

FINAL SUMMARY

DIAGNOSIS:

1. X Trimalleolar fracture, right.

DIAGNOSIS NOTED BUT NOT TREATED:

OPERATIONS AND PROCEDURES:

1. Open reduction and internal fixation of trimalleolar fracture. Right.

HISTORY: This is a thirty nine year old Caucasian male who was admitted to NE3 on 10-19-87 complaining of pain in the right ankle. The patient states he fall off a roof about 10' and landed on the right foot. He denied any back pain or pain in the left foot or leg. He denied head trauma. He now presents for further evaluation and treatment.

PHYSICAL EXAMINATION: This patient is well developed, well nourished, complaining of pain in the right ankle. He was in no acute distress. Examination of skin found the skin to be warm. The skin was dry. There were scars present over the left knee. Examination of teeth and gums found the patient to be having teeth in very poor repair. The gums were receding considerably. Examination of thorax and lungs found inspiratory and expiratory wheezes in all lung fields. Examination of extremities and joints found no spinal tenderness with palpation or movement. Upper extremities showed normal range of motion and strength to be present. Left lower extremity showed scar tissue over the left knee. There was fair range of motion. There was some crepitus present. The right lower extremity was in a splint with increased swelling around the ankle and foot area. There was decreased sensation at dorsum of the right foot with some slight movement present in the toes. **Neurological:** Decreased motor function and movement of the toes on the right foot secondary to pain from the injury. There was decreased sensation on the dorsum of the right foot. The remainder of the physical examination was essentially unremarkable.

LABORATORY DATA: Admission urinalysis showed specific gravity 1.020, pH 5, 15 ketones, Urobilinogen 0.2, 1 to 2 WBCs, 1 to 2 epithelial cells. CBC showed MCH of 35.2 which was high. RDW 12.6 which was high. Admission profile showed potassium of 5.7 which was high. Recheck showed potassium of 4.4, cholesterol was 135 which was low. The remainder of the laboratory data was essentially within normal limits.

HOSPITAL COURSE: This thirty nine year old Caucasian male was admitted to NE3 on 10-19-87 complaining of pain in the right ankle. He was oriented to the unit and routine care and

| | | | |
|--|--|---|------------------------|
| TYPE OF REPORT (Check one) | | SIGNATURE OF PHYSICIAN/DENTIST J. BINSKI, M.D. STAFF | |
| <input type="checkbox"/> HISTORY AND PHYSICAL EXAM (SF 504, 505, 506 or VAF 10-7978 a, b, d and e) | <input checked="" type="checkbox"/> DISCHARGE SUMMARY (VAF 10-1000, a and b) | PATIENT'S NAME SCHAD, THOMAS | |
| <input checked="" type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) | SOCIAL SECURITY NUMBER 5767 | DATE OF BIRTH |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input type="checkbox"/> OTHER (Specify) | VAMC DAYTON, OHIO 45428 | |
| <input type="checkbox"/> OPERATION REPORT (SF 516) | | WARD/SERVICE NE3 | DATE TYPED 10-30-87 |
| | | DATE DICTATED 10-30-87 | |

Preparation for surgery was started.

On 10-23-87 indicated surgical procedure was done. The patient tolerated the procedure well and returned to NE3 in stable condition. The patient improved daily with the leg in surgical dressing and splint. On 10-29-87 the patient left NE3 as AMA on irregular discharge.

On 10-29-87 the patient was discharged as irregular. He was discharged to NE3 ambulatory on crutches.

DATE PATIENT IS CAPABLE OF RETURNING TO FULL EMPLOYMENT

MENTAL COMPETENCY: The patient is competent.

WORK CAPACITY: As tolerated.

CONVALESCENCE PERIOD: Not applicable at this time.

There were no outpatient schedules or appointments established.
There were no homegoing medications prescribed secondary to AMA discharge.

JB:CP:paf

ADMISSION DATE: 10-19-87
DISCHARGE DATE: 10-29-87
INPATIENT DAYS:
ABSENT DAYS:

CLAIM NO.
TYPE OF RELEASE: OPT
SEX: M
RACE:

TYPE OF REPORT (Check one)

- HISTORY AND PHYSICAL EXAM (SF 504, 505, 506 or VAF 10-7978 a, b, d and e)
- DISCHARGE SUMMARY (VAF 10-1000, a and b)
- PROGRESS NOTE (SF 508)
- AUTOPSY PROTOCOL (SF 503)
- CONSULTATION SHEET (SF 513)
- OTHER (Specify)
- OPERATION REPORT (SF 518)

SIGNATURE OF PHYSICIAN/DENTIST
J. BINSKI, M.D. STAFF

PATIENT'S NAME
SCHAD, THOMAS

SOCIAL SECURITY NUMBER
5767

DATE OF BIRTH

VAMC
DAYTON, OHIO 45428

WARD/SERVICE
NE3

DATE DICTATED
10-30-87

DATE INDEXED
10-30-87

2

VA FORM 10-9034a

MEDICAL RECORD REPORT

Admitted: 11/7/90 Discharged: 11/16/90 Transfer to VAMC Inc. Days: 9
Canandaigua

ADMITTING DIAGNOSIS: Upper GI bleed and delirium tremens.

DIAGNOSTIC PROCEDURES PERFORMED: Esophageal gastroduodenoscopy and
colonoscopy.

PTIF COMPLETED

HISTORY: The patient is a 41 year old white male with a long history of
chronic alcohol abuse drinking two cases of beer a day since age 20. The
patient had been drinking on a regular basis since age 12. The patient
came to the emergency room stating that he had been vomiting every morning
for the past year for over 1 hour. The patient claimed that his daily
diet was coffee ground in nature. He also complained of stomach pains for
about 4 months prior to admission. The patient stopped drinking on the
evening prior to admission after learning of the death of a friend from
cirrhosis. The patient also reported a long history of bloody stools 3 to
4 each week over the past year. He denied hypertension, tuberculosis,
chronic disease or urinary complaints.

RECENT MEDICAL HISTORY:

Is significant for alcoholism as described above.

Injury to right ankle after a 60 foot fall from a roof while doing
carpentry work.

Exposure to malaria during his tour in Vietnam.

SOCIAL HISTORY:

The patient is currently separated from his third wife.
He is homeless. He has two children. He has a significant alcohol
history. Smokes two packs of cigarettes per day. There is no history of
drug abuse.

FAMILY HISTORY: Father died at age 73 with rheumatoid arthritis and the
mother was an alcoholic. The patient's mother is alive and well.

PHYSICAL EXAM ON ADMISSION: Temperature 98.2, blood pressure 130/80, pulse
72. Respirations - 20. In general, the patient was a thin white male
occasionally coughing up Hem positive sputum, but in no acute distress.
ENT exam - was benign except that the patient was edentulous. Neck - no
D. 2+ carotids. No bruits or masses. Full range of motion. CV -
regular rate and rhythm without murmurs gallops or rubs. Lung - clear to
auscultation and percussion. Abdomen - positive bowel sounds, non-
distended, tender to palpation in right upper quadrant. Extremities -
without cyanosis, clubbing, or edema. A scar noted on the medial aspect of
the right foot. No Dupuytren's contracture, no palmar erythema, no
spiders. Neuro exam - was grossly non-focal. Rectum exam - 2+ Heme
positive stool. A 0.5 centimeter lesion palpated in the anterior wall of

TYPE OF REPORT (Check one)

HISTORY AND PHYSICAL
EXAM (SF 504, 505, 506 or
SF 10-7878 a, b, d and e)

DISCHARGE SUMMARY
(VAF 10-1000, a and b)

PROGRESS NOTE (SF 509)

AUTOPSY PROTOCOL
(SF 505)

CONSULTATION SHEET
(SF 513)

OTHER (Specify)

OPERATION REPORT
(SF 516)

| | | |
|--|---------------------------|---------------------------|
| SIGNATURE OF PHYSICIAN/DENTIST MARTIN MOONAN, M. D. PTIF COMPLETED | | |
| PATIENT'S NAME SCHAD, THOMAS F. | | |
| SOCIAL SECURITY NUMBER 055 40 5767 | DATE OF BIRTH 1/29/47 | |
| VAMC SYRACUSE, NY | | |
| WARD/SERVICE 4E (M) | DATE DICTATED 11/15/90 | DATE TYPED 11/15/90dac |

D. THOMAS F.
40 5767
1/15/90

the rectum. GU - no testicular atrophy noted.

MISSION LABS: Sodium 136, potassium 4.0, chloride 96, bicarb 20, glucose 9, BUN 11, creatinine 1.0, calcium 8.8, magnesium 2.1, phosphate 2.1, amylase 63, lipase 18, total protein 7.4, albumin 4.2, alk phos 62, SGOT 3, SGPT 36, LDH 183, ETOH level 0.1, hemoglobin 16.1, hematocrit 47.0, MCV 83.4, white count 7.2, chest x-ray consistent with COPD. EKG - normal sinus rhythm rate 76, normal AV and IV conduction time. No acute ischemic changes.

HOSPITAL COURSE: The patient was admitted and placed on Serax for DT prophylaxis, received IV hydration and remained stable throughout his hospital course. An EGD procedure was performed which revealed a normal exam. A colonoscopy revealed diverticuli on the left side of the colon. Small internal hemorrhoids and a small hyperplastic appearing polyp at 35 centimeters which was biopsied. There was no rectal mass found on the exam. The polyp biopsy showed acute and chronic inflammatory changes with acute cryptitis and repair atypia consistent with inflammation. No evidence of carcinoma.

The patient was also evaluated by the alcohol rehab counselor at the VA hospital. It was determined that he was a suitable candidate for rehab at Maudsley and he was prepared for transfer 24 hours after his Serax was discontinued.

PATIENT'S CURRENT MEDICATIONS: Include vitamin C 500 milligrams PO QD, Plate 1 milligram PO QD, Maalox 30 c.c.s. PO Q6, Colace 100 milligrams PO QD, and Tylenol 650 milligrams PO Q6 PRN ankle or back pain. It has been suggested by the dietary service that the patient received dietary supplements such as milkshakes and be followed with weights twice a week.

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| TYPE OF REPORT (Check one) | | SIGNATURE OF PHYSICIAN/DENTIST <i>[Signature]</i> | |
| <input type="checkbox"/> HISTORY AND PHYSICAL EXAM (SF 504, 505, 506 or AF 10-7978 a, b, d and e) | <input type="checkbox"/> DISCHARGE SUMMARY (VAF 10-1000, a and b) | PATIENT'S NAME | |
| <input type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input type="checkbox"/> OTHER (Specify) | VAMC | |
| <input type="checkbox"/> OPERATION REPORT (SF 516) | | WARD/SERVICE | DATE DICTATED |
| | | | DATE TYPED |

DISCHARGE SUMMARY: Schad, Thomas

ADMITTED: 11/16/90
DISCHARGED: 12/7/90

DISCHARGE DIAGNOSES: **AXIS I:** 1) Alcohol dependency, continuous
2) Rule out PTSD

303.91
309.81

- PROCEDURE:**
- 1) Alcohol rehab
 - 2) Psychological testing
 - 3) Pastoral counseling
 - 4) Music therapy
 - 5) KT, OT and Vietnam Veterans group

HOSPITAL COURSE, ADTP: The patient is a 41 year old, white male, 40% service-connected for a left knee injury and a right hip replacement. He has been married three times, divorced two times, separated Veteran. He was admitted to detox on 11/16/90, transferred to rehab on 11/16/90 and discharged on 12/78/90. Mr. Schad was admitted to ADTP because of alcoholism resulting in multiple problems which includes black-outs, vomiting blood, shakes, loss of weight, and marital problems. He states that his first marriage ended because of his drinking. He denies seizures, DT's or hallucinations. The patient sought treatment when he started to have a lot of physical problems and had to be admitted to Syracuse VA. For further medical information please refer to N-4 dated 11/16/90.

SUBSTANCE ABUSE/DEPENDENCY TREATMENT: He had his first drink at age 14. The patient first started drinking alcoholically at approximately age 21. He used marijuana at age 19 and last smoked it 23 years ago. Before entering treatment he was a daily drinker or as much as he could get. He states that he has never been through a chemical dependency treatment program. The longest period of sobriety he has had is now.

FAMILY AND PERSONAL HISTORY: Mr. Schad reports that he was born in Auburn, New York and raised by both parents. His father was an alcoholic who was in recovery for the last 20 years of his life. He is now deceased. His mother does not drink. The patient is the youngest of three siblings. He has been married and divorced two times and now presently separated from his third wife. He has two children. He was living in Pennsylvania with his wife until the separation two months ago. Patient came to New York State to Brewerton, New York and lived with his mother before entering treatment and plans to return there after he is discharged. He is a high school graduate with two years of college. He has had several jobs but is currently unemployed due to a disability two years ago as the result of an accident on the job. He receives a service connected pension. He was in the military from 1966 to 1970. He was in combat in Vietnam and received several wounds as the result of that war. The patient appears to be suffering from some PTSD issues also. He has no current legal problems but has a history of six

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| <input type="checkbox"/> HISTORY AND PHYSICAL EXAM (SF 504, 505, 506 or XX (AF 10-7978 a, b, d and e) | <input type="checkbox"/> DISCHARGE SUMMARY (VAF 10-1000, a and b) | PATIENT'S NAME SCHAD, THOMAS | |
| <input checked="" type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) | SOCIAL SECURITY NUMBER SS # 055-40-5767 | DATE OF BIRTH |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input type="checkbox"/> OTHER (Specify) <i>21 days OPT/SC</i> | VAMC CANANDAIGUA, NEW YORK 5 | |
| <input type="checkbox"/> OPERATION REPORT (SF 516) | | WARD/SERVICE 7B OPT/NSC | DATE TYPED |

DWI's. His last one was 1987.

MENTAL STATUS EXAM: When seen on 11/21/90 for mental status exam, this 41 year old white male who was slightly unkept had no teeth. During the interview he appeared to be in pain and his movement was rigid. He had a positive attitude and was cooperative. His speech characteristics were slurred/no teeth. It was coherent and relevant. His mood and affect was neutral. His thought processes and content showed no evident of thought or perceptual disturbances. His intellectual ability was estimated to be average. Abstract thinking is average. His memory for remote, recent and immediate was intact. His insight and judgment was poor. He denied any suicidal or homicidal potentials at this time.

GOALS, METHOD AND OUTCOME OF TREATMENT: On 11/21/90 the patient and staff met to formulate treatment of goals which includes:

GOAL 1: To acquire knowledge of disease concept of addiction and to learn about personal consequences of addiction and establish community support.

GOAL 2: Was to have psychological testing to enhance his treatment.

GOAL 3: Rule out PTSD.

GOAL 4: Have spiritual guidance.

GOAL 5: Develop leisure time activities.

GOAL 6: Get inside into his feelings.

