A

ABDOMINAL TENDERNESS

This term describes a symptom rather than an impairment. It implies an acute or chronic disease or injury of the abdominal organs and must be adequately explained before an evaluation may be made.

Temporary – associated with acute gastro-intestinal symptoms	0
Others	RFC

ABORTION

The untimely delivery of a child before it is capable of living outside the mother's body, usually before the 26th week, is known as miscarriage or abortion. There are many causes, but the most common are glandular and emotional disturbances, injury, urinary or kidney disorders, death of the child before birth, acute infections, and tumors. Repeated abortions may be due to syphilis.

Spontaneous or elective	0
Therapeutic	RFC

ABSCESSES

An abscess is a collection of pus caused by infection, or a cavity formed by necrosis within a tissue or organ.

Abscess of the brain, kidney, heart, pancreas, liver or other organ may be of variable significance depending on the extent, effect on the function, and adequacy of treatment.

Underwriting Requirements

An APS (VA Form 29-8158) may be necessary if not adequately described.

Brain	
No residuals	
Within 2 years of recovery	125
3rd – 5th year	75
After 5 years	0
Others	Rate as above, plus rate for residuals
Kidney	Rate under Nephrectomy

Liver	
Present	100
History	
No residuals, treated medically or surgically	
Within 1st year	30
2nd year	20
3rd year	10
After 3 years	0
Lung	
Present	100
Full recovery, no residuals	
Within 1 year	50
Within 2 years	25
After 2 years	0
Minor Abscesses – after recovery	
Alveolar (tooth)	0
Anal	
No fistula	0
Fistula	0
Axillary	0
Others	0
Breast (see also cyst)	0
Groin	If due to venereal infection, see Gonorrhea (Sexually Transmitted Diseases)
Intestinal	See Appendicitis
Neck	See Lymphadenitis
Parotid – no Fistula	0
Fistula present	30
Skin	0
Tonsil	See Quinsy
Pancreatic	
Present	
Single	50
Multiple	100
Operated	0
Perinephritic	
Present	50
Full recovery, no residuals	
Within 1 year	20

2nd year	15
Within 2 years	0
Prostatic	See Prostatic Disorders

ACHLORHYDRIA AND ACHYLIA GASTRICA

Achlorhydria is the absence of hydrochloric acid in the gastric juices. Achylia gastrica is a diminished or complete absence of all gastric secretion – both ferments and acid. It is detected by means of a fractional analysis of the stomach contents usually done because of gastrointestinal complaints, or in the search for the cause of anemia. Pernicious anemia, stomach ulcer, and chronic atrophic gastritis may be associated with this condition.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
No associated disease	
Present or within 1 year	30
2nd year	10
Over 2 years	0

ACIDOSIS

A diminished alkalinity of the blood with resultant increase and excess of acid describes acidosis. It most commonly occurs during uncontrolled diabetes, and at times during extreme starvation, cardiorenal disease, and severe infections.

Determine cause	RFC

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

AIDS is caused by a retrovirus (Human Immunodeficiency Virus), which destroys the body's defenses against infection. HIV is a blood borne infection usually transmitted by intimate sexual contact or the use of contaminated needles in drug abusers.

Positive Antibody Test – Within weeks of infection, antibodies usually develop which may be detected by appropriate tests. Because there may be a prolonged asymptomatic phase (10 years or more) the use of such test is a practical and accurate indicator of preceding HIV infection.

AIDS – Acquired immune deficiency is a clinical syndrome which eventually occurs as a result of immune system dysfunction caused by HIV infection. It is manifested by lymphadenopathy,

fatigue, weight loss, diarrhea and neurological abnormalities. Commonly malignancies and opportunistic infections occur.

Opportunistic infections are those which establish themselves while the body's defenses are weakened. The most common of these is pneumocystis carinii pneumonia (PCP). Others include candida esophagitis, cytomegalovirus (CMV) infections, cryptococcosis, herpes simplex, cryptosporidiosis and toxoplasmosis. Several other infections or conditions may also be associated with AIDS, such as tuberculosis, disseminated histoplasmosis, isosporiosis causing chronic diarrhea, bronchial or pulmonary candidiasis, non-Hodgkin's lymphoma and Kaposi's sarcoma.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

HIV infection and/or AIDS	
Confirmed positive antibody test	R
Unexplained opportunistic infection	R
AIDS	R

ADHESIONS

Adhesions are fibrous bands that result from inflammation. Such inflammation may occur following abdominal operations, perforation of the intestines, and disease of the peritoneum, serious cavities, i.e., pleural, pericardial, joints, etc. They may bind the intestines together, interfere with their normal function, and occasionally cause partial to complete intestinal obstruction. Adhesions may cause recurrent indigestion, cramp-like pain, and, in the event of bowel obstruction, an acute surgical emergency. Hazard to life increases with repeated obstruction. They may cause impaired function or embarrassment of heart, lungs and joints.

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately explained.

The following ratings apply to abdominal and pelvic adhesions without obstruction. If there is obstruction, refer to the instructions covering the obstructed area.

Present or history	
Currently asymptomatic	0
Symptomatic	30

ADRENAL HYPERPLASIA

Congenital adrenal hyperplasia is due to a defect in any one of several processes involved in the production of cortisone-like hormones in the adrenal gland. Symptoms in females may include

menstrual irregularities and increased body hair. Signs of the disease in males are those of male hormone excess. The disorder is treated with cortisone.

Present	Rate as Addison's Disease

ADRENAL INSUFFICIENCY (Addison's Disease)

Primary adrenal insufficiency or Addison's Disease, is uncommon. Atrophy (presumably autoimmune) is the most frequently identified cause. Secondary adrenal insufficiency is most commonly due to withdrawal of therapeutic dosages of steroids.

Replacement therapy with cortisone and patient education regarding the need to adjust the dosage appropriately in response to stress and concurrent illness are the most important features of treatment.

Underwriting Requirements

An APS (VA Form 29-8158) is required at all times.

Primary	R-30
Secondary	RFC

ALCOHOLISM

The word "alcoholism" may refer to either of two different situations:

1. Acute Alcoholism – alcohol poisoning caused by heavy drinking on a single occasion.
2. Chronic Alcoholism – A behavioral disorder manifested by repeated consumption of alcohol in quantities that exceed the dietary and social uses of the community and interfere with the health, interpersonal relations or economic functioning of the drinker.

For the purposes of this manual, the term "alcoholism" refers to chronic alcoholism.

Alcoholism is caused by complex interaction of biological, psychological and sociological factors, which may include genetic and chemical abnormalities in the body, poor nutrition, emotional problems, childhood deprivations and environmental conditions. The role of each of these factors in alcoholism is still being studied.
Alcoholism is a progressive disease and individuals termed "alcoholic" may vary widely in the severity of their condition. It may take several years for a "problem drinker" to become a chronic alcoholic. If untreated, alcoholism becomes severe and may even be fatal.

The true alcoholic is uninsurable, unless service-connected conditions precipitate this disease. Any individual with delirium tremens, alcoholic psychoses or any evidence of brain damage

should be rejected. A record of sanitarium treatment or reform under a doctor's order suggests a history of alcoholism that should be looked into.

Alcoholic – an individual whose drinking is out of control and self-destructive.

Problem drinker – an individual whose drinking frequently affects his/her work adversely.

Recovered alcoholic – an individual who has undergone rehabilitation and whose disease has been arrested through abstinence.

Underwriting Requirements

An APS (VA Form 29-8158) may be needed in cases where there is a history or record of more than occasional overindulgence of alcohol or treatment by a physician, hospital or institution for alcoholism. In cases with long history of overindulgence or record of hospitalization for intoxication or institutional care, special inquiry should be made regarding the habits, physical, mental, social or business manifestations of overindulgence which required the necessary treatment.

Drinking to mild excess, exhilaration or stimulation	Not ratable
Recovered alcoholics who presently do not use alcohol, or use it only occasionally with very mild effects:	
0-1 year after treatment	300-50
1-3 years after treatment	200-25
3-5 years after treatment	100-0

Prolonged use of alcohol can produce secondary impairments. The most serious complication is cirrhosis of the liver, but there is also a positive correlation between alcohol abuse and gastrointestinal disease, heart disease, diabetes and neuropathy. Debits for impairments secondary to alcoholism will be added to the total.

*Note: The Section Chief may reduce the above rating in those cases where there is presently no overindulgence, disability, loss of time from employment, or functional or mental impairment. Special consideration should be given to those with a well-adjusted social life and to reformed alcoholics who are members of Alcoholics Anonymous. Consideration should be given to service-connected conditions and correlation of these service-connected conditions with the veteran's alcohol consumption.

ALKAPTONURIA

This is a rare congenital disorder due to the absence of a liver enzyme which alters the aromatic amino acid metabolism. The diagnosis rests on the classical triad of arthritis, pigmentation of cartilages, and darkening of the urine, caused by the presence of homogentisic acid. Staining of the cartilage of the nose, ears (ochronosis) may occur in older patients and sometimes causes cartilaginous degeneration of joints and severe arthritis. A positive urine test for homogentisic

acid confirms the diagnosis. This disorder is compatible with a long life. No specific treatment is available.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Alkaptonuria	See Osteoarthritis (Arthritis) – rate for degree of disability

ALLERGY

Most allergic reactions are mild and of little underwriting concern. These include conditions such as allergic rhinitis, hay fever, atopic dermatitis, contact dermatitis and urticaria. Other conditions such as asthma require careful evaluation.

Sudden, severe allergic reactions, known as anaphylactic shock, may be manifested by extreme breathing problems and vascular collapse. Under these conditions, the allergic reactions are life threatening. This happens most commonly with certain drugs, insect stings and food.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Anaphylactic shock	
Full recovery, single episode	0
Otherwise	35
Other allergies	0

ALOPECIA (Baldness)

Alopecia or absence of hair, may be patchy (alopecia areata), or total loss of hair may occur secondary to burns, x-ray treatment, skin infections, lupus erythematosus, high fevers, emotional shock and debilitating diseases. The most common causes are heredity and the general aging process.

Cause known	0
Cause unknown	0

AMPUTATIONS

Amputation is the loss of part or an entire appendage or limb. Most are due to trauma, but a variety of diseases, particularly diabetes and tumors, may result in amputation.

Underwriting Requirements

An APS (VA Form 29-8158) may be necessary to determine the cause, and the present condition of a recent amputation.

Due to disease	RFC
Due to trauma	
After recovery	0

ANEMIA

Anemia is the name applied to a reduction below normal in the number of red blood corpuscles, a decrease in the hemoglobin (the coloring matter of the red blood corpuscles), or both. Anemia is characterized by a decrease in the blood's ability to carry oxygen. Anemia itself gives very few symptoms, unless severe or developing acutely. The causes are internal or external hemorrhage, defective blood formation caused by nutritional deficiencies, such as pernicious anemia, toxins and poisons, or increased destruction of blood cells by such diseases as malaria and hemolytic anemia.

Underwriting Requirements

An APS (VA Form 29-8158) may be required.

Elliptocytosis (Oval-cell Anemia)	
With no overt hemolysis or anemia	0
With overt hemolysis or anemia	100-40
Hemolytic	
Unoperated	100
Operated, splenectomy (spleen removed) CBC normal	
Within 1 year	50
Within 2 years	20
After 2 years	0
Cause known	RFC
Cause unknown, present	100
History, recovered, normal stable hemoglobin	
Less than 1 year	55
Thereafter	0
Mediterranean (Cooley's Anemia; Thalassemia-Major and Minor)	
Mediterranean Anemia, Cooley's Anemia, Thalassemia Major	200

Thalassemia Intermedia	175
Thalassemia Minor discovered accidentally, no subjective symptoms, good blood count, hemoglobin within normal limits	0
Others	40
Pernicious (Addisonian, primary or macrocytic)	
Uncomplicated, case controlled	
Within 1 year	55-30
Thereafter	0
Complications	250
Posthemorrhagic	
If cause not ratable, upon recovery	0
Present	RFC
Chronic	RFC
Unoperated	1000
After splenectomy	
Within 1 year	200
Within 2 years	100
Within 3 years	50
Within 4 years	25
After 4 years	0
Sickle Cell	
If anemia definitely established	400
If sickling trait (sicklemia)	50
Mild-moderate	125
Complications	Refer to Section Chief
After successful bone marrow transplant	
Within 5 years	Refer to Section Chief
Within 6-10 years	100
After 10 years	55

ANGIOMA

Angioma is a benign tumor made up of either blood vessels, in which case it is called a hemangioma, or lymph vessels, when it is called a lymphangioma. Other terms used for hemangioma are nevus, birthmark, strawberry mark and port wine stain. These vessels are imbedded in the skin or mucous membrane and are usually congenital. Usually they remain dormant but occasionally increase in size or undergo degenerative changes. They may be removed for cosmetic reasons but usually are removed for some other reasons.

Underwriting Requirements

If any change in size or appearance or recent operation obtain APS (VA Form 29-8158) as to possibility of malignancy.

Involving skin, no change in size, no operation	0
Operation, benign pathological report	0
Others	Refer to Tumor Rating Chart C
Present	
Stable, uncomplicated	0
Others, extensive, complicated	Refer to Section Chief
History, partial or complete removal on recovery	0

ANIMAL BITE
(Rabies)

The principal hazard of an animal bite is rabies (hydrophobia) which is fatal. Symptoms of rabies do not develop until from 2 weeks to 6 months after infection.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 6 months.

No complications – upon recovery	0
Rabies (if animal declared or suspected to be rabid)	
Without treatment	
Within 6 months	500
After 6 months	0
After prompt and complete Pasteur treatment	
Within 3 months	20
After 3 months	0

ANOREXIA NERVOSA

Victims of anorexia nervosa have a disturbed sense of body image and a morbid fear of obesity that is not relieved even with weight loss to the point of cachexia. Most cases occur in women and are mild, but the condition can be serious and result in death. The prognosis may be worse if the onset is after age 25 and the course prolonged.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Not associated with affective disorders or substance abuse	
Present	R
Within 1st year of recovery	80
2nd year	55
3rd year	30
After 3 years	0
Others	Refer to Section Chief

APPENDICITIS

Appendicitis is an inflammation of the appendix, a narrow tube 3 to 4 inches long, located in the lower abdomen, suspended from the large bowel. An inflamed appendix may form an abscess (appendiceal), may rupture, and result in peritonitis (an inflammation of the membrane that lines the abdominal walls). If the abscess does not rupture, the inflammation may cause adhesions that obstruct bowel action. If unoperated, recurrent attacks of appendicitis are common.

One Attack	
Unoperated	
Within 6 months	0
After 6 months	0
Operated – with recovery	0
Two or More attacks	
Unoperated	
Within 6 months	0
After 6 months	0
Operated – with recovery	0

ARTERIOSCLEROSIS
(Atherorna, Atherosclerosis)

Arteriosclerosis (hardening of the arteries) is the thickening of the artery walls and the loss of some of their elasticity. Advancing age is the chief cause. As the artery walls become thicker, a diminished supply of blood for bodily needs occurs and impaired bodily function results. The arteries may become blocked and could result in death.

Routine chest x-rays may show an aorta that is not normal in size or shape and these may be the warning signs of arteriosclerosis. Examination of the blood vessels in the eye's retina may show changes from normal that must be considered as evidence of artery disease. The arteries at the

wrists and temples may be more prominent or feel harder than normal. In the lower extremities, it may give rise to pain in the legs and calves on walking. This is known as intermittent claudication. Ratings are necessary because of the higher probability of associated coronary disease.

Underwriting Requirements

When an application shows evidence of arteriosclerosis greater than consistent with age, an APS (VA Form 29-8158) may be necessary if not adequately described.

	Under age 50	Over age 50
Slight	0	0
Moderate (beaded)	50	25
Marked (pipe stream)	100	75
Add any required debits for Intermittent Claudication		

ARTHRITIS

Arthritis is an inflammation of a joint. The inflammation is usually accompanied by pain and swelling. If the attacks are prolonged or recurrent, degenerative changes and varying degrees of disability may occur. The infective agent may be blood-borne or extend from a neighboring abscess or point of infection, such as teeth or tonsils. Occasionally, a joint becomes inflamed following a penetrating wound. Arthritis may occur in acute or chronic form. In certain forms the cartilage deteriorates and erodes. The bony surfaces of the joint become rough, spurs and bony lips develop.

Acute Infectious Arthritis may be due to a specific local infection of a joint, to toxic substances from a distant source such as teeth and tonsils; it may also result from acute infectious diseases like pneumonia and gonorrhea. Pain and swelling is usually of short duration and recovery is prompt.

Traumatic Arthritis is the result of an injury; usually to a single joint and recovery occurs in most cases without deformity.

Rheumatoid Arthritis is a chronic symmetric inflammatory arthritis with a variable clinical course. It commonly is associated with fatigue, weakness and anorexia and less commonly with fever, lymphadenopathy and splenomegaly. When accompanied by splenomegaly and leukopenia and occasionally thrombocytopenia it is referred to as Felty's syndrome. Complications may include muscle weakness and atrophy, vasculitis which may involve any organ, pleuritis, pulmonary fibrosis or nodules, or rarely pulmonary hypertension, symptomatic pericarditis, episcleritis or scleritis. In severe cases it may be accompanied by an anemia due to chronic disease. Excess mortality in rheumatoid arthritis has been associated with infection, gastrointestinal bleeding and adverse drug reactions.

Osteoarthritis, also known as hypertrophic, and degenerative, is a common chronic form usually resulting in a knobby appearance of the joints of the hands, feet and knees. It usually occurs in middle-aged or elderly people, causes deformity and impairs function of joints. While it does not have any great effect on the length of life, disability is almost certain. Progress is slow and recurrences are common. There is no specific therapy. Joint changes remain after discomfort has been relieved.

Periarthritis is inflammation of tissues around a joint, usually confined to the shoulder joint. It can be likened to and is sometimes mistaken for bursitis. It causes gradually increasing pain with progressive limitation of motion, and runs a chronic course lasting from several months to 2 or 3 years. After running its course, the pain subsides and the shoulder motion is slowly regained. Its affect on longevity is almost nil. From an underwriting standpoint, periarthritis more closely resembles osteoarthritis than rheumatoid arthritis.

Underwriting Requirements

An APS (VA Form 29-8158) may be necessary unless adequately described. For acute infections, traumatic, and minimal rheumatoid arthritis the requirements vary. If there is a long history of treatment with ACTH or cortisone, the case is to be referred to the Section Chief. Prolonged treatment with these drugs has unfavorable reactions in some cases.

*In cases of infections, traumatic, osteoarthritis, or periarthritis where there is no loss of time from employment (because of this illness), no limitation of motion or disability and clinically the applicant appears normal even though the x-ray of spine or joint has been reported as showing moderate arthritis, rate as “Minimal”.

Acute Infectious Arthritis	
Present or under treatment	
Duration of illness is:	
Over 1 month	50
Less than 1 month	30
After a year	0
Within a year	20
Single attack duration 3 weeks or less, recovered	0
Traumatic Arthritis	
Rate for degree of disability	35-0
Chronic-Symptomatic – Multiple Joint Deformity	
Rate for degree of limited motion and disability	200-50
Marie-Strumpell Arthritis – Ankylosing Spondylitis	
Present – active and symptomatic early stages	100
Advanced	200
Mild to moderate	0

Ankylosis, only part of spine involved	30
Others, or entire spine involved	80-30
Osteoarthritis	0
Periarthritis	
Minimal – slight interference with the use of shoulder, elbow, hip or knee	10
Others – marked interference with the use of shoulder, elbow, hip or knee	30
Rheumatoid Arthritis	
Minimal involvement affecting hands only	0
More extensive involvement	
Within 1st year of last symptom	30
2nd year	20
3rd year	10
After 3 years	0
Within 1 year of onset and during active treatment with corticosteriods	Add 55 to above
Others, severe deformity, wheelchair-bound, on gold or methotrexate, multiple surgeries or other complications	Refer to Section Chief

ASCITES

Ascites is an accumulation of fluid in the abdominal cavity usually secondary to liver, heart or kidney disease. Cirrhosis is a frequent cause.

Underwriting Requirements

An APS (VA Form 29-8158) may be necessary if not adequately described.

All cases	RFC

ASTHMA

Asthma is a respiratory disorder characterized by episodes of cough, shortness of breath, and wheezing. The symptoms of asthma vary in severity and duration across an extremely wide spectrum. Individuals may be entirely free from asthma for years before recurrence; other asthmatics have continuous symptoms and frequent exacerbations. A life threatening complication called status astmaticus requires hospital treatment.

Asthma is usually divided into two types, extrinsic (seasonal or allergic) and intrinsic (perennial), though this division is only marginally useful since features of both types frequently co-exist.

Extrinsic asthma tends to have its onset in childhood in individuals with a personal and family history of allergy. It is triggered by such things as airborne pollens, dust, dander and molds. Intrinsic asthma may be caused by non-allergic factors such as exercise, stress, pulmonary infection, cold, environmental or occupational irritants.

In determining a rating, not only the type of asthma but the frequency and severity of attacks are important. Severity can be categorized as follows:

Mild – infrequent or seasonal attacks of short duration; not incapacitating; lungs clear between attacks; continuing medication not required; and normal pulmonary function tests between attacks.
Moderate – more severe attacks; incapacitating up to 24 hours; requiring occasional medications such as injections, spray, adrenalin or ephedrine; there may be slight wheezing or a few musical rales on examination; no emphysema.

Severe – prolonged, frequently disabling attacks for periods of more than 24 hours; requiring frequent medication; attacks which require hospitalization, intravenous therapy and steroids.

Asthma may sometimes be associated with serious impairment of heart, kidneys, and lungs, such as: cardiac asthma related to cardiovascular and renal diseases; Miner's asthma related to anthracosis and silicosis; etc. Such asthma is usually uninsurable.

Underwriting Requirements

An APS (VA Form 29-8158) is required at all times unless the condition is adequately described on the application or in the records. It is necessary to know the type, number of attacks, duration, and severity, as well as the amount of medication or treatment required, if any.

Extrinsic	
Mild	0
Moderate	50
Severe	75
Intrinsic	
Mild	30
Moderate	70
Severe	100

ATELECTASIS

Atelectasis is the collapse of air cells in the lung, in either small area or large, due to obstructed bronchus. It may follow surgery (especially general anesthesia, upper abdominal) or trauma.

Recovered, no residuals	0
Others	Refer to Section Chief

B

BARTHOLIN'S GLANDS (Disorders of)

The mucous secreting glands on either side of the vaginal opening are known as Bartholin's glands. They may become cystic, inflamed or abscessed, frequently as a result of venereal infection.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Others	
Present	25
After recovery	0

BASILAR ARTERY (Insufficiency of)

Insufficiency of the basilar artery is characterized by transitory symptoms of numbness and poor use of one side of the body; sometimes it is associated with dysarthria (imperfect articulation), blurring of vision, and other symptoms. The concept is developing that for some reason the blood flow through the basilar artery is inadequate. Anticoagulants appear to relieve this condition but the prospect is complete occlusion where no treatment is adequate. This condition was at one time also referred to as "cerebral vascular spasm".

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately explained.

Present, with paralysis	400
Without paralysis	Rate as Cerebral Vascular Spasm

BELL'S PALSY

Bell's Palsy is paralysis of facial nerves, usually benign with complete recovery.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Recovered or improving or with slight residual paralysis	0
Others	Rate for residuals

BENDS

The bends, caisson disease, and diver's palsy describe a condition occurring among those exposed to increased atmospheric pressure, such as divers, caisson, and underwater tunnel workers. Too rapid emergence from the increased pressure area is the cause. Headaches, dizziness, severe pain in the abdomen or extremities, and paralysis either temporary or permanent, may result.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

After recovery and without residual impairments	0
After recovery, but with impairment	Rate for impairment
For paralysis	Rate for Infantile Paralysis

BERIBERI

Beriberi is a nutritional disease due to deficiency of vitamin B1 (thiamine) and other vitamins. It is marked by spasmodic rigidity of the lower limbs with muscular atrophy (wasting away), paralysis, anemia, and neuralgic pains. Frequently, it is associated with organic disease and often exists with other nutritional deficiencies.

Underwriting Requirements

Risks are insurable after recovery, if living conditions are favorable and future dietary deficiencies seem improbable. An APS (VA Form 29-8158) is required.

Present – mild, responding to treatment, no complications	30
Others – Responding to treatment, no complications	55
Severe – Not responding to treatment and with heart involvement	300
Upon recovery – 1st year after recovery	20
After 1st year	0

BLEBS AND BULLAE

Blebs are collections of air enclosed within the layers of pleura covering the lung surface. Bullae are larger collections within the substance of the lung itself. They may be congenital or associated with chronic obstructive pulmonary disease. They are sometimes visible on chest x-ray. Either may rupture, producing a pneumothorax.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Asymptomatic	0
With rupture	Rate as Pneumothorax

BLOOD PRESSURE

Blood pressure is expressed by two numbers separated by a diagonal line, such as 120/80. The first (and higher) number represents the systolic pressure and the second (and lower) represents the diastolic pressure. The systolic pressure is indicative of the dispensability of the arterial system as it receives the blood when the left ventricle contracts. The diastolic pressure represents the constant load, which the arterial walls bear during asystole

(relaxation of ventricles). The difference between the systolic and diastolic pressure is called the pulse pressure.

Elevated blood pressure (hypertension, essential or primary) rarely exists before the age of 30 and almost never has an onset after age 50. The onset is usually slow, but the rate of progress is extremely varied. As the condition progresses, the blood pressure fixed at higher and higher levels. Complications of the heart, brain and kidneys reduce life expectancy and are very common occurrences in poorly controlled cases.

Low blood pressure is often associated with debilitating disease, i.e., cancer, chronic infection, anemia and certain heart impairments. It is not considered significant unless it is associated with these diseases.

Factors to be considered in the Underwriting of Hypertension

Albuminuria (Proteinuria) – Album is found in the urine in any quantities increases mortality even if no specific renal disorder can be identified.

Apprehension (Emotional stress, etc.) – Apprehension rarely produces blood pressure over 150/90 in the normal adult.

Family History – Data now available indicates high blood pressure has a definite familial or genetic component.

Weight – Blood pressure tends to be elevated in overweight individuals. Weight reduction alone often causes blood pressure to drop.

Treatment – The use of multiple anti-hypertensive medications usually indicates severe hypertension.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if there is a history of genitourinary disorder, albuminuria or glycosuria.

Applications will be processed according to the procedures outlined below.

a. No history of hypertension within the last five years:

a. Single reading on the application. Obtain a debit rating from Blood Pressure Table. If the debit rating exceeds 30, refer the case to the Section Chief.

b. Two readings on the application. Obtain a debit rating for each reading from the Blood Pressure Table.

i. If either reading has a debit rating which exceeds 30, refer the case to the Section Chief.

(b) If the systolic readings do not differ more than 20 mm., the diastolic readings do not differ more than 10 mm., and both readings have a debit rating of 30 or less, accept the lowest reading.

(c) If the systolic readings differ more than 20 mm. and/or the diastolic readings differ more than 10 mm., and both readings have a debit rating of 30 or less, average the two readings.

b. History of hypertension within the last five years:

Obtain a debit rating for the average blood pressure reading. The Section Chief may use his/her discretion to determine which readings should be included in the average.

c. Technique for using Blood Pressure Table in determining correct rating.

(1) The table is divided into three age groups, 20-39, 40-59, and 60 and over. The blood pressure readings are divided into pressure ranges within the age groups.

(2) The systolic pressures are shown across the top of the table and the diastolic pressures are shown on the left margin. The center part of the table shows the Numerical Rating Debits.

c. To determine the correct rating:

i. Refer to the age groupings in the upper left of the table.

ii. After selecting the proper age group, move across the table to the systolic pressure range.

iii. Refer to the age groupings under the title Diastolic Pressure, select the proper age group and move down the table to the diastolic range.

iv. The point at which the systolic and diastolic ranges intersect is the correct debit rating.

Example 1: Male age 45, Blood Pressure 156/94.

(a) Follow the age group 40-59 across to the systolic range 155-159.

(b) Follow the age group 40-59 down to the diastolic range 93-94.

(c) The systolic and diastolic ranges intersect at the number 70. This is the correct debit rating for this applicant's blood pressure.

Example 2: Female age 40, Blood Pressure 135/90.

(a) Add 10 to the systolic pressure (135 + 10 = 145).

(b) Follow the age group 40-59 across to the systolic range 145-149.

1. Follow the age group 40-59 down to the diastolic range 90.

2. The systolic and diastolic ranges intersect at the number 15. This is the correct debit rating for this applicant's blood pressure.

BLOOD PRESSURE TABLE
MALES AND FEMALES

Ages			**SYSTOLIC PRESSURE***											
20-39			100-139	140-144	145-149	150-154	155-159	160-164	165-169	170-174	175-179	180-184	185-189	190-194
40-59			100-144	145-149	150-154	155-159	160-164	165-169	170-174	175-179	180-184	185-189	190-194	195-199
60+			100-149	150-154	155-159	160-164	165-196	170-174	175-179	180-184	185-189	190-194	195-199	200-204
Ages														
20-39	40-59	60+												
DIASTOLIC PRESSURE			**NUMERICAL RATING DEBIT**											
60-84	60-89	60-90	0	5	15	30	55	70	85	105	125	160	190	R
85-89	90	91-92	0	15	30	45	65	80	95	115	135	170	200	235
90	91-92	93-94	10	30	45	60	75	90	105	125	145	180	210	245
91-92	93-94	95-96	25	45	55	70	85	95	115	135	155	190	220	255
94-94	95-96	97-98	45	55	65	80	90	105	120	145	165	200	230	265
95-96	97-98	99-100	60	70	80	95	105	115	135	160	180	215	245	280
97-98	99-100	101-102	75	85	95	105	115	130	150	185	195	225	255	295
99-100	101-102	103-104	85	95	105	115	130	145	165	190	210	245	275	315
101-102	103-104	105-106	110	120	130	140	155	170	190	210	245	270	300	340
103-104	105-106	107-108	135	145	155	165	180	195	215	245	270	300	340	370
105-106	107-108	109-110	160	170	180	190	205	225	250	265	300	340	365	400
107-108	109-110	111-112	180	190	200	210	225	255	280	300	330	370	410	R

*Add 10 to the Systolic Pressure when rating females.

B-6

BOILS

A boil, or furuncle, may be due to an infection caused by bacteria, which enters through the hair follicles or sweat glands. Recurrent boils sometimes accompany digestive disorders and diabetes; these conditions must be eliminated as the cause before the following ratings are used.

Single occurrence, recovered	0
Recurrent	0

BRAIN TUMORS

The brain and its covering membranes may be the site of either benign (not recurring, favorable for recovery) or of malignant (tend to go from bad to worse) tumors. Any area of the brain may be involved and the effects usually vary with the location of the tumor. The early symptoms of headaches, dizziness, and vomiting, or disturbed vision are due to intracranial pressure. Symptoms of more advanced stages may include convulsions, epilepsy, paralysis, or other serious disturbance. For basic rating, refer to Tumors under the appropriate type.

Brain tumors	See Tumor Rating Chart B

BREAST DISORDERS

Breast disorders are very common. They include fibrocystic disease, infections and tumors, benign and malignant. Fibrocystic disease of the breast occurs in roughly 50% of premenopausal women. It is a poorly defined condition characterized by varying degrees of discomfort and irregularities in the breast. Periodic examinations and mammography may be done to follow the condition. Infections are not uncommon in lactating women and may result in abscess formulation.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Fibrocystic disease	
With negative biopsy, mammogram or sonogram	0
Without biopsy or aspiration	
Non-progressive, present over 1 year	0
Progressive, increasing in size, number and symptoms or present less than 1 year	
Ages 0-39	0
Ages 40 and up	R-55 Refer to Section Chief
With operation	
Benign pathological report	0
Otherwise	See Tumor Rating Chart A – Adenoma, Breast
Tumor	
Present	
Evidence of benign lesion by biopsy (adenoma, cystadenoma or fibroadenoma)	0
Without biopsy but believed to be benign	R-55 Refer to Section Chief
Others or believed to be malignant	R
History	
Removed by surgery and proven benign	
Malignant	See Tumor Rating Chart A – Carcinoma, Breast

Breast mass, cyst, lump, fibroadenoma

Breast lesions are very common. Most are benign but cancer must be ruled out.

