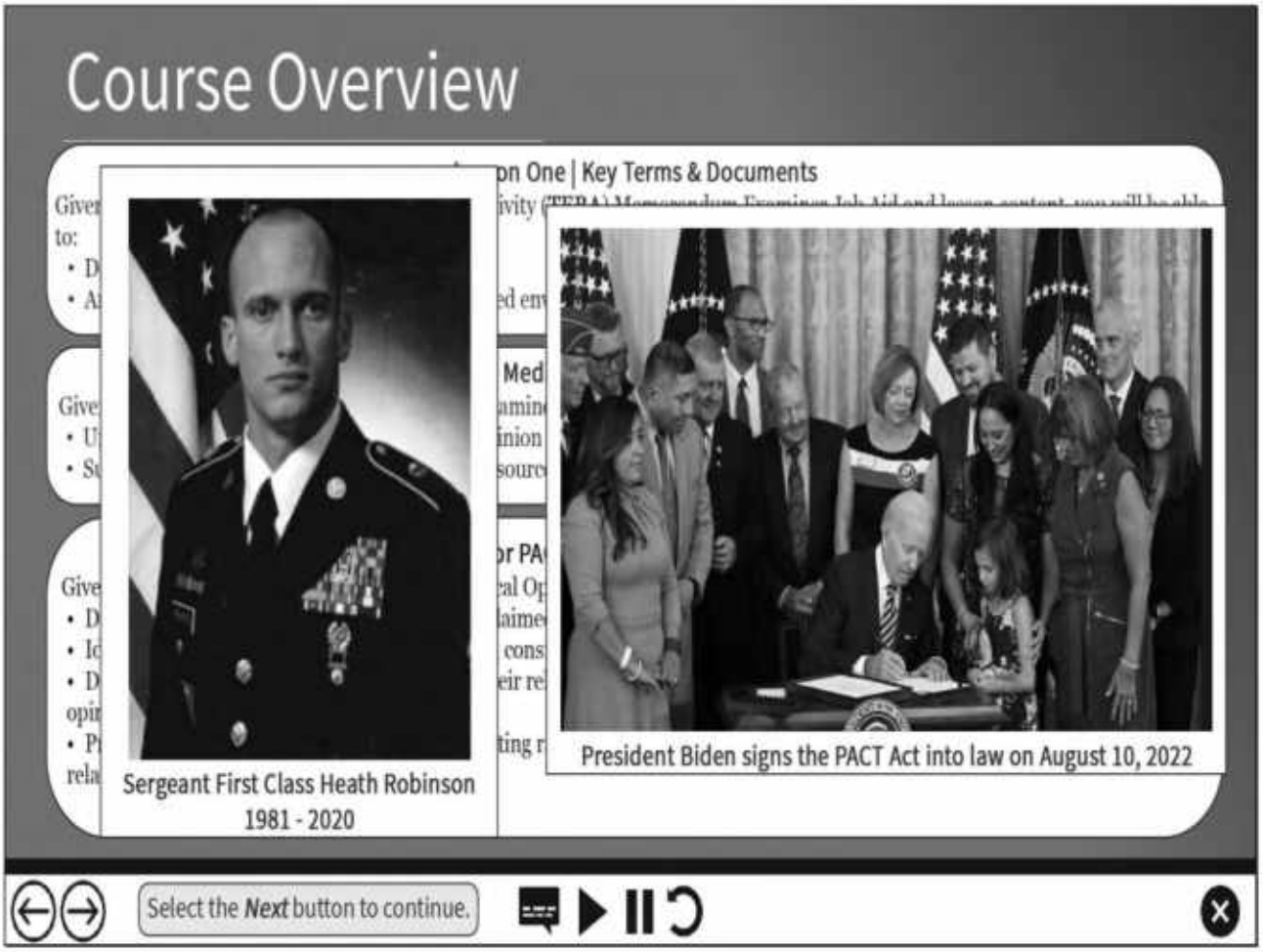
Slide 4 - Welcome



Slide notes

Welcome to the PACT Act: Key Terms & Medical Opinions for Examiners Course! Review the course purpose, target audience and course requirements. Select the Next button to continue.

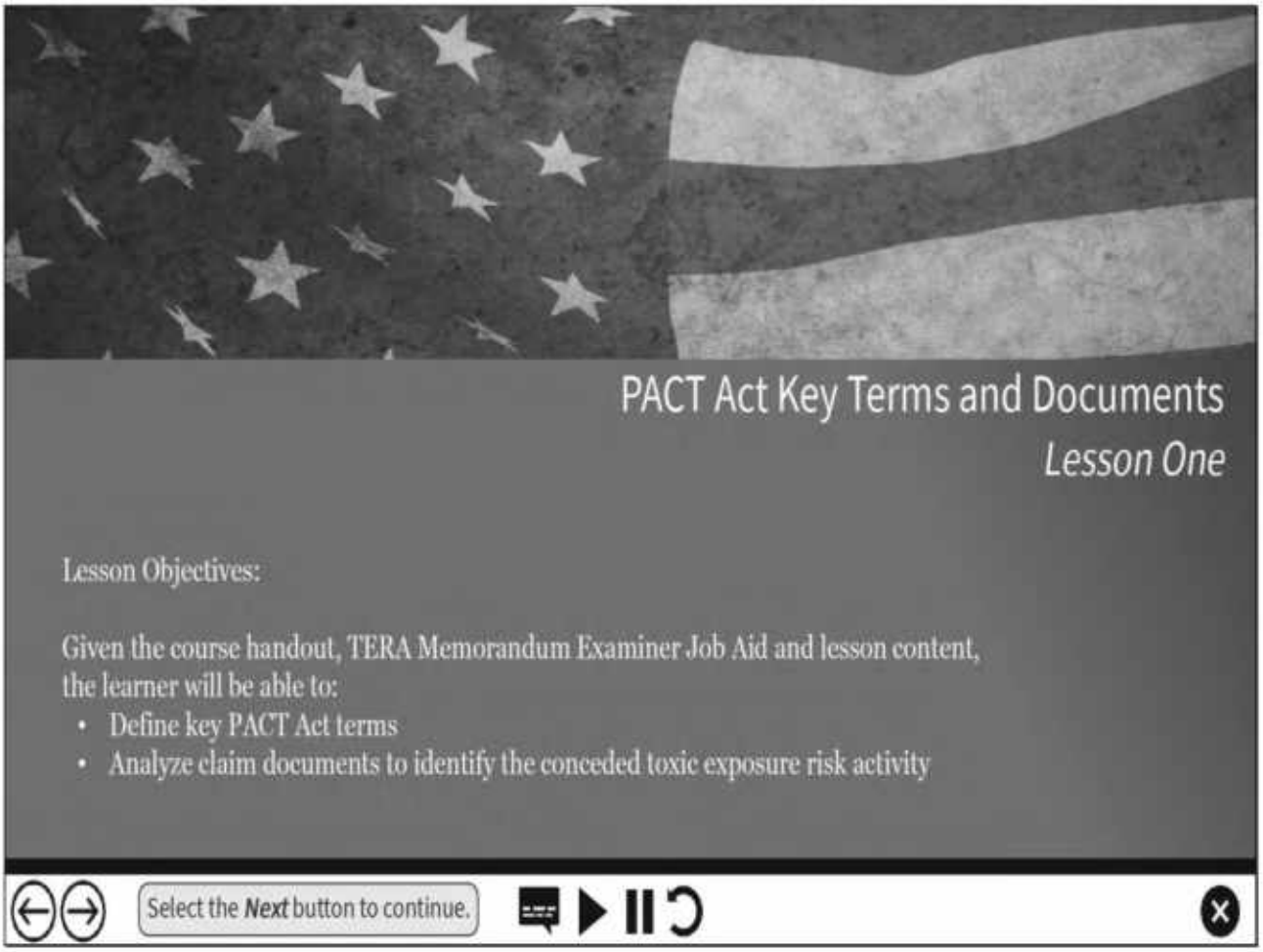
Slide 5 - Course Overview



Slide notes

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, or PACT Act, is a new law that expands VA health care and benefits for Veterans exposed to burn pits and other toxic substances during their military services. In addition to adding a variety of new presumptive conditions and expanding applicable locations for some already existing presumptive conditions, Congress included provisions in the PACT Act to allow Veterans to be considered for service connection for non-presumptive conditions due to Toxic Exposure Risk Activities, also known as TERA. This course will guide and provide training to examiners formulating medical opinions related to TERA, as described in the PACT Act. The three lessons within this course will cover: new terminologies associated with the PACT Act, key documents within the Veteran's eFolder documenting the type of toxic exposure risk activity that a Veteran engaged in, a new section within the Medical Opinion DBQ specific to non-presumptive PACT Act claims, an overview of available resources helpful in formulating a medical opinion, and specific guidance to aid examiners in completing medical opinions for non-presumptive conditions due to TERA. Select the Next button to continue.

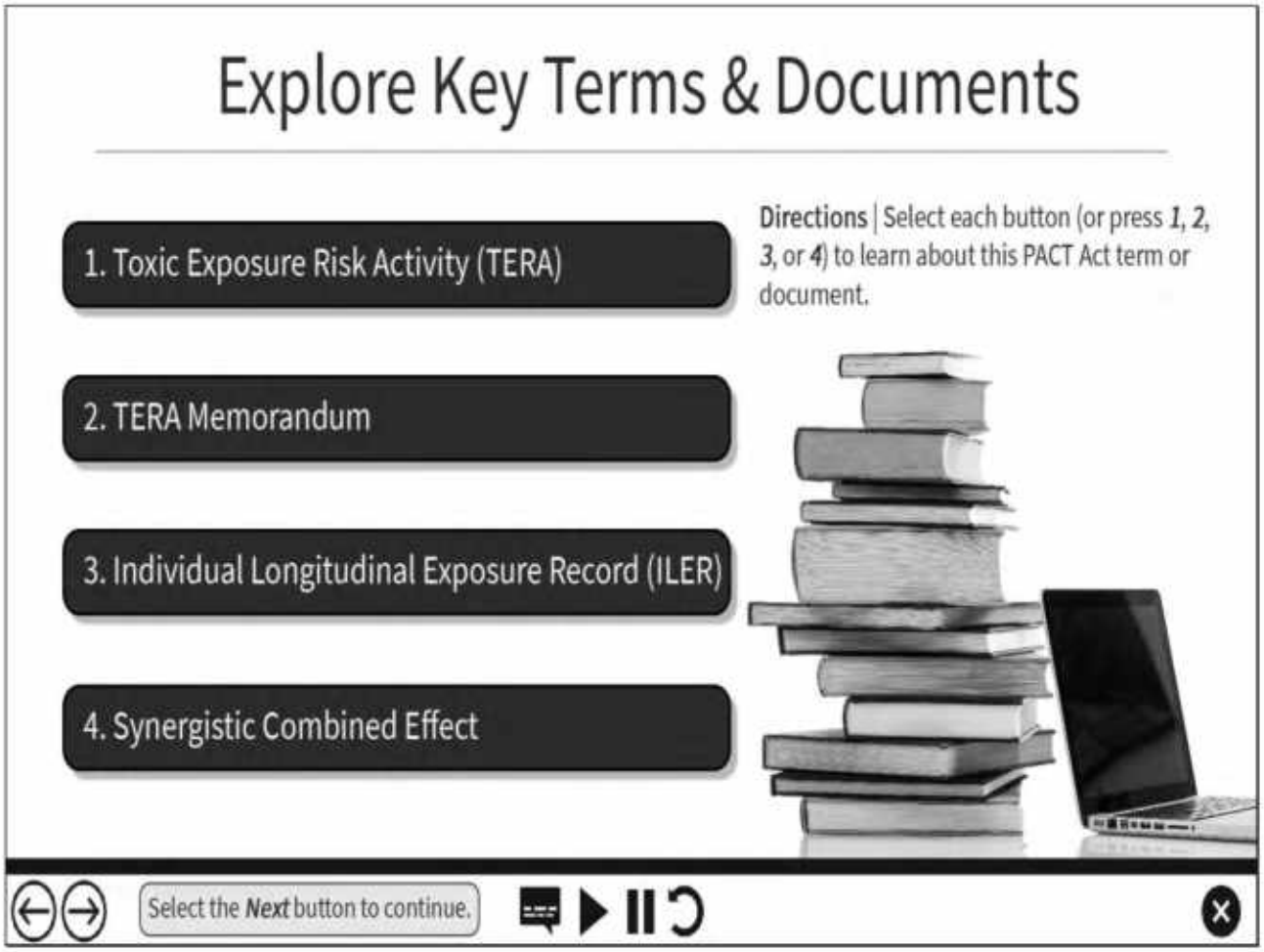
Slide 6 - Lesson One Intro



Slide notes

This lesson focuses on key PACT Act terms and analyzing claim documents to identify the conceded toxic exposure risk activity. Select the Next button to continue.

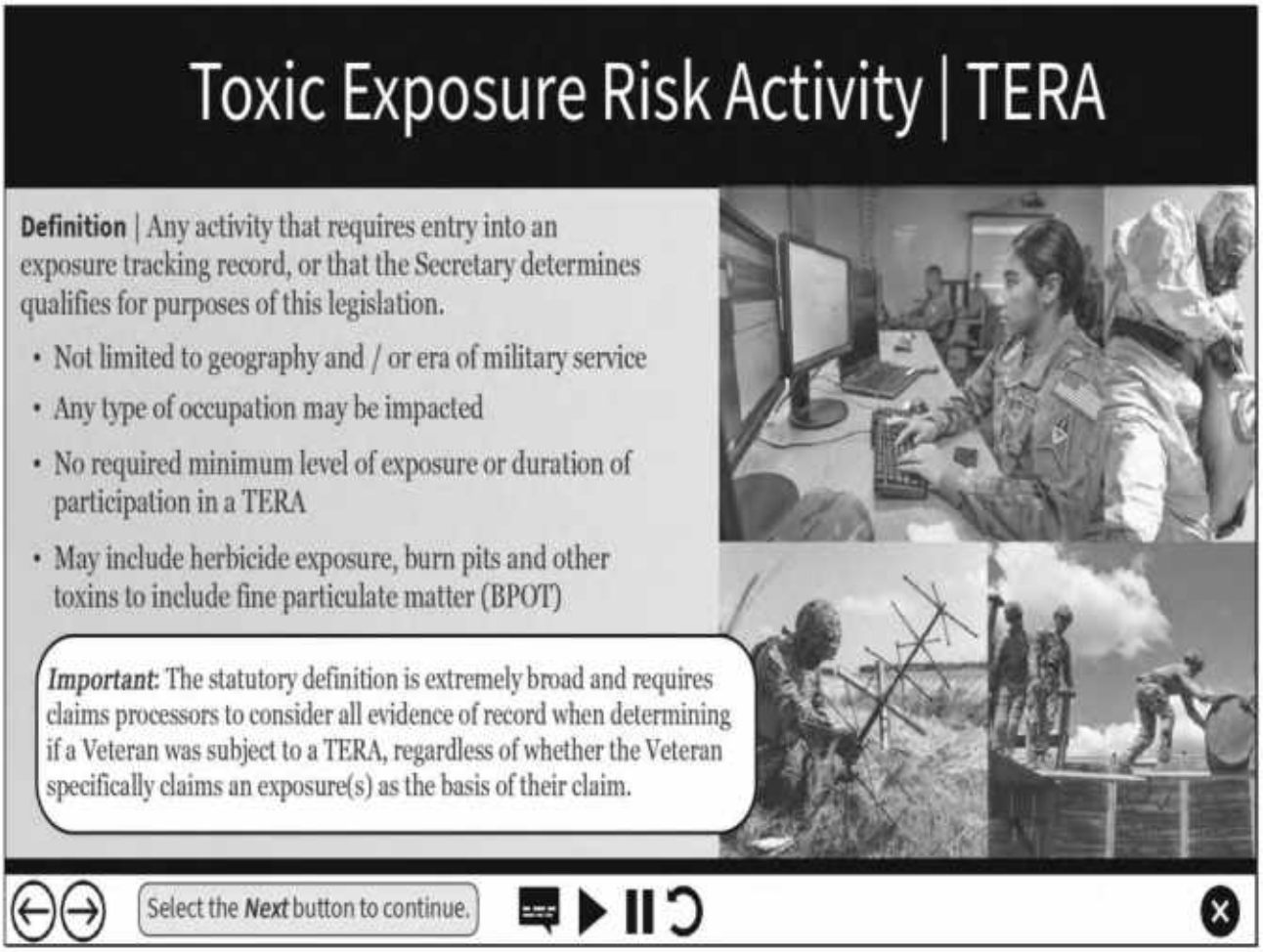
Slide 7 - KeyTerms_Home



Slide notes

Select each button to learn about the PACT Act-related term or press one (1) for Toxic Exposure Risk Activity, two (2) for TERA Memorandum, three (3) for Individual Longitudinal Exposure Record and four (4) for Synergistic Combined Effect. When you have reviewed all topics, you may select the Next button to continue.

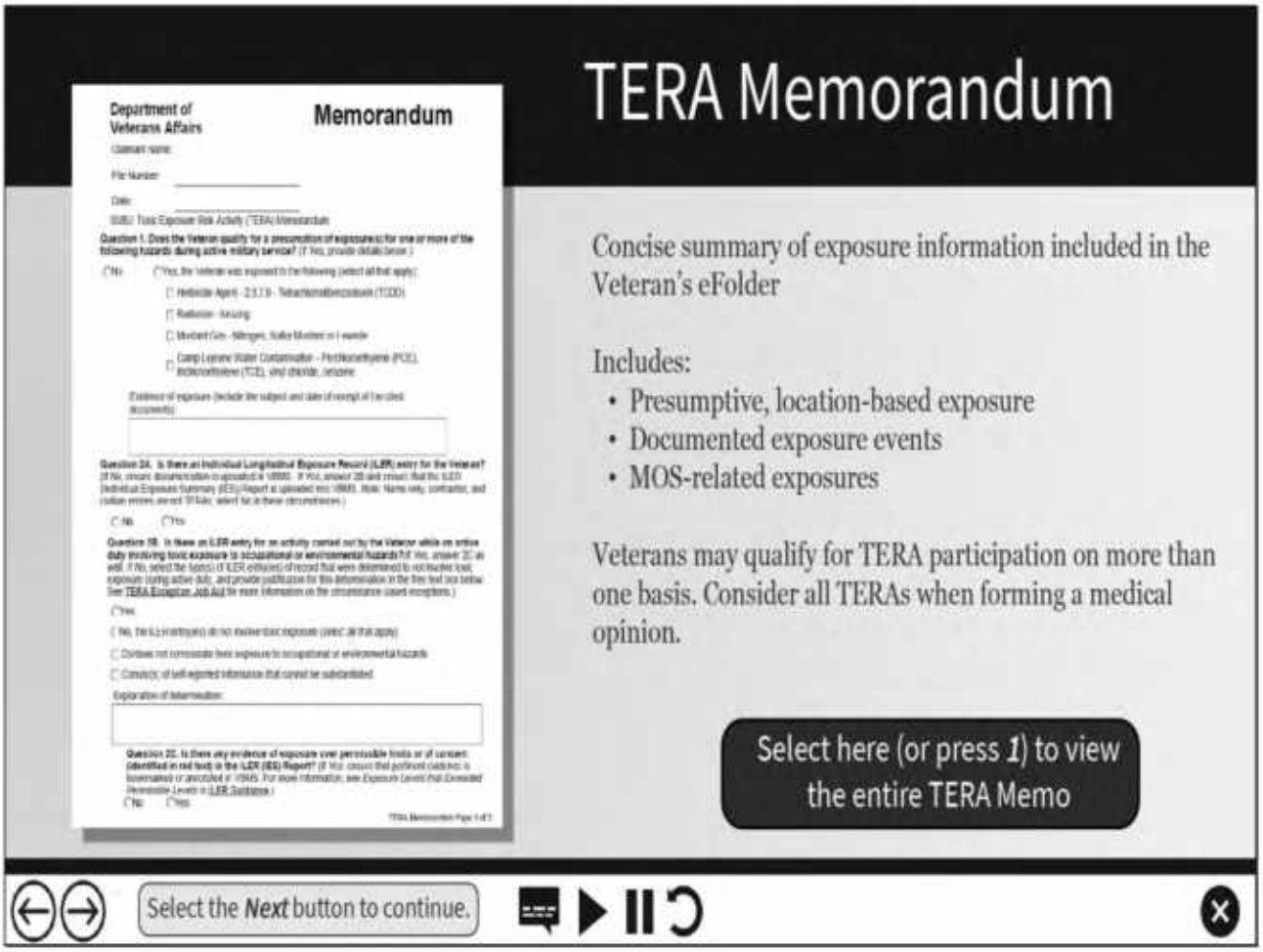
Slide 8 - TERA_Definition



Slide notes

VA defines toxic exposure risk activity, or 'TERA', as any activity that required a corresponding entry in an exposure tracking record system, such as the Individual Longitudinal Exposure Record, or ILER, or any activity that the Secretary of Veterans Affairs determines is reasonably prudent to protect the health of Veterans. Toxic exposure is not limited to geography and, or era of military service. Any type of occupation during the military service may have been linked with exposures. There is no required minimum level of exposure or duration of participation in a TERA. For example, the activities may include herbicide exposure, exposure to burn pits and other toxins such as fine particulate matter. The statutory definition is extremely broad and requires claims processors to consider all evidence of record when determining if a Veteran was subject to a TERA, regardless of whether the Veteran identifies such exposure in association with any of the specific disabilities listed in their claim. Select the Next button to continue.

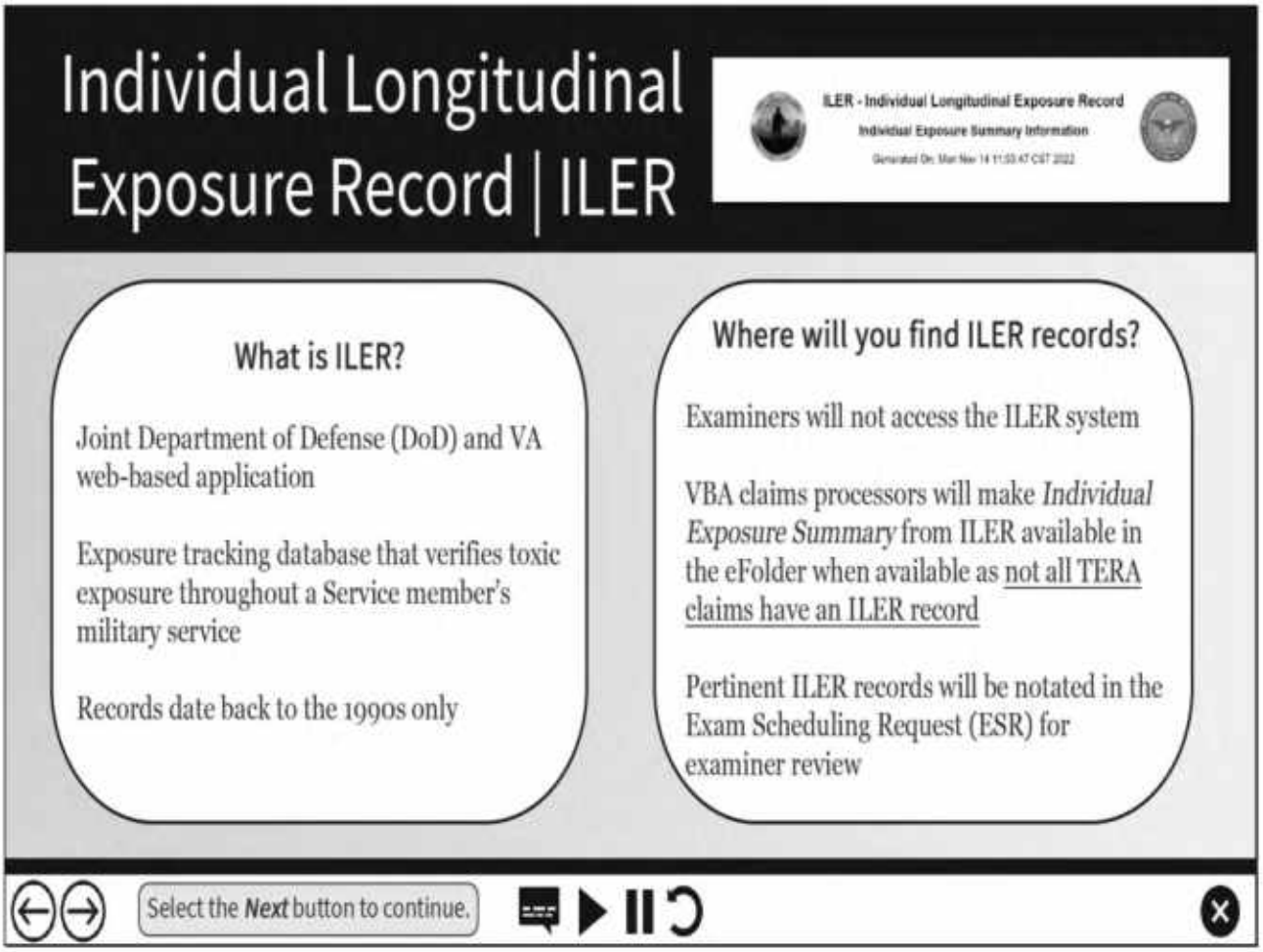
Slide 9 - TERA_Memo



Slide notes

The TERA Memorandum is included in the eFolder and provides the justification for ordering the examination and medical opinion. It also serves as a concise summary of exposure information for the medical examiner. This memo captures: presumptive exposures associated with a location, any exposure event documented in the evidence, such as in the ILER summary, and exposures associated with the Veteran's Military Occupational Specialty, or 'MOS', or otherwise consistent with the circumstances of the Veteran's service. Veterans may qualify for TERA participation on more than one basis, such as location-based presumptive exposure and exposure via military occupation-related activities. Examiners must consider all qualifying TERA when formulating a medical opinion. Select the button on the right lower side of the screen or press (1) to view the entire TERA memo. Then you may select the Next button to continue.

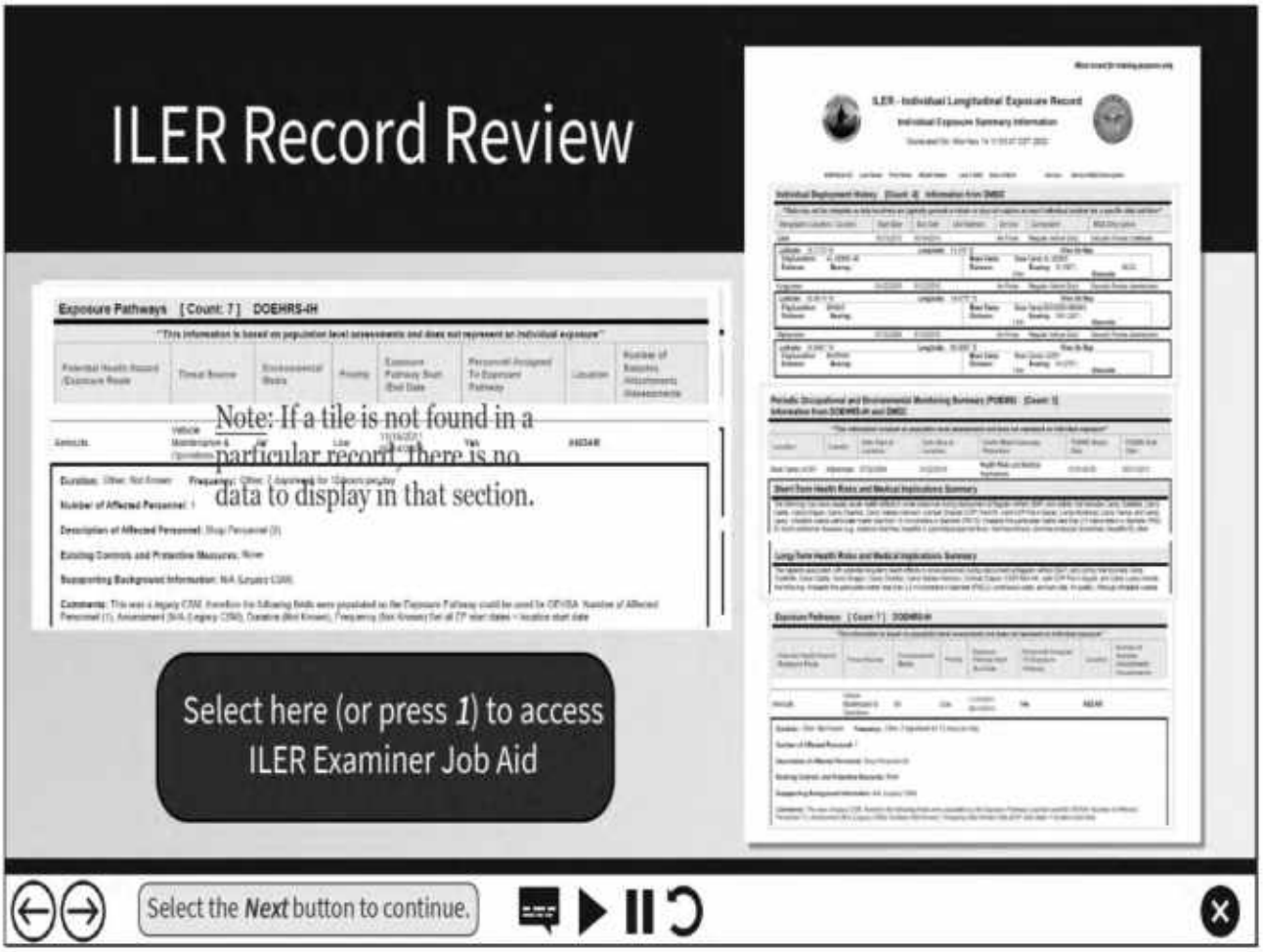
Slide 10 - ILER Overview



Slide notes

Review this information about ILER and ILER records. Then select the Next button to review a sample record.

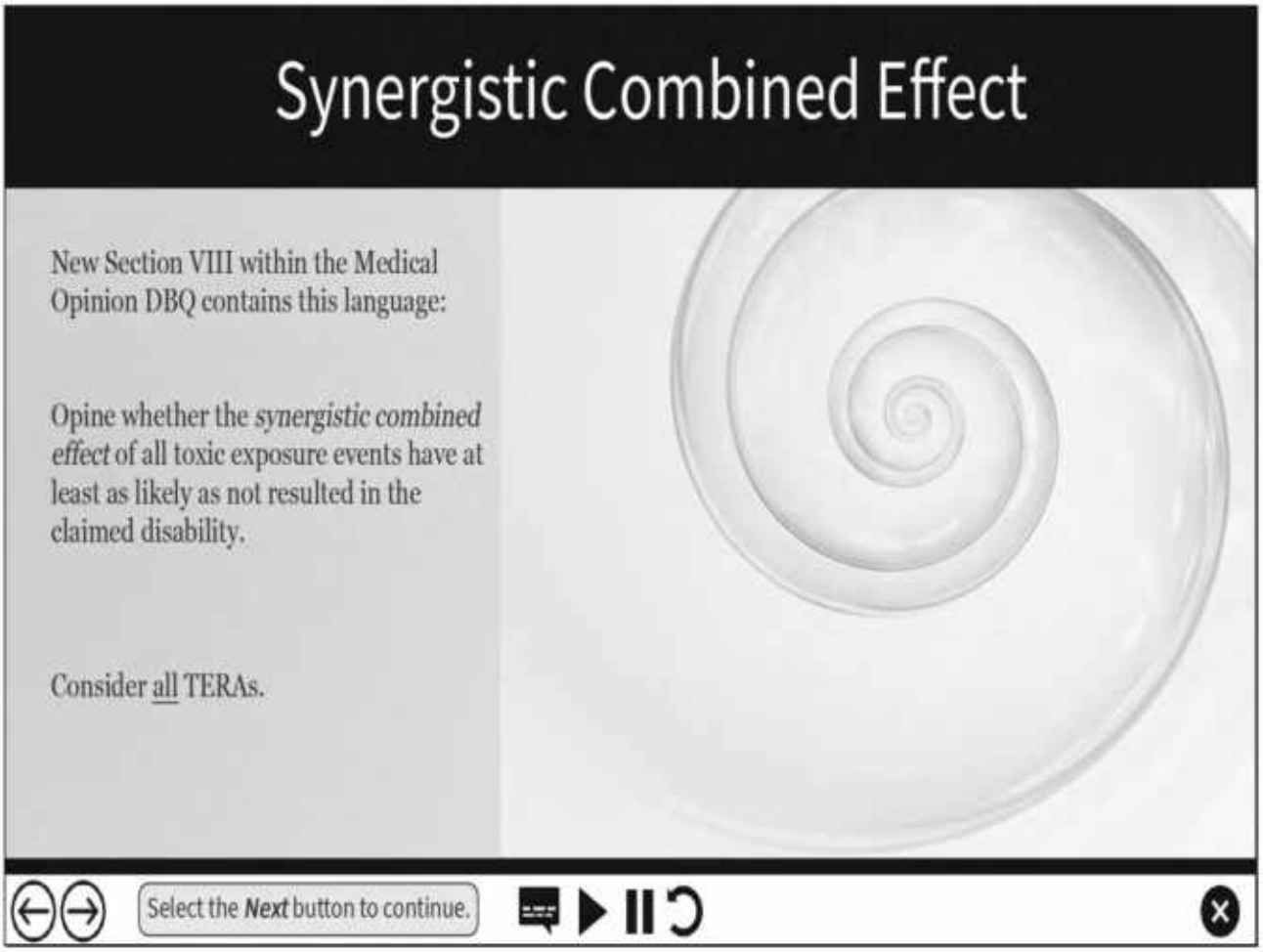
Slide 11 - ILER_RecordReview



Slide notes

Here is a sample of an ILER record. First, we see the individual deployment history section, referred to as a tile. This covers geographic location and timeframes of a Service member's deployments. Next is the Periodic Occupational and Environmental Monitoring Summary, known as POEMS. This is a DoD provider-focused, technical section that describes Occupational and Environmental Health exposures and associated health implications for a deployment location during a specific time. The last tile in this sample record is Exposures Pathway. This tile contains the potential health hazard based on the individual's service locations. Additional tiles that may be found within a Individual Exposure Summary are detailed in the ILER Examiner Job Aid. Note that if a tile is not found in a particular record, there is no data to display in that section. Select the job aid button on the slide to access this resource. Once complete, you may select the Next button to continue.

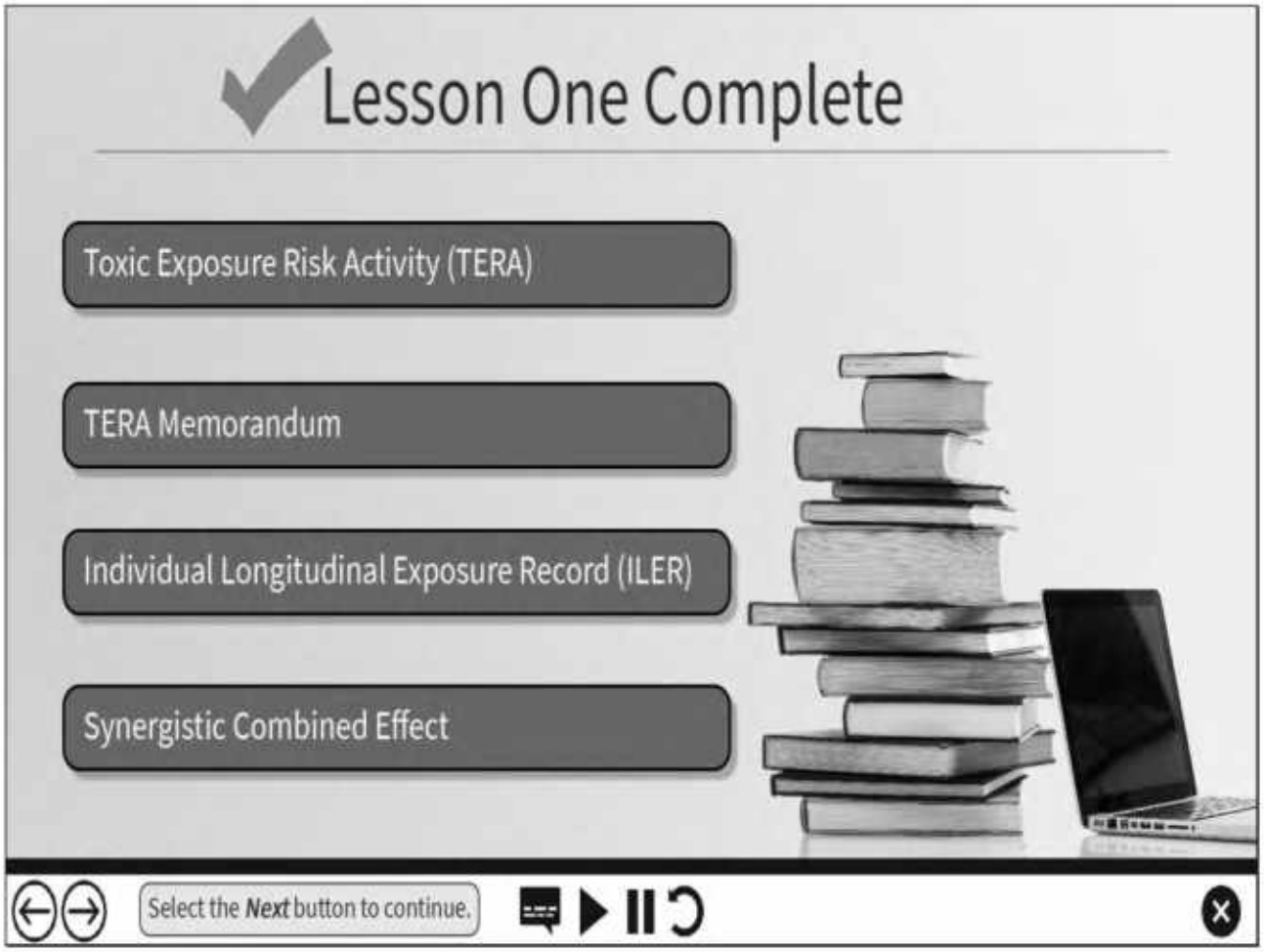
Slide 12 - SynergisticCombinedEffect



Slide notes

As you will see later in this course, a new section within the Medical Opinion DBQ contains this language. Specifically, you will be asked to opine whether the synergistic combined effect of all toxic exposure events have at least as likely as not resulted in the claimed disability. In application, this means you should consider all TERAs when opining about the relationship between the claimed disability and the in-service events. Select the Next button to continue.

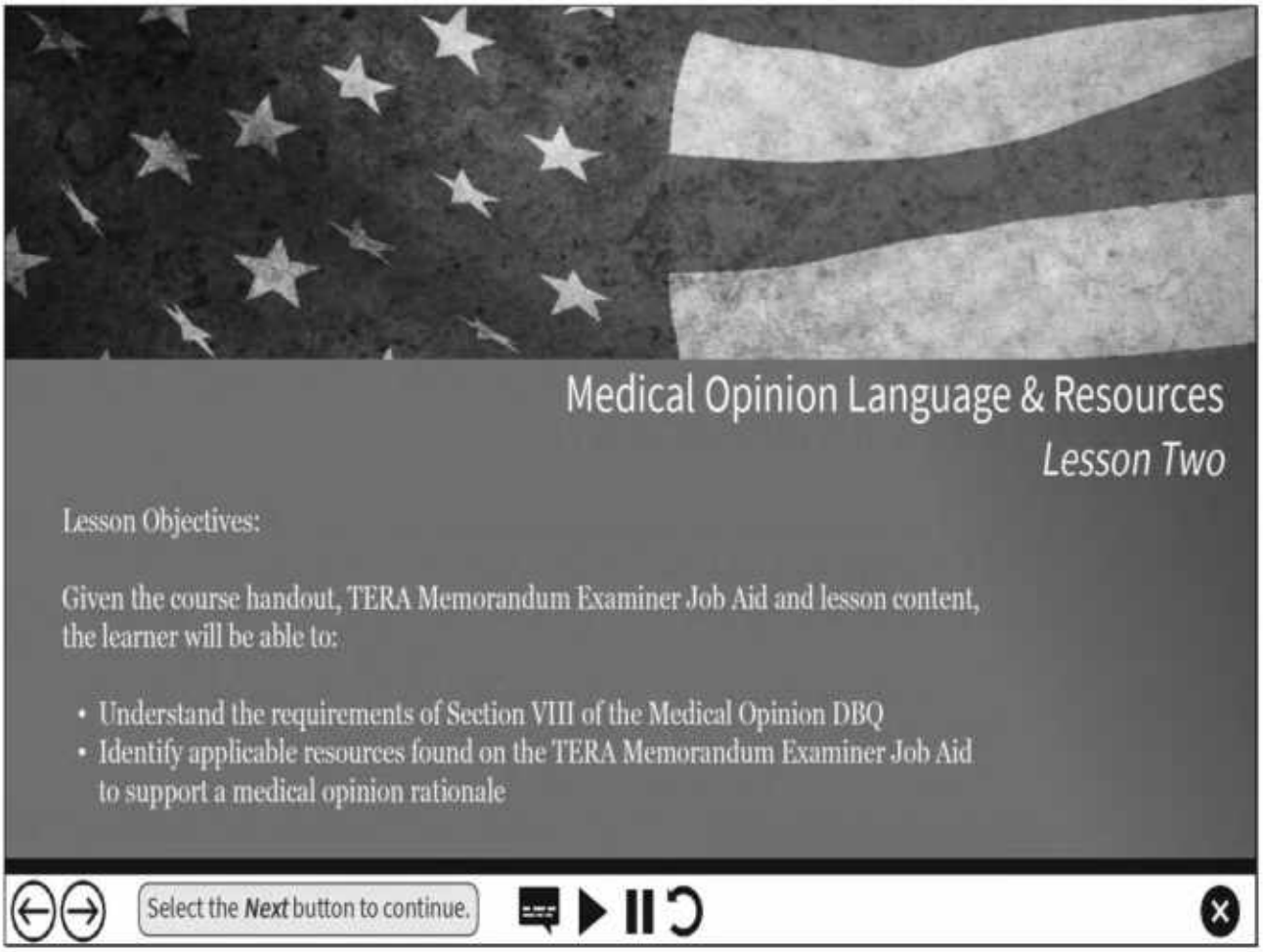
Slide 13 - Lesson 1 Closing



Slide notes

This concludes Lesson One. You now have knowledge to define key PACT Act terms, and review records to identify the conceded TERA. Select the Next button to proceed to Lesson Two.

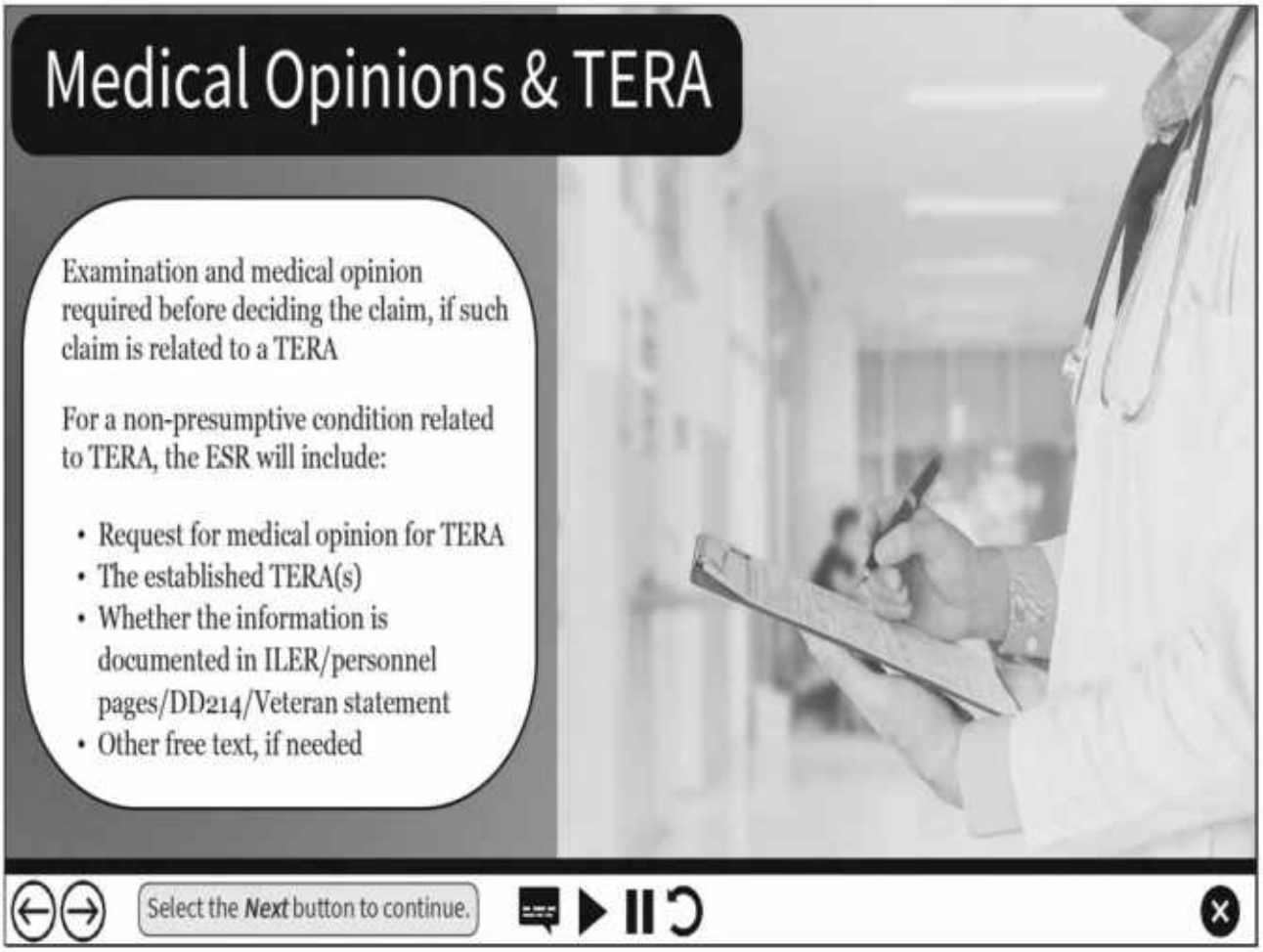
Slide 14 - Lesson Two Intro



Slide notes

This lesson focuses on the requirements of the Medical Opinion DBQ. We will introduce the TERA Memorandum Examiner Job Aid and use this job aid to identify applicable resources when formulating a supporting rationale. Select the Next button to continue.

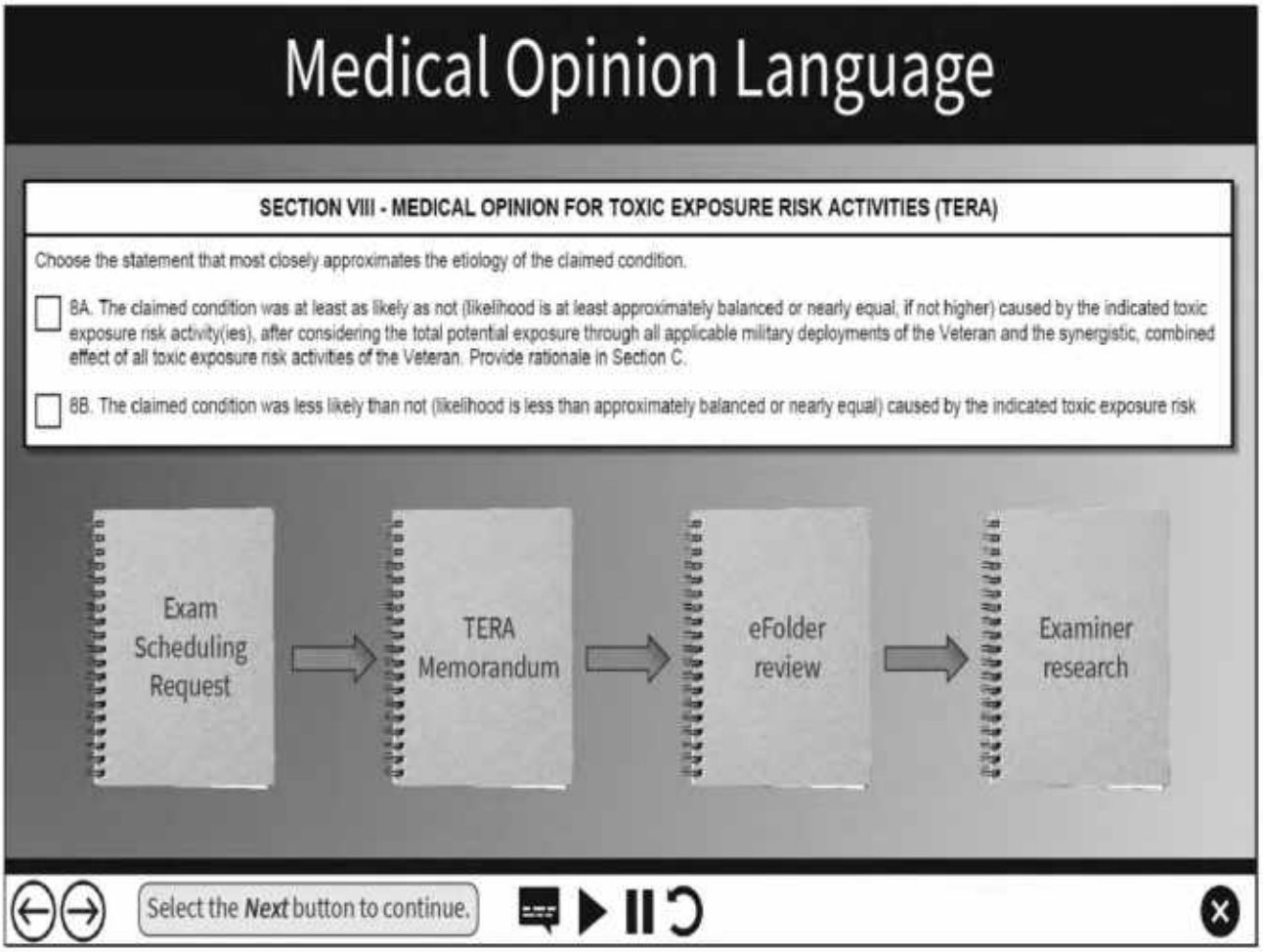
Slide 15 - MedicalOpinionsAndTERA



Slide notes

The PACT Act fundamentally changes the examination threshold in non-presumptive claims when the evidence confirms a Veteran participated in a TERA. In scenarios where claims processors previously would not have requested an examination based on insufficient evidence and such claim would result in a denial, VA is now required to request an examination and medical opinion before deciding if such claim is related to a TERA. When an exam scheduling request, or ESR, is submitted for a non-presumptive condition related to TERA, the ESR will include: request for medical opinion for Toxic Exposure Risk Activities, the non-presumptive claimed condition or conditions and the established TERA or TERAs, whether the information is documented in the ILER, personnel pages, DD214, or Veteran statement, and other free text, if needed. Select the Next button to continue.