METHOD: Was to attend all ADTP activities, films, groups, and lectures, have psychological testing, be screened in psychology for PTSD issues, have Pastoral Counseling by the Chaplain services, Catholic Priest, have OT, and music therapy.

OUTCOME: The patient completed all phases of ADTP and was discharged as scheduled.

SPECIFIC OBSERVATIONS OF MAJOR THERAPIST: When patient first entered treatment he stated that he was doing it because he was sick and tired of hearing about his friends dying of alcoholism. Patient was in a lot of denial about his own alcoholism at that time but did comply with treatment. After being in treatment for the duration of the program the patient's attitude started to change. Some of his denial seemed to be broken through

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| <input checked="" type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 509) | SOCIAL SECURITY NUMBER SS # 055-48-5767 | DATE OF BIRTH |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input type="checkbox"/> OTHER (Specify) | VAMC CANANDAIGUA, NEW YORK | |
| <input type="checkbox"/> OPERATION REPORT (SF 516) | | WARD/SERVICE 7B OPT/NSC | DATE DICTATED DATE TYPED |

and the patient started to think seriously about his drinking problem. The patient did make progress towards his recovery while in treatment. He also was able to work with the PTSD staff and uncovered some unresolved issues that he will be followed up with.

DISCHARGE AFTER-CARE PLANS: On December 7, 1990 he received an OPT/NSC discharge back to Brewerton, New York. The patient's after-care will be done at Syracuse VA with Dan O'Brien Massa. His first appointment is December 12, 1990 at 2:00 p.m. The patient will have screening for PTSD at the Buffalo Combat Stress Unit. His first appointment with Jerry Ferraro is December 17, 1990 at 12:00 p.m. It is recommended that he attends A.A., obtain a sponsor in A.A., and obtain phone numbers of A.A. members to use for a support system. The patient is aware of the criteria for re-admission which is the BUD program and does have the phone number to call if needed. The patient may resume normal pre-hospital activities.

Prepared by: LUCILLE MALLARD, RTA

Carolyn Fallahi, Ph.D.

Approved by: *[Signature]* D. ALANKAR, M.D.
Supervising Physician

D: 12/8/90 LM

T: 12/14/90 QTC-19



TYPE OF REPORT (Check one)

- HISTORY AND PHYSICAL EXAM (SF 504, 505, 506 or XX VAF 10-7978 a, b, d and e) DISCHARGE SUMMARY (VAF 10-1000, a and b)
- PROGRESS NOTE (SF 509) AUTOPSY PROTOCOL (SF 503)
- CONSULTATION SHEET (SF 513) OTHER (Specify)
- OPERATION REPORT (SF 516)

SIGNATURE OF PHYSICIAN/DENTIST

PATIENT'S NAME
SCHAD, THOMAS

SOCIAL SECURITY NUMBER
SS # 055-40-5767

DATE OF BIRTH

VAMC
CANANDAIGUA, NEW YORK

WARD/SERVICE
7B OPT/NSC

DATE DICTATED

DATE TYPED

| | | | | | | |
|---|-----|-----|------|---------------------|-----------|-------------------|
| PATIENT'S NAME (Last, first, middle initials) | AGE | SEX | RACE | SOCIAL SECURITY NO. | CLAIM NO. | NAME OF FACILITY |
| SHAD, THOMAS F. | 41 | M | W | 055-40-5767 | C | VAMC, Buffalo, NY |

DIAGNOSES: (List in numerical order: first the primary diagnosis. The primary diagnosis is defined as that diagnosis, condition, or situation responsible for the major part of the patient's length of stay (DXLS). Then, in order of clinical importance, list other diagnoses which were treated during this episode of care, observed for possible medical intervention, or known to have impacted the patient's length of stay. Prefix the DXLS with an alpha character "X." DO NOT INCLUDE DIAGNOSES ESTABLISHED ONLY BY AUTOPSY IN THIS SECTION. DO NOT ABBREVIATE DIAGNOSES.)

- X. 1. Post traumatic stress disorder, chronic.
 2. Dysthymic disorder.
 3. Alcohol dependence in remission.

DIAGNOSTIC CODE
 X 309.51
 300.4
 303.93

PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED AND WHICH DID NOT IMPACT UPON THIS EPISODE OF CARE (Include autopsy diagnoses not listed as clinical above):

OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE:

DATE

OPERATION/PROCEDURES CODE

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, provisional diagnosis, course in hospital, treatment given, condition at release; date patient is capable of returning to full employment, period of convalescence, if required; recommendations for followup treatment including date of first VA outpatient visit, where applicable, medications furnished at release, any specific instructions given to the patient and/or family, including diet, physical activity limitations, competency opinion when required, rehabilitation potential; and, name of Nursing Home or other receiving facility, if known)

This 41-year-old, white, male, divorced, Vietnam veteran was admitted, for evaluation, for the combat stress disorders program. He was administered the MMPI, Mississippi Scale for Combat Related PTSD, life history questionnaire, military records check, and interviewed. The patient was cooperative and open throughout the evaluation process. The patient served in the United States Army from 1 May 1967 to 8 May 1970 and in the Republic of Vietnam from 16 November 1967 to 26 June 1968. The patient was in the second battalion, 503rd Infantry, 173rd Airborne Brigade and served with this unit at DAKTO and hill 875 one week after arrival in Vietnam. The patient in some of the heaviest combat of the war. The patient was wounded and Medivac in June 1968 and is service connected 40% for injuries sustained in combat. The patient drinking heavily for 20 years until fall of 1990 when he completed the alcohol program at Canandaigua VAMC. The patient has sleep disturbance, nightmares, intrusive thoughts, is hyperalert, and has psychic numbing. The patient is considered appropriate for the combat stress disorders program. He is competent and may return to prehospital activities. He was discharged without medication to be followed by the PTSD clinical team, at Canandaigua VAMC.

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| ADMISSION DATE | DISCHARGE DATE | TYPE OF RELEASE | INPATIENT DAYS | ABSENCE DAYS | WARD NO. | SIGNATURE PHYSICIAN/DENTIST | SIGNATURE OF APPROVING PHYSICIAN/DENTIST |
| 12-17-90 | 12-20-90 | REGULAR | 3 | - | 4D/PT | J. Ferraro, Ph.D. Staff Psychologist | M. Sorroche, M.D., Chief Substance Abuse |

VA FORM 10-1000
MAY 1985

EXISTING STOCK OF VA FORM 10-1000, SEP 1983, WILL BE USED.

DISCHARGE SUMMARY (INPATIENT CARE)

IR:380 Dicit: 03/13/91 Trans: 03/14/91 77202

| | | | | | | |
|--|------------------|-----------------|------------------|---|-----------------------|---|
| PATIENT'S NAME (Last, first, middle initials) SCHAD, THOMAS F. | AGE 42 | SEX M | RACE W | SOCIAL SECURITY NO. 055 40 5767 | CLAIM NO. C | NAME OF FACILITY VAMC, BUFFALO NY |
|--|------------------|-----------------|------------------|---|-----------------------|---|

DIAGNOSES: (List in numerical order: first the primary diagnosis. The primary diagnosis is defined as that diagnosis, condition, or situation responsible for the major part of the patient's length of stay (DXLS). Then, in order of clinical importance, list other diagnoses which were treated during this episode of care, observed for possible medical intervention, or known to have impacted the patient's length of stay. Prefix the DXLS with an alpha character "X." DO NOT INCLUDE DIAGNOSES ESTABLISHED ONLY BY AUTOPSY IN THIS SECTION. DO NOT ABBREVIATE DIAGNOSES.)

X: 1. Post-traumatic stress disorder, chronic.
 2. Alcohol dependence, in remission.
 3. Dysrhythmic disorder

DIAGNOSTIC CODE

X 309.81
 300.4
 301.9
 716.19
 427.89

PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED AND WHICH DID NOT IMPACT UPON THIS EPISODE OF CARE (include autopsy diagnosis not listed as clinical above):

OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE:

DATE **P**

OPERATION/PROCEDURES CODE

94.39 2/2
 94.44
 73.85-3/1
 93.32-3/1

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, provisional diagnosis, course in hospital, treatment given; condition at release; date patient is capable of returning to full employment, period of convalescence, if required; recommendations for followup treatment including date of first VA outpatient visit, where applicable, medications furnished at release, any specific instructions given to the patient and/or family, including diet, physical activity limitations, competency opinion when required, rehabilitation potential; and, name of Nursing Home or other receiving facility, if known)

This 42 year old white male, divorced, Vietnam veteran was admitted to the Combat Stress Recovery Program. Presenting problems included sleep disturbance, nightmares, intrusive thoughts, psychic numbing and survival guilt. He served in Vietnam from 11/16/67 to 6/9/68 with the Second Battalion, 503rd Infantry, 173rd airborne brigade. He participated in the Battle for Dak To shortly after arrival and was wounded and medivaced in June 1968. He is 40% service connected for his wounds.

Physical exam was essentially within normal limits, with the exception of his legs and back. The patient continues to suffer pain and required a cane to assist in walking.

Laboratory studies within normal limits. PTSD symptoms were treated with individual and group psychotherapy, grief experience group, stress management group, and vocational group. He participated actively in all therapies. He showed lessened irritability and anger with better self-control. Isolation from others was reduced. He was more able to discuss thoughts and feelings about Vietnam, but affect was only slightly less restricted. Guilt and grief will require further work in outpatient treatment. He was competent but not employable at this time. He was discharged on Naprosyn, 250 mgs qid and Doxepin, 100 mgs hs, to be followed by the Vet. Center in Syracuse, New York.

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|----------------------------------|----------------------------------|-----------------------------------|-----------------------------|--------------------------|--------------------------|--|---|
| ADMISSION DATE 2-27-91 | DISCHARGE DATE 4/16/91 | TYPE OF RELEASE OPT-NSC | INPATIENT DAYS 48 | ABSENCE DAYS — | WARD NO. 4D/B1 | SIGNATURE PHYSICIAN/CHIEF J. FERRARO, PhD Psychologist | SIGNATURE OF APPROVING PHYSICIAN/CHIEF M. SORROCHE, MD Staff Psychiatrist |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------|--------------------------|--------------------------|--|---|

VA FORM 10-1000 MAY 1985
 EXISTING STOCK OF VA FORM 10-1000, SEP 1983, WILL BE USED.
 DISCHARGE SUMMARY (INPATIENT CARE)
 IF 112 D: 6/24/91 T: 6/26/91 #7506

| MEDICAL RECORD | PROGRESS NOTES |
|-------------------------|--|
| DATE 09/24/91 CDC | Saw Pt for initial aptmt - initiated B-P-S, Pt was open and cooperative. <i>Paul Plympton AT</i> |
| 09/27/91 CDC | Pt was relaxed and open and we spent the session in a general disc of his past, partic his military past and his problems w/ the VA system. <i>Paul Plympton AT</i> |
| 09/30/91 CDC | Pt was again quite relaxed and open and was cooper in providing info to complete his B-P-S. Pt also expressed a strong interest in attending the PTSD Group. Disc his case w/ TE (Tom Hayes) and advised them he could begin that if at any time. Tom indic. Tom would prob be released sometime this week. <i>Paul Plympton AT</i> |
| 10/17/91 CDC | Had w/ T. Hayes, Psych Intch, who plans to continue to see Tom on a regular basis. <i>Paul Plympton AT</i> |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade, rank; unit; hospital or medical facility)

REGISTER NO. _____ WARD NO. _____

SCHAD, THOMAS
 055-40-5767

PROGRESS NOTES
 STANDARD FORM 502 (Rev. 11-77)
 Prescribed by GSA/DIR
 FPMR 41 CFR 201-45.505
 502-111

PROGRESS NOTES

DATE 11/04/91
 CDC Tom finally made and kept an aptmt.
 He rptd severe transp. problems which
 will be resolved shortly when he gets
 his car on the road.
 He claimed his normal sleep problems
 have become even worse due to this
 being his "anniversary month" (Vietnam).
 Did say that Dr X's PTSD group is being
 helpful.
 We set up a regular schedule of aptmts
 on Thurs PM.

Paul Phyllis AT

DATE 11/13/91
 CDC Tom appeared unusually agitated
 even for him. He rptd that 11/22 is
 the anniversary of a major RVN trauma
 and he is "strung tight as a wire."
 We disc some practical means of
 dealing w/ the anxiety & depression,
 specifically, mall walking. We also
 set up a double aptmt schedule for
 next week to help him get past
 Friday w/d drinking.

Paul Phyllis AT

| MEDICAL RECORD | PROGRESS NOTES |
|----------------|----------------|
|----------------|----------------|

11/20/91 ^{DATE} Tom went to a local mall for some exercise and while he was there some sort of emergency came up and the Mall was evacuated which was quite upsetting for him. Tom then went to Be and visited his father's grave which further depressed him. We again discussed practical means of dealing w/ the depression and I recommended he consent to see Dr. Marron for evaluation and he agreed to do so. He has an appointment on 12/4/91.

11/22/91 I spoke at length to Tom about his mood. He did, in fact, seem a bit more relaxed today despite being upset about his car breaking down. He aptd no real urges to drink and in fact, I believe his car problems were a positive defocuser from his RPT trauma memories and I told him so.