Breast lesion with biopsy, excision or FNA	
With diagnosis of cancer	See Tumor Rating Chart A
Biopsy or excision negative for cancer	0
With FNA aspirate negative for malignancy and mass collapses after aspiration	0
Other	Refer to Section Chief
Breast lesion without biopsy, excision or FNA	
Stable or smaller in size after one or more years observation	0
Others – growing, not stable after one or more years	R

Mastitis

Inflammation of the breast, characterized by tenderness, pain and cyst formation that gives a nodular feeling to the organ.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Acute, simple	50
After recovery	0
Chronic	
Cystic, mild, unoperated, present over 2 years, negative biopsy	0
More severe, or no biopsy	100
Progressive in size, age 40 and over, no biopsy	300
Operated – after recovery	
Within 2 years	30
After 2 years	0

BRONCHIECTASIS

This is a process of dilatation of the bronchi with resultant difficulty clearing secretions, productive cough and recurrent pulmonary infections. Some localized cases are cured by surgery. Others may be controlled by judicious use of antibiotics and postural therapy.

Underwriting Requirements

An APS (VA Form 29-8158) may be needed if not adequately described.

Present	
Mild, stable, may be using prophylactic antibiotics, not more than one infection per year	55
Moderate, persistent cough and sputum production, infections requiring therapy	80
More severe, i.e., symptoms greater than above	125
History, cured by surgery	0

BRONCHITIS, ACUTE

Acute bronchitis is a self-limited inflammation of the bronchial tree usually caused by viral or bacterial infection. It is important to differentiate acute from chronic bronchitis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

After recovery, less than 2 weeks duration	0
Otherwise	0

BRONCHITIS, CHRONIC

Chronic bronchitis is chronic inflammation of the airways which may progress to significant chronic obstructive lung disease.

Underwriting Requirements

Chronic Bronchitis	Rate as Chronic Obstructive Pulmonary Disease (COPD)

BUBO

Bubo is an inflammatory swelling of the lymphatic glands, particularly in the armpit or groin. The infection is due to a bacteria frequently originating from another infection elsewhere in the body and often occurs after gonorrhea or syphilis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Due to venereal infection	RFC
Others – after recovery	0

BUILD

The overweight condition is common and is associated with increased mortality from disorders such as diabetes, cardiovascular disease and cancer. Even though common, it is complicated and difficult to treat, as demonstrated by the wide variety of methods uses: diet, exercise, medication, behavior modification and a variety of surgical procedures in the most intractable cases. Initial success is common with any treatment but long term change is difficult to achieve.

Being significantly underweight is not as common. It may be a normal condition or it can be a manifestation of an eating disorder or an acute or chronic illness. More

important, perhaps, is an unexplained recent gain or loss of weight, which requires careful investigation.

In applying the build tables, the weight used should be that obtained by accurate scales with the applicant in ordinary house or business clothes. Height should be measured in ordinary street shoes. Fractions of less than one-half inch in height are to be dropped when entering this table; fractions of one-half inch or larger are taken to the next higher integral inch for entering the table.

The build tables allow a liberal range of weights within which no underwriting debit is required. Above this range, overweight debits are provided beginning with +10.

March 25, 2004 M29-1, Part V
Change 4 Erratum

Treatment by Diet

Where an applicant has completed a weight loss program and the weight has been stable for at least a year, full credit may be given. Where the weight has been stable for less than 6 months, credit for ½ of the loss may be given. Where the applicant is still on a weight loss program (not maintenance) no credit should be given.

Treatment by Surgery

A wide variety of surgical procedures have been attempted to treat obesity, none of which has been entirely satisfactory. These include insertion of balloons into the stomach, intestinal and gastric bypass procedures, and procedures which restrict the amount of food which can be ingested, such as gastric stapling.

Weight stabilized for 6 months	Apply debits for build
Weight not stabilized	Apply debits for current build
Combinations of overweight and other factors	Sum debits

BUILD CHART
(For women deduct 2 inches from height)

Height	Under Average						Avg. Weight	Over Average																Height
5’	74	79	84	89	94	99	129	139	144	159	154	159	164	169	174	179	184	189	195	205	216	237	255	5’
5-1	76	81	86	91	96	101	131	141	146	151	156	161	166	171	176	181	186	191	205	219	234	248	262	5-1
5-2	78	83	88	93	98	103	133	143	148	153	158	163	168	173	178	183	188	193	207	222	237	251	266	5-2
5-3	81	86	91	96	101	106	136	146	151	156	161	166	171	176	181	186	191	196	211	227	242	258	273	5-3
5-4	85	90	95	100	105	110	140	150	155	160	165	170	175	180	185	190	195	200	216	232	248	265	281	5-4
5-5	89	94	99	104	109	114	144	154	159	164	169	174	179	184	189	194	199	204	220	237	254	270	287	5-5
5-6	93	98	103	108	113	118	148	158	163	168	173	178	183	188	193	198	203	208	225	242	259	277	294	5-6
5-7	97	102	107	112	117	122	152	162	167	172	177	182	187	192	197	202	207	212	229	247	265	283	301	5-7
5-8	102	107	112	117	122	127	157	167	172	177	182	187	192	197	202	207	212	217	235	253	272	290	308	5-8
5-9	107	112	117	122	127	132	162	172	177	182	187	192	197	202	207	212	217	222	241	260	279	298	317	5-9
5-10	112	117	122	127	132	137	167	177	182	187	192	197	202	207	212	217	222	227	246	266	286	305	325	5-10
5-11	117	122	127	132	137	142	172	182	187	192	197	202	207	212	217	222	227	232	252	272	293	313	333	5-11
6’	123	128	133	138	143	148	178	188	193	198	203	208	213	218	223	228	233	238	258	279	299	320	340	6’
6-1	129	134	139	144	149	154	184	194	199	204	209	214	219	224	229	234	239	244	265	286	307	328	349	6-1
6-2	136	141	146	151	156	161	191	201	206	211	216	221	226	231	236	241	246	251	272	293	315	336	357	6-2
6-3	142	147	152	157	162	167	197	207	212	217	222	227	232	237	242	247	252	257	278	300	322	344	366	6-3
6-4	184	153	158	163	168	173	203	213	218	223	228	233	238	243	248	253	258	263	285	307	330	352	374	6-4
6-5	154	159	164	169	174	179	209	219	224	229	234	239	244	249	254	259	264	269	291	314	337	360	383	6-5
6-6	160	165	170	175	180	185	215	225	230	235	240	245	250	255	260	265	270	275	298	321	345	368	391	6-6
Age								Build Ratings																Age
20-35	125	120	115	110	105	100	100	100	105	110	115	120	125	130	135	140	145	150	160	175	200	250	300	20-35
36-49	110	105	100	100	100	100	100	100	100	105	110	115	120	125	130	135	140	145	160	175	200	250	300	36-49
50 up	105	100	100	100	100	100	100	100	100	105	110	115	120	125	130	135	140	145	160	175	200	250	300	50 up

Apply 10 additional debits if the weight is below the lowest weight shown for the appropriate height.
Apply 10 additional debits if the weight is above the highest weight shown for the appropriate height.

If applicant’s weight is not shown in BUILD CHART and there is no history of treatment for glandular condition, debit is assigned by interpolation , i.e., height 4’11, 1st column 72, 2nd column 77, 3rd column 82, etc., Height 6’7” 1st column 166, 2nd column 171, etc.

For information regarding credits for build and other pertinent data, see BUILD.

Next page is B-16

BULIMIA NERVOSA

Bulimia nervosa occurs primarily in females and consists of binge eating or purging with laxatives. The prognosis is similar to anorexia nervosa. Many patients have additional psychiatric problems or a history or substance abuse.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No complication, eating disorder only	0
Others	Rate as Anorexia Nervosa

BURNS

The severity of a burn may vary from redness (1st degree) through blistering (2nd degree) to destruction of skin tissue (3rd degree). Extensive scar formation produces contractures, which may impair the function of the parts involved.

Burns resulting from x-ray or radium therapy may vary from slight redness without ultimate scarring to severe burns with resultant scar formation seriously impairing the function of the parts involved. A more severe burn may result with treatment by x-ray or radium for a deep-seated growth. Thus it is of utmost importance to know the reason for the treatment to properly evaluate significance of the burn.

Underwriting Requirements

Heat, chemical, or electric burns of minor significance may be disregarded; more severe or extensive, or other type burns will require an APS (VA Form 29-8158) if not adequately covered in the application for insurance.

Heat, Chemical, or Electric Burns	
Of minor significance, after recovery	0
More extensive, with contractures, deformities, disfigurements, unless serious permanent disability is involved, after recovery	0
Where permanent disability is involved	0
X-ray or Radioactivated Burns	

Slight, localized, as in treatment of acne, psoriasis, fungus infections, etc., one month after recovery, even with slight residual dermatitis resulting from treatment	0
Moderate – first 3 months after recovery	30
After 3 months	0
Extensive – first 12 months after recovery	200
After 12 months	0

BURSITIS

A bursa is a sac or saclike cavity filled with a thick fluid and so situated in the tissues as to relieve friction that would otherwise occur in the movement of the body parts. Any inflammation of a bursa is described as bursitis. It may occur following a strain, infection, or injury.

Bursitis may be either acute or chronic and is usually accompanied by pain. Pus formation may appear, or the inflammatory process may result in calcification requiring surgical treatment.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present – mild pain-diagnosed as bursitis, not incapacitating, no treatment within past year	0
Others	10
History – recovered	0

C

CAESAREAN OPERATION

A caesarean operation is delivery of a child through an incision in the abdominal and uterine wall. The operation may be done because of convulsion or toxic condition directly due to the processes of pregnancy. The operation may become necessary due to other diseases such as heart involvement, or due to small or irregular pelvic outlet, uterine obstruction or a preference for this method of delivery.

Underwriting Requirements

Where this operation has occurred, the cause must be known. Where information is inadequate or it is known the operation was due to heart or other disease, an APS (VA Form 29-8158) will be required. Where the operation was necessary due to heart or other disease, rate under the specific disease.

If the operation was due to pelvic or uterine abnormalities	0
Where there has been a subnormal delivery, sterilization, or uncomplicated menopause	0

CANCER

Cancer is a common term for any malignant tumor, which includes epithelioma, carcinoma and sarcoma. Epithelioma is cancer of skin. Carcinoma is overgrowth of epithelial cells. Sarcoma is cancer of non-epithelial tissue such as bone.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cancer	See Tumor section

CANDIDIASIS

Candidiasis is a fungal infection usually limited to the skin and mucous membranes. It may become life threatening in weak patients or patients with suppression of the immune system. The CDC considers bronchial or pulmonary candidiasis as sufficient grounds for the diagnosis of AIDS if the patient tested positive for HIV.

Underwriting Requirements

An APS (VA Form 29-8158) is required if under treatment at the time application was made.

Recovered	0
Under treatment – 6 months	0
After completion of treatment: bronchial, pulmonary, esophageal	25
Disseminated	See AIDS

CARBON MONOXIDE POISONING

Carbon monoxide poisoning is a condition caused by inhaling carbon monoxide, a colorless and odorless gas. When inhaled, it displaces the oxygen in the blood, causes oxygen starvation, and results in partial to fatal asphyxiation.

The gas is present in exhaust of oil or gasoline motors, near stoves in houses and in industries, in mines and wherever illuminating gases are found or used. Knowledge of the extent and circumstances of exposure is the basis for underwriting action.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 2 years to determine the extent and circumstances of exposure, where circumstances are not suggestive of attempted suicide. If attempted suicide is involved, rate under Suicide (Attempted).

Within 2 months of single attack	
Not unconscious, on recovery	0
With unconsciousness	25
After 3 months	0
Multiple attack	
Due to exposure in occupation	200
After 6 months of termination of exposure	0

CARBUNCLES (Boils)

A carbuncle is a collection of boils in close proximity with each other. These areas of infection unite by undermining the underlying tissues. The back of the neck is a common location. As with boils, they may be caused by infection through the follicles or sweat glands, or accompany digestive or diabetes.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

If present at time of application	
Single occurrence	0
Evidence of frequent recurrence, not known to be associated with digestive disorders or diabetes	25
After recovery	0
Secondary to other disease	RFC

CARDIAC DIAGNOSTICS

Numerous tests have been developed to assess the structure and function of the heart. These vary from the traditional electrocardiogram to other, more complicated tests which may be expensive, time consuming and invasive. All these tests have problems in their interpretations, and decisions as to the importance of individual tests must incorporate the overall clinical procedure.

Cardiac Catheterization, Coronary Angiograms

Cardiac catheterization is the most accurate way to evaluate anatomy. In this procedure, a catheter (tube) is introduced into the heart via the groin or arm. Radiocontrast material can be injected within the heart chambers and/or coronary arteries.

These studies allow accurate assessment of the coronary arteries, heart valves and chambers. Coronary artery disease, valvular disorders and congenital heart diseases can all be evaluated. Ejection fraction and intracardiac pressure can be measured.

Chest X-Ray

The ordinary chest x-ray is useful for evaluating heart size and configuration, abnormalities of the lung and also of the chest wall and mediastinum. Many factors influence the chest x-ray (see Cardiomegaly). It is important also to note that there may be serious abnormalities of heart or lung functions in the presence of a normal x-ray.

Echocardiogram, Doppler Echocardiogram, Exercise Echocardiogram

Echocardiography utilizes high frequency sound waves to assess structure and blood flow through the heart.

M-mode (one dimensional) and 2D (two dimensional) echo allow accurate measurement of myocardial wall thickness and contractility, valve structure and intra-cardiac dimensions. The internal diameter of the left ventricle (LVID) is an excellent measure of heart size.

Doppler echo measures blood flow through the heart chambers and valves and is useful for calculating ejection fraction, shunts and valve opening sizes.

In exercise echocardiography, the subject undergoes echo testing after exercise. Exercise induced ischemia may be accompanied by ventricular wall motion abnormalities which can be identified by echo.

Electrocardiogram

The electrocardiogram is a graphic recording of the heart beat. It identifies heart rate and rhythm, disturbances in simple impulse conduction through the heart and disorders of myocardium such as hypertrophy and ischemia. It is a major diagnostic tool to detect acute myocardial infarction and often, but not always, shows scars from old healed infarction. It cannot reliably prove or disprove coronary artery disease unless evidence of a myocardial infarction is unequivocal.

Holter Monitor, 24 Hour Ambulatory Monitoring

A Holter Monitor provides a 24 hour record or heart rate and rhythm occurring with normal activities. It is the best test to identify arrhythmias that occur episodically and are not apparent

on resting ECG. It can also identify "silent ischemia", myocardial ischemia that occurs throughout the day or with certain activities but which produce no angina.

MUGA Study

To perform MUGA (multigated angiocardiography) studies, a radionuclide is injected into a peripheral vein and radiographic counts are made over the heart. Myocardial contractility, ejection fraction, ventricular volumes and other parameters of ventricular function can be determined with this technique.

Treadmill Test, Exercise Electrocardiogram

The ECG is monitored while the subject exercises following a standard format (Bruce Protocol, Naughton Protocol) toward a target heart rate. It is useful in the evaluation of chest pain.

A normal treadmill test suggests that chest pain is noncardiac in origin and often obviates the need for more extensive testing. Abnormal responses include chest pain, ST changes of myocardial ischemia, drops or extreme elevations in blood pressure.

Thallium Scan

Thallium is a radioactive isotope which concentrates in myocardium when injected in the blood stream.

The subject is exercised in the standard manner on a treadmill, following which thallium is injected into a peripheral vein. The heart is then scanned radiographically immediately and after a three hour delay. Areas of ischemia will not pick up the isotope, but will "reperfuse" after the rest phase and appear normal in the later scan. Areas of scarring will not show isotope on either scan.

CAROTID BRUIT

The main blood supply to the brain goes through the carotid arteries in the neck. When these are partially obstructed by atherosclerotic plaques a bruit (murmur like sound) may result.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
No symptoms	
Not investigated	75
Investigated	
Stenosis less than 30%	0
Stenosis 30% or more	100-55

Symptomatic	R
History – treated surgically	55

CELIAC DISEASE, GLUTEN ENTEROPATHY, SPRUE

All result from impaired absorption of nutrients from the small bowel and are characterized by weight loss, diarrhea or other intestinal symptoms, and anemia of various types.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Well controlled	50-0
Others	Refer to Section Chief
Recovered	0

CENTRAL NERVOUS SYSTEM (Diseases of)

The following nervous diseases are associated with congenital or acquired defects, or with changes and degeneration in the central nervous system or musculature of the body. They give a uniformly poor prognosis. Since many of them are subject to remissions and intervening periods of seemingly normal health, they may be encountered in review of insurance applications.

Huntington's Chorea

Huntington's Chorea is a hereditary neurological disorder with onset in mid-life which leads inexorably to progressive deterioration and death. The disease has persisted because the onset is after the usual child bearing years. Fifty percent of the offspring of an affected parent can be expected to develop the disease. Testing now allows identification of asymptomatic carriers and permits counseling and appropriate planning.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	R
Parent with Huntington's Chorea, no testing done to determine genetic status, or positive test	R
Negative genetic testing	0

Hydrocephalus

Hydrocephalus is an abnormal intracranial accumulation of cerebral spinal fluid. An acute symptomatic form in adults requires emergency treatment and usually responds dramatically to treatment of the underlying disorder, or shunting. A chronic symptomatic form may not respond to treatment.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known, treated, no sequelae	100
Others	Refer to Section Chief

Multiple (or Disseminated) Sclerosis (Amyotrophic Lateral Sclerosis)

Multiple sclerosis is a chronic, progressive disease syndrome of the central nervous (brain and spinal cord) system or, rather a series of syndromes based on several different causative factors. It is usually insidious though the onset of the first symptoms may be quite sudden. The cause is not known but vitamin deficiency and allergy are suspected in rare instances. It is characteristically noted for its spontaneous remissions and exacerbations with complete or partial (usually temporary) recovery from symptoms in the earlier stages and with ultimate development of permanent lesions with associated clinical downhill progression. It is usually found in individuals 20 to 40. The duration is from l to 2 years in the acute rapid progressive type and up to 20-odd years in the chronic slow progressive type. The average duration is from 7 to 9 years. The characteristic signs and symptoms are intentional tremor, nystagmus, scanning speech, urinary bladder involvement, impaired vision, ataxia (gait), changes in reflexes, and in advance cases, often mental disturbance and paralysis. The paralysis is sometimes found in the early stage.

Underwriting Requirements

APS (VA Form 29-8158) and medical examination required in all cases.

Suspected or single mild attack with full recovery or two such episodes separated by more than 2 years, currently no evidence of disease	
Within 2 years of last attack	100
3-4 years since last attack	75
After 4 years since last attack	0
Definite MS, multiple attacks, minimal impairment, independent	
Within 2 years of last attack	300
Within 3-5 years of last attack	200
Within 6-10 years of last attack	100
After 10 years since last attack	0
Moderate impairments, more frequent attacks	
Present, residuals	Add 100 to above ratings
Severe neurological abnormalities, wheelchair, bladder problems,	R

unable to work, speech or swallowing problems or rapidly progressive symptoms	

Myasthenia Gravis

This is an autoimmune disorder leading to episodic muscle weakness. It may involve only eye muscle or maybe more generalized. It can be associated with thymictumas or other disorders.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Ocular form	
Within 1st year	Refer to Section Chief
Within 2nd – 3rd year	75
After 3rd year	0
Generalized form	
Present, stable	
Within 1st year	Refer to Section Chief
Within 2nd – 3rd year	125
Within 3rd – 5th year	75
After 5 years	0
Other: Myasthenia crisis, swallowing or respiratory problem	R

Myelitis

Myelitis is an inflammation of the spinal cord and nerve roots and may be due to viral (Polio, Cox sackie, herpes zoster, etc. or bacterial infections or AIDS related.).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Without residual impairment	0
With residual impairment	
Within 6 months of recovery	Refer to Section Chief
After 6 months	Rate for Poliomyelitis with residual impairment
AIDS	R

Syringomyelia

Syringomyelia is a neurological disorder caused by an expanding fluid-filled cavity in the spinal cord. The onset is frequently in the young adult years and the course is variable. Life threatening neurological dysfunction may occur in spite of attempted drainage of the cavity.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Selected cases apparently in remission more than 3 years, able to perform normal activities	200
Others	R

Other Central Nervous System Disorders

Amyotophic Lateral Sclerosis (ALS)	R
Friedreich's Ataxia	R
Landry's paralysis	R
Meningocele	Rate as Spina Bifida Occulta
Motor or sensory aphasia	R
Myotonia dystrophies	R
Posterolateral Sclerosis	R
Progressive muscular atrophy or dystrophy	R

CEREBRAL ATROPHY
(Pick's Disease – Arnold Pick)

This is a slowly developing dementia, which is due to marked atrophy of the frontal lobes. It occurs more often in women than men. It is characterized by progressive degeneration of the higher mental functions and gradual development of aphasia. The disease may last for 10 years or more. There is gradual emotional dullness, loss of moral judgment, stereotype of speech and action, and progressive dementia, but no delusions, hallucinations, or confabulation. There is focal atrophy of cortical cells but no arteriosclerotic changes. This may resemble a functional psychosis but examination reveals organic syndrome.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cerebral atrophy	Rate as Psychiatric Disorders – Psychotic Disorders

CEREBRAL HEMORRHAGE
(Apoplexy Cerebral Accident)

Bleeding within the skull is referred to by several technical terms, which are both descriptive and tend to indicate location of the bleeding.

Subarachnoid bleeding – indicates bleeding beneath one of the linings of the skull or membranes covering the brain.

Cerebral hemorrhage - hemorrhage (bleeding) into the cerebrum (main substance of the brain).

Apoplexy (stroke) – a type of cerebral hemorrhage usually due to **arteriosclerosis** (hardening of the arteries) in which there is a spontaneous rupture of a blood vessel.

Intracranial hemorrhage – might be caused by an external blow to the head or fall on the head.

Cerebral accident – any bleeding within the skull.

Arterial thrombosis – a localized obstruction of the blood supply to the brain caused by formation of a blood clot.

Arterial embolism – the lodging in the blood vessel of a floating obstruction.

Varying degrees of temporary or permanent paralysis (paraplegia and hemiplegia) may result from any of these conditions. Although in some cases remarkable improvement occurs, the tendency is to recurrences with fatal results.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single episode – no more than mild residuals, after return to normal duties*	100
Multiple episodes	R

*If there are residuals and they are severe consider addition of +50.

CEREBRAL PALSY
(Spastic Paralysis)

Cerebral Palsy is commonly known as spastic paralysis, is a congenital disorder of the central nervous system with or without mental involvement, and manifested mainly by disordered muscular movements involving all limbs to varying degrees, and lack of coordination affecting gait and speech. Since such a disorder originates primarily in childhood, cases involving this condition will be extremely rare.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

If diagnosis is definitely established, no mental involvement and ambulatory with braces	55
Others	125

CEREBRAL THROMBOSIS

Cerebral thrombosis is a clotting of blood in a narrowed blood vessel in the brain so that the blood supply is diminished to that portion and is manifested by symptoms similar to those of apoplexy. This is associated with arteriosclerosis or atherosclerosis.

Cerebral thrombosis	Apply rules for Cerebral Hemorrhage

CEREBRALSPINAL MENINGITIS AND EPIDEMIC CEREBROSPINAL MENINGITIS

Cerebrospinal meningitis and epidemic cerebrospinal meningitis are acute contagious inflammatory diseases involving the membranes covering the brain or spinal cord or both. Symptoms characterizing this condition are severe headache, vomiting, high fever accompanied by stiffness in neck and back. The disease may be caused by virus infections or through contact with a carrier of disease and occasionally following skull fracture. It is also a complication to be watched for in otitis media, mastoiditis and ruptured brain abscess.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No complications or residuals, upon recovery	0
With complications or residual symptoms	
Within 1 year	150
After 1 year	Rate for residual symptoms or sequelae

CEREBRAL VASCULAR SPASM

Cerebral vascular spasm refers to a temporary spasm of blood vessels in the brain usually associated with nervous tension, but may be the forerunner of serious disease, with transient symptoms. It may be caused by nicotine toxicity or some other temporary toxic state. Actual vascular disease, aneurysm, thrombosis, embolism, hemorrhage, etc., should be ruled out.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No hypertension or other cardiovascular disease, the urine is normal, and no recurrence	
Within 1 year	100

Within 2 – 3 years	50
After 3 years	0
With complications, or recurrent, cause undetermined	400
If cause determined	RFC

CHANCROID

Chancroid, or soft chancre, is a contagious non-syphilitic venereal ulcer, which may resemble a syphilitic chancre in appearance.

Underwriting Requirement

An APS (VA Form 29-8158) is required.

If present at time of application, syphilis excluded	75
After recovery	0
If syphilis is involved	Rate for Syphilis

CHONDROMA

A chondroma is a tumor that develops in the cartilage of bones and joints.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Single	0
Multiple	55
History, removed, after recovery	0

CHRONIC FATIGUE SYNDROME (CFS)

Fatigue is a very common complaint, but recently a syndrome of chronic disabling fatigue, which is unexplainable and resistant to treatment, has received considerable attention. Originally thought to be a chronic form of mononucleosis, its true cause remains unknown.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present, disabled	Refer to Section Chief
Able to perform normal duties	0

History	0

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COPD is a degenerative disorder of the lungs with reduced ability to expire air because of a combination of chronic bronchitis and emphysema. Sometimes there is an element of asthma. Many cases of COPD are the result of cigarette smoking.

Prolonged irritation of the bronchial airways with cough, excessive mucus production, frequent infections and impaired airflow is the bronchitis component of COPD. If airflow can be improved with bronchodilator drugs, then an element of asthma is present and the condition may be called asthmatic bronchitis.

Destruction of lung tissue with reduced ability to exchange gases between the blood and inspired air is the emphysema component of COPD. Dyspnea is the hallmark of emphysema.

For underwriting purposes, COPD may be classified as follows:
Mild – no impairment of exercise tolerance; capable of heavy labor.

Moderate – occasional lung infections, regular use of medication; capable of climbing stairs, shoveling snow, playing tennis, swimming.

Severe – frequent lung infections; regular use of medication including daily steroid drugs; weight loss; appearance may be plethoric or dusky; capable of walking on level ground, light house-work, sedentary employment.

Extreme – disabled from sedentary employment by lung disease; short of breath at rest or with slow walk on level ground or minimal activity such as washing dishes or driving a car.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mild	75
Moderate	150
Severe	300
Extreme	R

CONGENITAL HEART DISEASE

Congenital malformations of the heart vary widely in severity and may be associated with malformations of other organs. In most cases, cardiac catheterization and surgery reports, even if many years old, are essential for proper classification.

Atrial and Ventricular Septal Defects (ASD and VSD)

An ASD is an abnormal opening in the wall between the atria of the heart (interatrial septum). A systolic murmur in the left upper chest is usual.

A VSD is an abnormal opening in the wall between the two ventricles of the heart (interventricular septum). A systolic murmur at the left sternal border is expected.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present, unoperated	
Ages 15-49	200
Ages 50 and up	125
Corrected by surgical operation, returned to normal activities, no residual murmurs	0
With residual murmur	Refer to Section Chief

Patent Ductus Arteriosus

Patent ductus arteriosus is an opening (connection) between the aorta and left pulmonary artery.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated	R
Repaired by operation	0
With murmur heard after surgery	Rate for murmur or valvular disease

Coarctation of the Aorta

Coarctation is a congenital narrowing of the aorta. Significant narrowing produces hypertension in the arms and obstruction to blood flow in the lower body and legs. Left ventricular hypertrophy may occur.

Coarctation of the aorta may be associated with aortic stenosis, patent ductus arteriosus, mitral insufficiency and Turner's syndrome.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated	
Described as trivial and surgery not required	0

Others	R	
Surgically repaired with graft, returned to normal activities	Under age 20	Age 20 and over
Within 1 year	55	100
Within 2nd year	30	55
Within 3rd year	0	30
After 3 years	0	0
For end to end anastomosis (no graft)	Reduce by 50 debits	
Persisting heart enlargement – 2 years after surgery		
Up to 20%	125	
20% and up	R	
With murmur or high blood pressure	Sum debits	

Dextrocardia

This is a congenital condition in which the heart is transposed to the right side. When other organs are also transposed, the condition is called situs inversus. If the heart alone is transposed, a considerable risk of other congenital abnormalities exists.

No other evidence of cardiovascular disease, with or without situs inversus	0

Pulmonic Stenosis, Pulmonic Insufficiency

Virtually all pulmonic stenosis is congenital and most cases of pulmonic insufficiency result from repair of pulmonic stenosis. Murmurs related to the pulmonary valve are best heard at the upper left sternum, stenosis causing a systolic murmur and insufficiency a diastolic murmur.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated, no hemodynamic data	
Normal heart size, no RVH, normal ECG, described as trivial or mild, repair not advised	0
Others	100

Tetralogy of Fallot

Tetralogy of Fallot is a combination of abnormalities that can usually be corrected surgically (ventricular septal defect, overriding aorta, pulmonic stenosis, and right ventricular hypertrophy).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated	R
Operated, complete correction and return to normal activities	200

CONTUSION

Head injuries that may be of significance to longevity are concussions (unconsciousness of varying duration), contusions (injury to the brain) or skull fractures.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cerebral concussion or contusion	
Unconsciousness less than 12 hours, or totally disabled less than three months – no sequelae	0
Others – no sequelae	0
With post-concussion syndrome (persisting symptoms such as headaches, dizzy spells, double-vision, etc.)	30-0
Fractured skull	
Unconscious less than 2 hours, disabled less than one month – no sequelae	0
Others	Refer to Section Chief

CONVULSIONS

Convulsions, spasms and fits, are terms for violent involuntary (uncontrollable) muscular contractions, or series of contractions, affecting either a part or all of the body accompanied by loss of consciousness. They are considered a symptom rather than a disease, and may occur in a variety of conditions. Epilepsy, alcoholism, kidney diseases and toxemias of pregnancy are among the various causes.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause determined – history of occurrence in childhood up to age 10, not more that two isolated attacks, transient, no sequelae, nervous system normal	0
Cause known	RFC
Others	Suspect and rate as Epilepsy

CORONARY ARTERY DISEASE

Coronary Occlusion, Myocardial Infarction (MI), Coronary Thrombosis, Heart Attack (With or Without Thrombolytic Therapy)

Ratings are based on the seriousness of the disease as indicated by the findings after recovery. The degree of seriousness is classified into one of three grades with ratings as follows:

Grade I	Grade II	Grade III
125	225	325

Grades of severity:
The following characteristics are typical of the findings in the various grades and should be used to help classify proposed insured with a history of coronary occlusion, myocardial infarction or coronary thrombosis. However, special efforts should not be made to develop any specific item not provided by medical record.

	Grade I	Grade II	Grade III
1. Number of attacks	One	One or more	One or more
2. Resumed work or normal duties	Within 3 months of attack	Within 6 months of attack	More than 6 months after attack
3. Angina	None	Occasional non-disabling episodes	Fairly frequent or severe episodes
4. ECG Findings	None or stable residual of MI	Residuals of MI with moderate deterioration	More extreme changes
5. Debits for diabetes, overweight or other cardiovascular-renal impairment	None	Any number	Any number
6. Left ventricular function after recovery (e.g., ejection fraction)	50% up	Mild-moderate impairment	Severe
7. Number of diseased vessels (greater than 70% occlusion)	1 major vessel (RCA, LAD, CFX)	2-3 major vessels	Left main or severe or diffuse triple vessel

It should be remembered that these characteristics are not all inclusive nor are they a substitute for good judgment. For instance, one extensive MI can be worse than two of very limited extent. The factors precipitating angina after an MI may be more significant than the frequency or severity. Thus angina which occurs with only slight effort, but infrequently, may be more significant than angina which occurs with strenuous exercise, but on a predictable basis.