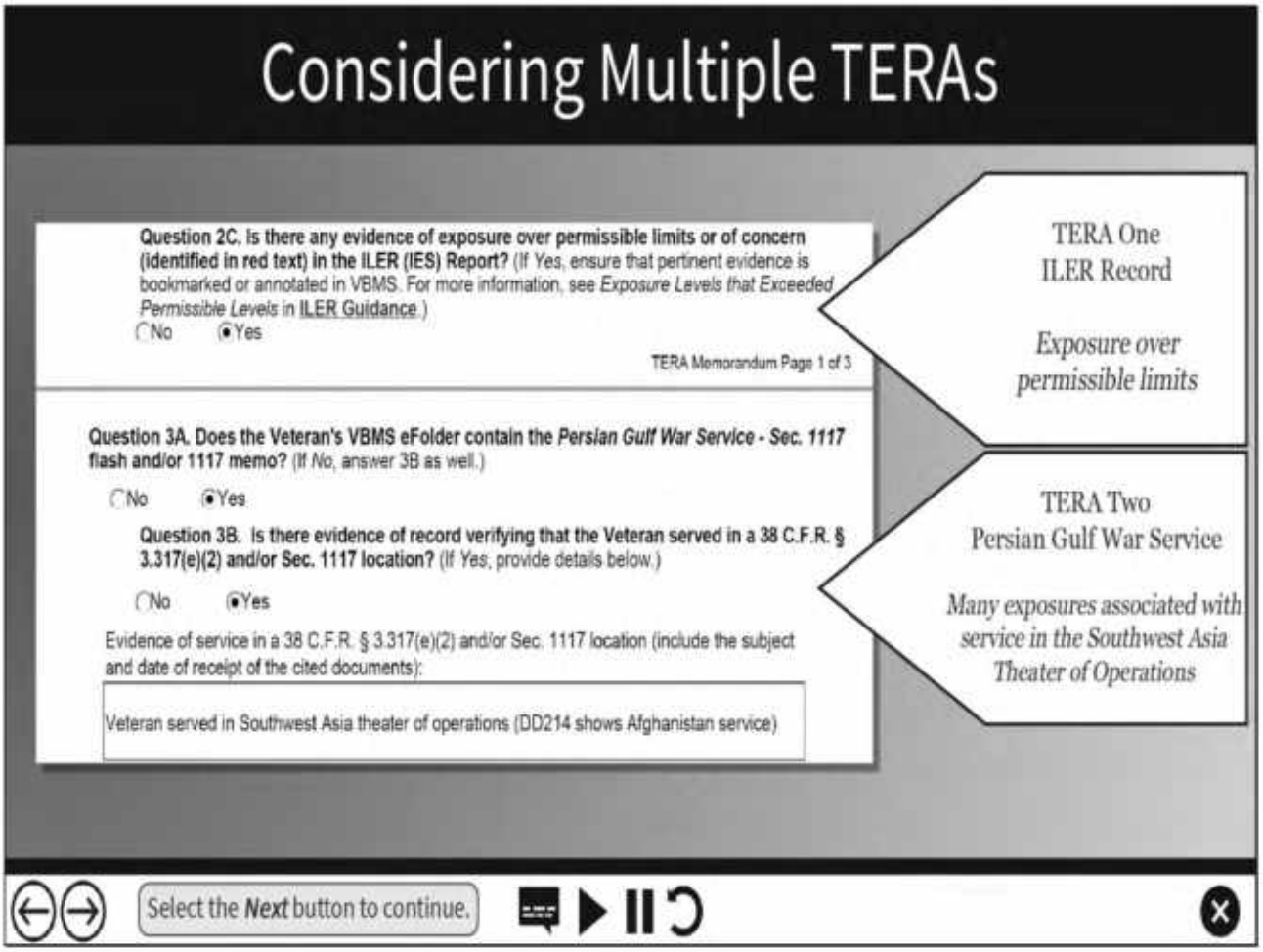
Slide 16 - MedicalOpinionLanguage



Slide notes

When formulating a TERA medical opinion, examiners must consider the total potential exposure through all applicable military deployments, military occupation exposures, and the synergistic, combined effect of all toxic exposure risk activities of the Veteran. Use the information from the ESR, as well as your review of all available evidence contained in the eFolder when formulating the opinion.The applicable military deployments and TERA events will be identified on the ESR and the TERA Memo. Select the Next button to continue.

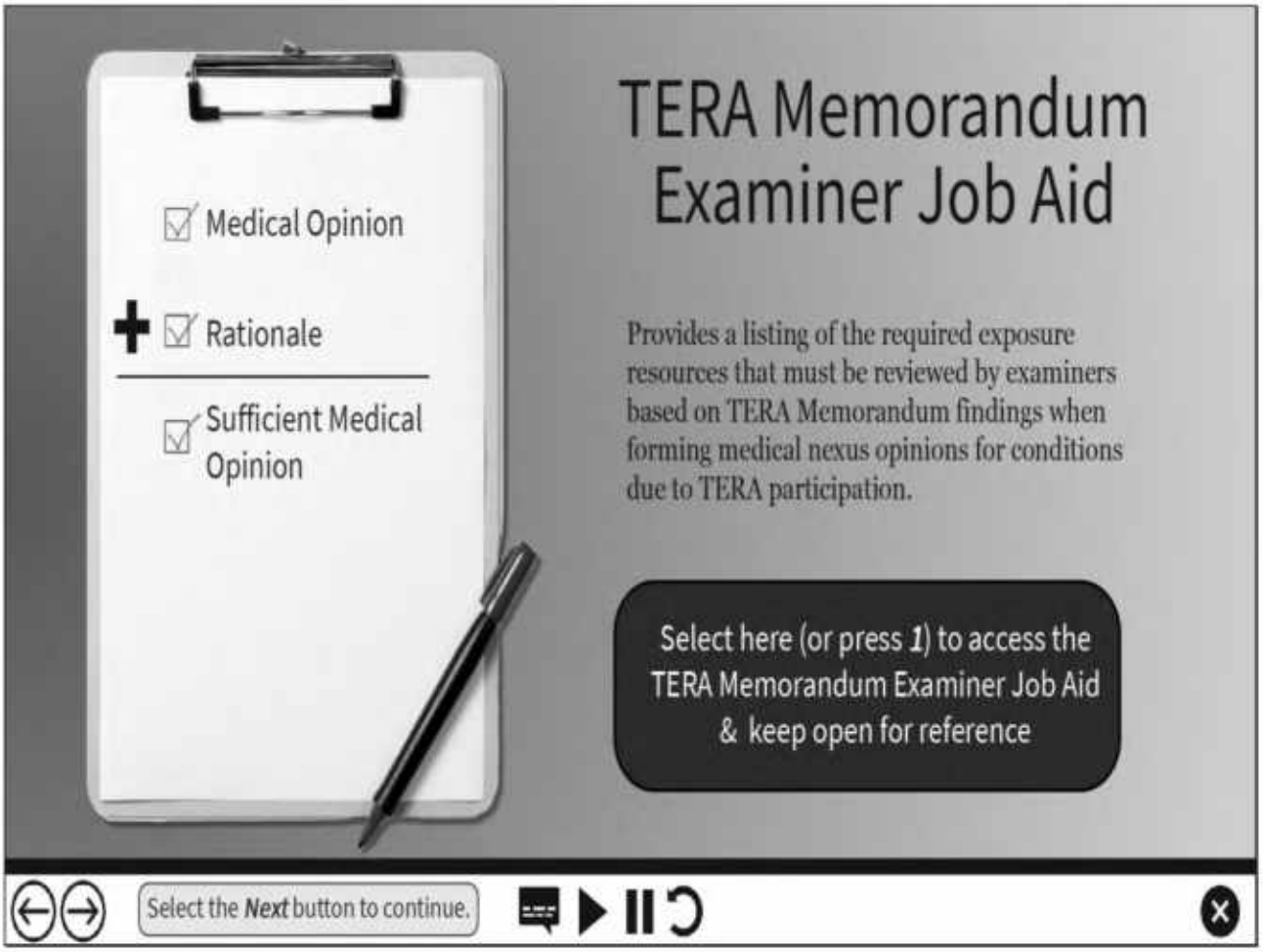
Slide 17 - ConsideringMultipleTERAs



Slide notes

Let's break this down with an example. In the TERA Memo excerpt shown here, the Veteran has two different TERAs. First, the Veteran experienced an exposure over the permissible limits. This finding would guide you to review the ILER record in the eFolder for details of this exposure. Second, the Veteran served in the Southwest Asia theater of operations, and VA concedes a variety of exposures associated with service in Southwest Asia. When responding to the medical opinion request as to whether the claimed condition is due to the Veteran's TERA, consider both the exposure detailed in the ILER, along with the Veteran's service in Southwest Asia. This is what's meant by the synergistic, combined effect of all TERAs. Select the Next button to continue.

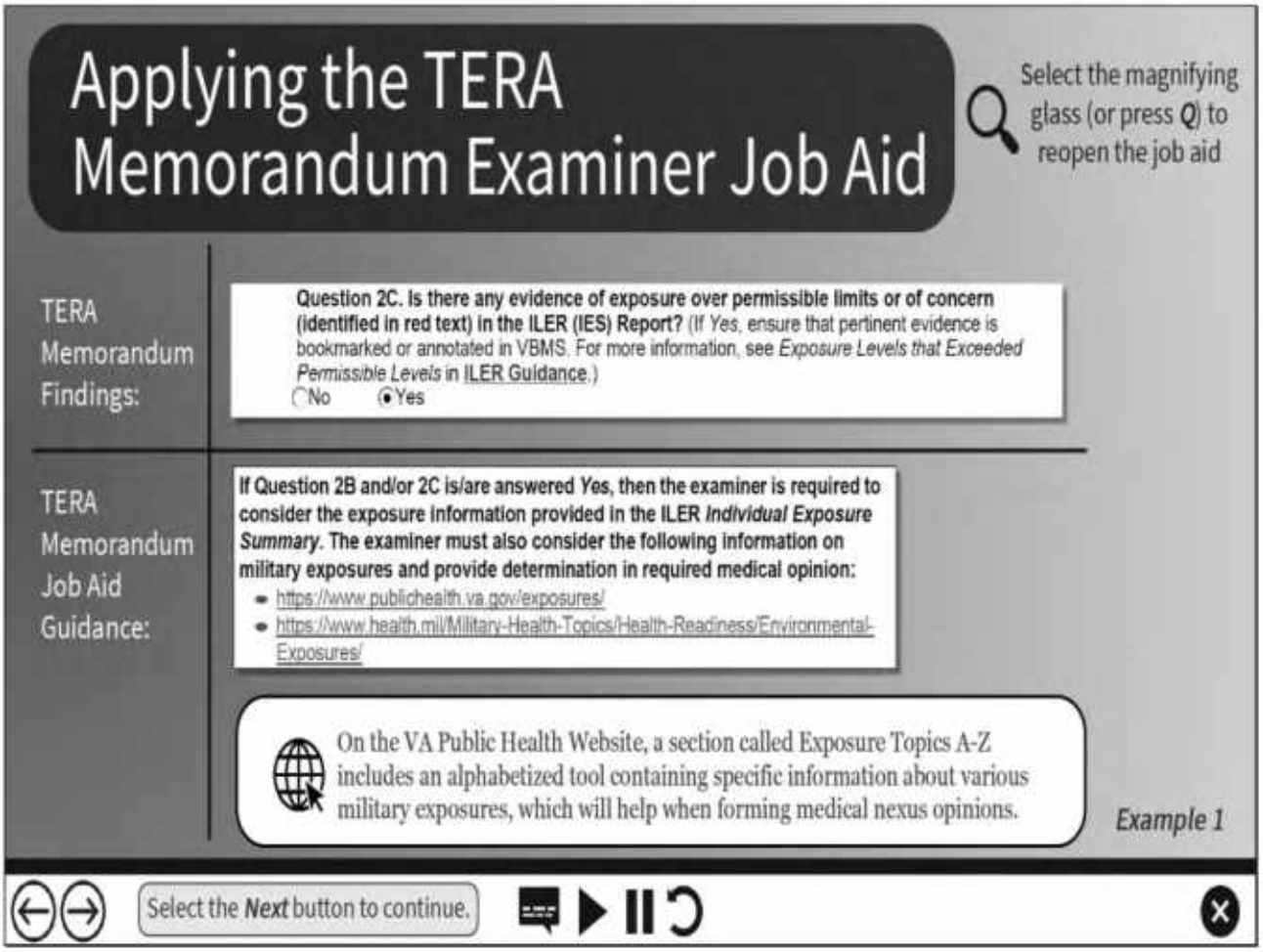
Slide 18 - TERAMemoExaminerJobAid



Slide notes

Recall from your previous training that a sufficient medical opinion must also include a supporting rationale. A rationale is a summary of the examiner's thought process that led to the conclusion expressed in the opinion. A medical opinion is sufficient when supported by: A rationale that addresses the unique circumstances of the individual Veteran's claimed condition and established TERA or TERAs. Canned or copy and paste responses are not acceptable. When formulating a rationale for a TERA opinion, a job aid is provided to direct you to reference material based on the type of TERA a Veteran experienced. Your review of supporting reference material is not limited to the websites shown on the Examiner Job Aid. Cite all factors considered within your rationale, to include risk factors outside of military service. Select the job aid button on your screen, or press (1) to review the job aid. Keep the job aid open as a reference, as you view the next slides. Select the Next button to continue.

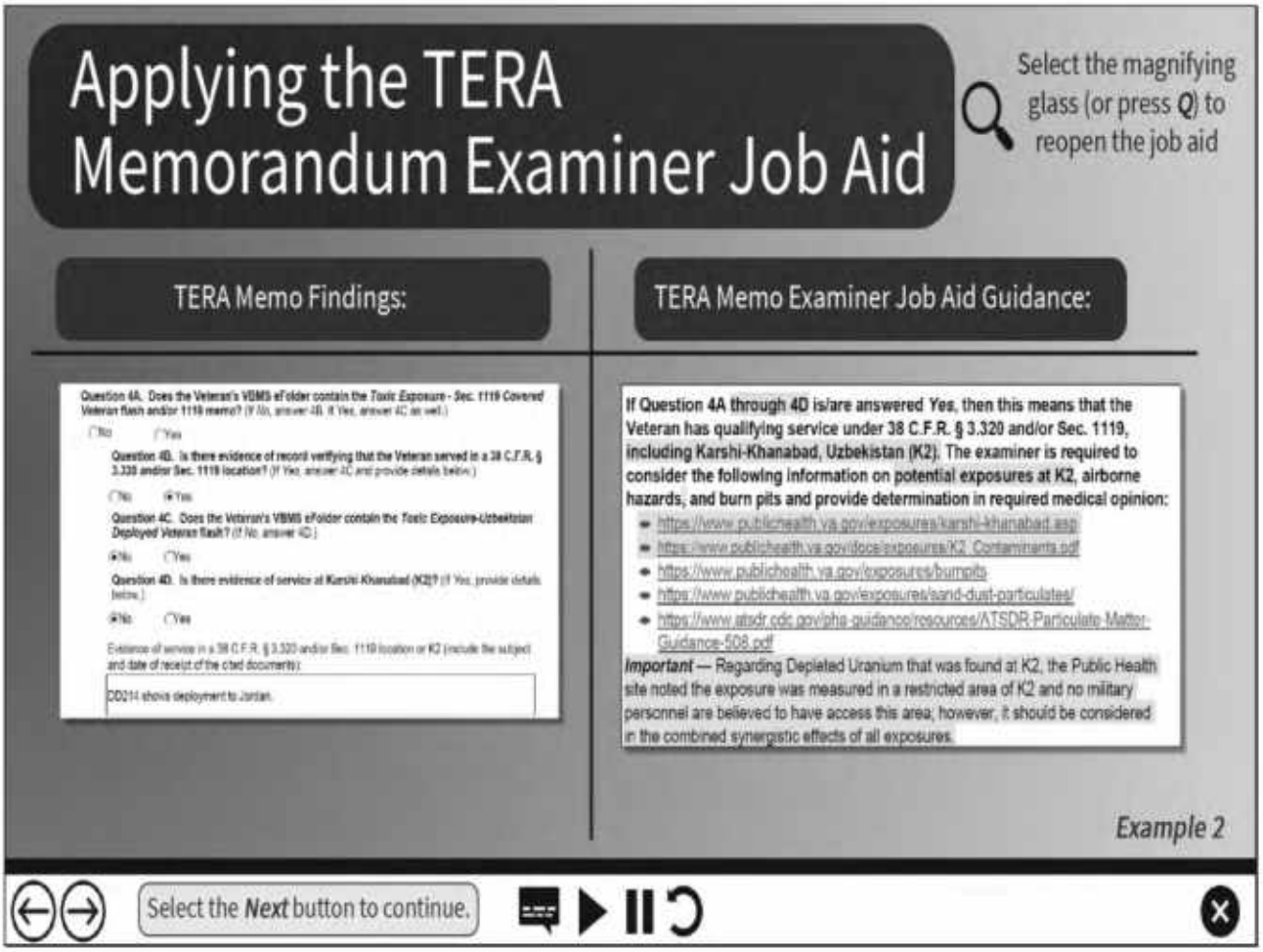
Slide 19 - Example 1 TERA Memo Job Aid



Slide notes

We will now review sample TERA memos. This is an opportunity to recognize the conceded TERA identified in the memo, and subsequently review the TERA Memorandum Examiner Job Aid to identify the appropriate course of action. In this TERA memo excerpt, we find that the ILER records show details of an exposure over permissible levels. By consulting the TERA Memorandum Examiner Job Aid, you notice that you are directed to review the ILER record to obtain details of the type of exposure. Upon review of the ILER record, you note that the Veteran was exposed to a high level of aerosols from vehicle maintenance and operations. Your next step is to consult the links provided within the job aid to review potential health effects of this type of exposure. Select the Next button to continue.

Slide 20 - Example 2 TERA Memo Job Aid



Slide notes

In this TERA memo excerpt, the TERA falls under 38 U.S.C. § 1119 based on deployment to a qualifying location. Consultation with the TERA Memorandum Examiner Job Aid indicates 38 U.S.C. § 1119 locations are related to airborne hazards, burn pits, and fine particulate matter. Review the links provided in the job aid to assist in formulating your medical opinion. Select the Next button to continue.

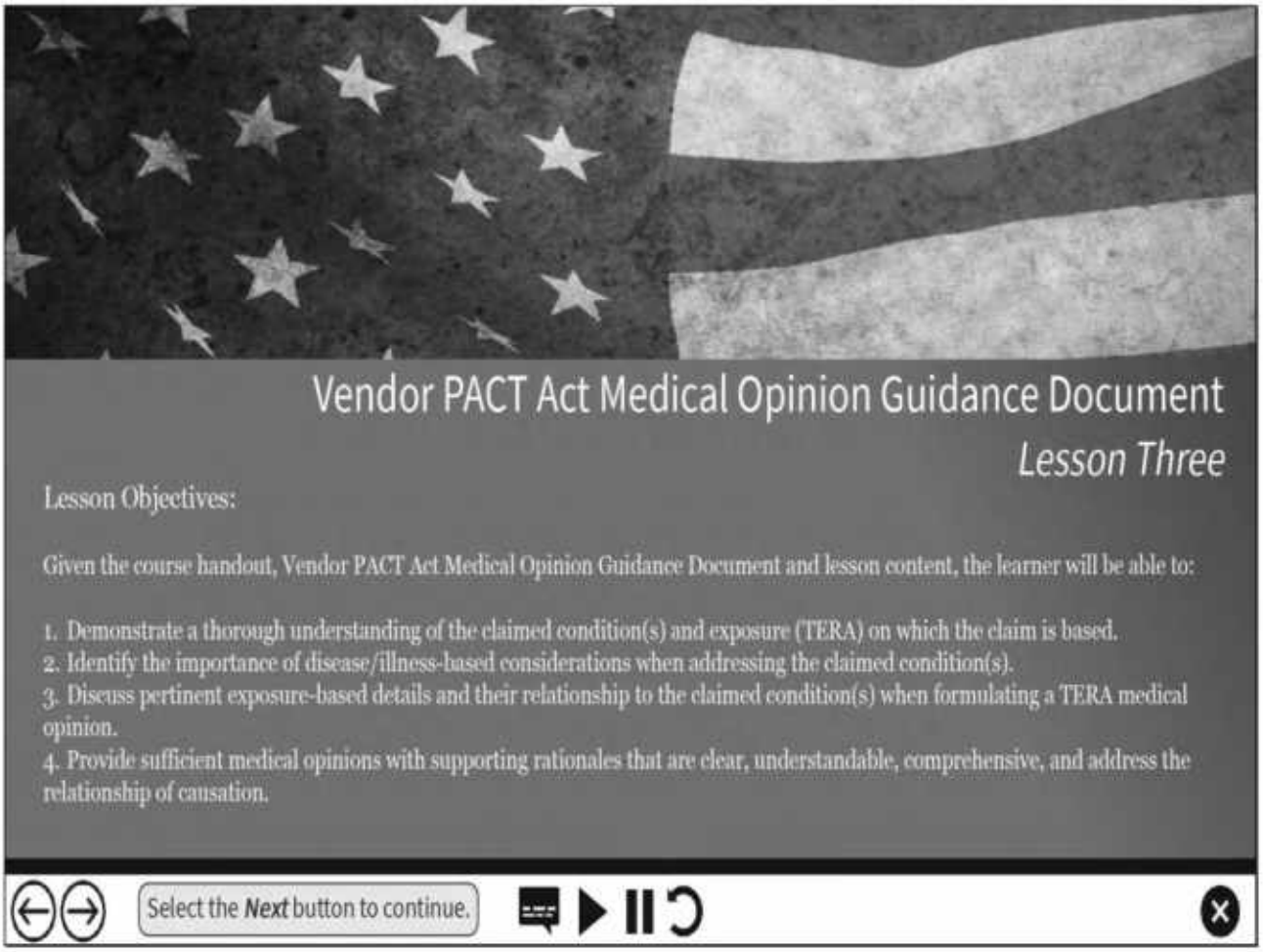
Slide 21 - Lesson 2 Closing



Slide notes

In this lesson, we discussed that the PACT Act fundamentally changes the examination threshold in non-presumptive claims when the Veteran participated in a TERA. We reviewed the requirements of the Medical Opinion for TERAs and how to identify applicable resources from the TERA Memorandum Examiner Job Aid. Select the Next button to proceed to Lesson Three.

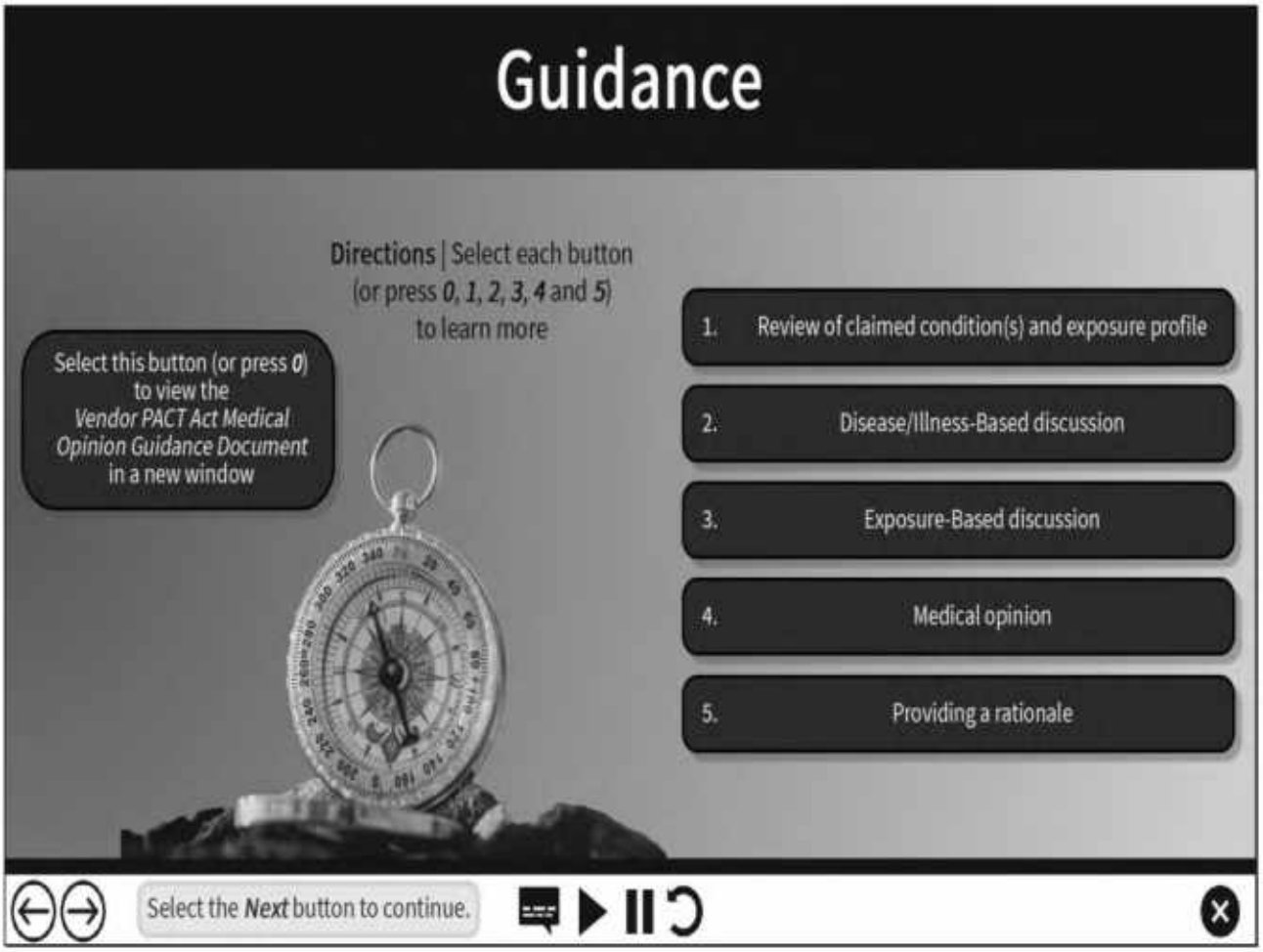
Slide 22 - Lesson Three Intro



Slide notes

This lesson will focus on completing a non-presumptive TERA Medical Opinion utilizing the "*Vendor PACT Act Medical Opinion Guidance Document*," a resource tool for examiners. Select the Next button to continue.

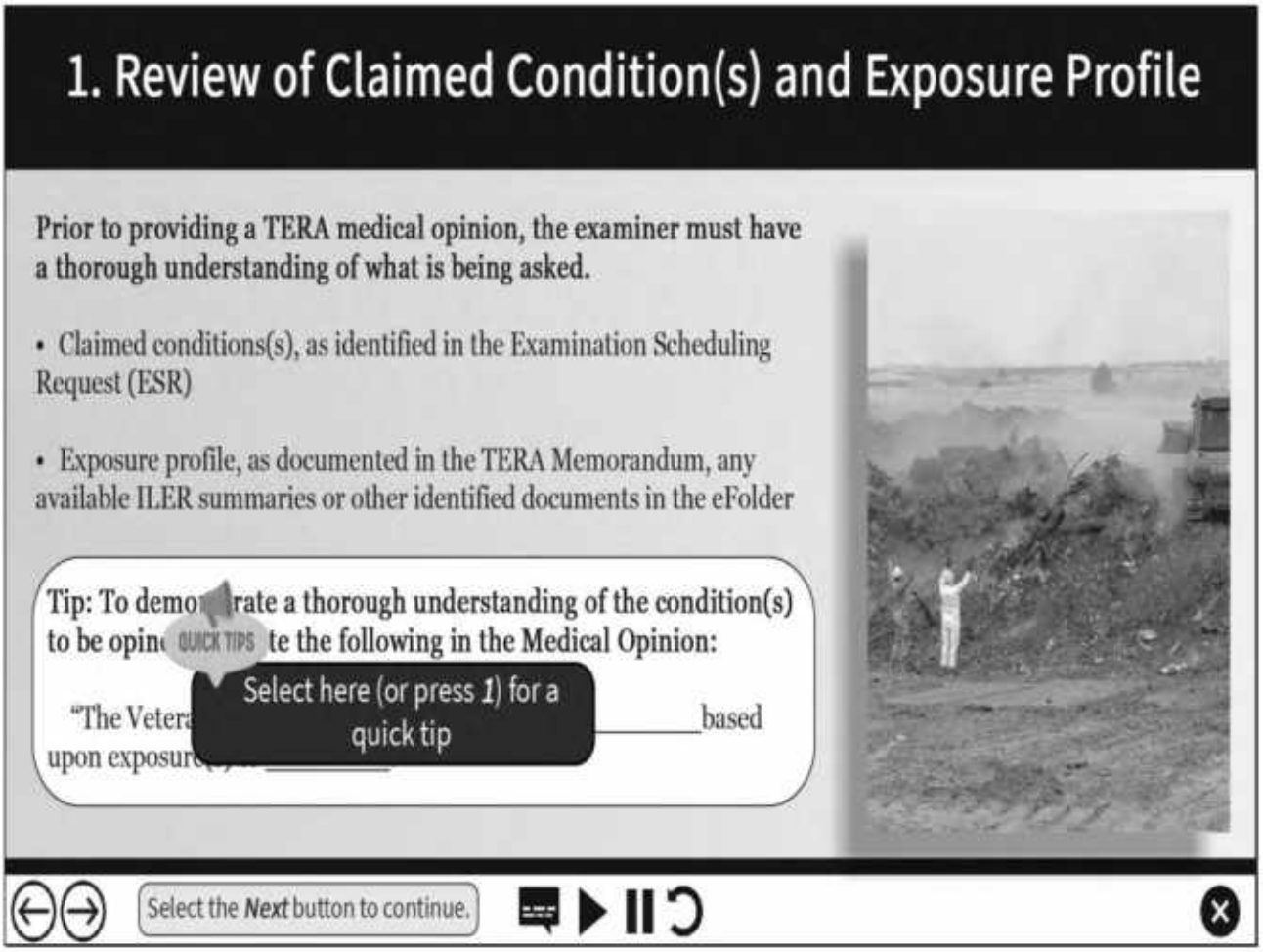
Slide 23 - Guidance Document and Key Components



Slide notes

The *Vendor PACT Act Medical Opinion Guidance Document* is an aid for vendor examiners in providing medical opinions for non-presumptive conditions due to a TERA. Please select the button on the screen, or press (0) zero to access the *Vendor Pact Act Medical Opinion Guidance Document*. The document provides information regarding five key components, which will be discussed next. Select each of the five topics on the screen to learn more: or press 1 to review the claimed conditions and exposure profile, 2 for disease and illness based discussion, 3 for exposure-based discussion, 4 for medical opinion, and 5 for providing a rationale. When you have reviewed all topics, you may select the Next button to continue.

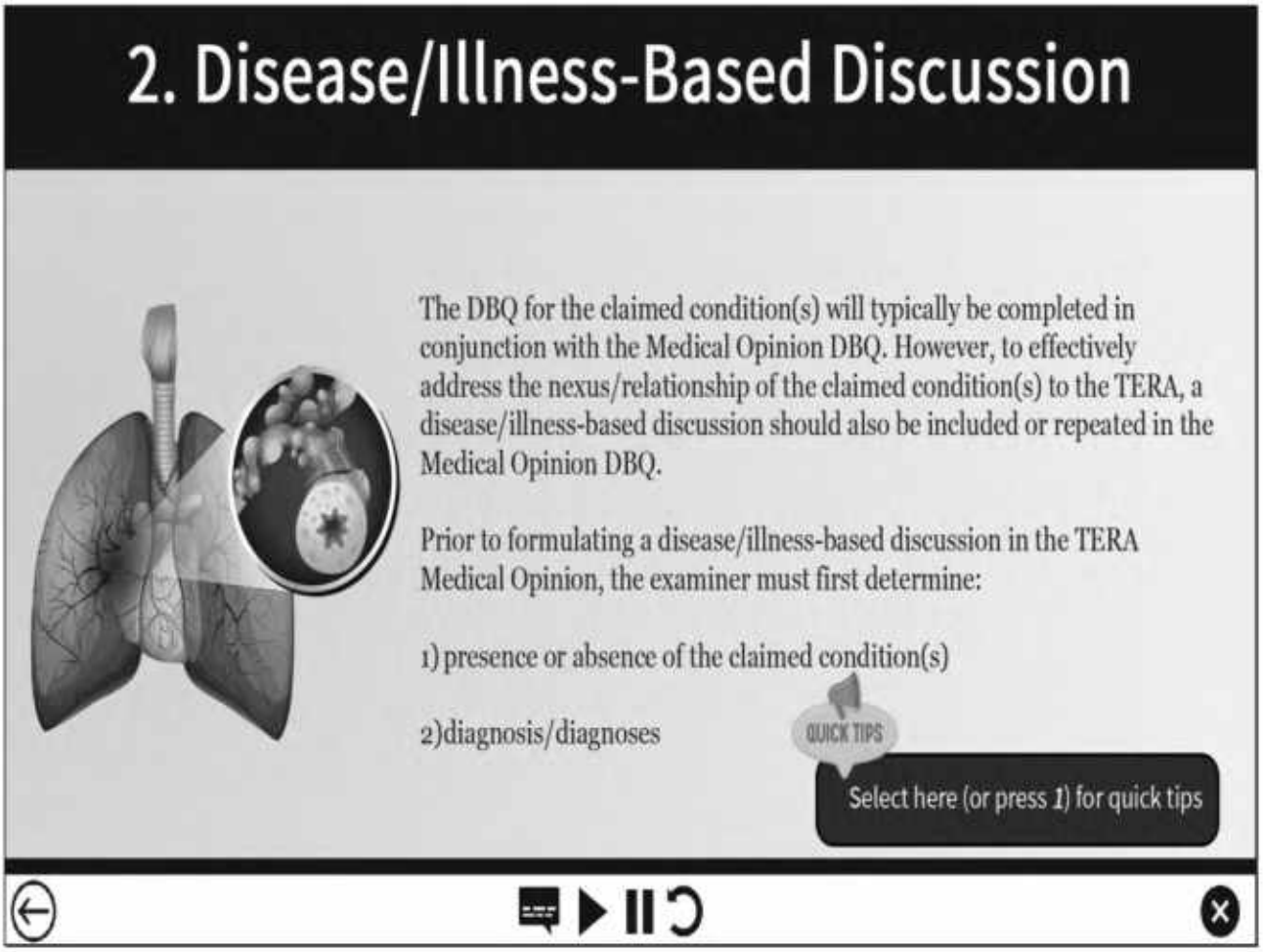
Slide 24 - Review of Claimed Condition and Exposure



Slide notes

Prior to providing TERA medical opinions, it is important to review the ESR and TERA Memorandum which contains the Exposure Profile as well as any ILER summaries or other identified documents in the eFolder. Select the Quick Tips button or press (1) for an examiner tip.

Slide 25 - Disease/Illness Based Discussion



Slide notes

Before providing TERA medical opinions, the presence or absence of the claimed condition or conditions and relevant clinical diagnosis or diagnoses must be determined. The TERA medical opinion then serves as a nexus statement identifying the relationship of the claimed condition or conditions to the TERA or TERAs. Select the *Quick Tips* button (or press 1) for an examiner tip.

Slide 26 - Disease/Illness Based Discussion - Tip

2. Disease/Illness-Based Discussion - TIP

QUICK TIPS

Ensure the DBQ for the claimed condition and/or the Medical Opinion addresses the following.

Potential differential diagnosis and consideration of non-exposure risk factors and their relationship to the claimed condition(s), that includes but is not limited to the following:

- hereditary
- congenital
- smoking history
- weight
- lab findings
- multifactorial



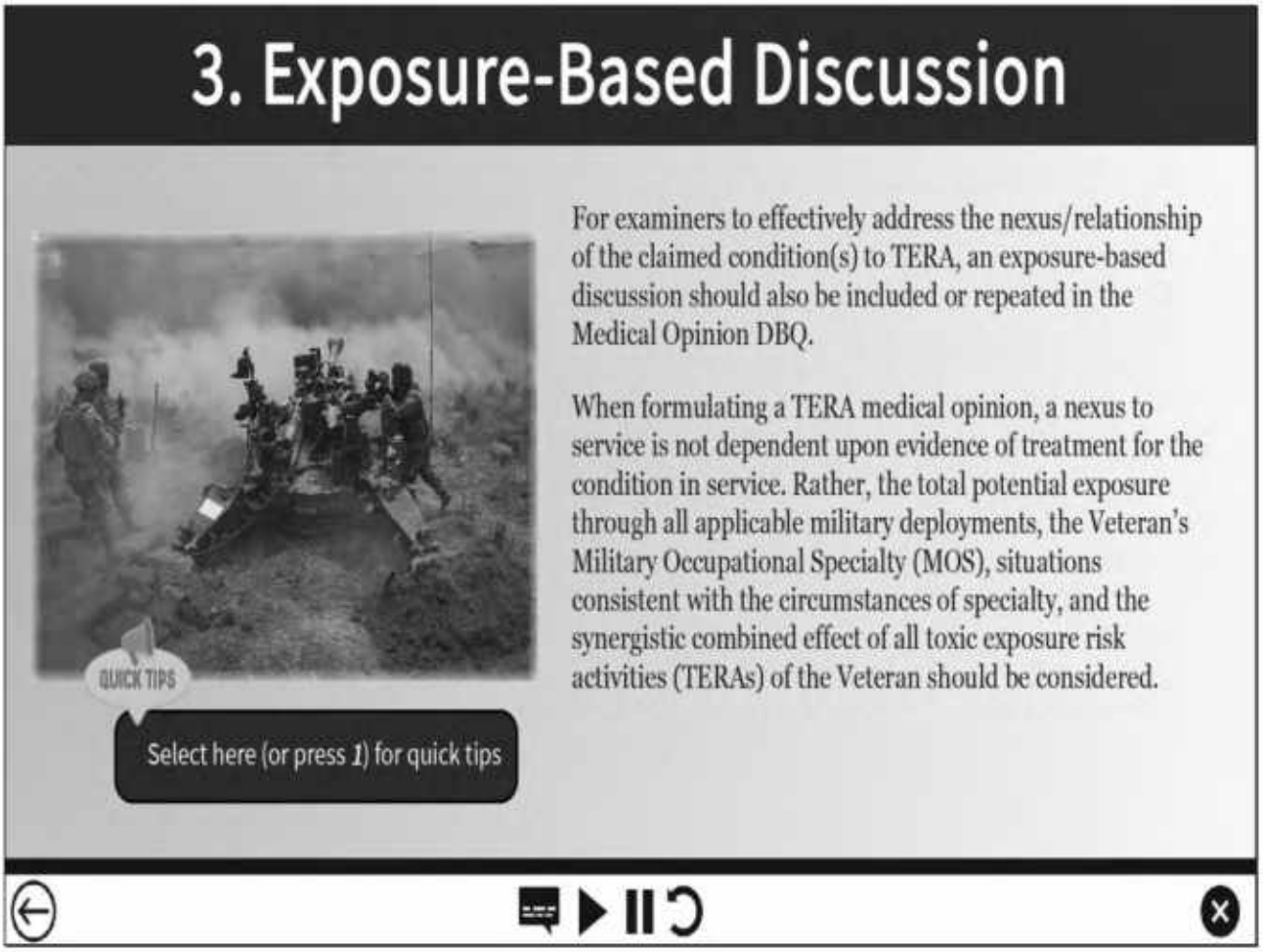
Onset and course of claimed condition(s):

- diagnosis
- date of diagnosis
- progression of disease/illness
- treatment received for condition(s) specifically claimed as related to the TERA (including outpatient treatment, any hospitalization(s), and any evaluations by a specialist)

Select the *Next* button to continue.

Slide notes

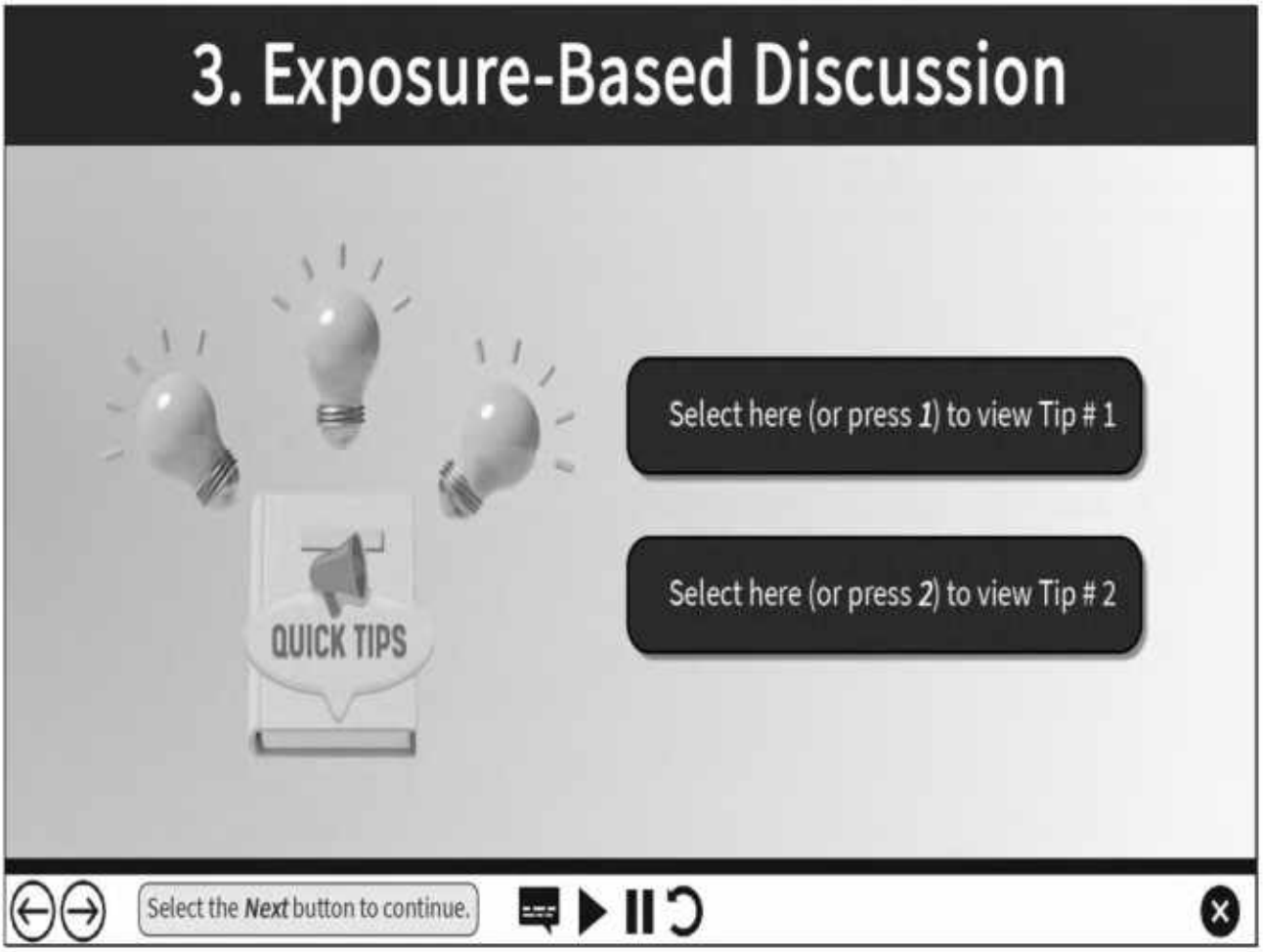
Slide 27 - Exposure Based Discussion



Slide notes

When formulating a TERA medical opinion, the total potential exposure through all applicable military deployments, military occupational exposures, and the synergistic combined effect of all toxic exposure risk activities of the Veteran should be considered. Select the Quick Tips button (or press 1) for examiner tips on this topic. When you are finished reviewing the Tip, you may select the Next button to continue.

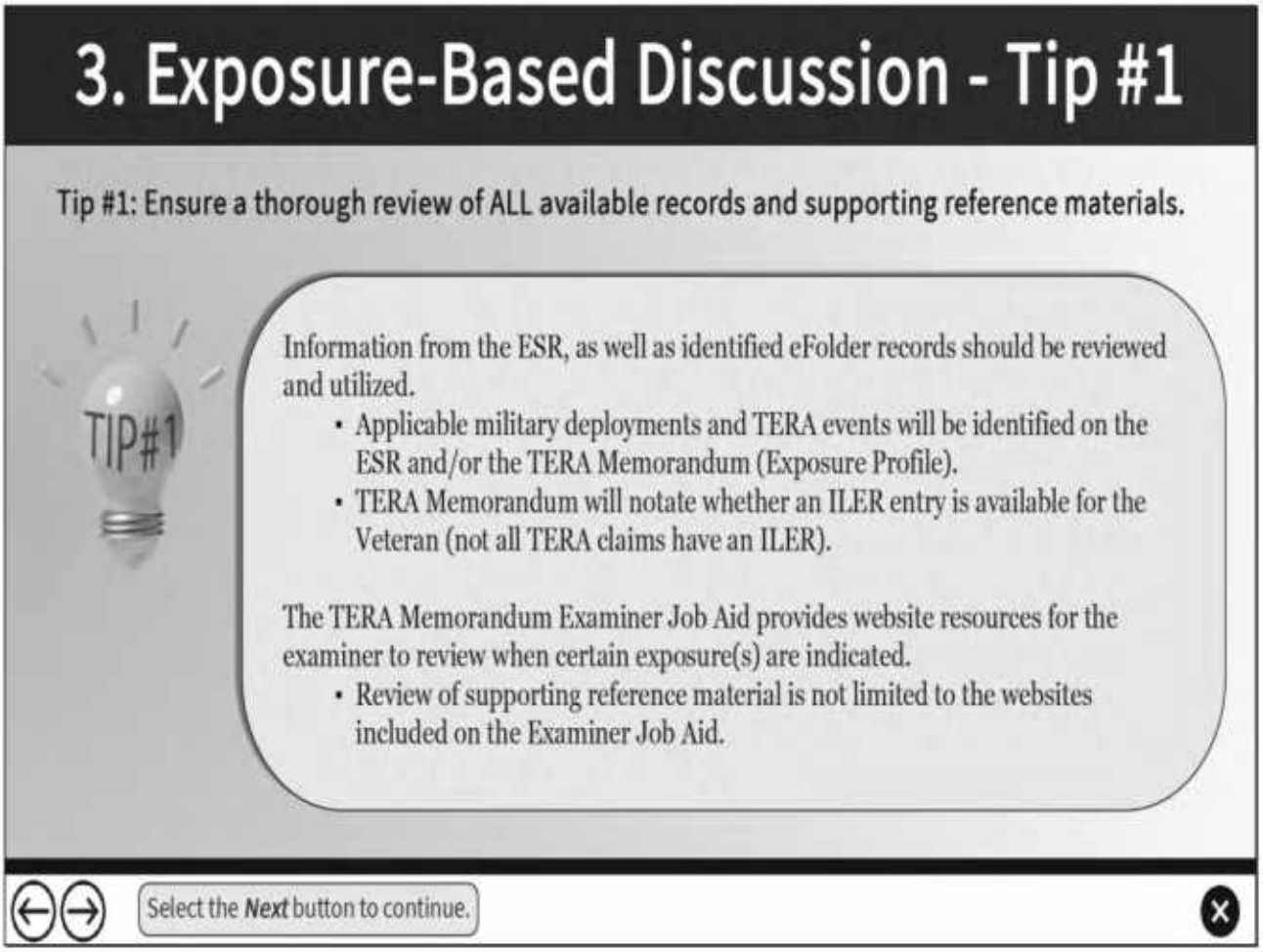
Slide 28 - Exposure Based Discussion Landing Page



Slide notes

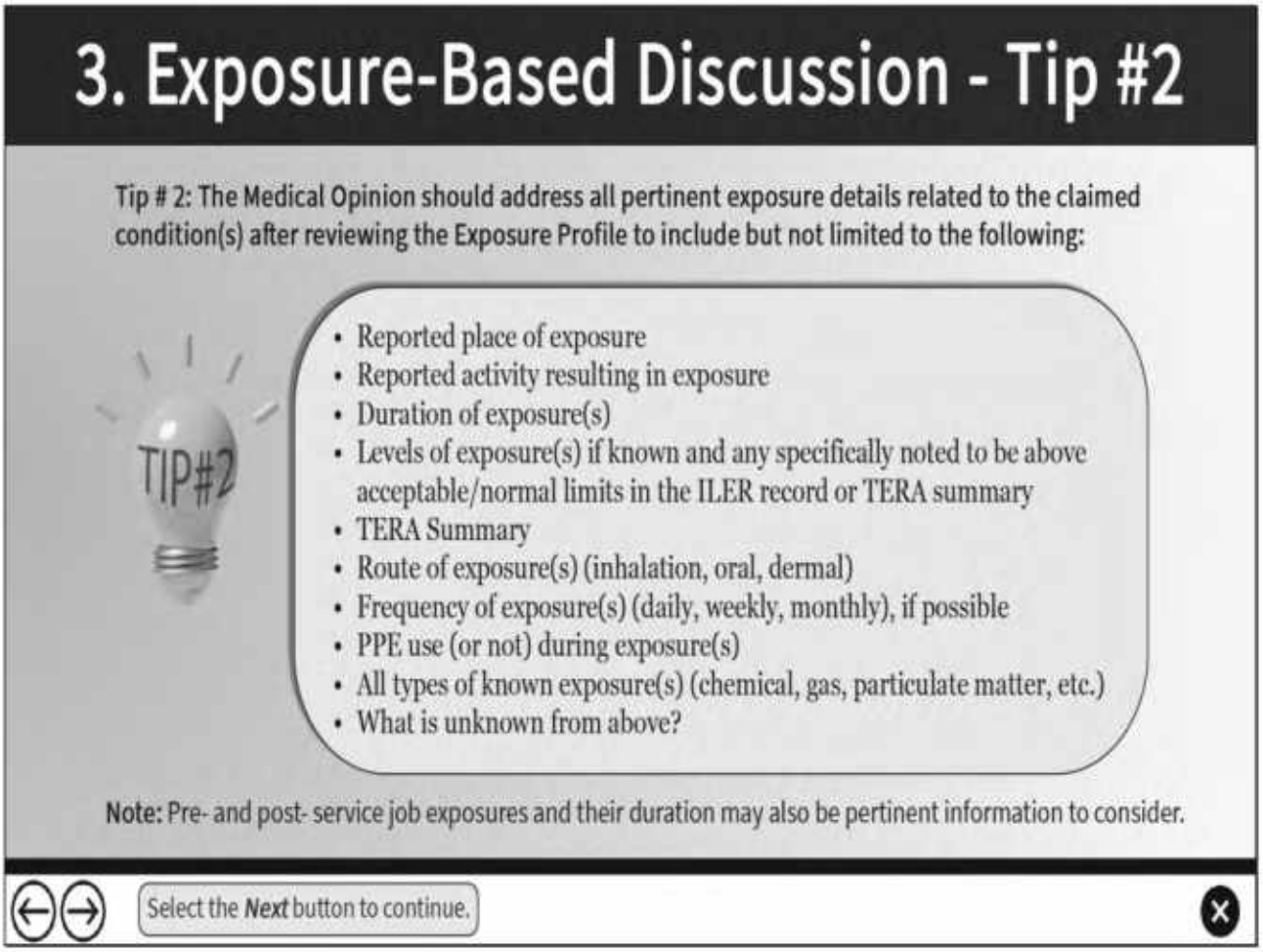
Select each button or press (1) to view the first tip and press 2 to review the second tip. When both tips are reviewed, you may select the Next button to continue.