(Continue on reverse side) *[Signature]*

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|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Delgad, Thomas F
055-40-5767

PROGRESS NOTES
STANDARD FORM 508 (Rev. 11-77)
Prescribed by GSA/COM
FORM 41 CFR 101-45.505
508-111

| MEDICAL RECORD | PROGRESS NOTES |
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|---------|---|
| DATE | CDC |
| 12/3/91 | <p>44 y.o. W^M S¹ Lt. SC Vietnam Vet who has had difficulty sleeping particularly thru past month because of severe P.T.S.D. and generalized anxiety which is keeping him awake. He has not had any EPOH for more than one year; in the past EPOH & TH allowed him to sleep. Was involved in severe exposures in Vietnam which induced P.T.S.D. Personal problems include a distant, angry, reclusive father who was probably alcoholic and may have had chronic depression in the past. His mother kept the family together & functional. Pt. involved in construction work but suffered back injuries as well as ankle injuries falling from a roof. He has no specific health complaints now except for chronic ankle pain and the sleeplessness.</p> |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; room; hospital or medical facility)

| | |
|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

PROGRESS NOTES
 STANDARD FORM 508 (Rev. 11-77)
 Prescribed by GSA/OMB
 FORM 41 CFR 201-45.505
 508-111

Schad

Items Pending:
HOSPITAL SUMMARY

OPT TREATMENT REPORT

PENDING REQUEST REPORT FOR VAMC SYRACUSE
FOR REGIONAL OFFICE 307
Processed on: 05/06/92

Page: 30

Requested by: GASNER, JOHN AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SADLER, ALVIN CHARLES

SSN: 15428194
Claim no: 29565089
Activity date: 02/07/91
Request date: 03/03/92
Elapsed days: 46

*Transf to UA
cancel on 7-13-92*

Items Pending:
OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SAUMIER, LUCIEN ROGER

SSN: 070123137
Claim no: 13542399
Admission date: 07/29/91
Request date: 04/09/92
Elapsed days: 19

** Discharged: AUG 5, 1991 016:04:14

Items Pending:
HOSPITAL SUMMARY

OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SAVAGE, JAMES ANN

SSN: 139484786
Claim no: 139484786
Activity date: 09/16/91
Request date: 11/08/91
Elapsed days: 122

Items Pending:
OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SCHAD, THOMAS FRANCIS

SSN: 035405767
Claim no: 24315911
Admission date: 03/04/92
Request date: 04/28/92



14

Items pending:
HOSPITAL SUMMARY

Requested by: BOLDT, KRIS AT BUFFALO-RO

PENDING REQUEST REPORT FOR VAMC SYRACUSE
FOR REGIONAL OFFICE 307
Processed on: 05/06/92

Page: 31

Division: SYRACUSE VA MEDICAL CENTER

SCHAPP, CHARLES FREDRICK

SSN: 073074229

Claim no: 05447195

Admission date: 07/30/90

Request date: 03/27/92

** Discharged: AUG 2, 1990@11:54

Elapsed days: 28

Items Pending:

HOSPITAL SUMMARY

SPECIAL REPORT

OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SCHUR, JOHN C

SSN: 064449282

Claim no: 27133994

Admission date: 07/12/88

Request date: 04/09/92

** Discharged: JUL 13, 1988@14:00

Elapsed days: 19

Items Pending:

HOSPITAL SUMMARY

OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SCHUTT, TIMOTHY

SSN: 103540350

Claim no: 2722530

Admission date: 03/19/92

Request date: 04/03/92

** Discharged: MAR 20, 1992@21:18:29

Elapsed days: 23

Items Pending:

HOSPITAL SUMMARY

OPT TREATMENT REPORT

Requested by: BOLDT, KRIS AT BUFFALO-RO

Division: SYRACUSE VA MEDICAL CENTER

SOUBERI, PASQUALE NNN

SSN: 105016821

Claim no: 0018270

Admission date: 04/17/85

Request date: 03/24/92

** Discharged: APR 19, 1985@09:28

Elapsed days: 31

Items Pending:

HOSPITAL SUMMARY

OPT TREATMENT REPORT

15

| | | | | | | |
|--|-----------|----------|-----------|-------------------|---------------|-----------------------------------|
| PATIENT'S NAME SCHAD, THOMAS | AGE 42 | SEX M | RACE W | SSN 055-405767 | CLAIM # C- | FACILITY VAMC-SYR |
| DIAGNOSES | | | | | | DIAGNOSTIC CODE |
| P 1. Adjustment disorder, with depressed mood. 2. Alcohol dependence. 3. Post traumatic stress disorder. | | | | | | 309.0 309.81 300.4 V11.3 |
| PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED AND WHICH DO NOT IMPACT UPON THIS EPISODE OF CARE | | | | | | |
| OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE | | | | | DATE | OPERATION/PROCEDURES CODE |
| | | | | | | |

SUMMARY

HISTORY OF PRESENT ILLNESS

The patient is a 42-year-old, separated, white male, who was admitted 9/12/91 because of suicidal ideation. The patient was intoxicated on admission, and stated that "things have gone downhill over the past three weeks".

Mr. Schad, unemployed for the past two years, following a work related accident, has been feeling increasingly alienated from family and friends, and in a state of despair, telephoned an ex-counsellor at the Buffalo VA, who encouraged him to seek hospitalization.

The patient denied any plans for suicide and does not have any prior attempts.

The patient was admitted to the hospital for depression and accompanying suicidal ideation.

CONTINUED...

PTF COMPLETED

| | | | | | | |
|----------------------|--------------|------------------|--------------|----------------|----------------------------|--------------------------------|
| ADM DATE 9/12/91 | RELEASE TYPE | INPAT DAYS 28 | ABSENCE DAYS | WARD NO. 7E | SIGNATURE PHYS/ DENTIST | SIG. APPROVING PHYS/DENTIST |
| DIS DATE 10/10/91 | ID | | | | | <i>[Signature]</i> |

DISCHARGE SUMMARY
(INPATIENT CARE)

10-9034 Use VA Form 10-1000 (5-85)

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| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
|------------------------------|-------------------------------------|--------------------------|
| Date of Admission 9/12/91 | Date of Discharge 10/10/91 | No. of Days Hospitalized |

Page 2

Mr. Schad has a long history of alcohol dependence, following his return from the Vietnam War, in 1968. He served in Vietnam from 11/16/67 to 6/9/68, with the second battalion, 503 Infantry, 173rd Airborne Brigade.

Within the last two years Mr. Schad has successfully completed treatment programs at the Canandaigua VAMC, for alcoholism, and in the Buffalo VAMC, for post traumatic stress disorder.

The patient reports no prior treatment experiences for alcoholism, and/or post traumatic stress disorder.

However, also, within the last two year period the patient has experienced a number of stressors. He is presently estranged from this third wife. Prior to Mr. Schad's last treatment experiences he suffered a work related accident, which left him disabled from his trade as a carpenter. Reportedly, the patient fell from a room while working, and sustained multiple fractures to both legs. He presently walks with a cane and suffers from chronic pain.

More recently, the patient was homeless a month prior to his admission, and was sleeping in his car. Apparently, Mr. Schad had an altercation with his roommate, who was also his landlord, and was subsequently asked to leave the house. In addition to the stressors noted, the patient reports that his presently estranged wife has requested more support money, and he was declined for increase in his VA Service connected pension.

In summary, the patient presented with suicidal ideation, following the onset of significant medical and psychosocial stressors. He has felt increasingly abandoned, confused and desperate.

FAMILY AND SOCIAL HISTORY

The patient was born and raised in New York. He is the third of four children. His father was a World War II veteran, who was

CONTINUED...

| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
|--------------------------|------|----------------------------|--------------|
| PATIENT'S IDENTIFICATION | | REGISTER NO. 055-405767 | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VA Form 10-9034 vice Standard Form 502 (3-79)

| | | | |
|------------------------------|-------------------------------|--|--|
| MEDICAL RECORD | | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 9/12/91 | Date of Discharge 10/10/91 | No. of Days Hospitalized | |

Page 3

also alcoholic. He describes his mother as a housewife and "gentler". Mrs. Schad's father died in 1973, at the age of 53 from a heart attack.

The mother subsequently remarried and is reported to presently be in poor health. The patient denies any psychiatric history in the family, however, his older brother is presently serving a life sentence in prison, in Utah, for manslaughter.

The patient stated that his father was "strict, but fair", while growing up, in his discipline of him.

Mr. Schad describes himself as a good student. He completed high school and two years of college. He enlisted in the army after high school, stating that he "would have been drafted anyway".

He served in Vietnam for seven months, with the second battalion and reports being involved in heavy combat. He participated in the battle for Dakto, and was wounded and Medivaced in June of 1968.

Following his discharge from the Army, he returned to New York and had married the girl he had dated in high school, and began work as a carpenter. Several years later his wife divorced him because he states he was abusing alcohol, and also was increasingly alienating himself from others. He has a daughter by his first wife, and reports having a "distant" relationship with her.

Following his divorce from his first wife, Mr. Schad engaged in a series of geographic moves to the south. It is there that he became involved with his second and third wives, before moving back to the New York area.

Mr. Schad reported that his last two marriages were poor and that he ultimately ended both marriages when he discovered that his wives were involved in extramarital affairs.

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|--------------------------|------|----------------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | REGISTER NO. 055-405767 | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

**NARRATIVE SUMMARY
(Clinical Resume)**

VAF 10-9034 vice Standard Form 502 (3-79)

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| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
|------------------------------|-------------------------------------|--------------------------|
| Date of Admission 9/12/91 | Date of Discharge 10/10/91 | No. of Days Hospitalized |

Page 4

Bitter, and desiring to reconnect with his family of origin, Mr. Schad returned to the New York area. Apparently, his mother and sister found it difficult to provide support for Mr. Schad, which has contributed to his feelings of alienation from his family. He is presently separated from his wife, unemployed and homeless. However, Mr. Schad reported during his hospitalization that he made amends with his prior roommate and returned to his former residence with him, following discharge.

HOSPITAL COURSE

The patient has been maintained on Doxepin 150 mg, (P.O. at h.s.) and Ibuprofen p.r.n., while hospitalized. He participated in individual and group therapy and seemed to benefit from the security and structure of the milieu.

Within a short course, Mr. Schad's depressed mood and suicidal ideation decreased. Given the patient reported being homeless, placement was pursued. Initially, the patient resisted plans for community placement, because he reports becoming irritated easily with other people, and did not believe he would adjust well to a community environment.

The patient preferred to seek his own placement, and attempts to dissuade him failed. However, towards the end of his hospitalization, Mr. Schad reported that he would return to his prior residence, upon his discharge.

While hospitalized Mr. Schad was referred for evaluation at the Chemical Dependency Clinic at the SVAMC, for the chemical dependency/PTSD group. He met with Mr. Paul Seymour, CAC, and was accepted into the four week outpatient program, which addresses chemical dependency and PTSD problems. In addition, Mr. Schad reported that he would remain involved in outpatient counselling, through the Veterans Center, on Townsend Street, with Mr. Mike

The patient was scheduled to be discharged on 10/14/91, but was discharged on 10/10/91, due to his failure to comply with ward

CONTINUED...

| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
|--------------------------|------|--------|----------------------------|
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-405767 |
| | | | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAF 10-9034 vice Standard Form 502 (3-79)

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|------------------------------|-------------------------------|--|--|
| MEDICAL RECORD | | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 9/12/91 | Date of Discharge 10/10/91 | No. of Days Hospitalized | |

Page 5

policy. The patient reportedly abused alcohol, on his 10/9/91 off unit pass, and was hence discharged.

Mr. Schad reportedly took responsibility and denied abusing alcohol, and complied with the irregular discharge.

At the time of discharge the patient was noted to be alert, well oriented, non-psychotic, and only mildly depressed. He denied suicidal and homicidal ideation.

DISCHARGE MEDICATIONS

Mr. Schad was discontinued from his Doxepin and Ibuprofen. He was not discharged on any medications.

DISCHARGE PLANS

Mr. Schad will continue to participate in the PTSD group, through the chemical dependency clinic. His next group meeting will be on Tuesday, 10/15/91. He will also be followed with individual counselling sessions on an outpatient basis, by Mr. Tim Hayes, through the Chemical Dependency Clinic also.

Mr. Schad has an appointment with Mr. Hayes, on Wednesday 10/16/91, at 2 p.m.

COMPETENCY

The patient is able to work at the present time, and is able to handle his own funds.

TIMOTHY HAYES, M.D.
PSYCHOLOGY INTERN

APPROVED BY:

CHIEF, PSYCHIATRY SERVICE
TH/ph SecrePhone DD: 10/11/91 DT: 10/27/91
Cassette #6144, 6183

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|--------------------------|------|----------------------------|--------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | REGISTER NO. 055-405767 | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAF 10-9034 vice Standard Form 502 (3-79)

20

2310 - V2 7 EFW 4
V1 Buffalo NY

| | | | | | | |
|------------------------------------|-----------|----------|------|--------------------|---------------|--------------------|
| PATIENT'S NAME SCHAD, THOMAS F. | AGE 43 | SEX M | RACE | SSN 055-40-5767 | CLAIM # C- | FACILITY VA-SYR |
|------------------------------------|-----------|----------|------|--------------------|---------------|--------------------|

| | |
|-----------|--------------------|
| DIAGNOSES | DIAGNOSTIC CODE |
| | X 303.90 309.81 |

PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED **SEE PATIENT'S PTF RECORD SUMMARY PREVIOUS PAGE**
DO NOT IMPACT UPON THIS EPISODE OF CARE

| OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE | DATE | OPERATION/PROCEDURES CODE |
|--|------|---------------------------|
| | | |

SUMMARY

CHIEF COMPLAINT

"Ready to explode, my mother disowned me, Dr. Knoblock suggests admission".

HISTORY OF PRESENT ILLNESS

The patient is a 43-year-old white male with a history of PTSD and alcohol dependence, who states that he has been dry since 11/90 and has used alcohol two times, the last time being last Sunday when he got a DWI.

He is a Viet Nam vet, 60% service connected, complains of nightmares, flashbacks, decreased appetite, insomnia. The patient "did the PTSD Clinic in Buffalo 2/2/91 to 4/13/91, and it did not help". In 2/90, the patient was treated for PTSD in Canandaigua. The patient comes to the CDC Clinic every Wednesday and at this time they suggested admission secondary to increased distress and increasing anxiety and serious homicidal ideation.

CONTINUED...

| ADM DATE | RELEASE TYPE | INPAT DAYS | ABSENCE DAYS | WARD NO. | SIGNATURE PHYS/DENTIST | SIG. APPROVING PHYS/DENTIST |
|---------------------|--------------|------------|--------------|----------|------------------------|-----------------------------|
| 3/5/92 | | | | | | |
| DIS DATE 3/26/92 | OPT-SC | 22 | | 7E&W | <i>Robert J. ...</i> | <i>Robert J. ...</i> |

DISCHARGE SUMMARY (INPATIENT CARE)

CLEARED MEDICAL RECORDS

VAF 10-9034 vice VA Form 10-1000 (5-85)

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|-----------------------------|--|--------------------------------|
| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 3/5/92 | Date of Discharge 3/26/92 | No. of Days Hospitalized 22 |

Page 2

PAST PSYCHIATRIC HISTORY

On 9/12/91 to 10/10/92, Syracuse VA Medical Center. Patient was diagnosed with adjustment disorder and depressed mood, ETOH dependence, PTSD. The patient was not discharged on any medication and was followed up at CDC with Dr. Knoblock.

On 2/2/91 to 4/13/91, at the Buffalo VA PTSD program, treated with doxepin and Ibuprofen for pain in leg.

In 2/90, Canandaigua, 28 day alcohol rehabilitation.

On 12/7/90 to 12/20/90 for PTSD and dysthymic disorder, ETOH dependency in remission.

The patient has history of DTs.

PAST MEDICAL HISTORY

The patient is 60% service connected, secondary to bilateral leg wounds and wound in right index and right middle finger. The patient walks with a cane. He denies any medical problems other than back pain, questionable history of hypertension.

ALLERGIES

He has no known drug allergies.

SOCIAL HISTORY

Patient is 60% service connected, secondary to war wounds and PTSD after Viet Nam. The patient is a carpenter for 20 years, has not worked in three years, secondary to accident.

Patient has back problems. Patient has history of alcohol dependence, has nothing to drink since 10/90 except for three occasions, the last being 2/29 where he got a DWI. The patient smokes three packs of cigarettes a day, denies any street drugs.