Of the items mentioned, left ventricular function after recovery appears to be the most important predictor of future cardiac events. Cardiac catheterizations which include ventriculograms may

describe areas of hypokinesis, dyskinesis, akinesis or a left ventricular aneurysm. Depending on the extent of these findings, assumptions can be made about LV function. Ejection fractions (EF) can be measured either at catheterization or by echo or MUGA scan. It is not unusual for an EF to improve after recovery from an MI or after CABG so the circumstances of a reported EF must be considered. An EF obtained immediately after an MI can be ignored with more recent and favorable findings.

Reports of enlarged cardiac chambers, or findings on a treadmill exercise test of poor pulse response, falling blood pressure with exercise or unexpectedly poor exercise tolerance may indicate impaired LV function.

Coronary Artery Bypass Graft (CABG), Percutaneous Transluminal Coronary Angioplasty (PTCA)

A variety of procedures have been developed to correct or bypass obstructions in the coronary arteries. The most common of these is CABG which utilizes sections of saphenous vein removed from the leg, or a transplanted internal mammary artery, to bypass local obstructions. Alternatively, PTCA, a catheterization procedure in which a small balloon dilates the coronary artery, may be used. Classification should be based on the information available, i.e. special efforts should not be made to learn the ejection fraction if it is not reported on the APS.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

CABG	
Single vessel (no other diseased vessels)	75
All others	100
Repeat CABG	
Same vessel(s)	100
Additional vessel(s)	125
PTCA	
Single vessel (no other diseased vessels)	75
All others	100
Repeat PTCA	
Same vessel(s)	100 - 75
Additional vessel(s)	125
Failed PTCA followed by CABG	Rate as CABG

In the case of either CABG or PTCA, if there is abnormal left ventricular function (e.g., ejection fraction 49% or less), add 75.

Where there is angina or a subsequent MI, etc. following either procedure, rate under the appropriate CAD section.

Coronary Insufficiency, Silent Ischemia

The term coronary insufficiency as used by physicians is subject to wide variation. Cases of prolonged chest pain associated with T wave or S-T segment changes in the electrocardiogram should be rated under the coronary occlusion rating schedule. When the term is used to describe angina pectoris, the angina rating schedule will apply.

Silent ischemia is diagnosed by the finding of typical changes on a treadmill test, thallium scan or Holter Monitor, indicating ischemia in an otherwise asymptomatic person. Generally, the abnormal exercise test ratings will apply.

Angina Pectoris: Without Occlusion or Infarction

Angina pectoris is the typical pain of coronary origin. It has a relatively sudden onset and is usually described as pressing or squeezing, located in the anterior or left chest, with radiation to the left shoulder and arm, or to other areas. It is precipitated by exercise or emotion and is promptly relieved by rest or medication.

There may or may not be ECG changes. If there has been an occlusion or infarction, rate under the appropriate schedule. Otherwise:

Angina diagnosed by objective diagnostic findings (positive exercise ECG, Angiography, etc.) in addition to classical symptomatology	125
Angina diagnosed by classical symptomatology only	100

Chest Pain

Chest pain is a very common symptom and is one of the most frequent complaints for which medical attention is sought. Evaluation of chest pain requires a detailed history, evaluation of diagnostic tests and consideration of the attending physician's opinion at the time of complaint. The history will include the type of pain, its mode of onset, location and radiation, its duration and the effect of exertion, emotion, and medication.

Chest pain can divided into three categories:

1. Non-cardiac pain is due to a variety of causes, including anxiety, neuralgia, trauma to the rib cage, pleurisy and pulmonary infections. The pain is often sharp, fleeting, located in atypical areas and may be aggravated by cough, respiration or motion. Non-cardiac pain may be disregarded unless the cause is determined to be ratable.

2. Suspicious chest pain is not clearly angina or coronary in origin but for a variety of reasons may be underwritten with more concern. Some of these reasons include:

    a. Chest pain that requires diagnostic tests or hospitalization.
    b. Cases diagnosed as coronary artery disease but later called non-cardiac.

c. Chest pain for which cardiac medications are prescribed, even on an empirical or trial basis.
d. Chest pain that occurs in a high risk setting (male, smoker, diabetes, hypertension, abnormal lipids, etc.).

Cases classified as suspicious chest pain should be rated under the angina schedule considered as "diagnosed by classical symptomatology only". Where coronary arteriograms are done and are normal, a reduction of 50 points in the debit for suspicious chest pain may be given.

1. Pain of coronary origin. See the Angina Pectoris schedule.

CORYZA

Coryza is an acute infection of the membranes of the upper air passages. It is also referred to a rhinitis or common cold. The condition deserves a 0 rating if there is no complication. Ratings will be assigned only for the complications if such exist.

CRYPTOCOCCOSIS
(Cryptococcal Meningitis)

A fungus disease primarily focused in the lungs and with characteristic spread to the meninges. Occasionally it spreads to the kidneys, bones, and skin. Cryptococcal meningitis is often found in AIDS patients.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cryptococcal meningitis	See AIDS
Others	50

CRYPTOSPORIDIOSIS

A rare, enteric protozoan infection associated with AIDS.

Cryptosporidiosis	See AIDS

CURVATURE OF THE SPINE

Kyphosis – humpback or posterior curvature.

Lordosis – hollow back or anterior curvature.

Scoliosis – lateral, right or left curvature.

Spondylolisthesis – forward displacement of lumbar vertebrae.
These deformities may be found alone or in combination. These may result from extensive disease of the chest, tuberculosis of the spine (Pott's disease), arthritis of the spine (spondylitis) infantile paralysis disease of the hip, injury, rickets, build, or poor posture.

Underwriting Requirements

An APS (VA Form 29-8158) is required if adequate description of the curvature is not furnished with the application. When the curvature is due to arthritis or infantile paralysis refer to those subjects

Slight curvature	0
Moderate curvature	10
Marked curvature	55
Severe, complicated by GU, GI disturbances, paralysis, or use of crutches	Add 100 plus the debits for the complications

CUSHING'S SYNDROME

Cushing's Syndrome is caused by high levels of the adrenal hormone, Cortisol. Signs and symptoms include upper body obesity with rounded face, thin, fragile skin with purple stretch marks, weak bones with pathological fractures, depression, hypertension, diabetes, excessive hair growth in women, menstrual irregularities and infertility.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Due to administration of oral steroids	Rate for disease being treated, no less than 55
Others	R
History	
Due to pituitary adenoma or hyperplasia	See Pituitary Tumor
Others	
Cause known	RFC
Cause unknown	Refer to Section Chief

CYANOSIS

Cyanosis is blueness of the skin, due to insufficient oxygenation of the blood. Cyanosis is encountered in serious heart disease and is a dangerous sign indicating that the heart is failing to meet the burden of carrying the blood through the lungs in the normal manner. It is found also in conditions where the respiratory function is impaired. In its early stages it is manifested by a blueness of the lips and the fingernails.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

When cause is determined	RFC
When cause is undetermined	400

CYSTECTOMY

A cystectomy is a surgical operation for removal of all or part (partial) of urinary bladder. Total cystectomy is employed chiefly in the radical treatment of:

1. Infiltrating bladder tumors, which apparently have not extended beyond the organ but cannot be resected.

2. Infiltrating tumors when the bladder is contracted by fibrosis following either preceding inflammation or treatment of the growth by electocoagulation, cautery, or radium.

3. Rapidly recurring generalized papilomatosis – these tumors being histologically benign but clinically malignant.

4. Vesical exstrophy.

5. Rare cases of intractable cystitis that is usually of the Hunner interstitial variety.

6. Incurable vesicovaginal fistula.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Within 2 years	400
Within 2 – 5 years	300
After 5 years	100

CYSTIC FIBROSIS

Cystic fibrosis is an inherited disease primarily affecting the gastrointestinal and respiratory systems. Usually is causes chronic obstructive pulmonary disease (COPD) and pancreatic insufficiency. Thick mucus tends to plug airways in the lung, leading to chronic cough,

respiratory infection and bronchiectasis. End stage lung disease occurs as pulmonary hypertension and right ventricular hypertrophy (cor pulmonale).

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Under age 20	R
Age 20 and over	
Mild disease, best cases	400-125
Others	R

CYSTITIS

Cystitis is an inflammation of the urinary bladder.

Acute cystitis – usually of sudden onset, is characterized by frequent and painful urination. Recovery is usually prompt after an acute attack.

Chronic cystitis – any attack in excess of 6 weeks' duration. This may be the result of serious infection of the bladder or of disease of other parts of the genitourinary tract. The symptoms are the same as those of the acute form but are milder in character. Hunner's ulcer is a type of chronic cystitis with ulceration resistant to treatment.

Interstitial cystitis – etiology is unknown in this inflammatory disease of the bladder. Symptoms are pain and urinary frequency. No therapy is more than 50% effective. Severe cases may require urinary diversion. It can be debilitating and may be accompanied by depression.

Neurogenic bladder – due to malfunction of the nerves that carry messages from the brain to the bladder muscles.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present at time of examination, treat as abnormal urine alone	
Single, acute attack, after recovery	0
Chronic or repeated attacks	
Cause known	RFC
Hunner’s ulcer (chronic interstitial cystitis) present	
Present	55
Recovered	0
History of Hunner’s Ulcer – after recovery	
Within 3 years of recovery	25

After 3 years	0
Others, cause unknown – the following debits will be added to any rating for abnormal urinalysis:	
Within 1 year	20
Within 2 years	10
After 2 years	0
Interstitial cystitis	
Present	55
Recovered	0
Neurogenic bladder	
Cause unknown	
Severe, frequent or chronic urinary tract infection; abnormal KFTS or urine	R
Urine and kidney function tests normal, treatment by diversion or intermittent or indwelling catheter	125
Urine and kidney tests normal, urinary catheter or urinary diversion not required	0
Cause known	Rate for greater of cause or above schedule

CYSTOTOMY

A cystotomy is a surgical operation on the urinary bladder. The more common indications are stones, tumors, including papilomas, diverticula, and bladder injuries.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Uncomplicated	
With normal urine	RFC
With abnormal urine	Add the debits for the abnormal urine to those of the cause
Present – rupture or stone	100
After recovery	0

CYSTS

Cysts are common and may be congenital (thyroglossal duct cyst) or acquired (sebaceous and pilonidal cyst). In general they consist of a sac containing liquid or semisolid material. Cysts

are usually harmless but if large or multiple they may interfere with functions, such as polycystic disease of kidneys. In some locations, malignancy must be ruled out (ovary, thyroid) or when located in critical areas such as the brain they can cause devastating effects.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Bone	
Present	0
History, removed, after recovery	0
Bronchial cleft or thyroglossal duct	
Present	
Small, asymptomatic, no recent change in size	0
Others	R - 0 Refer to Section Chief
History, removed, after recovery	0
Dermoid – skin and surface mucous membrane	
Present	
Existing for 3 years or more, asymptomatic, not enlarging	0
Others	Refer to Section Chief
History	0
Other locations	
Present	R
History	
Malignancy excluded	0
Malignancy suspected or confirmed	Apply rules for Cancer
Pilonidal or sebaceous	
Present	0
History, removed, after recovery	0
Others	See specific organ or tissue involved

CYTOMEGALOVIRUS

Cytomegalovirus infection causes a wide range of disorders from asymptomatic infection to a syndrome resembling infectious mononucleosis in otherwise healthy individuals, to serious disease in newborns and immuno-compromised hosts.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	Refer to Section Chief
Recovered	0

D

DENGUE

Dengue, also called Dandy fever or breakbone fever. It is an acute virus disease caused by the bite of an infected mosquito. It starts with sudden onset of fever, pains in the joints, muscles, head, and eyes and a Roseola (rose colored) skin eruption. Usually there are 2 or 3 days of symptoms, a few days remission and then 2 or 3 more days of symptoms. Recovery may be slow but the mortality rate is low.

Present	30
Upon Recovery	0

DEVIATED SEPTUM

A deviated septum is an abnormal dividing wall in the nose, usually congenital. Disregard.

DIABETES MELLITUS

Diabetes Mellitus is a disorder of carbohydrate metabolism of varying etiologies, characterized by hyperglycemia.

Any of the following are considered to be diagnostic of diabetes:

1. Classic symptoms (weight loss, excessive thirst, etc.) of diabetes combined with a non-fasting blood glucose level of 200 mg. or more and/or a fasting level of 140 mg. or more.

2. A Fasting Blood Sugar on more than one occasion (different days) equal to or greater than 140 mg.

3. Fasting Glucose less than 140 mg. but the 120 minute sample and one other sample exceed 200 mg. after a 75 gm. glucose meal.

Glycosylated Hemoglobin (HbA1c) and Fructosamine tests have not replaced the Fasting Blood Sugar or Glucose Tolerance Test for making the diagnosis of diabetes. They are, however, useful for assessing the level of control of the disease.

Type I, or insulin dependent diabetes (IDDM), requires insulin replacement therapy for survival. Low insulin levels and other factors may make these individuals prone to complications and poor control.
Type II, or noninsulin dependent diabetes (NIDDM), is characterized by abnormalities in insulin metabolism rather than the complete absence of insulin production. The hyperglycemia in these individuals may be controlled by diet, but oral hypoglycemic agents or even supplemental insulin therapy may be required. In some instances weight loss may result in return of glucose levels to the normal range.

Diabetics are subject to premature arteriosclerosis and the most common cause of death is cardiovascular disease. Stroke and renal failure are also common. Up to 50% of insulin dependent diabetics develop renal disease, initially manifested by albuminuria. Renal failure is likely to follow the development of kidney disease in these individuals.

Blindness, due to retinopathy, may also contribute to excess morbidity. Diabetic neuropathy with its combination of decreased sensation, increased susceptibility to infection, and impaired circulation may lead to chronic ulceration of the feet and in severe, cases, the need for amputation.

The prognosis with regard to individuals with diabetes is dependent upon their willingness to comply with their physician's instructions and to educate themselves concerning the disease. They must be willing to accept the limitations of diet, medication and conduct which are prescribed.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

The basic rating table shows the debits to be used in the most favorable cases. Additional debits must be applied when all conditions are not favorable.

Basic Rating	Less than 10 Years	10-15 Years	15 Years and Over
Age 39 and under	150	175	225
Age 40 – 59	125	125	175
Age 60 – 65	100	100	200

Extra ratings are to be added to the basic rating given above as follows:

1. Under control less than 1 year	100
2. Overweight: Basic build rate 120 to 150 debits	50
3. Overweight: Basic build rate over 150 debits	100
4. Blood pressure table rate 40-50 debits	100
5. Blood pressure table rate over 50 debits	200
6. No. 2 and No. 4 above combined	300
7. No. 3 and No. 4 above combined	300
8. Occasional 1% to 3% glycosuria	50
9. Acetone or diacetic	100
10. Fasting blood sugar 180-200 mg. or Postprandial 180-250 mg.	100
11. Fasting blood sugar over 220 mg. or Postprandial above 250 mg.	200
12. Albuminuria requiring a debit of 25 and up	100
13. Insulin 71-85 units daily	25
14. Insulin over 86 units daily	75
15. Under medical control for over 20 years	50
16. Two episodes of diabetic coma	100
17. More than two episodes of diabetic coma	100
18. Evidence of other vascular disease, i.e., amputation	200
19. Alcoholism, requiring debits of 30 and up	100
20. Inadequate medical supervision	100
21. Coronary artery disease	500
22. Family history	See Family History
23. Retinitis	50
24. Neuropathy	50
25. Phlebitis – unilateral – no previous attack	50
26. Bilateral or recurrent attack	100

DIAPHRAGMATIC HERNIA

Diaphragmatic hernias are protrusions of abdominal contents through the diaphragm into the chest. About 50 percent exist from birth. Small congenital diaphragmatic hernias discovered accidentally by x-ray taken for other reasons may be disregarded if they are not causing symptoms. Diaphragmatic hernias caused by injury (traumatic) may require surgical correction.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Small, symptomless, no other GI complaints	0
Small with symptoms	20
Cured by operation	
Within 1 year	10

After 1 year	0
Others	
Depending upon size, symptoms and degree of disability	Refer to Section Chief

DIARRHEA-DYSENTERY

Diarrhea is an abnormal frequent bowel movement of fluid fecal (bowel waste) matter. It is usually caused by contaminated food or minor infections of the intestinal tract usually referred to as "acute enteritis," "gastroenteritis," or "intestinal grippe." It may result from numerous other causes, i.e. liver and pancreatic disorders, parasite infections, emotional upset and virus infection.

Dysentery is a term similar in meaning to diarrhea but is a much more severe and prolonged condition. It is characterized by pain in the abdomen, diarrhea and cramps. Blood or mucous may appear in the stools. The two specific varieties are amebic and bacillary.

Bacillary dysentery is an acute infection of the bowel usually caused by bacteria. Prognosis is good if treatment is prompt and adequate.

Amebic dysentery, also called amebiasis, is an infectious disease caused by the invasion of the intestinal tract by ameba. Typical symptoms include frequent stools accompanied by cramps, blood and ulceration in the bowel. Recurrences are common. If recognized in the early stages and thoroughly treated, early recovery can be expected. If chronic or neglected, complications of the liver or colon may develop. When symptoms cease and repeated stool examinations are found to be negative, the risk may be regarded as cured, Diagnosis is by examination of the stool in which may be found the specific ameba (amoeba histolytica).

Salmonella – There are many serological types of this infection which usually occur in otherwise healthy subjects following the ingestion of contaminated food or drink, Following an incubation period of from 8 to 48 hours there is a sudden onset of colicky, abdominal pain and loose watery diarrhea. Symptoms usually subside within 2 to 5 days and recovery is uneventful. Sometimes symptoms last 10 to 14 days. It may occur as a focal infection of various organs, may complicate malaria, relapsing fever, sickle cell anemia, bartonellosis (Carrion's disease) liver and neoplastic diseases. An individual's resistance to this disease may be reduced following major gastric surgery, use of corticosteroids, alkylating agents, or irradiation. Diagnosis depends upon a history of exposure or ingestion, and isolation of causative organism. Fatalities are rare and are usually limited to infants and debilitated individuals. The carrier state usually will spontaneously cease in l to 3 months.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Diarrhea	

Uncomplicated – upon recovery	0
Others	RFC
Bacillary Dysentery	
Present	40
Within 6 months after recovery	0
Amebic Dysentery	
One attack, duration less than 2 months	
Presently under treatment	50
Within 1 year after recovery	20
After 1 year	0
One attack of 2 or more months, or recurrent attacks	
Presently under treatment	100
Within 1 year after recovery	75
Within 2 years	30
After 2 years	0
Salmonella	
Uncomplicated	0
Complications	Rate for abscess of organ or accompanied disease

DIPHTHERIA

Diphtheria is an acute infectious disease characterized by the formation of a grayish membrane in the pharynx and nasal passages. It sometimes shuts off the windpipe completely. Persons affected may appear to have a mild sore throat but usually fever is high and exhaustion is extreme. In extreme cases it can cause paralysis of the palate and pharynx. Myocarditis is always a hazard.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	200
After recovery	
Without complications	0
With complications	Rate for complication or residual impairments

DISLOCATIONS

A dislocation is the displacement of the bones that form a joint. Loss of use of the joint occurs and continues until the dislocation is corrected. Injury to ligaments and soft tissue in and about the joint is common. Recurrent dislocations of the shoulder, elbow, and knee (trick knee) often require surgical repair to stabilize the joint.

The ratings below are for dislocations only. If accompanied by ankylosis or fracture, consider under appropriate rules.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Recurrent dislocation of hip	
Present	15
Corrected by surgery	0
Congenital dislocation of hip	
Present	
One side with or without aids	15
Both sides with or without aids	30
Corrected by surgery	0
Recurrent dislocation of elbow, shoulder, or knee	
Present	10
Corrected by surgery	0
Other dislocations	
Singe – after recovery	0
Recurrent	15

DIVERTICULUM-DIVERTICULOSIS-DIVERTICULITIS

A diverticulum is a closed pouch or saccular opening extending out from a hollow organ.

Diverticulosis is the presence of multiple pouches or sacs usually found in the large (sigmoid or descending) intestine (colon). This condition can exist without showing any signs and in this state is of no underwriting consequence. It does exist in a large percentage of persons over 45 and they are not even aware of its presence. Usually it is found on routine x-ray taken for some other reason.

Diverticulitis is the inflammation of one or more diverticulum. This inflammation is usually the first evidence that diverticulosis is present. The inflammation may subside within a few days or may spread and cause abscess, spasm or swelling (edema). These complications may lead to peritonitis, fistula formation with the urinary bladder or erosion into an artery or vein, etc.; surgical correction is often required.

Meckel's diverticulum is a congenital pouch or sac located near the appendix. Usually it creates no symptoms. When it does surgery is normally required. Following a successful operation it becomes a standard risk.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Diverticulum of duodenum – rate for size	
Present	35
Corrected by surgery	
Within 1 year	10
After 1 year	0
Diverticulum of esophagus	See Esophagus
Meckel's Diverticulum	
Without symptoms	0
With symptoms	35
Operated – upon recovery	0
Diverticulosis	
Present – no history of diverticulitis	
Unoperated or single operation, asymptomatic	0
Others	15
Diverticulitis	
Unoperated, one or more attacks	
Within 1 year of last attack	20
2nd year	10
After 2 years	0
Operated	
Within 1 year of operation	20
2nd year	10
After 2 years	0

DIVERTICULUM OF BLADDER

Diverticulum of the bladder results from a congenital deformity of the bladder wall; they may be singular or multiple, with or without symptoms and large or small. They are frequently the cause of recurrent infection. (See Diverticulosis).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present – Urine normal	
Small to medium	25
Others	50
With abnormal urine, add debits under urine	
Operated – Urine normal	
Within 1 year	20
Within 2 years	10
After 2 years	0
With abnormal urine, add debits under urine	

DRUG ADDICTION

Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.) are also known as pep pills, bennies, dexies, speed, ice, etc. They are used medically for weight reduction, narcolepsy, depression and some behavioral disorders. They are a stimulant and can result in restlessness, dryness of mouth, tachycardia and tremor. Abuse, particularly by injections, can produce a psychosis or even death.

Barbiturates (Phenobarbital, Luminal, Amytal, Nembutal, Seconal, etc.) are also known as goofballs, blue heavens, yellow jackets, red devils, phennies, etc. They are used medically to sedate or calm patients and to induce sleep. They are depressants acting in much the same way as alcohol and, in combination with alcohol, may produce death. They are habit forming and may produce a physical dependence. Abrupt withdrawal after heavy use often causes convulsions and even death.

Cocaine (coke, crack, powder) is widely available in many forms from powder to crack cocaine. It can be ingested in numerous ways from inhaling to injections. Thus hepatitis, AIDS, and other infections are possibilities resulting from unsterile needles.

LSD is a hallucinogenic drug with unpredictable results. The most common effects are delusions, depression, anxiety and confusion. Even a single “bad trip” may produce a psychiatric disorder, and hallucinations may continue to recur even without further use. LSD is commonly called acid, sugar, big D, or cubes.

Marijuana is also known as pot, grass, tea, weed, Mary Jane, and when rolled may be referred to as reefers, sticks, joints, good-butts, etc. Legally it is an opiate and narcotic. Its strength varies considerably, with a very potent form being known as hashish. In modest doses, the effects are often similar to that of alcohol. Use of hashish or strong heavy doses or extensive use of marijuana may produce hallucinations or psychotic reactions.

Narcotics are opium and opium derivatives such as morphine, codeine, heroin and paregoric. Demerol and Dolophine are also narcotics. Many compounds of opium are widely used in

medicine as pain killers. Heroin is the principal illicit drug and is known as big H, horse, junk, smack and scrag. As is true of cocaine, it may be sniffed, injected beneath the skin (skin or joy popper) or injected intraveneously (mainliners). On a long term basis, a high tolerance develops and there is a psychic and physical dependence. Heroin addicts can be spotted by their pinpoint pupils, needle marks, "nodding" and slow pulse rate.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Any drug of abuse	
Positive findings in urine, no admissions, no history	R
Amphetamines, cocaine	
Information from the proposed insured or attending physician confirming intermittent use as a temporary stimulant, no evidence of a ratable behavioral problem	125
Suspicion of abuse by injection, behavioral problems	
Within 2 years	R
3rd – 5th year	
If reverting to abuse improbable	100
Otherwise	R
After 5 years	0
Barbiturates	
Evidence of physical dependence	
Within 2 years	R
Thereafter – consider associated problems and permanence of reform	Rate accordingly but not less than Amphetamine schedule above
LSD	
Use within 3 years	R
After 3 years	
Single "trip" only, no evidence of psychiatric problems or maladjustment, good student or employment record	0
Others	
Within 5 years	R
6th – 10th year	175
After 10 years	0
Marijuana and hashish	

Occasional use or discontinued 1 year or more	0
Weekend or regular use	55
Opium and its derivatives, Demerol, Dolophine, including those that receive Methadone treatment	
Within 2 years	R
3rd – 5th year	150
6th – 10th year	55
After 10 years	0
Other drugs	
Mescaline and peyote	Rate same as Hashish
Miscellaneous	Classify under one of the above guides according to its effect on the individual

DUODENITIS

The duodenum is the first division of the small intestine, it is about 11 inches or 12 finger breadths long (duodeni means 12 – hence the name). It may become inflamed and produce symptoms of diarrhea alternating with constipation, rumbling in the high abdomen and may produce a little jaundice.

The diagnosis is made in patients who have stomach trouble of the ulcer type when x-rays produce no definite ulcer cavity. The duodenal cap fills and empties rapidly and appears irritable and fuzzy in outline.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mild or moderate – infrequent brief episodes not requiring medical attention or prescription medication	0
Severe – more frequent or prolonged, requiring medical attention, prescription medication and requiring diagnostic tests	30

DYSPLASTIC NEVUS SYNDROME

Dyplastic nevi or atypical moles are larger and more irregular than typical benign moles. They are both a precursor or melanoma and a marker for an increased risk of melanoma arising from normal skin.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

History of Dyplastic Nevi, no personal or family history of melanoma	0
History of Dyplastic Nevi, plus family history of melanoma	55
History of Dyplastic Nevi, plus personal history of melanoma	Add 55 to Melanoma schedule

E

EAR DISORDERS

Ear disorders are common but of little significance to the underwriter. Newer diagnostic techniques and treatments have greatly diminished the occurrence of chronic otitis media, the development of cholesteatomas and the threat of mastoiditis and its complications.

Deafness	
Partial or total with/without hearing aid	0
Mutism	0
Otitis	
Otitis Externa, Otitis Media, Otomycosis	0
Mastoiditis and other chronic disorders	
Mastoiditis, Chronic Otitis Media, Cholesteatoma	
After treatment and recovery	0
With continuing or recurrent discharge or treatment	55

Meniere's Syndrome

This is a condition characterized by fluctuating unilateral hearing loss, tinnitus (ringing in the ears) and recurrent episodes of vertigo. It may cause considerable morbidity and can be confused with tumor, vascular or neurological disease. The basic disease, adequately investigated and diagnosed, has little mortality significance.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Adequately investigated	0
Others	
Within 1 year of last attack	55
2nd year	30

After 2 years	0

EDEMA

This is a collection of fluid in the tissue with consequent swelling of the parts affected.

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Localized, due to infection, phlebitis of varicose veins	RFC
General, dropsy, due to heart or kidney disease	Refer to Section Chief
Edema of lungs, cause not determined	400
Angioneurotic throat and larynx	
Present – severe	400
Within 1 year	100
Within 2 years	50
Within 3 years	30
Others – see under Urticaria	
Mild, eyelids and ankles, late in day, past mid-life	20

ELECTROCARDIOGRAM

Axis Deviation

Right axis deviation is normal in newborns and young children and occasionally will persist into adulthood as a normal variant. Right ventricular hypertrophy, bundle branch blocks and dextrocardia can also produce right axis deviation.

Left axis deviation can be caused by changes in heart position within the chest (pregnancy, ascites, obesity), left ventricular hypertrophy, left anterior hemiblock and complete left bundle branch block.

Right axis deviation	
No other heart disorder	0
Otherwise	Rate for associated disorder
Left axis deviation	
Up to –44 degrees	0
Minus 45 degrees and over, when discovered	
Up to age 59	0
Ages 60 and over	30

Atrioventricular Blocks

Delays in the conducting system may be congenital, or acquired due to disorders such as coronary artery disease, rheumatic fever, medications and cardiac surgery.

In first degree block, the PR interval on the ECG is prolonged beyond the normal 0.20 seconds.

Second degree block results from abnormalities in conduction through the AV node with consequent failure of some of the impulses to reach the ventricles. There are two types:

> Mobitz I (Wenckebach): PR interval lengthens progressively in successive beats until an impulse fails to conduct to the ventricles, resulting in a ventricular pause. Generally benign and does not progress to complete heart block.
>
> Mobitz II: PR interval remains constant with successive beats. AV node fails to conduct impulses at intervals. This is the more serious of the two forms and may progress to complete heart block.

Third degree (complete) block occurs when all impulses originating in the atrium are blocked from the ventricles. In this instance, the atria and ventricles contract independently of each other.

Second and third degree heart blocks may be associated with a slow pulse. This may be tolerated well by some individuals but an electronic pacemaker is needed for most cases of complete heart block. The slow heart beat may result in episodes of syncope, termed Stokes-Adams attacks.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Under 40	Age 40-49	50 and Over
Condition stable, less than 5 years			
1st degree block			
PR .25 - .30	30	55	80
PR over .30	55	80	125
2nd degree block			
Mobitz I (Wenckebach)	0	55	80
Mobitz II	125	225	275
3rd degree (complete) block	125	225	275
Condition stable 5-10 years	Reduce ratings by one class		
Condition stable over 10 years	Reduce ratings by two classes		
Stokes-Adams attacks, no pacemaker	R		
Treated with pacemaker	See Pacemaker		

Bundle Branch Block

Complete right bundle branch block is usually of little significance. It may be normal variant or associated with heart disease or cardiac surgery.

Complete left bundle branch block (LBBB) is frequently associated with heart disease, usually coronary artery disease.

Left anterior or left posterior hemiblock (LAH, LPH) occurs when a portion of the left bundle (see LBBB) is blocked. Causes are similar to LBBB.

Bifascicular block occurs when there is right bundle branch block and either left anterior or posterior hemiblock.

Complete bundle branch blocks that develop with acute myocardial infarction are presumed secondary to the infarction. Debits are assessed as for the underlying coronary disease. Complete bundle branch blocks that develop in the absence of the acute cardiac events may represent a deterioration in cardiac status. Debits should be assigned as below.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Incomplete right or left bundle branch block	0	
Complete bundle branch block		
Age when discovered	Right	Left
Under 40	0	75
40 and over	55	100
Bifascicular block	Rate as LBBB	
Left anterior or posterior hemiblock	See LAD	

Pacemaker

Pacemakers are surgically implanted electronic devices that stimulate heart beats. These devices may be used temporarily, as for acute myocardial infarctions, or permanently. The usual indications for a pacemaker are symptomatic heart block (whether congenital or acquired) and arrhythmias such as sick sinus syndrome (bradycardia – tachycardia syndrome). The prognosis in conditions treated with a pacemaker is related to the nature of any underlying heart disease. It is poorer in the elderly and those with a history of CAD or congestive heart failure. Complications may include perforation, arrhythmia, infection, thrombosis, emboli, lead fracture, displacement, malfunction, etc.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Congenital heart block	
No complications or other congenital heart disorder	55
Others	Rate for complications or underlying heart disease +55

Acquired heart block	
Stokes-Adams attacks, Sick Sinus Syndrome	100
Coronary or other heart disease	Rate for underlying heart disease +55
History of CHF or other complications	R

ST Segment Changes

Changes in the ST segment, straightening and depression, may indicate myocardial ischemia. They should be underwritten according to the table, unless additional information is available which will allow a modification to the rating.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Females Ages 0-59 Males Ages 0-39	Females Ages 60 up Males Ages 40 up
ST segment changes, no CV history or findings	55	100

Modifying factors:

Where there is report of a well done, normal, exercise test with or without thallium scan, arteriogram, exercise echocardiogram or other significant test to help rule out ischemia, debits may be reduced by 50% or to 0, depending on the circumstances of the case.