Slide 29 - Exposure Based Discussion Tip 1



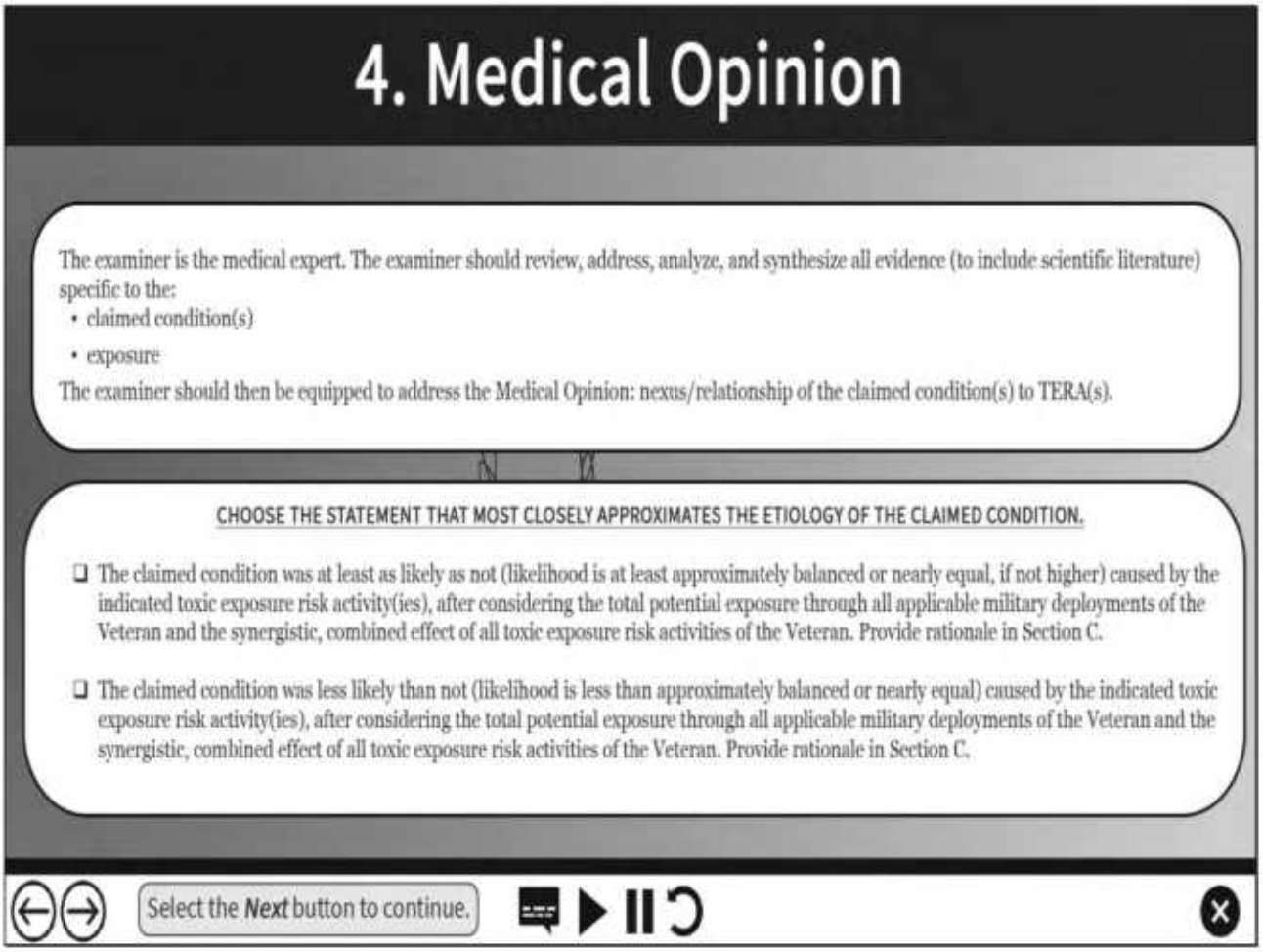
Slide notes

Slide 30 - Exposure Based Discussion Tip 2



Slide notes

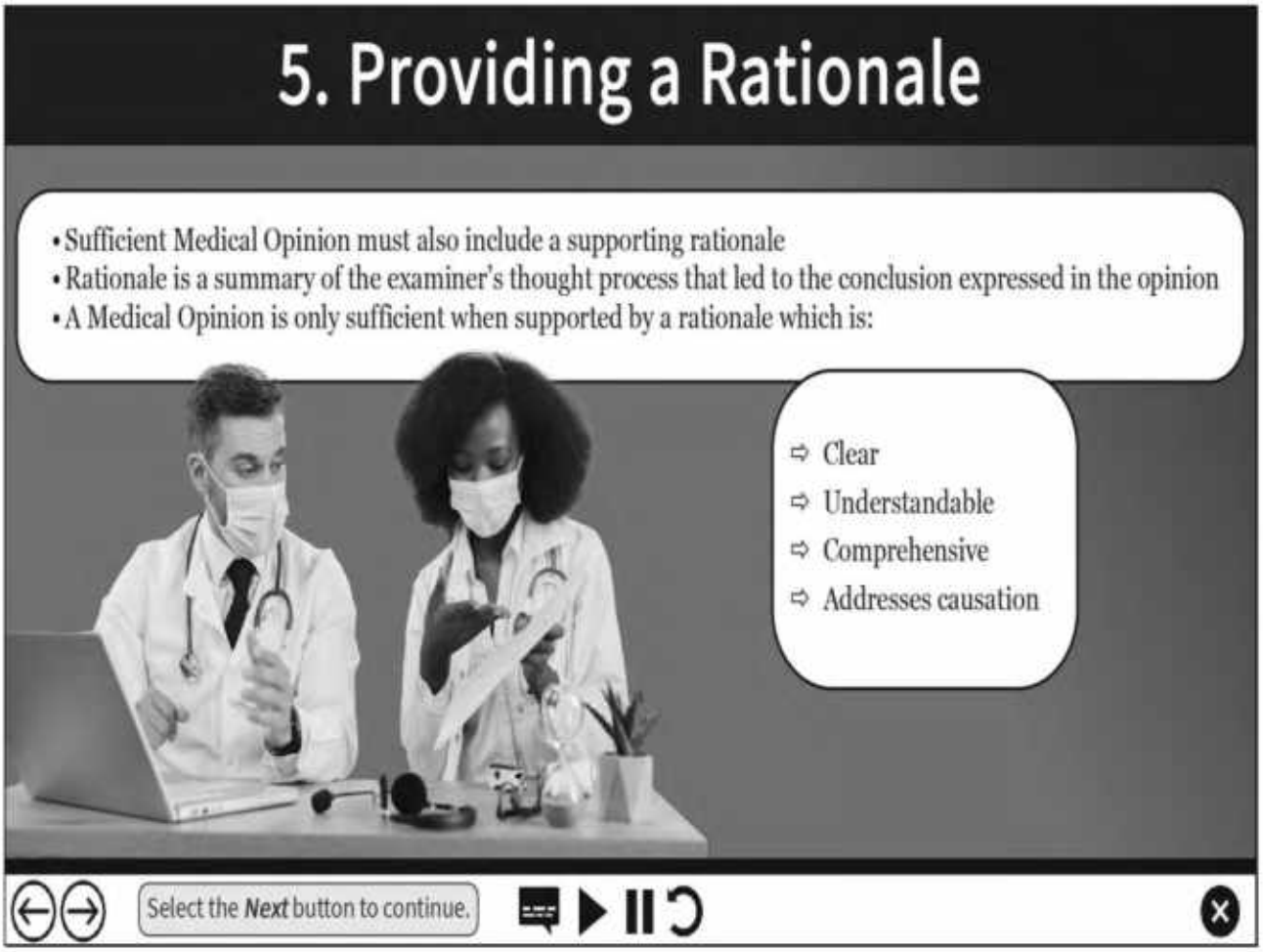
Slide 31 - Medical Opinion



Slide notes

The examiner is the medical expert. After reviewing and synthesizing all the evidence pertaining to the Veteran's claimed conditions and exposure, the examiner should be equipped to opine as to the relationship between the claimed conditions and the TERAs. When providing your medical opinion, the examiner must select the statement that best supports the association and/or etiology of the claimed condition or conditions. Select the Next button to continue.

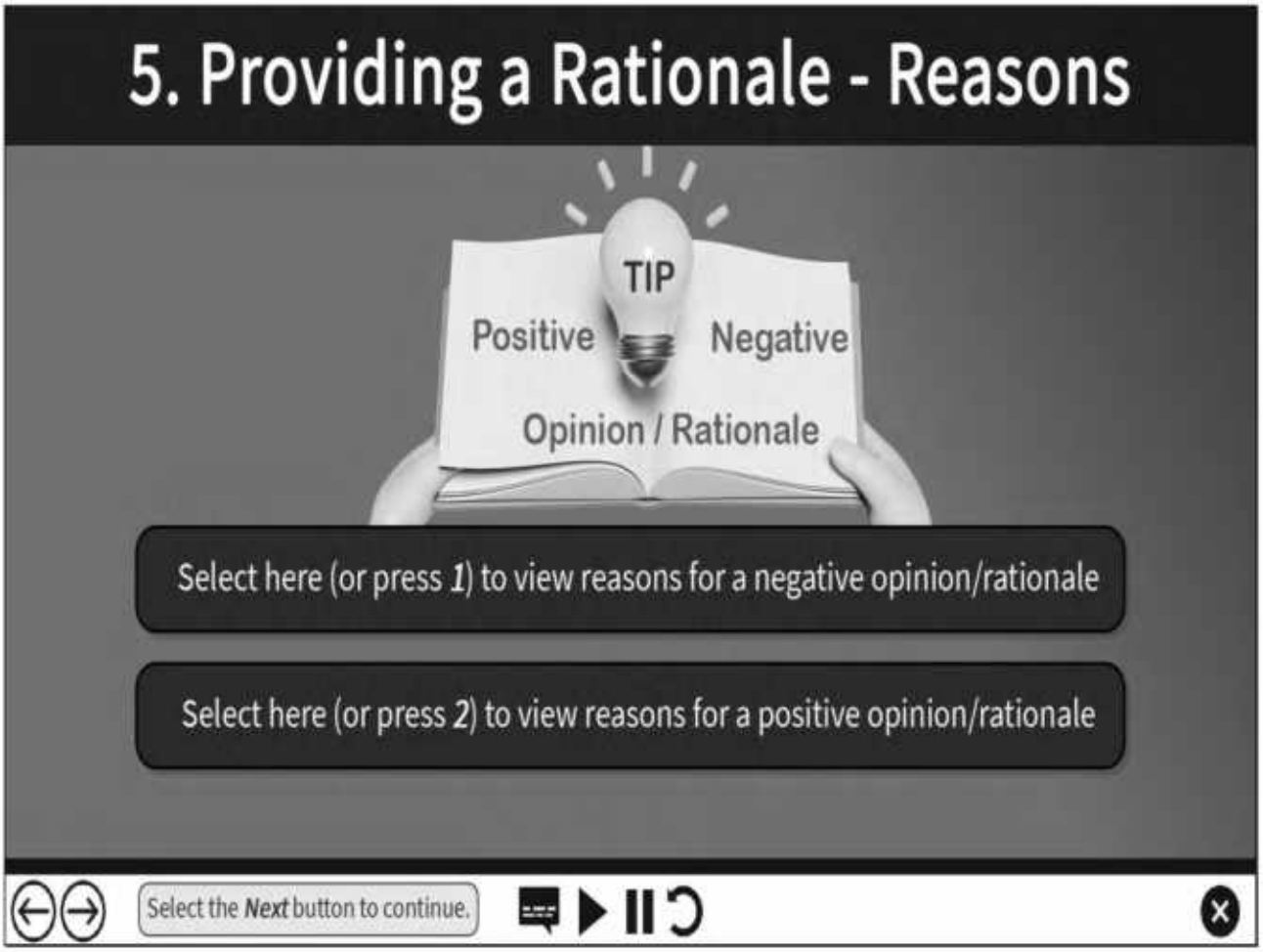
Slide 32 - Providing a Rationale



Slide notes

A medical opinion must also include a supporting rationale. A rationale is a summary of the examiner's thought process that led to the conclusion expressed in the opinion. A medical opinion is only sufficient when supported by a clear, understandable, comprehensive rationale, citing medical literature and treatises to support the opinion and addresses causation. Select the Next button to review reasons for a negative or positive medical opinion and rationale.

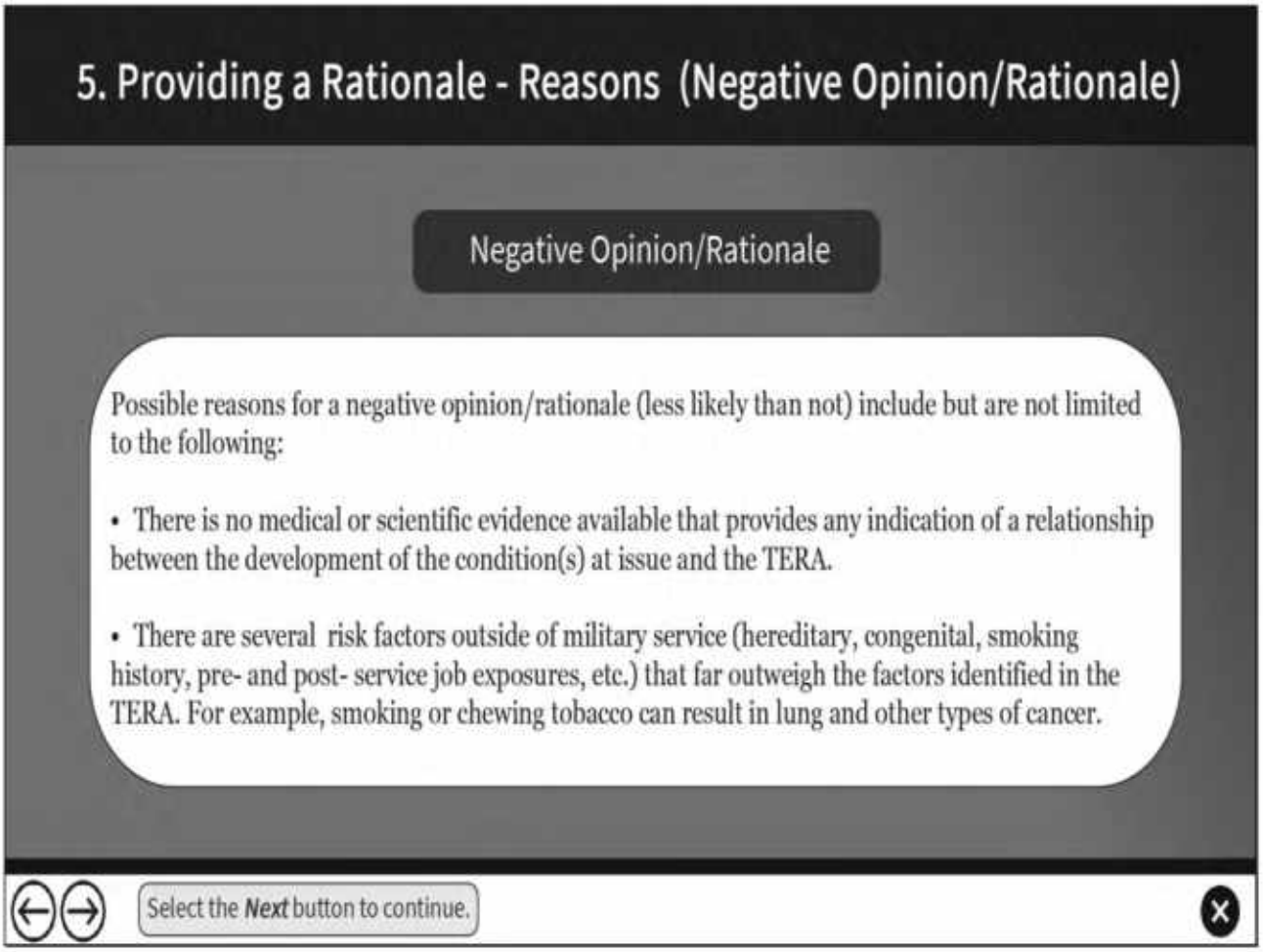
Slide 33 - Providing a Rationale - Reasons1



Slide notes

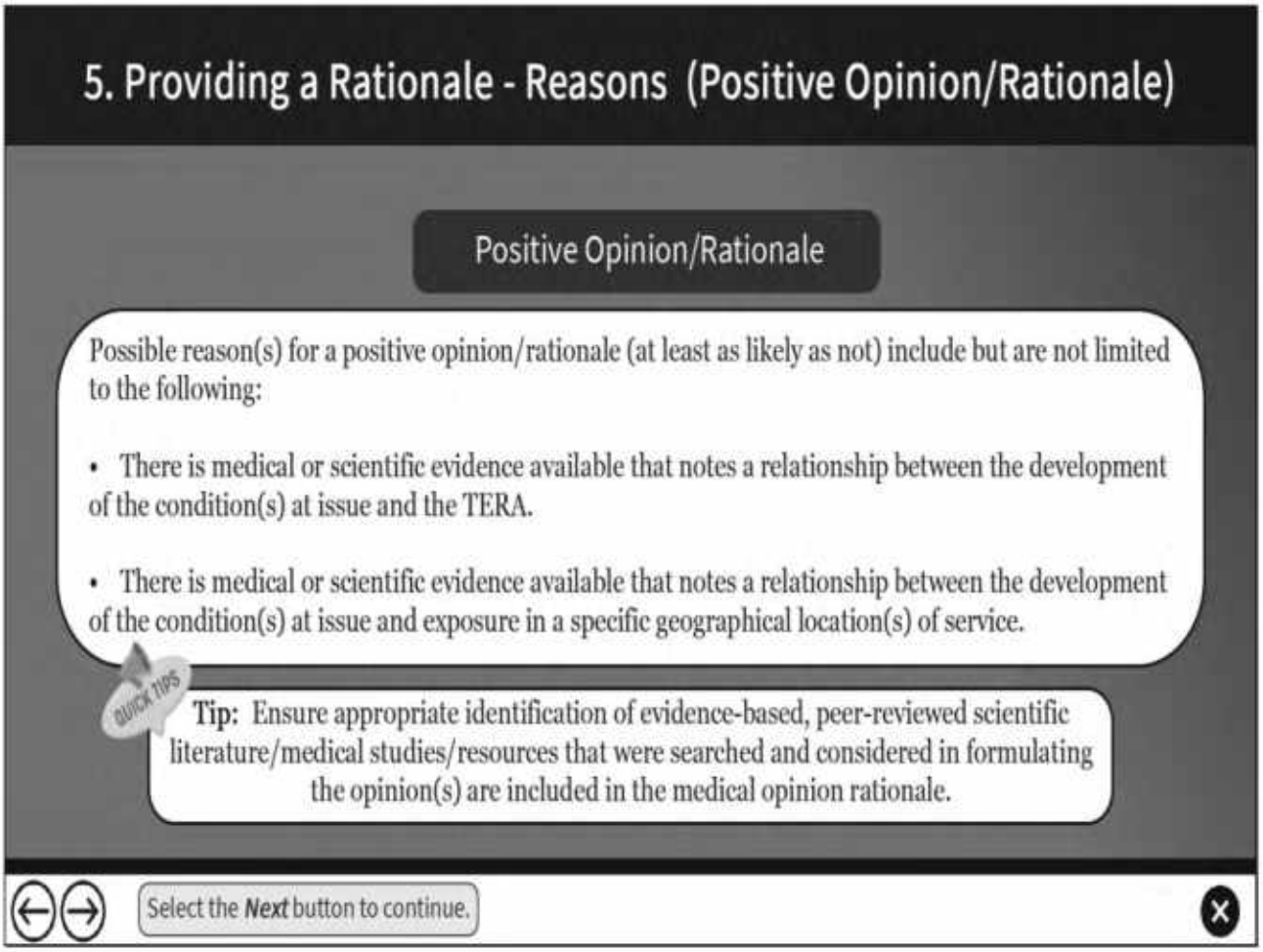
Select the buttons on the screen or press 1 to review reasons for a negative opinion or rationale and press 2 to review reasons for a positive opinion or rationale, then you may select the Next button to continue.

Slide 34 - Providing a Rationale - Reasons2



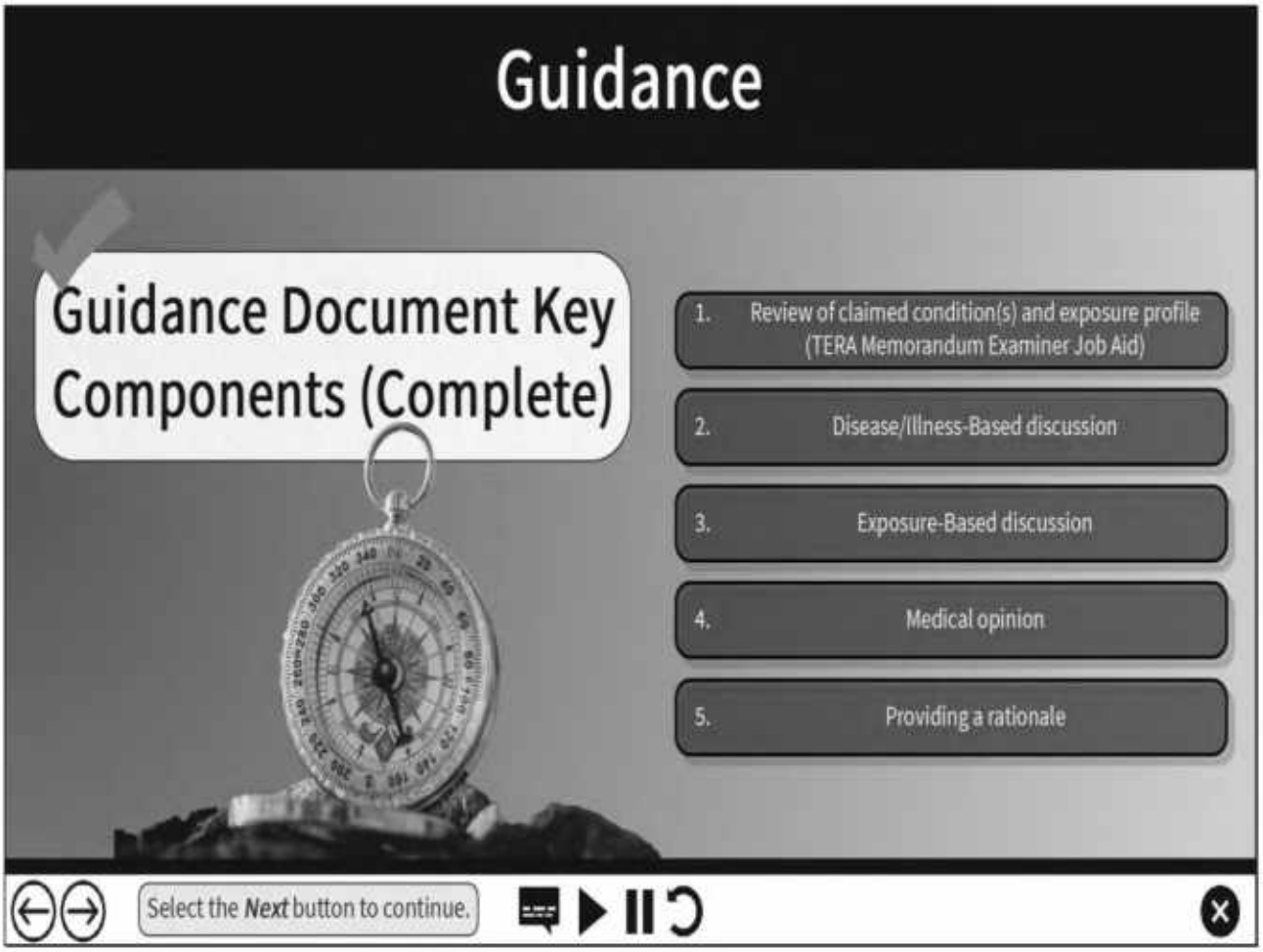
Slide notes

Slide 35 - Providing a Rationale - Reasons3



Slide notes

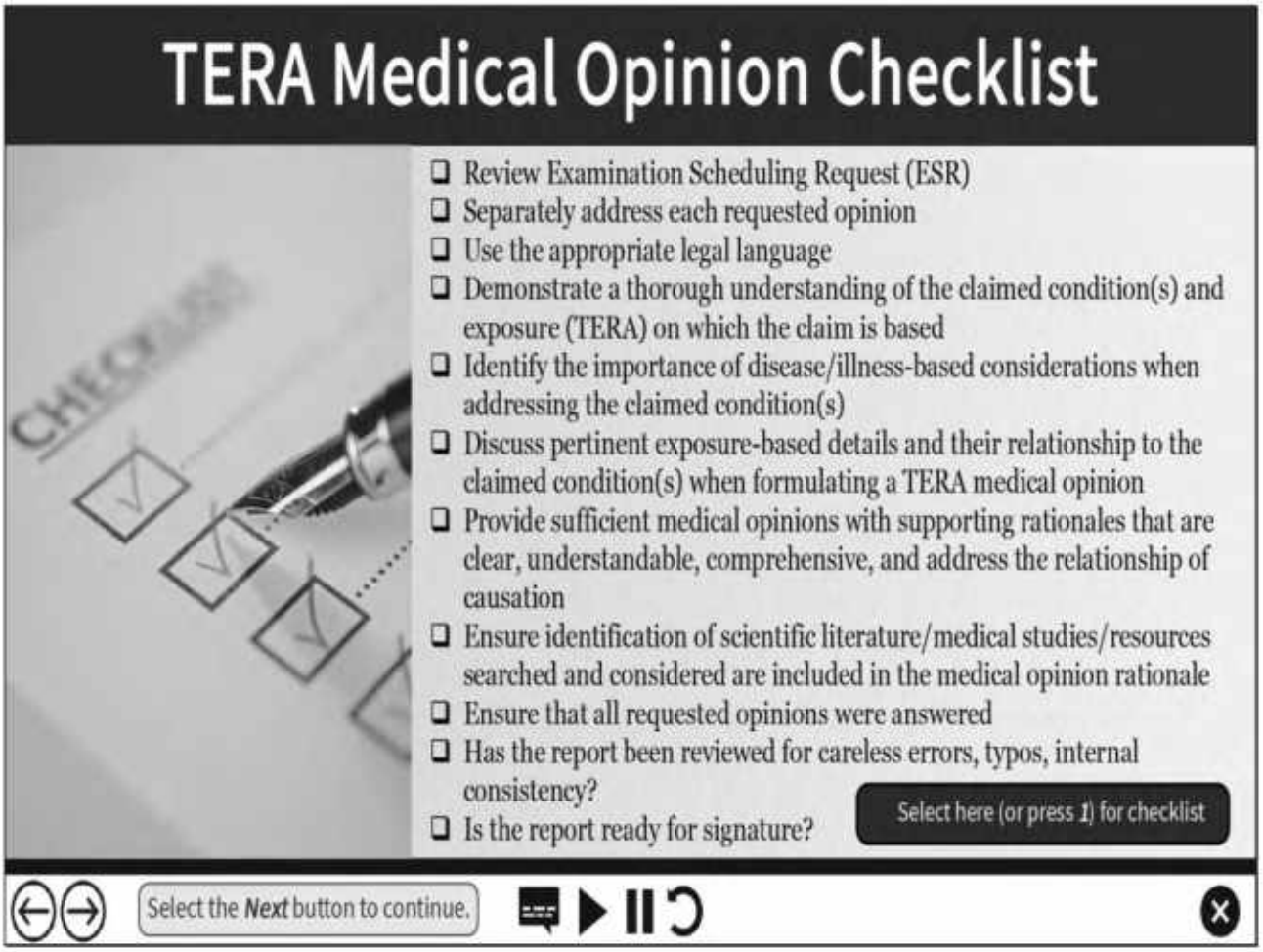
Slide 36 - Guidance Document and Key Components (Complete)



Slide notes

This concludes the review of the information in the *Vendor PACT Act Medical Opinion Guidance Document.* Select the Next button to review a TERA Medical Opinions checklist.

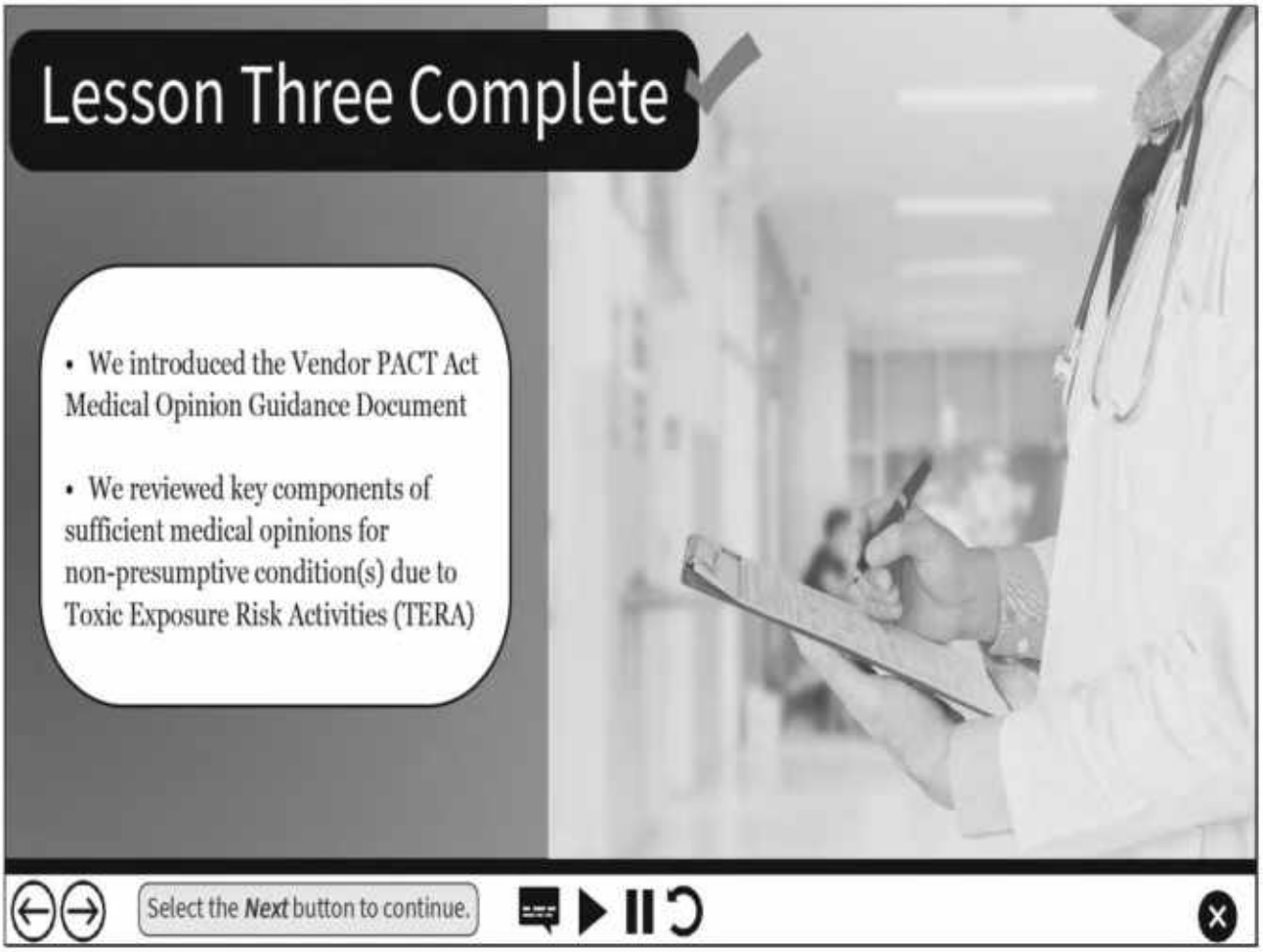
Slide 37 - TERA Medical Opinion Checklist



Slide notes

Here is a checklist to assist Vendor examiners when providing medical opinions for non-presumptive conditions due to toxic exposure risk activities. A copy of this checklist can be obtained by selecting the button on the screen or by pressing (1). Select the Next button to continue.

Slide 38 - Lesson Three Closing



Slide notes

In this lesson, we introduced the "Vendor PACT Act Medical Opinion Guidance Document" that will aid vendors in providing medical opinions for a non-presumptive condition or conditions due to Toxic Exposure Risk Activities (TERA). We learned the key components for examiners to effectively address the nexus or relationship of the claimed condition or conditions to the TERA. The learner should now be equipped with a greater understanding of the complexities of these opinions and the importance of disease or illness-based and exposure-based discussions when formulating TERA Medical Opinions and rationales. Select the Next button to continue to the course summary.

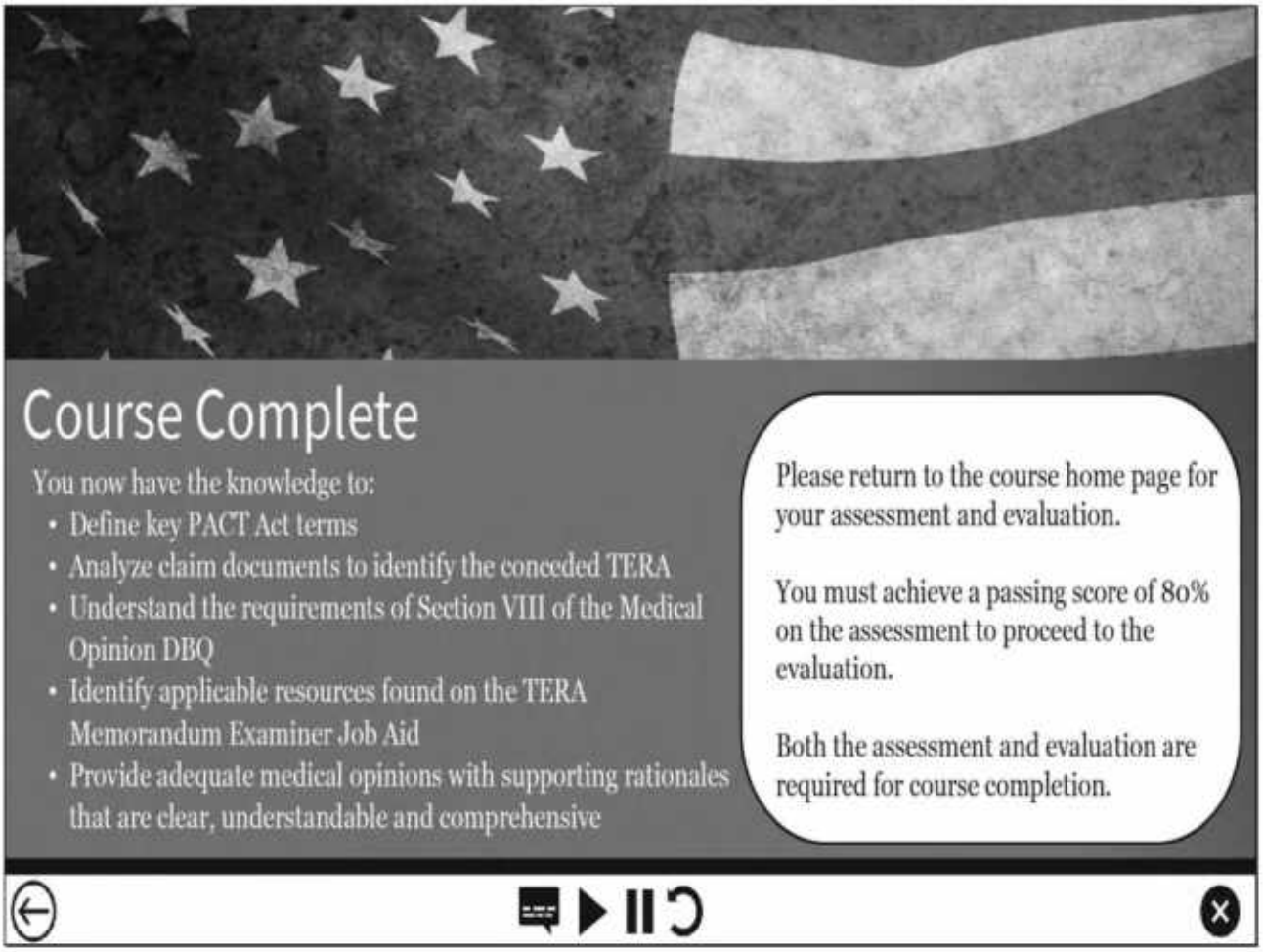
Slide 39 - Course Summary and Resources



Slide notes

In this course, you learned the definition of Toxic Exposure Risk Activity. You reviewed sample TERA memorandums to identify what TERA a Veteran experienced. You learned about the Individual Longitudinal Exposure Record, or ILER, and the type of information contained therein. A new concept related to TERA medical opinions was introduced -synergistic combined effect. In Lessons Two and Three, you learned how these key terms relate to the new medical opinion language in a TERA Medical Opinion. You reviewed the TERA Memorandum Examiner Job Aid in concert with TERA Memorandum samples to identify available resources for your review in formulating a medical opinion. And you reviewed the Vendor PACT Act Medical Opinion Guidance Document to assist in producing sufficient TERA-related medical opinions and supporting rationales. Select the Next button to continue.

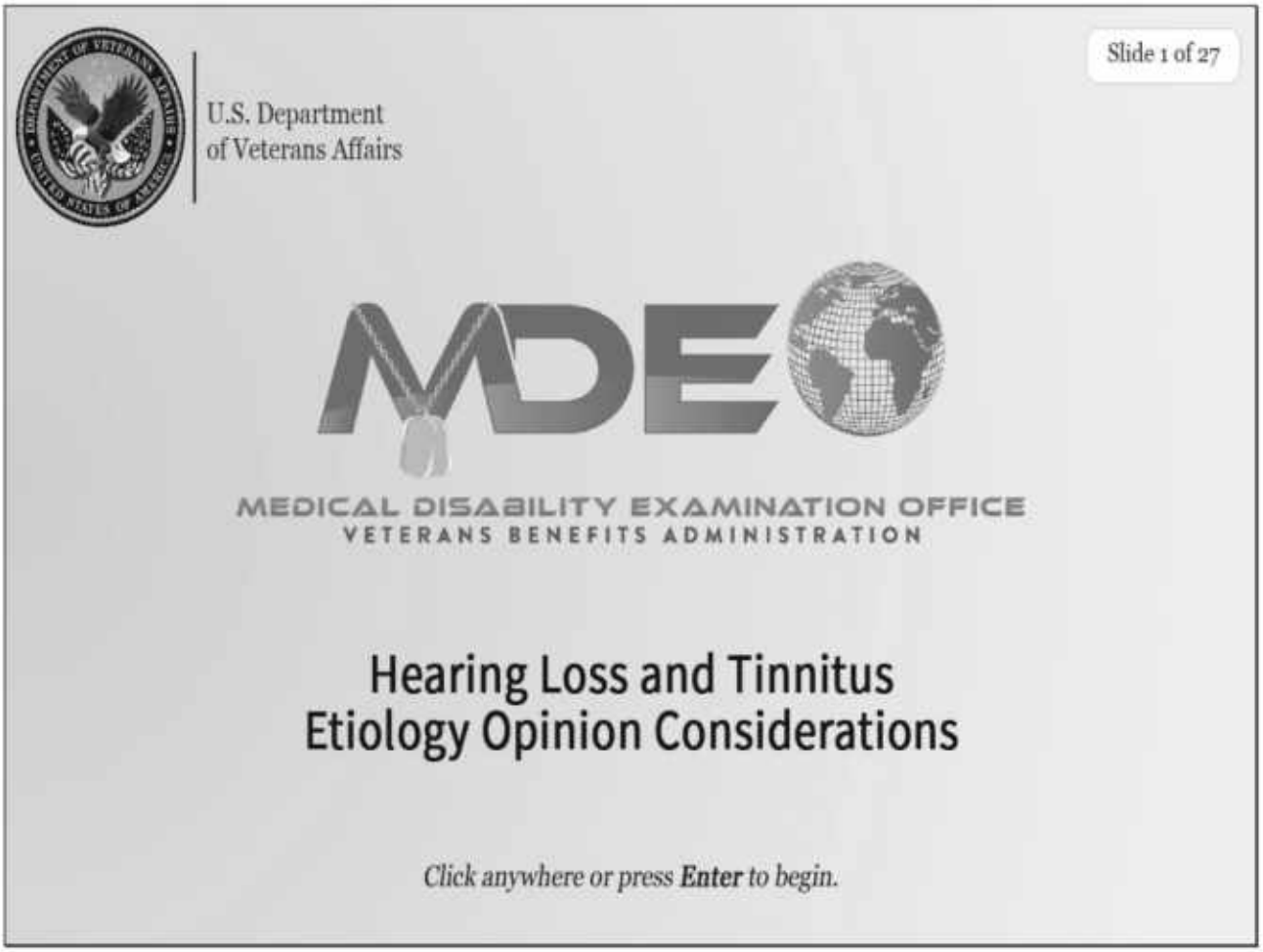
Slide 40 - Course Closing



Slide notes

Congratulations! You have successfully completed this course. Take a moment to review the objectives you achieved. If needed, return to lesson content for review. Next, access the assessment and evaluation. You must complete both the assessment and evaluation to receive completion credit. Select the Exit button or press (X) to exit the course and return.

Slide 1 - Introduction

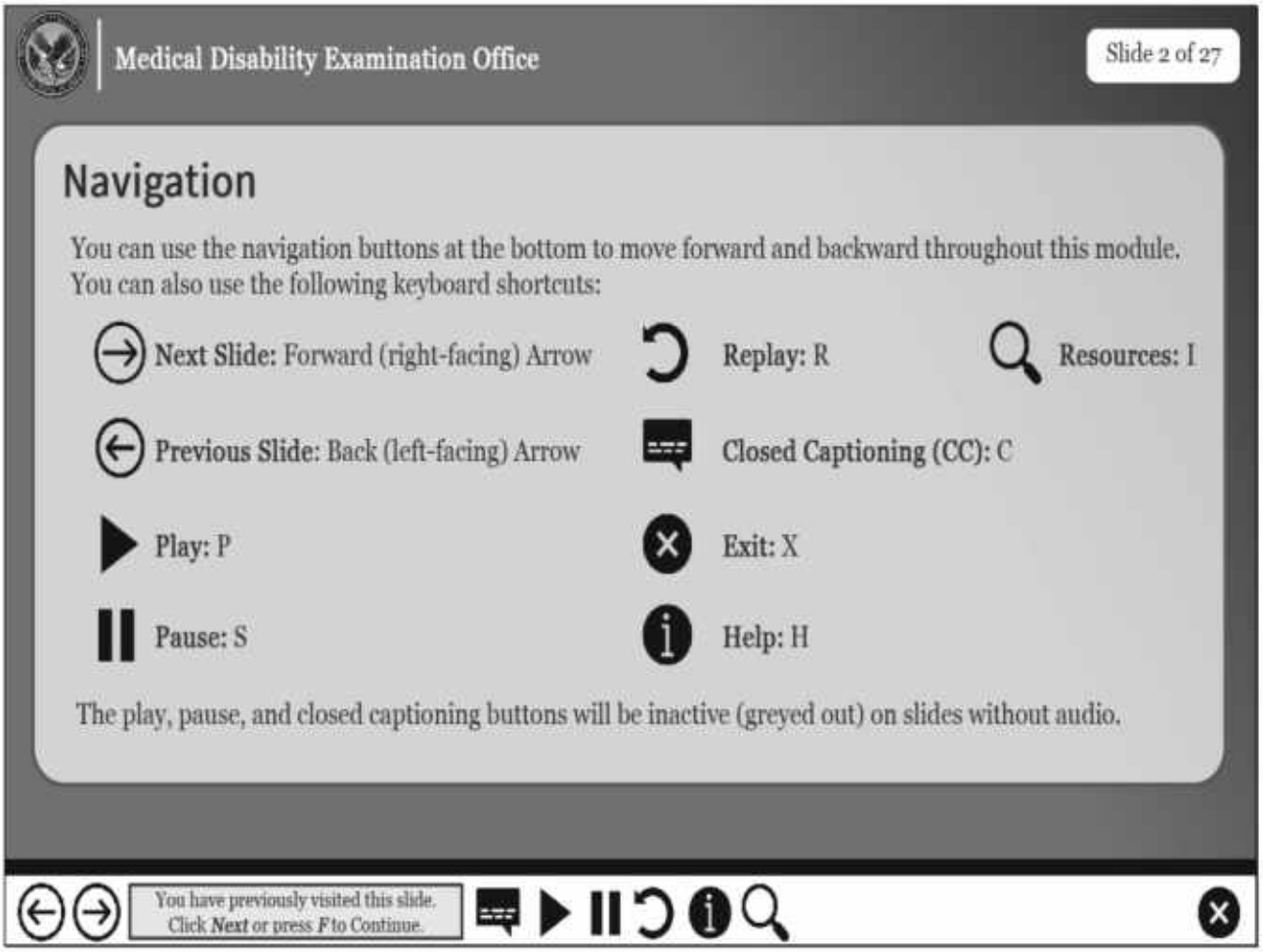


Transcript

Course Length: 45 minutes

Assessment: N/A

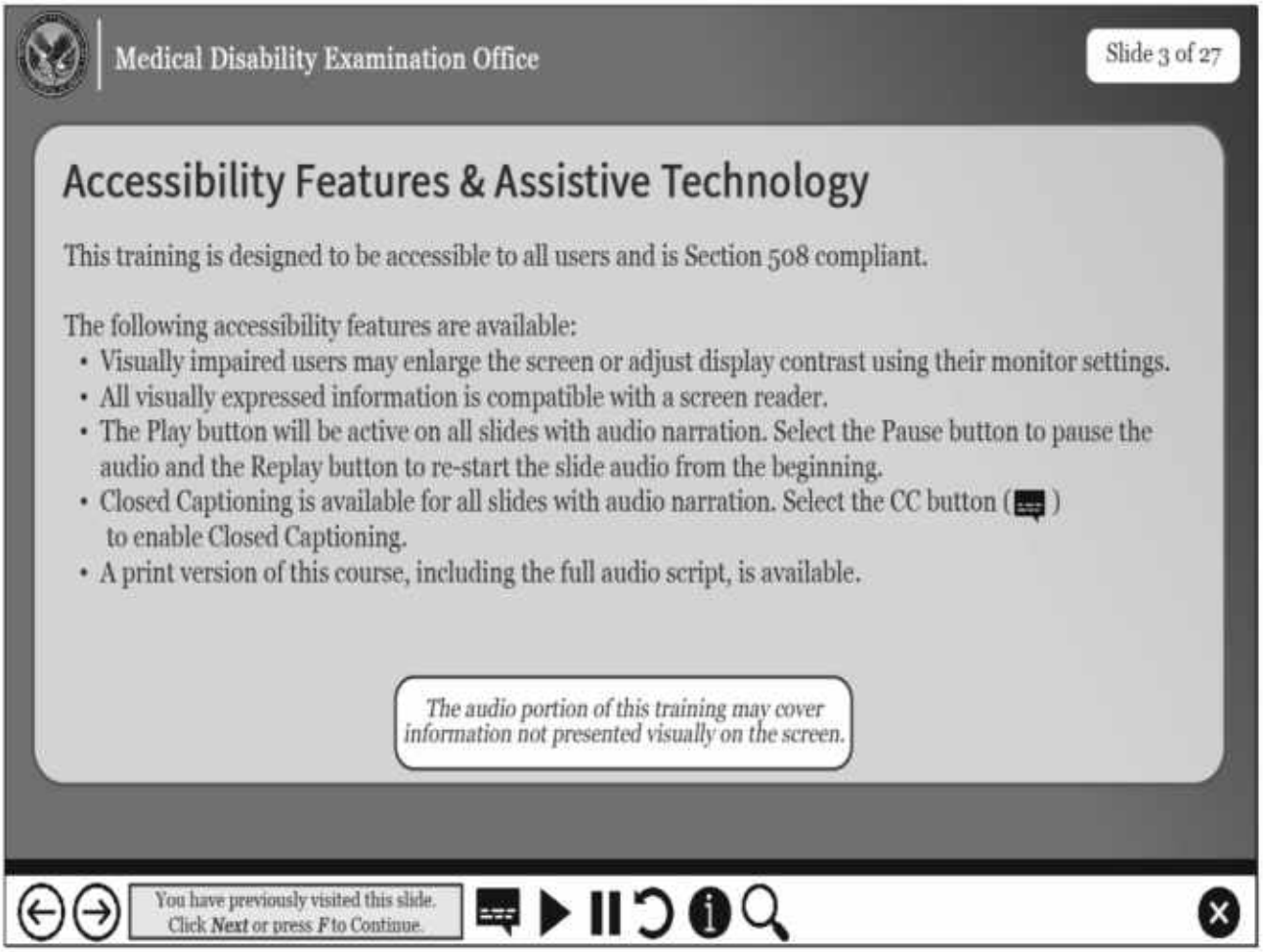
Slide 2 - Navigation



Slide notes

Take a moment to review the navigation options for this course. Closed captioned text is available by selecting the closed captioning button located in the bottom middle of the screen. The audio may be paused or replayed at any time.

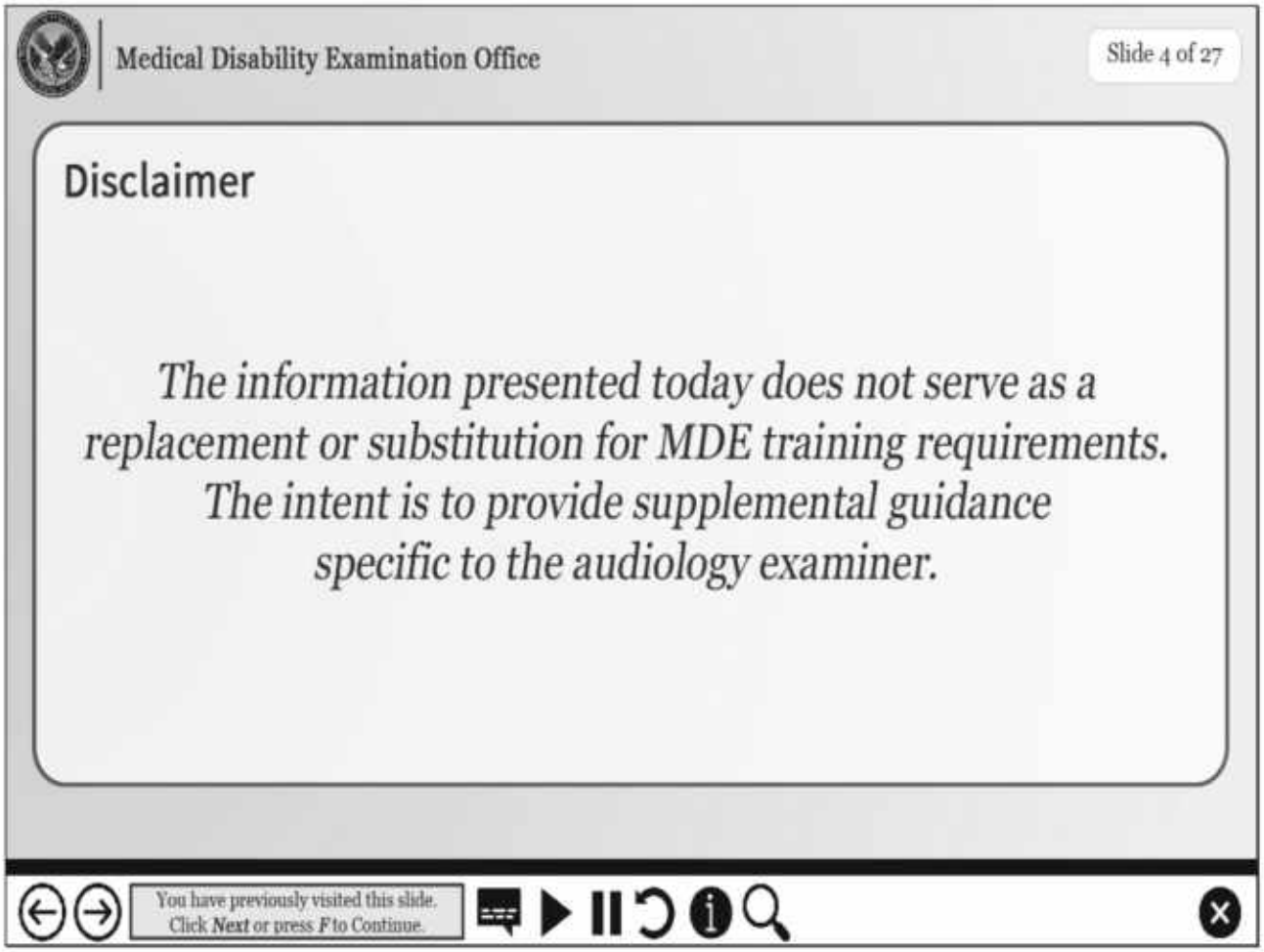
Slide 3 - Accessibility



Slide notes

This presentation is designed to meet unique needs. The screen can be enlarged, and all materials support the use of a screen reader. Closed captions are available for all audios. The audio in the training may cover information that is not presented visually on the screen. A print version is available, including the full audio script. Please select the next button on the bottom left of each screen (or the right-facing arrow) to progress through the presentation.