FAMILY HISTORY

His father died of a stroke, mother is living and healthy. The youngest is a brother who is in Utah doing life in prison.

CONTINUED...

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|--------------------------|------|--------|-----------------------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E&W |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAR 10-9034 vice Standard Form 502 (3-79)

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| | | |
|-----------------------------|--|--------------------------------|
| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 3/5/92 | Date of Discharge 3/26/92 | No. of Days Hospitalized 22 |

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FAMILY HISTORY (cont'd)

He has another brother in Florida with whom he has no contact. The patient has one sister who is doing okay. His father was on 7E secondary to a nervous breakdown in 1970. He was a prisoner of war.

The patient is married and divorced three times, has two girls from the same marriage. Presently patient does not associate with anybody. Patient states "women, especially, they seem to burn me".

MEDICATIONS

1. VALIUM 10 mg q.hs p.r.n. insomnia.
 2. Propranolol 160 mg q.hs for anxiety.
- Recently amitriptyline was discontinued secondary to agitation.

MENTAL STATUS EXAMINATION

The patient was unkempt, appears older than stated age, casually dressed, good eye contact, cooperative, homicidal, not suicidal, hopeless, resentful, sad, fearful, affect appropriate to content. Speech normal, no auditory, visual, or olfactory hallucinations. No delusions. Thought content was homicidal ideation towards "anybody who gets in my way. I feel safe in 7E because I get along well with the vets". He denies any suicidal ideation, intent or plan. Memory - remembers three words after five minutes. Speech - rate and rhythm nervous, concentration calculation intact, intelligence average, judgement poor, patient has insight.

PHYSICAL EXAMINATION

Blood pressure 180/100, heart rate 92, respiratory rate 20. HEENT - no evidence of neck injury, PERRLA, EOMI, mouth moist, dentures in place. Neck supple, no JVD, no nodes. Heart - RRR, S1, S2, no murmur, gallops. Lungs - inspiratory and expiratory rhonchi heard. Abdomen - soft, nontender, nondistended, positive bowel sounds, no organomegaly. Extremities - full range of motion, no clubbing, cyanosis or edema. Neurological - cranial nerves II-XII grossly intact. Motor strength within normal

CONTINUED...

| | | | |
|--------------------------|------|--------|-----------------------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E&W |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

**NARRATIVE SUMMARY
(Clinical Resume)**

VAF 10-2034 vice Standard Form 502 (3-79)

| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
|-----------------------------|-------------------------------------|--------------------------------|
| Date of Admission 3/5/92 | Date of Discharge 3/26/92 | No. of Days Hospitalized 22 |

Page 4

limits. Coordination intact, balance intact, negative Romberg. Gait - patient walks with a cane secondary to trauma.

HOSPITAL COURSE

The patient was admitted to 7E, evaluated by attending physician. This 42-year-old divorced male patient has a long history of PTSD from the Viet Nam War and alcohol dependence. He reported fearing that he would lose control of his impulses by hurting his mother as he was angry at her for having told him off after he got a DWI on Sunday. He feels that she has abandoned him and is not supportive of his problems. He states that he is totally abstinent from alcohol for several months but took to drinking on Sunday after he re-experienced exacerbations of his flashbacks of Viet Nam. The patient stated that this is the anniversary of the TET offensive in which he was involved in combat. During evaluation by the attending physician, the patient denied any suicidal or homicidal ideation toward self or others and stated that he was disappointed in his mother's attitude towards him. He is seeking a short admission with return to outpatient Mental Hygiene Clinic here.

While admitted to the hospital, the patient continued to attend Dr. Knoblock's PTSD Clinic on Wednesday afternoons.

The patient became highly anxious on 3/8/92 and Valium 10 mg q.hs was added to his medication regimen. The patient continued to be irritated and anxious while on this admission, especially in regards to his relationship with his mother.

Patient continued to go to Dr. Knoblock's PTSD Clinic and tried to establish contact with his mother on this admission by sending a letter to her to which he received no response. Patient became more active on the unit and became the president of the patient government. He seemed to improve steadily with his increased leadership role and on 3/20/92, patient appeared to be reaching his baseline but was having problems with separation from 7E and spoke with increased anxiety about leaving the hospital.

CONTINUED...

| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
|--------------------------|------|--------|-----------------------------|
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E&W |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAF 10-9034 vice Standard Form 502 (3-79)

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|-----------------------------|---|--------------------------------|
| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume). | |
| Date of Admission 3/5/92 | Date of Discharge 3/26/92 | No. of Days Hospitalized 22 |

Page 5

On 3/20/92, I discussed that the patient consider plans for discharge and that we try a weekend pass. The patient declined this and said that he would leave for one or two hours on the weekend but was not prepared for a weekend pass at that time.

On 3/24/92, the patient was slightly annoyed about the prospects of leaving the hospital but stated "fine with me". Patient spoke about leaving the area as soon as his medical condition with his knee is under control. The patient was seen by Dr. Knoblock in PTSD Clinic on 3/25/92. She wrote for his medications and patient will be following up with her every Wednesday afternoon at PTSD Clinic.

MEDICATIONS ON DISCHARGE

1. Propranolol 160 mg P.O. q.hs.
2. Valium 10 mg P.O. q.hs.

DIET

He has no dietary restrictions.

PHYSICAL ACTIVITY

His activity is as tolerated. The patient is competent to handle funds.

D. Fisher, M.D.
Resident, Psychiatry

APPROVED BY:

DF/jld SecrePhone DD: 03/25/92 DT: 04/09/92 Cassette #6162

| | | | |
|--------------------------|------|-----------------------------|----------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | REGISTER NO. 055-40-5767 | WARD # 7E&W |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

**NARRATIVE SUMMARY
(Clinical Resume)**

VAP 10-9034 vice Standard Form 502 (3-79)

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| | | | | | | |
|--|-----------|----------|------|--------------------|---------------|-------------------------------------|
| PATIENT'S NAME SCHAD, THOMAS F. | AGE 42 | SEX M | RACE | SSN 055-40-5767 | CLAIM # C- | FACILITY VA-SYR |
| DIAGNOSES | | | | | | DIAGNOSTIC CODE 303.90 309.81 |
| SEE PATIENT PTF RECORD SUMMARY PREVIOUS PAGE | | | | | | |
| PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED AND WHICH DO NOT IMPACT UPON THIS EPISODE OF CARE | | | | | | |
| OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE | | | | | DATE | OPERATION/PROCEDURES CODE |

SUMMARY

CHIEF COMPLAINT

"I want to kill the guy next door."

HISTORY OF PRESENT ILLNESS

This is a 42-year-old white male, service connected 60% for PTSD and L.E., history of alcohol dependence, who presents to his regular appointment with Dr. [redacted] intoxicated with alcohol and had homicidal ideation.

He became increasingly anxious when he found out that a fellow who he knew had died the week before. He was discharged from 7-East on 3/26/92 after a 22 day admission. Dr. [redacted] saw the patient today and suggested admission. He states that he has been drinking since his discharge about three to four beers a day, with Valium, Propranolol and Elavil, in their prescribed dosages. His last drink was at 4:00 a.m. on the day of admission.

CONTINUED...

| ADM DATE | RELEASE TYPE | INPAT DAYS | ABSENCE DAYS | WARD NO. | SIGNATURE PHYS/DENTIST | SIG. APPROVING PHYS/DENTIST |
|----------|--------------|------------|--------------|----------|------------------------|-----------------------------|
| 04-08-92 | | | | | | |
| DIS DATE | | | | | | |
| 04-16-92 | OPT-SC | 8 | | 7E | | <i>A. [redacted]</i> |

DISCHARGE SUMMARY
(INPATIENT CARE)

VAF 10-9034 vice VA Form 10-1000 (5-85)

CLEARED MEDICAL RECORDS 26

| MEDICAL RECORD | NARRATIVE SUMMARY (Clinical Resume) | |
|-------------------------------|-------------------------------------|-------------------------------|
| Date of Admission 04-08-92 | Date of Discharge 04-16-92 | No. of Days Hospitalized 8 |

Page 2

He explains that drinking calms him down and prevents him for killing the guy next door. He is mad at his neighbor because of a statement the neighbor made which was "I was never Vietnam and I don't give a damn about it".

PAST PSYCHIATRIC HISTORY

The past psychiatric history includes the above admission a couple of weeks ago, two admissions in 1991 for PTSD, 1990 - two admissions, one at Canandaigua and one at the Syracuse VA.

PAST MEDICAL HISTORY

The past medical history includes DT's and low back pain.

ALLERGIES

He has no known drug allergies.

SOCIAL HISTORY

He is service connected by 60% Vietnam Veteran, lower extremity war wounds and PTSD.

He was carpenter for 20 years. He did not work for three years secondary to low back pain. He has a history of alcohol dependence. He smokes three packs per day, denies street drugs.

FAMILY HISTORY

His father died from a stroke. His mother is healthy. He is the youngest. He has a brother who is doing life in prison in Utah and other brother who lives in Florida with whom he has no contact. There is a sister. His father was in 7-East secondary to a nervous breakdown. He was a prisoner of war.

The patient was married and divorced three times. He has two girls. He currently does not have a girlfriend.

MEDICATIONS

1. Valium 10-20 mg. P.O. q. h.s.
2. Propranolol 160 mg. P.O. q. h.s.

CONTINUED...

| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
|--------------------------|------|--------|-----------------------------|
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAF 10-9034 vice Standard Form 502 (3-79)

27

| | | | |
|-------------------------------|-------------------------------|-------------------------------------|--|
| MEDICAL RECORD | | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 04-08-92 | Date of Discharge 04-16-92 | No. of Days Hospitalized 8 | |

Page 3

MENTAL STATUS EXAMINATION

The patient is more kempt than his last admission. He appears older than his stated age, casually dressed, good eye contact, cooperative. He has homicidal ideation/plan. He denies suicidal ideation. His mood is completely burnt out, sad, fearful. Affect was appropriate to content. Speech is productive. He has no hallucinations. He has positive nightmares, no delusions. He is not psychotic. Thought content related to death of a friend and homicidal ideation to his neighbor. Thought process was logical. Immediate recall three out of three. Recent and remote were intact, alert and oriented times three. Concentration and calculation intact. Intelligence was average. Social judgement was fair.

ASSESSMENT AND PLAN

This is a 42-year-old white male, service connected 60% Vietnam Veteran with PTSD, alcohol dependence with significant homicidal ideation, several admissions, requesting voluntary admission while intoxicated. He wants to calm his homicidal ideations.

PLAN

Admit to 7-East, follow up with CDC, same medications, DT precautions, and routine laboratories.

PHYSICAL EXAMINATION

The physical examination was significant only for a increased blood pressure and heart rate.

HOSPITAL COURSE

The patient gave up his homicidal ideation. In fact, he forgot about it. His main concern became making sure that the death of his friend was adequately investigated and vindicated.

He was maintained on the same medications. He did not use any Valium except that ordered for h.s. consumption. He was discharged not having any psychosis, suicidal ideation, or homicidal ideation, with follow up with Dr. and the CDC.

CONTINUED...

| | | | |
|--------------------------|------|--------|-----------------------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VA Form 10-9034 vice Standard Form 502 (3-79)

28

| | | | |
|-------------------------------|-------------------------------|-------------------------------------|--|
| MEDICAL RECORD | | NARRATIVE SUMMARY (Clinical Resume) | |
| Date of Admission 04-08-92 | Date of Discharge 04-16-92 | No. of Days Hospitalized 8 | |

Page 4

He is also discharged to the PTSD group.

He is to take Propranolol 160 mg. P.O. q. h.s. and Valium 10 mg. P.O. q. h.s.

He has no dietary or physical restrictions and he is competent to handle funds.

K. PRATT, M.D.
RESIDENT, PSYCHIATRY

APPROVED BY:

KR/lmv
SecrePhone
DD: 04-26-92
DT: 05-04-92
Cassette #6113

| | | | |
|--------------------------|------|--------|-----------------------------|
| SIGNATURE OF PHYSICIAN | DATE | ID NO. | ORGANIZATION |
| PATIENT'S IDENTIFICATION | | | REGISTER NO. 055-40-5767 |
| | | | WARD # 7E |

SCHAD, THOMAS
VAMC, SYRACUSE, NY

NARRATIVE SUMMARY
(Clinical Resume)

VAF 10-9034 vice Standard Form 502 (3-79)

29

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

DATE OF REQUEST

TO: Psychology Service

FROM: (Requesting physician or activity)

Psychiatry

10/10/91

REASON FOR REQUEST (Complete and findings)

41 yr old male with history of PTSD
Alcohol Abuse/dependence. Needs Follow-up

PROVISIONAL DIAGNOSIS

PTSD, Alcohol Abuse/Dependence

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY

W. King MD

BEDSIDE ON CALL

72 HOURS EMERGENCY

CONSULTATION REPORT

10/15/91

CDC

Patient is going to be followed
by Jim Hayes Psychology Intern,
after he is discharged from PE and
under the supervision of CDC staff.
C. Mitchell, MD

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO

ORGANIZATION

REGISTER NO

WARD NO

7E

PATIENT'S IDENTIFICATION (Print typed or written name, last, first, middle, initial, room, room number, or medical facility)

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505
513-106

Schuch, Thomas F.
522 Orange Port Rd. 067
Brewster NY 13029
055-40-5767
C-24315911 3 040 7

12/23/92

09:34

UPMC SYRACUSE, NY - MRS

812

STANDARD FORM 507

40-20-0127-0 000

CLINICAL RECORD

Report on ELECTRODIAGNOSTIC EVALUATION

or
Continuation of S. P.

(Strike out one line) (Specify type of examination or data)

Performed by RNS, Dr. Lepore/Kelly/Leibman (Sign and date)

Date 10-12-92

History:

45y/o WM 2 hrs of LBP in T anteriorly over last 6 mos. T numbness over (R) UE and (L) UE. At two some numbness also in (L) side of body.

Physical Examination:

45y/o WM in NAD

UE

PROM full
Sensation intact
Reflexes 2+ throughout
Tone NL

Strength Shoulder AE Tris WETC
R 5/5 →
L 5/5 →

LE

Reflexes 2+ throughout
PROM full
Sensation intact
Tone NL

Strength Hips Quad OF PF
R 4/5 →
L 5/5 →

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries (i.e.: Name—last, first, middle; grade; date; hospital or medical facility))

SCHAD, Thomas

5767

REGISTER NO.

WARD NO.

REPORT ON _____ IN CONTINUATION OF _____

STANDARD FORM 507

General Services Administration and Intergovernmental Committee on Medical Records

Form (41 CFR) 501-45.305

October 1975 GPO:507

U.S. GPO: 1970-261-733/0676

Electrodiagnostic findings:

Sensory NCS studies were done. Sural sensory nerve conduction showed ↑ latency (mild) on R and L. Ulnar sensory conduction exam showed mildly ↑ latency.