T Wave Changes

T wave changes are one of the most common abnormalities noted on electrocardiograms. Major T wave changes – clearly inverted T waves in leads where they should be upright – usually imply some past or present cardiac abnormality. Minor T wave changes are very common and are due to a variety of factors. Minor T waves may be low (less than 1 mm.) in a lead that should clearly have an upright T wave, flat or even slightly inverted.

	Females Ages 0-59 Males Ages 0-39	Females Ages 60 up Males Ages 40 up
Major T wave changes	55	100
Minor T wave changes	0	55

Wolff-Parkinson-White Syndrome (WPW)

In this syndrome, impulses originating in the right atrium bypass normal conducting pathways and may cause episodes of tachycardia. Medications, and in rare instances surgery, may be needed to control arrhythmias.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Age when discovered	Without history of Tachycardia	With history of Tachycardia
Under 30	0	30
30-39	0	55
40 and over	0	80

EMBOLISM (Pulmonary)

Blood clots which lodge in the blood vessels of the lungs usually originate from veins in the pelvis or legs. Obesity, trauma, inactivity and surgery increase the likelihood of occurrence. Treatment may include anticoagulant (blood thinners) which carries the additional risk of hemorrhagic events.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Within 6 months	RFC
Thereafter	RFC

EMBOLUS

An embolus is a blood clot circulating in blood vessels. It may lodge in any artery, inducing ischemia and infarction distal to the site of obstruction. Arterial emboli usually originate from the heart, either from damaged valves or thrombi which cause atrial fibrillation and myocardial infarctions. Rarely, emboli occur with intracardiac tumors (atrial myxoma) or with endocarditis, when portions of tumor or infected material break free into the blood stream.

History	RFC

EMPHYSEMA

Emphysema is air in the lung tissues that causes the air sacs to become abnormally enlarged. It may be caused by frequent violent coughing from chronic bronchitis, the cough and respiratory effort with asthma, or in occupations, like glass blowing. Usually it is diagnosed after the ailment is far advanced. Physical signs usually found are barrel- shaped chest and dyspnea (difficult breathing).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Slight – no complications (rales may or may not be present)	25
Moderate	
May or may not show signs of bronchitis, with moderate dyspnea or exertions. No rales, no asthma or bronchitis.	50
With asthma or bronchitis	100
Severe – marked "barrel chest," asthmatic breathing, definite dyspnea, chronic bronchitis, etc.	300
Extreme – in addition to severe, unable to walk any distance without requiring frequent oxygen	600

EMPYEMA

Empyema is the accumulation of pus in the pleural space (the space between the lung and the chest wall).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	Refer to Section Chief
History	0

ENCEPHAHALITIS

Encephalitis (sleeping sickness) is an inflammation of the brain that may result from many causes, including infectious diseases and head injuries. Encephalitis lethargica, is a virus infection. The onset may be gradual, or sudden, mild or severe, with headache, weakness, drowsiness, lethargy (coma) and progressive muscular weakness. Recovery is slow, death not unusual. Sequelae in the form of personality changes and paralysis are common, or may develop later. AIDS-related encephalitis is probably the most common form seen today.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No residuals	
Within 1 year of recovery	50
2nd year	30
After 2 years	0

With residuals, such as personality changes or paralysis	
Depending upon extent and severity	Refer to Section Chief
AIDS related	R

EPILEPSY

Epilepsy is a chronic disease of the nervous system characterized by loss of consciousness with or without convulsions, spasms or fits. The first attack usually occurs before age 20; if the onset is after age 30, it is usually due to a tumor located in the frontal or temporal lobe. These tumors are usually benign (non-cancerous) in origin. This may develop a few years after a fractured skull or severe head injury.

In 1981, the criteria and definitions for classifying seizures changed. The following terms are roughly synonymous.

Old	New
Grand Mal	Generalized Tonic-Clonic
Petit Mal	Generalized Absence
Psychomotor	Complex Partial
Temporal Lobe	Complex Partial
Jacksonian	Simple Partial

Generalized Absence (Petit Mal) is a mild form with transitory unconsciousness. These attacks may be so transitory that associates of the person affected may not even notice them. Normally, there is only momentary loss of consciousness and no convulsions.

Generalized Tonic-Clonic (Grand Mal) is a severe form with convulsions and unconsciousness.

Simple Partial (Jacksonian Epilepsy) is not true epilepsy because it results from a brain injury and is usually due to pressure on a part of the brain. It is characterized by convulsive seizures limited in extent and confined to a particular part of the body. Surgical correction and recovery are possible.

Narcolepsy is not really a form of epilepsy and is included here for convenience: it is the inability to stay awake regardless of time, place, or activity. It may be due to a disturbance of internal secretions, possibly a variant of encephalitis or a previous head injury.

Nocturnal Epilepsy is a type of epilepsy in which the attack occurs during sleep.

Epilepsy occurs more often among relatives of epileptics than in the general population.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

The various types of epilepsy may be rated according to the following schedule.

	Table
Complex Partial (Consciousness Impaired)	A
Generalized Tonic – Cloric	A
Infantile Spasms, Hypsarrhythmia, Nocturnal Epilepsy	A
Generalized Absence	B
Simple Partial (Consciousness Not Impaired)	B
Nocturnal Epilepsy	B
Metabolic Brain Disease	C
Status Epilepticus	C

Table A	
Adequately investigated, well controlled, on treatment	
Within 6 months of diagnosis	Refer to Section Chief
Within 2 years of last seizure	125
Within 3 – 5 years of last seizure	55
After 5th year	0
Any mental deterioration or personality changes or more than 6 seizures a year	R

Table B	
Within 2 years of last seizure	75
After 2 years.	0

Table C	
After 5 years	R

Febrile Seizures

Epilepsy suspected	Refer to Table A

EPITHELIOMA

An epithelioma is the most common of all skin cancers or skin tumors. There are two types of skin cancers, one composed of basal cells, known as a rodent ulcer, and the other composed of squamous cells, sometimes called squamous celled carcinoma. The basal cell is the less serious of the two since they do not metastasize (spread to other organs) and as a rule they do not have a tendency to invade more deeply and remain confined to the skin. Squamous cell on the other hand has a tendency to grow both outward and inward and may metastasize rapidly and widely.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Epithelioma	Refer to Tumor Rating Chart A

ESOPHAGUS

The esophagus or gullet is a muscular tube lined by a mucous membrane extending from the pharynx (a sac between the mouth and esophagus) to the stomach. Foreign bodies sometimes become lodged in the esophagus and require removal by esophagoscope.

Achalasia (Megaesophagus) - a disorder of the nerves of the esophagus producing obstruction to the passage of food and liquids with secondary dilation of the esophagus.

Barrett's Esophagus - an abnormal lining of the lower esophagus that may result from peptic esophagitis.

Cardiospasm – spasm of the lower part of the esophagus. It may be congenital or acquired. Occasionally it is associated with severe neurosis, gastric or duodenal ulcer, or organic lesions of the esophagus.

Diffuse Esophageal Spasm – the peristaltic wave proceeds normally from the upper esophagus until it reaches the lower third of the esophagus where "spastic" or simultaneous contractions intervene and cause pain that can mimic angina pectoris.

Esophagitis, Gastro-Esophageal Reflux, Heartburn – inflammations of the lower esophagus caused by reflux of gastric juice from the stomach up into the esophagus.

Esophageal Tear (Mallory Weiss Syndrome) – laceration of the esophagus or stomach lining during intense vomiting, frequently with hemorrhage. This is sometimes associated with ratable conditions such as alcoholism, bulimia, migraine, etc.

Varices – deflated veins in the lower esophagus often secondary to cirrhosis. Rupture of a varix results in hemorrhage that is frequently massive and often leads rapidly to death. Despite treatment, prognosis is poor.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Achalasia, megaesophagus	
Present or history, adequate work up and symptoms limited to mild dysphagia	0
Others	55
Barrett's Esophagus	

Present without dysplasia	55
Present with history of dysplasia	R
History, resolution documented by endoscopy	0
Cardiospasm	
Emotional or nervous origin – organic disease excluded	
Single or occasional attack (not more than 1 per year) with mild symptoms, after recovery	0
Severe, recurrent or uncertain diagnosis	Rate as Duodenal Ulcer
If known to be secondary to other disease	RFC
Diffuse Esophageal Spasm	
Present or history	
Well worked up, cardiovascular disease included	0
Otherwise	Rate as suspicious Chest Pain
Diverticulum – an abnormal sac in the wall of the esophagus, usually congenital but may be acquired	
Present, small – mild symptoms	0
Others	0
Operated	
Within 1 year	0
After 1 year	0
Esophageal Tear (Malloy Weiss Syndrome)	
Treated and recovered, ratable cause ruled out	0
Others	RFC
Esophagitis, Gastro-Esophageal Reflux, Heartburn	
Present or history	0
Others	55
Foreign bodies – after removal and return of swallowing	0
Hemorrhage	
Cause known	RFC
Others	
1 attack	
Within 1 year	50
Within 2 years	25
After 2 years	0
Multiple attacks	

Within 1 year	200
Within 2 years	50
Within 3 years	25
After 3 years	0
Spasm	
Functional	See Cardiospasm
Others	RFC
Stricture	
Present – mild	0
More than 2 dilations per year or complications	75
History	0
Ulcer	
Mild – after recovery and within 1 year	10
Others – no suspicion of cancer, no complications	
Within 1 year	50
Within 2 years	30
Within 3 years	20
After 3 years	0
Varices	
Present or history	R

EXERCISE TESTS

Exercise testing to detect coronary artery disease continues to be a developing field. Treadmills, stationary bicycles and pharmacologic stress may be used. Different protocols have been recommended, though the Bruce protocol is probably the most popular. Numerous criteria have been proposed for evaluating the results but none is entirely satisfactory. In the final analysis, the likelihood that a positive (abnormal) ECG exercise test represents ischemia will depend on the degree of suspicion before the test, the factors surrounding the test, all modified by the results of any additional studies done afterwards.

Pretest: These are factors that either raise or lower ones expectation that a treadmill will be normal or abnormal. Presence or absence of chest pain, age and sex of examinee, presence of risk factors such as smoking, diabetes, hypertension, and abnormal lipids.

Test: Stage reached, percent of age-predicted pulse rate achieved, degree and duration of any abnormalities noted.

Post-Test: Results of tests such as thallium scan or catheterization.

Criteria for Test Interpretation:

Normal

1. Absence of ST segment change at 85% maximal predicted heart rate.
2. Junctional depression with rapidly rising ST segment
3. Isolated T wave inversion, infrequent ectopic ventricular beats, atrial arrhythmias, and development of RBBB.

Positive

Development of 0.10 mv (1 mm.) or more, flat or downsloping ST segment displacement, or junctional depression with slow rising ST slope that remains 2.0 mm or more depressed 90 msec after J point. Borderline changes that occur at maximum stress in a technically satisfactory test may be ignored if shown not to persist a minute or more after exercise.

Mildly Positive

1. ST depression between 1-1.5 mm.
2. J junction depression with ST depressed 2.0 mm. or more at 80 msec.

Moderately Positive

1. ST depression between 1.5 and 2.5 mm.
2. Upsloping ST depression with ST segment more than 2.5 mm. depressed at 80 msec.
3. Frequent ventricular ectopic activity at heart rates under 130 when associated with milder ST segment abnormalities.

Strongly Positive

1. Downsloping ST segment depression with J point 2 mm. or more depressed.
2. ST segment depression more than 2.5 mm.
3. ST segment depression appearing in first stage or persisting more than 8 minutes into recovery.
4. Complex ventricular ectopic activity, runs of ventricular tachycardia or ventricular fibrillation.

Inconclusive Tests

1. Failure to attain 85% of age-predicted maximal heart rate, otherwise normal test.
2. Baseline ECG abnormalities such as LVH, RBBB, LBBB, WPW, ST or T wave changes with hyperventilation, use of digitalis or presence of other medications such as B-blockers.

Abnormal Exercise Test

Mild	75
Moderate	100
Strong	150

Modifications to Exercise Test Ratings:

If any of the following clinical changes are noted on a test report, additional debits should be given.

1. Hypotension or significant BP drop during moderate level of exercise.
2. History or development of typical angina coincident with ischemic ECG changes.
3. Unusual or severe shortness of breath.

Any of above	Add +50 to mild or moderate rating

Other factors may indicate that a mild or moderately positive test is a false positive.

1. Young, asymptomatic subjects or pre-menopausal women.
2. Presence of LVH, digitalis or MVP with resting or hyperventilation induced ST-T changes.

Any of above	Apply 50 credits to exercise test rating RFC any underlying disorder

Following an abnormal treadmill test it is common practice to do additional studies to confirm the finding. When these tests, such as thallium scan, exercise echo or catheterization are confirmatory the likelihood of coronary artery disease is high. Not infrequently, however, they provide contradictory information (a positive treadmill followed by a negative scan) and the likelihood of coronary artery disease is reduced.

Confirmatory studies	Rate as abnormal exercise test above, as appropriate
Contradictory studies	
Normal scan or exercise echo cardiogram	Apply up to 50 credits to treadmill rating
Normal coronary catheterization	Apply up to 75 credits to treadmill rating

EXOSTOSIS

An exostosis is an abnormal non-malignant outgrowth (spur) from the surface of a bone.

Present – moderate to mild symptoms	0

Cured by operation	0

EYE DISORDERS

Because of its importance as a sensory organ, its exposed position and its sensitivity, eye complaints are common. Most complaints are of little concern to the underwriter, some may lead to impaired vision or blindness, others may be associated with underlying disease or neurological disorders.

The following disorders can generally be disregarded:

Amblyopia
Arcus Senilis
Astigmatism
Blepharitis
Coloboma
Conjunctivitis
Pterygium
Refraction Errors
Strabismus
Stye

Cataracts

These are opacities occurring in the usually transparent lens. Most cataracts occur with aging, but they may be congenital, traumatic or associated with metabolic disease. Newer surgical techniques have greatly simplified their removal and increased the likelihood of visual improvement after treatment.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained on application.

Senile, traumatic	
Present	0
Operated	0
Metabolic	RFC
Congenital	
Present	0
Operated	0

Choroiditis (Iritis)

Choroiditis, chorioretinitis, episcleritis, iridocyclitis, keratitis and uveitis are a variety of inflammatory disorders which may be associated with localized or systemic conditions, infections or trauma.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained on application.

Due to injury	0
Due to other than injury	
Cause known	RFC
Cause unknown	
One attack, recovered	0
Recurrent or present	Refer to Section Chief

Glaucoma

Glaucoma is due to increased pressure within the eye due to impeded circulation of the eye fluids. "Primary" is without apparent cause, "secondary" follows a previous injury or eye disease and is usually limited to the affected eye. In severe cases sufficient pressure may be placed on the optic nerve to cause atrophy (wasting) or blindness.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained on application.

Controlled by medication or surgery	0
Others	Refer to Section Chief

Impaired Vision

If the corrected vision in both eyes is 20/200 or less, consider as blind.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained on application.

Corrected vision	
20/100 – 20/200 in better eye	0
Less than 20/200 in better eye or totally blind	
Congenital or accidental causes	0
Other causes	Refer to Section Chief

Nystagmus, Optic Neuritis, Ptosis

Several eye disorders are important because they may be manifestations of significant disease. Nystagmus is a rapid, involuntary movement of the eyes which may be congenital or related to acquired neurological disease. Optic neuritis, retrobulbar neuritis and optic atrophy are inflammations of the optic nerve and may be caused by underlying neurological disorders. Ptosis is a drooping of one or both eyelids. It may be congenital but is also seen with certain tumors and neurological disorders.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained on application.

Cause known	RFC
Cause unknown	
Within 1 year of onset	125
2nd and 3rd year	50
After 3 years	0

Retinal Disease

Retinal diseases are not uncommon and may be related to a variety of factors. Retinal detachment is frequently a result of trauma or high degrees of myopia. Hemorrhage may be spontaneous, or due to local eye conditions. It may also be due to systemic conditions such as diabetes, hypertension, arteriosclerosis or bleeding disorders. Retinitis Pigmentosa is a hereditary condition which results in degeneration of the retina and may cause blindness.

Retinal detachment	
Due to trauma, myopia	0
Other, 1 or both eyes	55
Retinal hemorrhage	
Isolated finding	0
Others	RFC
Retinitis Pigmentosa	0

F

FAMILY HISTORY

Fifty percent of the physical, mental and temperamental traits of an individual come from the parents. Diabetic parents, brothers, or sisters increase the chances of an applicant for insurance to have diabetes. The same is true of epilepsy, insanity, heart trouble, suicide or other evidence of family mental instability, and possibly tuberculosis.

	One Case	Two Cases	Three or More Cases
Diabetes	0	15	30
Epilepsy	0	15	30
Insanity	0	15	40
Tuberculosis	0	20	30
Heart Disease	0	20	30

FIBROMA

A fibroma is a benign tumor of fibrous connective tissue that is usually found in the skin or subcutaneous tissues but not limited to these areas. When found in other organs, see the specific organ.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Skin or subcutaneous tissue	
Present	
Single, large, or not more than 4 small fibromas, asymptomatic for at least one year	0
Others	55-0
History, cured by operation	0

FILARIASIS AND ELEPHANTIASIS

Filariasis is caused by the bite of an infected mosquito and the infiltration into the blood stream of a tropical threadworm. There may or may not be symptoms.

Elephantiasis is caused by the obstruction of the lymphatic channels by the filarial worms. The legs and genitals are usually affected. Inflammation, abscess formation, and swelling occur. Fortunately, this disease, which can cause unshapely legs like elephants is very rare.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Filariasis	
Present, infection within 1 year	25
Thereafter, without residual swelling	0
Elephantiasis	
Mild	50
Moderate to marked	100

FRACTURES

Fracture is a broken bone, single or multiple. If no external wound, it is known as simple fracture. If body surface pierced, compound. If several small pieces, comminuted. If one end of break forced into the other, impacted. If flattened or hollowed, depressed. If partly broken or bent, Greenstick.

Fractures of the arms or legs are unimportant after complete recovery and restoration of function. Pelvic fractures could injure the pelvic and genital organs and in females could affect normal childbirth. Fractures of the ribs may cause serious injury to the heart and lungs.

A fracture of the skull is important because of possible damage to the brain. Period of unconsciousness and immediate disability should be considered. Symptoms are many, such as, headaches, dizzy spells, neuralgias, visual disturbances, such as double vision, weakness or even paralysis in arms, legs, or face, loss of sensations, such as sense of smell, personality and emotional changes, periods of unconsciousness and convulsions. Late sequelae include the post-concussion syndrome (headaches, dizziness, amnesia, neurasthenia, psychasthenia, fatigue, confusion on mental effort), epilepsy and change of personality.

A fracture of the spine may result in injury to the spinal cord and spinal nerves. Symptoms are pain, neuralgia, bladder disturbances, and tingling or persistent paralysis in one or more extremities.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if adequate information is not included on the application.

Arms, or Legs, recovered, or simple fracture in cast to be removed in 1or 2 weeks, and satisfactory progress	0
Bones of hands, wrist, clavicle, and ankle, recovered, or simple fracture in cast to be removed in 1 or 2 weeks, and satisfactory progress	0
Pelvis, after recovery, no complications	0
Ribs, after recovery, no complications	0
Skull	
Unconscious less than 2 hours, disabled less than 1 month	0
Others	Refer to Section Chief
If any of above are complicated cases, delayed functional use, or delayed union and nonunion	30-10

FROHLICH'S SYNDROME
(Dystrophia Adiposogenitalis)

Frohlich's syndrome is a condition usually attributed to the deficiency of the pituitary gland (small oval gland connected to the brain which affects body growth). It is characterized by obesity of the girdle type (around hip and thighs) incomplete genital development, and changes in the secondary sexual characteristics.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Age 25 or under	40
Over 25 years of age – if general health and build rating are acceptable	0
Over 25 years of age with marked obesity add plus	75

FROSTBITE

The term applies to locally frozen soft parts of the body and the areas are deprived of their normal circulation of blood. The checks, nose, ears, fingers, and toes are the most often affected. The degree of damage to the locally frozen areas are similar to those caused by burns, redness, swelling, blisters, gangrene of varying depths and size, whole or part of an extremity, injury to muscles, tendon, bone and nerves. Similar terms relating to frostbite are: Chimatlon; Congelation; Pernio syndrome; and trench foot.

Underwriting Requirements

If there are serious residuals, obtain an APS (VA Form 29-8158).

Within 3 months	35
After 3 months, with only small areas involved and full recovery	0
With residuals	Rate the residual impairment
Severe – followed by Sympathectomy	Rate for degree of impairment and circulation – 150 – 50

FUNGAL DISEASES, THE MYCOSES

The mycoses, which are diseases caused by fungi, are either endemic (confined to certain geographic areas) or opportunistic (primarily attach immune deficient or otherwise seriously weakened individuals). These may include individuals who have been on immuno-suppressive therapy or those who have AIDS.

Many of these diseases produce superficial infections involving skin and mucus membranes only. All are capable, however, of involving deeper tissues, particularly the lungs and other portions of the respiratory system, less often the liver, kidney, and/or genitourinary system.

Effective antifungal therapy remains somewhat limited. Some infections, especially those which involve only superficial tissues, resolve spontaneously. When disability does result from mycotic infection the respiratory system is most likely to be affected.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present or within 2 years of recovery	0
Thereafter	0

G

GALLBLADDER DISEASE

The gallbladder is a pear-shaped organ located on the under surface of the right lobe of the liver where it acts as a reservoir for bile. The bile is periodically released into the common bile duct, which carries it into the upper bowel to aid digestion. The gallbladder and biliary ducts are a common site of acute or chronic inflammation and stone formation. Since an association has been noted statistically between gallbladder disease and coronary artery disease, the possibility of a gallbladder disorder masking some coronary involvement warrants consideration. The common disorders of the gallbladder are:

Cholelithiasis – The presence of biliary concentrations that take the form of calculi, or "stones." When they do not produce symptoms and are discovered accidentally on x-ray examination, they are known as "silent stones."

Choledocholithiasis – The presence of calculi in the common bile duct. In this location the obstruction usually causes jaundice.

Cholangitis – The inflammation of a biliary duct. Some degree of cholangitis is present in most gallbladder disorders.

Biliary or hepatic colic – The sharp cramp-like pain caused by the movement of a stone in one of the biliary ducts.

Cholecystitis – The inflammation of the gallbladder that may also involve the biliary ducts. It is usually caused by stones but may occur without them.

Acute cholecystitis – Characterized by severe pain and tenderness in the upper abdomen, vomiting, and frequently fever.

Chronic cholecystitis – A chronic inflammation of the gallbladder with repeated attacks of pain and tenderness, excessive gas and belching, and poor tolerance of fatty foods.

Cholecystectomy – The removal of the gallbladder.

Cholecystostomy – Opening gallbladder or the surgical drainage or removal of stones. This procedure is used instead of cholecystectomy to relieve symptoms in patients who might be poor risks for surgery. It is, therefore, advisable to rule out the presence of other impairments in applicants who have this history.

Choledochotomy – The cutting into the common bile duct for exploration or removal of a stone.
Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cholecystitis, cholelithiasis (gallstones), biliary or hepatic colic, cholangitis	One attack without stones	One attack with stones	More than one attack with or without stones
Present with symptoms	50	100	200
No symptoms within 1 years	30	50	100
No symptoms within 2 years	15	35	75
No symptoms within 3 years	0	25	50
No symptoms within 4 years	0	10	20
No symptoms within 5 years	0	0	0

Chronic Cholecystitis	
No treatment recommended	0
Silent stone – discovered accidentally, without symptoms	0
"Sluggish" or "non-functioning" gallbladder (Distinguish from acute and chronic cholecystitis as described above)	0
X-ray negative for stones, no other complications and no further symptoms	0
With occasional mild symptoms but no disability	0
Choledocholithiasis	Rate as more than one attack or chronic
Cholecystostomy – surgical drainage of gallbladder	
Within 3 months of recovery	75
Within 3-12 months of recovery	50
Within 2nd year of recovery	30
Within 3rd year of recovery	20
Within 4th year of recovery	10
After 4 years	0
With complications	Add 25
Cholecystectomy – removal of gallbladder	
Without choleochotomy	
With or without stones found at time of operation and returned to normal duties	0

With complications or still symptomatic	Add 25
With choledochotomy	
Not fully recovered or with mild digestive symptoms requiringonly dietetic care	Add 25
With more than one operation or more than mild continuing symptoms following surgery	Add 200
Lithotripsy	
Recurrent	Rate as Cholecystitis
Otherwise	0

GANGLION

A ganglion is a benign cyst in the region of a tendon sheath or joint capsule, usually on the back of the hand or on the foot.

With definite diagnosis	0

GANGRENE

Gangrene is a term that means "death of soft tissue." It usually results from impaired circulation due to injury or disease of the blood vessels in the affected part. It may be due to infection (gas gangrene).

Underwriting Requirements

An APS (VA Form 29-8158) will be required if not adequately described. Rule out diabetes and arteriosclerosis as cause.

Unoperated	
Within 3 months	300
3 months after recovery and no residuals	0
Operated (amputation)	Apply rating for Amputations
Others – including diabetes and arteriosclerosis	RFC and add rating for Amputations
Others – from gas bacillus infection (if recovered)	0 and add rating for Amputation or deformity

GASTRIC STAPLING, GASTROPLASTY, GASTRIC PLICATION

A wide variety of surgical procedures have been attempted to treat obesity, none of which has been entirely satisfactory. These include insertion of balloons into the stomach, intestinal and gastric bypass procedures and procedures which restrict the amount of food which can be ingested, such as gastric stapling.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Weight stabilized for 6 months, liver function tests normal	Apply debits for Build
Weight not stabilized	Refer to Section Chief
Combination of overweight and other factors	Sum debits

GAUCHER'S DISEASE

Gaucher's disease is a familiar disorder of the cerebroside metabolism characterized by abnormal large reticuloendothelial cells whose proliferation is responsible for the enlargement of the spleen, liver and intrathoracic and intra-abdominal lymph nodes, and in turn, changes in the bone marrow. There is osteoporosis with compression of vertebrae, head of femur, pelvis, tibiae and humeri with deformity and fractures. The hepatic function is normal. With splenomegaly there is usually, at some time, hypersplenism with memolytic anemia, leukopenia, thrombocytopenia, patchy brown pigment of skin especially over anterior surfaces of legs and malar region and pingueculus of the cornea.

There are two forms of Gaucher's disease: (1) acute or infantile, which is severe, of short duration and fatal; (2) chronic or adult type, which may affect individuals who may lead a nearly unhandicapped life, especially after splenectomy.

Splenectomy (in hypersplenism) is of great value in correcting the hemolytic anemia, leukopenia and thrombocytopenia caused by the abnormal splenic function but, otherwise, apparently does not influence the course of the disease. Death is usually due to an intercurrent infection but if the individuals survive they become cachetic. There is no satisfactory course of treatment.

Diagnosis most easily made by marrow aspiration; biopsy of liver or spleen is also diagnostic.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Without splenectomy	
Mild	500-300
Moderate	1000-500
Severe	3000-1000
With splenectomy	
Mild	150

Moderate	300
Severe	1000-500

GIANT CELL TUMOR OF THE BONE

Giant cell tumor of the bone is a benign growth usually occurring in the long bones, slow growing, and containing characteristic cells, called giant cells, which give it its name. Although it is considered a benign tumor when single, very rarely it may become malignant.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Benign	0
Malignant	See Tumor Rating Chart A – Giant Cell Sarcoma

GOUT

Excess uric acid in the blood (hyperuricemia) usually causes no symptoms. Occasionally uric acid crystals are deposited in joint spaces and cause a painful arthritic condition known as gout. Crystal deposition may also cause kidney stones and other kidney diseases. Medical treatment is usually effective in preventing attacks of gout and renal disease.

Pseudogout resembles regular gout in its manifestations, but is caused by a different chemical deposited in the joints.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Hyperuricemia, asymptomatic	0
Gout and pseudogout	
Occasional mild attacks, uric acid level controlled by medication (i.e. less than 10 mg%)	0
Otherwise	
Within 1 year of last attack	75
Within 2nd year	50
After 2 years	0

GUILLAIN-BARRE SYNDROME

This disorder is an acute post-infective state of the spinal and peripheral nerves and is probably caused by an altered immune response to an otherwise innocuous viral illness. It sometimes requires prolonged convalescence and may result in residual paralysis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Without residual impairment	0
With residual impairment	Rate as Poliomyelitis

GYNECOLOGIC DISORDERS (Females)

The uterus, fallopian tubes, and ovaries are contained in the lower part of the abdominal cavity or pelvis. The treatment of diseases and disorders of these organs belong to the branch of medical practice known as gynecology. Malignancy is the chief concern in underwriting disorders of the uterus, vagina, fallopian tubes and ovaries. This possibility increases with age.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Fibroid tumors	
Present	
Small, non-progressive	0
Others	Refer to Section Chief R-30
History	
Surgical removal by hysterectomy or by fibroidectomy	0
Pathology report benign	0
Otherwise	See Tumor Rating Chart C
Hydatidiform Mole	
Uterus removed, mole benign	0
Others	See Tumor Rating Chart A – Echinococcus (Hydatid Cyst)
Ovarian cysts and tumors	
Simple cyst in premenopausal female present less than 2 months diagnosed by AP or ultrasound as functional or	0

corpus luteum cyst	
Others	R
Surgically removed, benign	0
Surgically removed, malignant	See Tumor Rating Chart A

Menstrual disorders

Amenorrhea – absence of menses. Females with eating disorders and those who exercise excessively may have amenorrhea.

Dysmenorrhea – painful menstruation. Endometriosis is one cause.

Menorrhagia – excessive uterine bleeding occurring at regular intervals of menstruation. Endometriosis is one cause.

Metrorrhagia – uterine bleeding occurring at irregular intervals.

Menometrorrhagia – excessive uterine bleeding occurring both during menses and at irregular intervals.

Postmenopausal bleeding – vaginal bleeding after menopause. Common in women on hormone replacement therapy. Often due to benign cause but cancer must always be ruled out.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Menstrual disorders	
Cause known	RFC
Cause unknown	
Malignancy ruled out	0
Others	R

Pelvic Inflammatory Disease

Pelvic Inflammatory Disease is an infection of the fallopian tubes but also may be used to describe vervicitis, endometritis or oophoritis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Pelvic Inflammatory Disease	
Single attack with recovery	0
Recurrent attacks	

Within 1 year	20
Within 2 years	10
After 2 years	0
Cured by operation and recovered	0

Papanicolaou's Stain

The "pap smear" is a screening test which can indicate abnormalities of the organ (cervix, uterus) from which it was obtained. It may be reported as Class I through V, or as showing varying degrees of dysplasia, called Cervical Interaepethelial Neoplasia or CIN.

Classification:

	Pap Smear	CIN
Class I	Normal	
Class II	Atypical cells	
Class III	Abnormal cells	CIN 1 Mild Dysplasia CIN 2 Moderate Dysplasia
Class IV	Abnormal cells, cancer in situ	CIN 3 Severe Dysplasia
Class V	Abnormal, Invasive cancer	

Class I or II	0
Class III	
Not evaluated	Refer to Section Chief
Treated and follow-up smears are Class I or II	0
Others	Refer to Section Chief
Class IV	See Tumor Rating Chart A – Cervix uteri in situ or Uterus
Class V	See Tumor Rating Chart A – Cervix uteri or Uterus

Pregnancy

Currently pregnant	0
History of pregnancy terminating in abortion	
Spontaneous or elective	0
Therapeutic	RFC

Toxemia of Pregnancy

Toxemia of pregnancy is a series of abnormal conditions occurring during pregnancy, principally caused by disturbed metabolism. The most common symptoms are headaches, elevated blood pressure, albuminuria, and edema (swelling) of the legs. Most severe disturbances in late pregnancy may lead to eclampsia, characterized by intermittent convulsions and coma. The

kidneys and liver may suffer permanent damage. Recurrences during subsequent pregnancies are common.

Underwriting Requirements

An APS (VA 29-8158) is required.