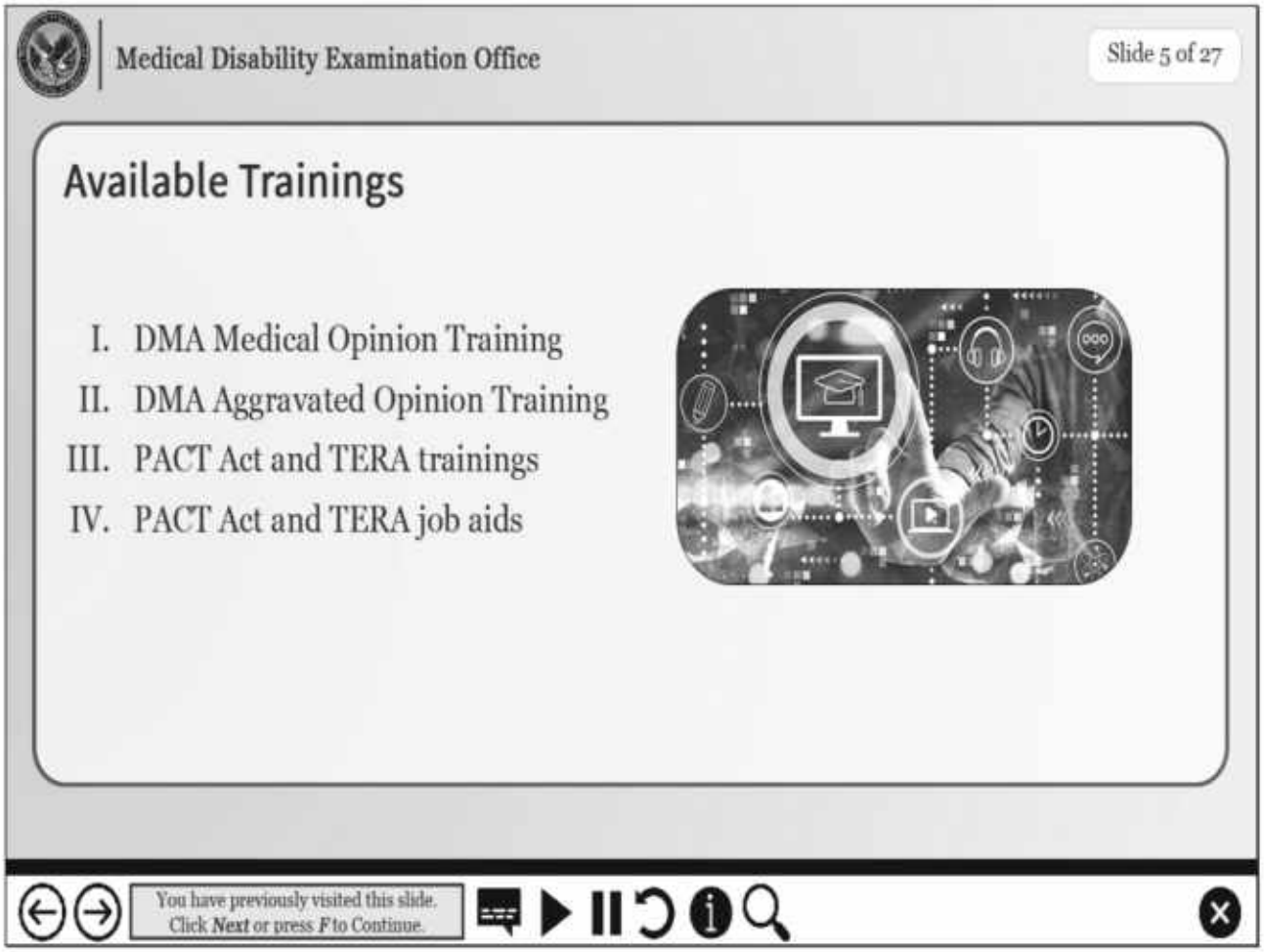
Slide 4 - Disclaimer



Slide notes

It is important that examiners complete all trainings required as part of the certification process before completing medical disability exams. The information presented today does not serve as a replacement or substitution, but rather a supplement specific to the audiology examiner. Please work with your vendor training team to ensure that you have completed all required training courses before performing medical disability exams or providing etiology opinions.

Slide 5 - Available Trainings



Slide notes

There are readily available trainings that address completing etiology opinions. These trainings are required for examiners to complete as part of the certification process before completing medical disability exams. Information presented today is not a replacement or substitution for the required trainings. It is intended to provide additional information specific to the audiology examiner.

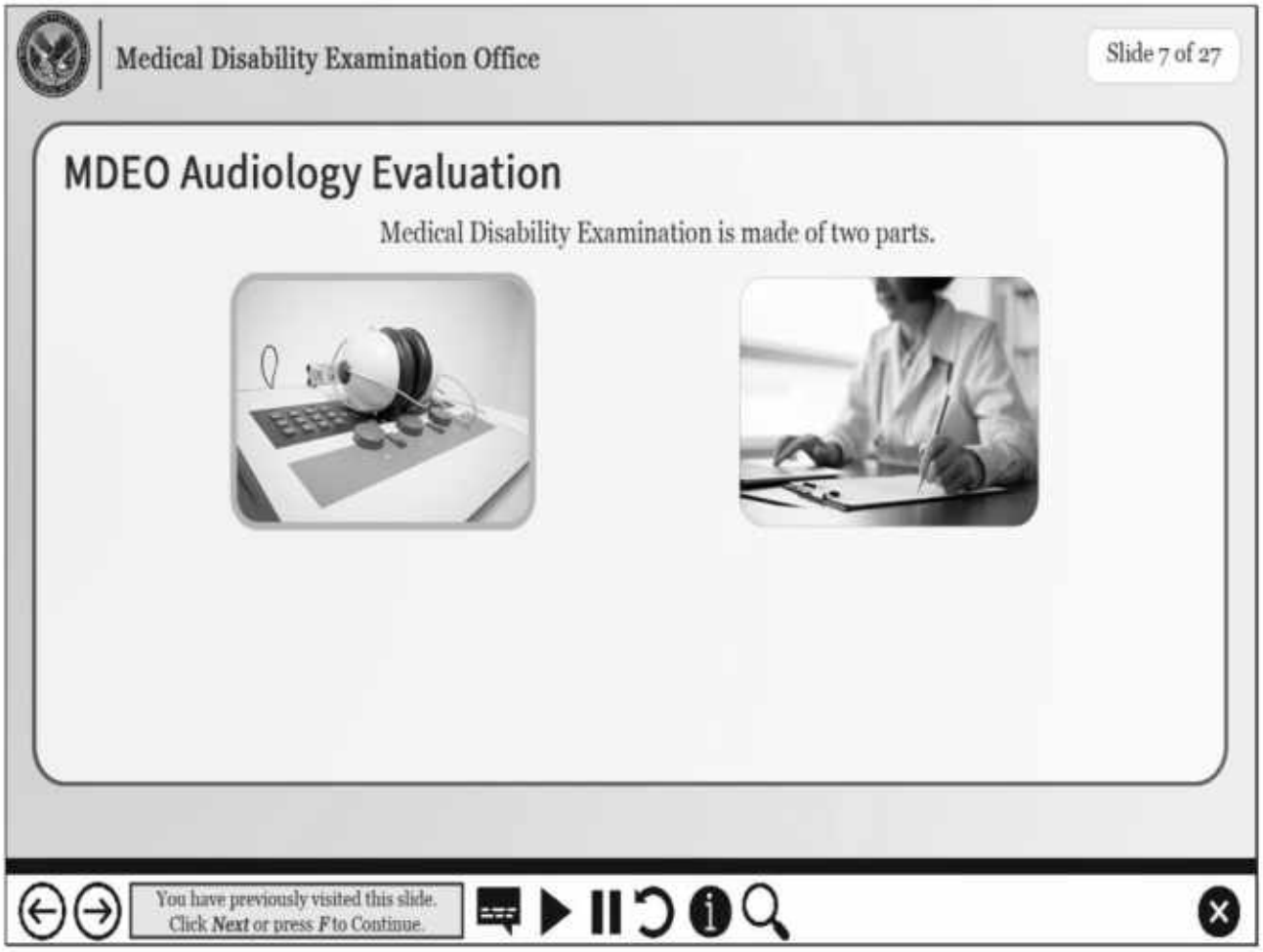
Slide 6 - Purpose



Slide notes

This training provides the examiner with information to consider when completing record reviews and forming etiology opinions for hearing loss and tinnitus.

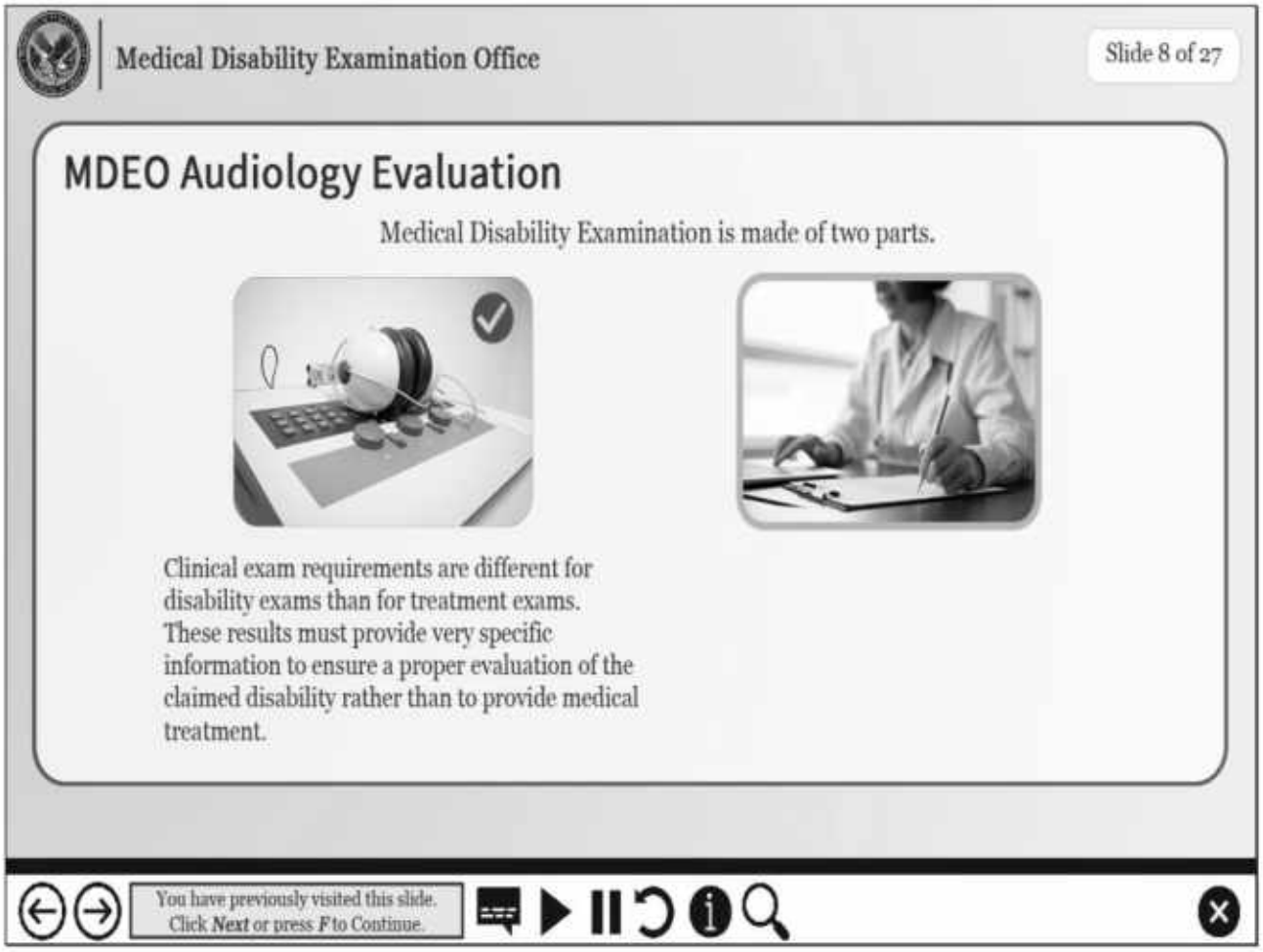
Slide 7 - MDEO Audiology Evaluation



Slide notes

The Medical Disability Examination, or MDE, is made of two parts. The clinical examination and the etiology opinion(s). Please select the first image or press 1 to learn more.

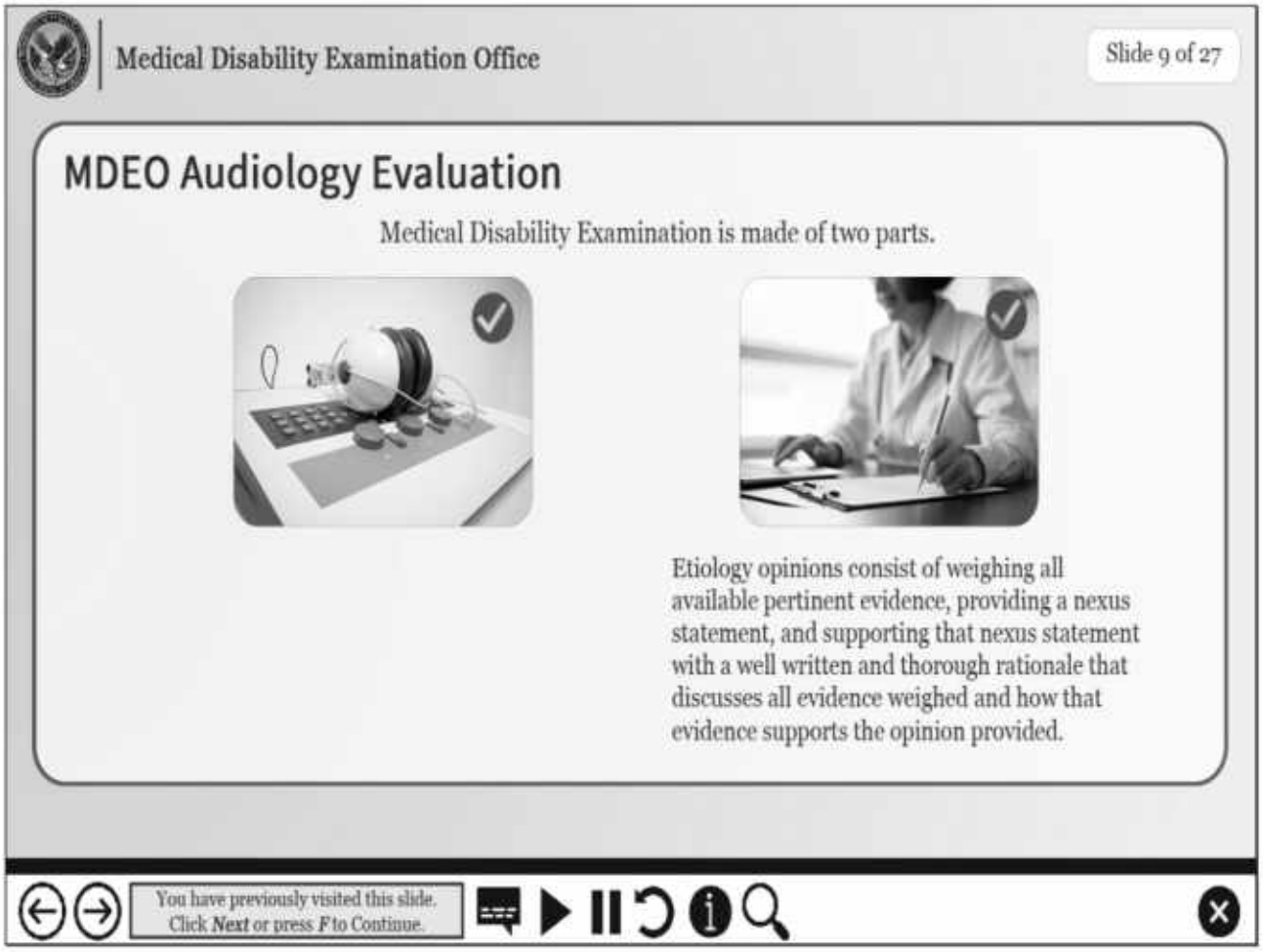
Slide 8 - MDEO Audiology Evaluation - Clinical Exam Requirements



Slide notes

The clinical exam consists of subtests that are different for disability exams than for traditional diagnostic and treatment exams. The disability examination results will provide specific information which ensures a thorough evaluation of the claimed condition rather than provide clinical treatment. Please select the second image or press 2 to learn more.

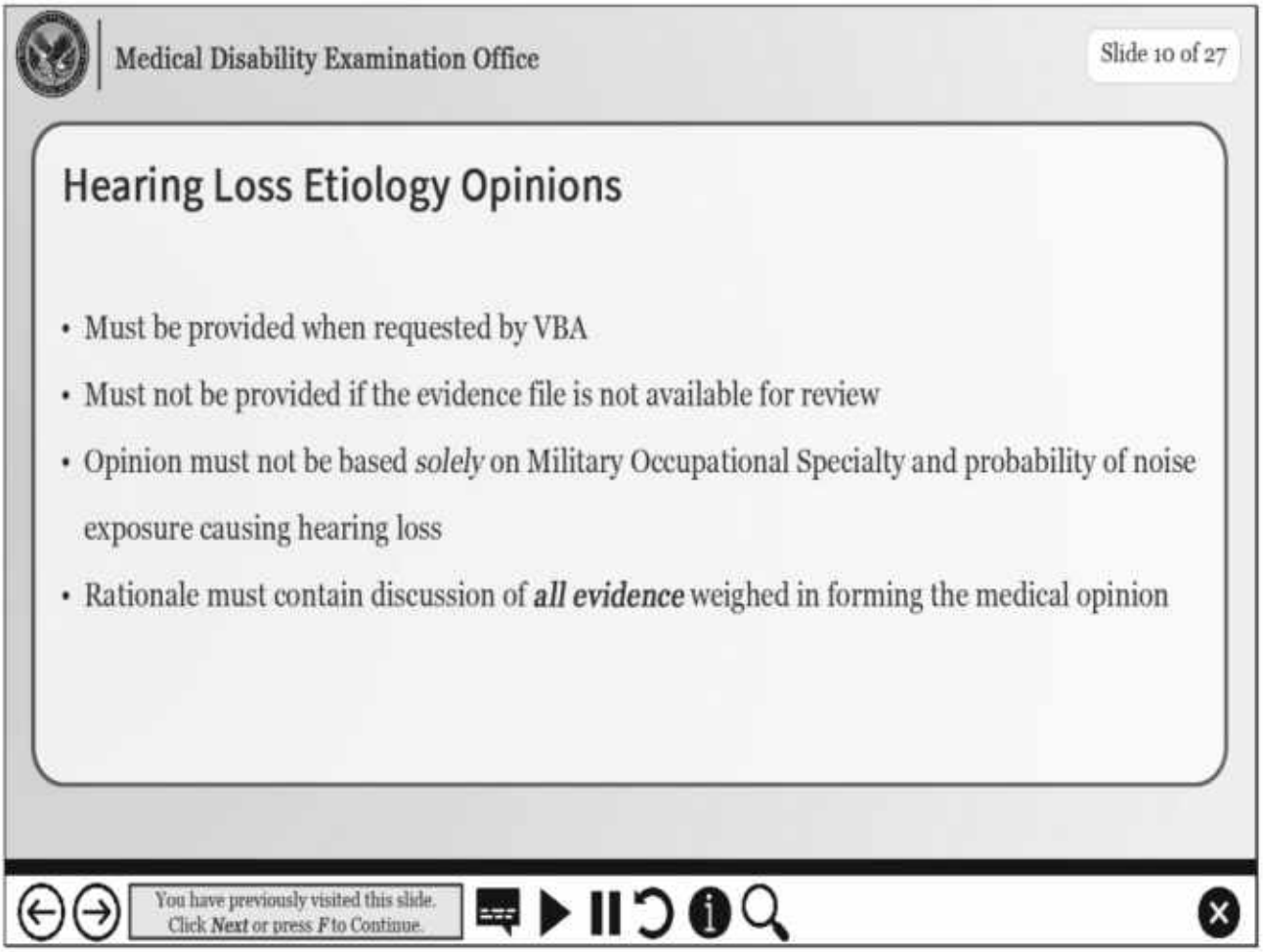
Slide 9 - MDEO Audiology Evaluation - Etiology Opinions



Slide notes

Etiology opinions are determined by weighing evidence, determining a nexus, or relationship, and supporting that nexus with a well written and thorough rationale that discusses all evidence weighed and how that evidence supports the opinion provided.

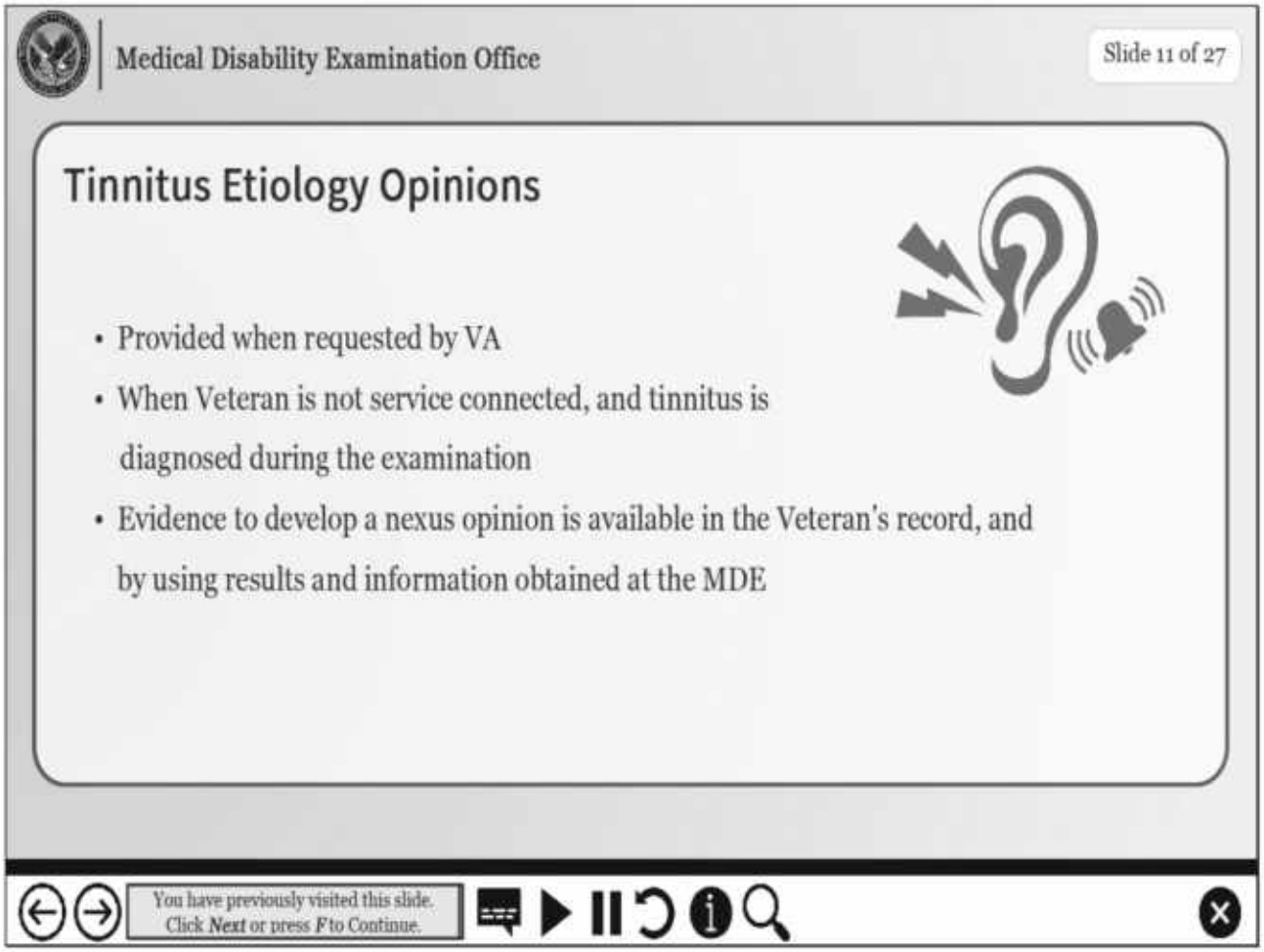
Slide 10 - Hearing Loss Etiology Opinions



Slide notes

Hearing loss etiology opinions must be provided when requested by VBA. The opinion must be based on weighing all available pertinent evidence to determine the probability of the condition being caused or incurred as a result of an event or injury in service. An opinion must not be provided if the evidence file has not been made available for review. Opinions must not be based solely on Military Occupational Specialty and probability of noise exposure to cause hearing loss. The rationale must consist of a thorough discussion of all evidence weighed in forming the opinion, and how that evidence supports or refutes the nexus.

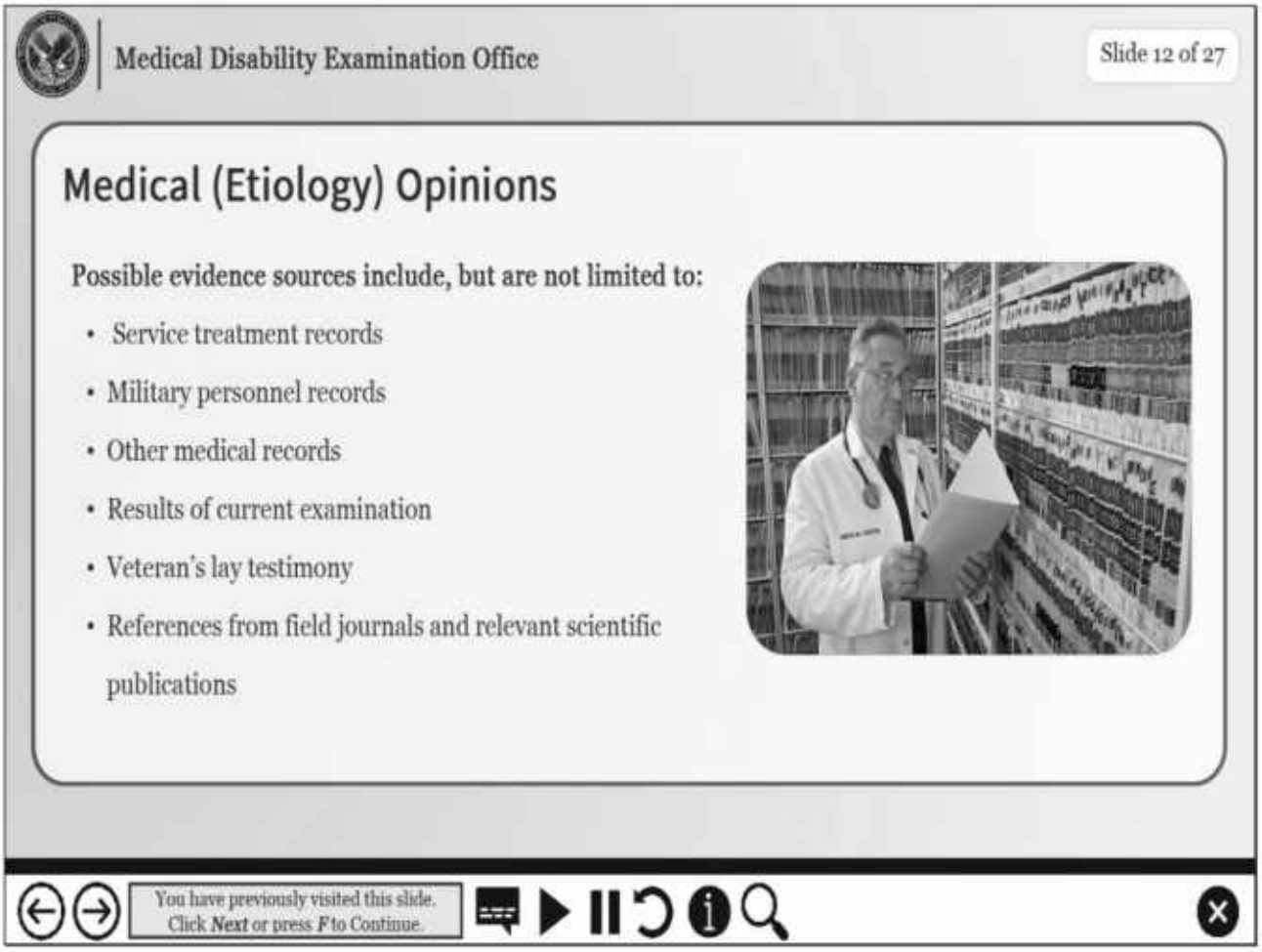
Slide 11 - Tinnitus Etiology Opinions



Slide notes

The examiner should provide tinnitus etiology opinions when requested by VA, or when tinnitus is not a service connected condition and is diagnosed at the time of the MDE. The examiner uses evidence contained in the Veteran's records along with the results and information obtained during the MDE to determine the probability of tinnitus being consistent with a current diagnosis of hearing loss, due to military noise exposure, or due to some other known etiology as appropriate.

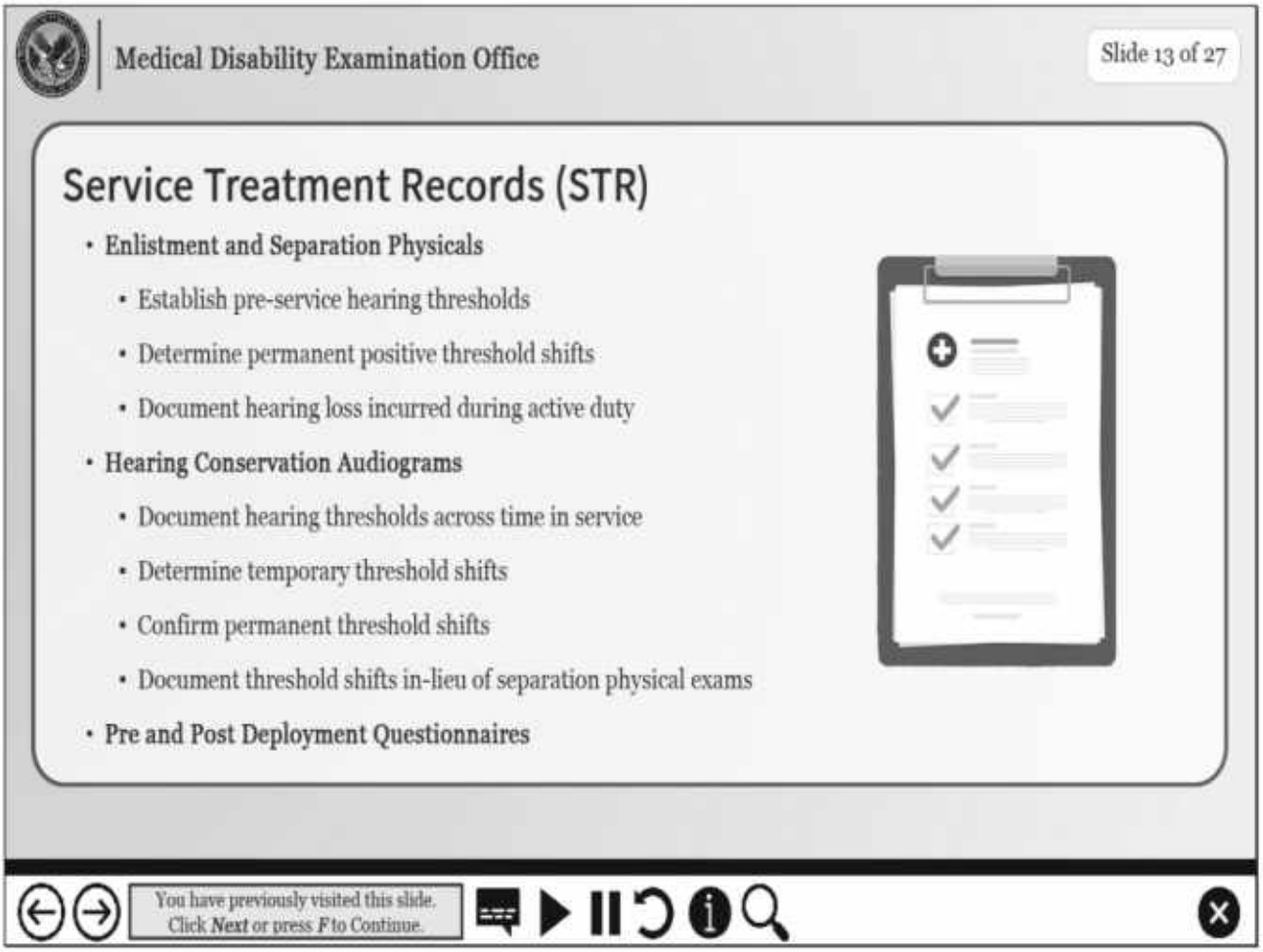
Slide 12 - Medical (Etiology) Opinions



Slide notes

Possible sources of evidence available in a Veteran's record include, but are not limited to: service treatment records, military personnel records, private medical records, VA medical records, results of the current MDE, Veteran and other lay testimonies, and references from peer reviewed field journals and relevant scientific publications.

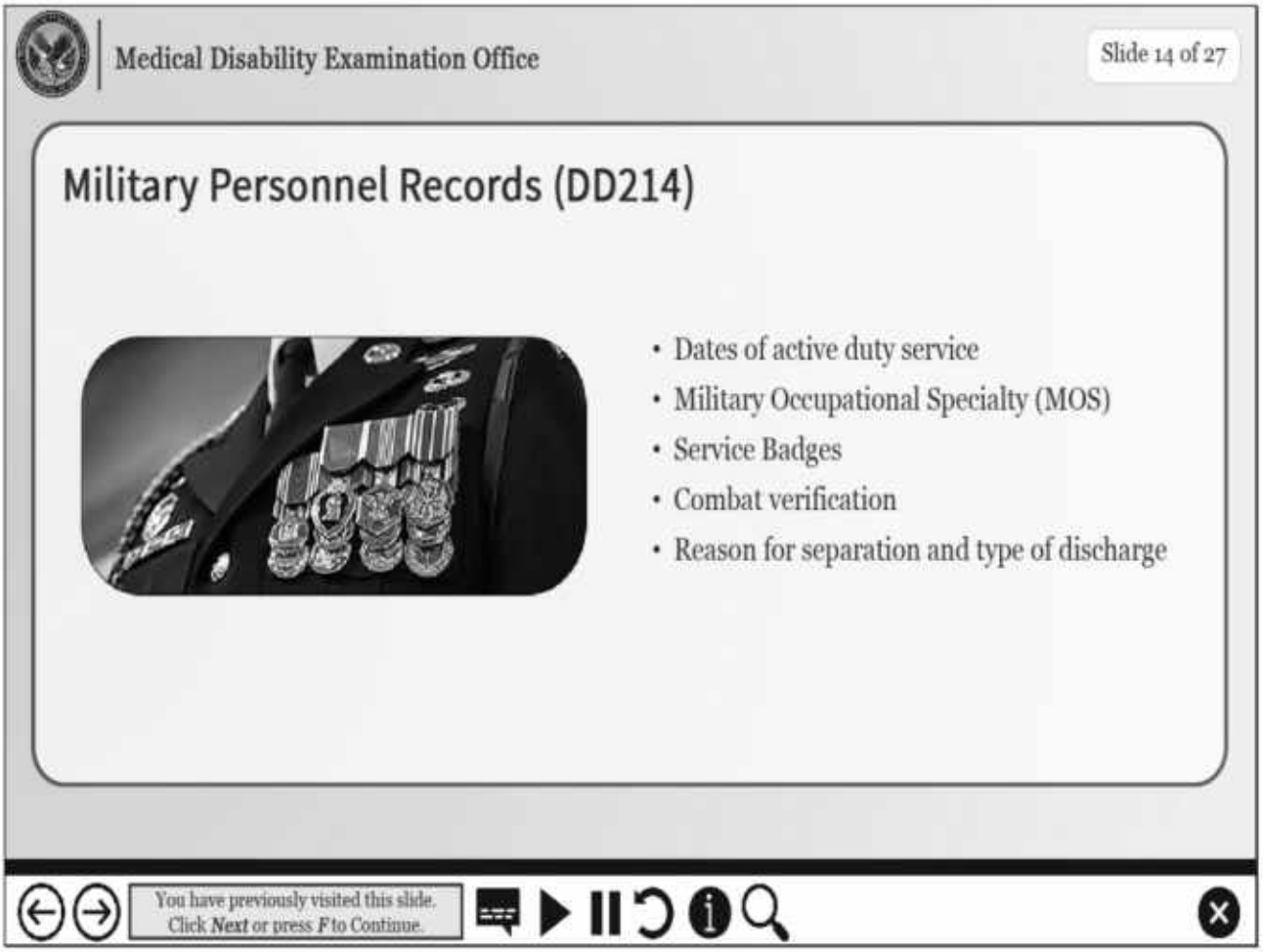
Slide 13 - Service Treatment Records (STR)



Slide notes

Service treatment records may contain enlistment and separation physicals. Audiograms contained in these documents establish pre and post service hearing thresholds, and are used to determine threshold shifts and hearing loss incurred during periods of active duty. Baseline and periodic hearing conservation audiograms are made available to document hearing thresholds across time in service. This information is used to determine temporary and permanent threshold shifts. When entrance or separation physical audiograms are not available, hearing conservation audiograms can be helpful in determining probability of shifts in hearing or hearing loss occurring during service when used in conjunction with other available evidence. Pre and post deployment questionnaires may also be found within the service treatment records. If present, these questionnaires contain pertinent information regarding the presence or absence of tinnitus and perceived hearing loss before and after deployments.

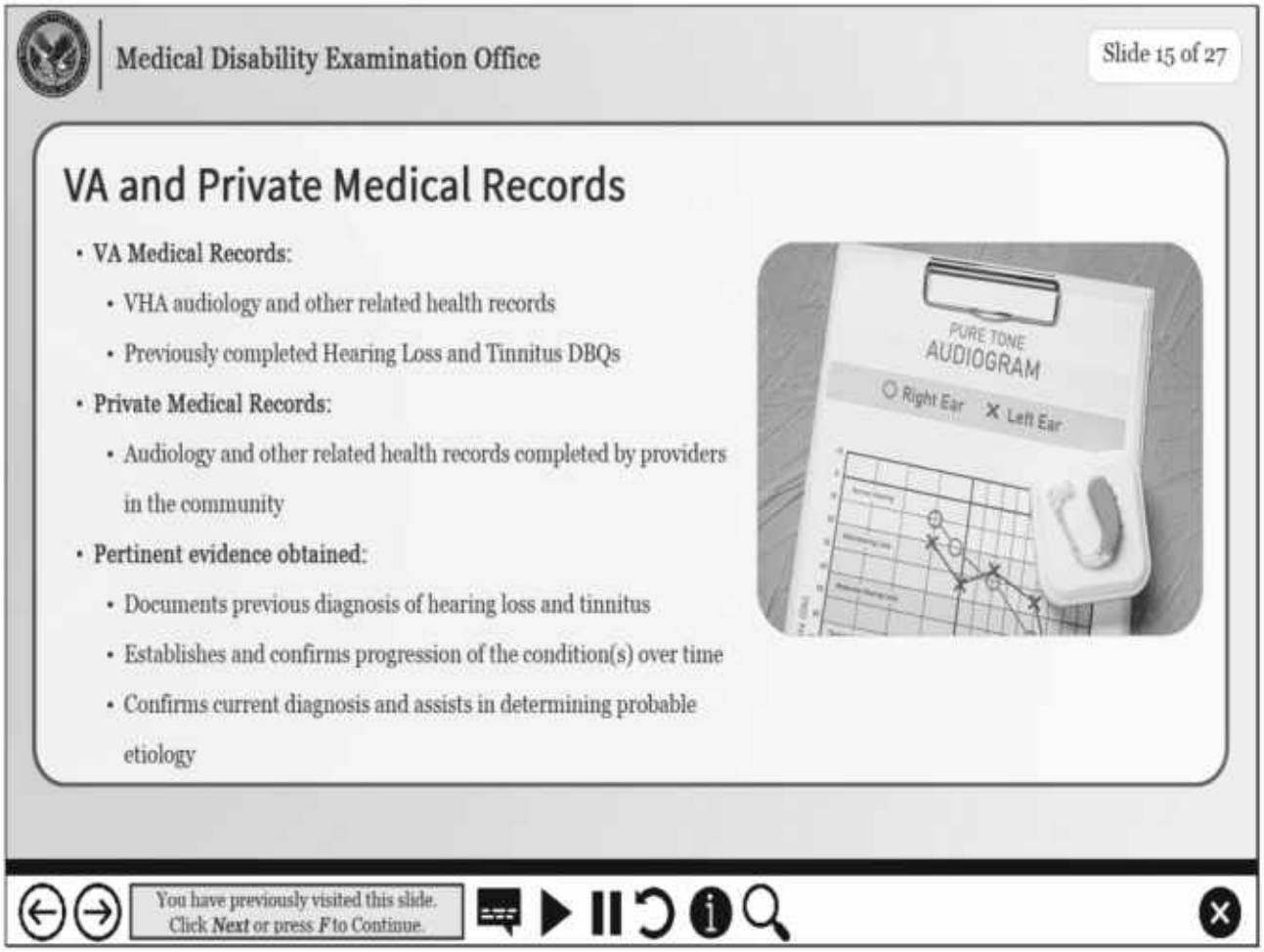
Slide 14 - Military Personnel Records (DD214)



Slide notes

Military personnel records are distinct from service treatment records (STRs). These records contain the *Certificate of Release or Discharge from Active Duty* known as a DD214. The DD214 provides a complete summary of the dates of active duty service, Military Occupational Specialty (MOS), service badges, foreign service, combat verification, reason for the separation and type of discharge. These files can also contain entrance and separation physicals that are not otherwise found in the STRs.

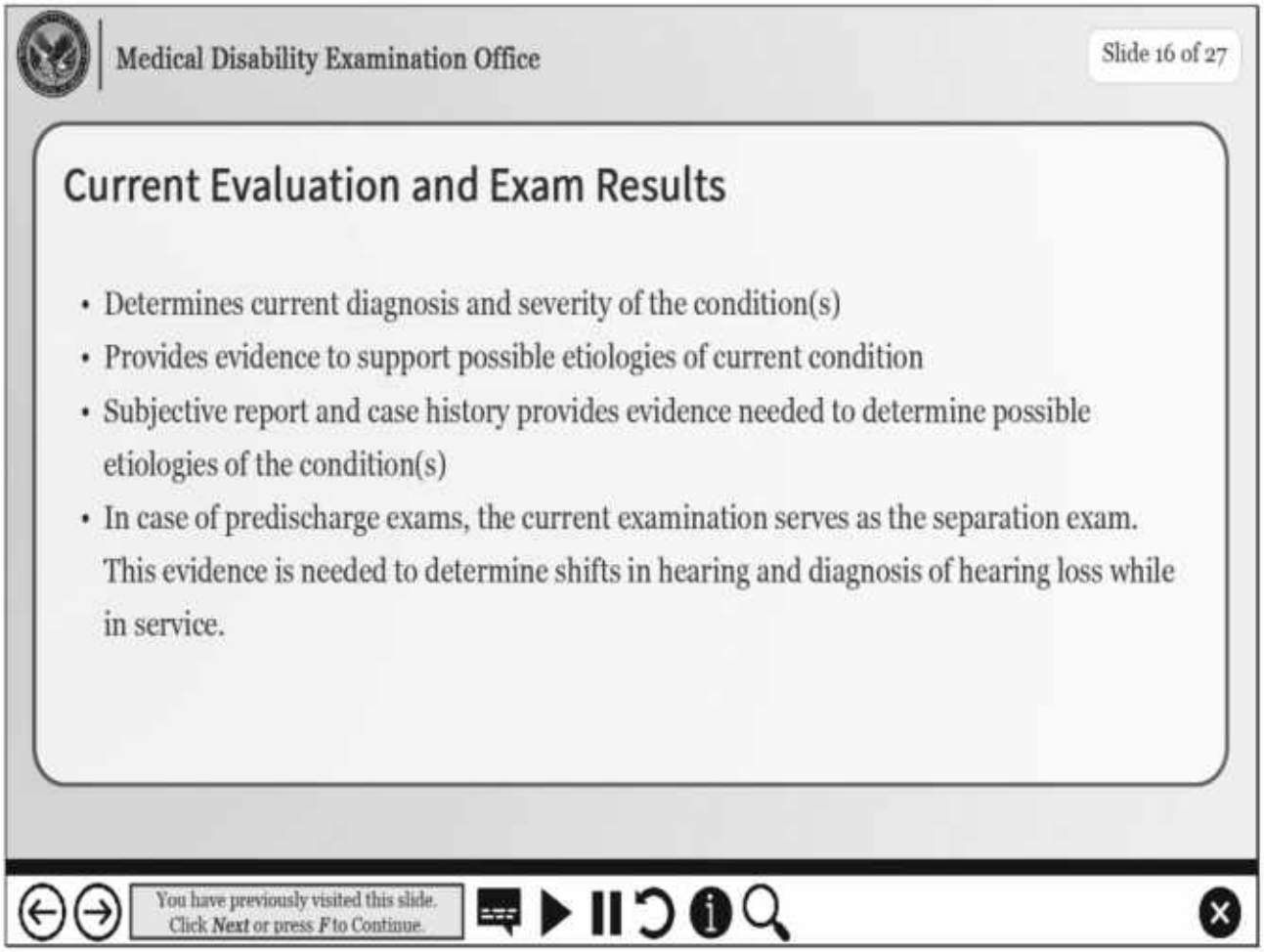
Slide 15 - VA and Private Medical Records



Slide notes

VA and private medical records contain audiograms, health reports, and other records that document hearing loss, tinnitus, and other related conditions and symptoms. Previously completed Hearing Loss and Tinnitus DBQs may also be found in these records. Pertinent evidence found in these records document the previous diagnosis of hearing loss and tinnitus, establishes and confirms the progression of the condition over time, confirms the current diagnosis and assists in determining the probable etiology.

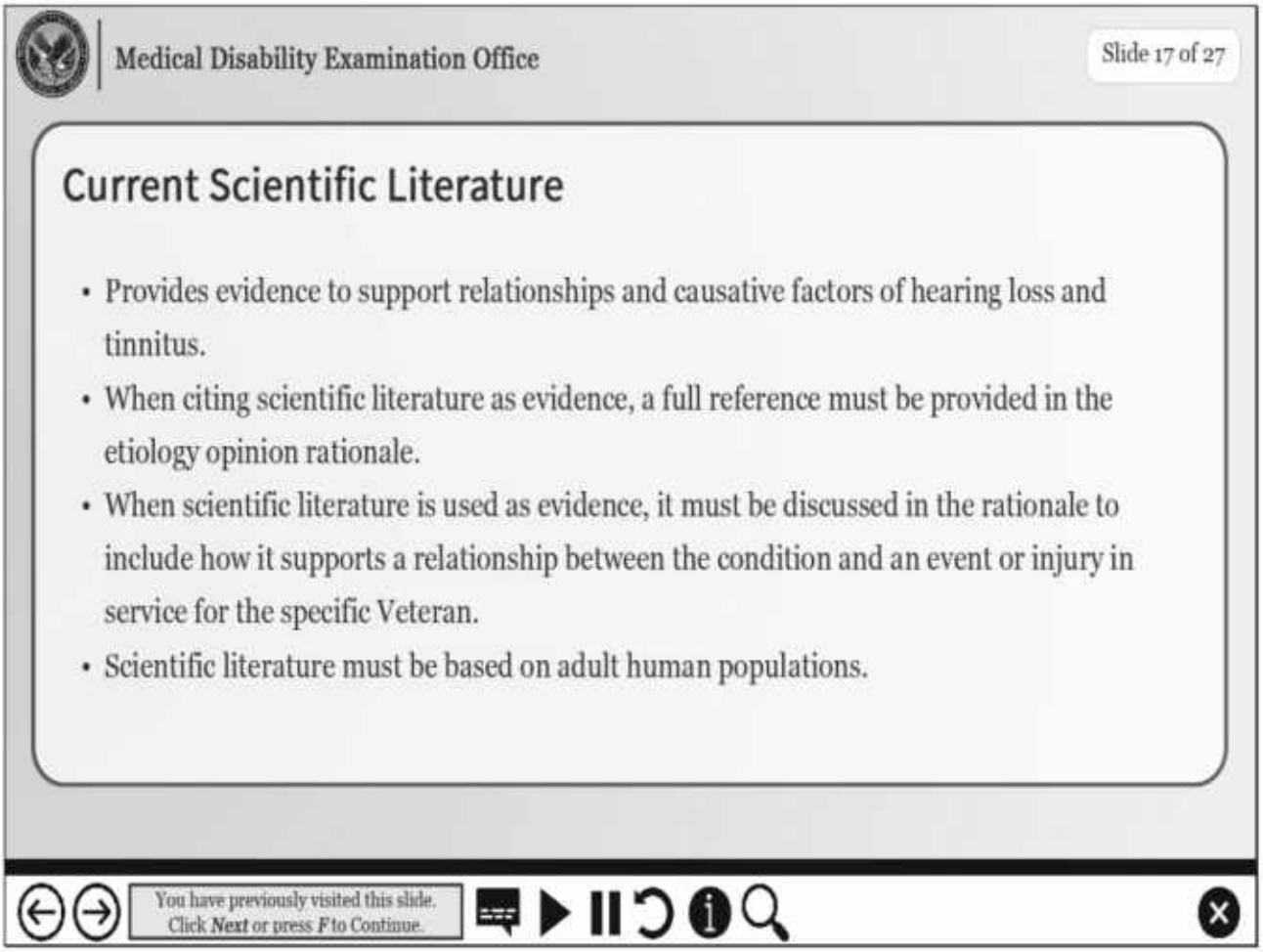
Slide 16 - Current Evaluation and Exam Results



Slide notes

Results obtained during the MDE establish current diagnosis and determine the severity of the condition. They are also used to provide evidence to support probable etiologies of the current condition. Subjective report and case history obtained during the exam serves as evidence. When the exam is being completed as part of a predischarge evaluation, the current examination serves as the separation exam and is used to determine shifts in hearing and diagnosis of hearing loss while in service.

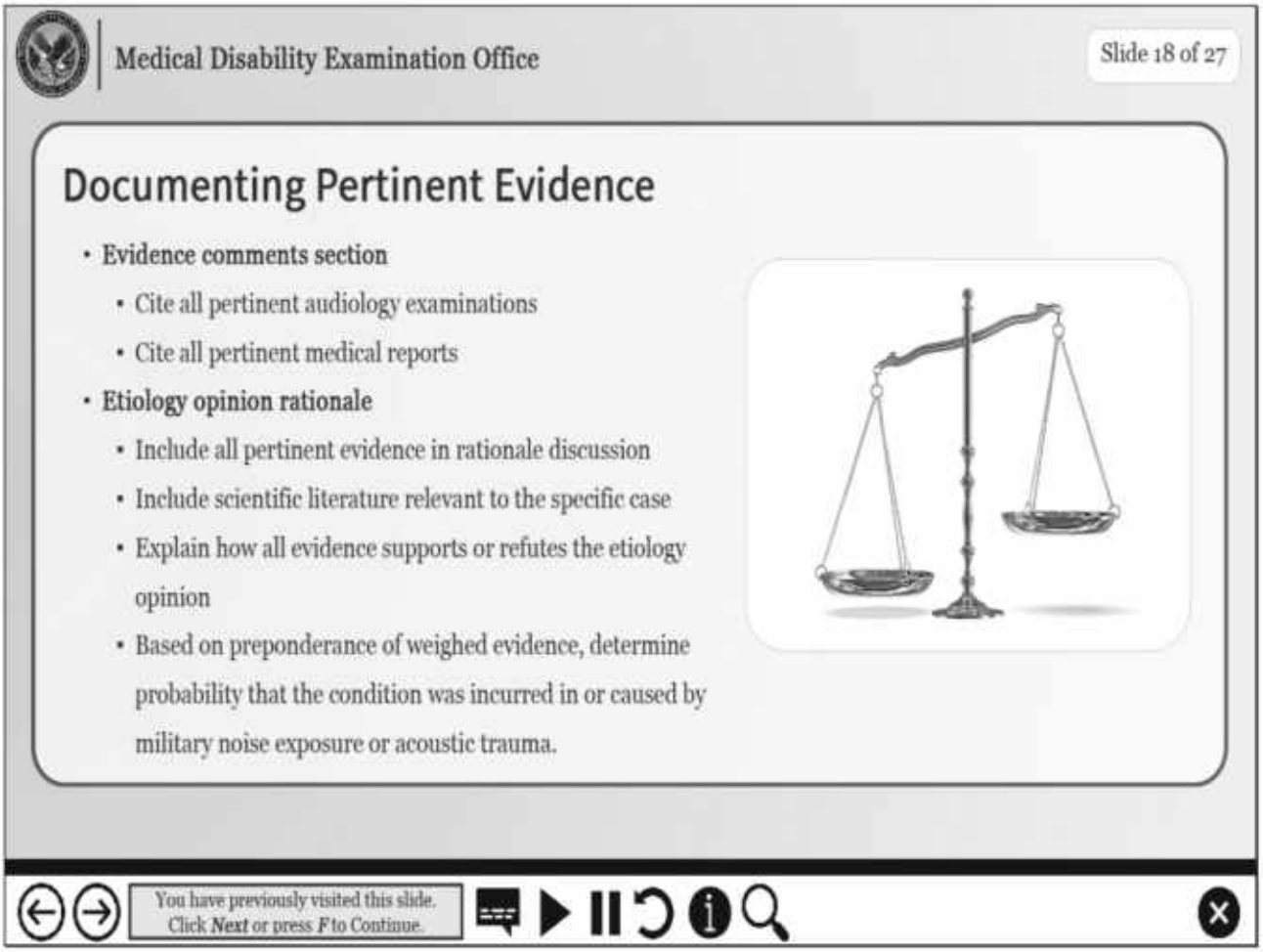
Slide 17 - Current Scientific Literature



Slide notes

Scientific literature provides evidence to support relationships and causative factors of hearing loss and tinnitus. Peer reviewed scientific journals and other credible sources relevant to the field of audiology are to be used. When citing scientific literature as evidence, a full reference must be included in the rationale. The rationale discussion must also include how the literature supports a relationship between the claimed condition and an event or injury in service for the specific Veteran being examined. Scientific literature used to support an opinion must be based on adult human populations.