Motor conduction studies were done. Tibial motor conduction studies were slightly ↑. Median motor conduction was normal for latency and velocity. EMG studies were done on selected muscles. No membrane instability was noted for paraspinal muscles. Skin temperature was taken on the palm and measured 34.3°C.

IMPRESSION:

Mild to moderate sural sensory conduction was noted. Mild ↑ in motor conduction noted. EMG was normal.

Overall, there is no evidence of LE or UE Radiculopathy. Recommend

PT for LB references.

Loe MD

12/23/92

09:33

UAMC SYRACUSE, NY - MPS -

010

STANDARD FORM 887

16-10-8178-2 GPO

CLINICAL RECORD

Report on EMG/NCS REPORT

or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or date)

Performed by RMS, Dr. Jane/Kelly/Heldman (date)

Date: _____

SENSORY CONDUCTION EXAMINATION

| NERVE/FIBER-UP SITE | STIM | LATENCY (ms) | AMPL (uV) | DIST (cm) | VELOCITY (m/s) | AMPL/STIM | TEMP |
|---------------------|------|--------------|-----------|-----------|----------------|-----------|---------|
| R tibial | A | 4.10 | | | | | W 16.35 |
| ② S tibial | A | 5.00 | | | | | |
| R Median | V | 3.90 | | | | | |
| Right J | V | | | | | | |
| | | | | | | | |
| | | | | | | | |

MOTOR CONDUCTION EXAMINATION

| NERVE/FIBER-UP SITE | STIM | LATENCY (ms) | AMPL (uV) | COMMENTS | STIM | LATENCY (ms) | AMPL (uV) | F-D (ms) | DIST (cm) | VELOCITY (m/s) | COMMENTS |
|---------------------|------|--------------|-----------|---------------|------|--------------|-----------|----------|-----------|----------------|----------|
| R Tibial | 8cm | 5.1f | 6.15 | Medial clonus | | | | | | | W 13.4 |
| ② Tibial | 8cm | 4.98 | 2.38 | " | | | | | | | |
| ③ Median APB | 3cm | 4.10 | 7.62 | | 0.6 | 7.42 | 25 | 52 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

SEHAD, THOMAS

5767

REGISTER NO.

WARD NO.

REPORT ON _____ OR CONTINUATION OF _____

STANDARD FORM 887

General Clinical Administration and Intermountain Committee on Medical Records

FORM (41 CFR) 101-11.505

October 1973 507-107

U.S.G. GPO: 1990-345-755/04100

Department of Veterans Affairs

REPORT OF MEDICAL EXAMINATION
FOR DISABILITY EVALUATION

1A. FILE NO. C-24-315-711
1B. VETERAN'S SOCIAL SECURITY NO. 056-40-5767
2. INSURANCE FILE NO. (V.J.K., etc., if pertinent)

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 3301). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 210 Vermont Ave., NW, Washington, DC 20503; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0052), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

INSTRUCTIONS TO THE VETERAN: Please complete all unshaded items on Page 1 of this form. Bring this form with you when reporting for the examination.

| | | |
|--|--|---|
| 3. FIRST, MIDDLE, LAST NAME OF VETERAN (Type or print) <i>Thomas, Francis S. Hrd</i> | 4. PURPOSE OF EXAMINATION <i>VA</i> | 5. DATE OF EXAMINATION <i>10/16/92</i> |
| 6. HOME ADDRESS (Street or RFD Number, City, State, and ZIP Code) <i>PO BOX 336 2212 LEANING ST monticello, N.Y 13211</i> | 7. PLACE OF EXAMINATION <i>SYR UAMC</i> | 8. AGE <i>43</i> |

SECTION A - OCCUPATIONAL HISTORY SINCE LATEST DISCHARGE FROM MILITARY SERVICE OR LATEST VA EXAMINATION

| 9. NAME AND ADDRESS OF EMPLOYER (If unemployed enter "None") | 10. TYPE OF WORK | 11. MONTHLY WAGES | | 12. DATES OF EMPLOYMENT | | 13. TIME LOST IN PAST 12 MONTHS |
|---|------------------|-------------------|----|-------------------------|----|---------------------------------|
| | | FROM | TO | FROM | TO | |
| <i>VA PENSION 60% + SSB</i> | | | | | | |
| | | | | | | |
| | | | | | | |

14. REASON FOR TIME LOST (If any)

SECTION B - MEDICAL HISTORY SINCE LATEST VA EXAMINATION AS RELATED BY PERSON EXAMINED

15. NARRATIVE HISTORY (Include measurement data if any)
*Severe BACK pain - x-rays show
Deterioration - Reason UNK., pain also in both legs, body
gives Numb, loose balance and Fall alot.*

| 16A. NAME AND ADDRESS OF DOCTOR OR HOSPITAL | CONDITION TREATED | FROM | TO |
|---|-------------------|---------------|----|
| <i>LA PONTA + KELLEY SYR UAMC</i> | <i>BACK</i> | <i>Oct 92</i> | |
| 16B. | | | |
| 16C. | | | |

17. PRESENT COMPLAINT (Symptoms only, not diagnosis)
*BACK - sleepless nites due to pain and
Anxiety months - Flash backs, ankiety, depression, explosive
Attitude, and at times an unknown fear.*

I HEREBY CERTIFY that the entries under Occupational and Medical History are complete and correct to the best of my knowledge.

18. DATE SIGNED *10/16/92*
19. SIGNATURE OF PERSON EXAMINED (Do not print)
Thomas F. Hrd

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

25



Veterans Administration

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION 10/5/92 DATE OF DISCHARGE 10/22/92 TYPE OF DISCHARGE Regular

DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES OPERATIONS PERFORMED
Axis I - Alcohol Dependence
- PTSD by Lt
Axis II - delayed degenerative arthritis of spine
Axis IV - moderate SCGAE.

2. SUGGESTED PLAN FOR FOLLOWUP INCLUDING CLINIC APPOINTMENTS
1. Appx 2 week remission at SDC

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS AND DRESSING CHANGES. NOTE: DO NOT ABBREVIATE, AND USE ENGLISH FOR MEDICATION INSTRUCTIONS (I.D. 4 times/day instead of QID)
1. Propanolol 30mg TID 3 by mouth 2x bedtime
2. Suboxone 15mg TID 1 " " true daily
3. Lidocaine 1mg tabs 1 " " daily
4. Multivitamin 1 tab " " daily

4. DISCHARGE DIETARY INSTRUCTIONS (Check one)
[X] NO RESTRICTIONS [] RESTRICTIONS (Specify and include drug and food interactions)

5. PHYSICAL ACTIVITY LIMITATIONS (Check one)
[] NO RESTRICTIONS [] RESTRICTIONS (Specify)
Activity as tolerated

6. OTHER (Include employment status) COMPETENCY TO HANDLE FUNDS
Yes.

PATIENT IDENTIFICATION (Name, Address, Social Security Number) SIGNATURE OF PHYSICIAN/DENTIST DATE 10/22/92
I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS
SIGNATURE OF PATIENT/CAREGIVER DATE 10/22/92

PROGRESS NOTES

DATE 01/08/92 CDC - Addictions Therapist Note
 Tom rptd he did not drink over the holidays, did have an argument w/ Marty on XMas Eve still planning to move out soonest. Admtd to guilt feelings about abandoning Marty. Needs me to contact his lawyer. Marty's son got another D.U.I. c/o lots of sleeping problems. Also, Marty's still drinking in the apt. I reinforced and emphasized his decision to move and encouraged to get more aggressive about looking for a place. *Paul Raymond A/T*

01/15/92 CDC - Addictions Therapist Note
 Tom rptd he has taken a small efficiency in the apt. complex - just can't live w/ Marty any longer. Still having sleep problems. Appears just taking the actions to help himself have made him feel and look better. *Paul Raymond*

01/22/92 CDC - Addiction Therapist Note
 bet. apartment in complex - no fulltime job, now needs to find another place. Struggled this and other hassles real well. Talked about watching the movie "The Fourth of July" also discussed the Vietnam Memorial and his feelings about it. *Paul Raymond A/T*

PROGRESS NOTES

| DATE | |
|------|---|
| | is coming up shortly. Talked about the anticlimax of the move, et. al. Disc going back to the Vet center and cleaning up the loose end with Mike. Talked about joining the local VFW & Amer Legion (neither has a bar) and participate w/ some of their activities. |

Paul ~~Stinson~~ ATT

| | |
|----------|-------------------------------------|
| 03/04/92 | C.D.C. - Addiction & Therapist Note |
|----------|-------------------------------------|

Tom rptd he was depressed all week and on Sunday he drank, and got another D.W.I. (9t BA) His mother, who picked him up after the D.W.I. told him "you're a disappointment to me and I never want to see you again." He also said he ran out of his meds on Sunday. He indicated he is willing to seek help of whatever sort. I referred Tom to Dr. Knoblauch for evaluation of possible admission to 2E.

Paul ~~Stinson~~ ATT

455-7617

PROGRESS NOTES

DATE
feeling disappointed because his mother has not replied to the card he sent her. He admitted to being a bit worried about drinking although he is making friends w/ another pt on 7E which is a positive sign.

Paul J. Thompson A/T

04/08/92 DC - Addiction Therapist Note
Tom showed up early for his aptmt today. He readily admitted he had been drinking nearly continuously since his discharge from 7E on 03/26/92. He also admitted he had been taking the meds prescribed for him for his nerves and for sleep inducement. Tom expressed a good deal of anger about the recent death of a fellow Vietnam Vet and about a neighbor of his who had bc aggravating Tom. Tom came today seeking readmission to 7E for detox. I turned him over to the WPOD for evaluation for admission.

Paul J. Thompson A/T

| MEDICAL RECORD | PROGRESS NOTES |
|-------------------------|--|
| <p>4/8/92 14:50</p> | <p>Mrs. Admison Tate - She is a 43y/o white w/ B/P who has had previous psych. admission to this unit. She has history of ETOH dependence and PTSD. She states she sought admission to hospital because she had an argument with her neighbor and started feeling like she "wanted to kill him" in "April" he arrived at the hospital. He was on the elevator when he learned about a fellow pt's death, which made him feel even more grief devastated. On arrival at the unit she was casually dressed, well groomed and had strong odor of ETOH on her breath. She was cooperative to admission procedure initially in a labile mood, often smiling but laughing inappropriately, or alluding to specific details. Not paying any mental attention at this time and only talks about her home and thoughts toward his neighbor. She did contract for safety - staff said states he would seek out staff if he</p> |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle
grade, room; room: hospital or medical facility)

REGISTER NO. WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by OSA/DIR.
FPMR(41CFR)201-45.505
509-111

4/8/92 14:50

MEDICAL RECORD

PROGRESS NOTES

DATE

04/15/92

CDC - Addiction Therapist Note

Tom expressed lots of anger about his lack of tx on 7E and is going to discharge himself tomorrow. Tom talked about "seeing" David Noga and had a conversation with him. I attempted to get Tom to explore the idea that "seeing" Dave is a positive not a negative idea. Tom was mildly resistant and was focusing on his anger w/ 7E staff. He openly admitted he has no plans to drink or not to drink, but is focused on his visit to David's mother (04/16) and to Dave's grave. Tom spent most of the session railing at anything and everything in his life. He did agree to call me tomorrow PM and let me know how things are going.

Paul J. Raymond A/T

4/29/92

CDC - Addiction Therapist Note

Tom rptd he got his back SSI (\$15,000) but has not drunk. He said they (Dave's parents) are going to have his death listed as an accident. Tom rptd he has been isolating since his disch from 7E. He hasn't

(Continue on reverse side)

TS IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; room; hospital or medical facility)

Shad, Thomas
055-40-5767

| | |
|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by OSA/DIR,
FPMR/41CFR1201-45.505
509-111

PROGRESS NOTES

DATE
6/24/92

CDC - Addiction Therapist Note

Tom was in yesterday for help w/a long term chest cold and admitted he had drunk to try to kick the sickness. He also said he signed his car over to Marty to get rid of it. He did say the ETOH on Tues didn't help & in fact was quite painful. He did hear from his mother on Father's Day & Marty's family gave him a dinner. He also has a court date tonite. Tom admitted he has been taking the Valium somewhat irregularly. We talked about how his physical state is going to strongly affect his mental/emotional state.

Paul Phynwood A/T

7/1/92

CDC - Addiction Therapist Note

Tom talked about getting a call fr Jerry H (Doc) who was drunk & real depressed which rather upset Tom. Physically he is feeling lots better; he has resumed his daily walking, and is even actively pursuing the resolution of his pending legal charges. We discussed at length his powerlessness w/ Jerry and how he could resolve it.

Paul Phynwood A/T

PROGRESS NOTES

DATE
8/5/92

CDC - Addiction Therapist Note

Tom rptd he has been largely inactive due to the weather; he also ran out of all of his meds since 8/1 and is feeling a little itchy and rptd strong urges to drink. He is doing lots of walking. Talked about reaction to the other vets who have stnd to drinking: "I understand where they are at and sometimes want to be there as well." Claimed that PTSD vets are not likely to ever ~~require~~ recover on any signif. level. Openly angry about just about everything. Paul ~~Raymond~~ A/T

8/18/92

CDC - Psyc

Hon't slept for 5 days. Has court tomorrow. No drinking. Using less than #30 10mg Valium in 30 days. Caffeine intake around 4800mg/day! He will taper off caffeine over next few days. Take 20mg Valium tonight. Hopefully will sleep
A. Johnson

PROGRESS NOTES

DATE 8/77
① Double jaw seems to be primary problem for now. Most likely 2° arthritis of pros. retained hardware. ✓ X-rays. No evidence for rheumatic or myelopathic disease. His numbness is 2° old injuries. Cont motion pm

- ① RTC if more x-rays
- ② Needs AP + lat + motion of ② ankle

J. Shahan

8/31/92 GATHO

PROGRESS NOTES

| DATE | |
|--------|---|
| | <p>easy it would be for him to get drunk given his mood and the weather lately. We talked about planning to work to stay sober come Winter. Paul Thompson A/T</p> |
| 9/2/92 | <p>CDC - Addiction Therapist Note</p> <p>Tom rptd his lawyer has worked a deal, reduced one DUI to DWAI and kept the other as a misdemeanor and goes to court on 9/9/92 and will probably get probation and a fine. We disc his potential rlnshp w/probation department and how he could best handle it.</p> <p>Also disc his situation w/Ottopedics who is probably going to refer him to Neurology for possible back problem.</p> <p>Tom seemed pretty upbeat today despite a persistent cough that is really bothering him. Paul Thompson A/T</p> |

PROGRESS NOTES

DATE

0015 - (P) Helen / (F) med. - has
+ E1020

sp - (P) med of Adrenobrom (L)
an 0222 h.c. News exam

unimpressive

Will obtain V-Ray C-5p

+ LS ppia - if not probable
revalan. (P) med

9/21/92
@ 2:30

[Signature]

PROGRESS NOTES

DATE a new place to live further out in the country. Marty is still having problems w/ his son but may be bottomed out on the situation. Tom is also eligible for a conditional driver's license.