Mild or moderately severe, or pre-eclampsia, no convulsions, with otherwise normal full term delivery	0
Severe toxemia or eclampsia, with or without caesarean operation, or requiring termination of pregnancy; with subsequent normal pregnancy	See Pregnancy
With sterilization or passed menopause	0

GYNECOMASTIA

Gynecomastia is a condition in males in which the mammary glands become excessive in size. This is not considered abnormal during puberty. However, where it becomes evident after maturity, the underlying cause should be sought.

Present, small or medium size	0
Large	25
After recovery	0

H

HAY FEVER

Hay fever is a condition characterized by acute inflammation of the membranes of the nose and eyes, often with asthmatic symptoms. It is basically an allergic condition excited by a plant pollen to which the individual is sensitive. Its appearance is usually seasonal. Disability is rare although a change in climate may be required in seeking relief. The term “hay fever” in popular usage may also refer to an allergy to such substances as protein foods, dusts and animal emanations. Hay fever is also called rose cold and pollenosis.

Hay fever	Disregard
Associated with asthma	Rate for Asthma

HEADACHE (Cephalalgia)

A headache is a symptom. Its causes are many and sometimes obscure. Underwriting should, in general, follow rules for cause.

The term "migraine headache" applies to a specific type of headache. Its use is justified only in the unquestioned absence of any other condition to which the headache might be related. It tends to be unilateral (occurring on, or affecting one side only) in location, periodically recurrent, often hereditary, and severe and frequently disabling. They are usually accompanied by nausea and often by vomiting. "Sick headaches" and "bilious headaches" are usually attacks of migraine and should be regarded as such.

With a history of increasing frequency, duration and severity of attacks, endeavor to rule out increased intra-cranial pressure.

Cluster headaches are paroxysmal, severe, with sudden onset and usually unilateral. The eye, temporal region and face are involved. Attacks tend to be grouped close together with remissions.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Headache	
Cause known	RFC
Cause unknown, mild to moderate, occasional, few hours duration, not incapacitating	0
More severe	Rate as migraine
Migraine or Cluster	
Mild, no more than once a month, not incapacitating, not under treatment	Disregard
Moderate, no more than once a month, incapacitating not more than 2 days	30* - 0
More severe	R – 30*
If no attacks in 3 years	0

* If onset within 6 months consider possibility of brain disorder (tumor) or if transient neurological signs or symptoms, use higher ratings to R.

HEART DISORDERS

Cardiomegaly (Enlarged Heart)

Cardiomegaly is almost always secondary to organic disease such as valve defects, hypertension, ischemic heart disease or cardiomyopathy. A chamber may be enlarged because of: 1) hypertrophy; 2) dilatation; or 3) a combination of hypertrophy and dilatation.

1) **Hypertrophy of the myocardium** – thickened muscular wall. Left ventricular hypertrophy (LVH) will develop after long standing high blood pressure or aortic valve stenosis because of the extra work needed to force the blood out of the left ventricle. The most accurate way to measure wall thickness is by an echocardiogram but hypertrophy may be suggested by the ECG.

2) **Dilatation of a ventricle** – over distended chamber. The dilated heart may appear enlarged on a chest x-ray.

3) **Combined hypertrophy and dilatation** – The most common causes of LVH are hypertension and aortic stenosis. The most common causes of RVH are pulmonic stenosis, congenital heart disease, left ventricular failure and chronic lung disease. Common causes of dilatation of the left ventricle are aortic insufficiency, mitral insufficiency, myocardial infarction and cardiomyopathies.

The presence of any type of heart enlargement is a sign that the underlying heart disease is moderate to severe.

The apparent width of the heart on a chest x-ray is influenced by positioning, build, depth of inspiration, chest wall deformities and cardiac cycle. Therefore, any debits applied will be greatly influenced by a history of conditions known to enlarge the heart (hypertension, valve disorder, heart attack, etc.) and supporting evidence such as abnormal ECG or echocardiogram.

Clinicians use the cardio-thoracic ratio (heart width divided by the width of the chest) to report heart size. If less than 50%, it is normal; 51% to 53%, mild; 54% to 57%, moderate; and over 58% is marked enlargement. At best, this is a very inexact guide.

The insurance industry, however, uses the Clark-Ungerleider table for heart size. The actual heart width and build are used to determine the degree of enlargement.

C-U Table	C/T Ratio	Debits
No other evidence of cardiovascular disease:		
Up to 20%	Up to 55%	0
20 to 25%	55 to 57%	75
Over 25%	58% and up	R
With other evidence of cardiovascular disease:		
Up to 10%	Up to 50%	0
11 to 15%	50 to 52%	75
16 to 20%	53 to 55%	125
Over 20%	55% and up	R

Cardiomyopathy

A group of disorders primarily affecting the myocardium, Cardiomyopathies are classified as: 1) hypertrophic; 2) congestive; or 3) restrictive.

1) There are two distinct forms of hypertrophic cardiomyopathy:

    a) Asymmetric septal hypertrophy (ASH), and idiopathic hypertrophic subaortic stenosis (IHSS). In this disorder, the interventricular septum hypertrophies out of proportion to the rest of the left ventricle, and poses a risk of serious arrhythmias and sudden death.

    b) Concentric or left ventricular hypertrophy (LVH). This form may be seen with hypertension and valvular heart disease. Heart size is the critical factor in determining a rating.

1) Congestive Cardiomyopathy – includes muscle injury from vial myocarditis, toxic effects of drugs or alcohol and the affect of systemic diseases such as systemic lupus erythematosis, amyloidosis and others.

2) Restrictive Cardiomyopathy – in the United States this is an unusual form. It is manifested by scarring of the myocardium which restricts ventricular filling in diastole.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Hypertrophic	
ASH, IHSS	300
Concentric or LVH	Rate for Heart Size
Congestive	R-100
Restrictive	R-100
History	RFC
Type or severity unknown	R

Endocarditis, Acute and Subacute

Endocarditis is a severe infectious process involving the inner lining and valves of the heart, caused by various organisms. Since there is almost invariably organic heart involvement, the condition rarely heals without trace. Permanent valvular deformity usually results.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute without residual murmur	Rate as Rheumatic Fever, two or more attacks
Subacute bacterial endocarditis	
Within 1 year	400
Within 2 to 3 years	200
Within 4 to 5 years	100
After 5 years	50
Chronic – (other than subacute bacterial)	Rate for Murmur

Heart Failure, Congestive Heart Failure (CHF), Cardiac Decompensation, Cor Pulmonale

If the left ventricle fails, shortness of breath from lung congestion (pulmonary edema) is the common symptom. With right ventricular failure, swelling of the feet, ankles and legs (Pedal edema, pre-tibial edma) occurs.

Sudden, acute CHF may be fatal or it may resolve partially or completely. It may be seen shortly after a myocardial infarction. The degree of heart failure should be assessed from tests and symptoms recorded after recovery or period of stability.

Treatment of the underlying heart disease may improve heart function but the heart's reserve power and its ability to survive new heart injuries or stress is diminished. This condition is called compensated CHF.

Cor pulmonale is enlargement of the right ventricles as a result of pulmonary hypertension. Chronic lung disease, primary pulmonary hypertension, multiple pulmonary emboli and massive obesity with sleep apnea are common causes. An ECG interpreted as showing "p-pulmonale" suggests that cor pulmonale is present.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Heart failure, present	R
History, compensated CHF	Refer to Section Chief

Myocarditis

Inflammation of the heart muscle is myocarditis. It is usually an acute viral illness. If severe, permanent heart muscle damage may occur.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Recovered, no evidence of significant heart injury	
Within 1 year	75

2nd and 3rd year	55
Thereafter	0
Others	Refer to Section Chief

Pericarditis

Pericarditis is an inflammatory disease involving the outer covering of the heart. Its causes are many and include tuberculosis, rheumatic fever, virus and bacteria infections and possibly coronary artery disease.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute, with or without recurrences, full recovery	0
Chronic, cause known, idiopathic	Rate as chronic constrictive operated
Chronic, cause known, others	RFC
Chronic, cause unknown	R
Chronic, constrictive, unoperated	R
Chronic, constrictive, operated, no other heart disease, restrictive cardiomyopathy ruled out, full recovered, asymptomatic	75
Others	R

Transplants

Cardiac transplantation is an investigational procedure for end-stage heart failure of any cause.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Transplants	R

HEAT EXHAUSTION AND SUNSTROKE

Heat exhaustion is a condition usually caused by prolonged exposure to high temperatures, although it may occur from exposure to the sun's heat. Heat exhaustion is characterized by weakness, pallor, cold sweat, rapid feeble pulse, and high blood pressure. Heat cramps are often associated.

Sunstroke or heat stroke is a more serious condition, which is usually caused by long direct exposure to the sun's rays with high temperatures. It is characterized by high body temperature,

hot dry skin, a rapid bounding pulse, deep respiration, and early collapse. Convulsions occur in some cases. An attack of sunstroke predisposes to recurrence with increasing hazard.

Both heat exhaustion and sunstroke are more likely to occur in individuals who are in poor general physical condition. Alcoholics are particularly susceptible.

Underwriting Requirements

Obtain an APS (VA Form 29-8158) if not adequately described on the application. It is advisable to consider the possibility of a heart attack at any age, but especially over 40.

	Disabled	
One attack	1 week or less	Over 1 week
Within 1 year of recovery	0	20
After 1 year	0	0
Two Attacks		
Within 1 year of recovery	30	50
Within 2 years	10	30
After 2 years	0	10
Three or more attacks		
Within 1 year of recovery	60	120
Within 2 years	40	75
Within 3 years	20	35
Within 4 years	0	15

HEMATEMESIS

Vomiting blood is known as hematemesis. The most frequent cause is peptic ulcer (gastric or duodenal). It may also result from some blood disorders, advanced diseases of the heart, liver and gastric cancer. Melena (dark stools) follows practically every case of hematemesis. Vomited blood usually has the color and appearance of "coffee grounds." This is not to be confused with hemoptysis (blood spitting). Occasionally no cause will be found even after extensive tests and surgery.

Underwriting Requirements

An APS (VA Form 29-8158) is required at all times.

Present or history	RFC

HEMOPHILIA

Known as bleeder’s disease, is a hereditary bleeding disease of males. Females transmit the disease but do not suffer from it. The blood lacks the ability to coagulate. Nosebleed and

hemorrhage into the soft tissue is common. Severe hemorrhage may follow the most trivial injury. There are also hemophiloid states of varying degrees, which are not true hemophilia. In these, the only consistently abnormal laboratory finding is prolonged bleeding time. Coagulation time is normal. Outlook for life is relatively good.

Classic Hemophilia – classic hemophilia is the most common major bleeding disorder. It is inherited by the male offspring of a mother who carries a faulty gene.

Mild hemophilia – rare minor bleeding episodes, surgical and dental procedures uncomplicated and no history of using replacement factors except at surgery. No restrictions in activity.

Moderate hemophilia – rare episodes of major bleeding, joint bleeding only after obvious trauma, factor replacement used rarely or only for surgical and dental procedures.

Severe hemophilia – history of major bleeding episodes, or bleeding without trauma, joint involvement.

Underwriting Requirements

An APS (VA Form 29-8158) is required in all cases.

Age	Mild	Moderate	Severe
15 – 39	100	200	300
40 – 59	50	100	200
60 and over	0	50	100

Hemophilia B. Christmas Disease – Christmas disease (reduced clotting factor activity) is almost identical to classic hemophilia.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Christmas disease	Rate as Classic Hemophilia

Von Willebrand's Disease (VWD) – decrease in VW factor or its function that causes abnormality in the platelet's role in clotting. "Acquired" VWD appears in association with autoimmune and immune system diseases such as monoclonal gammopathy, myeloproliferative disorders and others.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mild	0
Moderate	100
Severe	Rate per Hemophilia schedule

Acquired VWD	Sum debits

Hereditary Hemorrhagic Telangrectasia (Osler-Weber-Rendu Syndrome) – tufts of abnormal blood vessels beneath mucous membranes of the nose, mouth, lungs and GI tract that may be the source of bleeding. Larger malformations (aniomas) may occur in the liver, lungs, or brain.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Minor nose bleeds only and no major vascular malformations	0
History of extensive nose bleeds; infrequent gastrointestinal bleeding; no evidence of major vascular malformation in the brain, liver or lungs	75
Major vascular malfunctions in GI tract, liver, lung or other organ	200

Vascular purpuras – disruption of small blood vessels may result in bleeding into any tissue, particularly the skin and GI tract.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	0

HEMOPTYSIS

Blood spitting is called hemoptysis. It may be the first sign of tuberculosis, which is the most common cause of hemoptysis, or it may be due to bronchiectasis, lung abscess, pneumonia, aneurysm or cancer. It may vary from slight bloody streaking of the sputum to massive hemorrhage. Fatal hemorrhage occurs in only a small percentage of the cases, and then usually in cases of long standing.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause determined	RFC
Single episode, cause undetermined	
Adequately investigated, including x-ray studies, etc., where determined necessary	
Age 40 and under	0
40 and over – within 1 year	45
40 and over – within 2 years	15

40 and over – after 2 years	0
Inadequately investigated or full information no available such as 1 x-ray only	
Under 40 – within 1 year	55
Under 40 – within 2 years	30
Under 40 – after 2 years	0
40 and over – within 6 months	400
40 and over – 6 months to 1 year	75
40 and over – within 2 years	25
40 and over – after 2 years	0

For recurrent attacks, double the above ratings.

HEPATITIS, VIRAL

Viral hepatitis (sometimes called infectious hepatitis) is a common illness that is caused by a number of viruses. The typical course of this illness includes a non-specific prodromal phase, an icteric phase characterized by jaundice and laboratory abnormalities, and a recovery phase.

Based on serological tests, usual route of transmission and expected outcome, three broad types of hepatitis have been identified.

Hepatitis A – food and water borne, individuals are not carriers and the infection does not lead to chronic hepatitis.

Hepatitis B – blood or needle borne, or through direct personal contact such as sexual partners. Recovery usually results in immunity but the individual may become a carrier or develop chronic hepatitis.

Hepatitis C – this includes many of the cases formerly called Non-A, Non-B. Like hepatitis B, it is blood borne, usually resulting from transfusion of infected blood. Chronic hepatitis is a common outcome.

In those cases of hepatitis in which liver function abnormalities persist beyond six months, chronic hepatitis can be assumed. This is of two types:

1) Chronic Persistent Hepatitis – usually asymptomatic, showing only mild liver enzyme abnormalities and is non-progressive, in that it does not lead to cirrhosis or liver failure.

2) Chronic Active Hepatitis – may be symptomatic, usually associated with more extensive liver function abnormalities and may progress to cirrhosis or liver failure.

A liver biopsy may be necessary for the clinician to reliably differentiate the types of chronic hepatitis.

From an underwriting standpoint, the type of hepatitis is important and is an indication of its source (drug abuse, STD) and its expected outcome. Full recovery can be expected with hepatitis A, chronic disease may result in 10% of hepatitis B cases, and in up to 40% of hepatitis C.

Hepatitis, acute (all types)	
One attack, complete recovery, LFT's not ratable	0
Others	See Chronic Hepatitis
Hepatitis, chronic	
Persistent or carrier state	
Asymptomatic, confirmed by biopsy, LFT's not ratable	55
Others	200
Active	R

HERNIA

A hernia is a protrusion of an organ, or part of it, through the wall of the cavity which normally contains it. It is spoken of being reducible or nonreducible. A reducible hernia is one in which the organ can be returned to its normal position within the body cavity.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Abdominal, femoral, inguinal, ventral	
Present	
Reducible	0
Non-reducible	50
History with surgical cure and return to normal duties	0
Diaphragmatic, hiatal	
Present	
Asymptomatic	0
Symptomatic or complicated	50
History with surgical cure and return to duties	0

HERPES SIMPLEX VIRUS (HSV-1 AND HSV-2)

HSV-1 causes the common cold sore and other infections of the skin and eyes. HSV-2 is the usual cause of genital herpes (though a small percent is due to HSV-1) and is treated with acyclovir.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Genital herpes	See Sexually Transmitted Diseases
Others	0

HERPES ZOSTER (Shingles)

Shingles, or Herpes Zoster, is an acute infectious disease characterized by an inflammation of one or more nerve roots accompanied by blister-like eruptions along the course of the nerve. This is usually seen in adults and is caused by the same virus that causes chicken pox in children. Pain may be severe, and neuralgia may persist long after the original disease has cleared. Herpes Zoster has been identified, in some cases, as an opportunistic infection associated with AIDS.

Underwriting Requirements

An APS (VA Form 29-8158) is required in complicated cases or repeated attacks.

Uncomplicated – single attack, after recovery	0
Complicated or repeated attacks	
Within 1 year	0
After recovery	0

HICCOUGH

Hiccough, or hiccup, is an intermittent sudden spasm of the diaphragm recurring at brief intervals. Usually it is temporary due to indigestion, nervous influences, etc. The attacks are usually of short duration.

Persistent attacks lasting from hours to days may be associated with diseases in the chest, abdominal tumors, or central nervous system disorders. The cause of transient episodes may never become apparent but with prolonged or recurrent attacks the cause can usually be determined.

Underwriting Requirements

An APS (VA Form 29-8158) will be required where there is a history of prolonged attacks.

Occasional temporary attacks, no treatment	0
Prolonged single, or mild recurrent attacks	
Within 6 months	25
After 6 months	0

Recurrent prolonged attacks	
Cause known	RFC
Others	
Present	150
Within 1 year of recovery	50
After 1 year	0

HODGKIN'S DISEASE

Hodgkin's disease is a chronic progressive and fatal disease for which there is no known cure. The cause is unknown and many feel that it is malignant while others consider it infectious. The condition usually becomes generalized and involves the lymph nodes, spleen, liver and bone marrow. The first sign is usually a painless superficial lymph enlargement in the cervical (neck) nodes. The progress of the disease is evidenced by increasing exhaustion to the point of collapse and death sometimes occurs within a few months.

Occasionally, an original diagnosis of Hodgkin's Disease becomes questionable because no symptoms are found in a current examination. In such cases the rating will depend upon the number of years, which have elapsed since the last such diagnosis was made.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Hodgkin's disease	See Tumor Rating Chart A under Carcinoma

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, AIDS

See Acquired Immunodeficiency Syndrome (AIDS)

HYPERGLYCEMIA

Hypoglycemia means there is not enough sugar in the blood. It occurs occasionally in diabetics when an overdose of insulin is administered and may result in "insulin shock." Disturbances of pancreatic or liver function may disrupt the balance between insulin and blood sugar to produce an excess of insulin. This is known as hyperinsulinism or hypoglycemia. It may be due to infection, pregnancy, hemorrhage, sarcoma or tumors of the pancreas. Usually the cause is functional without organic disease.

Symptoms include sweating, flushing, numbness, chills, hunger, changes in pulse rate and blood pressure. If not relieved it can produce disorientation, convulsions, coma and death.

Underwriting Requirements

An APS (VA Form 29-8158) is required at all times.

Cause known	RFC
Others	
Within 1 year	100
After 1 year	35

I

IMMUNOLOGY

The immune system protects the body from disease. It plays a role in infections, allergies and cancer. Some individuals are born with in inadequate immune systems leaving them subject to a variety of infections. Alternatively, as with AIDS, they may develop inadequate immune systems. Occasionally, for reasons which are not understood, the body's immune system attacks its own organs and causes autoimmune disease.

There are numerous congenital immune disorders, but the most commonly seen include the following:

X-linked Agammaglobulinemia – a serious disease characterized by recurrent, severe infections and requiring lifelong replacement therapy and frequent antibiotic use.

Common Variable Agammaglobulinemia – a heterogeneous disorder with usual onset in the second or third decade. It pursues a milder course and requires similar therapy. Bronchiectasis and intestinal disorders may result.

Selective IgA Deficiency – the mildest and most common immunodeficiency. It may be asymptomatic or have recurrent respiratory infections, allergy, diarrhea or autoimmune disease. Antibiotics are the only treatment available.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Congenital Immune Deficiencies may be classified as follows:	
Mild – asymptomatic or only occasional infections; complications	55-0

responding promptly to treatment	
Moderate – several episodes per year with disabilities up to two weeks	175-125
Severe – multiple episodes with prolonged disabilities or chronic respiratory disease such as bronchiectasis	R-225
Acquired Immune Deficiency	See AIDS

IMPAIRED GLUCOSE TOLERANCE

Impaired glucose tolerance may be a precursor of diabetes. While it exists, it is a risk factor for the development of arteriosclerosis. Impaired glucose tolerance is diagnosed when the following three criteria are present in a Glucose Tolerance Test (GTT):

1. Fasting blood sugar less than 140 mg.
2. Glucose level at 120 minutes between 140 mg. and 200 mg.
3. A value greater than 200 mg. at 30, 60 or 90 minutes

If these three criteria are present on a recent (within 2 years) or current GTT, enter the following table:

Age	Debits
0-14	R
15-39	100
40-49	75
50+	50

History or diagnosis of Impaired Glucose Tolerance based on GTT more than two years old.

If subsequent blood sugar readings on a repeat GTT do not meet the criteria above, no rating is required.

If no subsequent readings available, order GTT.

Gestational diabetes	Follow rules for Impaired Glucose Tolerance
Elevated glucose on IRP	
Fasting (more than 5 hours postprandial)	See Diabetes Mellitus and Impaired Glucose Tolerance
Non-fasting	
200 or less	Ignore
Greater than 200	Order GTT

INDIGESTION

Indigestion or dyspepsia is the inability to digest, or difficulty in digesting food. The underlying cause may be functional, systemic, or a reflex effect from disturbance in other organs.

Acute indigestion, irritable bowel or acute gastritis, for example, consisting of nausea, vomiting and pain of short duration, is usually due to dietary indiscretion or poisoning. Chronic indigestion or chronic dyspepsia is of more significance and usually the result of underlying organic disease. Nervous indigestion, nervous stomach, heartburn or gastric neurosis are terms applied to digestive symptoms associated with emotional symptoms or nervousness. Acid indigestion, acid or sour stomach, and hyperacidity describe indigestion characterized chiefly by sour eructations (belching).

Repeated or prolonged attacks of indigestion are often due to ulcer, spastic or mucous colitis, gallbladder, or other serious organic disease, including heart disease, particularly at the older ages. If due to organic disease, selection is based on the underlying cause.

Underwriting Requirements

When attacks are prolonged and/or chronic, an APS (VA Form 29-8158) is required.

Mild or moderate – infrequent brief episodes not requiring medical attention or prescription medication	0
Severe – more frequent or prolonged, requiring medical attention, prescription medication and requiring diagnostic tests	30

INFANTILE PARALYSIS

Infantile paralysis, or poliomyelitis, is an acute infectious disease, which affects the central nervous system and sometimes results in paralysis of the movable muscles. Paralysis usually results within 1 week of an attack. Flu and poliomyelitis are often mistaken for each other. Less than 50 percent of the attacks result in paralysis. Longevity is not affected except where the respiratory muscles become involved; therefore, it is important to evaluate the residuals correctly.

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately described.

No residual impairment, upon recovery	0
One arm - with residual impairment, marked to near total loss of function	0
One arm – total loss of function or loss of hand	10
Both arms – slight to moderate loss of function	15
Both arms – marked to total loss of function	25
One leg – cane, brace, or extension sole required	10

One leg – one or two crutches, with or without other aids	15
Both legs – cane, brace or extension sole required	20
Both legs – two crutches, with or without other aids	50
Both legs – unable to walk with any of above aids	125
One or both legs with wheel chair	125
Curvature of spine	
Very slight with minimal wasting of chest muscles	0
Slight to moderate, some deformity of chest	10
Greater than above with marked chest deformity	
Able to walk with 1 cane or extension sole	55
Those requiring a crutch, two canes or a body brace	175
Those requiring an iron lung	350
Bladder and rectal sphincters – if loss of control	250
Loss of use of arms and legs requiring oxygen or iron lungs occasionally	400
Worse than above	400

INFECTIOUS MONONUCLEOSIS

Infectious mononucleosis, or glandular fever, is an acute mildly contagious disease characterized by moderate fever, sore throat, headache, and a feeling of exhaustion, which may be noted for many weeks. Prolonged cases maybe confused with Hodgkin's disease, tuberculosis, or leukemia.

Underwriting Requirements

This is a disease seen principally in young persons and recovery is usually complete. In older ages, an incidence of the disease is looked upon with suspicion. Ages up to 35, APS (VA Form 29-8158) in 6 months. Over age 35, within 2 years an APS (VA Form 29-8158) is required.

After recovery, no complications	0

INFLAMMATORY BOWEL DISEASE

Crohn's Disease, Granulomatous Colitis, Ileitis, Regional Enteritis – These are various names for chronic processes affecting the terminal portion of the ileum but also occurring in other areas of the intestines or stomach. The most common symptoms are chronic diarrhea associated with abdominal pain, fever, anorexia and weight loss. Frequent complications are intestinal obstruction and the formation of abdominal fistulas and abscesses.

Lower G.I. bleeding – Passage of blood by rectum may be occult (detectable only by chemical tests) or overt (visible as blood). Blood passed by rectum may originate at any point from the mouth or nasal passage of the anus. If the blood appears blackish (melena) it suggests an upper

G.I. source, whereas if it is brighter, a lower source of bleeding is probable. Regardless, any bleeding requires identification of the source and treatment and follow up as appropriate. While hemorrhoids are a common cause of bleeding, other conditions such as polyps, diverticulosis, inflammatory bowel disease, cancer, ulcers and esophageal varices must be ruled out.

Megacolon (Hirschsprung's Disease) – Megacolon is a congenital dilation of the large intestine. Symptoms may include constipation, severe colic and malnutrition. Surgical intervention may be required.

Mucous Colitis, Irritable Bowel, Spastic Colon – These are motility disorders of the small and large intestine with abdominal pain, diarrhea and constipation. They are generally associated with stress.

Ulcerative Colitis – Ulcerative colitis is a chronic, recurrent disease of the colon with diffuse inflammation, ulceration, crypts, and crypt abscesses. Symptoms include rectal bleeding, abdominal pain, diarrhea, weight loss and fever. There is increased risk of cancer of the colon and rectum. Treatment may require surgery.

Ulcerative Proctitis – This is a more benign and limited form of colitis that usually remains localized to the rectum, although about 10% undergo more extensive spread.

Anal Fissure – An anal fissure is a split in the mucous membrane that covers the anal sphincter.

Fistula-in-Ano – A fistula is a deep ulcer, or abnormal tract often leading from the surface to an internal hollow organ. A fistula near the anus is known as fistula-in-ano. Fistulas occur more frequently in persons afflicted with chronic colitis, ileitis and tropical dysenteries. Recurrences are common.

Hemorrhoids, Piles – Hemorrhoids are caused by congestion of veins in the rectal area. They may be internal or external with reference to the rectal sphincter muscle.

Anal fissure	
Present or history	0
Chrohn's Disease, Granulomatous Colitis, Ileitis, Regional Enteritis	
Unoperated	Follow rules for Ulcerative Colitis
Operated	Follow rules for complete Colectomy
Fistula-in-ano	
Present or history	0
Hemorrhoids, piles	
Present or history	Generally disregard

Lower G.I. bleeding				
Cause known	RFC			
Cause undetermined				
Within 1 year	Refer to Section Chief			
Thereafter	55-0			
Megacolon (Hirschsprung's Disease)				
Unoperated	R-125			
Operated				
With relief of symptoms				
Within 1 year	200			
2nd year	100			
After 2 years	0			
With continuing symptoms	Rate as unoperated			
Mucous Colitis, Irritable Bowel, Spastic Colon				
1 episode, not more than 1 week	0			
Others	Refer to Section Chief			
Ulcerative Colitis				
Unoperated	Age less than 40 at time of application		Age 40+ at time of application	
	One attack	Multiple attacks or chronic	One attack	Multiple attacks or chronic
Within 2 years of last attack	125	225	75	125
3rd and 4th year	75	125	0	75
5th year	0	75	0	0
After 5 years	0	0	0	0
Operated – must show good nutrition, preferably a gain in weight:				
Complete colectomy – removal of the large intestine with or without colostomy				
Within 1 year of operation	125			
2nd year	75			
3rd year	50			
After 3 years	0			
Partial colectomy with or without colostomy				
Within 1 year of operation	225			
2nd and 3rd year	125			
4th year	75			
After 4 years	50			

If colostomy or ileostomy is not functioning well	Refer to Section Chief
Ulcerative Proctitis	
Last episode within 1 year	75
Thereafter	0

INFLUENZA-VIRUS INFECTION

Influenza, flu, grippe, or grip is an infectious disease characterized by sudden onset, fever, marked prostration, muscular and joint pain, and inflammation of the respiratory passages. Pneumonia is the most frequent complication.

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately described on the application, or complicated.

After recovery, no complications	0
Determined to be due to other causes	RFC

INSOMNIA

Wakefulness or inability to sleep during the period when sleep should normally occur is known as insomnia. Temporary emotional upsets, external stimuli, such as noises or lights, and the use of tea or coffee before retiring are frequent causes. Insomnia is more significant if related to nervous influences, the frequent use of mild sedatives or hypnotics, or to the use of narcotics.

Underwriting Requirements

An APS (VA Form 29-8158) is necessary if not adequately described.

Occasional insomnia of short duration, temporary cause, no nervous involvement and no narcotics used	0
Somnambulist (sleep walker)	20
Others	RFC

INTERCOSTAL NEURALGIA

Intercostal neuralgia and intercostal neuritis are terms used to describe pain along the course of the nerves between the ribs. The pain often occurs following exposure or injury but may result from other causes. Recurrences are common.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Occasional mild or moderate attacks	0
Severe or multiple attacks	
Within 1 year	20
After 1 year	0
Heart, lung, or more serious underlying cause	RFC

INTERSTITIAL LUNG DISEASE (ILD)

This is a group of conditions that all cause a similar change in the lung – inflammation that resolves with fibrosis. As a result there is reduced efficiency of oxygen exchange between the air and blood. Each of the diseases is uncommon, but, as a group, they will be encountered regularly.

ILD may be grouped by causes as follows:

Diseases of Unknown Cause – Idiopathic pulmonary fibrosis, sarcoidosis, vasculitis, collagen vascular diseases and others.

Infectious Diseases – Viral, bacterial and fungal infections occasionally resulting in generalized interstitial fibrosis.

Inhaled Dusts and Gases – Silicosis, coal miner's lung, asbestosis, chlorine gas and others.

Drugs – antibiotics, Dilantin, anti-depressants, gold, oral hypoglycemic agents and many others. The factors to be considered include current lung function and the potential for progression of the lung disease. Since ILD is a restrictive rather than obstructive lung disease, the FEV1 may be normal even with advanced disease. The vital capacity and the diffusing capacity are often reduced; the Single Breath Diffusing Capacity (DLCO) is the more useful indicator of the severity. The primary value of the chest x-ray is in assessing the extent of the pulmonary fibrosis.

Each specific cause of ILD must be assessed for its potential to progressively destroy the lungs. Most occupational, drug and infectious causes will become stable several years after the person has been removed from the exposure, and some may resolve completely after time. However, many of the cases associated with diseases of unknown cause carry the risk of inexorable decline to lung failure and the rate of decline is often difficult to predict.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Mild	55
Moderate	125
Severe	250
Extreme	R
History	
Resolved without residual	0
With residuals	Rate as present

INTERVERTEBRAL DISK RUPTURE (Herniated Nucleus Pulposus)

An intervertebral disk or disc is a layer of fibrous cartilage between the segments of the spine. It consists of a fibrous ring enclosing a pulpy center (nucleus pulposus). A rupture and displacement of an intervertebral disk usually results in pressure on the spinal cord and/or spinal nerve roots, generally producing pain and sometimes paralysis of the affected nerves.