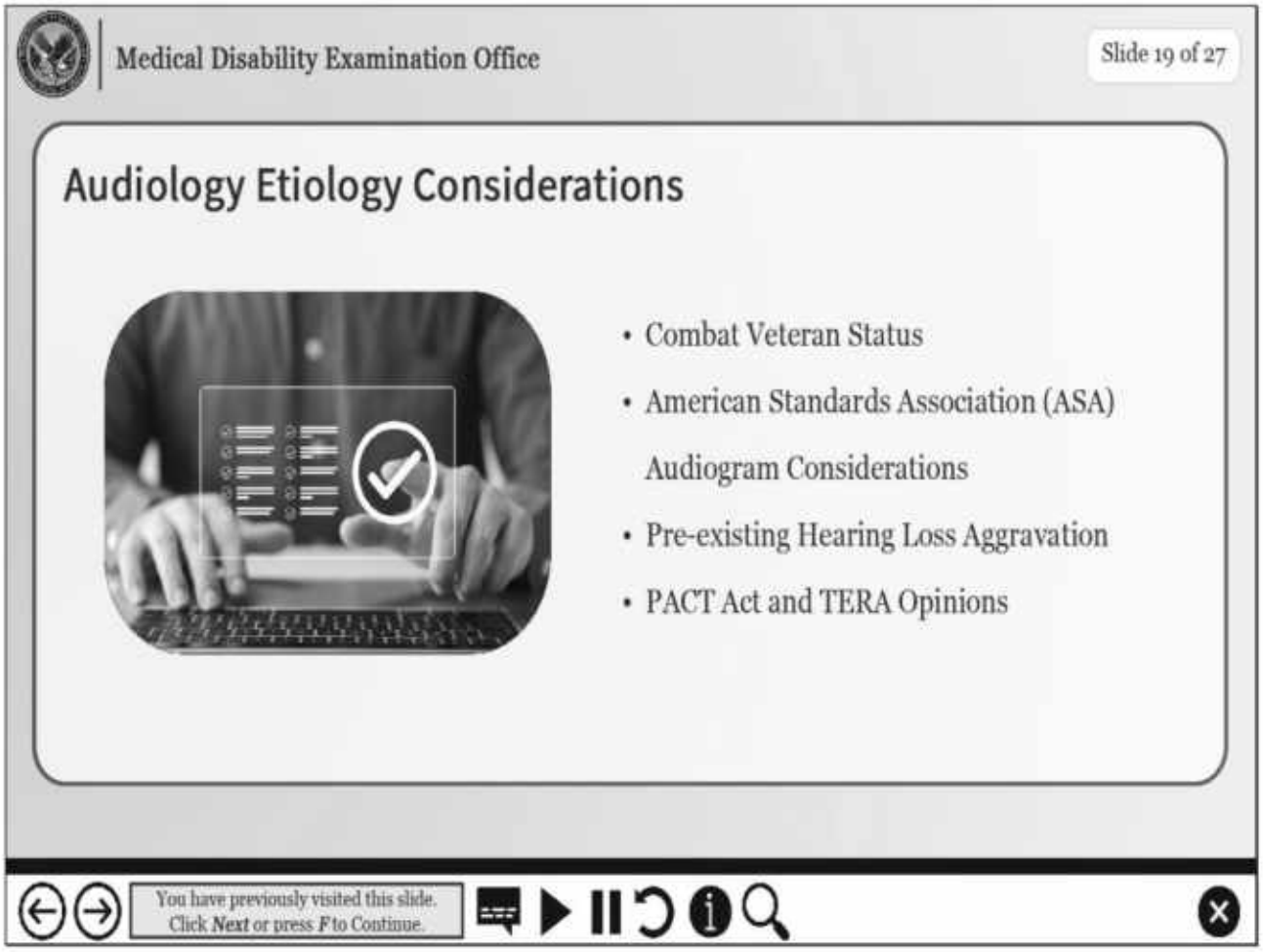
Slide 18 - Documenting Pertinent Evidence



Slide notes

The Hearing Loss and Tinnitus DBQ has an evidence comments section available to document all pertinent evidence found in the Veteran's records. This should include historical audiology exams and other pertinent medical reports. Documenting all historical evidence in this section provides the examiner and the reviewer with a tool to ensure that all pertinent evidence was reviewed and considered when completing the exam and providing an etiology opinion. When providing an etiology opinion, it is important to provide a well written and thorough rationale that discusses all pertinent evidence, and how it supports or refutes probability of a nexus. The rationale should also include scientific literature considered in forming the opinion. The rationale explains how all the evidence considered either supports or refutes the etiology opinion. Remember that discussing the evidence that supports and refutes the opinion does not make the opinion inconsistent or invalid, it demonstrates how the evidence was weighed when forming the opinion. Based on the preponderance of the weighed evidence, the examiner gives an opinion regarding the probability that the condition was incurred in or caused by military noise exposure or acoustic trauma.

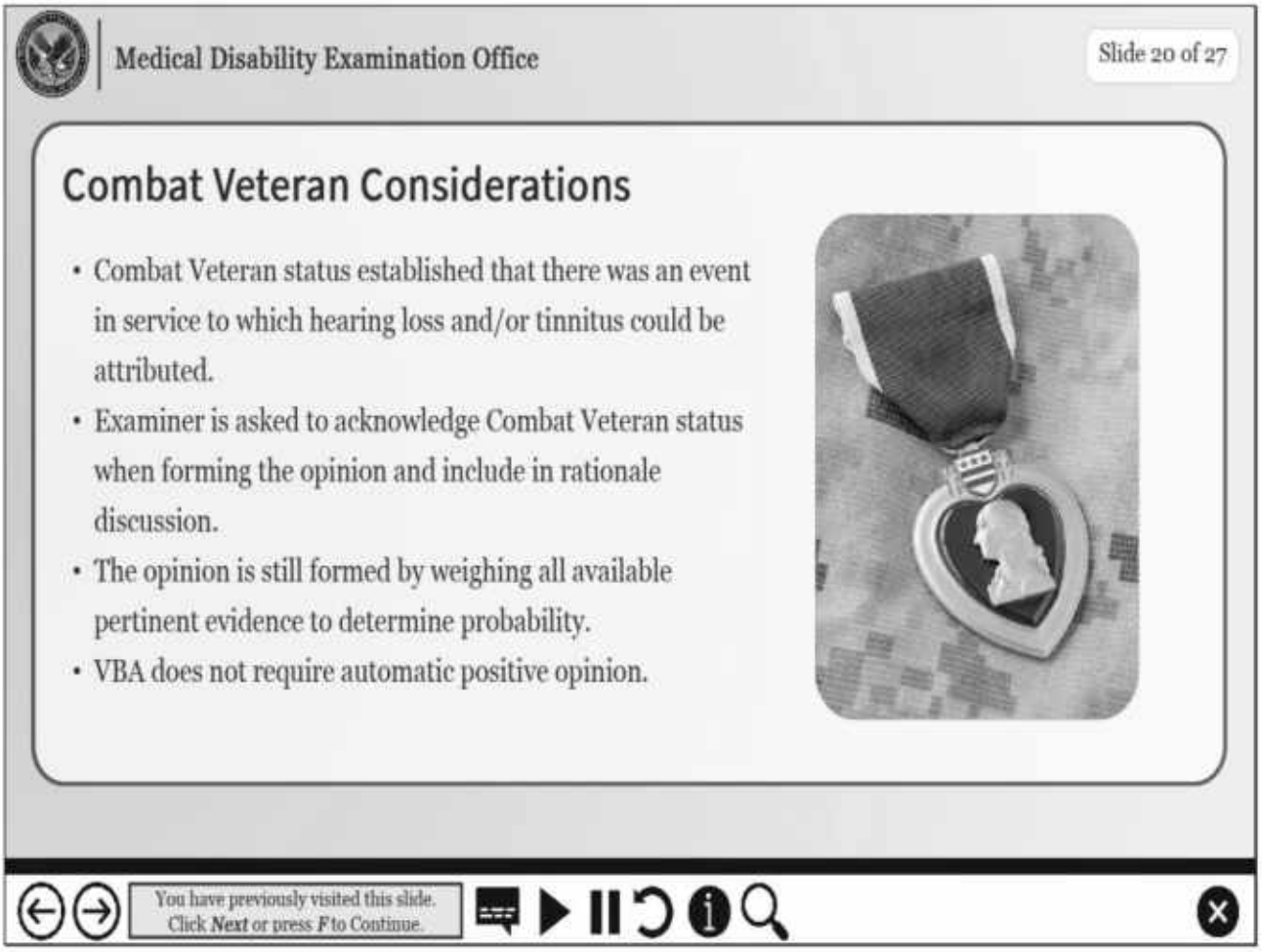
Slide 19 - Audiology Etiology Considerations



Slide notes

This next section will provide information that the audiology examiner must consider when forming hearing loss and tinnitus etiology opinions.

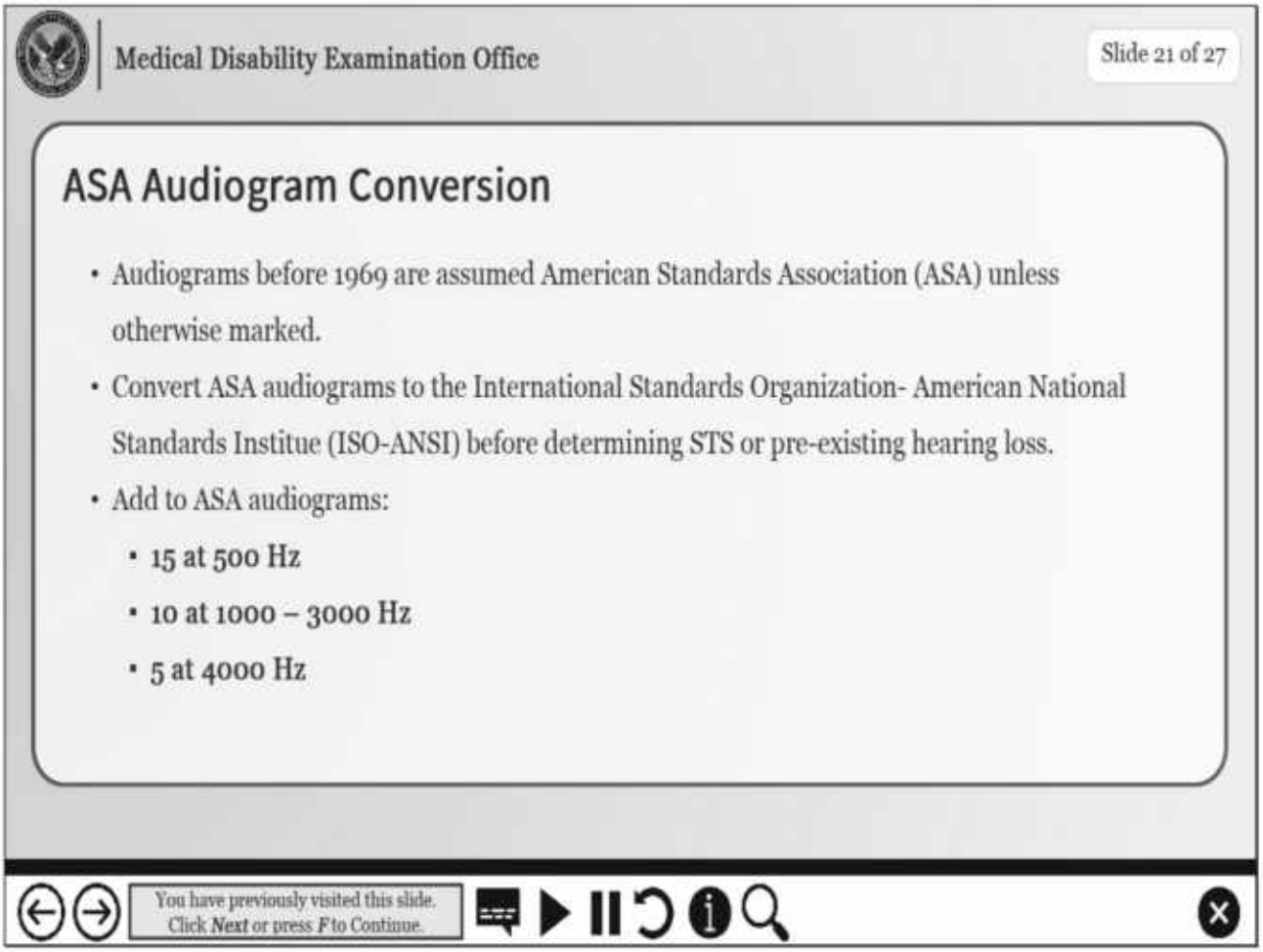
Slide 20 - Combat Veteran Considerations



Slide notes

The DD214 documents the Veteran's combat status. If the Veteran served in combat, this establishes an event in service to which the claimed condition of hearing loss and or tinnitus could be attributed to, regardless of Veteran's MOS. Examiners are asked to acknowledge combat veteran status when forming the opinion, and include this in the rationale discussion. The opinion is still formed by weighing all available pertinent evidence to determine probability. VA does not expect an automatic positive opinion in the case of a combat Veteran. The examiner is to consider and state that the combat status was weighed as part of the evidence when forming an opinion. The opinion should still be consistent with the available objective evidence, testimony of the Veteran, and supporting scientific literature.

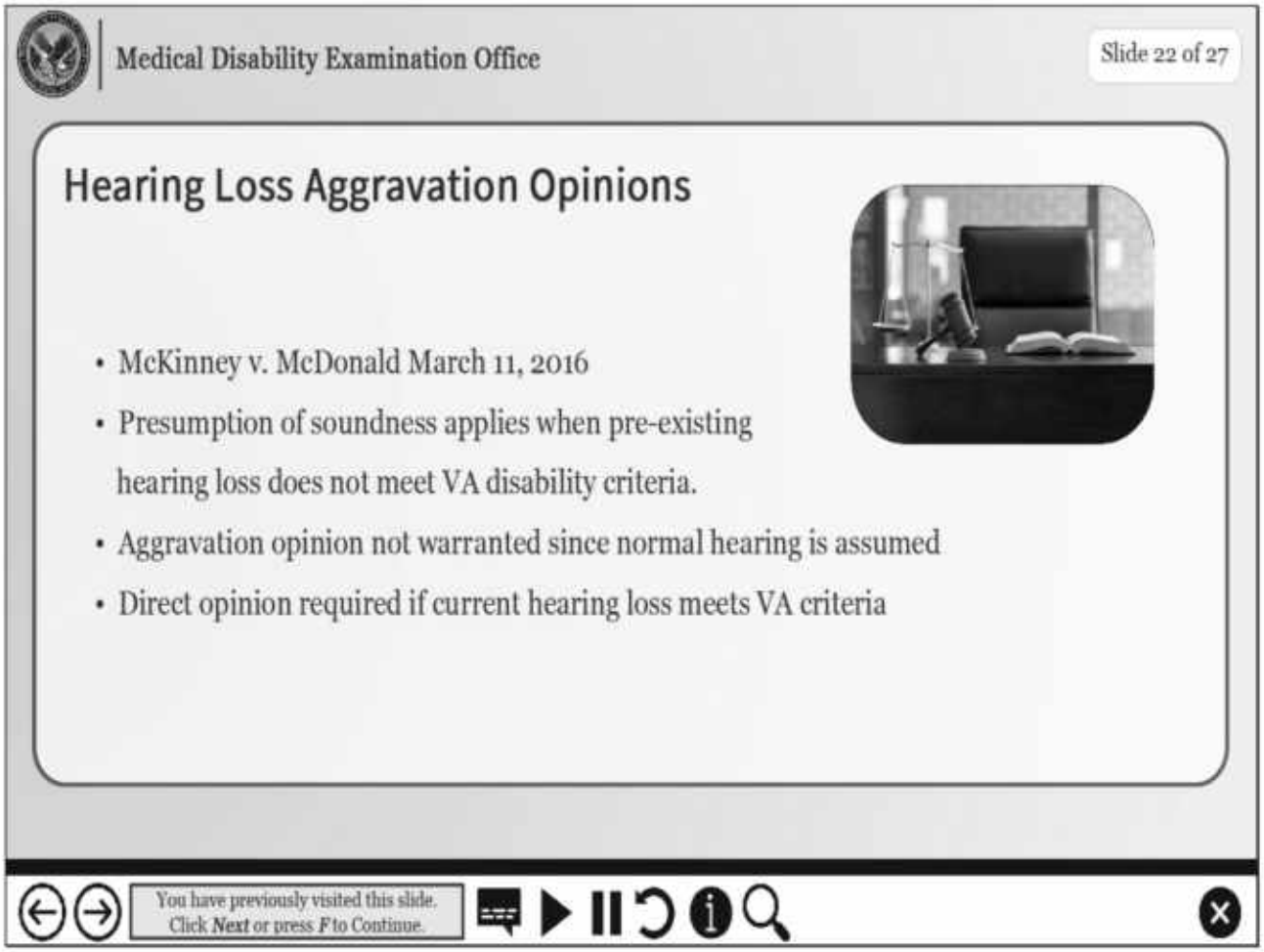
Slide 21 - ASA Audiogram Conversion



Slide notes

National audiometer calibrations changed from ASA to ISO ANSI circa 1968. As a result, the courts have ruled that audiograms completed before 1969 are assumed to be completed under ASA calibrations, unless otherwise specified. These audiograms must be converted into ISO ANSI before determining STS or pre-existing hearing loss. To complete the conversion the following is added to the documented thresholds: 15 at 500 Hertz, 10 at 1000 through 3000 Hertz, and 5 at 4000 Hertz.

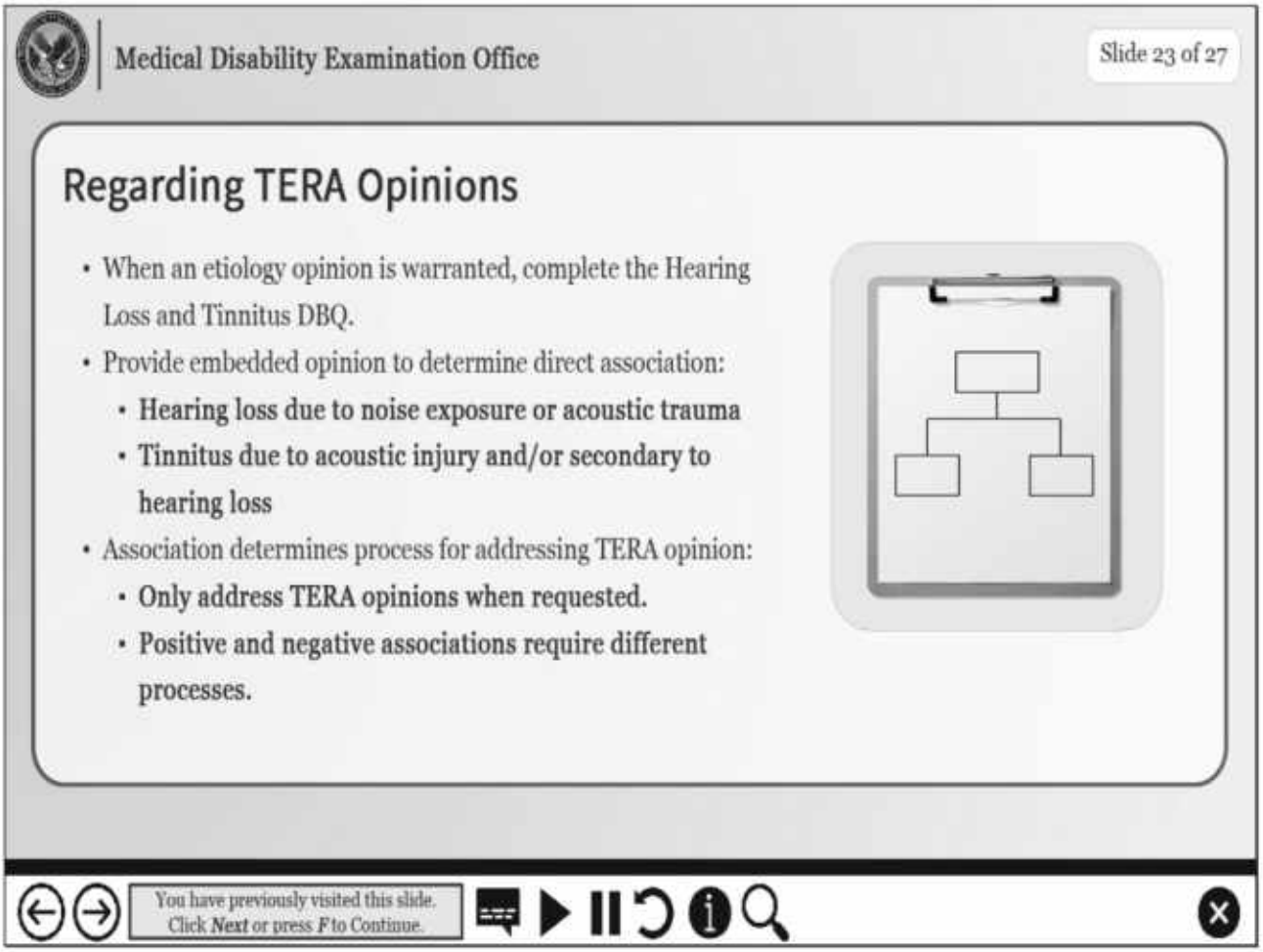
Slide 22 - Hearing Loss Aggravation Opinions



Slide notes

Court case McKinney v. McDonald in 2016 ruled that presumption of soundness applies when a pre-existing hearing loss does not meet VA disability criteria at time of entrance into active duty. If there is not evidence of a hearing loss that meets VA disability criteria, an aggravation opinion is not warranted. Rather, a direct opinion is required as the courts do not consider the Veteran to have had a hearing loss at entrance into service.

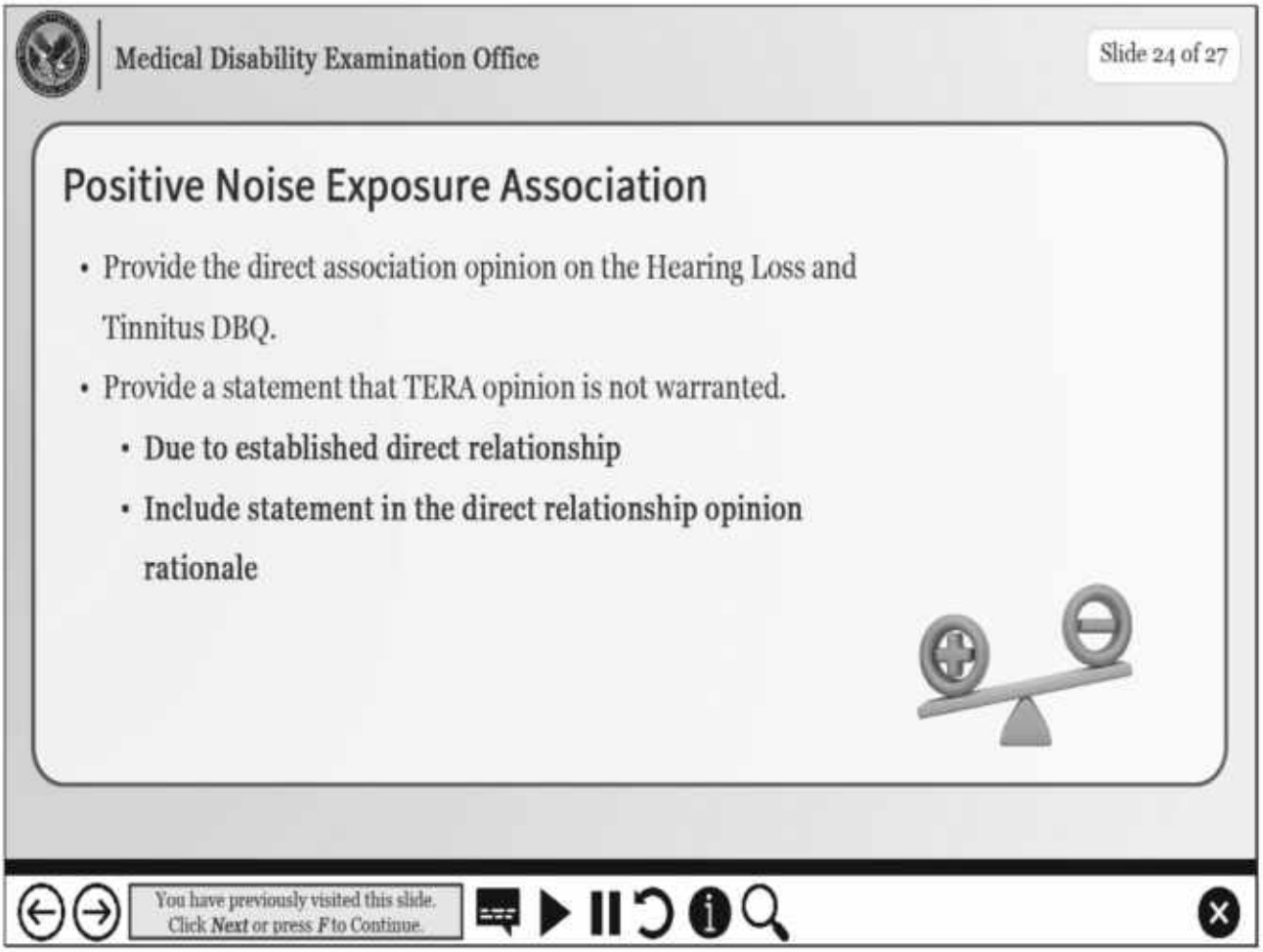
Slide 23 - Regarding TERA Opinions



Slide notes

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics or PACT Act was signed into law August 10, 2022. With it came some changes to hearing loss and tinnitus etiology opinions provided for our nation's heroes. The Toxic Exposure Risk Activity or TERA Memo and the Individual Longitudinal Exposure Record or ILER are two new sources of evidence that are to be considered. There are trainings available that guide examiners in understanding these sources and how they are to be used when providing an opinion for a claimed condition due to TERA. However, the process for developing an etiology opinion remains the same, and examiners are to do so within their own professional scope of practice. When an etiology opinion for hearing loss and or tinnitus is requested, the Hearing Loss and Tinnitus DBQ is to be completed. Provide an embedded opinion to determine direct association of hearing loss due to noise exposure or acoustic trauma, and tinnitus due to acoustic injury and or secondary to hearing loss, regardless if a TERA opinion was requested. The determined direct association determines the process for addressing the TERA opinion. Remember, only address TERA opinions when one is specifically requested by VA. Positive and negative direct associations require different processes. These specific processes are described on the next slides.

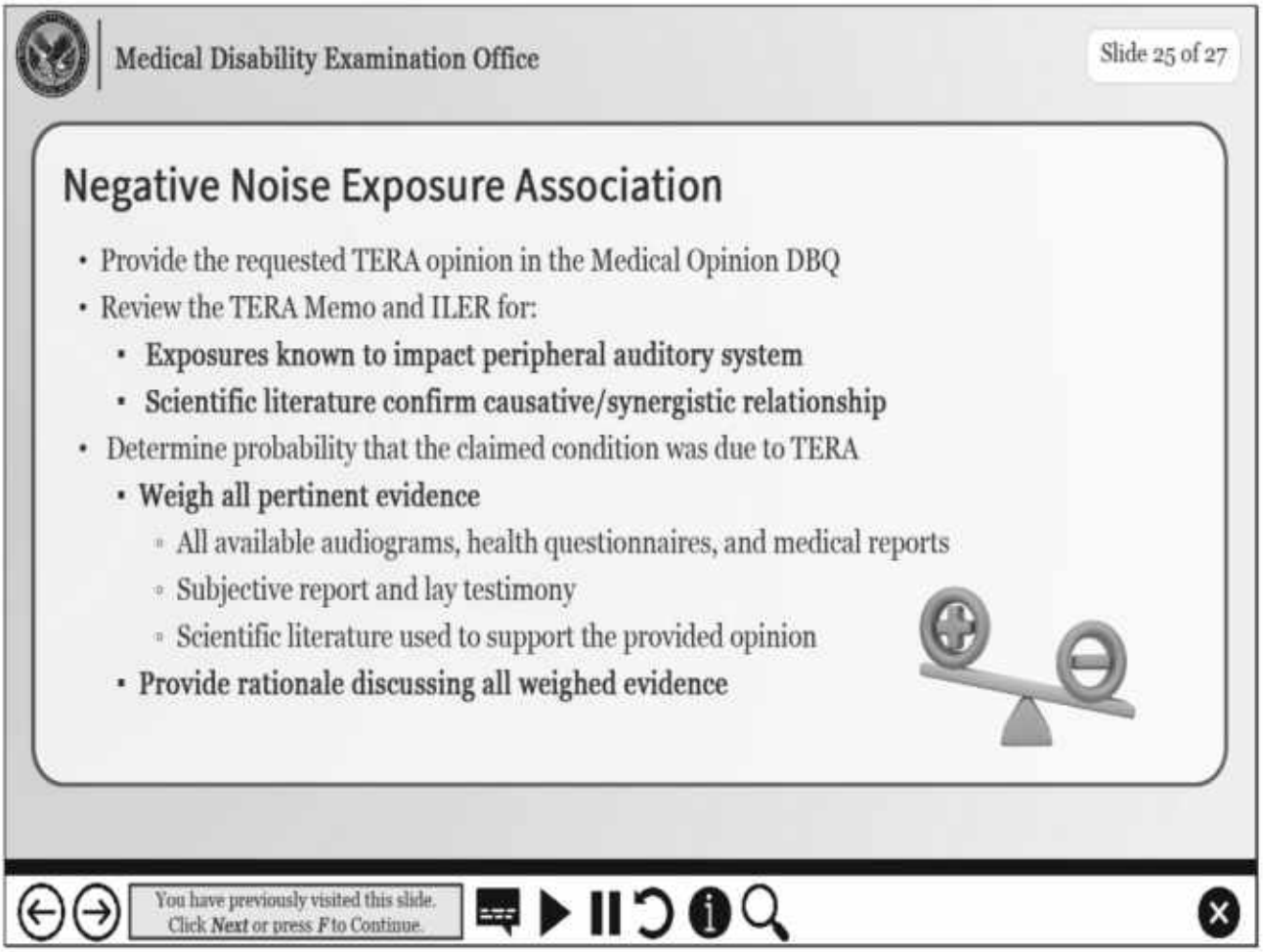
Slide 24 - Positive Noise Exposure Association



Slide notes

When a positive direct association has been determined, provide this opinion in the embedded etiology section of the Hearing Loss and Tinnitus DBQ. In the rationale, provide a statement that as a direct positive association has been determined, a TERA opinion is not warranted, and not provided.

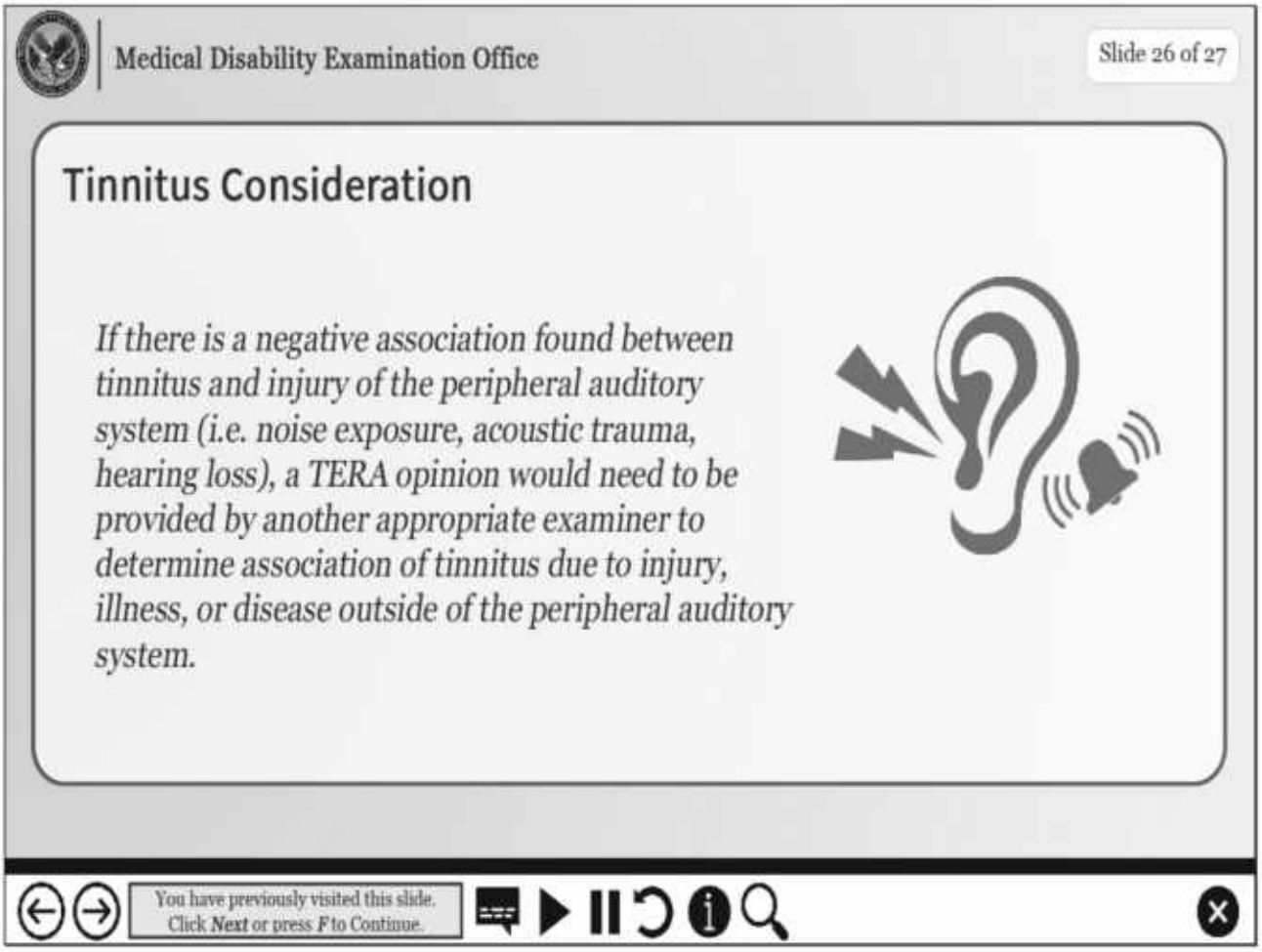
Slide 25 - Negative Noise Exposure Association



Slide notes

When a negative direct association has been determined, provide the requested TERA opinion using the Medical Opinion DBQ. When developing the TERA opinion the examiner must review the TERA memo and the ILER to determine exposures known to impact the peripheral auditory system. Use credible scientific literature based on human populations to support a causative or synergistic relationship. The examiner is asked to determine the probability that the claimed condition was due to TERA by weighing all pertinent evidence and using scientific literature to support the decision. The examiner then provides the opinion accompanied with a thorough rationale discussing the TERA Memo, ILER, and all other weighed evidence.

Slide 26 - Tinnitus Consideration



Slide notes

If there is a negative association found between tinnitus and injury of the peripheral auditory system such as noise exposure, acoustic trauma, or associated with hearing loss, a TERA opinion would need to be provided by another appropriate examiner to determine association of tinnitus due to injury, illness, or disease outside of the peripheral auditory system.

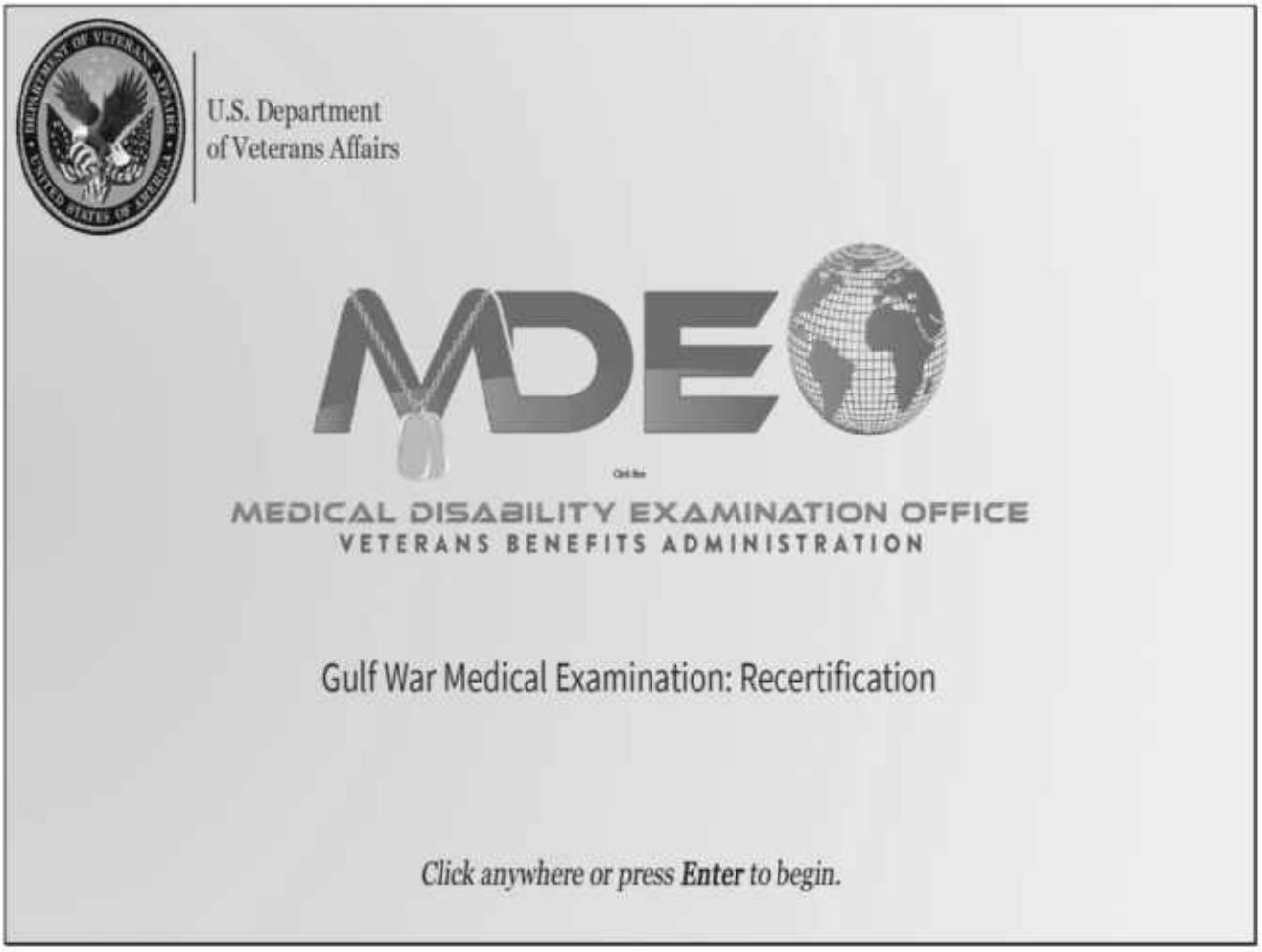
Slide 27 - Lesson Complete



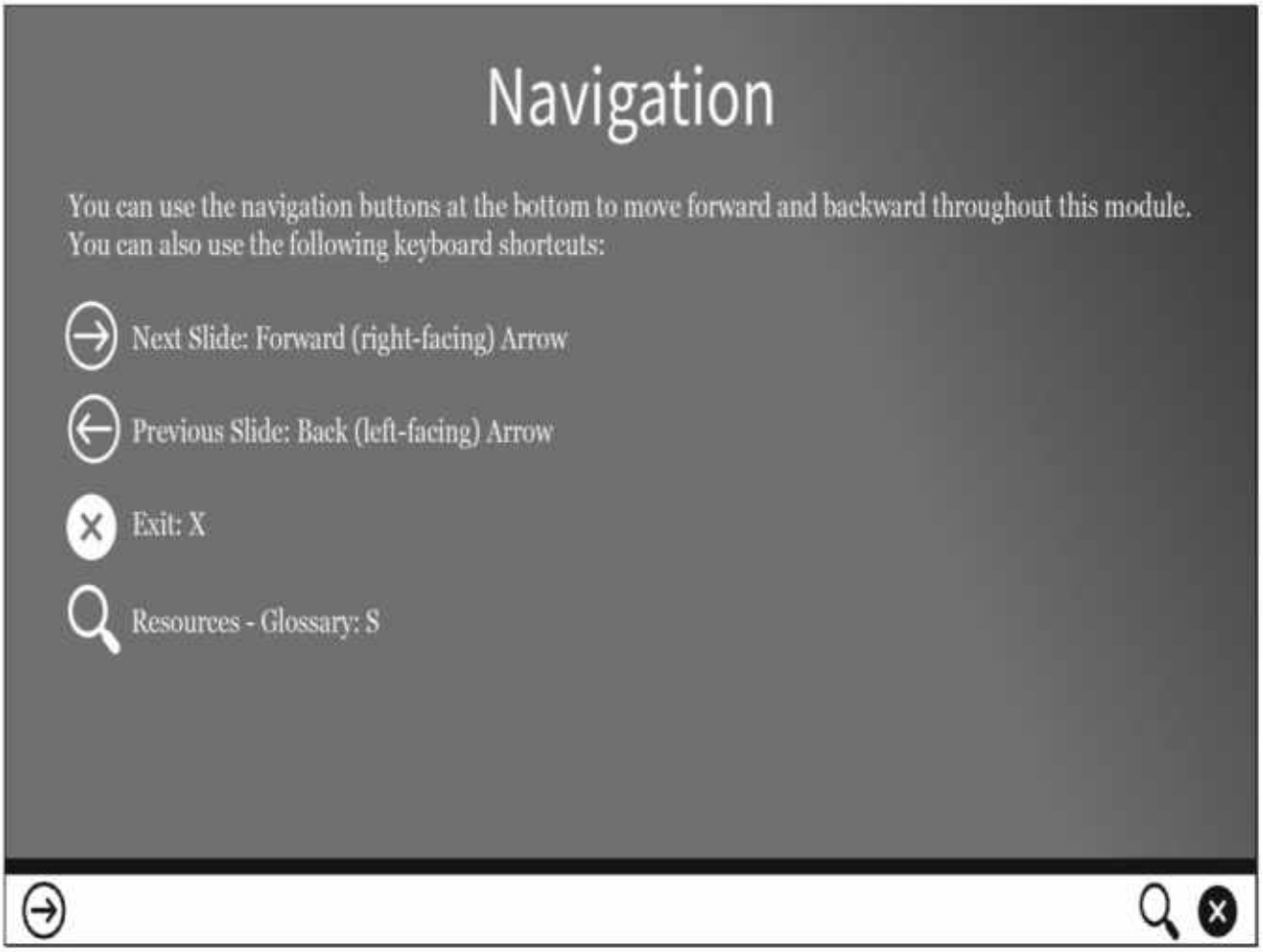
Slide notes

Congratulations, you have completed the Hearing Loss and Tinnitus Etiology Opinion Course. Remember that the information provided is designed to assist the audiology examiner when completing record reviews and etiology opinions for hearing loss and tinnitus claims. Thank you for providing audiology disability examinations for our nation's heroes.

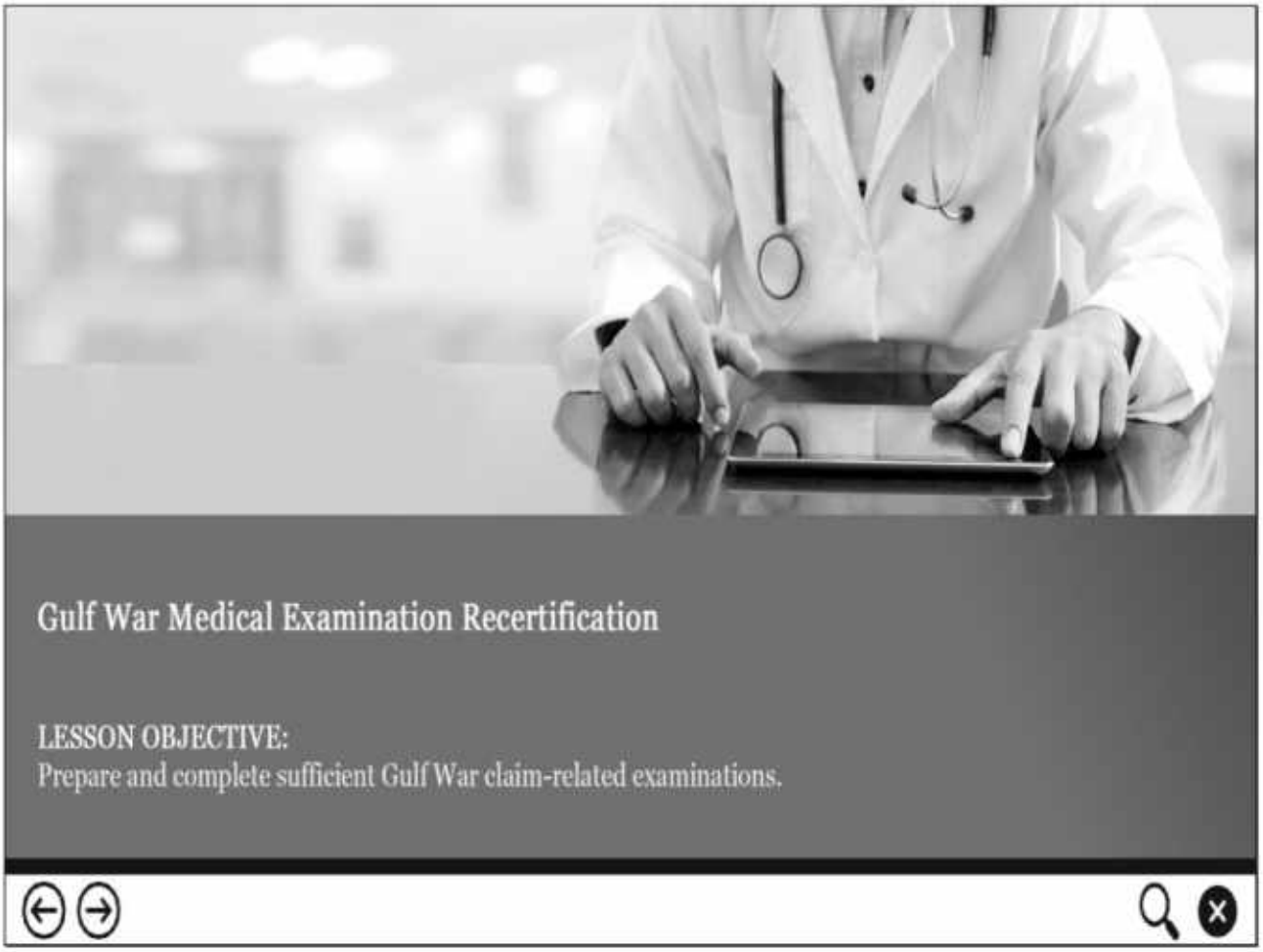
Slide 1 - Title Slide



Slide 2 - Navigation



Slide 3 - Objectives



Slide 4 - Gulf War Veterans Intro

History of the Gulf War General Medical Examination

The Gulf War (also known as Desert Shield/Desert Storm) first began on August 2, 1990, in response to Iraq's invasion of Kuwait. Although the first Gulf War officially came to an end on February 28, 1991, ongoing operations in Southwest Asia led to a military presence in areas that potentially exposed Service members to a variety of different environmental hazards. Per VA regulations, this Gulf War era continues through a date yet to be determined by Presidential proclamation or law.

In 1991, an estimated 25 percent of Service members returning from the Southwest Asia theater of operations began to report patterns of chronic, debilitating medical symptoms.

These chronic, often debilitating medical symptoms needed to be addressed by Veterans Benefits Administration (VBA) personnel attempting to adjudicate claims for disability compensation. As a result, VA statutes and regulations were enacted to provide service connection for certain chronic disability patterns based on exposure to environmental hazards experienced during military service in Southwest Asia.

For more information on exposures associated with Gulf War service and locations of Southwest Asia Theater of Military Operations, refer to the Public Health VA Gulf War Veterans' Illnesses website.



Slide 5 - Gulf War Era Service Areas

Gulf War-Era Service Areas

The Compensation and Pension (C&P) Gulf War General Medical examination is intended to evaluate conditions related to a Persian Gulf War Veteran's disability due to undiagnosed illness and medically unexplained chronic multisymptom illness (MUCMI), as well as certain infectious diseases from service in the Gulf War. This conflict began on August 2, 1990, and continues through a date yet to be determined by Presidential proclamation or law.

Persian Gulf Veterans may have served in a variety of locations, including the Southwest Asia theater of operations depicted in the map shown here on screen. These areas were recently expanded as part of the PACT Act.

Gulf War-Era Service Areas are broken down into three different exposure categories:

- Burn Pit/Fine Particulate Matter
- Persian Gulf Veteran Undiagnosed Illness/MUCMI
- Infectious Diseases

To see a breakdown of which areas are included in each category, select Gulf War-Era Service Areas. This document shows a table that represents the locations of qualifying service and applicable authority (regulation vs PACT Act) for various populations of Veterans who served during the Gulf War-era.



Important Note: VBA will make the determination as to whether a Veteran qualifies as having Gulf War service before requesting a Gulf War General Medical examination.

Slide 6 - The PACT Act

The PACT Act

On August 10, 2022, the President signed the PACT Act into law. VBA started processing claims under the PACT Act in January 2023.

The PACT Act accomplished substantial changes to eligibility for compensation for Gulf War Veterans.