Paul Seymour A/T

9/23/92 CDC-addiction therapist note
 Tom was a no-show for his aptmt today. I talked to him on the telephone and he told me that yesterday the doctors in ortho told him he has degenerative arthritis, that in 5 years he will be in wheelchair & in 10 years in bed. Tom said he got so depressed and angry that he went out & got drunk. He rfd, however, that it (the drinking) didn't really work all that well and he will not be repeating it.

Paul Seymour A/T

DATE 9/30/92 CDC-Addiction Therapist Note

Tom is extremely depressed about his physical condition and his general attitude. He admitted he drank Mon & Tue - mostly out of total frustration w/ all his wasted efforts. I spent most of the session helping Tom identify his feelings (anger) and to validate them. Tom admitted he had been planning to drink again when he leaves the VA but he might not. He promised to call me in the AM if he does not drink.

Paul R. Thomas AT

10/5/92 CDC-Addiction Therapist Note.

I spoke by telephone to Tom several times since then (10/1). He admitted he is actively drinking on a daily basis but is already feeling pretty sick and wants to stop. He told me is planning to request admission to 7E today.

Paul R. Thomas AT

(Continue on reverse side)

| | | |
|---|--------------|----------|
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; room; hospital or medical facility) | REGISTER NO. | WARD NO. |
|---|--------------|----------|

Schrad, Thomas F.
055-40-5767

| | |
|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/DMR
 FPMR (41 CFR) 201-45.505
 509-111

PROGRESS NOTES

relationship w/ Crissy (Marty's sister) and how it is becoming more important to him. I advised Tom to disc his needs w/ Dr Ishpahari and the rest of the team.

10/29/92

CDC - Addiction Therapist Note

Tom's arrangements for trans by DAV yesterday got screwed up so he missed his aptmt. Did show today for a walk-in. Did a good deal of bitchin about DAV, the VA, FE, etc. etc. He also talked about his anniversary of his arrival in Vietnam on 11/1 which is pretty traumatic for him. He also has his initial aptmt w/ his P.O. this AM which he professes to be no big deal. He also claimed his pain meds are not working well at all. He openly admitted he is pretty miserable today and spent the entire session bitchin. He told me he is not seeing Crissy right now because of his "down" mood.

Paul Chapman AT

| MEDICAL RECORD | PROGRESS NOTES |
|----------------|----------------|
|----------------|----------------|

| DATE | |
|----------|---|
| 11-12-92 | <p>CDC - Psyc</p> <p>Lots of pain in back. Anniv. of former's death; UN staff; coroner just died. Tough time.</p> <p>Continue Valium in h/s</p> <p>Signal for Tylenol #3 T-11 BID prn #28</p> <p>Will see P. Seymour also</p> <p style="text-align: right;">H. [unclear]</p> |
| 11/18/92 | <p>CDC - Addiction Therapist Note</p> <p>Disc problems in his life - anniversary month. Expressed real anger at "the system" and his place in it. Did say he has used up most of his tylenol - barely functional as a pain reliever. Tom spent most of the session ventilating and seemed a bit relieved when he left.</p> <p style="text-align: right;">Paul Seymour A/H</p> |

11/19/92
 @ [unclear]

(Continue on reverse side)

| | | |
|--|--------------|----------|
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank; room; hospital or medical facility) | REGISTER NO. | WARD NO. |
|--|--------------|----------|

CHAS. THOMAS F. 00 6 3 - 92
 10 VINE ST. 067
 BRATTLE ST. 13088

1243119-1 : 060 7V

PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/DMR
 FPMR(41 CFR) 201-45.505
 509-111

MEDICAL RECORD

PROGRESS NOTES

DATE 11-20-92 Spurio

Has been taking sertraline with little improvement. Symptoms of LBP + bilateral LE numbness unchanged. Denies alcohol/bleeders or recent trauma. Ambulating in cane. Currently bleed from nasal unit for PTSD. Also sees an addiction therapist

Exam NE 5/5 ^{bil. 70% grip 100% wr} → bilaterally

LE 5/5 ^{swell from pressure TA at end side 0/5} →

⊖ 5/5

⊖ 5/5

Sensat intact to Lt & PP throughout

⊖ SLK ⊖

⊖ Clonus ⊖

⊖ I/L ⊖

X-rays 9/92 Disc narrowing C-5/6

Degener Ai L/S spine

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by USA/CDR,
FPMR/41CFR1201-45 505
509-111

Schad, Thomas

OSS-40-5767

12/23/92 09:29

UAMC SYRACUSE, NY - MFS *

002

*Pl. n 2. 50 to 60
seen by
11-30-92*

NOV 8 8 1992

11/5/92
Date: NOV 5, 1992 COMPENSATION AND PENSION EXAM REQUEST
For: SYRACUSE VA MEDICAL CENTER Medical Center Division

Page: 1

Requested by: BUFFALO-RD
Date Requested: NOV 4, 1992 08:03:57

Name: SCHAP, THOMAS FRANCIS

SSN: 055485767
C-Number: 24315931
DOB: JAN 29, 1949

Address: PO BOX 334

City, State, Zip:
HARTYGALE NEW YORK 13211

Res Phone: 315-453-1458
Bus Phone:

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1976

Last rating exam date: AUG 6, 1991

* Priority of exam: Increase

Related exams:

SCANS; JOINTS; POST-TRAUMATIC STRESS DIS;

Rated Disabilities:

| Rated Disability | Percent | SC ? | Px Code |
|--------------------------------|---------|------|---------|
| RIGHT NOGGLE INJURY | 30 % | Yes | 5314 |
| LOSS OF MOTION OF INDEX FINGER | 10 % | Yes | 5223 |
| DEAFNESS | 0 % | Yes | 7085 |
| OSTEOARTHRITIS | 0 % | Yes | 6384 |
| POST-TRAUMATIC STRESS DISORDER | 30 % | Yes | 9411 |

*Arthro
Psych*

Other Disabilities:

General Remarks:

NOTE - C FILE WILL BE MADE AVAILABLE.

*WORTH - 11-17-92 @ 10:30 Raus
Psych - 11-17-92 @ 9:00 Oershaw*

[Handwritten signature]

12/23/92

09:29

UAMC SYRACUSE, NY * MPA *

003

DATE: NOV 3, 1992 COMPENSATION AND PENSION EXAM REQUEST Page: 2
FOR SYRACUSE VA MEDICAL CENTER Medical Center Division

Requested by BUFFALO-RO
Date Requested: NOV 4, 1992 08:03:27

Serial Details: CONTINUED

NOTE - VETS ADDRESS AS OF 030592 IS 1136 VINE ST PO BOX 2240 LIVERPOOL
NY 13088 NO PHONE. PLEASE INPUT INTO SYSTEM.

PTSD
RESTRICTIONS, SFM, MUSCLE CRAMP XIV LEFT KNEE WITH RFD
RESTRICTIONS, SFM, RIGHT THIGH WITH RFD

58

1131

12/23/92

09:35

UAMC SYRACUSE, NY * MFS *

015

DIAI RADIOLOGY REPORT
VETERANS ADMINISTRATION MEDICAL CENTER
SYRACUSE, NY 13214

Name: SCAP, THOMAS FRANCIS
SSN: 255-48-5767
Date: NOV 17, 1992 11:32

Physician: GEORGE, N
Ward/Clinic: COMP DR. RAUS
Procedure: KNEE 4 OR WIDE VIEW

Exam Modifiers : LEFT

Clinical History:

OLD SHRAPNEL WOUND L KNEE OLD R ANKLE FX

Report:

Impression:

LEFT KNEE: There is a metallic foreign body in the distal femur consistent with shrapnel. However, no bony abnormalities are noted. There is no degenerative change of the knee joint. No knee joint effusion is appreciated.

RIGHT ANKLE: There is a cortical side plate with multiple fixation screws placed laterally along the distal fibula. Three compression screws are also placed in the medial malleolus. There is however little appreciable bony deformity. The ankle mortis appears normal. There is no significant degenerative change at the ankle joint. The fractures appear completely healed.

CRAIG RUSSO/EDWARD LANE, MD 11/17/92

Exams were read by CRAIG RUSSO (Resident Radiologist)

with EDWARD LANE (Staff Radiologist).

CRG/EC

18-9834 VICE SF 5198 RADIOLOGY REPORT

59

1132

12/23/92

09:35

UAMC SYRACUSE, NY • MR •

014

DIAL .C RADIOLOGY REPORT
VETERANS ADMINISTRATION MEDICAL CENTER
SYRACUSE, NY 13210

Name: SCHAC, THOMAS FRANCIS
SSN: 655-48-5747
Date: NOV 17, 1992 11:32

Phys: RAUS, GEORGE, M
Ward/Clinic: COMP DR. RAUS
Procedure: ANKLE 3 OR MORE VIEWS

Exam Modifiers : RIGHT

Clinical History:

OLD SURGICAL WOUND L KNEE OLD R ANKLE FX

Report:

Impression:

LEFT KNEE: There is a metallic foreign body in the distal femur consistent with shrapnel. However, no bony abnormalities are noted. There is no degenerative change of the knee joint. No knee joint effusion is appreciated.

RIGHT ANKLE: There is a cortical side plate with multiple fixation screws placed laterally along the distal tibia. Three compression screws are also placed in the medial malleolus. There is however little appreciable bony deformity. The ankle mortis appears normal. There is no significant degenerative change at the ankle joint. The fractures appear completely healed.

CR: 21306/EDWARD LANE, MD 11/17/92

Film were read by CHAIC ROSSO (Resident Radiologist)

with EDWARD LANE (Staff Radiologist).

16-VV/KC

16-9834 VICE OF 5190 RADIOLOGY REPORT

60

ate: DEC 16, 1992

Classification and Pension Exam Report
VAMC SYRACUSE
** FINAL **

Page: 1

For POST-TRAUMATIC STRESS DISORDER Exam

Name: SCHAD, THOMAS FRANCIS

SSN: 055405767
C-Number: 24315911
DOB: JAN 29, 1949

Address: P.O BX 336

City, State, Zip:
MATTYDALE NEW YORK 13211

Res Phone: 315-453-1450
Bus Phone:

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1970

Last rating exam date: AUG 6, 1991

Priority of exam: Increase

Examining physician: GERSHAW
Examined on: NOV 17, 1992

Examination results:

Mr. Schad is a 43 year old Vietnam Veteran service connected for thigh muscle injury, index finger injury and post traumatic stress disorder. He is being seen today for a review of his post traumatic stress disorder. Mr. Schad complains of symptoms including bad dreams of Vietnam during which he wakes up with sweats and shakes. He states that the dreams feel very real to him. He complains that he used to walk, run, water ski, snow ski and now he cannot put Vietnam behind him. He states I can't even walk now. He states that the only people that he can relate to are other Vietnam Veterans. He feels that he has to be very careful of everybody else and that he is very suspicious. He states that he keeps himself locked up at home much of the day. He states that he thinks about Vietnam daily remembering various combat experiences. He states that this time of year through the period of the TET offensive he feels particularly preoccupied with Vietnam. He states "normally I would be on the Psychiatric Ward this time of year". He states that he has a problem with drinking and that his choice is to either lock himself up at home or to go out and get drunk. His last drinking episode was in October which he states that he had because of severe back pain. He has had frequent hospitalizations with a diagnosis of alcohol dependence. Mr. Schad states that he drank regularly for 23 years and that now is making efforts to control his drinking by attending clinic appointments at the Chemical Dependency Clinic at the VA Medical Center. He also attends a Post Traumatic Stress Disorder group at the Chemical Dependency Clinic. Back in 1990 he went to the Vet Center but did not connect with his therapist there and has not sought treatment there since that time. Additional complaints include difficulty in maintaining close relationships. He indicates that he has one female

Continued on next page

name: SCHAD, THOMAS FRANCIS

SSN: 055405767

C-number: 24315911

POST-TRAUMATIC STRESS DISORDER Exam

Exam Results Continued

friend and another friend but other than that has few associations. He has poor relationships with family members and sees them rarely. He has one child from his first marriage who is now 23 that he has no relationship with. He states that he has difficulty thinking about the future. "I can't stand to be around myself. I can't stand to be around other people. I can't think past my pain. I can't concentrate. I can't read. I can't sleep. I have bad dreams. They always end the same. We lose". He does not drive for fear of getting drunk and having another DWI. He is currently dealing with a DWI which occurred a year or so ago. He complains of flashbacks during the day where he feels as if he is in a daydream. He states that he can hear choppers and smell the wet, damp smells of Vietnam.

MILITARY HISTORY: Mr. Schad served in the United States Army from 1967 - 5/80 and was in Vietnam from 11/16/67 - 6/26/68. He was in the 1st Battalion, 503rd Infantry, 173rd Airborne Brigade and served with this unit in Dactu and Hill 875 1 week after arrival in Vietnam. In a summary of 1990 during a hospitalization it indicates that Mr. Schad was in the heaviest combat of the war. The details of Mr. Schad's experience in Vietnam were not taken by this writer as the diagnosis of Post Traumatic Stress Disorder was already in place and this writer's assumption was that the diagnosis is well documented. It is noted however that a social survey and previous comp and pen exam information was not available at the time of this evaluation.

MARITAL STATUS: Mr. Schad was married 3 times and divorced 3 times. He has one grown child from his first marriage. He maintains no relationship with any of his ex-wives. He does have a current girlfriend.

HOSPITALIZATIONS: Records indicate multiple hospitalizations on the Psychiatry Service at the Syracuse VA Medical Center, hospitalization at Buffalo VA Medical Center in the Post Traumatic Stress Disorder Unit, hospitalization at Canandaigua VA Medical Center for Post Traumatic Stress Disorder. Most of his recent hospitalizations have been associated with a primary diagnosis of alcohol dependence. Mr. Schad is currently in regular treatment at the Syracuse VA Medical Center through the Chemical Dependency Clinic where he is seen weekly as an addiction therapist and in a Post Traumatic Stress Disorder group.

EMPLOYMENT STATUS: Mr. Schad indicates that after his time in Vietnam he worked steadily for 20 years in the construction trade. He indicated that he drank heavily during most of that time and rarely missed a day of work. He stated that an accident occurred 6 years ago

Continued on next page

Name: SCHAD, THOMAS FRANCIS
POST-TRAUMATIC STRESS DISORDER Exam

SSN: 055405767

C-number: 24315911

Exam Results Continued

here he fell off a roof and shattered his ankle. He has not worked since that time.

EDUCATIONAL STATUS: Mr. Schad has 2 years of college education.