Rupture of a disk in the lower part of the spine (thoracic or lumbar region) may produce low back pain and pain along the nerve trunks of the legs, or even paralysis of those nerves. Because of the function and nature of the structure of the upper part of the spine (cervical region), a ruptured disk in this area is of greater significance. Treatment is usually surgical removal of the affected disk through an opening made by the removal of a portion of the vertebra (laminectomy). A spinal fusion or bone graft may be required to close the operative opening.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Unoperated or operated	
Mild, moderate symptoms, no or occasional disability	0
Severe symptoms, extensive periods of disability	0

INTESTINAL LIPODYSTROPHY (Whipple's Disease)

Occurs mostly in middle-aged and older men and is characterized by anemia, skin pigmentation, joint symptoms, weight loss, diarrhea, and severe malabsorption. Can be confused with lymphoma or tuberculosis, but if properly diagnosed, treatment is effective.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present, not controlled or treatment initiated within one year	R
Treated and controlled for at least 12 months	50-0

INTESTINAL OBSTRUCTION

Among the most common causes of intestinal obstruction are strictures, adhesions and hernias. Less common causes are tumors or other masses, intusseseption (telescoping), volvulus (twisting), or paralytic ileus (decreased activity).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Symptoms within 1 year	100
Asymptomatic for 1 year or more	0
History, surgical cure	0

INTESTINAL PARASITES

Infestation of the human intestinal tract by a group of parasitic worms occasions certain symptoms referable to the intestinal tract itself, and in some instances with manifestations of involvement of other organs. There is usually marked weakness, often a severe anemia.

The most common type of manifestations are:

1. Ancylostomiasis, uncinariasis, or hook worm
2. Ascariasis, or round worm
3. Cestodiasis, or tapeworm – beef – fish
4. Oxyuris Vermicularis, or pin worm
5. Trichinosis, or pork worm

Underwriting Requirements

An APS (VA Form 29-8158) is required within l year of recovery.

Present	Refer to Section Chief
After recovery	0

ISOPORIASIS

Isosporiasis is a protozoan infection of the small bowel that causes diarrhea. Attacks lasting over one month, in conjunction with positive tests for HIV constitute sufficient criteria for the diagnosis of AIDS. (See AIDS.)

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Isoporiasis	See AIDS

J

JAUNDICE-ICTERUS

Jaundice-Icterus is the yellow discoloration of the skin, the white of the eyes, and mucous membranes due to obstruction in the bile ducts (the tubes that convey the yellow liquid secreted by the liver). The obstruction may be due to inflammation of the bile ducts (cholangitis), or may result from gallstones, pressure from tumors, or malignant disease of the liver and gallbladder.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Infectious or catarrhal jaundice	Rate as Hepatitis
Other jaundiced – present	250
History	RFC

K

KIDNEY

Congenital Malformations of the Kidney

Many malformations of the kidney occur, varying from those incompatible with life to those that are relatively benign. The malformations may consist of number (one or three kidneys), size, form (fusion or duplication of one or more segments) and position.

In assessing the risk involved with the particular malformation, it is important to learn the symptoms that led to its discovery. Hydronephrosis, infection and calculi occur more frequently in malformed kidneys than in otherwise normal ones.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Polycystic kidneys	R
Other conditions – may involve one or both kidneys (duplication of kidney, pelvis or ureter, etc.)	
Unilateral impairments	
No obstruction to urinary flow	0
Others	Refer to Section Chief
Bilateral impairments	
Fused kidney, horseshoe kidney, medullary sponge kidney	75
Agenesis or congenital absence, one kidney, other kidney normal	0
Cysts	
Present	
Polycystic disease ruled out	Rate for urinary abnormalities
Operated	Rate as Nephrectomy

End Stage Renal Disease (ESRD)

ERSD results when progressive disease has damaged the kidneys to such an extent that renal function tests are grossly abnormal and death will eventually supervene in the absence of treatment. Dialysis may be used on a permanent basis or temporarily while awaiting transplant.

The best cases of renal transplant are those who have been given a well-matched kidney from a living related donor (of course, the optimum is a transplant from an identical twin). In addition, normal renal function, urinalysis and blood pressure, minimal medication and an absence of serious rejection episodes are important.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Chronic dialysis	R
Kidney transplant	
Within 1 year	R
Thereafter, best cases*	R-350

*Cases involving identical twins, etc. may be considered more favorably.

Glomerulonephrities (Bright's Disease), Pyelonephritis, Nephrotic Syndrome

Acute glomerulonephritis (GN), or the acute nephritic syndrome, is manifested by the abrupt onset of hematuria, proteinuria, impaired renal function, edema and hypertension. Most cases follow streptococcal or other infections, or are associated with a variety of systemic diseases. Cases of post-streptococal GN often resolve spontaneously without residuals. Some forms of acute GN such as IgG-IgA nephritis (Berger's disease) have a much greater tendency to progress.

Chronic GN is a progressive stage of acute glomerular disease which has failed to resolve or stabilize. Commonly it is asymptomatic and about half the people with chronic GN may have advanced renal insufficiency but no clear history of renal disease. Chronic GN is characterized by abnormal renal function, albuminuria, abnormal urine sediment and small kidneys.

Acute pyelonephritis is usually a symptomatic bacterial infection which is treated with antibiotics and heals without residual. Chronic pyelonephritis may result from a variety of factors. However the etiology may be obscure, even with renal biopsy, urinary findings may not be helpful until late stages, and the disease may progress slowly to end stage renal disease.

The chronic nephritic syndrome is manifested by the excretion of large amounts of protein in the urine. Secondary effects of this are low serum albumin, edema, hyperlipidemia and hypercoagulability. While the nephritic syndrome may follow acute GN, most cases are either related to systemic diseases such as diabetes or systemic lupus erythematous or are idiopathic.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute GN	
No complications, normal urine	
Last attack	
Within 1st year	20
2nd year	10
3rd year	0
After 3 years	0
Recurrent	
Within 1st year	125
2nd year	75
3rd year	50
After 3 years	0
In combination with ratable hypertension	Sum debits
Single attack, with subsequent ratable urine	Rate as chronic GN
Recurrent attacks with subsequent ratable urine	Rate as chronic GN

Chronic GN	
Normal kidney function tests, i.e. BUN, creatinine and creatinine clearance; blood pressure and/or urinary findings requiring less than 100 debits, total rating	225
Abnormal kidney function tests, i.e. BUN, creatinine and creatinine clearance; blood pressure and/or urinary findings requiring 100 debits or more, total rating	R
Nephritic syndrome	Rate as chronic GN
Pyelonephritis	
Single episode	0
Others	Rate as acute GN, recurrent or chronic GN

Hydronephrosis

Hydronephrosis is a dilation of the kidney pelvis, sometimes involving the ureter, which is caused by obstruction in the urinary tract. Common causes of unilateral obstruction are urethral stones, stricture, or aberrant blood vessels compressing the ureter. Bilateral hydronephrosis is often due to prostatic hypertrophy.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
One kidney, other kidney normal	R-55
Both kidneys or with prior nephrectomy	R-275
History – hydronephrosis no longer present	
Not operated	0
Operated	RFC
Urine or kidney function tests abnormal	Rate as present

Kidney Stone, Calculus, Nephrolithiasis

Stones are of varying size and may be single or multiple. Small stones may be passed down the ureter resulting in severe pain (renal colic) and hematuria. Larger stones cannot be passed spontaneously and remain in the kidney pelvis. They may contribute to infection, obstruction and if very large (staghorn calculus) may cause destruction of the kidney, requiring nephrectomy.

Most stones can be seen by x-ray and silent stones are frequently found while doing procedures for unrelated complaints. Stones which enter the bladder can be passed spontaneously. Others may require cystoscopy, lithotripsy or open surgery. Multiple or recurrent stones may indicate a metabolic problem.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Large, multiple or unknown	
Unilateral	200
Bilateral	R-275
Small (1 cm or less), unilateral or bilateral	0
History (including removal by surgery or other methods)	0
Chronic stone former	Refer to stone present
Combination of urinary calculus with blood pressure or abnormal urine	
Elevated blood pressure, albumin or casts	Sum debits
RBC's, WBC's requiring debit	Rate as stone present, large

Nephrectomy

Nephrectomy is the surgical removal of a kidney. Tumor, stone, infection and injury are the usual causes.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

For congenital abnormalities, solitary cyst, benign tumor, stone, injury or infection	
Urine normal	0
Urine abnormal	Rate for urinary abnormalities
For tuberculosis or cancer	See specific disorder

Renal Hypertension

Stenosis of the renal arteries leads to elevated blood pressure. Surgery is directed at relieving the stenosis. Occasionally nephrectomy is required.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present or history	Rate for blood pressure

Renal Tubular Acidosis (RTA)

RTA has varied manifestations and may be congenital, acquired or secondary to other significant diseases. Prognosis depends on the response to treatments and the nature of the underlying disease. In one form kidney stones are common.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Controlled on treatment, stable	50
Others	R-100
History	0

L

LARYNGITIS

Laryngitis is an inflammation of the mucous membrane of the larynx accompanied by dryness and soreness of the throat, cough and hoarseness or loss of voice. Acute laryngitis is quite common, usually caused by overuse of the voice, or local infection. Chronic or recurrent laryngitis may result from diphtheria, syphilis, aortic disease, tumors, or tuberculosis.

Acute – after recovery	0
Chronic – cause known	RFC
Otherwise – if present	50
With favorable laryngoscopic	25
After recovery	0

LEAD POISONING

Lead poisoning is an occupational disease resulting from absorption of metallic lead or its salts. It is also known as plumbism, painter's colic and lead colic. It occurs most among painters, storage battery workers, and those exposed to fumes of ethyl gasoline. Often anemia (pale complexion) or acute metal symptoms may be the first signs or symptoms noticed.

Characteristic symptoms are fatigue, insomnia, nausea, loss of appetite, a rigid retracted abdomen with colicky attacks of pain, constipation, muscle or joint pains, and weakness. In more

advanced stages paralysis of the wrists, referred to as "wrist drop" may occur. An examination often shows evidence of a blue line along the gums, rapid decay of the teeth, slow pulse, elevated blood pressure, anemia, and failing nutrition.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

If present at time of application	300
History – no cerebral involvement	
Exposure ended – full recovery	
Within 1 year of recovery	50
Within 2 years	25
After 2 years	
Exposure continued – full recovery	
Within 1 year of recovery	75
Within 2 through 3 years	35
After 3 years	0
With cerebral involvement	300
With wrist and/or foot drop – add to ratings above	
Exposure ended 1 year or more ago	20
Others	100
Spray or other poisoning – present or within 1 year	100
Recovered or more than 1 year	25

LEGIONELLOSIS
(Legionnaire's Disease)

Legionnaire's Disease is an acute febrile illness with pneumonia which may become a fatal multisystem disease. This disease often occurs in epidemic form since it is spread by airborne infection.

Recovered	0

LEPROSY
(Hansen's Disease)

Leprosy is a chronic, infectious and communicable disease in which the principle lesions occur in the skin, superficial nerves, nose, ears, pharynx, larynx and lymph nodes. The distal portion of the eye, liver, spleen, and testicles may be damaged. There are two main contrasting types, the malignant lepromatous and the usually benign tuberculoid. With the lepromatous, also known as the tuberous, tubercular, nodular, malignant or cutaneous type, there is little body resistance and it is more infectious. With the tuberculoid, also referred to as neutral, macular, anesthetic,

maculoanesthetic or benign type, there is vigorous body resistance and it is only slightly infectious. There are various subtypes.

The lepromin (mitsuda) test is a highly valuable prognostic aid and when positive, there is almost complete correlation with the tuberculoid type and when negative, with the lepromatous. Communicability is feeble and the disease is not easily acquired except in certain endemic areas where there is an increased susceptibility in the individual. The disfigurement and deformity may be produced by the disease process itself or by the consequences of the loss of sensation (heat, cold or pain) or motor or trophic innervations in an affected area or part.

The lepromatous type, when untreated, usually progresses fatally within 10-20 years after disease is recognized. The tuberculoid type, when untreated, usually recovers spontaneously within l to 3 years.

When treated with one of the sulfone groups of drugs (chemotherapy), virtually all patients experience immediate arrest of the disease and steady improvement. Bacteriologic negativity may occur more slowly in some depending on one's ability to tolerate intensive treatment and how early the treatment was started. In the lepromatous type, recovery takes place usually in 3 to 8 years, while in the tuberculoid type, it is in l or 2 years. Maintenance therapy is required. This disease is associated with or accompanied by tuberculosis.

These patients usually die of tuberculosis, amyloid nephrosis, intercurrent infection or leprosy. In this country, the amyloidosis of the kidney is the leading cause of death. It is not limited to advanced or extensive disease. Persistent proteinuria is usually the first sign.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present or Treated	Little or no deformity	Others
Less than 3 years	500	2000
Within 3 through 8 years	300	1500
After 8 years	200	1000

LEUKEMIA

Leukemia is a disease of the blood in which there is a great increase in the number of white blood cells (leukocytes), and it is associated with increased growth of all the body tissues involved in the origination of these cells, particularly the spleen and lymphatic glands. Hemorrhage is a prominent symptom.

Leukemias are divided into acute and chronic forms based on whether the cell type is immature or mature. They are further described as lymphocytic (manifested by increased lymphocytes) or myelocytic (manifested by an increase in cells arising from the bone marrow).

Acute Lymphocytic Leukemia (ALL) is the common leukemia of childhood. A cure is expected in 60% to 70% of childhood cases, but the outlook is less favorable for adults. Acute Myelocytic Leukemia (AML), particularly in adults, also has a less favorable prognosis. Chronic leukemias are considered incurable, although Chronic Lymphocytic Leukemia (CLL) may run an indolent, prolonged course.

In appropriate cases, the use of newer forms of treatment such as experimental, combination chemotherapy, biological response modifiers and bone marrow transplants may give prolonged disease-free remissions or even cure.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute Lymphocytic Leukemia (ALL)	
Within 5 years of the end of treatment and apparent cure	R
5-10 years	300
Thereafter, disease-free	55
Chronic lymphocytic leukemia (CLL)	
Best cases, manifested only by lymphocytosis greater than 15,000/cmm (Stage 0)	
Under age 50	R
Age 50-59	300
Age 60 and up	150
Manifested only by lumphocytosis greater than 15,000/cu mm and lymphadenopathy (Stage 1)	
Under age 60	R
Age 60 and up	R-200
Others	R
Acute and chronic myelocytic leukemia	R
Leukemia treated by bone marrow transplant	
Within 5 years of transplant and apparent cure	R
6-10 years	300
Thereafter, disease-free	55
Other leukemias – there are a variety of sub types of leukemias. One in particular, hairy cell leukemia, may respond favorably to spelnectomy or to biological response modifiers such as interferon	Refer to Section Chief

Myeloproliferative Disorders

These include chronic myelogenous leukemia, “essential” thrombocythemia and polycythemia vera. Another disorder known as agnogenic myeloid metaplasia, is characterized by replacement of marrow by fibrosis (myelofibrosis) and blood cell production in organs such as liver, spleen and lymph nodes. Myelofibrosis may also result when a proliferative phase of one of the myeloproliferative disorders burns out.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Myelofibrosis	Usually R
Agnogenic myeloid metaplasia	R
Others	See specific disorder

Plasma Cell Disorders

Plasma cell disorders are a special form of lymphocyte which are involved in immune functions. They may cause a variety of related neoplastic disorders, including multiple myeloma, Waldenstrom’s macroglublinemia, heavy chain disease, primary amyloidosis and plasmacytoma. These disorders are usually uninsurable, though plasmacytomas, a localized form, may be treated successfully.

Monoclonal gammopathies of undetermined significance is a label used for individuals having abnormal blood tests resembling myeloma but no other findings resembling a plasma cell neoplasm. Only prolonged observations separate a benign aberration from a malignant form.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Multiple myeloma and related disorders	R
Monoclonal gammopathy	
Within 1 year of discovery	R
2-5 years	55
After 5 years	0
Plasmacytoma	Refer to Section Chief
Other plasma cell disorders	R

LEUKOPLAKIA

Leukoplakia, or smoker's patch (keratosis labialis) occurs as a white, thickened patch on the tongue and mucous membranes of the mouth. It is commonly caused by chronic irritation due to excessive smoking or rough teeth edges. There is a tendency toward malignancy. Sometimes there is earlier history of syphilis.

Underwriting Requirements

An APS (VA Form 29-8158) is required in all cases.

Leukoplakia	See Tumor Rating Chart C

LEUKORRHEA (Leucorrhoea)

Leucorrhoea is a whitish, sticky discharge from the vagina and uterine cavity. It is usually associated with congestion and inflammation of these parts. It is seldom disabling.

Underwriting Requirements

An APS (VA Form 29-8158) is not required unless underlying causes are indicated.

Mild to moderate, short duration, improved or recovered	0
Others	RFC

LIPIDS

Cholesterol and triglycerides are fatty substances (lipids) found normally in the blood. Hyperlipidemias are disease states in which there are abnormal elevations of these lipids.

Total serum cholesterol is comprised of several fractions termed high density lipids (HDL), low density lipids (LDL) and very low density lipids (VLDL). Elevated total cholesterol and LDL's or low HDL's increase the risk of premature atherosclerosis.

Elevated triglycerides do not appear to increase the risk of premature atherosclerosis to a significant degree. However, extremely high elevations may contribute slightly to atherosclerosis and do predispose to pancreatitis.

Determine the average cholesterol/triglyceride level for rating purposes by averaging all available blood cholesterol/triglyceride readings for the past two years. If the most recent reading is higher than the average, use the recent reading only. If only a single high reading is available, consider securing a current reading. Cholesterol levels are not affected by fasting whereas triglycerides can be notably elevated temporarily after meals.

Both cholesterol and triglycerides can be elevated because of other diseases including diabetes, kidney disease, liver impairments and endocrine disorders.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Total cholesterol (mg/ml)	

Up to 299	0
300 and over	55*
HDL cholesterol (mg/ml)	
Up to 20	55*
21 and over	0
Triglycerides (mg/ml) – assume a fasting specimen	
Up to 499	0
500 and over	55*

*Maximum combined debit for lipids is 55.
Credits for lipids:
For normal resting ECG or HDL less than 50, allow 20 credits.
For normal exercise test, reduce to 0.

LIPOMA AND LIPOMATOSIS

A lipoma is a tumor made up of fatty cells. They may appear on almost any part of the body and are often found in multiples. Lipomas are ordinarily painless and benign but may become tender if subject to constant irritation because of their location.

Lipomatosis is a condition in which there are abnormal, tumor-like deposits of fat in the tissues of various parts of the body. Lipomatosis should not be confused with simple obesity in which the distribution of fat is fairly even throughout the body.

Dercum's disease (Adiposis dolorosa) is an ailment in which irregular fat deposits appear spontaneously with considerable tenderness and pain for no apparent reason.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 2 years if not adequately described on the application.

Lipoma	0
Lipomatosis, present or history	55-0
Dercum’s disease (Adiposis dolorosa)	Rate for Lipoma

LIVER

The liver is the largest and probably most important gland in the body. Among its major functions are the formation of bile, the metabolism of food, the destruction and inactivation of toxic materials, the storage of nutrient materials, blood formation and coagulation.

The normal liver is not usually palpable (felt) in the abdomen. Any evidence of enlargement by palpation of the liver below the right costal border (lower rib margin) is to be considered evidence of disease until proven otherwise. If palpable liver is attributable solely to the applicant's slim build or relaxed abdomen there should be no evidence of any increase in size.

The terms "sluggish liver," "biliousness", etc., referring to a tendency to dizziness, vague indigestion, gas, constipation, etc., are sometimes used. These conditions are not to be considered as liver disorders until more specific information is obtained.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Abscess	
Present	100
History	
No residuals, treated medically or surgically	
Within 1st year	30
2nd year	20
3rd year	10
After 3 years	0
Cirrhosis	
Alcohol induced	
Continuing to drink or with ascites, jaundice, or abnormal liver function tests	R
With abstinence, no ascites, liver function tests normal	
Within 1 year	900
Within 2 – 3 years	400
Within 4 years	200
Within 5 – 6 years	100 – 30
Within 7 –10 years	50
Within 11 years	25
After 11 years	0
Non-alcoholic	RFC
Primary biliary cirrhosis	
Present, asymptomatic	Refer to Section Chief
Present, symptomatic	R
Cysts of liver	
Present	
Simple, not enlarging	0
Others	R-55
History (treated medically, aspirated or surgically removed)	0

Dubin-Johnson Syndrome – This is a familial form of chronic non-hemolytic jaundice, characterized by brown pigment in the liver cells.

Enlargement (hepatomegaly) – The liver size is usually less than 12 – 15 cm by 15 – 20 cm. Enlargement is greater than 4 cm (1.5") or more than two finger breadths reported on the exam. Hepatomegaly exists if the liver measures repeatedly outside the upper range of normal.

Fatty liver – Fat deposition in liver cells may be related to alcohol consumption. It is reversible with abstinence.

Gilbert's Syndrome – This is a benign congenital condition causing slight elevation of bilirubin.

Hepatitis – Hepatitis may be infectious (see Viral Hepatitis) or toxic. The latter is a reaction of the liver to drugs of numerous types, anesthetic agents and alcohol. Toxic hepatitis may be an asymptomatic inconsequential process or it may be rapidly fatal.

Portal Hypertension – This is increased pressure in the portal vein usually due to cirrhosis of the liver. It may result in esophageal varices, hemorrhoids, or ascites.

Primary Sclerosis Cholingitis – This chronic inflammatory condition causes narrowing of the bile ducts and results in jaundice and eventual cirrhosis. Many cases are associated with ulcerative colitis or regional enteritis.

Rotor Syndrome – Similar to Dubin-Johnson Syndrome but the liver is not pigmented.

Trauma – Rupture.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Dubin-Johnson Syndrome	
Present or history	0
Enlargement (hepatomegaly)	
Cause known (e.g. heart failure, tumor)	RFC
Cause unknown	
Palpated up to 4 cm (1.5") or 2 fingerbreadths on examination, normal liver function tests	0
Enlargement greater than 4 cm (1.5") or more than 2 fingerbreadths reported on examination	Refer to Section Chief
Fatty liver	
Present or history	
Cause known (e.g. alcohol, diabetes, hyperlipidemia)	RFC
Cause unknown	Refer to Section Chief
Gilbert's Syndrome	

Present or history	0
Hepatitis	
Toxic, other than alcoholic	RFC
Alcoholic	Rate as Alcoholic Cirrhosis
Portal hypertension	
Present	R
History	RFC
Primary Sclerosis Cholingitis	
Present	R
History	RFC
Rotor Syndrome	
Present or history	0
Trauma - rupture	
After recovery	0

LUMBAGO

Lumbago is an inflammation of the muscles in the lumbar region of the back. In popular use, the term lumbago more widely describes any pain in the back. With prolonged or recurrent attacks suspect intervertebral disc, vertebral arthritis or sacro-iliac disorder.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Mild	Moderate	Severe
Present	0	20	100 - 30
History (recovered)	0	0	0
Recurrent attacks or chronic	15	30	100 - 40

LYME DISEASE

Lyme disease is transmitted to humans via a tick bite. It is most commonly seen in the Northeast, the Upper Midwest, and the Northwest United States.

Neurologic, cardiac or joint abnormalities may occur weeks to months after infection if not properly treated.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present, continuing treatment	Refer to Section Chief
History	
Full recovery, no complications	0
Complications	See specific disorder

LYMPHADENITIS

Lymphadenitis is the name given to an inflammation of the lymph glands or nodes. These are a part of the lymphatic system and are found throughout the body - in the neck, armpit, elbow, and groin and behind the knee. Usually the swelling and tenderness subsides after an acute infection, but occasionally the infection may become chronic and this or scar tissue may leave the glands enlarged. Adenitis is the inflammation of a gland.

A generalized enlargement of the lymph glands may indicate tuberculosis, syphilis, leukemia, malignancy, or Hodgkin's disease. Such serious conditions are to be suspected when surgery, x-ray, or radium treatment is admitted.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 5 years if treated by surgery, x-ray, or radium; otherwise within 1 year.

Lymphadentis recovered	0
Lymphadenophathy, enlarged nodes, history unknown, stable in size and in number for at least one year	0
Others	R
History unknown	RFC

M

MACROGLOBULINEMIA (Waldenstrom's Disease)

This is a clinical term characterized by symptoms of weakness, dyspnea, weight loss, bleeding tendency and less commonly, visual acuity. There are personality changes, myelitis, radiculitis and increased cerebrospinal fluid protein as well as increased distention and tortuosity of the retinal veins with multiple retinal hemorrhages, lymphadenopathy and hepatosplenomegaly. The blood shows elevated sedimentation rate, hyperglobulinemia and increased serum viscosity. The

diagnosis can only be established by ultracentrifugation or immunoelectrophoresis of the serum and the demonstration of globulins. It may be impossible to differentiate from malignant lymphomas and chronic lymphatic leukemia.

Underwriting Requirements

An APS (VA Form 29-8158) required at all times.

Present	R

MALARIA

Malaria, also known as blackwater fever, is a disease transmitted by the anopheles mosquito, which is characterized by recurrent paroxysms of chills, fever, and sweating. The symptoms may recur daily (quotidian), every other day (tertian) (this is most common), or with a 3-day interval (quartan). In the most severe type (estivoautumnal), enlargement of the liver and spleen may be present, the paroxysm may last from 20 to 36 hours with more prostration, fever of 104 degrees, and if untreated, the mortality rate is high.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Single mild attack (not more than 1 week duration) - complications	
Within 6 months of last attack	20
After 6 months	0
Repeated mild attacks, or 1 severe attack – no complications	
Within 6 months of last attack	30
Within 7-12 months	20
After 1 year	0
With repeated severe attacks	Add 25
Chronic form or severe recurrent attacks with unfavorable appearance or enlarged liver and/or spleen	300

MALIGNANT HYPERTHERMIA

This muscle metabolism disorder is hereditary and can result in marked elevation of body temperature and death on exposure to certain anesthetic agents.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC

No other apparent disease	
Recovered	0
Otherwise	Refer to Section Chief

MEASLES

Measles generally is a benign self-limited disease, but it may be associated with a number of potentially serious complications, such as pneumonia or encephalomyelitis.

After recovery, no complications	0
Complications	See specific disorder

MELIOIDOSIS
(Stanton' s Disease, Pneumoenteritis Pseudoglanders, Pseudocholera)

This is a rare disease observed mostly in the Far East. It is a disease of wild rodents, though some domestic animals become infected. Mosquitoes and fleas may harbor the disease, and man becomes infected by direct contact with infected animals (Zoonosis). There may be an acute or chronic illness. In the acute type, it resembles pneumonia, with fever, abdominal pain, chills, diarrhea, cough, blood or purulent sputum, convulsions, rapidly wasting and death commonly within 10 days of onset, often before serological tests have become helpful. In the subacute or chronic type, which may follow the acute type or develop in the absence of an acute illness, the symptoms are abscesses of lungs, kidney, liver, and spleen. With this septicemia, which resembles typhoid fever, glanders, cholera, malaria, mycotic infection, tuberculosis, actinomycosis and staphylococcal infection, some of the patients may live for 3 to 8 months and recover. This type of infection may lie dormant for some time (possibly years) and then crop up when least expected. The diagnosis is made by sputum examination, culture, serological agglutination, hemagglutination and complemen-fixation tests. Antibiotics and sulfa drugs are used with varying degrees of success when continued over a long time. Treatment as a whole is usually unsatisfactory.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	R
History – in addition to debits for impaired function of viscera	
Within 6 months of recovery, add	500
Within 6 months through 1 year	300
Within 2 years	200
Within 2 through 5 years	50
After 6 years	0

With any recurrence, treat as an original infection	

MENINGITIS

Meningitis is an acute inflammation of the membranes covering the brain and spinal cord (nerves). It may be due to bacteria, viruses, lymphcystic, aseptic, fungi or tuberculosis. In most cases recovery will be complete.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No complications or residual symptoms – bacterial, viral, or fungal	0
Tuberculosis	Apple rules for Non-pulmonary Tuberculosis
Within 6 months of acute illness	Refer to Section Chief
Thereafter	Rate for extent and severity of complete or residual symptoms

MENOPAUSE

The menopause, climacteric, or change of life, is the period when menstruation normally ceases. This usually occurs from the middle to late forties, but may take place as early as 40 or as late as age 55. Several months to several years may be required for the completion of the process. Bleeding or hemorrhage after the menopause is highly suggestive of cancer.

Menopause may take place without significant discomfort, but it frequently produces such symptoms as irritability, depression, fatigue, hot flashes or recurrent flushes, emotional disturbances, and/or occasional mental disorders. Artificial menopause may be produced at any time by complete hysterectomy, removal of the ovaries, or by the use of radiation.

Underwriting Requirements

APS(VA Form 29-8158) required if bleeding or hemorrhage occurs after the menopause.

Present – with or without injection (hormone treatment)	
Mild to moderate symptoms	0
Severe symptoms or disabling	100
Associated with menorrhagia	50
History – after recovery, no complications	0
With mental imbalance	0
Artificial menopause	RFC

With hypertension, mental depression, instability, or other complications	Rate for complications

METABOLIC DISORDERS

Hemochromatosis

Hemochromatosis is an inherited disorder in which excess iron is absorbed and deposited in body organs, such as the liver, pancreas and heart. This eventually results in cirrhosis, diabetes and other organ failure. If the diagnosis is made early, excess iron can be removed by repeated phlebotomy before any organ damage results, and the prognosis is excellent. If the diagnosis is made after signs or symptoms develop, phlebotomy is useful to prevent further damage, but cannot reverse that which has already been done. A liver biopsy is frequently performed to assess the amount of iron stores and the extent of any cirrhosis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Treated, stabilized, normal blood studies, no complications	0
Others, complicated, cardiac or liver involvement, diabetes	Refer to Section Chief

Porphyria

The porphyries are a group of related disorders, usually inherited, which are manifested by skin, neurologic and liver disorders. Protoporphyria is a relatively common condition manifested by sensitivity of the skin to sunlight and occasionally by liver involvement. Porphyria cutanea tarda is also relatively common and is manifested by photosensitivity and an association of alcohol abuse. Hepatic porphyria is of several types and is characterized by abdominal pain and neurologic and psychiatric dysfunctions. This latter disorder formerly carried a substantial mortality, but with modern treatments, the outlook is much improved.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Protoporphyria, porphyria cutaneous tarda	55-0
Hepatic porphyrias	
With alcohol abuse, liver abnormalities or other complications	Refer to Section Chief
Others	100-55

MORTON'S TOE
(Morton's Foot, Morton's Disease,

Morton's Neuralgia or Metatarsalgia)

Morton's Toe is a condition characterized by cramp-like pain, burning, numbness and tingling of the fore part of the foot. It usually affects the second, third, or fourth toe. It is presumably due to compression of a nerve between the heads of adjacent metatarsal bones. It is frequently disabling and may require surgery.

Underwriting Requirements

An APS (VA Form 29-8158) is required if severe or disabling within 3 years.

Mild to moderate, not disabling	0
Severe or disabling	
Within 1 year	25
After 1 year	10

MULTIPLE ENDOCRINE NEOPLASIA

Multiple endocrine neoplasia (multiple endocrine adenomatosis, MEN1; MEN2A; MEN2B) are uncommon disorders which simultaneously involve two or more endocrine glands. The resulting adenomas may be either benign or malignant. These conditions are genetic. MEN1 almost always involves the parathyroid glands producing hypercalcemia and kidney stones. It may also involve the pancreatic gastrin secreting cells (Zollinger-Ellison Syndrome), and is often associated with pituitary adenomas. MEN2A commonly involves the parathyroids and almost always involves the calcitonin producing cells of the thyroid. Pehochromocytomas are also frequently present. MEN2B is a variant of the former disorder which rarely involves the parathyroid glands.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present and history	Refer to Section Chief

MUMPS

Mumps is an acute viral infectious disease, characterized by painful swelling of one and sometimes both parotid glands at the angle of the jaw. It is highly contagious; however, recovery occurs in almost all cases. Complication may occur in the form of epididymitis and orchitis in the male, and mammary and ovarian disturbances in the female.

Underwriting Requirements

APS (VA Form 29-8158) required within 3 months, if complicated.

Uncomplicated – after recovery	0
Complicated	Apply rules for complication

MUSCULAR DYSTROPHY

The muscular dystrophies are a group of inherited usually progressive muscular disorders of unknown cause. The age of onset, rate of progression, and cause of outcome are highly variable and depend on the type.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Pseudohypertrophic (Duchenne's Muscular Dystrophy)	R
Limb Girdle Dystrophy	R
Myotonia Dystrophy	R

Becker's Dystrophy

Becker's Dystrophy is diagnosed later in life than Duchenne's and progresses less rapidly. Elevation of muscle enzymes (CPK) and cardiac involvement may be associated.