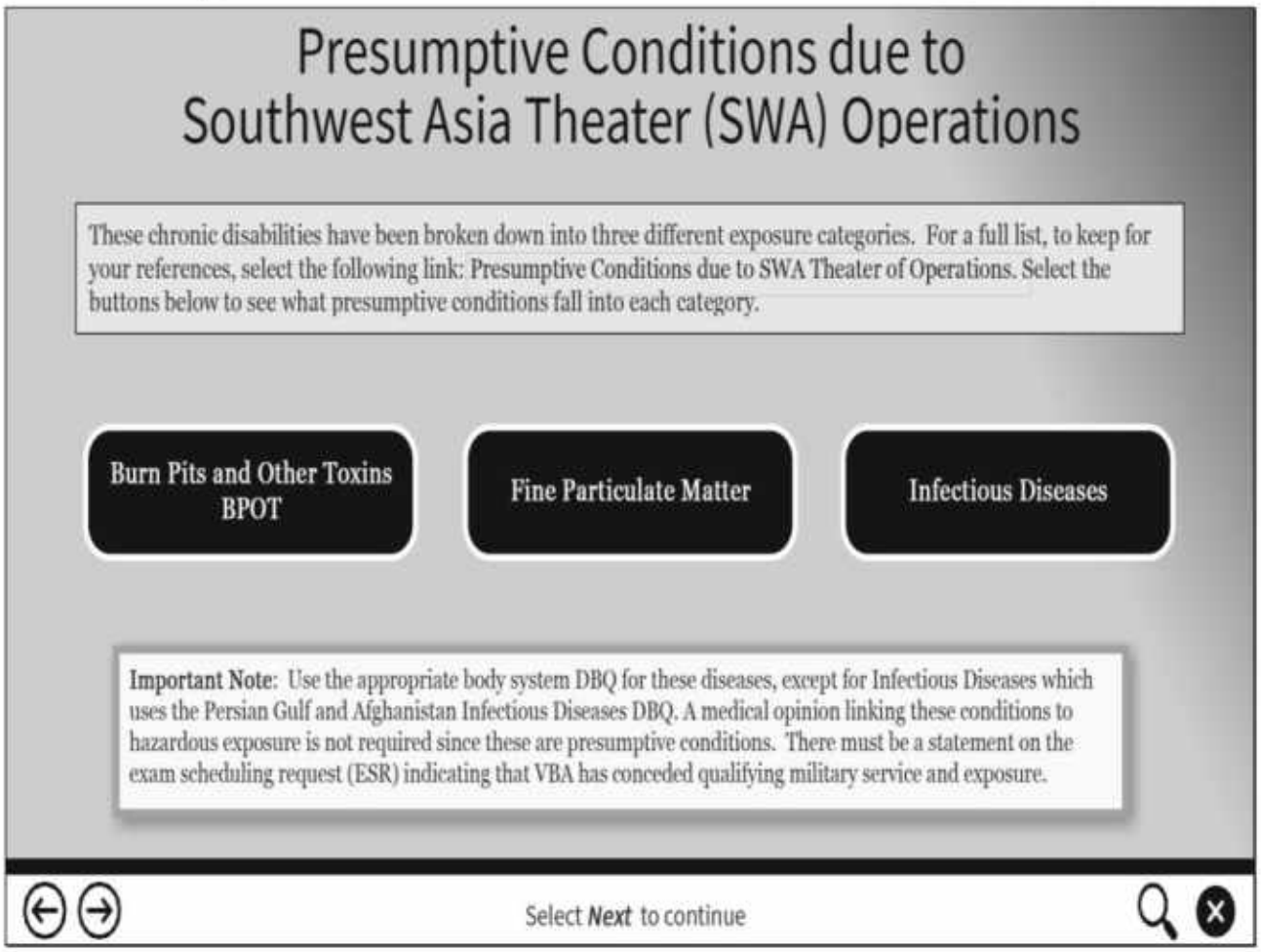
Three major changes:

1) Discontinuance of presumptive period and compensability requirements, including manifestation period, for Persian Gulf Veterans which now allows for a qualifying chronic disability to manifest to any degree of disability at any time;
2) Update to the definition of a Persian Gulf Veteran, expanding the eligible locations in Southwest Asia; and
3) Establishment of additional presumptive disabilities related to exposure to burn pits, other toxins, and fine particulate matter.

For more information on PACT Act select PACT Act and your VA benefits.



Slide 7 - Presumptive Conditions due to SWA



Slide 8 - BPOT Presumptive Conditions

Burn Pits and Other Toxins (BPOT) Presumptive Conditions

The PACT Act establishes the following conditions as presumptively associated with exposure to burn pits and other toxins:

Cancers

- Head cancer of any type
- Neck cancer of any type
- Respiratory cancer of any type
- Gastrointestinal cancer of any type
- Reproductive cancer of any type
- Lymphoma cancer of any type
- Kidney cancer
- Brain cancer
- Melanoma
- Pancreatic cancer



Chronic Disease

- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Chronic bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis
- Chronic sinusitis
- Chronic rhinitis
- Glioblastoma
- Asthma

Slide 9 - Fine Particulate Matter Presumptive Conditions

Exposure to Fine Particulate Matter

These chronic diseases and rare respiratory cancers are presumed to be service connected. They can manifest to any degree at any time following separation from qualifying service.

Rare Respiratory Cancers

- Squamous cell carcinoma (SCC) of the larynx
- SCC of the trachea
- Adenocarcinoma of the trachea
- Salivary gland-type tumors of the trachea
- Adenosquamous carcinoma of the lung
- Large cell carcinoma of the lung
- Salivary gland-type tumors of the lung
- Sarcomatoid carcinoma of the lung
- Typical and atypical carcinoid of the lung

Other Cancers

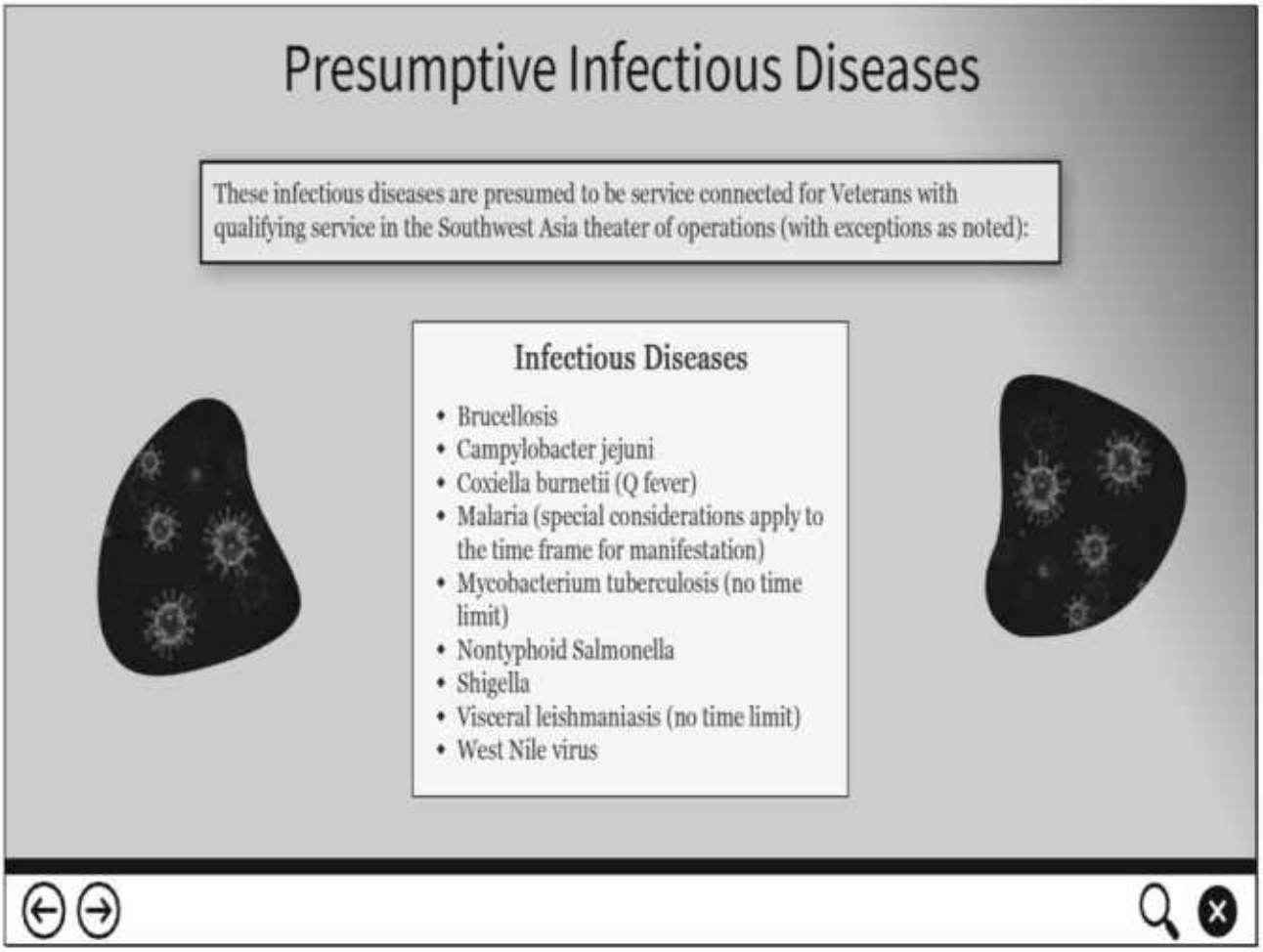
- Bladder, ureter, and related genitourinary cancers
- Leukemias
- Multiple myelomas
- Myelodysplastic syndromes

Chronic Diseases

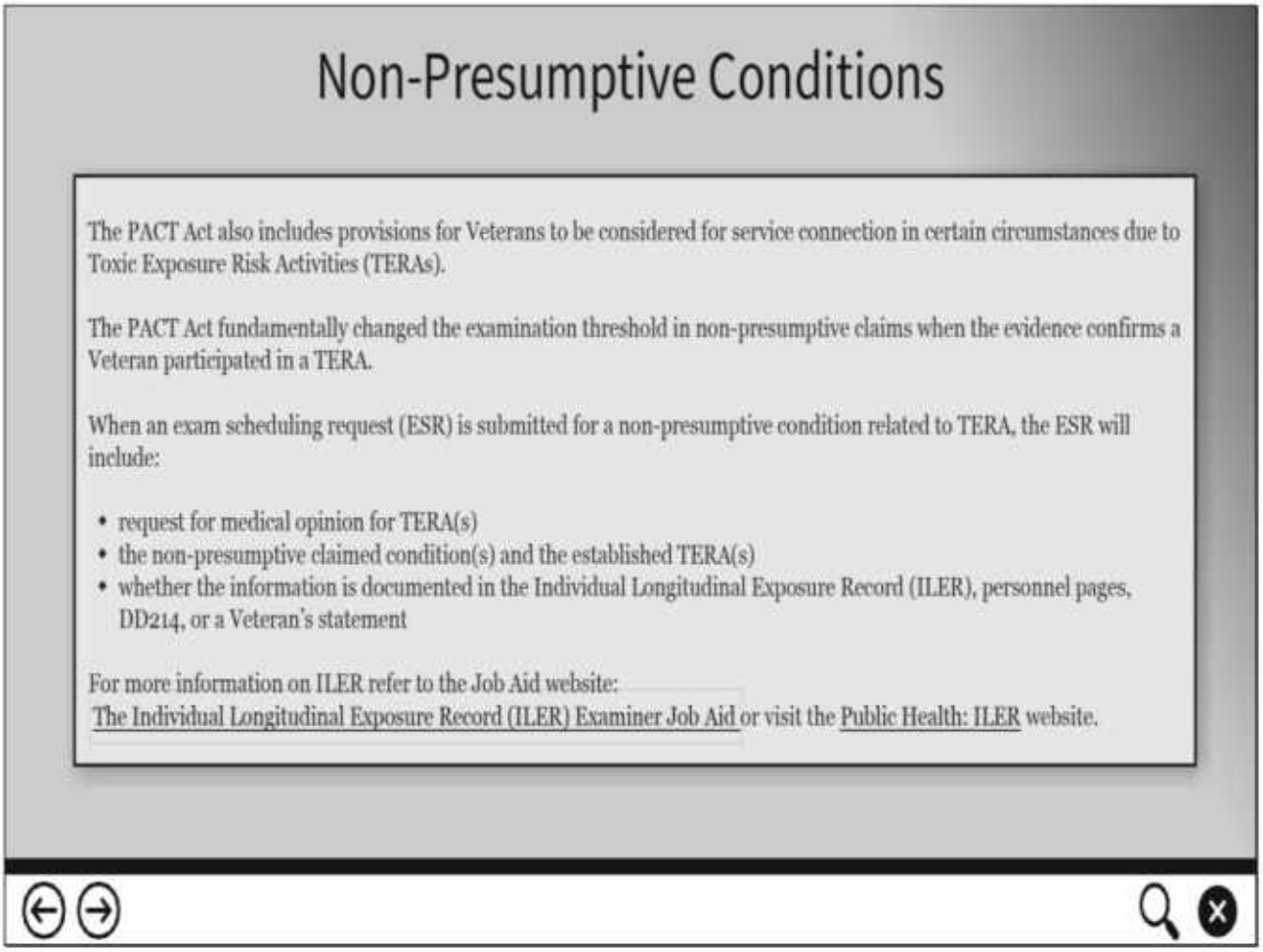
- Asthma
- Rhinitis
- Sinusitis, to include rhinosinusitis
- Myelofibrosis



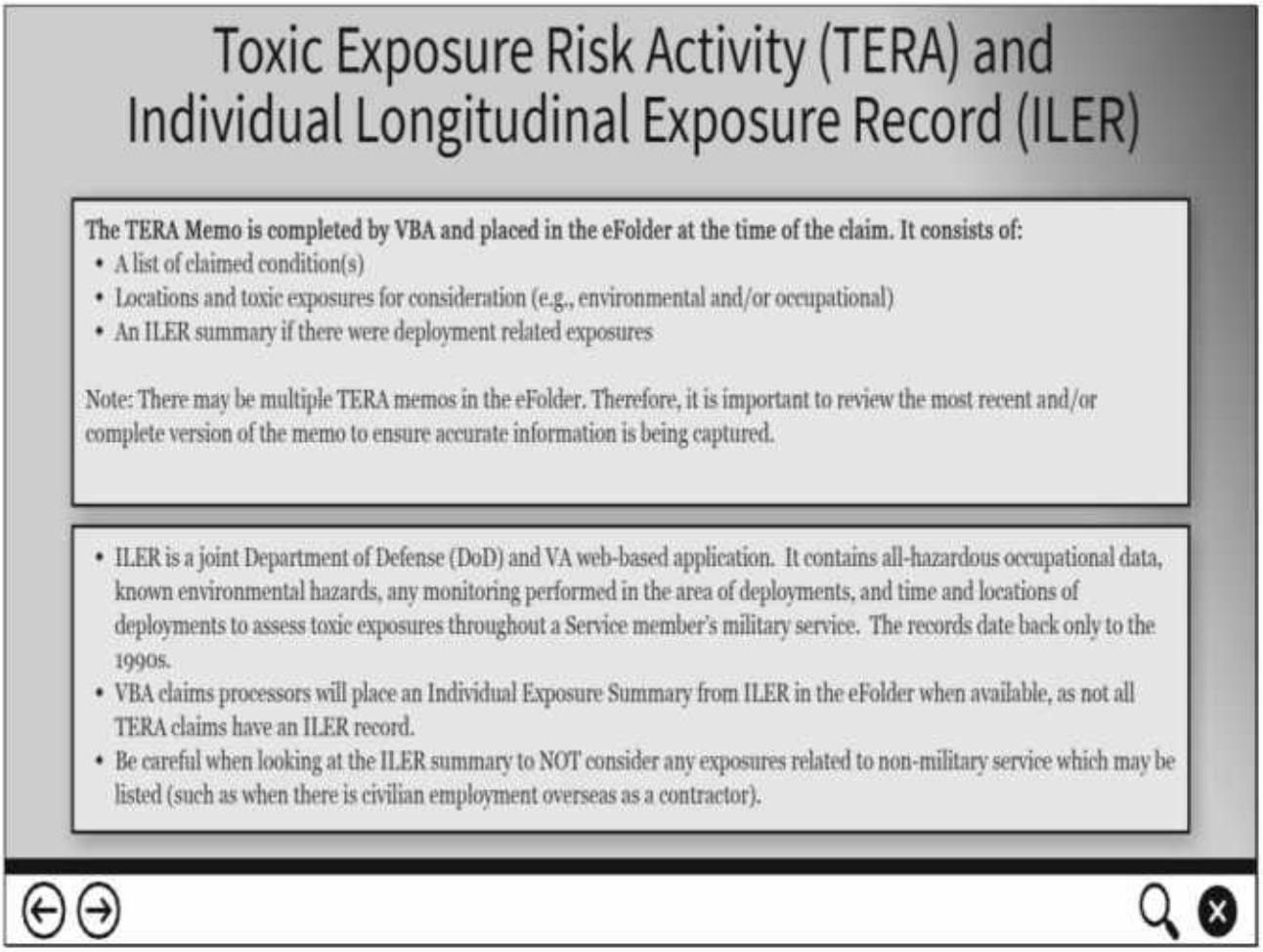
Slide 10 - Presumptive Infections Diseases



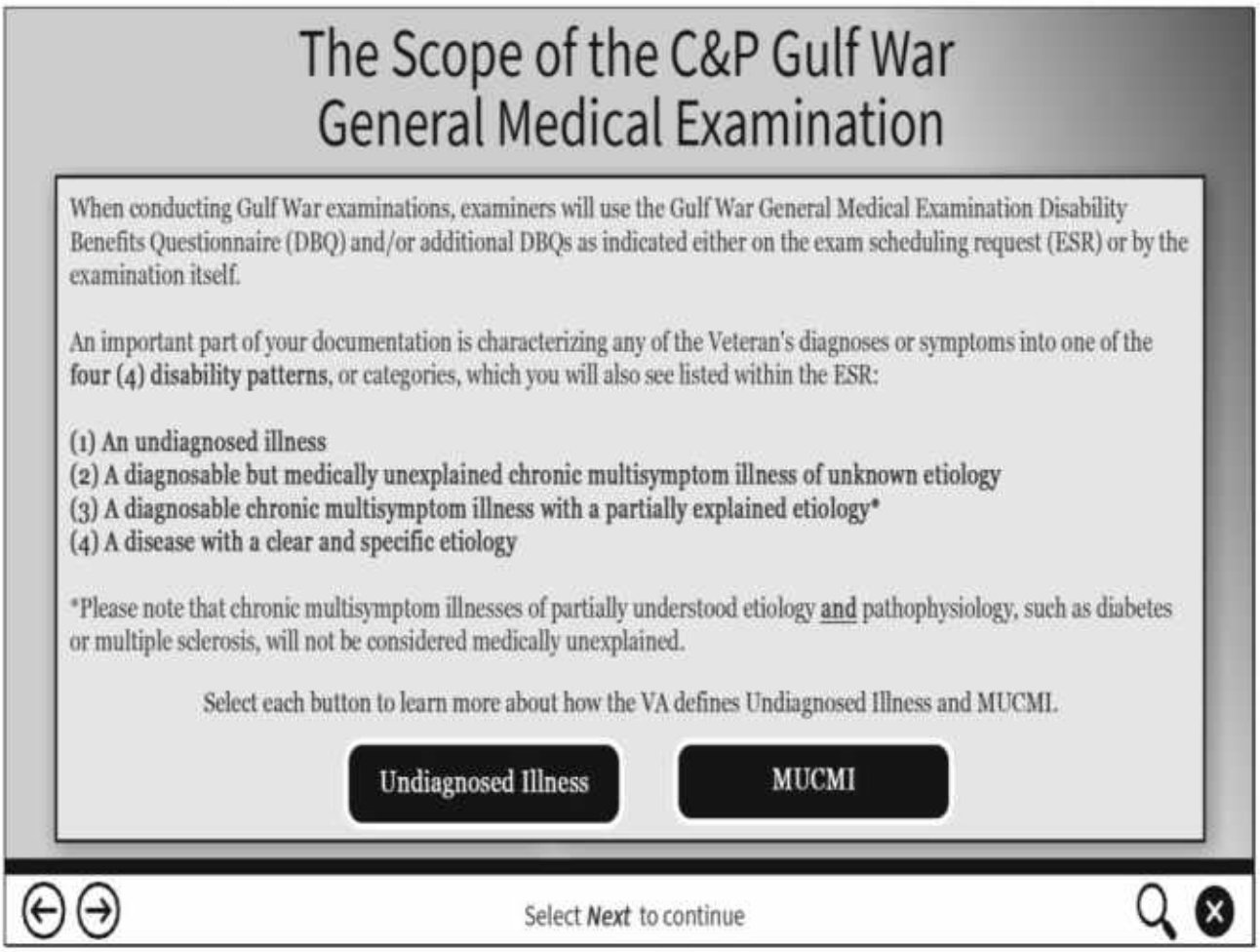
Slide 11 - Non-Presumptive Conditions



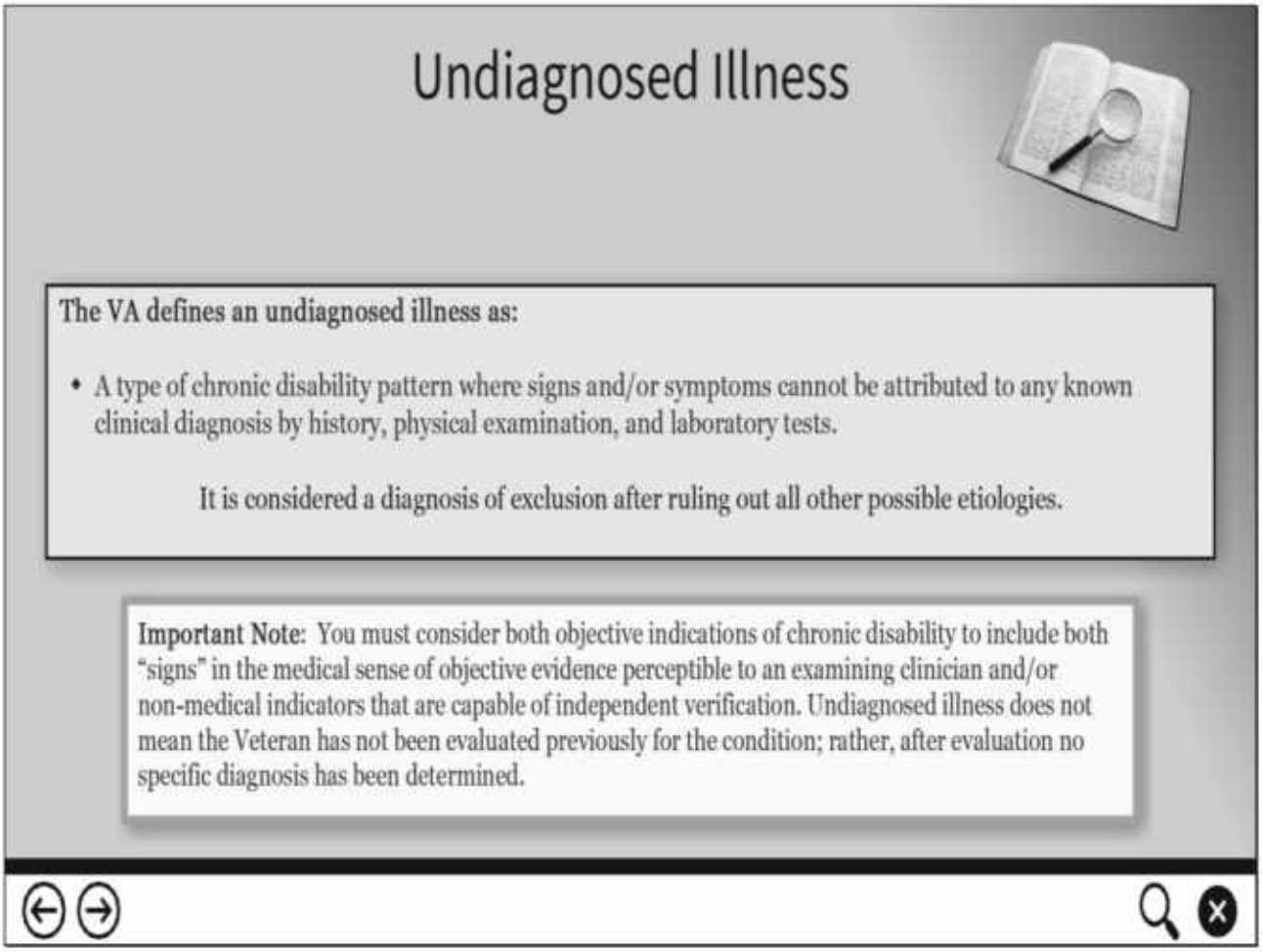
Slide 12 - Reporting Requirements 3 and 4



Slide 13 - The Scope of Gulf War General Exams



Slide 14 - Undiagnosed Illness



Slide 15 - MUCMI

MUCMI



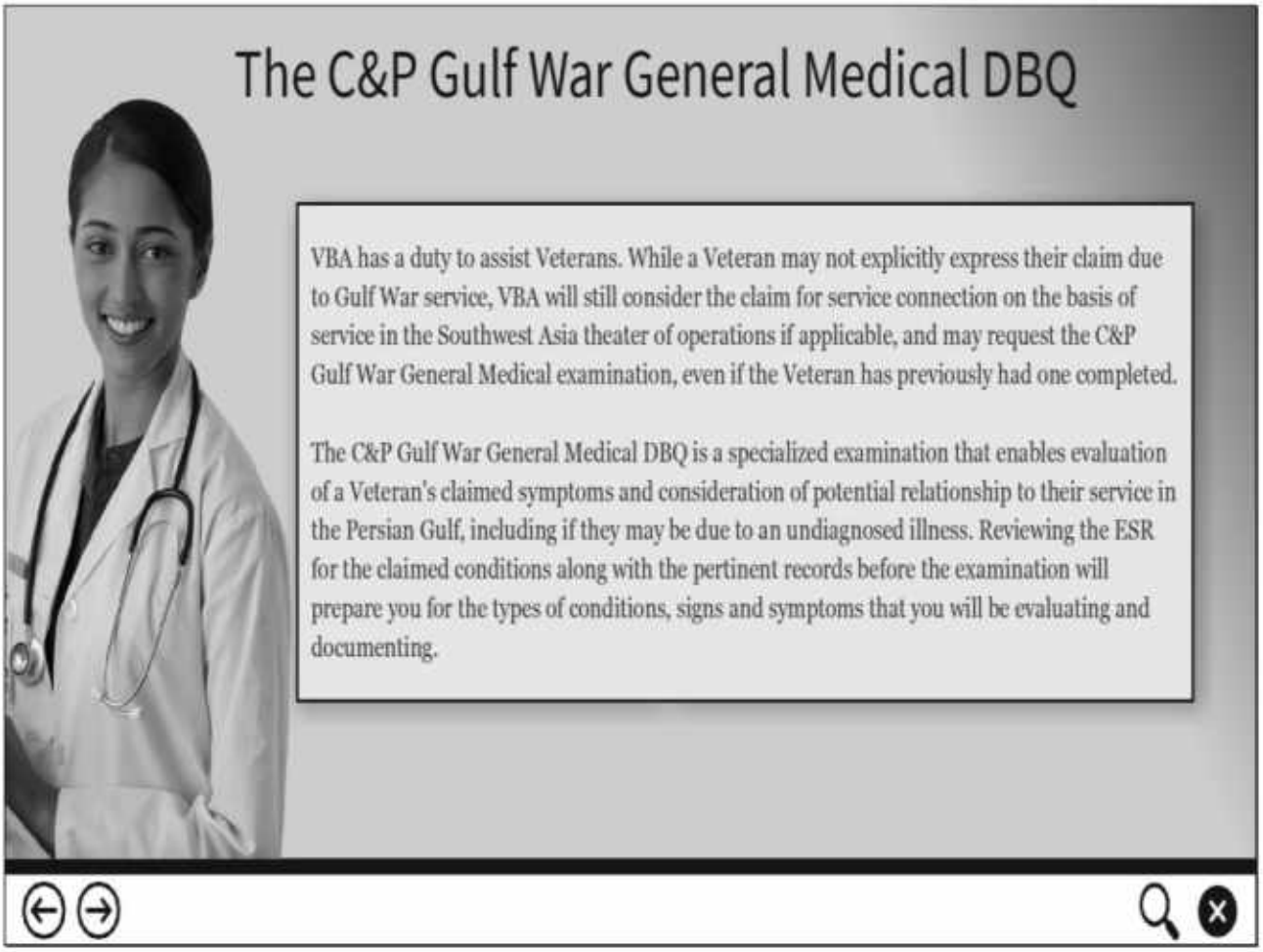
The VA defines a diagnosable but medically unexplained chronic multisymptom illness (MUCMI) of unknown etiology as:

- a diagnosed illness without conclusive pathophysiology or etiology
- characterized by overlapping signs and symptoms
- having features such as fatigue, pain, disability out of proportion to physical findings, and inconsistent demonstration of laboratory abnormalities

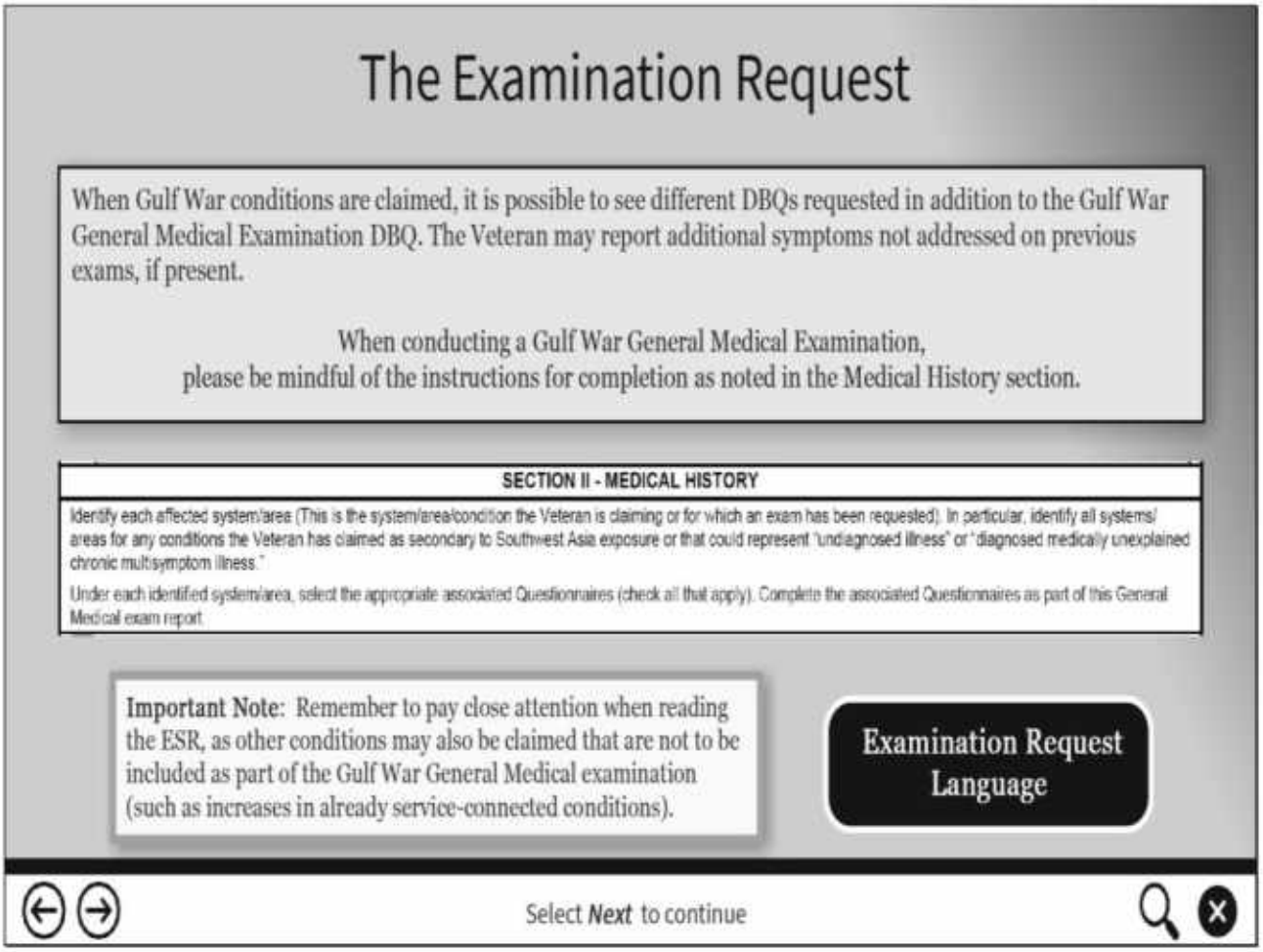
Examples

- chronic fatigue syndrome
- fibromyalgia
- irritable bowel syndrome

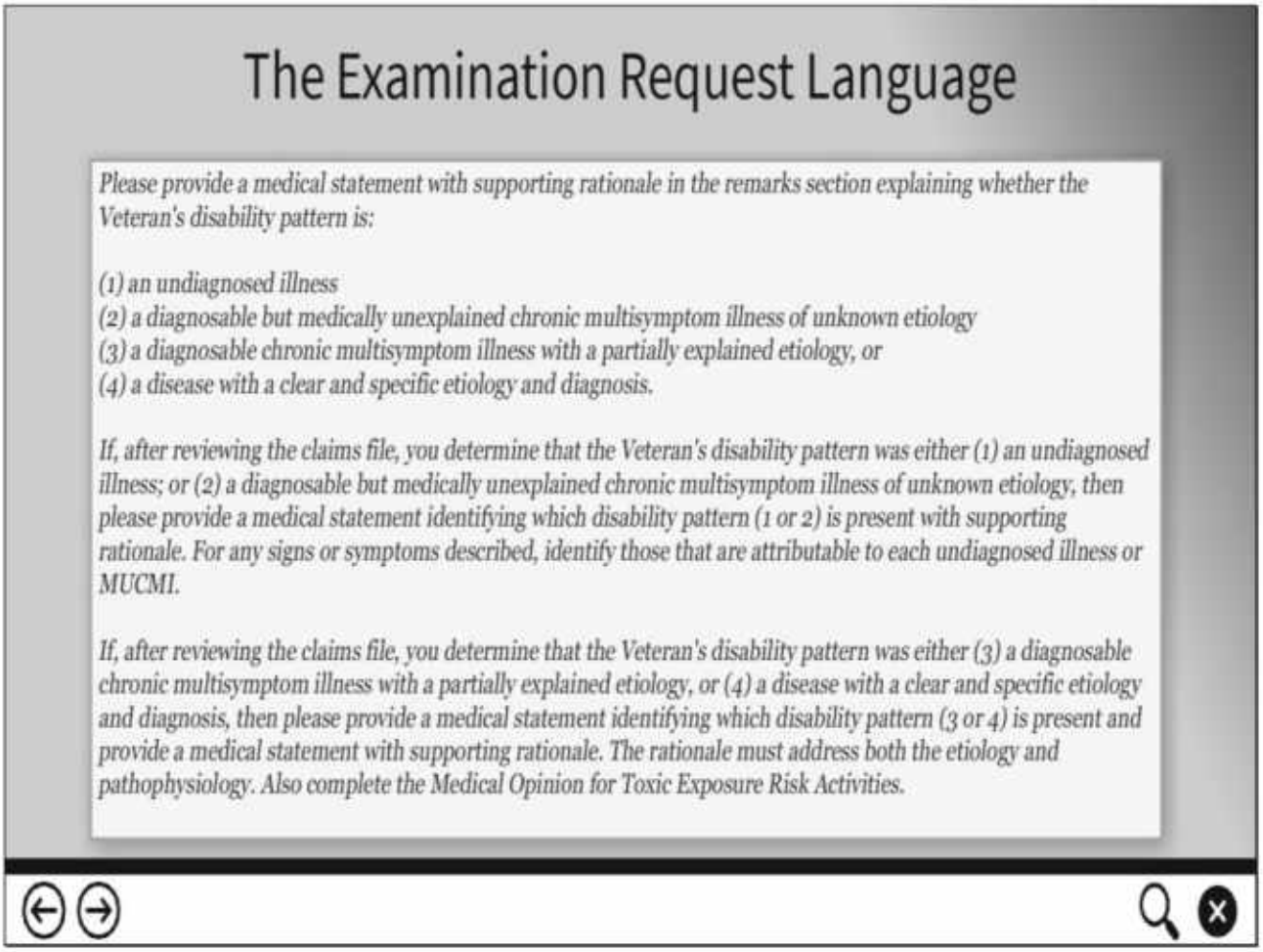
Slide 16 - C&P Gulf War General Medical DBQ



Slide 17 - The Examination Request



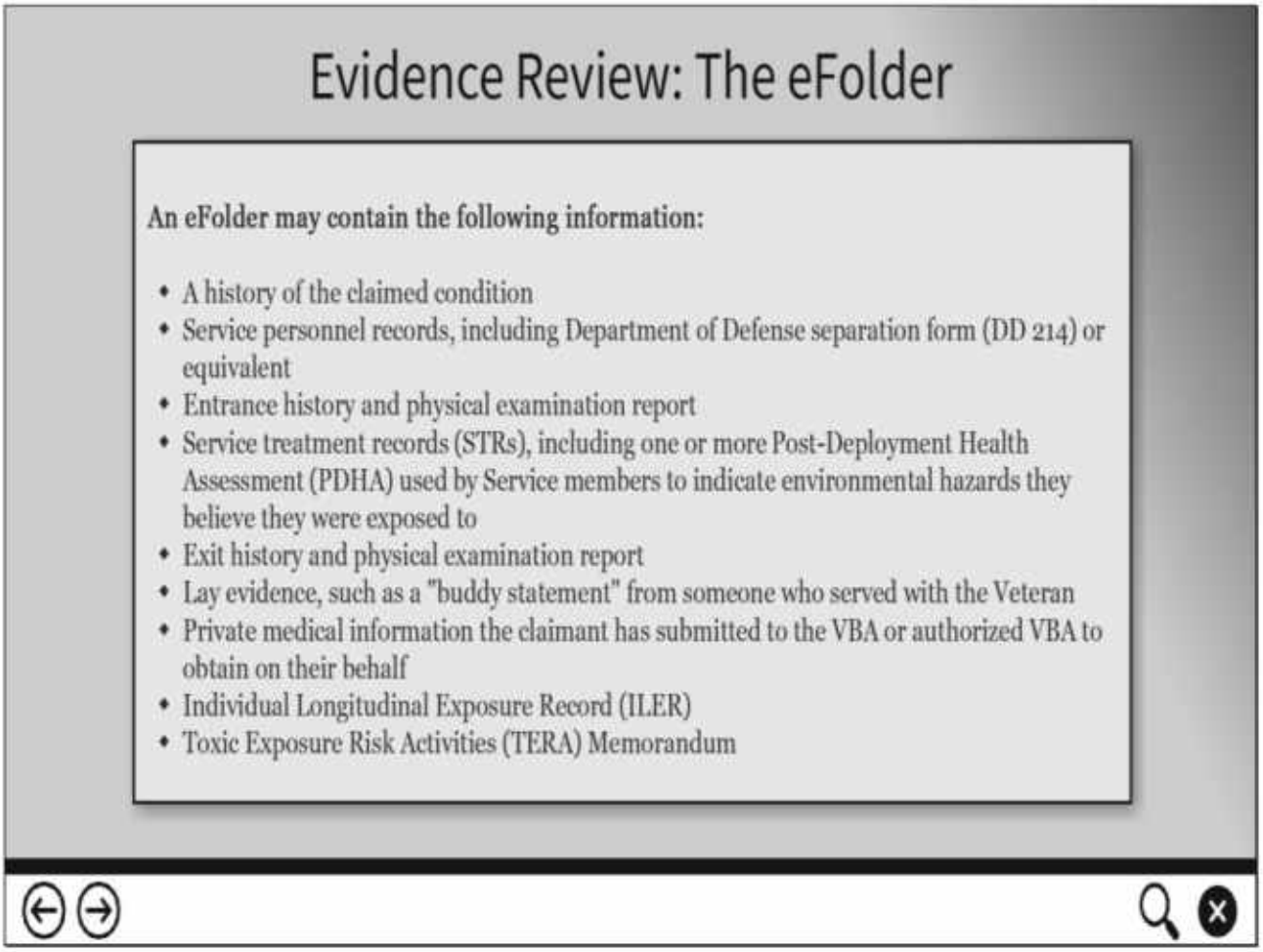
Slide 18 - To the Examiner



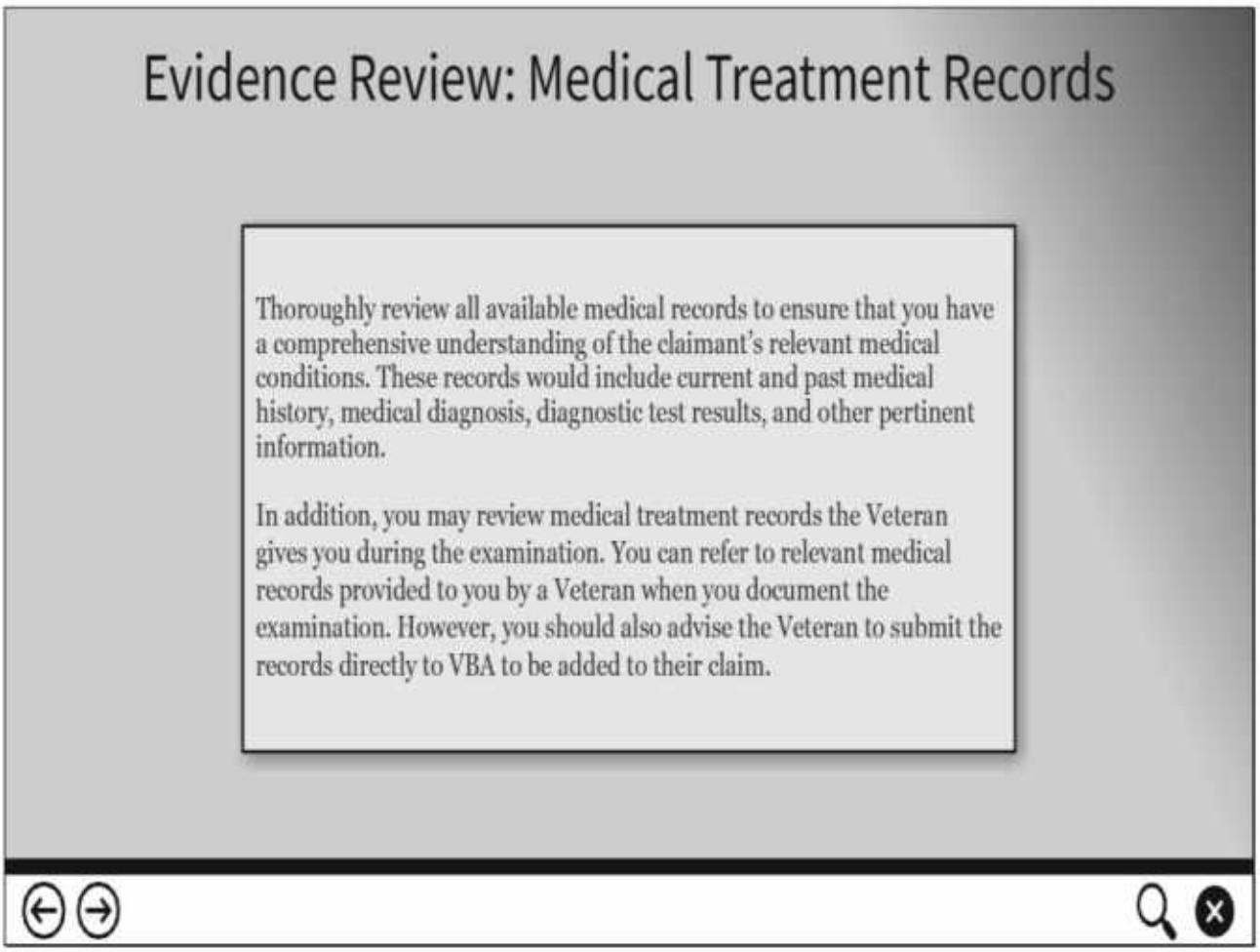
Slide 19 - Evidence Review - Selection



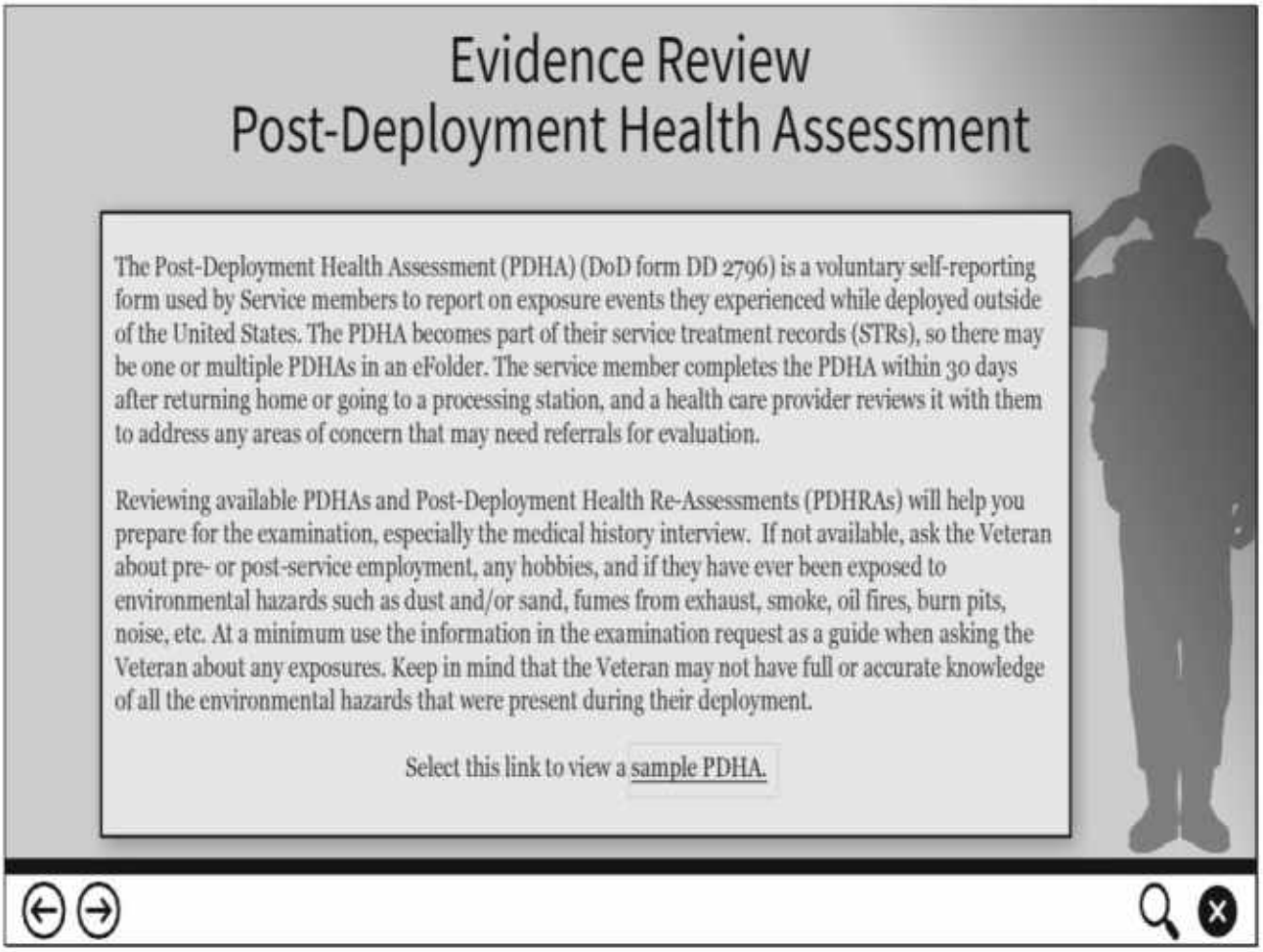
Slide 20 - Evidence Review - eFolder



Slide 21 - Evidence Review - Medical Treatment Records



Slide 22 - Post Deployment Health Assessment



Slide 23 - History Needed for Gulf War Conditions

History Needed for Gulf War Conditions

The medical history interview for this examination can be extensive. It may be helpful to set parameters for taking the history. Ask open-ended questions, such as "Can you describe your symptoms for me?" and "What makes your symptoms better or worse?

It should cover the Veteran's pre-service, active-duty service, and post-service history. Also explain the process for taking the history. For example, start by talking about the context of the interview and explain that you will be following the DBQ. Point out that you will go on to another question once you have sufficient information.



Important Note: Although you may have heard or read terms such as "Gulf War Illness" or "Gulf War Syndrome," VA does not recognize these terms, and you should avoid them when you report on this interview in appropriate DBQs. Remember, you'll be gathering information about symptoms and conditions to determine if they fit into one of the four Gulf War disability patterns, especially undiagnosed illnesses and diagnosed medically unexplained chronic multisymptom illnesses.

Slide 24 - Occupational Specialty

Occupational History and Job Duties



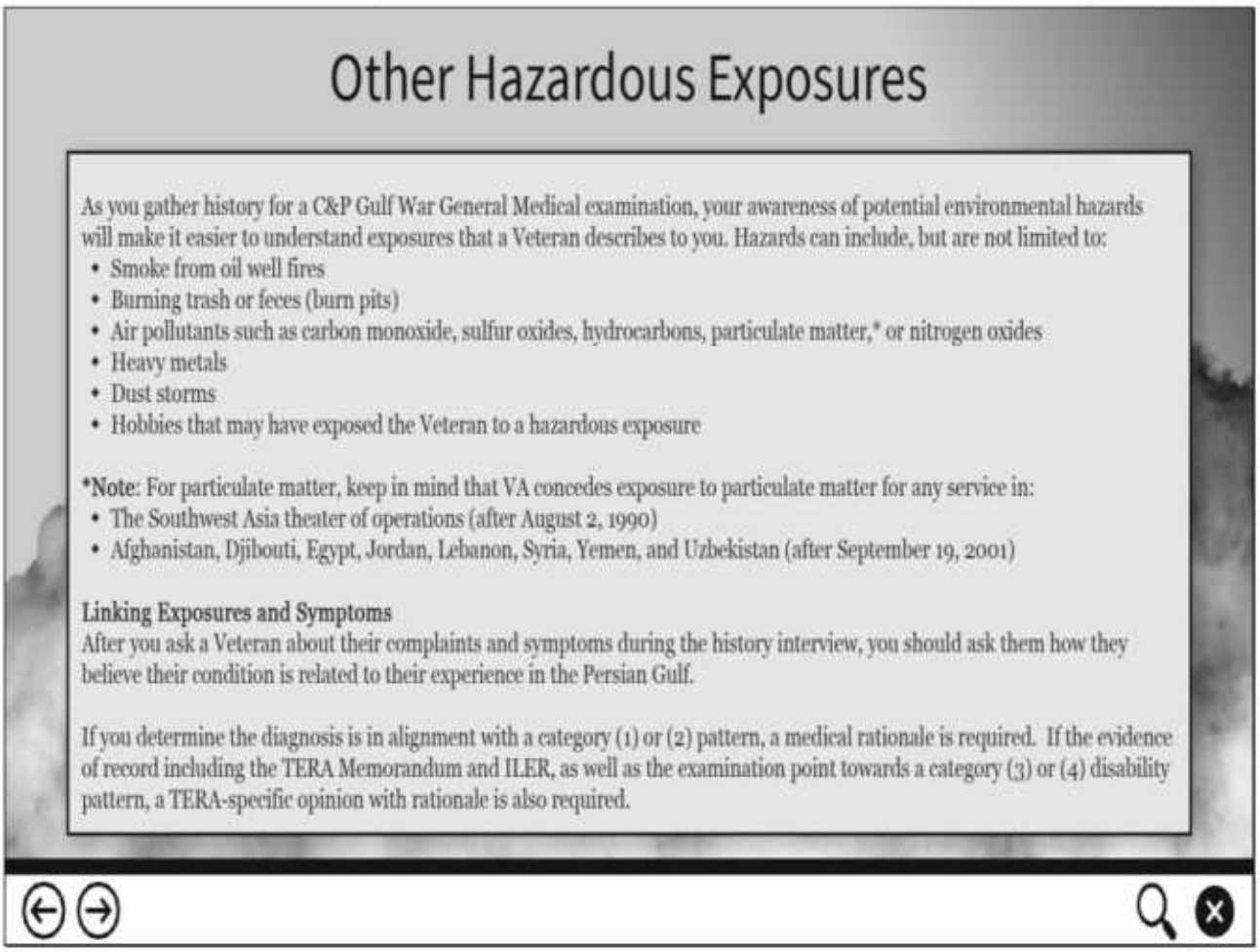


You should ask the Veteran for information about the occupational specialty they performed while deployed because there may be exposure risks related to the job. You may have seen an occupational specialty listed in service personnel records you reviewed for this examination. For example, the Army and Marines use the Military Occupational Specialty Code (MOS), the Air Force uses the Air Force Specialty Code (AFSC), and the Navy uses Navy Enlisted Classification (NEC). The DoD issues all Service members a form DD214, *Certificate of Release or Discharge from Active Duty*, often seen in eFolders, that refers to their Primary Specialty.