MENTAL STATUS EXAMINATION: Mr. Schad was angry throughout most of the interview. He expressed many times that he felt uncared for by the VA system and by the many doctors who have treated him. He stated that nobody really wants to address the issue of Vietnam with him. He stated that he was in regular pain from his back condition and that he was neither getting relief from pain, nor was he getting an adequate explanation as to what was causing his pain. His general belief is that his back condition was caused by Agent Orange exposure. He was oriented to 3 spheres. His attention was good. His recent and remote memory were good. Estimated intelligence is average. His thought processes were logical and coherent. His predominant thought content was about Vietnam, about his back pain and about his alcohol problem. His judgement at present would be considered adequate. His insight into his problem is poor to adequate. His mood was angry. His affect during the interview was angry. He exhibited no suicidal ideation or intent. He indicates that he does have homicidal thoughts at times. He feels that it's illegal to harm anyone else and he stated rather clearly that he does not keep any weapons. In terms of post traumatic symptoms Mr. Schad has intrusive memories of Vietnam experiences. He has recurrent distressing dreams of Vietnam. He has diminished interest in activities associated with work and socialization. He feels detached from others in his life. He has difficulty sleeping, stating that he gets 2-3 hours of sleep a night. He describes a hyper-vigilance and an exaggerated startle response.

PRESENT MEDICATIONS: Propranolol and Valium for sleep.

DIAGNOSIS:

- Axis I Post Traumatic Stress Disorder, alcohol dependence.
- Axis II Deferred.
- Axis III Status post thigh muscle injury, chronic low back pain.
- Axis IV 6, catastrophic war trauma.
- Axis V Global Assessment of Functioning 40, major work impairment and social functioning impairment.

The Veteran is considered competent for VA purposes.

This exam has been reviewed and approved by the examining physician.

ate: DEC 16, 1992

Thomas Schad
Classification and Pension Exam
VAMC SYRACUSE
** FINAL **

Page: 1

For JOINTS Exam

Name: SCHAD, THOMAS FRANCIS

SSN: 055405767

C-Number: 24315911

DOB: JAN 29, 1949

Address: P.O BX 336

Res Phone: 315-453-1450

Bus Phone:

City, State, Zip:
MATTYDALE NEW YORK 13211

Last rating exam date: AUG 6, 1991

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1970

Priority of exam: Increase

Examining physician: Raus
Examined on: NOV 17, 1992

Examination results:

AGE: 43

HISTORY: This Veteran received shrapnel wounds in the anterior right thigh area in 1968. There has been increasing pain in the right thigh area over the years particularly if he is on his feet for any length of time. Also, this Veteran has old injuries of the index and middle fingers of the left hand. These have remained much the same. Also, while in active duty this Veteran has either gun or shrapnel wounds in the left knee. There is a history of retained metal in the left knee. Over the years he has been having increasing left knee pain. Also, while on active duty he had severe fracture injuries of the right foot with open reduction and surgical fixation of the right ankle. He has been having increasing pain and stiffness in his right ankle.

ORTHOPEDIC EXAMINATION: This Veteran is ambulatory with cane in his right hand which he uses both to support right ankle and at times his left knee. He is able to stand straight and bear full weight on either foot. Examination of right thigh reveals a 2" long depressed wound anteriorly at the junction of the mid and distal portions of the thigh over laying the lower belly of the quadriceps muscle. There is loss of muscle with defect in the diffusa underlying the scar. The area is not tender and there is full range of motion of the muscles in the thigh. There is however loss of bulk due to bulk injury with muscle loss 5" above the patella. Right Thigh: 16 3/4". Left thigh: 17 1/2". 5" above the patella there is a 1/2" difference.

There is full range of motion of the right knee. Anteromedial in the

Continued on next page

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Name: SCHAD, THOMAS FRANCIS
JOINTS Exam

SSN: 055405767

C-number: 24315911

Exam Results Continued

Left knee area is a broad 3" long scar which is depressed but not tender or painful. Otherwise the left knee is normal showing full range of motion. Normal stability with negative McMurray sign. Along the anteromedial aspect of the right lower leg causing it to meet the malleolus is a 5" long surgical scar in the right ankle area. There is severe loss of motion to the right ankle. There is only 5 degrees of Dorsi Flexion. Plantar Flexion is limited to 25 degrees. Inversions of the right foot at the ankle limited to arc 0-20 degrees. Adductions: 0 degrees. There seems to be good preservation and movement of the subtalar joint. Right forefoot is flexible.

Examination of the left index finger reveals limited flexion at the metacarpal inner phalanges joints. At the metacarpal phalanges joint flexion is limited to arc: 0-60 degrees. At the proximal inner phalanges joint: 0-40 degrees. There is absence of active flexion at the distal phalanx of the left little finger. The joint is movable. In addition, there is absolutely no ability to flex the distal phalanx.

-rays of the left knee and right ankle have been ordered.

DIAGNOSIS:

- Residuals of shrapnel wounds in the right thigh with loss muscle, symptomatic, objectively unchanged for several years.
- Old shrapnel wound knee with scars right above with increasing stress pain.
- Surgically treated fracture of the right ankle with marked stress pain and limitation of motion.

This exam has been reviewed and approved by the examining physician.

Date: DEC 16, 1992

Compensation and Pension Exam
VAMC SYRACUSE
** FINAL **

For SCARS Exam

SSN: 055405767

Name: SCHAD, THOMAS FRANCIS

C-Number: 24315911

DOB: JAN 29, 1949

Address: P.O BX 336

Res Phone: 315-453-1450

City, State, Zip:
MATTYDALE NEW YORK 13211

Bus Phone:

Last rating exam date: AUG 6, 1991

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1970

Priority of exam: Increase

Examining physician: DR. RAUS
Examined on: NOV 17, 1992

Examination results:

SEE UNER JOINT EXAM

This exam has been reviewed and approved by the examining physician.

DIAGNOSTIC RADIOLOGY REPORT
VETERANS ADMINISTRATION MEDICAL CENTER
SYRACUSE, NY 13210

Ref: SCHAD, THOMAS FRANCIS
055-40-5767
Date: NOV 17, 1992 11:32

Phy: RAUS, GEORGE, M
Ward/Clinic: COMP DR. RAUS
Procedure: KNEE 4 OR MORE VIEWS

Exam Modifiers : LEFT

Clinical History:
OLD SHRAPNEL WOUND L KNEE OLD R ANKLE FX

Report:

Impression:

LEFT KNEE: There is a metallic foreign body in the distal femur consistent with shrapnel. However, no bony abnormalities are noted. There is no degenerative change of the knee joint. No knee joint effusion is appreciated.

RIGHT ANKLE: There is a cortical side plate with multiple fixation screws placed laterally along the distal fibula. Three compression screws are also placed in the medial malleolus. There is however little appreciable bony deformity. The ankle mortis appears normal. There is no significant degenerative change at the ankle joint. The fractures appear completely healed.

CRAIG RUSSO/EDWARD LANE, MD 11/17/92

Read by CRAIG RUSSO (Resident Radiologist)
with EDWARD LANE (Staff Radiologist).

MC

DIAGNOSTIC RADIOLOGY REPORT
VETERANS ADMINISTRATION MEDICAL CENTER
SYRACUSE, NY 13210

Referring Physician: SCHAD, THOMAS FRANCIS
Phone: 555-40-5767
Date: NOV 17, 1992 11:32

Physician: RAUS, GEORGE, M
Ward/Clinic: COMP DR. RAUS
Procedure: ANKLE 3 OR MORE VIEWS

Exam Modifiers : RIGHT

Clinical History:

OLD SHRAPNEL WOUND L KNEE OLD R ANKLE FX

Report:

Impression:

LEFT KNEE: There is a metallic foreign body in the distal femur consistent with shrapnel. However, no bony abnormalities are noted. There is no degenerative change of the knee joint. No knee joint effusion is appreciated.

RIGHT ANKLE: There is a cortical side plate with multiple fixation screws placed laterally along the distal fibula. Three compression screws are also placed in the medial malleolus. There is however little appreciable bony deformity. The ankle mortis appears normal. There is no significant degenerative change at the ankle joint. The fractures appear completely healed.

CRAIG RUSSO/EDWARD LANE, MD 11/17/92

Read by CRAIG RUSSO (Resident Radiologist)
with EDWARD LANE (Staff Radiologist).

Date: NOV 18, 1992 Compensation and Pension Exam Report
VAMC SYRACUSE
** FINAL **

Page: 1

For JOINTS Exam

Name: SCHAD, THOMAS FRANCIS

SSN: 855485767
C-Number: 24315911
DOB: JAN 29, 1949

Address: 1136 VINE STREET
PO BOX 2246

City, State, Zip:
LIVERPOOL NEW YORK 13088

Res Phone: 315-453-1458
Bus Phone:

Entered active services: MAY 1, 1967
Released active services: MAY 8, 1978

Last rating exam date: AUG 6, 1991

Priority of exams Increase

Examining physician: RAUS
Examined on: NOV 17, 1992

Examination results:

AGE: 43

HISTORY: This Veteran received shrapnel wounds in the anterior right thigh area in 1968. There has been increasing pain in the right thigh muscles over the years particularly if he is on his feet for any length of time. Also, this Veteran has old injuries of the index and little fingers of the left hand. These have remained much the same. Also, while in active duty this Veteran has either gun or shrapnel wounds in the left knee. There is a history of retained metal in the left knee. Over the years he has been having increasing left knee pain. Also, while on active duty he had severe fracture injuries of the right foot with open reduction and surgical fixation of the right ankle. He has been having increasing pain and stiffness in his right ankle.

ORTHOPEDIC EXAMINATION: This Veteran is ambulatory with cane in his right hand which he uses both to support right ankle and at times his left knee. He is able to stand straight and bear full weight on either foot. Examination of right thigh reveals a 2" long depressed scar anteriorly at the junction of the mid and distal portions of the thigh over lying the lower belly of the quadriceps muscle. There is loss of muscle with defect in the diffuse underlying the scar. The area is not tender and there is full range of motion of the muscles in the thigh. There is however loss of bulk due to bulk injury with muscle loss 5" above the patella. Right Thighs 16 3/4". Left Thighs 17 1/2". 5" above the patella there is a 1/2" difference.

There is full range of motion of the right knee. Anteromedial in the left knee area is a broad 3" long scar which is depressed but not

Continued on next page

12/23/92

09:31

VAMC SYRACUSE, NY • MFC •

087

Date: NOV 23, 1992 Compensation and Pension Exam Report
VAMC SYRACUSE
** FINAL **

Page: 1

For POST-TRAUMATIC STRESS DISORDER Exam

Name: SCHAD, THOMAS FRANCIS

SSN: 055405747
C-Number: 24315911
DOB: JAN 29, 1949

Address: P.O BX 336

Res Phone: 315-453-1450
Bus Phone:

City, State, Zip:
MATTYDALE NEW YORK 13211

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1970

Last rating exam date: AUG 6, 1991

Priority of exams Increase

Examining physician: GERBRAW
Examined on: NOV 17, 1992

Examination results:

Mr. Schad is a 43 year old Vietnam Veteran service connected for thigh muscle injury, index finger injury and post traumatic stress disorder. He is being seen today for a review of his post traumatic stress disorder. Mr. Schad complains of symptoms including bad dreams of Vietnam during which he wakes up with sweats and shakes. He states that the dreams feel very real to him. He complains that he used to walk, run, water ski, snow ski and now he cannot put Vietnam behind him. He states I can't even walk now. He states that the only people that he can relate to are other Vietnam Veterans. He feels that he has to be very careful of everybody else and that he is very suspicious. He states that he keeps himself locked up at home much of the day. He states that he thinks about Vietnam daily remembering various combat experiences. He states that this time of year through the period of the TEI offensive he feels particularly preoccupied with Vietnam. He states normally I would be on the Psychiatric Ward this time of year. He states that he has a problem with drinking and that his choice is to either lock himself up at home or to go out and get drunk. His last drinking episode was in October which he states that he had because of severe back pain. He has had frequent hospitalizations with a diagnosis of alcohol dependence. Mr. Schad states that he drank regularly for 23 years and that now is making efforts to control his drinking by attending clinic appointments at the Chemical Dependency Clinic at the VA Medical Center. He also attends a Post Traumatic Stress Disorder group at the Chemical Dependency Clinic. Back in 1990 he went to the Vet Center but did not connect with his therapist there and has not sought treatment there since that time. Additional complaints include difficulty in maintaining close relationships. He indicates that he has one female friend and another friend but other than that has few associations. He has poor relationships with family members and sees them rarely.

Continued on next page

LE: Final Report

Pages: 2

Name: SCHAD, THOMAS FRANCIS
POST-TRAUMATIC STRESS DISORDER Exam

SSN: 855485767

C-number: 24315911

Exam Results Continued

He has one child from his first marriage who is now 23 that he has no relationship with. He states that he has difficulty thinking about the future. "I can't stand to be around myself. I can't stand to be around other people. I can't think past my pain. I can't concentrate. I can't read. I can't sleep. I have bad dreams. They always end the same. We lose". He does not drive for fear of getting drunk and having another DWI. He is currently dealing with a DWI which occurred a year or so ago. He complains of flashbacks during the day where he feels as if he is in a daydream. He states that he can hear choppers and smell the wet, damp smells of Vietnam.

MILITARY HISTORY: Mr. Schad served in the United States Army from 11/16/67 - 5/80 and was in Vietnam from 11/16/67 - 6/26/68. He was in the 1st Battalion, 583rd Infantry, 173rd Airborne Brigade and served with his unit in Dactu and Hill 875 1 week after arrival in Vietnam. In a summary of 1990 during a hospitalization it indicates that Mr. Schad was in the heaviest combat of the war. The details of Mr. Schad's experience in Vietnam were not taken by this writer as the diagnosis of Post Traumatic Stress Disorder was already in place and this writer's assumption was that the diagnosis is well documented. It is noted however that a social survey and previous comp and pen exam information was not available at the time of this evaluation.

MARITAL STATUS: Mr. Schad was married 3 times and divorced 3 times. He has one grown child from his first marriage. He maintains no relationship with any of his ex-wives. He does have a current girlfriend.

HOSPITALIZATIONS: Records indicate multiple hospitalizations on the Psychiatry Service at the Syracuse VA Medical Center, hospitalization at Buffalo VA Medical Center in the Post Traumatic Stress Disorder Unit, hospitalization at Canandaigua VA Medical Center for Post Traumatic Stress Disorder. Most of his recent hospitalizations have been associated with a primary diagnosis of alcohol dependence. Mr. Schad is currently in regular treatment at the Syracuse VA Medical Center through the Chemical Dependency Clinic where he is seen weekly by an addiction therapist and in a Post Traumatic Stress Disorder Group.

EMPLOYMENT STATUS: Mr. Schad indicates that after his time in Vietnam he worked steadily for 20 years in the construction trade. He indicated that he drank heavily during most of that time and rarely missed a day of work. He stated that an accident occurred 6 years ago where he fell off a roof and shattered his ankle. He has not worked since that time.