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Stable or very slowly progressive, mobile, ECG normal, no other apparent disease	200
Others	R

Facioscapulohumeral Dystrophy

This is diagnosed in childhood, and even though many patients are disabled with arm weakness, they survive into late adult life and have the best prognosis of all the dystrophies.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Stable, no disability	50
Stable, with minor disability, but carrying out normal activities	100
Others	R

Myotonia Congenita (Thomsen's Disease)

This is a benign congenital disorder which usually begins early in life and is characterized by difficulty relaxing muscles and muscular hypertrophy. The latter persists throughout life though the myotonia tends to improve.

Myotonia Congenita	Generally disregard

MYOSITIS
(Fibromyositis, Myaglia, Pleurodynia)

These terms denote an inflammatory condition of muscle and related fibrous tissue and muscle pain.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 2 years.

Single attack – after recovery	0
Recurrent attack	
Two or more attacks with less than 1 year intervening between attacks and less than 1 years since last attack	30
One year or more after recurrent attack	0
Heart or other involvement	RFC

N

NARCOLEPSY

This is a disorder of the sleep center, characterized by short recurrent daytime episodes of irresistible sleep.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	0
Others	Refer to Section Chief

NEURALGIA AND NEURITIS
(Radiculitis)

Neuralgia is a sharp, stabbing pain along the path of a nerve, noninflammatory. Neuritis is an inflammation of a nerve, which may be characterized by neuralgia, loss of sensation, restriction

of motion, and occasionally muscular wasting. It may be localized and affect a single nerve trunk or generalized and involve many nerves. For purposes of rating no distinction is made between the two conditions.

Frequent causes are injury, exposure to cold, pressure, and focal infections as from the teeth and tonsils. Vitamin deficiencies, syphilis, chronic alcoholism, lead, arsenic and other poisons may cause persistent and disabling neuralgia and neuritis. With involvement of left arm, shoulder or chest at ages over 40, consider the possibility of angina pectoris.

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately described.

Mild or Moderate	0
Frequent or severe	
Within 1 year	40
Within 2 years	25
Within 3 years	0

NEUROFIBROMATOSIS
(Neurofibroma, Neuroma and Neurilemmoma, Neurinoma)

A neurofibroma is a benign tumor of nerve tissue occurring most commonly in the skin. Neurofibromatosis is a syndrome characterized by multiple nerve tumors and characteristic skin changes, and, in a small percentage of cases, by mental deficiency, seizures, musculoskeletal abnormalities, hypertension or pheochromocytoma.

Underwriting Requirements

An APS (VA Form 29-8158) is required. Ratings will vary widely from no debits to rejection in unusually complicated cases.

Neurofibroma	
Present	
Single or multiple neurofibromas, no change in 3 years, asymptomatic	0
Others	55-0
History, removed surgically, after recovery	0
Neurofibromatosis	R-30 Refer to Section Chief

NOSE BLEED

Bleeding from the nose (epistaxis) is most commonly due to injury but may accompany ulceration, inflammation, or tumor formation in the nasal passages. It is sometimes a symptom of acute contagious disease, such as typhoid fever, influenza, measles, and undulant fever. Severe, prolonged or recurrent attacks may be due to various anemias and other blood disorders. At older ages, hypertension is a common cause.

Underwriting Requirements

Isolated attacks, due to trauma or varicosity of nasal mucosa may be disregarded. For others, obtain an APS (VA Form 29-8158).

Due to injury	0
Others	RFC

O

ORGANIC MENTAL DISORDERS

Due to impairment of brain tissue function, organic mental disorders are characterized by impairment of memory, judgment or language, personality changes, hallucinations, delusions and convulsions. These abnormalities result from a clearly defined physical condition, which is diagnosable, and is related to the onset, course, and outcome of the condition. These disorders are classified according to the cause of the brain damage.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Organic brain disease, including Alzheimer's (Presenile Dementia), multi-infarct dementia, Karsakoff's Syndrome	
Present, cause unknown	R
Due to infection, trauma, nutritional, metabolic, endocrine	
Complete recovery	0
Others	Refer to Section Chief

OSTEITIS DEFORMANS
(Paget's Disease)

Osteitis deformans, or better known as Paget's disease, is a bone disorder of unknown etiology. Most cases are asymptomatic and are discovered through an abnormal x-ray or blood test done for some other reason. Pain, deformity, pathological fractures and other complications may occur in more extensive cases. Typically, the serum alkaline phosphatase is elevated (except in the most limited cases) and the degree of elevation correlates reasonably well with the extent and activity of the disorder.

Most cases never require treatment, but relief of bone pain, healing of bony lesions and improvement in biochemical parameters can be achieved with current medications.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Asymptomatic, single bone or other limited involvement, stable or slowly progressing	55
More extensive, symptomatic or being treated with medication	75
Extensive, complicated, progressive	125

OSTEOCHONDRITIS

Osteochondritis is a chronic inflammation of bone and cartilage. It occurs in adolescence during the period of active development of the bones. Trauma (injury) plus infection are usually responsible. Symptoms are aching, tenderness, and thickening in the affected area. Common locations are in the hip (Leg-Calve-Perthes disease), knee, (Osgood-Schlatter's disease), wrist (Kienbock's disease), ankle (Kohler's disease), and spine (vertebral osteochondritis). The term epiphysitis is sometimes used in connection with these disorders.

Underwriting Requirements

If there is a history of treatment within 3 years obtain an APS (VA Form 29-8158).

Hip or spine	
Present and active	75
Inactive	
Less than 1 year	25
Within 2 years	10
After 2 years	0
Other location	
Present and active	50
Inactive	
Less than 1 year	20
Within 2 years	0
After 2 years	0

OSTEOMA AND OSTEOCHONDROMA

An osteoma is a hard tumor of bonelike structure developing on a bone and occasionally on other structures. An osteochondroma is a tumor that is partly bone and partly cartilage. Both conditions are usually benign but may undergo malignant changes. They are not to be confused with "giant cell" tumor of bone, which is malignant and rated under cancer. For conditions described as exostosis or "bone spur " see rating under Exostosis.

Underwriting Requirements

If there is a history of treatment within 3 years obtain an APS (VA Form 29-8158).

Present	
Single, small, asymptomatic, no change in size for at least 2 years	0
Multiple	30
Operated	
Surgically removed, upon recovery	0

OSTEOMALACIA AND OSTEOPOROSIS

There are two types of nonneoplastic bone disturbances that occur in elderly people (especially women), which may readily be confused with neoplastic disease of the bone. These are osteomalacia and (senile) osteoporosis. They are characterized by demmeralization, especially in the spine where it leads to collapse of vertebra, pain, disability and deformity.

Osteomalacia in the adult is the analogue of rickets in the child. It results from calcium and phosphorus deficiency in the bone. Virtually all cases of osteomalacia today are due to some conditioning factor relative to abnormal calcium and phosphorus metabolism such as: (l) diet; (2) faulty absorption; (3) excessive intestinal loss; (4) increased renal excretion (failure of tubular reabsorption or tubular acidosis); (5) lack of or resistance to the action of vitamin D. Almost all forms of osteomalacia are associated with compensatory, secondary hyperparathyroidism, set off by low calcium level. The most frequent complaints are vague aches and pains in lower back, pelvis, legs, with muscular weakness worse while standing or walking. Since this is a potentially curable disease, except in the vitamin D resistant forms or for Fanconi's disease, the prognosis is usually excellent if diagnosed early. Hypercalcemia may occur as a complication of therapy. In the renal forms the ultimate prognosis is that of the basic kidney disease. Respiratory paralysis due to hypokalemia may prove fatal.

Osteoporosis is the most commonly seen metabolic bone disease in the United States. It is caused by failure of mineralization of bone. The principal causes are*:* lack of activity (immobilization); lack of hormones (post menopausal) and low intake of calcium. The less common causes are: developmental disturbances; nutritional disturbances (protein starvation, ascorbic acid deficiency); chronic calcium depletion; low endocrine diseases (androgens-senility, pituitary-acromegaly, thyrotoxicosis, excessive ACTH-corticoids, Cushing Syndrome, long uncontrolled diabetes mellitus), bone marrow disorders (myeloma or leukemia).

With prolonged treatment for postclimateric the prognosis is good. Spinal involvement is not reversible on x-ray, but progression of the disease is often halted. The idiopathic variety does not respond appreciably to any form of treatment. In general, osteoporosis is a crippling rather than a killing disease and the prognosis is essentially that of the underlying disorder.

Underwriting Requirements

If there is a history of treatment within 3 years, obtain APS (VA Form 29-8158).

Mild – stable following treatment	0
Moderate – under treatment, controlled	75-25
Severe – under treatment	400-200
Without treatment or resistant to treatment, rate for degree of disability or underlying disorder	400-100
Secondary to disease	Rate for disease
Incidental finding, no fracture or disability	0
With fracture, disability or predisposing disorder	RFC

OSTEOMYELITIS

Osteomyelitis is an inflammation of bone and bone marrow. The infective agent is usually blood borne and first affects the bone marrow from which the inflammation spreads outward. Occasionally direct infection occurs from open fracture. The course of the disease is inclined to be prolonged with chronic intermittent draining areas when antibiotics and sulfa drugs are not used freely.

Underwriting Requirements

Obtain an APS (VA Form 29-8158) if there was only limited involvement of small bones with inactivity in the past 2 years. The debit to be used will be determined by the bones involved, the duration and severity of the history.

History with complete resolution, treatment ended over six months ago	0
Present or chronic, single bone in extremity	55
Multiple bones or multiple recurrences or nonextremity bones (i.e. skull or vertebrae)	100
Tuberculosis	Rate for Extrapulmonary Tuberculosis

OSTEOPETROSIS
(Albers-Schonberg Disease, Osteosclerosis,

Fragilis Generalisata, Marble Bones, Chalky Bone)

A rare hereditary and familial abnormality in bone tissue development, resulting in very hard, dense, brittle bones, prone to spontaneous fracture and giving rise to the synonym-Marble bone disease. The disease is usually fatal.

This is often encountered in infancy and may present a severe form at birth. The congenital type is considered malignant and is associated with optic atrophy, hydrocephalus, marked anemia, lessened resistance to infection, and early death. If they have a less rapid course they may live to early childhood and present evidences of mental, sexual, dental deficiencies, anemia, and dwarfism. Those with mild disease survive to adulthood. A benign form (which permits the achievement of even a normal lifespan), without symptoms, may or may not be related to the relatively malignant disorder of infancy and childhood. The changes in the bone may be due to overproduction of thyrocalcitonin. Those who present no evidence of this disorder until adult life may then learn of it by accident when roentgenographic examination is made for some other reason.

The earlier in life the manifestation occurs the worse the prognosis is apt to be. If the patient survives early childhood he has a fair chance of attaining adulthood. The longer he lives the less likely he is to die of the disease, though sarcoma has been reported as a late complication. Those who live through childhood may develop difficulties at any time thereafter with a progressive anemia whether due to a bona fide instant of solitary focal osteopetrosis or some other sclerosing disease, prognosis is not certain.

Osteopetrosis also occurs sporadically in adults as a consequence of intoxication by fluoride, phosphorus or strontium and is sometimes a consequence of primary blood dyscrasias.

Clinically, patients show dwarfism skeletal deformities; i.e., chest, spine, large square head and a propensity to fracture. Peculiarly, rate of fracture healing is normal, but remodeling of the callus is delayed. The symptomatology, fragility of bones (fractures) sclerosis of the skeleton parts (osteosclerotic or myelophthisic anemia), narrowing of the foramina (deafness and impairment of vision) optic atrophy and cataracts may be present. With the increased density of the bone and absence of osteoclasts there is no modeling of the callus from fracture. There is an increase in encroachment on the marrow cavity with reduction of the hematopoietic tissue and the resultant pancytopenia, leading to aplastic anemia, hepatosplenomegaly, abnormal bleeding tendencies and immature blood cell pattern. Lymphoid tissue as well as the liver and kidney often reveal extramedullary hematopoiesis. Bodies of vertebrae, pelvic bones and ribs are conspicuously affected. An associated syndactylism and dyschondroplasia are suggestive of a hereditary basis for the disease.

There is no satisfactory therapy for osteopetrosis. A severe restriction of calcium intake combined with phytate or cellulose phosphate has been reported to be beneficial, but further experience is needed to evaluate this approach.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mild – stable, normal blood count	0
Moderate – under treatment, not more than moderate pancytopenia	100-25
Advanced – severe anemia, under treatment, bleeding tendency, enlargement of liver and spleen, x-ray evidence of advanced narrowing of marrow cavity – history of fractures	500-200
Without treatment, but with advanced degree of disease – consider degree of disability	500-100

P

PANCREAS

The pancreas is an elongated gland located in the upper abdomen behind the stomach. The primary functions are to produce pancreatic juices used as an aid to digestion and to manufacture insulin needed in supplying heat and energy to the body through utilization of carbohydrates. Some of the more common symptoms with acute pancreatitis are epigastric pain radiating to back, jaundice, weight loss, anorexia, nausea, vomiting, constipation and various other gastro-intestinal disturbances. In most chronic cases, diagnosis is difficult and is only detected by abdominal surgery. Associated conditions include hemorrhage, calculi, cyst or tumor, and sometimes cancer.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Abscess	Rate as Cyst
Cyst or pseudocyst	
Single	
Present	
Less than 6 months	Refer to Section Chief
Thereafter	50
Operated, no sequelae	0
Multiple	
Present	
Less than 6 months	Refer to Section Chief
Thereafter	100
Operated, no sequelae	0

Pancreatitis

Pancreatitis may be acute or chronic and attacks are usually manifested by severe abdominal pain. While stones in the bile duct may cause acute pancreatitis, the most common cause of chronic pancreatitis is alcoholism.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute – single episode	
Within 1 year of recovery	330
2nd year	230
3rd year	130
4th year	30
After 4 years	0
Chronic – recurrent episodes or prolonged course with complications such as diabetes, cyst formation or malabsorption	
Within 1 year of recovery	400
2nd year	300
3rd year	200
4th year	100
5th year	50
After 5 years	0
Due to alcoholism	Rate as Cirrhosis

PANNICULITIS

Panniculitis or subcutaneous fibrositis is an inflammation of the fascial layer of the subcutaneous tissue noticeable in the fat layer. This in some instances is secondary to some other disease and in other cases, primary in the panniculus adiposus. Although there are many etiologic factors, the fat reacts about the same way in all of these diseases. With the atrophy of the subcutaneous fat, nodular lesions appear in the skin. There are mild to severe vascular changes. Some forms are relapsing, febrile, nodular and nonsuppurative, while others are nonfebrile, liquefying or migratory. Most of the cases occur in obese, middle-aged or older women who suffer from diabetes, arthritis, pancreatitis or nephritis. Treatment is usually ineffectual.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Without involvement of other structures	
Present	
Mild	100
Moderate	200

Severe	400
With involvement of other structures	
Present	
Mild	200
Moderate	300
Severe	500

PAPILLOMA AND POLYP
(Polypus)

A polyp or papilloma is a tumor which is an outgrowth of either skin or mucous membrane. Polyps may be either broad-based (sessile) or pedunculated (on a stalk). Although these lesions are usually benign, they may be precancerous, or if they are not removed, they may subsequently undergo malignant change. This is particularly true of papillomatous lesions of the colon, rectum, urinary bladder and larynx.

Papillomata or polyps may occur in the nose, paranasal sinuses, the larynx and vocal cords or the bronchial tree. They are particularly common in the gastrointestinal tract, where they may occur in virtually any location, from the esophagus to the ano-rectal area. They may also be found in many locations of the genitourinary tract, including the uterers, the bladder, and the urethra. In females, polyps may also be found in the uterus or cervix.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Nasal, paranasal, uterine, urethral, or anal	
Present, depending on extent and nature	30-0
History, no suggestion of malignancy	0
Larynx	
Singer's Nodule – not a true tumor, commonly found in singers or those involved in occupations requiring frequent public speaking	
Present or history	0
Others	Refer to Section Chief

Bladder

Although completely benign lesions occasionally do occur in the bladder, the great majority are carcinomas occurring either singly or as multiple growths which are primarily papillary in nature. Tumors of the transitional cell epithelium of the bladder account for approximately 90%

of all bladder tumors. Squamous cell carcinomas (8%) and adenocarcinomas (2%) make up the balance of bladder tumors.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	R
History (normal current urine, adequate follow-up, return to normal duties)	
1-2 polyps with 1 operation (including fulguration)	
Within 1 year	350
2nd year	250
3rd year	150
4th year	50
After 4 years	0
3 or more polyps or more than one operation	
Within 1 year	400
2nd year	300
3rd year	155
4th and 5th year	55
After 5 years	0
If urine is abnormal	
Debit for RBC's is 55	R
Albumin, casts or WBC's	See Urine section

Colon and Rectum

Selection of risks involving polyps of the colon and rectum depends on the following factors:

1. Number – Risk of cancer rises in proportion to number of polyps found.
2. Size – Small polyps (under 1 cm.) are usually benign. Polyps of 1-2 cm. have approximately a 10% incidence of malignancy and the rate of increase with increasing size.
3. Pathology – Hyperplastic "polyps" are uniformly benign. Those described as pedunculated or adenomatous have a better prognosis in general tan those described as sessile or villous.
4. Follow-up – Once a polyp has been found, the development of additional polyps is common, thus adequate follow-up is essential.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Known to be not	

	more than 1 cm. in diameter*	Others*
Present		
1 or 2 polyps	0	100-55
3 or more polyps	100-55	R-200
History – (if removed by fulguration small size can be assumed)		
Up to 3 adenomatous or pedunculated, negative biopsy		
Within 1 year	0	20
2nd year	0	10
After 2 years	0	0
More than 3 polyps or more than 1 operation		
Within 1 year	20	100-55
2nd year	10	55-30
3rd – 5th year	0	30-0
After 5 years	0	0
*Select appropriate rating in each instance depending on size and number of polyps if known. If described as villous, use higher rating in the ranges shown above.		
Negative biopsy for cancer	0	
Cancer present on biopsy	See Cancer schedule	
Malignant any site	See Cancer schedule	
Polyposis, complete colectomy		
Within 2 years	R	
3rd – 5th year	100	
6th – 10th year	80-30	
After 10 years	0	

PARAPLEGIA/QUADRIPLEGIA

Paraplegia is paralysis of both lower extremities, often including the lower trunk with loss of normal bowel and bladder function. The usual cause is trauma; occasionally a spinal cord tumor or other disease will lead to paraplegia. When the spinal cord in the upper neck is affected, all four limbs may be paralyzed. This is called quadriplegia.

Paraplegia	
Urine clear or mildly abnormal	125
Chronic urinary tract infection or definite kidney impairment	Usually R
Quadriplegia	Usually R

PARASITIC INFECTIONS

Human infections with parasites and worms account for a major portion of the diseases caused by infectious agents. These infections are less common in the U.S. and other highly developed industrial nations than they are in the less developed countries. Worldwide travel has increased their frequency.

All of these parasites are capable of producing severe disability, both acute and chronic in character.

Following diagnosis, most if not all of these conditions can be treated effectively, with few lasting effects. If they are not discovered promptly, however, serious residual organ damage may result.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	Refer to Section Chief
After recovery	0

PARKINSON'S DISEASE
(Paralysis Agitans)

Parkinson's Disease is a progressive neurological disorder. It is characterized by tremor, slowness of movement, muscle rigidity and loss of normal postural reflexes. Various medical and surgical treatments are used, but none is entirely satisfactory. Onset is most common in the 50's and 60's, and progression to disability is slow, on average 10 to 15 years. Mortality occurs from injuries, aspiration or infections.

Parkinsonian symptoms may occur secondary to other toxic, vascular and infectious disorders. Some of these may either stabilize or pursue a more prolonged course than Parkinson's Disease.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Non-progressive, or very slowly progressive, apparently under good control	
Within 1 year of onset	175
2nd year	125
3rd year	75
After 3 years	50
Progressive with apparent disability	R

PAROTID GLAND

This gland is one of the salivary glands and is situated just in front of the ear. Inflammation of the glands may be associated with infections, such as typhoid and scarlet fever, and with mumps. Tumors, usually benign, appear in the gland, and malignant degeneration is possible.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 5 years.

Present	Refer to Section Chief
History	
Single, after recovery from operation	0

PEPTIC ULCER

Originally ulcers were felt to be due to the action of hydrochloric acid and pepsin (thus "peptic") on the lining of the stomach or duodenum where most occur. There are, in fact, numerous contributing causes to ulcers, both endogenous and exogenous. Among the latter are cigarette smoking, the use of adrenocroticosteroids and the use of aspirin and other nonsteroidal, anti-inflammatory drugs.

The major complications of ulcers are bleeding, obstruction due to scarring and perforation. Surgery is usually reserved for cases with complications. It commonly involves vagotomy (severing the nerve which stimulates gastric secretion) and procedures to enlarge the pylorus, remove acid secreting cells from the stomach or to create an opening from the stomach to the intestines.

Even after surgery, ulcers may recur and other complications such as dumping syndrome, diarrhea and weight loss are not uncommon.

Duodenal Ulcer

Duodenal ulcer is a benign condition which is diagnosed by x-ray or endoscopy. Most heal with medication. Because of the tendency to recur, treatment is usually continued for months or years after healing is presumed.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	One Episode	Multiple Episodes
Within 1 year	20	40

2nd year	10	30
3rd year	0	20
4th year	0	10
5th year	0	0
After 5 years	0	0

Gastric Ulcer (and Peptic Ulcers, Site Unspecified)

Gastric ulcers are occasionally malignant. Because of this, after the original diagnosis endoscopy and biopsy should be done, and the ulcer followed to insure complete healing. Ulcers that show no healing after 12 weeks may require surgery.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	One Episode	Multiple Episodes
Within 1 year	20	50
2nd year	10	40
3rd year	0	30
4th year	0	20
5th year	0	10
After 5 years	0	0

Dumping Syndrome

An assortment of symptoms which may occur following surgery for peptic ulcer and includes palpitations, tachycardia, light-headedness, diaphoresis, postural hypotension, abdominal discomfort and vomiting.

Dumping Syndrome	Add +50 to appropriate ulcer rating

Pyloric Stenosis and Pylorospasm

The pylorus is a valve-like opening between the lower end of the stomach and the duodenum. Pylorospasm and less severe cases of pyloric stenosis usually respond to proper diet and medication. Severe cases often require a corrective operation (pyloroplasty). An obstruction at the pylorus, occurring in adults, is usually due to a spasm of the muscle or fibrosis, and scarring produced by an ulcer, carcinoma, etc. Vomiting is a prominent symptom. An x-ray study showing gastric retention is necessary for a positive diagnosis.

The term pylorospasm is occasionally used to designate indigestion, which may be of emotional origin and manifested by nausea, vomiting, and vague upper abdominal distress. Care is required

to differentiate this condition from ulcer, carcinoma, or other organic disease, especially in those over 40 years of age.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause determined – operated	RFC
Unoperated	Refer to Section Chief

PERIOSTITIS

Periostitis is an inflammation of the fibrous membrane (periosteum) surrounding a bone. Infection or injury are the usual causes.

Underwriting Requirements

Obtain an APS (VA Form 29-8158) within 2 years.

Not associated with Osteomyelitis, after recovery, symptomless	0
Associated with Osteomyelitis	Apply rating for Osteomyelitis

PERIPHERAL NEUROPATHIES

Peripheral neuropathies have multiple causes including arsenic poisoning, drug induced neuropathies, diabetes mellitus, trauma and alcohol abuse. The significance is that of the underlying disease.

Present or history	RFC

PERITONITIS

Peritonitis is an inflammation of the serous membrane (peritoneum), which lines the abdominal wall and envelops the abdominal organs. Usually it is secondary to other diseases and may be acute or chronic, localized or generalized. The more common causes for acute peritonitis are ruptured appendix, perforated ulcer, intestinal obstruction, strangulated hernia, abdominal operations, abortions and pelvic diseases. Chronic peritonitis is usually of tuberculosis origin.

Underwriting Requirements

An APS (VA Form 29-8158) is required within 2 years of onset.

Present	RFC

PERONEAL MUSCULAR ATROPHY (Charcot-Marie-Tooth)

This is a disease characterized by peripheral wasting and usually has its onset in adolescence. The atrophy remains confined to the lower legs and distal arms, including the hands, and progresses very slowly.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Ambulatory, disease stable for 2 years	0
Others	75

PERSONALITY DISORDERS

Personality disorders describe behavior that is odd or eccentric (schizoid, paranoid, schizotypical), dramatic, emotional and erratic (histrionic, narcissistic, antisocial, borderline), anxious, fearful and extroverted (avoidant, dependent, compulsive, passive-aggressive).

These conditions include borderline personality disorder and antisocial personality disorder, among others. All these conditions may be associated with personality clashes a tendency to drug and alcohol abuse, self-destructive behavior, sexual deviance and criminal activity.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

All personality disorders	R-100

PHARYNGITIS

Pharyngitis is an inflammation of the mucous membrane and underlying tissues of the pharynx (throat). If an acute form, it may accompany upper respiratory infections, tonsillitis, grippe, scarlet fever, etc. Chronic Pharyngitis may result from prolonged irritation by chronic sinusitis, neglected adenoids, and excessive use of the voice.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained.

Present	RFC
Otherwise	Disregard

PHEOCHROMOCYTOMA

Pheochromocytoma is a tumor that produces adrenalin-like substances. It can be benign or malignant, and is most often found in the adrenal gland. Symptoms include sudden, severe hypertension, headaches, perspiration, palpitations, and tachycardia.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated	Refer to Section Chief
Operated	
Benign	
Within 1 year	75
Within 2 years	50
After 2 years	0
Malignant	See Tumor Rating Chart A

PITUITARY GLAND

The pituitary gland, situated within the skull, is composed of two lobes. It is a gland of internal secretion and produces important hormones, which go directly into the circulation. These hormones control the growth of the body and influence other internal glands. Disturbances in function of this gland (frequently due to tumor) may result in acromegaly, diabetes insipidus, or Frohlich's syndrome, which are covered under stated disorders; as well as the following:

Acromegaly

Acromegaly is a condition produced by excess growth hormone. It is characterized by hypertrophy and swelling of the soft tissues of the face and extremities, increased hair growth, sweating, and skin pigmentation and bony hypertrophy. Hypertension and diabetes or carbohydrate intolerance is common. Surgery for growth hormone producing tumors is the treatment of choice. Radiation and bromocriptine therapy are less satisfactory alternatives. Excess mortality is associated with cardiovascular, cerebrovascular and respiratory causes.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Untreated, incomplete recovery or abnormal growth hormone levels	R-80
Medical, surgical or radiation treatment, stable, normal growth hormone levels	0

Diabetes Insipidus

Pituitary diabetes insipidus is a disorder of excess water loss through the kidneys due to a deficiency of antidiuretic hormone (ADH). The most common cause of this disorder is pituitary surgery or trauma. It may also result from a pituitary tumor or from metastatic carcinoma. It has no relation to diabetes mellitus.

The most common treatment is synthetic ADH nasal spray (DDAVP). Small doses of cholorpropamide (an oral hypoglycemic agent) or a thiazide diuretic may also be used.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	
Present	400
Full recovery	
Within 1 year	300
Within 2 to 3 years	55

Panypopituitarism

Complete or partial reduction may be the result of pituitary or hypothalamic tumors, craniopharyngioma, metastitic carcinoma, sarcoidosis, histiocystosis, CNS syphilis, skull trauma or postpartum pituitary necrosis. It may also result from treatment of pituitary tumors by surgery or radiation. Replacement therapy with thyroid hormone and Cortisone is unnecessary in all cases of complete panhypopituitarism.

Panhypopituitarism	Rate as Adrenal Insufficiency

Prolactinomas

Hyperprolactinemia may be due to a pituitary tumor or may be of unknown cause. Hyperprolactinemia is associated with galactorrhea (inappropriate milk production by the breast), amenorrhea, and infertility in women and galactorrhea in men.

Many prolactinomas can be treated effectively by medical therapy as by surgery, and only 5-10% of microadenomas become macroadenomas. Therapy with bromocriptine may reduce the size of macroadenomas for many years and be useful in reducing tumor size prior to surgery.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Hyperprolactinemia of unknown cause	Refer to Section Chief
Due to tumor	Rate as Pituitary Tumor

Tumors

Pituitary tumors may be associated with the symptoms of excess production of a pituitary hormone (e.g., acromegaly) or with complaints of loss of visual field or headaches. Evaluation for endocrine disorders before and after treatment is therefore as important as treatment of the tumor itself. Pituitary tumors may be treated surgically or with radiation therapy. Radiation therapy may be used after surgery for residual tumors.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

With surgery, complete recovery	
Within 1 year	20
2nd year	10
After 2 years	0
Others	
Within 1 year	100
2nd and 3rd year	55
After 3 years	0

PLATELETS

Thrombocytopenia, Idiopathic Thrombocytopenic Purpura (ITP)

Thrombocytopenia is defined as a platelet count below 100,000 (normal 150-400,000). Post traumatic bleeding may occur at counts below 60,000 and spontaneous hemorrhage may occur at 20,000.

Acute ITP occurs in young children, usually following a viral infection. Life-threatening bleeding may occur. Spontaneous recovery occurs in 85% of cases but for those who do not recover, splenectomy may be done with favorable results.

ITP in adults is a chronic condition requiring intermittent therapy when the platelet count is dangerously low. Corticosteroid therapy often results in prompt recovery of platelet levels but relapse is expected. Splenectomy results in cure for most people but platelet count may continue to be low.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Acute, recovered, operated or unoperated	
Within 1 year	75
Thereafter	0
Chronic	
Operated (splenectomy)	
Without recurrence	0
Others	R
Unoperated	
Within 1 year of recovery	Refer to Section Chief
2nd and 3rd year	100
4th and 5th year	55
After 5 years	0

Thrombocytosis, Thrombocythemia

High platelet count (over 500,000) may predispose to either clotting or hemorrhage. Primary (essential) thrombocytosis is one of the myeloproliferative diseases.

Present or history	R

PLEURISY

An accumulation of fluid in the pleural space which may be caused by malignant tumors, infection, trauma, collagen vascular disease, pulmonary infarction or congestive heart failure.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	0

PNEUMOCYSTIS CARINII PNEUMONIA

Pneumocystis Carinii Pneumonia is a protozoan infection mostly found among patients with immunologic deficiencies or are undergoing immunosuppressive therapy. The disease is highly fatal and is a common opportunistic infection among AIDS patients. The presence of this disease together with a positive test for HIV (HTLV-III) has been determined by the CDC as sufficient evidence for a diagnosis of AIDS.

Pneumocystis carinii pneumonia	See AIDS

PNEUMONIA

Pneumonia may be viral or bacterial. In normal individuals it is cured without residual. Those with chronic lung, heart, and immune system diseases present with pneumonias caused by unusual organisms leading to more complicated and prolonged courses. Suspect immune deficiency with pneumonia caused by pneumocystis organisms.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Complications	See specific disorder
Uncomplicated, recovered	0

PNEUMOTHORAX

Pneumothorax is an accumulation of air or gas in the pleural cavity, resulting in varying degrees of collapse of the lung. It may occur following spontaneous rupture of blebs or bullae, secondary to chronic obstructive pulmonary disease, or following injury.

Pneumothorax may resolve uneventfully, but recurrences are common. Surgery may occasionally be necessary.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Otherwise	0

POLIOMYELITIS

Poliomyelitis is an acute infectious disease which may result in paralysis. Due to wide-spread use of effective vaccination it is seldom seen in its acute phase. Applicants with residuals from the epidemics of the 1950s are not uncommon. The main concern today is development of the

"Post-polio Syndrome", a late complication characterized by pain, fatigue, and increasing weakness of previously affected muscles.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

History, no residuals or minimal to moderate residuals with good adjustment	0
Marked impairment, wheelchair-bound, etc.	R-55 Refer to Section Chief

POLYCYTHEMIA, ERYTHROCYTOSIS

The hemoglobin concentration, the hematocrit of the red cell count is above normal. Polycythemia rubra vera is a malignancy. On the other hand, a normal bone marrow may be stimulated to produce more red cells than normal when there is inadequate oxygen in the blood.