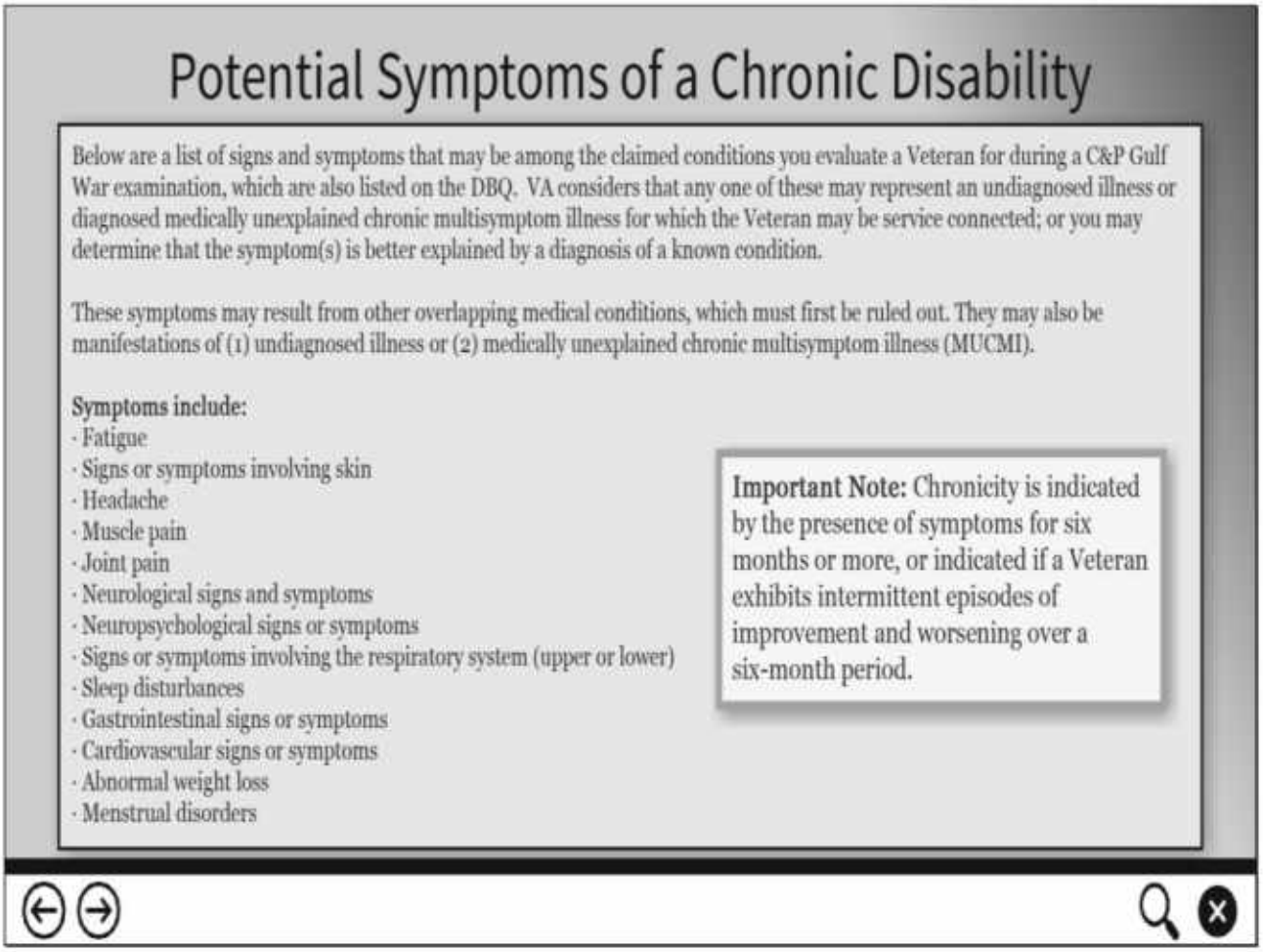
When asking about hazardous exposures, it is important to also ask Veterans about the duration and intensity of the exposure and what their duties were in service since they may have performed other functions in addition to their listed occupational specialty. For example, "What were your daily activities during deployment?" Answers to questions you ask a Veteran about occupational specialty and job duties may lead to other questions to help you learn of other potential hazardous exposures.

Be systematic and thorough in eliciting this information.

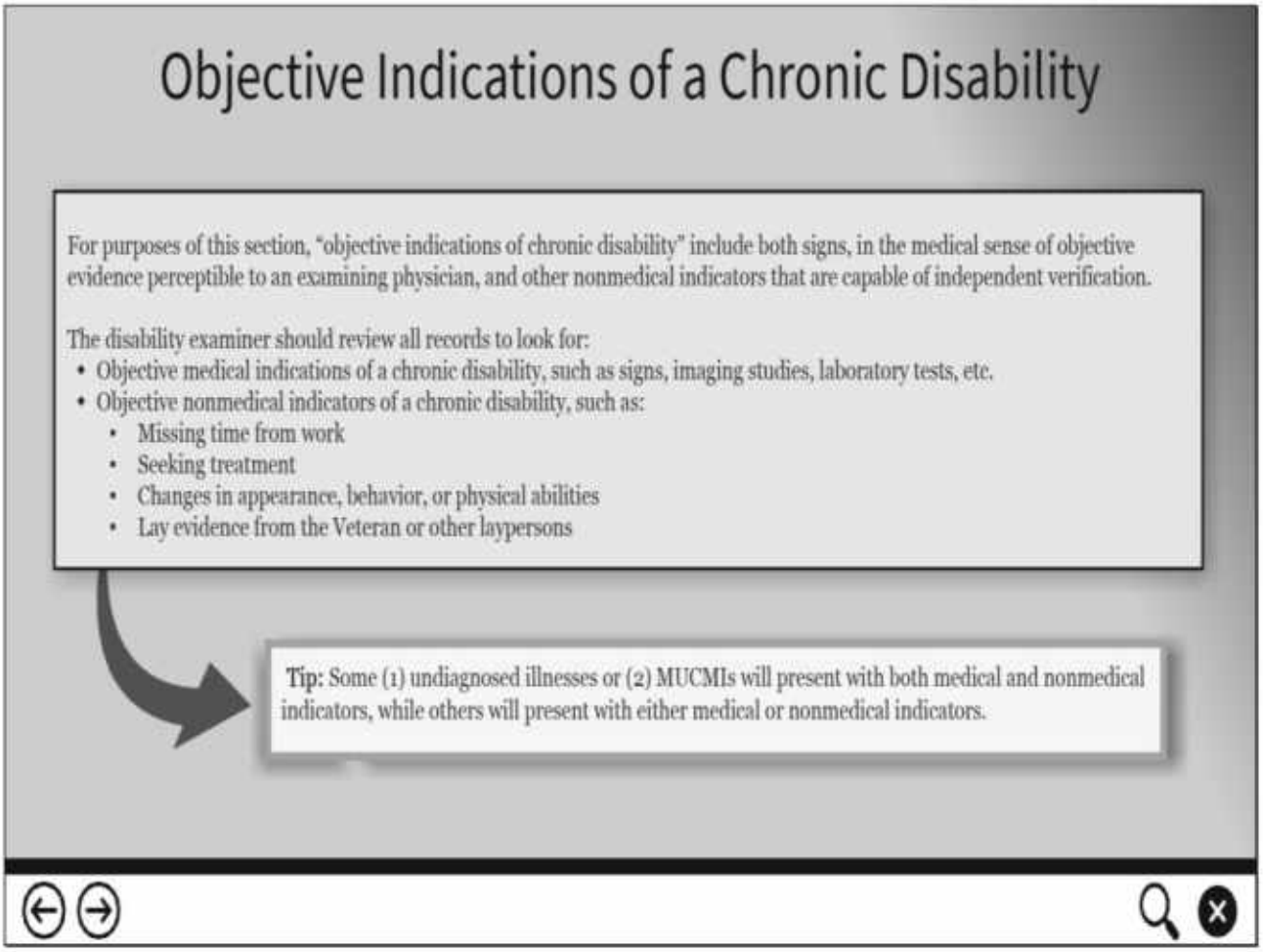
Slide 25 - Other Hazardous Exposures



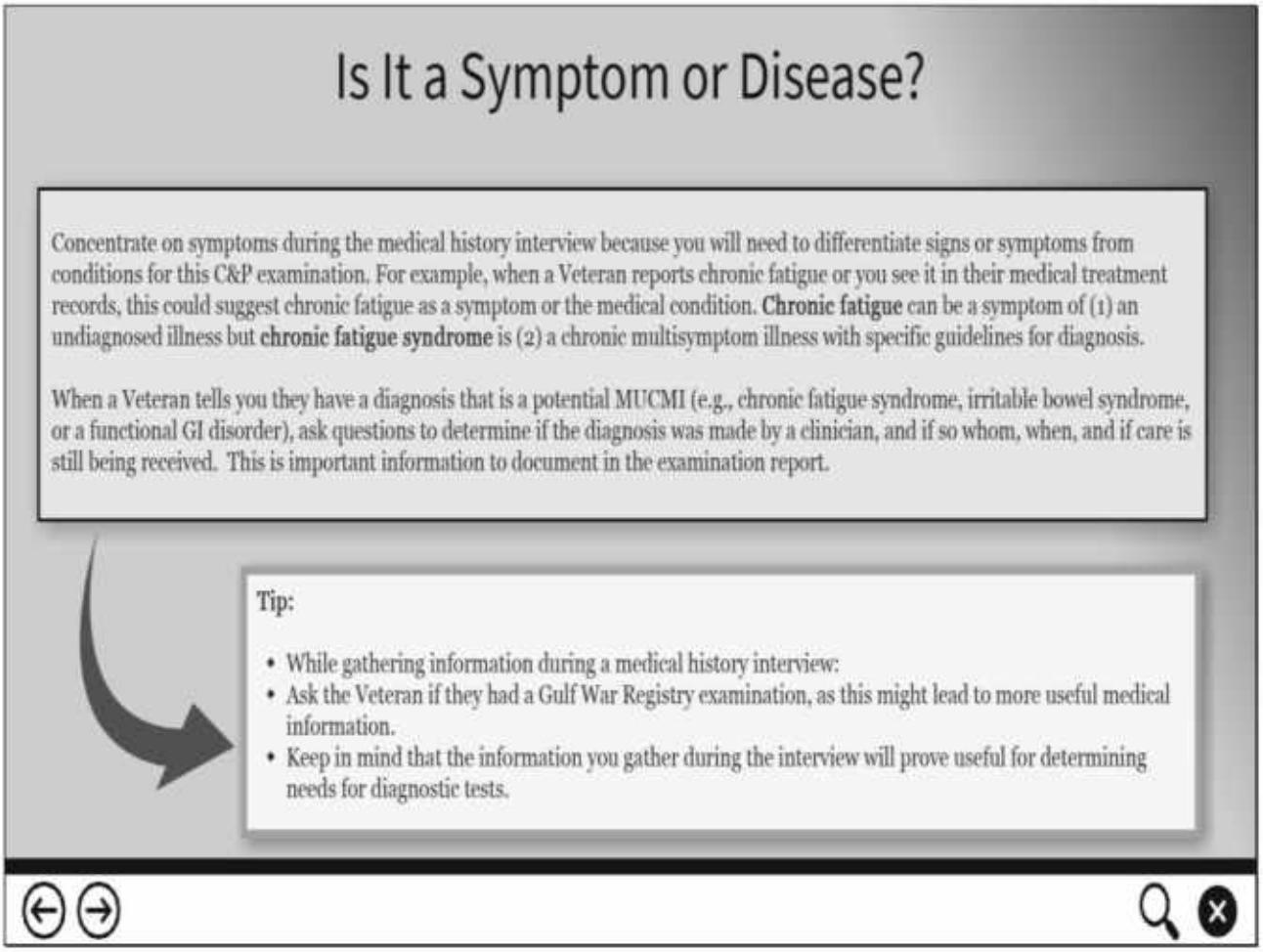
Slide 26 - Potential Symptoms



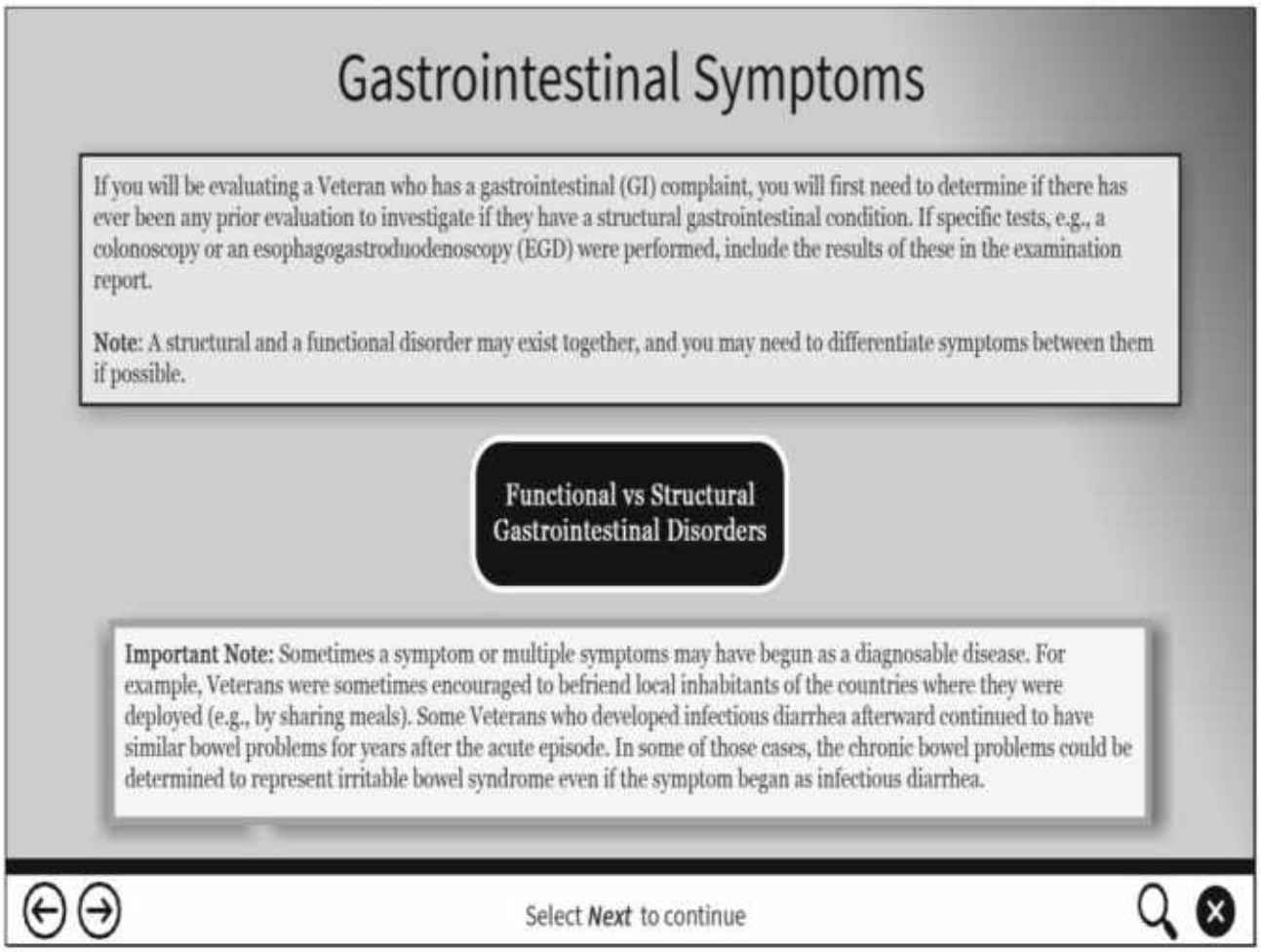
Slide 27 - Objective Indications



Slide 28 - Symptom or Disease



Slide 29 - Gastrointestinal Symptoms



Slide 30 - Functional Gastrointestinal Disorders

Functional vs Structural Gastrointestinal Disorders

Functional

Generally considered diagnoses of exclusion, include disorders such as irritable bowel syndrome and a host of other gastrointestinal (GI) conditions but do not include structural gastrointestinal diseases. Functional gastrointestinal disorders are characterized by chronic or recurrent symptoms that are unexplained by structural, endoscopic, laboratory, or other objective signs of injury or disease and may be related to any part of the GI tract. Symptoms include abdominal pain, substernal burning or pain, nausea, vomiting, altered bowel habits (including diarrhea and constipation), indigestion, bloating, postprandial fullness, and painful or difficult swallowing.

An undiagnosed illness or MUCMI must also be considered chronic. Either disability pattern must have existed for six months or more, or exhibit intermittent episodes of improvement or worsening over a six-month period.



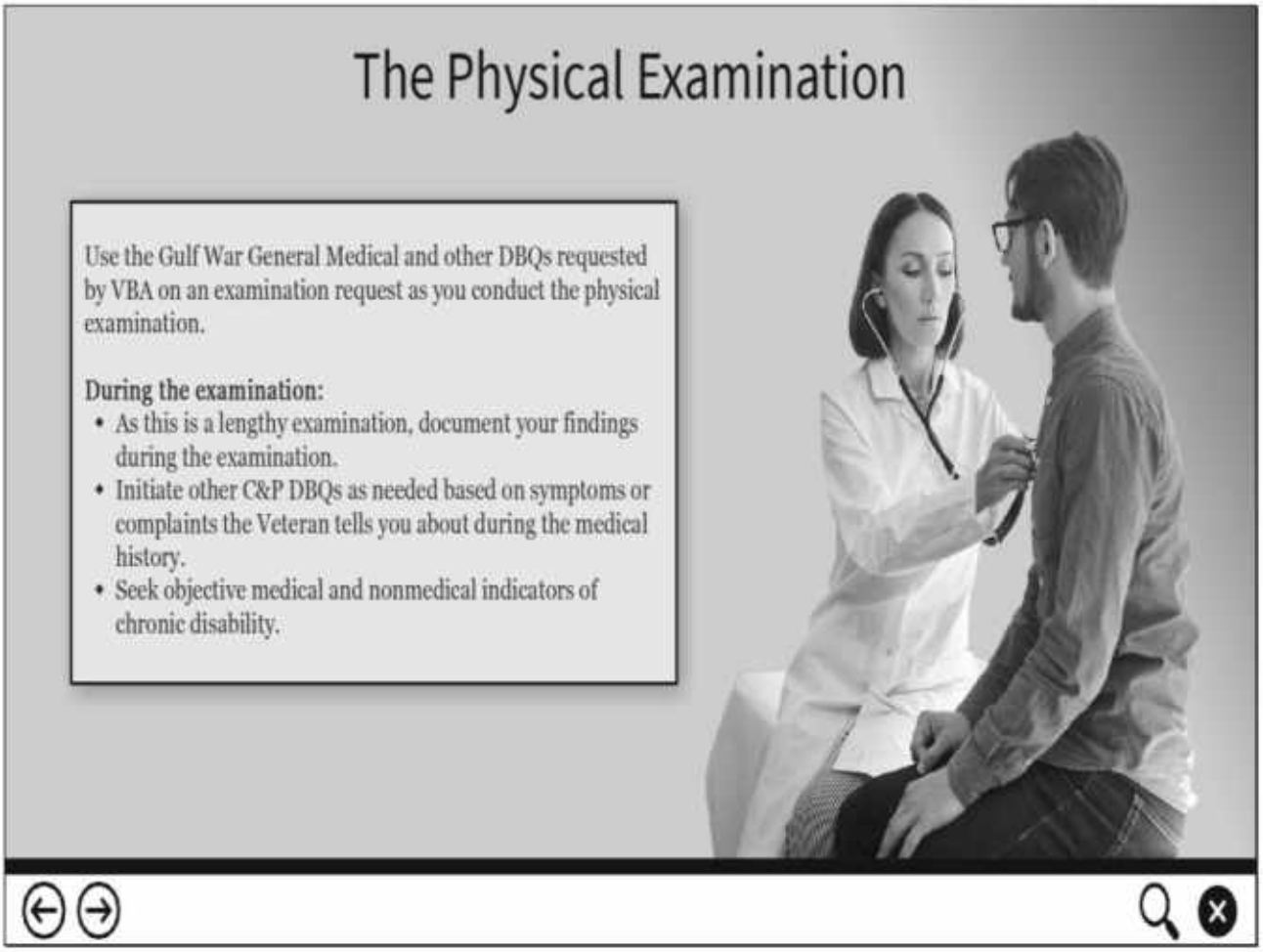
Structural

Specific anatomic or other explainable pathology identified on testing.

Conditions include:

- colon polyps
- ulcerative colitis
- gastric cancer
- gastroesophageal reflux disease (GERD) (considered a structural disorder because it is explainable by endoscopic signs or injury on endoscopy.)

Slide 31 - The Physical Examination



Slide 32 - Appropriate Diagnostic Testing

Appropriate Diagnostic Testing



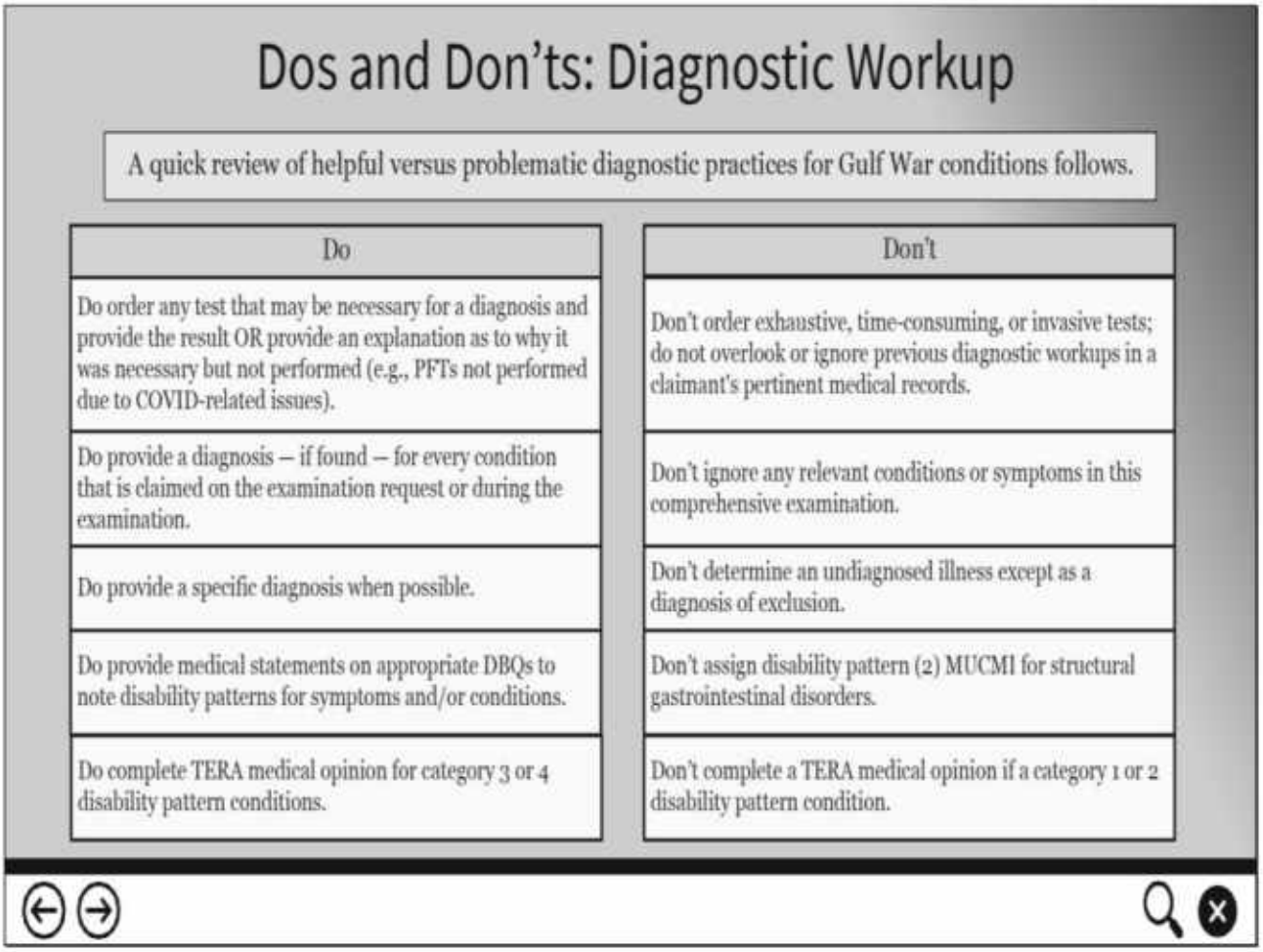
Before you diagnose a disability pattern of either (1) an undiagnosed illness or (2) a MUCMI, determine if there is any non-invasive testing needed based on the Veteran's specific signs and symptoms to exclude other diagnosable conditions.

It is not necessary to request or conduct a vast array of tests. Only limited or specific diagnostic workup should be ordered. Carefully review all the available medical records. In general, invasive procedures such as (but not limited to) a stress test, angiogram, or biopsy are not conducted for C&P evaluations. Simple tests that are easily conducted and do not pose a risk to the Veteran are appropriate.

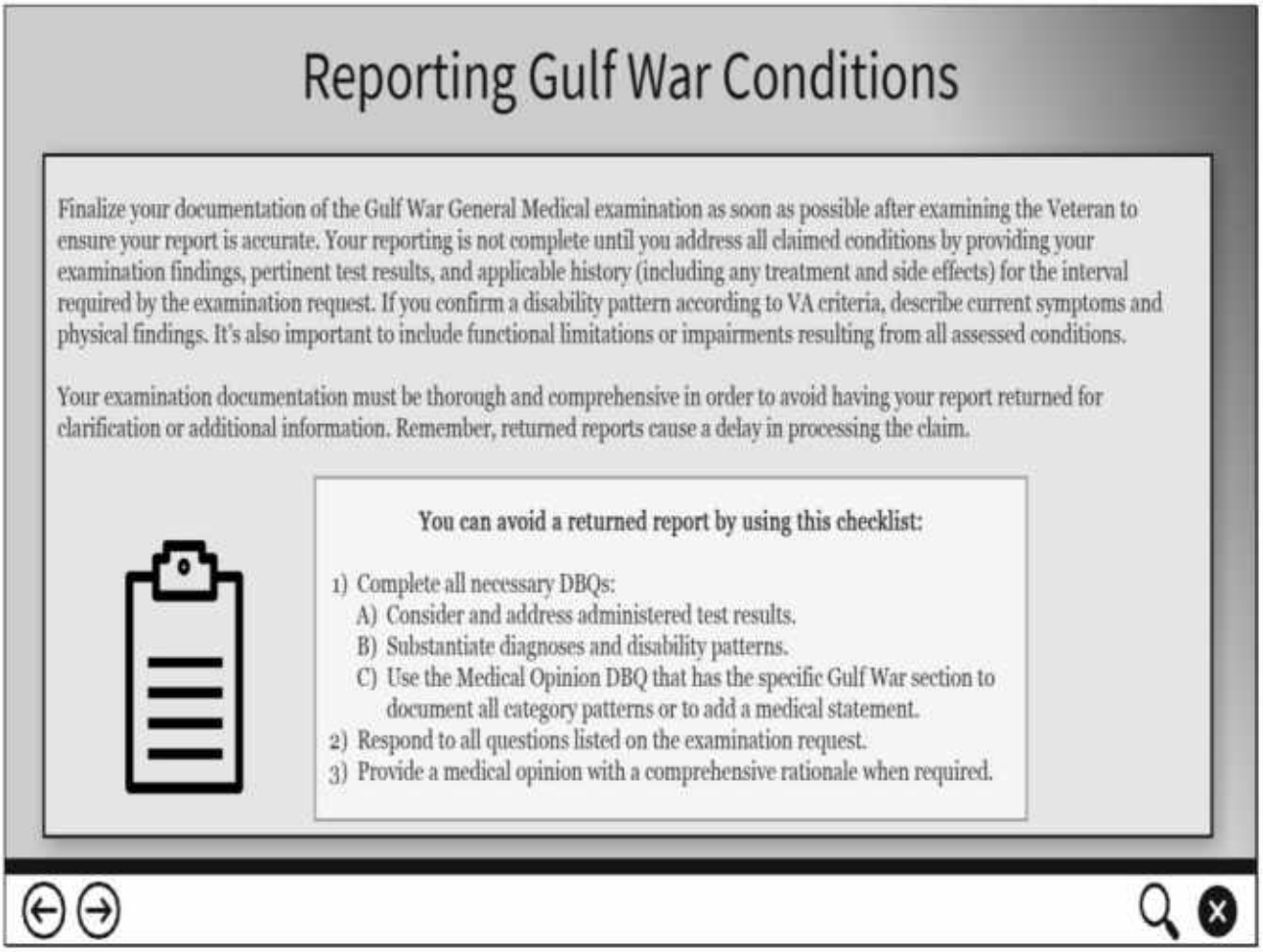
Also, make sure that you've looked in the eFolder and all available medical records for any previous testing and results.

All test results obtained as part of a C&P examination (normal or abnormal) should be included in the appropriate examination report.

Slide 33 - Diagnostic Conclusion



Slide 34 - Reporting Gulf War Conditions



Slide 35 - Tips for Analyzing and Synthesizing Data

Tips for Analyzing and Synthesizing Gulf War Examination Data

Before assigning a disability pattern for symptom(s) and condition(s) in a medical statement, check your documentation of examination findings to verify that you:

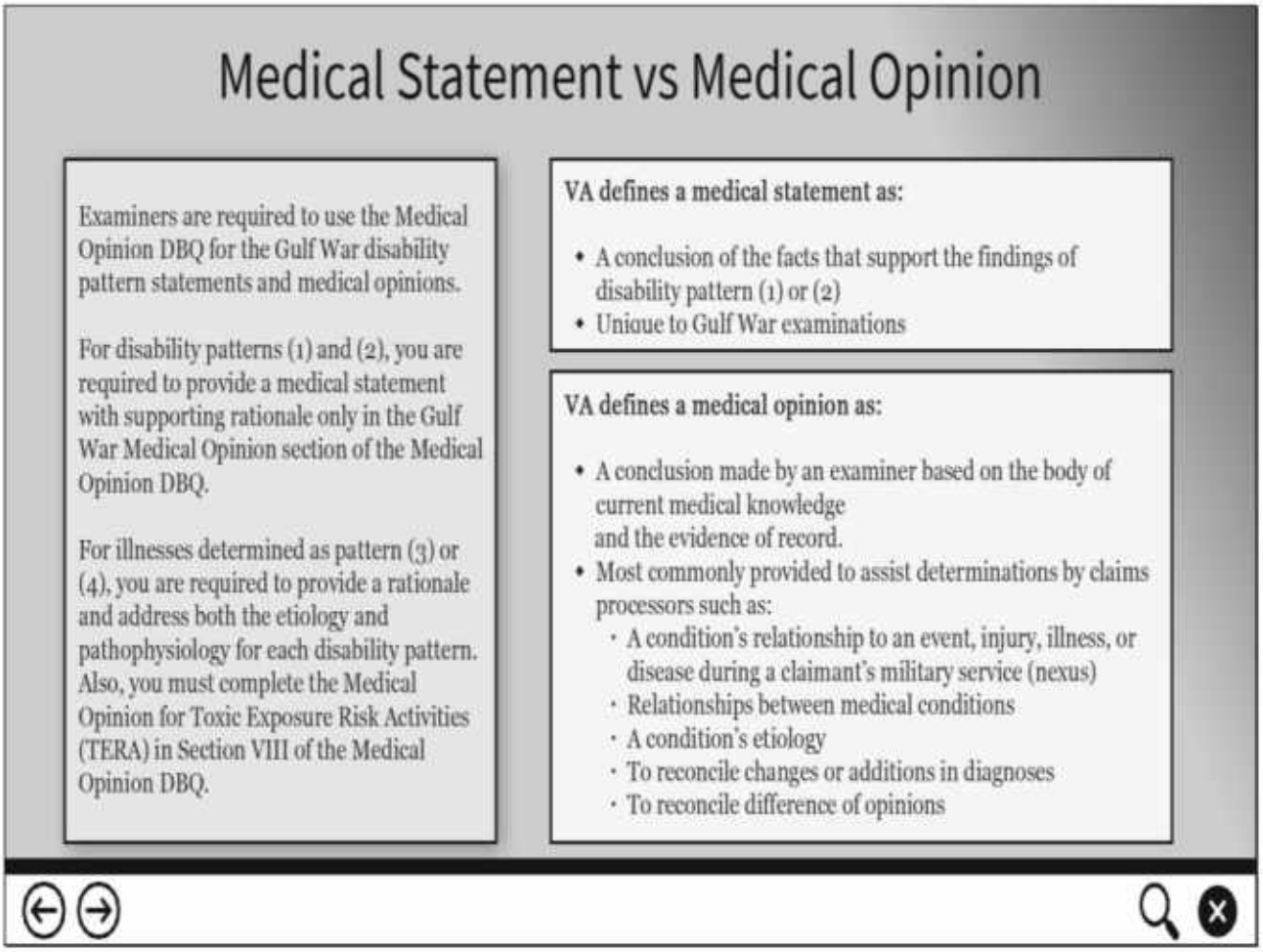
- Checked the eFolder and all available medical treatment records to ensure you reviewed any appropriate diagnostic workups for each diagnosis.
- Confirmed your findings if you are establishing that the pattern is consistent with a disability pattern (1), an undiagnosed illness. This disability pattern applies only to a condition that by history, physical examination, and laboratory tests cannot be attributed to any known clinical diagnosis.
- Validated that any diagnosed conditions meet current medical standards. For example, sometimes sleep apnea may be diagnosed in a Veteran's medical treatment records although standard diagnostic criteria (e.g., Apnea-Hypopnea Index >5) has not been met.

Then you are ready to assign the appropriate disability pattern:

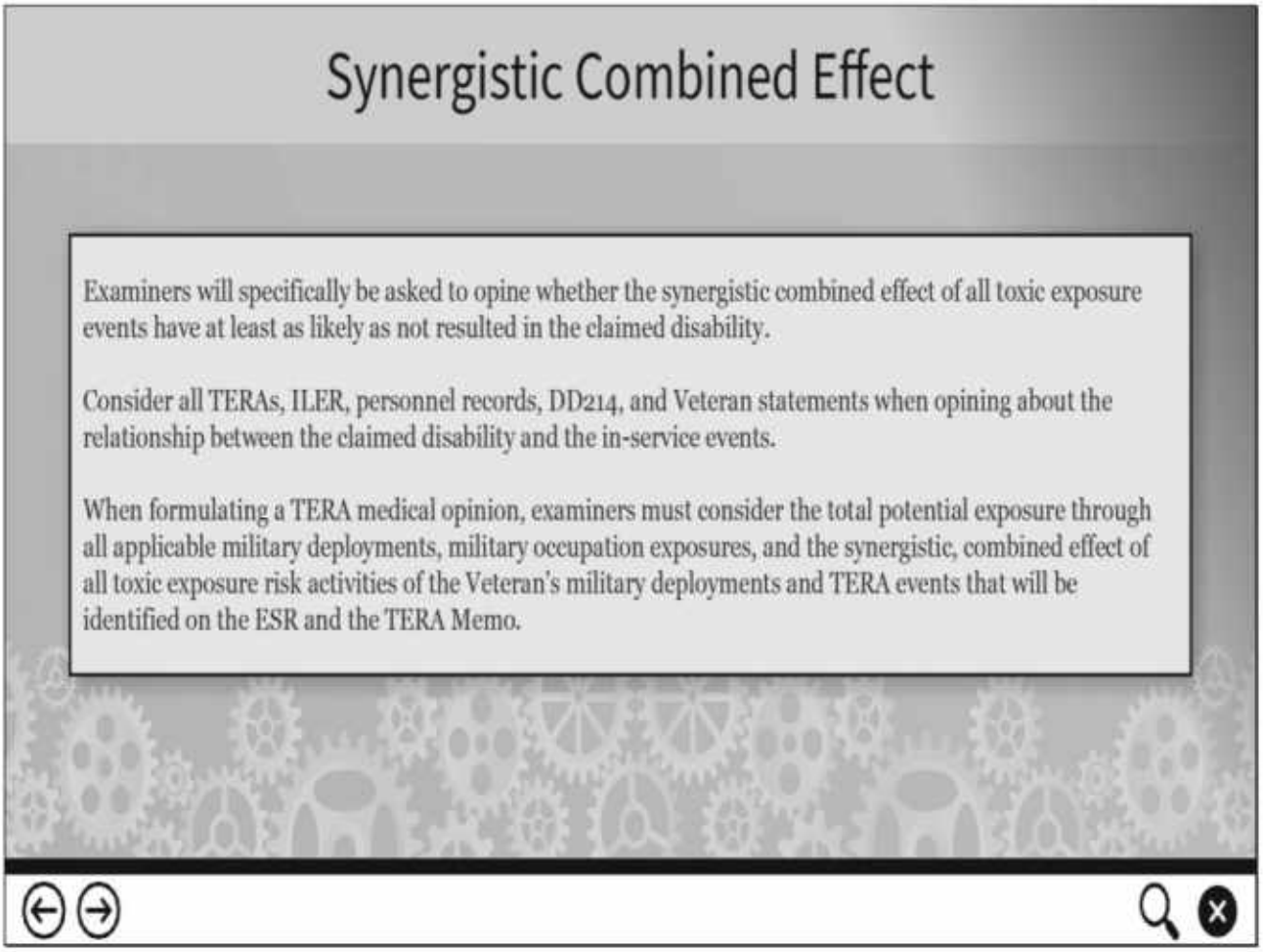
(1) An undiagnosed illness
(2) A diagnosable but medically unexplained chronic multisymptom illness
(3) A diagnosable chronic multisymptom illness with a partially explained etiology
(4) A disease with a clear and specific etiology and diagnosis



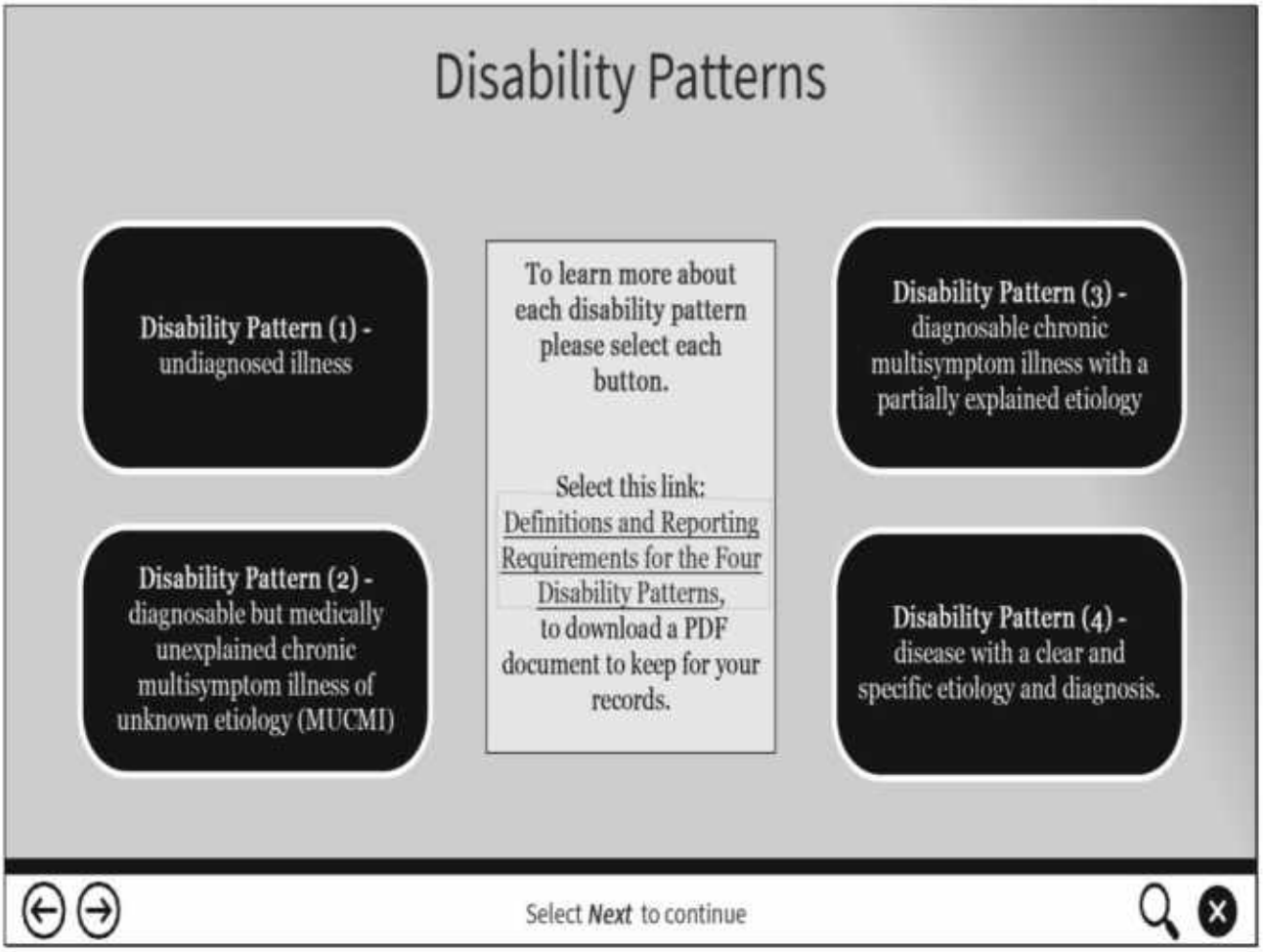
Slide 36 - Medical Opinion and Rationale Requirements