EDUCATIONAL STATUS: Mr. Schad has 2 years of college education.

Continued on next page

G&P Final Report

Page: 3

Name: SCHAD, THOMAS FRANCIS SSN: 055405747 C-number: 24315911
for POST-TRAUMATIC STRESS DISORDER Exam

Exam Results Continued

MENTAL STATUS EXAMINATION: Mr. Schad was angry throughout most of the interview. He expressed many times that he felt uncared for by the VA system and by the many doctors who have treated him. He stated that nobody really wants to address the issue of Vietnam with him. He stated that he was in regular pain from his back condition and that he was neither getting relief from pain, nor was he getting an adequate explanation as to what was causing his pain. His general belief is that his back condition was caused by Agent Orange exposure. He was oriented to 3 spheres. His attention was good. His recent and remote memory were good. Estimated intelligence is average. His thought processes were logical and coherent. His predominant thought content was about Vietnam, about his back pain and about his alcohol problem. His judgement at present would be considered adequate. His insight into his problem is poor to adequate. His mood was angry. His affect during the interview was angry. He exhibited no suicidal ideation or intent. He indicates that he does have homicidal thoughts at times but feels that it's illegal to harm anyone else and he stated rather clearly that he does not keep any weapons. In terms of post traumatic symptoms Mr. Schad has intrusive memories of Vietnam experiences. He has recurrent distressing dreams of Vietnam. He has diminished interest in activities associated with work and socialization. He feels detached from others in his life. He has difficulty sleeping, stating that he gets 2-3 hours of sleep a night. He describes a hyper-vigilance and an exaggerated startle response.

PRESENT MEDICATIONS: Propranolol and Valium for sleep.

DIAGNOSIS:

- Axis I Post Traumatic Stress Disorder, alcohol dependence.
- Axis II Deferred.
- Axis III Status post thigh muscle injury, chronic low back pain.
- Axis IV 6, catastrophic war trauma.
- Axis V Global Assessment of Functioning 40, major work impairment and social functioning impairment.

The Veteran is considered competent for VA purposes.

Approved by: _____
Psychologist Signature: *[Handwritten Signature]*

Date: *11-30-92*
Date: *12/7/92*

A Form 2587

C&P Final Report

Page: 2

Name: SCHAD, THOMAS FRANCIS
JOINTS Exam

SSN: 055495767

C-number: 24315911

Exam Results Continued

center or painful. Otherwise the left knee is normal showing full range of motion. Normal stability with negative McMurray sign. Along the anteromedial aspect of the right lower leg causing it to meet the malleolus is a 5" long surgical scar in the right ankle area. There is severe loss of motion to the right ankle. There is only 5 degrees of Dorsi Flexion. Plantar Flexion is limited to 25 degrees. Inversions of the right foot at the ankle limited to arc 0-20 degrees. Eversions: 0 degrees. There seems to be good preservation and movement of the subtalar joint. Right forefoot is flexible.

Examination of the left index finger reveals limited flexion at the metacarpal phalanges joints. At the metacarpal phalanges joint flexion is limited to arcs 0-60 degrees. At the proximal inner phalanges joints: 0-40 degrees. There is absence of active flexion at the distal phalanx of the left little finger. The joint is movable. But, there is absolutely ability to flex the distal phalanx.

(-rays of the left knee and right ankle have been ordered.

DIAGNOSIS:

- 1. Residuals of shrapnel wounds in the right thigh with loss muscle, symptomatic, objectively unchanged for several years.
- 2. Old shrapnel wound knee with scars right above with increasing stress pain.
- 3. Surgically treated fracture of the right ankle with marked stress pain and limitation of motion.

*Retained metallic fragment distal right femur
Fixation apparatus at ankle*

Approved by: _____

Physician signatures: _____

MA Form 2507

Date: _____

Date: _____

43. NEURO SYSTEM

1A-NEUROLOGICAL, describe motor status, coordination, reflexes, sensory status, equilibrium, and give exact location.

B- PSYCHIATRIC and PERSONALITY, describe behavior, comprehension, coherence of response, emotional reaction, orientation, memory, signs of tension and status as to social and industrial capacity.

44. REMARKS (Carry number of item continued in this space)

45A. LABORATORY TESTS, X-RAYS, DMR, EXG, ETC.

45B. DATE MADE

45C. URINALYSIS

| | | |
|------------------|---------|-------|
| SPECIFIC GRAVITY | ALBUMIN | SUGAR |
| MICROSCOPIC | | |

46B. OTHER TESTS RECOMMENDED, ETC.

48. DIAGNOSIS

47A. IS EXAMINEE SEDATED?

47B. IS HOSPITALIZATION NEEDED?

47C. WILL EXAMINEE ACCEPT HOSPITALIZATION?

48A. IS EXAMINEE ABLE TO TRAVEL?

47B. ALONE?

47C. WITH ATTENDANT?

49. SPECIALIST EXAMINATIONS RECOMMENDED

50. SIGNATURE OF PHYSICIAN

NAME AND SPECIALTY (Type or print)

DATE SIGNED

51. SIGNATURE OF PHYSICIAN

NAME AND SPECIALTY (Type or print)

DATE SIGNED

52. SIGNATURE OF PHYSICIAN

NAME AND SPECIALTY (Type or print)

DATE SIGNED

[Handwritten signature]

CHIEF OF STAFF

NOV 30 1992

53. ATTACHMENTS MADE A PART OF THIS EXAMINATION (List by number or describe)

ate: DEC 24, 1992

Compensation and Pension Exam Report
VAMC SYRACUSE
** REPRINT OF FINAL **

Page: 1

For POST-TRAUMATIC STRESS DISORDER Exam

Name: SCHAD, THOMAS FRANCIS

SSN: 055405767
C-Number: 24315911
DOB: JAN 29, 1949

Address: P.O BX 336

City, State, Zip:
MATTYDALE NEW YORK 13211

Res Phone: 315-453-1450
Bus Phone:

Entered active service: MAY 1, 1967
Released active service: MAY 8, 1970

Last rating exam date: AUG 6, 1991

Priority of exam: Increase

Examining physician: GERSHAW
Examined on: NOV 17, 1992

Examination results:

Mr. Schad is a 43 year old Vietnam Veteran service connected for thigh muscle injury, index finger injury and post traumatic stress disorder. He is being seen today for a review of his post traumatic stress disorder. Mr. Schad complains of symptoms including bad dreams of Vietnam during which he wakes up with sweats and shakes. He states that the dreams feel very real to him. He complains that he used to walk, run, water ski, snow ski and now he cannot put Vietnam behind him. He states I can't even walk now. He states that the only people that he can relate to are other Vietnam Veterans. He feels that he has to be very careful of everybody else and that he is very suspicious. He states that he keeps himself locked up at home much of the day. He states that he thinks about Vietnam daily remembering various combat experiences. He states that this time of year through the period of the TET offensive he feels particularly preoccupied with Vietnam. He states "normally I would be on the Psychiatric Ward this time of year". He states that he has a problem with drinking and that his choice is to either lock himself up at home or to go out and get drunk. His last drinking episode was in October which he states that he had because of severe back pain. He has had frequent hospitalizations with a diagnosis of alcohol dependence. Mr. Schad states that he drank regularly for 23 years and that now is making efforts to control his drinking by attending clinic appointments at the Chemical Dependency Clinic at the VA Medical Center. He also attends a Post Traumatic Stress Disorder group at the Chemical Dependency Clinic. Back in 1990 he went to the Vet Center but did not connect with his therapist there and has not sought treatment there since that time. Additional complaints include difficulty in maintaining close relationships. He indicates that he has one female

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Name: SCHAD, THOMAS FRANCIS
POST-TRAUMATIC STRESS DISORDER Exam

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Exam Results Continued

friend and another friend but other than that has few associations. He has poor relationships with family members and sees them rarely. He has one child from his first marriage who is now 23 that he has no relationship with. He states that he has difficulty thinking about the future. "I can't stand to be around myself. I can't stand to be around other people. I can't think past my pain. I can't concentrate. I can't read. I can't sleep. I have bad dreams. They always end the same. We lose". He does not drive for fear of getting drunk and having another DWI. He is currently dealing with a DWI which occurred a year or so ago. He complains of flashbacks during the day where he feels as if he is in a daydream. He states that he can hear choppers and smell the wet, damp smells of Vietnam.

MILITARY HISTORY: Mr. Schad served in the United States Army from 1967 - 5/80 and was in Vietnam from 11/16/67 - 6/26/68. He was in the 1st Battalion, 503rd Infantry, 173rd Airborne Brigade and served with this unit in Dactu and Hill 875 1 week after arrival in Vietnam. In a summary of 1990 during a hospitalization it indicates that Mr. Schad was in the heaviest combat of the war. The details of Mr. Schad's experience in Vietnam were not taken by this writer as the diagnosis of Post Traumatic Stress Disorder was already in place and this writer's assumption was that the diagnosis is well documented. It is noted however that a social survey and previous comp and pen exam information was not available at the time of this evaluation.

MARITAL STATUS: Mr. Schad was married 3 times and divorced 3 times. He has one grown child from his first marriage. He maintains no relationship with any of his ex-wives. He does have a current girlfriend.

HOSPITALIZATIONS: Records indicate multiple hospitalizations on the Psychiatry Service at the Syracuse VA Medical Center, hospitalization at Buffalo VA Medical Center in the Post Traumatic Stress Disorder Unit, hospitalization at Canandaigua VA Medical Center for Post Traumatic Stress Disorder. Most of his recent hospitalizations have been associated with a primary diagnosis of alcohol dependence. Mr. Schad is currently in regular treatment at the Syracuse VA Medical Center through the Chemical Dependency Clinic where he is seen weekly by an addiction therapist and in a Post Traumatic Stress Disorder group.

EMPLOYMENT STATUS: Mr. Schad indicates that after his time in Vietnam he worked steadily for 20 years in the construction trade. He indicated that he drank heavily during most of that time and rarely missed a day of work. He stated that an accident occurred 6 years ago

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POST-TRAUMATIC STRESS DISORDER Exam

Exam Results Continued

here he fell off a roof and shattered his ankle. He has not worked since that time.

EDUCATIONAL STATUS: Mr. Schad has 2 years of college education.

MENTAL STATUS EXAMINATION: Mr. Schad was angry throughout most of the interview. He expressed many times that he felt uncared for by the VA system and by the many doctors who have treated him. He stated that nobody really wants to address the issue of Vietnam with him. He stated that he was in regular pain from his back condition and that he was neither getting relief from pain, nor was he getting an adequate explanation as to what was causing his pain. His general belief is that his back condition was caused by Agent Orange exposure. He was oriented to 3 spheres. His attention was good. His recent and remote memory were good. Estimated intelligence is average. His thought processes were logical and coherent. His predominant thought content was about Vietnam, about his back pain and about his alcohol problem. His judgement at present would be considered adequate. His insight into his problem is poor to adequate. His mood was angry. His affect during the interview was angry. He exhibited no suicidal ideation or intent. He indicates that he does have homicidal thoughts at times but feels that it's illegal to harm anyone else and he stated rather clearly that he does not keep any weapons. In terms of post traumatic symptoms Mr. Schad has intrusive memories of Vietnam experiences. He has recurrent distressing dreams of Vietnam. He has diminished interest in activities associated with work and socialization. He feels detached from others in his life. He has difficulty sleeping, stating that he gets 2-3 hours of sleep a night. He describes a hyper-vigilance and an exaggerated startle response.

PRESENT MEDICATIONS: Propranolol and Valium for sleep.

DIAGNOSIS:

- xis I Post Traumatic Stress Disorder, alcohol dependence.
- xis II Deferred.
- xis III Status post thigh muscle injury, chronic low back pain.
- xis IV 6, catastrophic war trauma.
- xis V Global Assessment of Functioning 40, major work impairment and social functioning impairment.

The Veteran is considered competent for VA purposes.

This exam has been reviewed and approved by the examining physician.

Date: DEC 24, 1992

Compensation and Pension Exam . post
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For JOINTS Exam

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Last rating exam date: AUG 6, 1991

Priority of exam: Increase

Examining physician: Raus
Examined on: NOV 17, 1992

Examination results:

AGE: 43

HISTORY: This Veteran received shrapnel wounds in the anterior right thigh area in 1968. There has been increasing pain in the right thigh area over the years particularly if he is on his feet for any length of time. Also, this Veteran has old injuries of the index and middle fingers of the left hand. These have remained much the same. Also, while in active duty this Veteran has either gun or shrapnel wounds in the left knee. There is a history of retained metal in the left knee. Over the years he has been having increasing left knee pain. Also, while on active duty he had severe fracture injuries of the right foot with open reduction and surgical fixation of the right ankle. He has been having increasing pain and stiffness in his right ankle.

ORTHOPEDIC EXAMINATION: This Veteran is ambulatory with cane in his right hand which he uses both to support right ankle and at times his left knee. He is able to stand straight and bear full weight on either foot. Examination of right thigh reveals a 2" long depressed wound anteriorly at the junction of the mid and distal portions of the thigh over laying the lower belly of the quadriceps muscle. There is loss of muscle with defect in the diffusa underlying the scar. The area is not tender and there is full range of motion of the muscles in the thigh. There is however loss of bulk due to bulk injury with muscle loss 5" above the patella. Right Thigh: 16 3/4". Left thigh: 17 1/2". 5" above the patella there is a 1/2" difference.

There is full range of motion of the right knee. Anteromedial in the

Continued on next page

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Exam Results Continued

Left knee area is a broad 3" long scar which is depressed but not tender or painful. Otherwise the left knee is normal showing full range of motion. Normal stability with negative McMurray sign. Along the anteromedial aspect of the right lower leg causing it to meet the malleolus is a 5" long surgical scar in the right ankle area. There is severe loss of motion to the right ankle. There is only 5 degrees of Dorsi Flexion. Plantar Flexion is limited to 25 degrees. Inversions of the right foot at the ankle limited to arc 0-20 degrees. Adductions: 0 degrees. There seems to be good preservation and movement of the subtalar joint. Right forefoot is flexible.

Examination of the left index finger reveals limited flexion at the metacarpal inner phalanges joints. At the metacarpal phalanges joint flexion is limited to arc: 0-60 degrees. At the proximal inner phalanges joint: 0-40 degrees. There is absence of active flexion at the distal phalanx of the left little finger. The joint is movable. At rest, there is absolutely ability to flex the distal phalanx.

Roentgen-rays of the left knee and right ankle have been ordered.

DIAGNOSIS:

- Residuals of shrapnel wounds in the right thigh with loss muscle, symptomatic, objectively unchanged for several years.
- Old shrapnel wound knee with scars right above with increasing stress pain.
- Surgically treated fracture of the right ankle with marked stress pain and limitation of motion.

This exam has been reviewed and approved by the examining physician.