TRAUMATIC BRAIN INJURY

Celeste Krikorian

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Diagnosis of TBI:
A diagnosis requires only 1 of the following 5 signs, immediately following event:

1. Any period of decreased or loss of consciousness;
2. Any loss of memory for events immediately before or after injury
3. Any loss/alteration in mental state at injury (confusion, disorientation, etc.) Lay stmts helpful.

4. Neurological deficits: (weakness, loss of balance, change in vision, sensory loss, etc.)

5. Intracranial lesion.
LOSS of CONSCIOUSNESS NOT REQUIRED!

Types of TBI causing events: MVA, fall, blow to the head, penetrating brain wound, other types trauma, both in/out of combat, and blasts/explosions common to Iraq/Afghan conflict.
How are TBI residuals found?

A TBI DBQ exam can be done by any physician specializing in psychiatry, neurology, neurosurgery, and physiatry who have training/exper. in TBI.
How are TBI residuals found?

Tips:

• Nurses can assist but cannot sign off on dx.

• The TBI DBQ exam is NOT limited to VA doctors.
3 areas of TBI Residuals:

1. Physical
2. Emotional/behavioral
3. Cognitive
3 areas of TBI Residuals (cont’d):

**Tips:**

- Physical and Emotional/behavioral should be rated separately if diagnosed and pyramiding will not occur.

- Severity of injury has NO bearing on rating of residuals.
Regulation since October 23, 2008:
38 C.F.R. 4.130, Diagnostic Code (DC) 8045:

Revised DC 8045, provides for evaluation of cognitive impairment residuals of TBI.
Cognitive impairment is defined as “decreased memory, concentration, attention, and executive functions of the brain.”
There are 10 facets of cognitive impairment and 5 possible degrees of impairment for each facet with rating criteria. You assign the overall % based on level of highest facet.
You assign the overall % based on level of highest facet

0 (no impairment) = 0%
1 (mild impairment w/o objective evid.) = 10%
2 (mild impairment w/ objective evid.) = 40%
3 (mod. impair. supported by object. evid.) = 70%
“Total” (Severe functional impairment) = 100%
**How to Interpret the Regulations?**

**DC 8045, Notes**

* **Note 1:** If manifestations are separable, ask for separate rating for each (e.g. PTSD dx, migraine headaches)

* **Note 2:** Symptoms listed are examples not required.
How to Interpret the Regulations?

DC 8045, Notes

Note 3: Facet - Subjective Symptoms. “Instrumental ADLs” are NOT ADLs/self care.

Note 4: “Mild, Moderate, Severe TBI” made at time of injury is not classification of current symptoms.
How to Interpret the Regulations?
DC 8045, Notes

Note 5: If Vet rated b/4 10/23/08, can ask for new rating under new reg. as I/R. Also, Comments on cerebral arteriosclerosis.
New Proposed Rule-
Secondary SC for 5 TBI related illnesses:

1. Parkinsonism
2. Unprovoked seizures
3. Certain Dementias
4. Depression
5. Certain diseases of hormone insufficiency
Goal of Proposed Rule:

“If a veteran who has a service-connected TBI also has one of these diagnosable illness, then that illness will be considered service connected as secondary to the TBI.”
If your Vet meets the criteria under the proposed rule once it is passed, he/she can be service-connected for a listed illness without showing medical nexus.
Caution: To Meet Criteria,

- Vet Service-connected for TBI.

- The severity of the TBI injury must be classified. (Usually done at time of injury.)
Caution: To Meet Criteria,
(cont’d)

- Illness must be diagnosed and

- Illness must have manifested in the particular time period stated.
If the criteria cannot be met, Vet can show service connection by showing a nexus.
COOL RATING FACTS: DC 8045:

- No total (100%) ratings for Mental under TBI DC 8045. Should be requested under the Mental Rating Codes.

- Under TBI DC 8045 can receive up to 40% for Subj. Symptoms alone. (Dr. noted)
COOL RATING FACTS: DC 8045:

- TBI DBQs are available to Private Drs. Use them!
- To get highest possible rating, ask for separate ratings for each separately diagnosed condition.
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QUESTIONS?