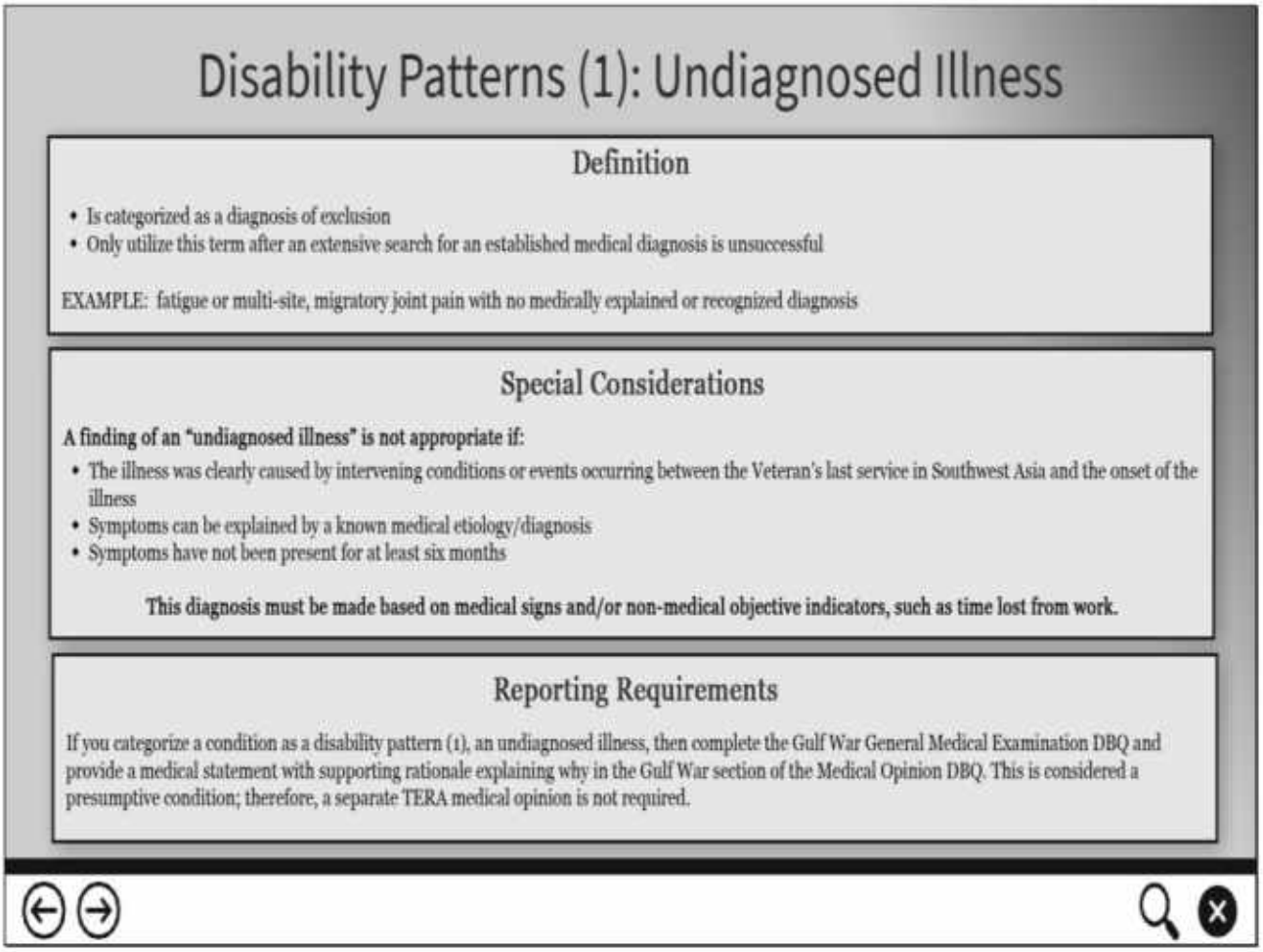
Slide 37 - Synergistic Combined Effect



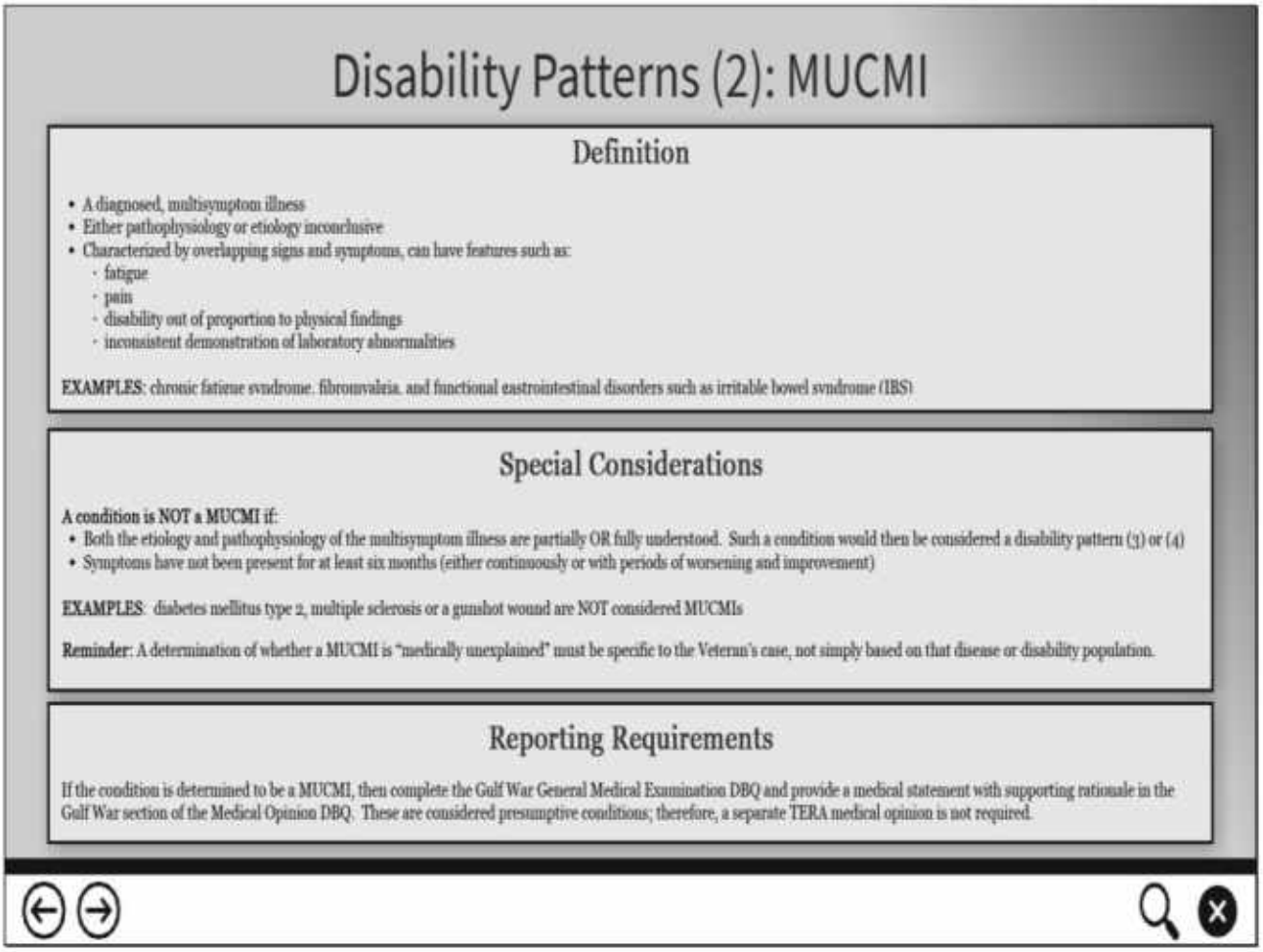
Slide 38 - Disability Patterns



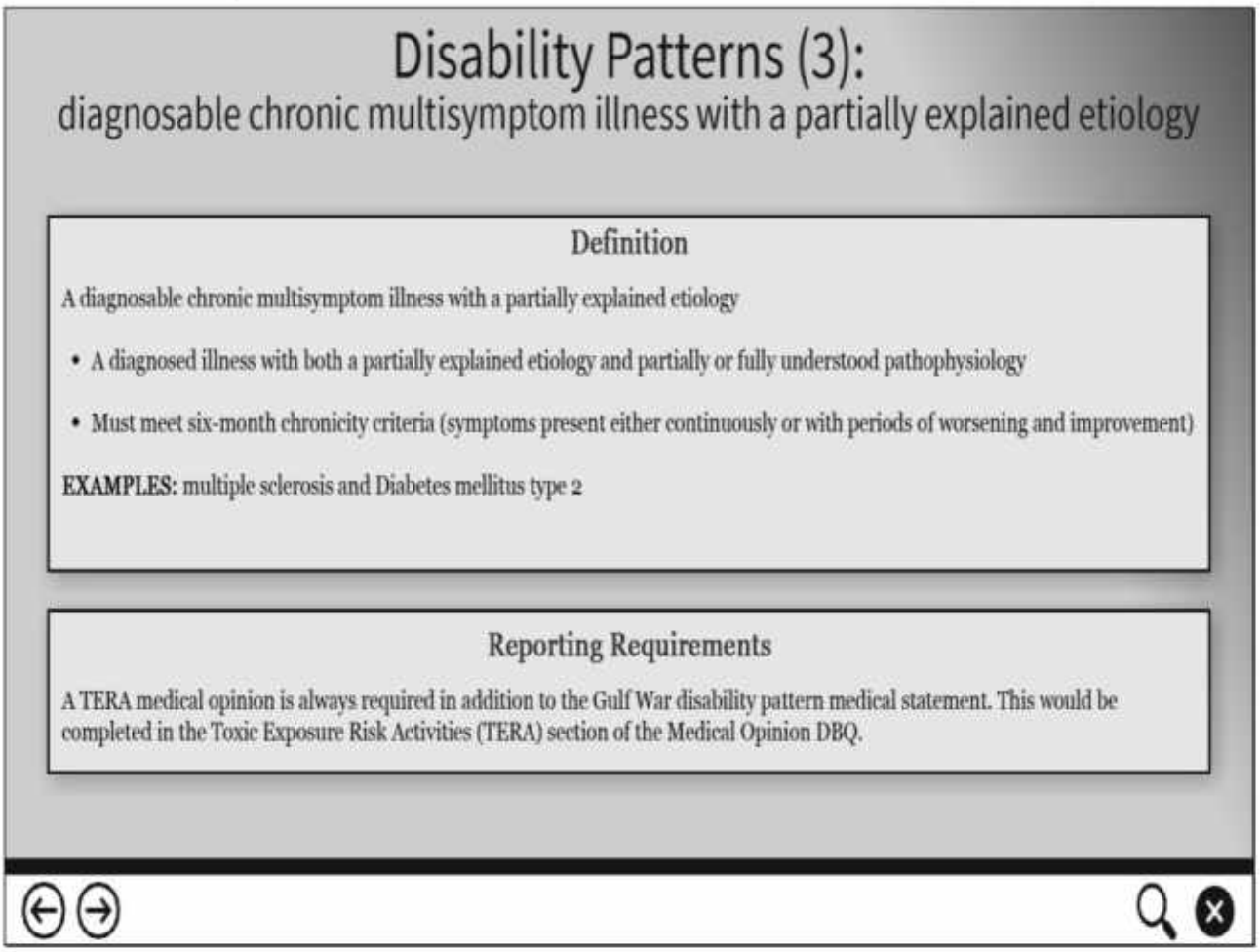
Slide 39 - Disability Pattern 1



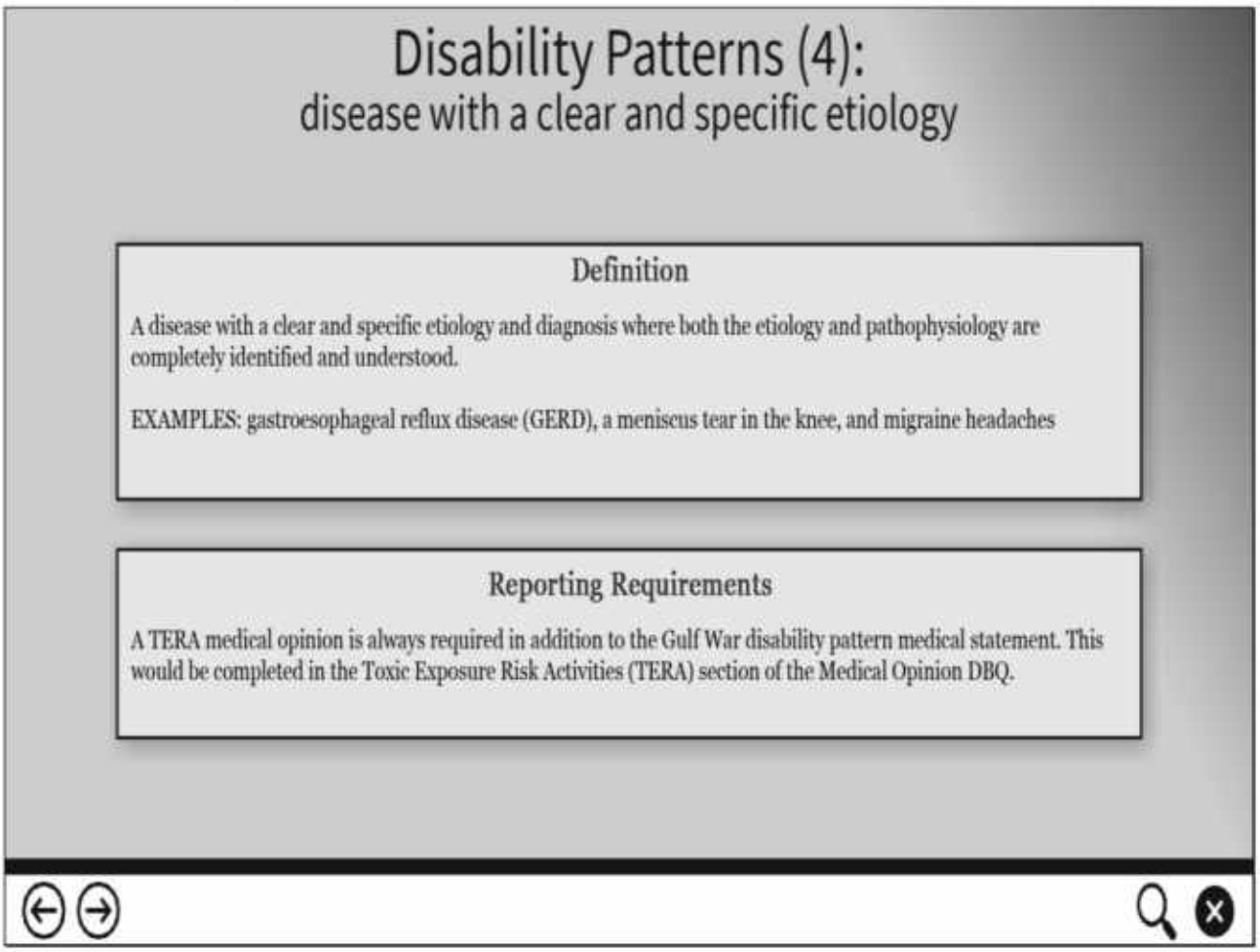
Slide 40 - Disability Pattern 2



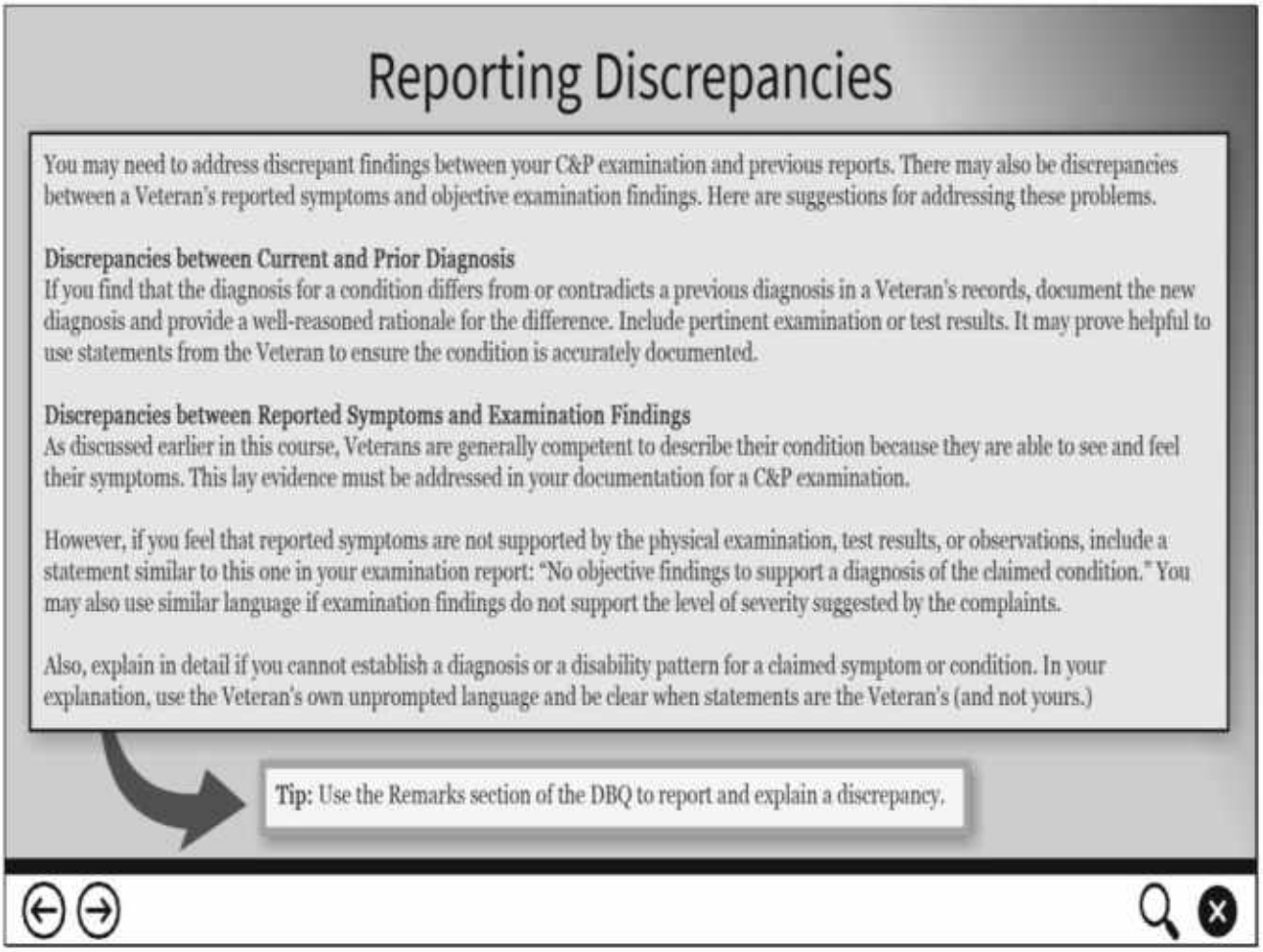
Slide 41 - Disability Pattern 3



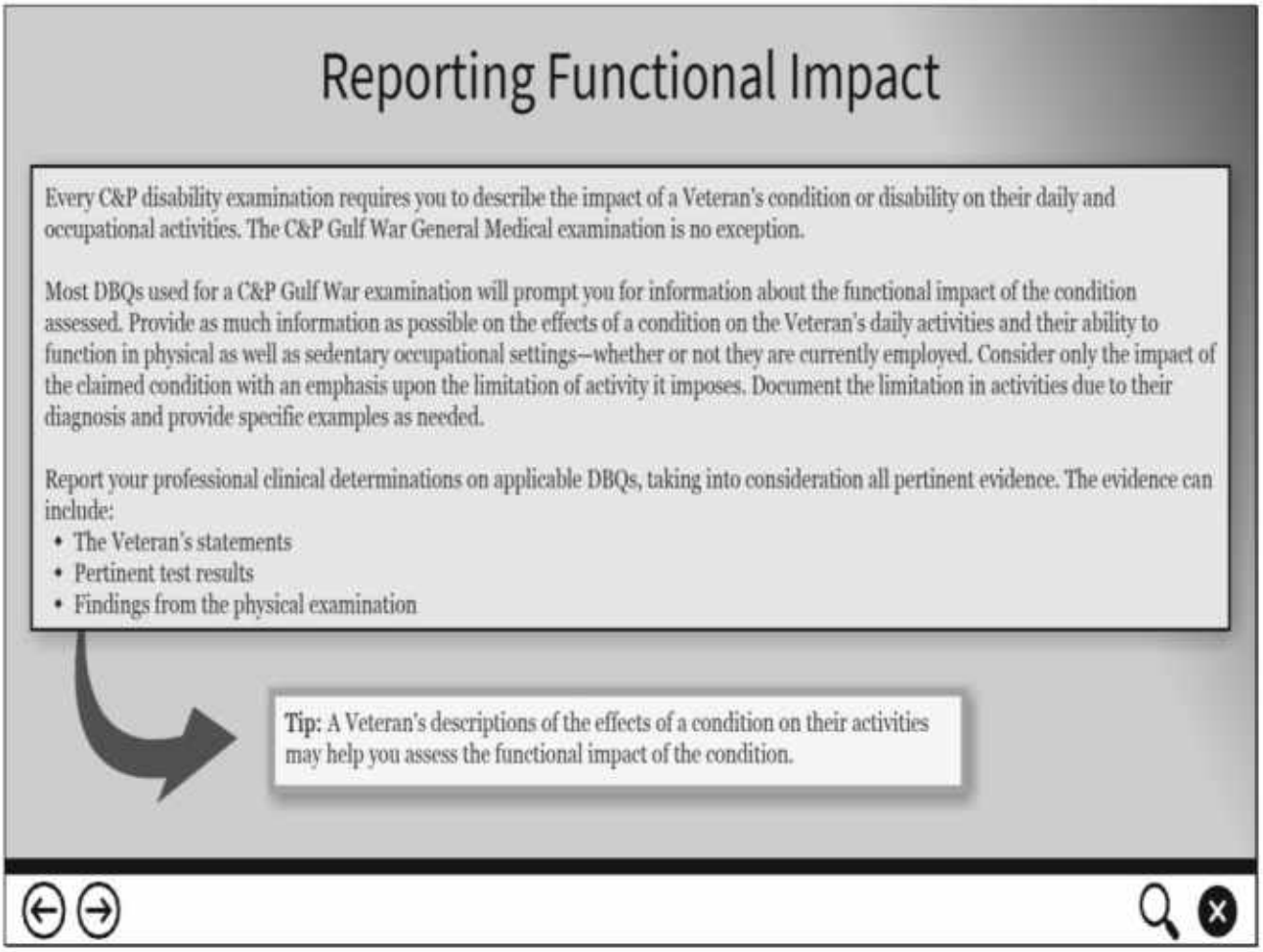
Slide 42 - Disability Pattern 4



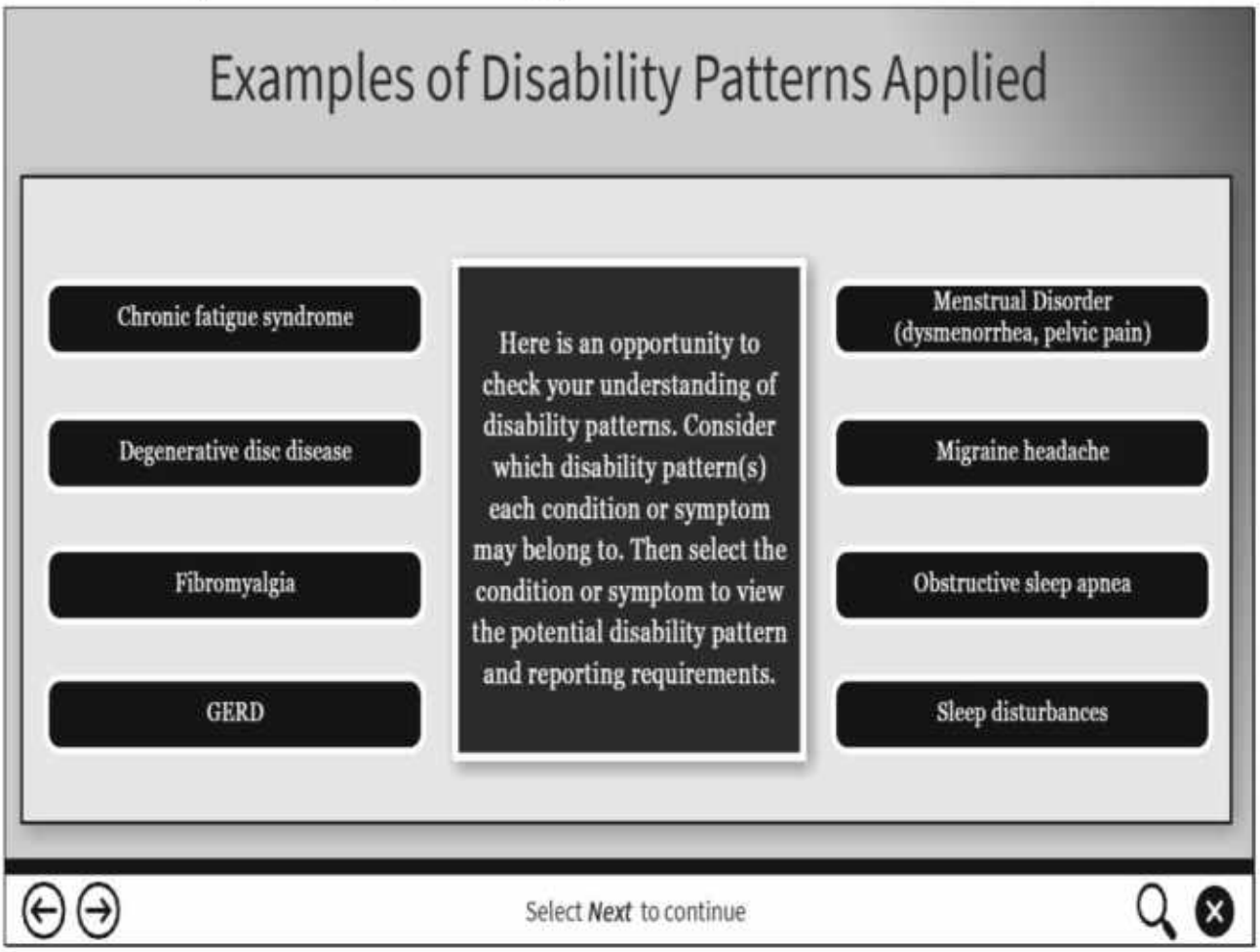
Slide 43 - Reporting Discrepancies



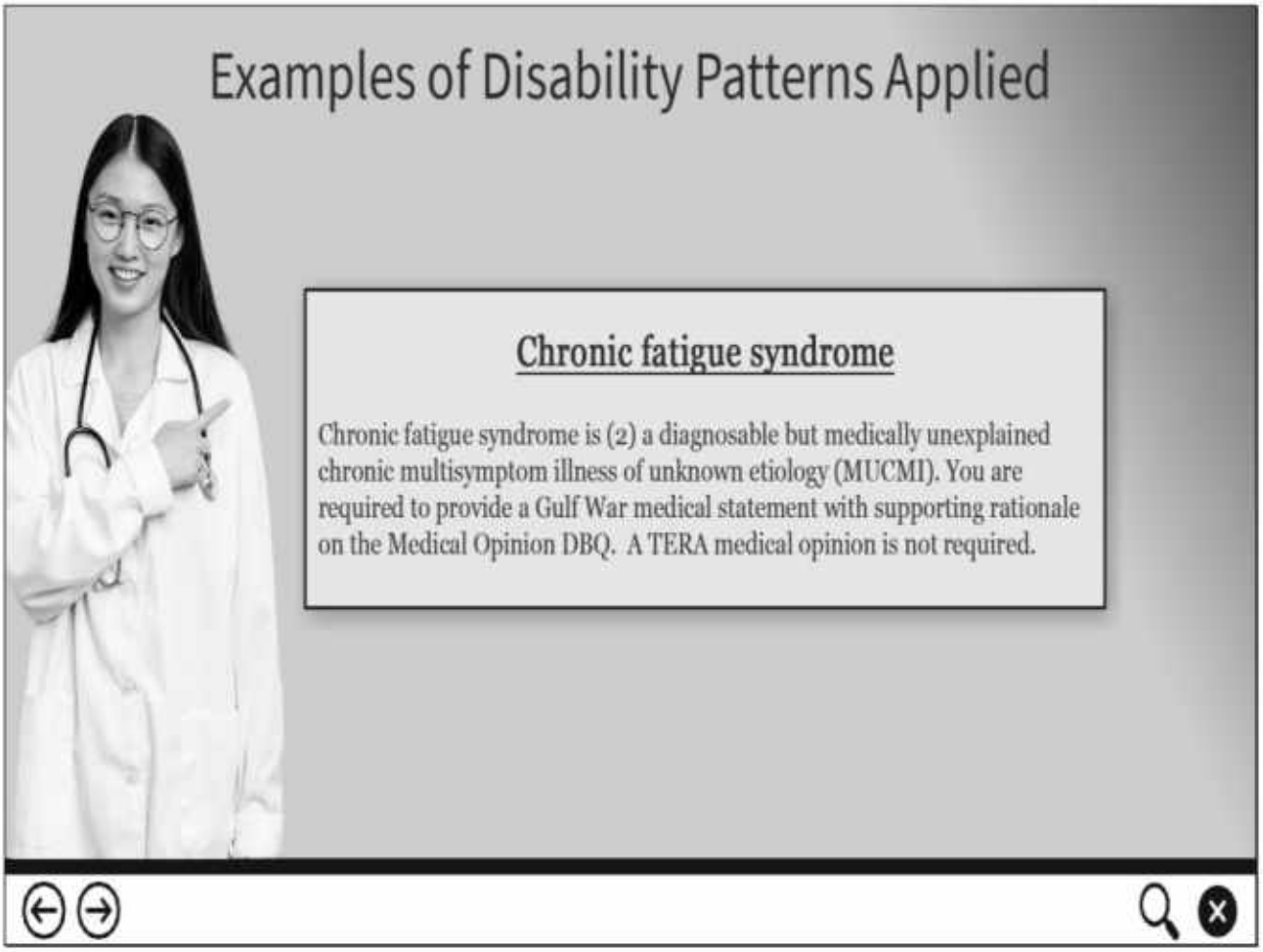
Slide 44 - Reporting Functional Impact



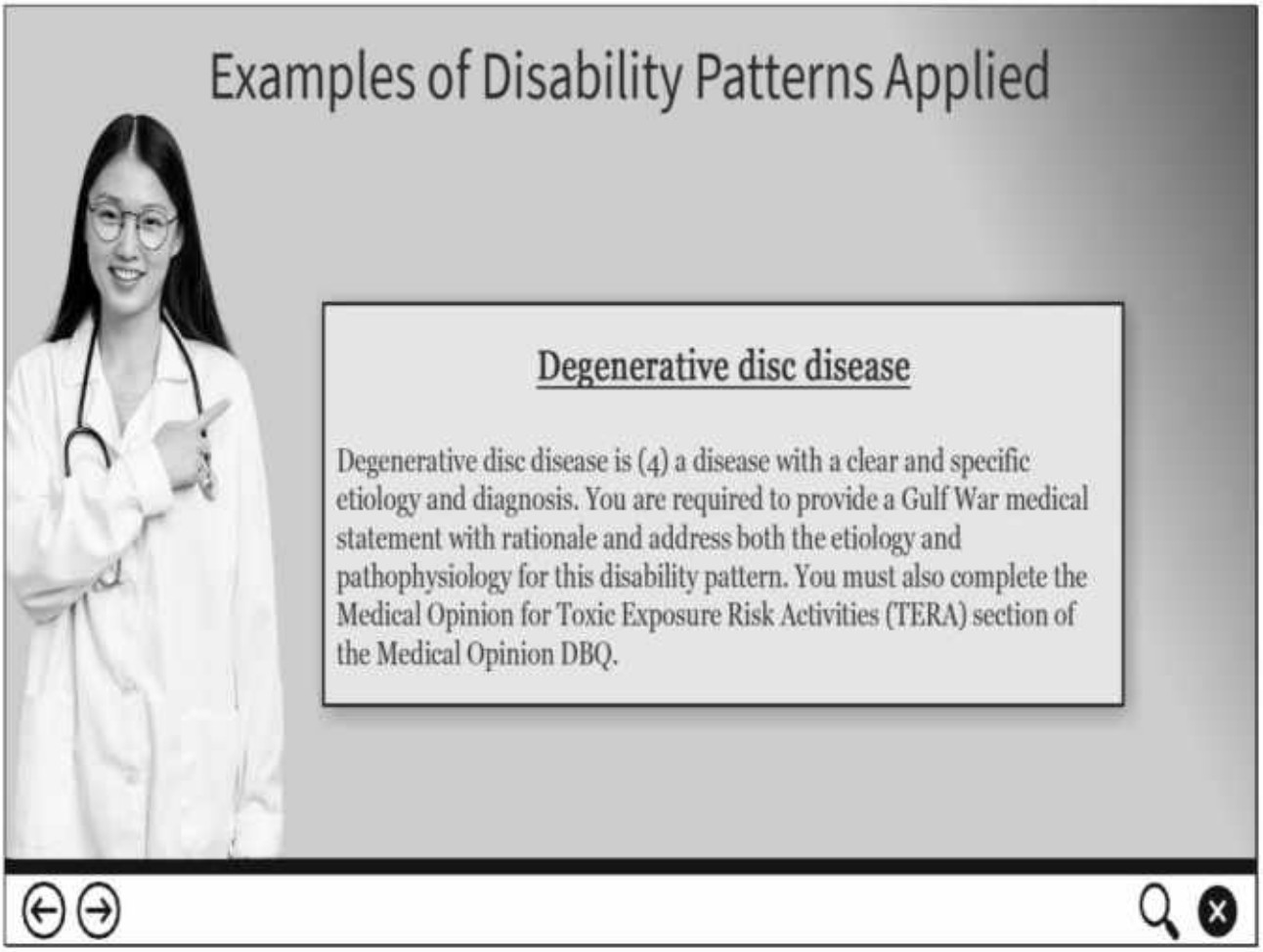
Slide 45 - Examples of Disability Patterns Applied



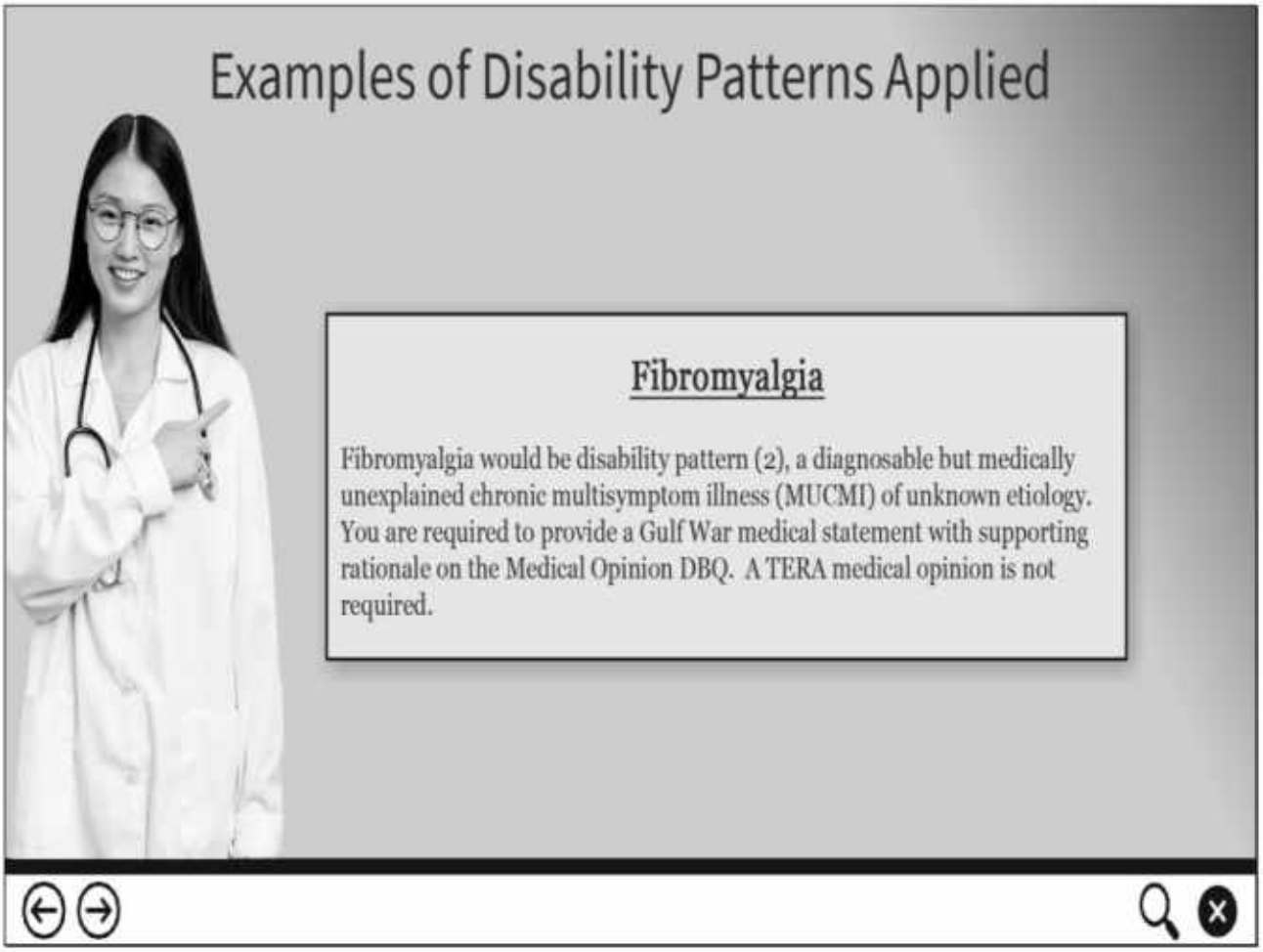
Slide 46 - Chronic Fatigue Syndrome



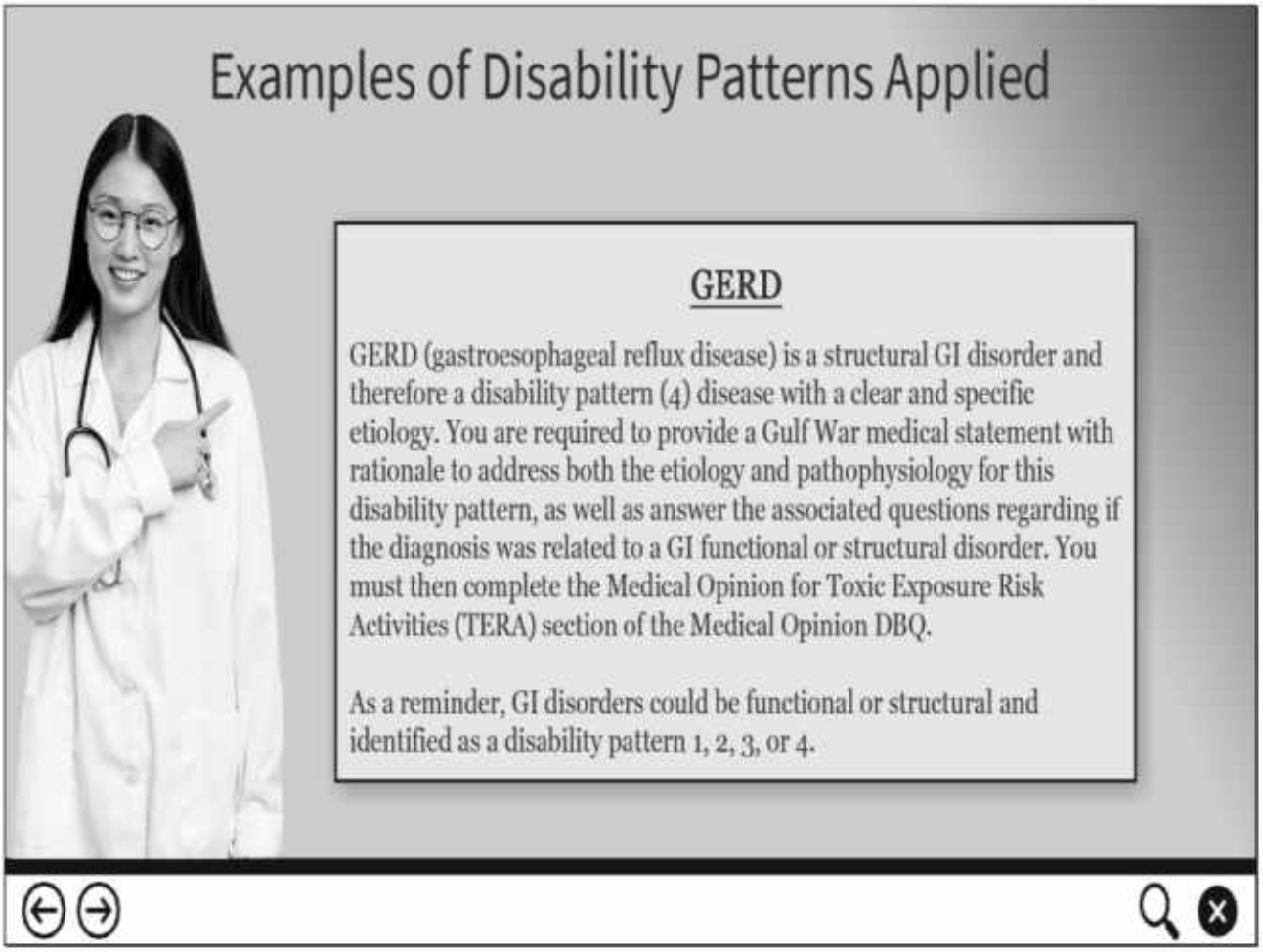
Slide 47 - Degenerative Disc Disease



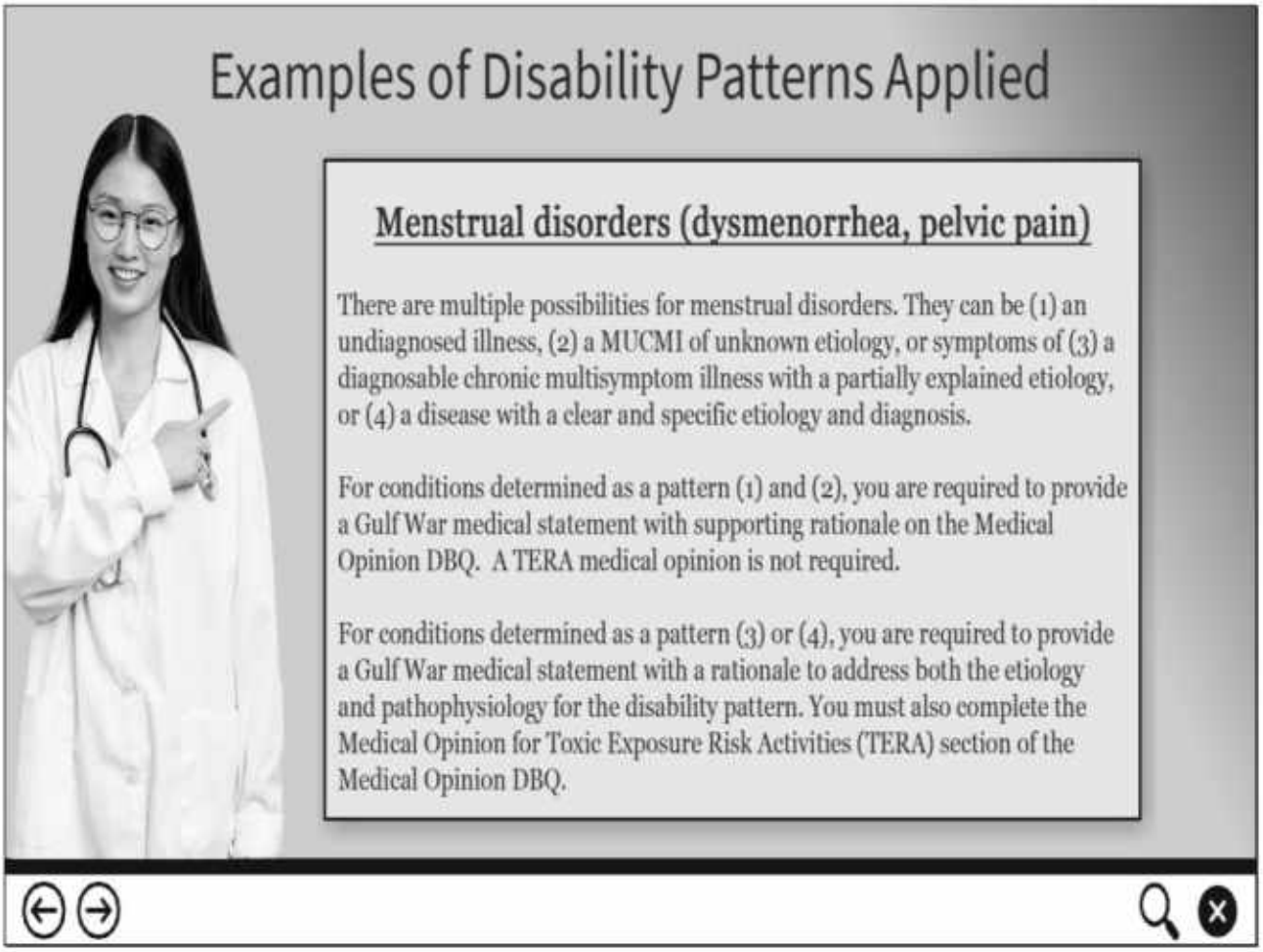
Slide 48 - Fibromyalgia



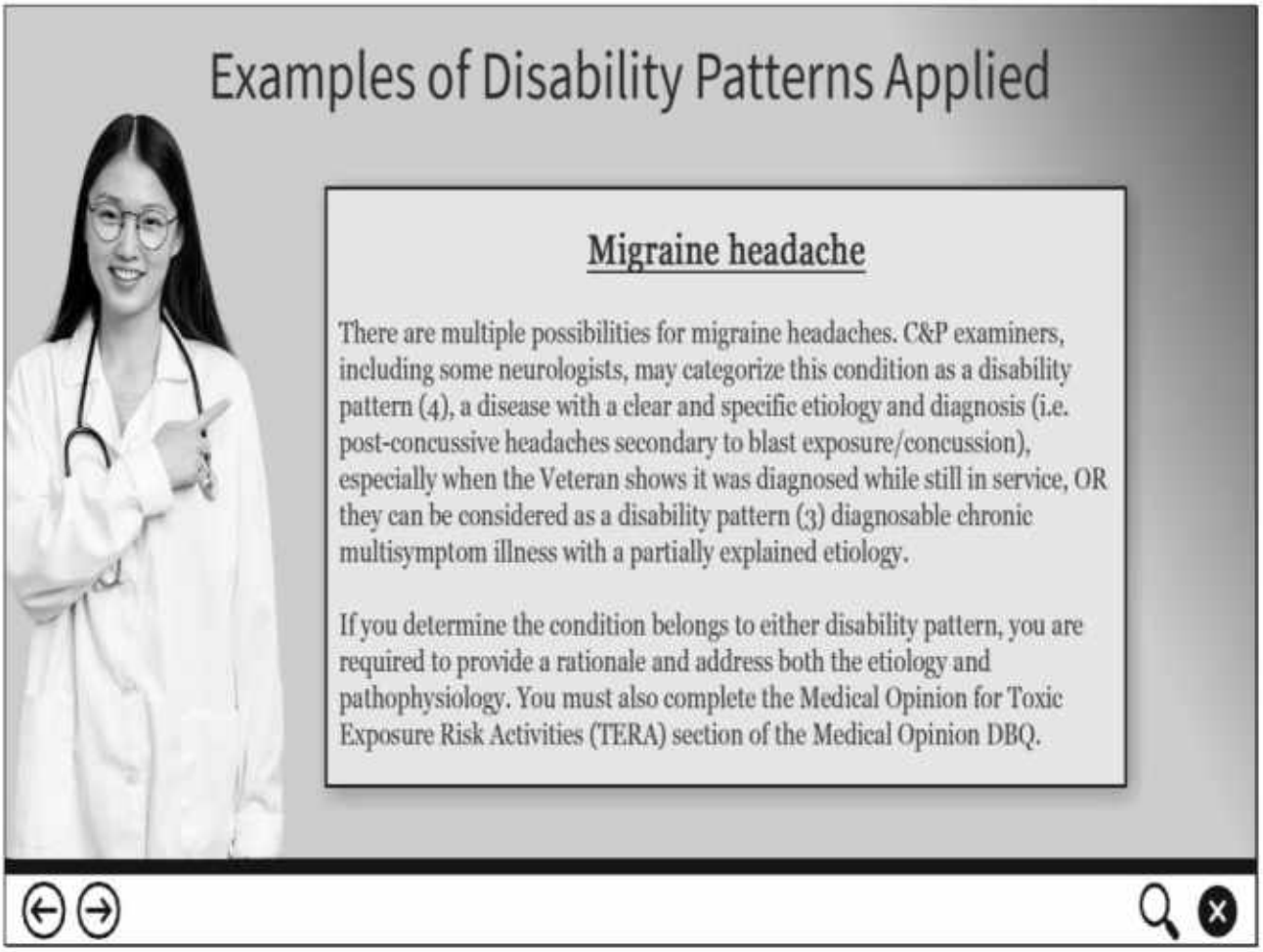
Slide 49 - GERD



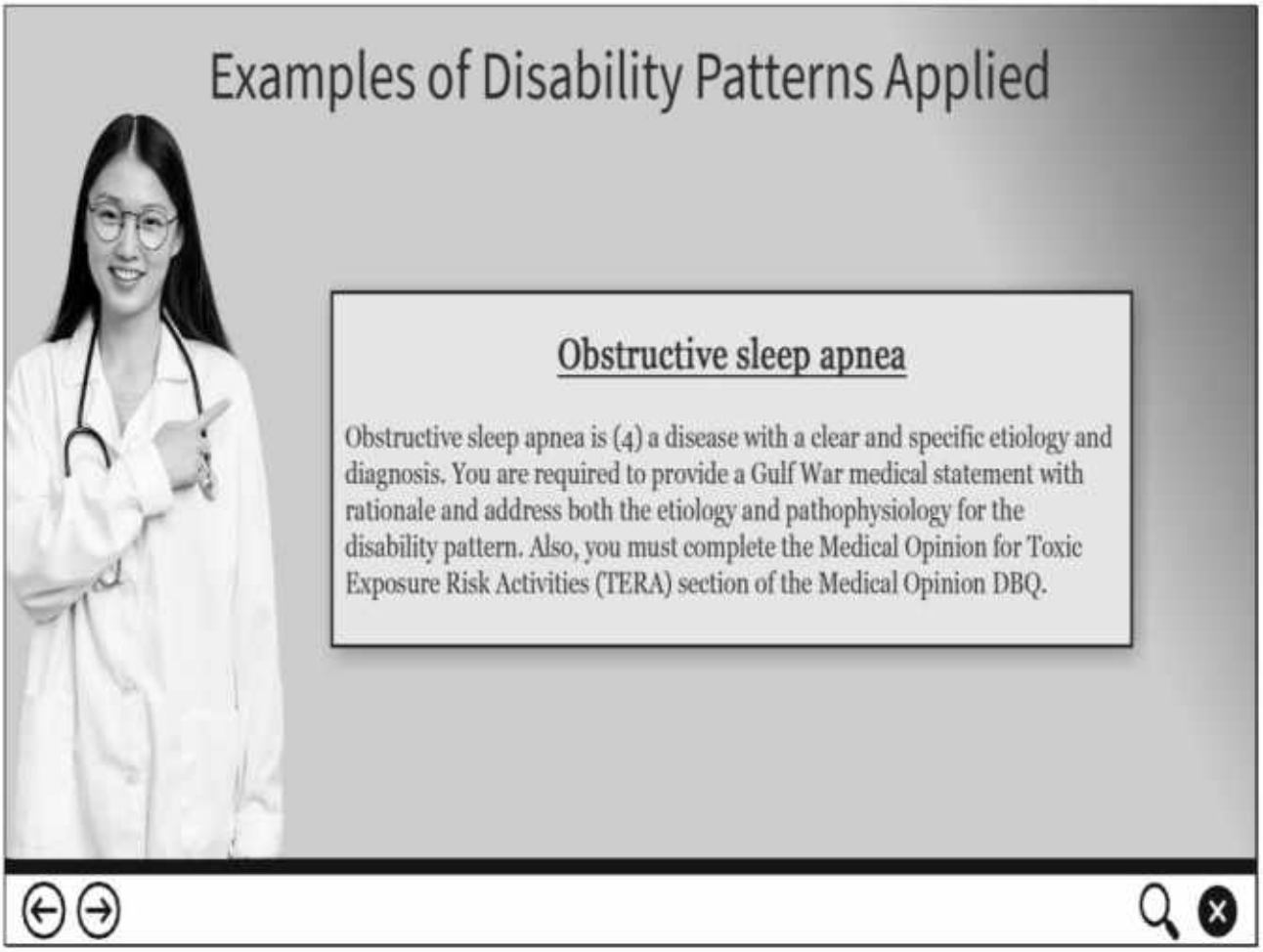
Slide 50 - Menstrual Disorders



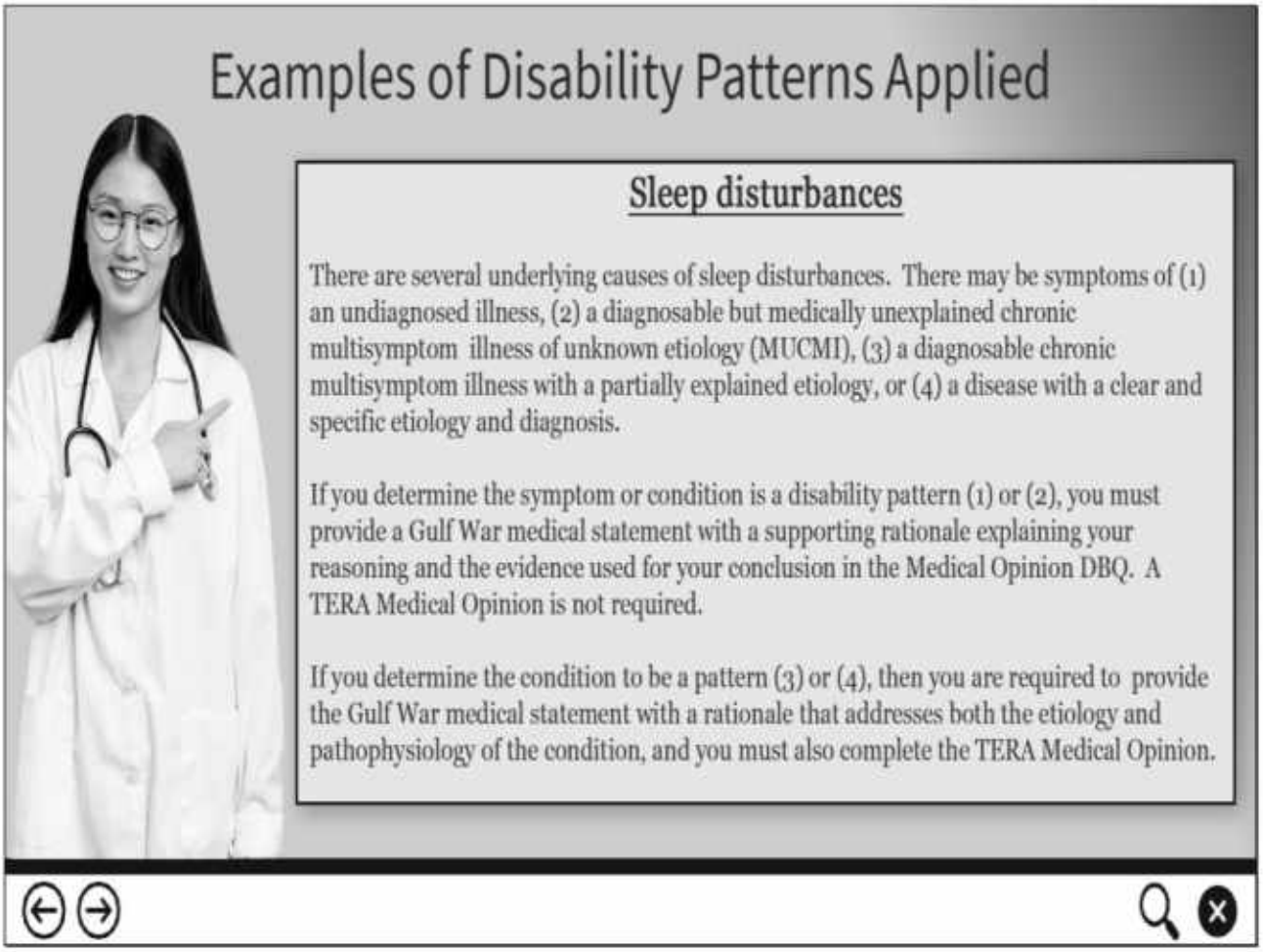
Slide 51 - Migraine Headache



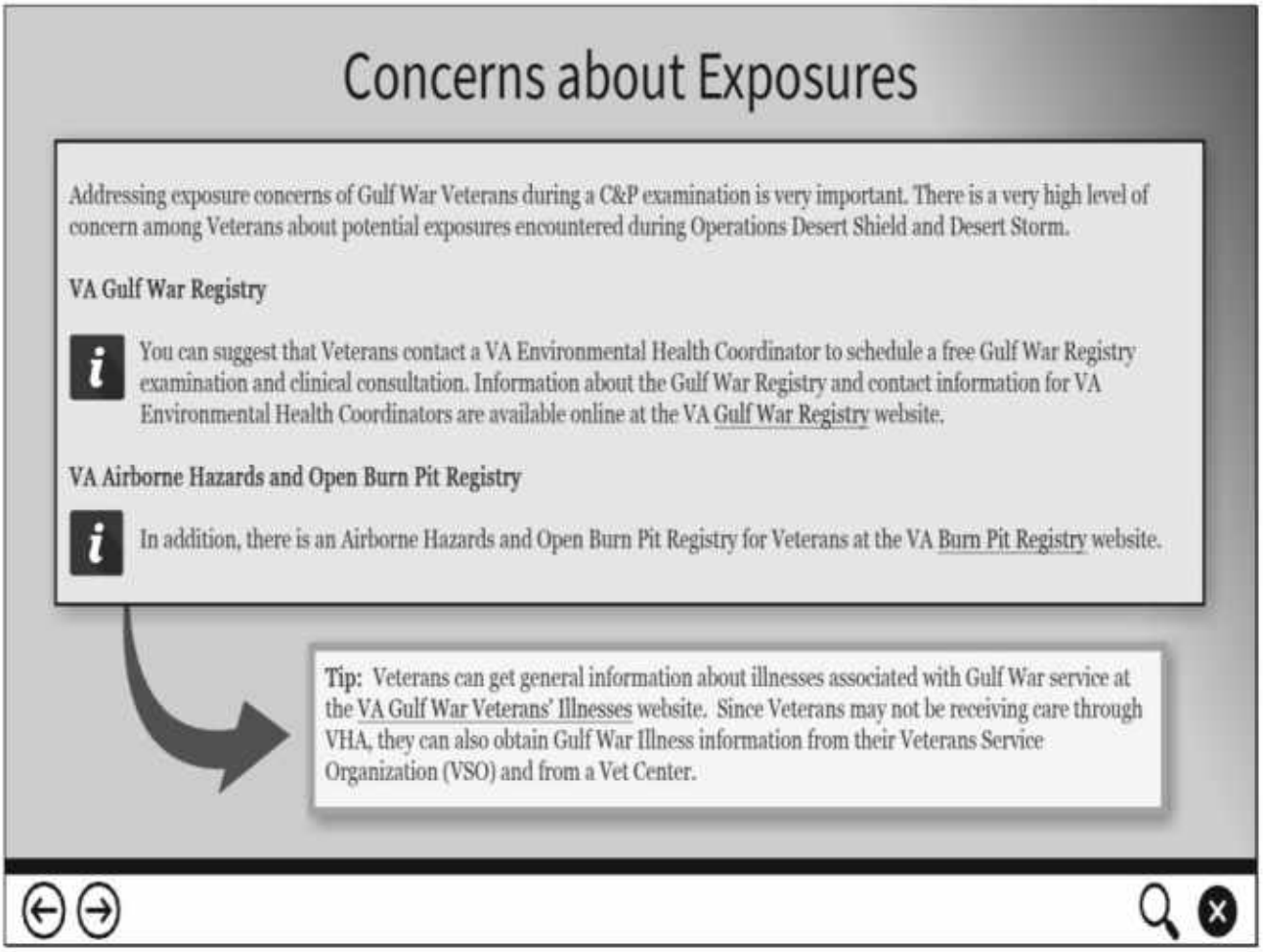
Slide 52 - Obstructive Sleep Apnea



Slide 53 - Sleep Disturbances



Slide 54 - Concerns about Exposures



Slide 55 - Reference Slide

References

1. The International Headache Society. Website offers downloadable International Classification (ICHD-3) guides for classifying headaches and a virtual presentation of the ICHD-3.
2. Functional Gastrointestinal Disorders ROME IV (modified). The National Center for Biotechnology Information (NCBI) website provides access to a downloadable paper by Schmulson & Drossman (2017) called What is New in Rome IV. This article describes the modified Rome IV criteria based on an edited work by Douglas Drossman, Functional Gastrointestinal Disorders and the Rome IV Process, found in Drossman, D.A., Chang,L., Chey, W.D., Kellow, J., Tack J, Whitehead, W.E.,(Eds.). Rome IV functional gastrointestinal disorders: disorders of gut-brain interaction, Vol. I. Raleigh, NC: The Rome Foundation,1–32.
3. U.S. Department of Veterans Affairs Public Health Gulf War Veterans' Illnesses website: https://www.publichealth.va.gov/exposures/gulfwar/index.asp
4. U.S Department of Veterans Affairs Public Health The Individual Longitudinal Exposure Record website: https://www.publichealth.va.gov/exposures/publications/military-exposures/meyh-1/ILER.asp
5. U.S. Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry website: https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home
6. U.S. Department of Veterans Affairs Public Health Gulf War Registry Health Exam for Veterans website: https://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.asp
7. U.S. Department of Veterans Affairs PACT Act and your VA benefits website: https://www.va.gov/resources/the-pact-act-and-your-va-benefits/

Slide 56 - Reference Slide