Polycythemia Rubra Vera (PCV), Primary Polycythemia

PCV is one of the myeloproliferative disorders. It is characterized by excessive production of red cells and in half the cases an abnormally high white cell or platelet count. Later, as the "burned out" or terminal phase is reached, the bone marrow may become scarred (myelofibrosis) with decreasing cell counts. Acute leukemia may result.

Treatment consists of a combination of regular phlebotomy, radioactive phosphorus or chemotherapy.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Recent hemoglobin over 20 mgm%, hematocrit over 55%, platelet count over 750,000	R-200
Others	125

Secondary, Stress, Relative Polycythemia

Polycythemia may occur as a reaction to inadequate oxygen. Individuals living at high altitudes, those with chronic lung disease, congenital heart disease, obesity and heavy smokers may all be found to have a reactive form of polycythemia. The white cell and platelet counts are normal and the risk of thrombosis and hemorrhage is minimal.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present or history	0

POLYMYALGIA RHEUMATICA

This is a syndrome characterized by pain and stiffness in the pelvic and shoulder muscles, elevated sedimentation rate and dramatic response to small doses of steroids. It is usually limited to people over age 50.

Present or history	Rate as Rheumatoid Arthritis

POLYMYOSITIS/DERMATOMYOSITIS

These disorders of unknown etiology are characterized by inflammation and weakness of the proximal muscles. Dermatomyositis is associated with a variety of cutaneous manifestations. Either disorder may be accompanied by arthritis, myocarditis, pulmonary interstitial fibrosis or an esophageal motility disorder. Especially in older males, there is an association between these disorders, particularly dermatomyositis, and malignancy.

Polymyositis and Dermatomyositis	Rate as Rheumatoid Arthritis

PROSTATIC DISORDERS

The prostate is a gland which surrounds the neck of the urinary bladder and the urethra.

Acute prostatitis is common and usually caused from nonspecific organisms. Chronic prostatitis includes low grade infections and abscesses, which commonly are treated by antibiotics or rarely by incision and drainage.

Benign prostatic hypertrophy (BPH) is frequently after age 55, and causes symptoms of obstruction and urinary retention. Enlargement of the prostate is a common disorder, but carcinoma must be ruled out especially in the older age groups.

Underwriting Requirements

APS (VA Form 29-8158) is required.

Prostatitis	
Acute (not related to benign hypertrophy)	0
Chronic	0
Benign prostatic hypertrophy (BPH)	
Present	0

History, treated by surgery	0
Urine abnormal	Rate for urinary abnormality using +55 for ratable WBC
Malignant lesion	See Tumors and Cancer section

PSITTACOSIS

Psittacosis or Parrot Fever is a rare virus disease transmitted from parrots and other birds. It is sudden in onset and characterized by chills, high fever, headache, nausea, nosebleed, acute toxemia and pulmonary disorders.

Underwriting Requirements

APS (VA Form 29-8158) if recovery is doubtful.

Present	50
Complete recovery	0

PSYCHIATRIC DISORDERS

In underwriting psychiatric disorders, the main distinction to be made is whether the illness is psychotic or non-psychotic. Psychotic disorders are major illnesses which are associated with disturbances in thinking, perception and behavior. Non-psychotic illnesses, on the other hand, may produce uncomfortable symptoms or interfere with an individual's adjustment but generally do not lead to profound regression or inability to function in society.

Non-Psychotic Disorders, Psychoneurosis

These conditions are common and are not associated with any noteworthy increase in mortality. An exception may be increased suicide with severe depression, or accidents with panic disorder. They can be categorized as follows:

1. Mood disorders include depression (unipolar) or depression alternating with elevated mood (bipolar). Depression may be a response to an obvious life stress or may occur without being precipitated by any apparent event. Mood disorders may be either non-psychotic or psychotic. In the latter case rate under Psychotic Disorders.

2. Anxiety disorders are characterized by a persistent irrational fear of a particular entity or activity. These include such things as panic disorders, claustrophobia and obsessive-compulsive conditions.

3. Somatoform disorders are multiple, recurrent physical symptoms not identifiable to a specific disorder and include such things as hysteria and hypochondriasis.

4. Dissociative disorders include depersonalization disorder, multiple personality, psychogenic amnesia and fugue. These are characterized by sudden temporary disruptions of consciousness and identity or motor behavior without a physical basis.

5. Other conditions include sexual disorders (exhibitionism), sleep disorders (primarily insomnia), impulse control disorders (kleptomanias) and factitious disorders.

The grades of severity can be defined as follows:

Mild: No disability, able to carry on normal activities.

Moderate: Disability of not more than 3 months, with or without hospitalization.

Severe: Disability of more than 3 months duration, with or without hospitalization.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Mild	Moderate	Severe
One Episode			
Present or within			
1 year of recovery	0	30	175
2nd – 3rd year of recovery	0	0	55
After 3 years	0	0	0
Recurrent or chronic			
Present or within			
	Mild	Moderate	Severe
1 year of recovery	0	50	225
2nd – 3rd year	0	50	80
4th – 5th year	0	0	0

Psychotic Disorders

These are major psychiatric illnesses associated with disturbances of thinking, perception, and behavior. Most are considered to have biological origins related to hereditary factors and disruption in chemical processes of the central nervous system.

They include such conditions as:

1. Schizophrenia
2. Mood disorders (such as major depression, or bipolar-manic depression illness)

Excess mortality is experienced with the major mood disorders such as bipolar disorders (manic depressive disorder) and major depressions.

Excess mortality with the other conditions such as schizophrenia, is generally associated with social factors (such as homelessness), rather than with the primary disorder itself.

Schizophrenia

There are various types of schizophrenia including Disorganized (Hebephrenia), Catatonic, Schiziod, and Undifferentiated. The classifications depend on predominant clinical manifestation.

The treatment is psychopharmacy, and the most commonly used agents are phenothiazines. When the phenothiazines are prescribed, the underwriter is usually dealing with a significant psychotic disorder.

Prognosis is favorable when the onset is abrupt and the response to medication is rapid. Recurrent episodes or a chronic course are unfavorable features.

In most cases the individual may be judged recovered when able to resume usual duties, even though on maintenance medication or under follow-up psychiatric care.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single episode, fully recovered, no nervous or mental symptoms	
Within 1 year of recovery	R
2nd – 4th year	400-225
5th – 7th year	175-80
After 7 years	55-0
Two or more episodes, fully recovered, etc.	Add 1 year to R and +75 to other durations

Mood Disorders

Mood disorders are characterized as unipolar, usually a sustained depression, or bipolar, a sustained depression alternating with at least one period in which elation (mania) predominates.

Major depressive episode – Depression is a common psychiatric illness. While most depressions are mild or moderate (see non-psychotic disorders) they can be severe and reach psychotic proportions. In addition to the mood change, lack of self-esteem, negative expectations, anorexia, fatigue and insomnia, major depressive episodes may be accompanied by delusions and hallucinations. Recurrent thoughts of death and suicide are not uncommon and hospitalization for treatment, including electroconvulsive therapy may be required.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single episode, fully recovered, no nervous or mental symptoms	
Within 1 year of recovery	R
2^{nd} – 5^{th} year	225-80
6^{th} – 10^{th} year	80-30
Two or more episodes	Add 1 year to R and +75 to other durations

Manic Depression, Bipolar Mood Disorder – In the depressed phase, bipolar disorders resemble major depressive episodes. In the manic phase, there is a feeling of elation and expansive mood, a reduced need for sleep, mild flights of ideas, and there may be involvement in gambling, alcohol and drugs, reckless driving or foolish investments. The inordinate capacity for activity may lead to intrusive and aggressive behavior. In spite of this, the patient may believe he is in his best mental state and resist attempts to help.

Manic Depression	Rate as Major Depressive episode

PULMONARY FIBROSIS
(Idiopathic, Interstitial, Progressive Diffuse Interstitial Fibrosing Pneumonia and Alveolar – Capillary Block Syndrome)

Alveolar-Capillary block is a clinical syndrome, which occurs, in certain types of pulmonary fibrosis due to impaired oxygen diffusing capacity of the lungs with thickening of the alveolar walls. It is associated with a variety of diseases (e.g., Sarcoidosis, berylliosis, asbestosis, rheumatoid arthritis, scleroderma, radiation fibrosis, fungus infection of lungs, lymphatic spread of carcinoma, obstruction of pulmonary veins, etc., and sometimes from unknown etiology).

The fibrosis may occur as an acute or chronic illness. The acute form (Hamman-Rich syndrome) often follows a very short and rapid course but is not always fatal as was once believed, and in recently reported cases of the disease some appeared to have existed for a number of years. The duration of the disease from onset of symptoms is from 1 to 12 years.

All types of pulmonary fibrosis are not associated with the alveolar-capillary block syndrome. Extensive pulmonary fibrosis may occur following inflammatory diseases of the lung such as pulmonary tuberculosis, fungal diseases and bronchiectasis. The diffusing capacity for oxygen and carbon dioxide is characteristically reduced. The symptoms are fatigue, dyspnea, and weight loss. Later with right-sided heart failure there is cyanosis, marked edema of the extremities in the advanced stage. The lungs become shrunken, cirrhotic or liver-like in consistency and present a hob-nailed or cobblestone appearance. There is diffuse emphysema, bronchiolectasis and gross bronchiectasis, which give the organ a honeycomb appearance.

X-rays are quite diagnostic, e.g.,

1) Early cases show a faint haze to fine granules.

2) Moderately advanced cases show localized increased ring shadows especially in apices.
3) In the far advanced or late stage there is a generalized honeycomb appearance throughout the lungs and is often called cystic lung disease.

Where there is a honeycomb appearance throughout the lungs the prognosis is very poor. Without treatment most of the cases will show a more or less deterioration. If treatment (steroid) is to be successful it should be started before reaching the advanced stage. If this is reversible, improvement can be anticipated, e.g. Miliary Tuberculosis, some forms of pulmonary edema, sarcoidosis in its acute form and some types of nonspecific granulomas. When fibrosis is well established, improvement usually does not occur.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Where cause known	RFC
Others, acute, or early stage (x-ray)	
Under treatment and control	100
Not under treatment and questionable control	500 - 300
Chronic or moderately advanced (x-ray)	
Under treatment, questionable control	400
Not under treatment, doubtful control	400
Far advanced – honeycomb appearance by x-ray	Refer to Section Chief

PYORRHEA

Pyorrhea, pyorrhea alveolaris, or Rigg's Disease, is an inflammation with pus, involving the membranes lining the sockets of the teeth. It is characterized by shrinkage of the gums, tooth decay and loosening of the teeth.

No complications	Disregard
Complications	Apply rules for complication

Q

QUINSY

Quinsy, peritonsillar abscess and suppurative tonsillitis are terms applied to an abscess in and about the tonsil secondary to acute or chronic tonsillitis. There is marked pain in the throat, particularly on swallowing, swelling of the tonsils and palate, and enlargement of the glands of

the neck. Spontaneous or surgical opening of the abscess with drainage of the pus usually brings quick relief.

Underwriting Requirements

An APS (VA Form 29-8158) is required if not adequately described.

After recovery	0
Chronically infected tonsils present	30

R

REFLEXES

A reflex is an involuntary action of an organ or group of muscles in response to stimulation of the proper sensory nerves. Examination of the various reflexes provides valuable data regarding the peripheral nerves, spinal cord, and brain. Equality of intensity of the two sides is generally the most important factor. The more familiar reflexes are the patellar or knee jerk, tendon of Achilles or ankle jerk, Babinski of the sole of the foot, Pupillary and Romberg's sign.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained.

With history of syphilis – (admitted or suspected)	Apply rating for Syphilis
No history of syphilis, reflexes exaggerated, slightly hyperactive or diminished with no other questionable features	0
Otherwise	RFC

RHEUMATIC FEVER

Rheumatic fever is a febrile disease following infection with Group A hemolytic streptococci characterized by quickly passing, migratory pains in the joints, chills and fever, sore throat, inflamed, swollen and stiff joints. It is usually bed confining and disablement may last from a few weeks to many months. The joints may clear up completely, but recurrences after several months or years are not uncommon.

Rheumatic fever with onset primarily in the young, may result in cardiovascular valvular disease. The diagnosis of rheumatic fever in the past should be well substantiated. Illness of less than 3 weeks duration of a rheumatic nature does not warrant the conclusion the applicant had

rheumatic fever. However, any protracted illness, sore throat, stiff and inflamed joints skipping from one joint to another, swelling and redness during an acute illness, should be suspicious. Any of the above accompanied with a cardiac valvular defect, or following the illness, will be held as having had a "rheumatic" infection. Its tendency to recur, and the frequency with which the heart may be damaged make a history of the disease important in selection.

Underwriting Requirements

An APS (VA Form 29-8158) is required. If the history indicates any heart involvement or there is a murmur or other heart abnormality on examination, see Heart Disease. Without apparent complications, rate as below:

Acute Rheumatic Fever	Postpone 6 months from end of acute treatment then rate for any residual, murmur or valve disease
Rheumatic Fever	Rate as residual valve disease

RHEUMATISM

Rheumatism is a term which has been applied to all types of arthritis, and also to conditions, which have no relation to the joints. Painful disturbances of the joints, muscles, bones or other tissues are sometimes termed “rheumatism”. A more definite diagnosis is required for proper evaluation under the appropriate classification.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Muscular rheumatism or “rheumatism” not otherwise classified – not disabling, after recovery	0
Otherwise	Rate as Rheumatoid Arthritis, see Arthritis

RHYTHM DISORDERS (PULSE RATE)

The pulse is normally quite regular, varying slightly with respiration and according to the amount of exertion experienced. It tends to be slower in athletically trained individuals and more rapid in children. A number of pulse disorders of varying significance can be identified in the physical examination or electrocardiogram.

Atrial Flutter/Fibrillation, Paroxysmal Atrial Fibrillation

Atrial flutter results in a rapid regular or slightly irregular pulse rate of around 150 beats per minute. Atrial fibrillation produces a characteristic irregular pulse. Causes include any cardiac

disorder which enlarge the atria, including atrial septal defects and other congenital lesions. Mitral valve disease, hyperthyroidism, coronary artery disease, fever, exercise, pulmonary disease and alcoholism can induce flutter or fibrillation.

Atrial flutter is generally a temporary rhythm which reverts to normal sinus rhythm or atrial fibrillation. Fibrillation may be paroxysmal (intermittent) or continuous. It can be controlled or corrected with medications or cardioversion.

Cerebral and peripheral arterial emboli are serious complications.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Chronic, constant	
With mitral stenosis	R
Others	300
Paroxysmal	
With mitral stenosis	300
Others	0

Atrial Supraventricular Tachycardia (SVT), Paroxysmal Atrial Tachycardia (PAT)

Atrial tachycardia (heart rate over 160 in an adult), usually has abrupt onset and termination and brief duration. The episodes are well-tolerated except in individuals with underlying heart disease in whom prolonged attacks can precipitate congestive heart failure.

Underwriting Requirements

An APS (VA Form 29-8158) is required. Include ratings for underlying heart disease.

Under age 50	0
Age 50 and up	0

Premature Atrial Contractions (PACs)

These are premature beats that originate within the atrial wall and generally are of no consequence.

Premature atrial contractions	0

Sick Sinus Syndrome (SSS), Bradycardia-Tachycardia Syndrome

SSS includes several disorders with accompanying rhythm and pulse disturbances. An alternating pattern of slow and rapid heart rate is common. This disorder can cause dizziness, syncope and life-threatening arrhythmias. Treatment includes medications and pacemakers.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No treatment, or medication only	200
Pacemaker	100

Sinus Arrhythmia

The heart rate varies slightly with breathing, speeding up during inhalation and slowing during exhalation. This is a normal process.

Sinus arrhythmia	0

Sinus Bradycardia

Sinus Bradycardia is a pulse rate less than 60 beats per minute. It is seen in young people, those who are physically fit, with medications (beta blockers), and cardiac and other diseases. It generally produces no symptoms unless accompanying other disorders.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	
Heart rate 40+	0
Heart rate under 40	0

Sinus Tachycardia

Sinus tachycardia is a heart rate of 100-160 beats per minute on ECG. It is most often seen with stress, fear, exercise, fever, hyperthyroidism, anemia, lung diseases, and heart diseases.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	
Heart rate 100-120	0
Heart rate 121-140	55
Heart rate 141+	75

Premature Ventricular Contractions

Premature ventricular contractions arise spontaneously from the ventricles. They can be felt as an irregular pulse and confirmed on an ECG. Those detected in the absence of identifiable heart disease, ventricular hypertrophy, myocarditis and other cardiac diseases are associated with an increased risk of sudden death.

Unfavorable features include other known heart disease, elevated blood pressure, runs of PVC's (ventricular tachycardia), PVC's originating from several different areas in the myocardium (multi-focal) and PVC's that occur or increase with exercise. Rating depends on frequency and complexity of the PVC's and the presence of other underlying heart diseases.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Average Number/Minute	Under Age 40	Age 40 and Over
10 or less	0	0
11-20	0	30
21-30 (including bigeminy)	30	55
Electrocardiogram shows:		
Multifocal origin	Basic debits +55	
After exercise		
Infrequent, rate 130 or more	0	
Frequent (more than 20% of beats) occurring at rates below 130, associated with ST changes, multiform or in runs	100-55	

Ventricular Tachycardia, Ventricular Fibrillation

Ventricular tachycardia is often the forerunner of ventricular fibrillation and accompanies coronary artery disease, acute myocardial infarction, myocarditis and chronic cardiomyopathy.

Treatments include antiarrhythmic drugs and automatic implantable cardioverter defibrillators (AICD).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Singles symptomatic episode, well evaluated	100
After 2 years, well controlled on treatment	50
After 5 years, no treatment needed	0
If with acute mitral insufficiency	Rate for Mitral Insufficiency
Multiple episodes	

Symptomatic or seen on Holter monitor	Rate as Angina
With AICD	100-55

S

SACROILIAC DISORDERS or LUMBOSACRAL SPRAIN

The sacroiliac joint is at the junction of the lower end of the spine (sacrum) with the pelvis. Acute strain, exertion, or injury, faulty posture, flat feet, arthritis, etc., may produce dislocations, sprains, relaxation, or inflammation usually resulting in severe pain and rigidity in this area. A dislocated disc frequently manifests itself as a sciatic syndrome.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained.

Single attack	
Present	
Mild	0
Moderate	20
Severe	100-30
History (recovered)	
Mild	0
Moderate	0
Severe	0
Recurrent attacks (chronic)	
Mild	15
Moderate	30
Severe	100-40

SALIVARY GLAND

The salivary glands consist of the sublingual, submaxillary and the parotid glands. Simple inflammatory conditions, such as mumps, are acceptable after recovery.

Salivary stones are a formation of salts in the salivary glands and consist of calcium salts. These concentration of salt form stones.

Underwriting Requirements

APS (VA Form 29-8158) within 2 years

Cyst	
Present	0
After removal	0
Stone, Calculus	
Present	30
After removal	0

SARCOIDOSIS

Sarcoidosis or Boeck's Sarcoid is a chronic benign disease of unknown cause effecting mainly the skin, lymph nodes, lungs, and bones of the hands and feet. A special type may be limited to the parotid gland and eyes (uveoparotid fever); "disseminated" sarcoidosis can involve any organ or tissue. It is insidious in onset, proceeds slowly and unevenly to a maximum often without much disablement. Spontaneous recovery may be anticipated in a majority of cases. The lesions heal by scar formation. Pulmonary changes may lead to congestive failure. The condition during its progression may remit and recur. The mediastinal nodes may become massive and may suffer bilateral widespread nodular and streaky infiltration. It is insidious in onset, proceeds slowly and unevenly to a maximum, often without much disablement, then recedes, also slowly. The whole sequence covers an average period of about 22 months and a maximum of 6 to 8 years. It may recur.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Stage 1 – disease has hilar adenopathy (enlarged lymph nodes) but no lung involvement by x-ray or other symptoms.

Stage 2 – disease has hilar adenopathy (enlarged lymph nodes) with pulmonary infiltrates seen on chest x-ray.

Stage 3 – disease has extensive lung disease seen on x-ray but no hilar adenopathy.

Stage 4 – severe lung disease shown on x-ray and the PFTs show severe COPD.

Resolved	6 months – 2 years	After 2 years
Stage 1	0	0
Stage 2	75	0
Stage 3	200	Rate per COPD schedule
Stage 4	R	Rate per COPD schedule (if extreme, decline)

Currently using steroid medication	Add 55
Sarcoid other than lung or hilar lymph nodes	Refer to Section Chief

Cardio involvement including Bundle Branch Block on EKG	R
Progressive pulmonary disease	R
Currently using steroid meds	Add 55
Eye involvement, skin or liver involvement	Rate per severity of lung involvement above
Sarcoid in locations not covered above, i.e., nervous system	Refer to Section Chief

SCALENUS ANTICUS SYNDROME (Cervical Rib)

There are three scalenus muscles that lie deeply on either side of the neck. The attachments of the scalenus muscles vary, particularly the antererior scalenus. In some individuals the variation is capable of producing a mild single neurovascular symptom or a combination of symptoms and findings. These may involve any or both sides of the neck. They may manifest themselves in numbness, tingling, swelling of the shoulder(s) arm(s) or neck, and even paralysis and marked edema.

The cervical rib is an additional rib, usually an incomplete formation lying above the first rib, which connects with the last cervical vertebra. If the rib presses on the spinal nerve roots it can cause a similar chain of symptoms as scalenus anticus syndrome. It may be any size, however, from rudimentary projection to a complete rib. The treatment for the alleviation of the distressing signs and symptoms can be conservative physical therapy or operative, or both.

Underwriting Requirements

An APS (VA Form 29-8158) may be necessary if not adequately described.

Unilateral	
Symptoms and findings are:	
Moderate or less, not constant, and good functional capacity	0
Moderate or more, with some impaired functional capacity	15
Marked, constant, and materially impaired functional capacity	75
With vasomotor disturbances and/or functional	Refer to Section Chief
Bilateral	
Symptoms and findings are:	
Moderate or less, not constant, and good functional capacity	15
Moderate or more, with some impaired functional capacity	25
Marked, constant, and materially impaired functional capacity	100
With vasomotor disturbances and/or functional	Refer to Section Chief

SCARLET FEVER

Scarlet fever, or scarletina, is an acute contagious disease, characterized by sudden onset with nausea, vomiting, high fever, sore throat, and scarlet rash. It often leads to such complications as acute nephritis, ear disorders, and arthritis,

Underwriting Requirements

An APS (VA Form 29-8158) is required within 1 year of recovery.

Uncomplicated – after recovery	0
Complicated	Apply rules for complication

SCHISTOSOMIASIS
(Be Lharziasis)

Schistosomiasis is a chronic disease caused by the blood flukes Mansonia, Japonicum and Haematobium. These flukes, trematodes or worms are prevalent in Africa, South America, Southern Europe, West Indies and Eastern Asia. Various species of snails are the intermediate hosts. The infected larvae enter the body by penetrating the human skin or mucous membranes that come in contact with contaminated water. Symptoms may not develop for years in light infestations but with heavy infestations may develop within a month. The adult flukes many live for 25 years and they may be asymptomatic for some time. Most cases are diagnosed only when fairly well advanced. Schistosomiasis (Mansoni and Japonicum) should be considered in all unresponsive gastrointestinal disorders in persons who have been in endemic areas. Early schistosomiasis may be mistaken for amebiasis and various forms of dysentery. At first there may be only a rash at the site of penetration; this is followed by fever, allergy, i.e., urticaria, asthma and temporary enlargement of liver and spleen. Abdominal pain and dysentery are common early in the intestinal infections; later ulceration, polypoid intestinal tumors, anemia, cirrhosis, portal and pulmonary hypertension and ascites may occur. The brain and spinal cord may be affected. With the Haematobium, the urinary bladder and pelvis are mainly involved. Painless hematuria, with bladder and kidney damage and possibly uremia may occur.

Prognosis with treatment is good in early and light to moderate infections if reinfection does not occur. With heavy infestations, and extensive involvement the outlook is poor even with treatment. Death commonly results from incurrent disease, often within a few years after the infestation.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Light to moderate infestation with little or no treatment	300-100
Light to moderate infestation adequately treated	200-50
Severe – heavy infestation or with extensive involvement	1000-500
History	
Within 3 years – light to moderate infestation with little or no treatment	300-100
Within 3 years – light to moderate infestation with adequate treatment	100-25
After 3 years – light to moderate infestation with little or no treatment	50-25
After 3 years – light to moderate infestation with adequate treatment	0
Severe – heavy infestation or extensive involvement, regardless of treatment	800-300

SCIATICA, LOW BACK PAIN

Low back pain is a common complaint. It is a frequent cause of disability, and is difficult to diagnose precisely, and to treat. Recurrences are usual. Sciatica is a special type of pain radiating into the buttocks or down the leg. It may accompany low back pain or occur alone. It is usually due to an intervertebral disk. Less commonly it is caused by nerve root compression by an intraspinal tumor or by spinal stenosis, a narrowing of the lumbar spinal canal.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

Cause known	RFC
Others	Rate as Intervertebral Disk Rupture

SEPTICEMIA

Septicemia is a severe blood infection due to bacteria in the blood stream. Wounds, complications following childbirth, or infection anywhere in the body are the most common causes.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if inadequately described.

Present	
Uncomplicated – after recovery	0
Complicated	Apply rules for cause or complications

SEXUALLY TRANSMITTED DISEASES (STDs)

Sexually transmitted diseases (STDs) are those passed primarily by sexual and/or intimate contact. Besides sexual contact, the most common form of spread is from mother to fetus either in utero (e.g. syphilis) or during the birth process (e.g. gonorrhea, herpes, chlamydia).

In the adult, STDs present a very low mortality risk. But their presence or history raises the concern that other diseases passed by intimate contact may also be present or contracted in the future, namely AIDS (see AIDS).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Gonorrhea, syphilis, other sexually transmitted diseases	
Acute, single episode, no complications, adequate treatment	0
Chronic or repeated episodes	R

SEZARY'S SYNDROME
(Special Types of Lymphomas)

Mycosis Fungoides is a cutaneous lymphoma that may pursue a prolonged indolent course. Sezary's Syndrome is a leukemic variant of mycosis fungoides and has a poor prognosis.

Mycosis Fungoides and Sezary's Syndrome	R

SINUSITIS

The nasal sinuses are cavities lined with mucous membranes. They consist of the frontals, maxillaries, ethmoids and sphenoids. Inflammation of a sinus is known as sinusitis. Acute colds, allergy, and injury are common causes of sinusitis. Sinusitis has a tendency to become chronic and/or recurrent.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Repeated, severe attacks within 1 year	30
Otherwise, rating will depend on cause or complication	Disregard

SKIN AFFECTIONS

Skin affections of any type are frequently described by the general term dermatitis. Many systemic or generalized disorders produce characteristic rashes or lesions on the skin. Their appearance and subjective symptoms are extremely varied.

Ignore these conditions unless they are associated with more serious impairments:

Acne rosacea
Acne vulgaris
Atopic dermatitis
Blue nevus
Cellulites
Chloasma
Contact dermatitis
Dermatophytosis
Ecthyma
Eczema
Erysipelas
Erythema Nodosum
Fixed drug reaction
Folliculitis
Furunculosis
Hidradenitis suppuritiva
Hirsutism
Impetigo
Kawasaki disease (mucocutaneous lymph node syndrome)
Keloids
Keratoacanthoma
Molluscum contagiosum
Morphea
Nevus – moles (simple)
Parapsoriasis
Pediculosis
Pityriasis rosea
Pseudoxanthoma elasticum
Seborrheic dermatitis
Serum sickness
Sporotrichosis
Tinea
Urticaria (hives)
Verruca vulgaris
Vitiligo
Xanthoma
Xerosis

Malignancies

Basal Cell Carcinoma
Cutaneous Lymphoma
Kaposi's Sarcoma
Melanoma

Malignancies	See Tumor Section

Premalignant Conditions

Bowen's Disease (including Erythroplasia of Queyrat)
Nevi – Giant Hairy, Dysplastic, Junctional, or with recent change
Keratosis (Actinic, Senile, Solar, Luekoplakia)

Present	25
After surgical excision	0

Other Significant Skin Disorders

Condyloma acuminata (venereal warts)	See Sexually Transmitted Diseases
Discoid lupus	
Systemic lupus unlikely	0
Others	
Within 1 year of diagnosis	55
After 1st year	0
Genital herpes	See Sexually Transmitted Diseases
Psoriasis	
Present – slight or moderate	0
Others, extensive	30
History – upon recovery	0
With arthritis	See Rheumatoid Arthritis

Skin Disorder Indicative of Underlying Disease

Acanthosis Nigricans – this type appears in childhood is usually benign but can be associated with Cushing's disease or diabetes. Adult form has about 50% incidence of associated malignancy.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	Rate for complications
History	0

Café Au Lait Spots – these are light brown or tan spots associated with Neurofibromatosis or with Albright's Disease

Café Au Lait spots	See Tumor Rating Chart C Under Birthmark, etc.

Ehlers-Danlos Syndrome – hyperextensible joints, increased elasticity of skin, and ecchymoses are the classic signs. Severe forms may be associated with increased tendency for rupture of large arteries and bowel.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

No internal or arterial involvement	125-75
With mitral value prolapse	Rate as Mitral Valve Prolapse
History of spontaneous rupture of artery or aneurysm	R

Epidermolysis bullosum – characterized by blisters and ulceration at sites of minor skin trauma. Growth retardation, squamous cell carcinoma and esophageal strictures are complications.

Epidermolysis bullosum	R

Erythema multiforme (Stevens-Johnson Syndrome) – characterized by the "iris" or "target" lesion – concentric circles of different colors. May be caused by hypersensitivity to drugs, herpes, collagen vascular disease, or by radiotherapy.

Erythema multiforma	RFC

Lichen planus – itchy inflammatory condition of the skin with typical lesions on ankles, wrists, mouth and genitalia.

No evidence of other system involvement	0

Bullous pemphigoid – blistering skin disease.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Currently on treatment	100
Disease cured, treatment ended	
Within 1 year	55
Thereafter	0

Pemphigas (vulgaris, erythematosus, foliaceus, and vegetans) – skin disorder manifested by blisters and ulceration of the skin and mucous membranes.

Currently on treatment	55
Disease cured, treatment ended	
Within 1 year	55
2nd year	30
After 2 years	0

Port wine stain – a cutaneous hemangioma that follows a division of the trigeminal nerve.

No complications	0
Others	30

Pyoderma gangrenosum – ulcerative skin lesions often associated with ulcerative colitis or other diseases.

Pyoderma gangrenosum	RFC

SLEEP APNEA

Sleep apnea includes excessive daytime somnolence and nocturnal sleep abnormality including frequent disruption of sleep, heavy snoring, and observed periods of apnea (cessation of breathing for over 10 seconds) during sleep. Diagnosis is made by overnight sleep study.

Complications include: obesity, hypertension, psychiatric disturbances, dangerous arrhythmias, pulmonary hypertension, cor pulmonale, polycythemia, and congestive heart failure.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Sleep study available for review, no complications, no BP debits, and no surgical treatment such as UPPP or tracheostomy	
Mild with or without treatment	0
Moderate, compliant with use of CPAP (continuous positive airway pressure mask)	0
Moderate, untreated, non-compliant, or compliance unknown	55
Moderately severe, compliant with nightly use of CPAP	75
Moderately severe, untreated, non-compliant or unknown compliance	100
Severe	
Success of CPAP documented by follow-up sleep study	0
No follow-up sleep study, non-compliant or unknown	R
Sleep study done by not available for review, no complications, no surgical treatment like UPPP or tracheostomy and no BP debits	
With complications	
Obesity, systemic hypertension, or psychiatric impairment	Sum debits
Arrhythmias, polycythemia	R
With surgical treatment	Follow-up sleep study needed then rate as above
For those with history of possible sleep apnea but no work-up	
No driving problems, normal BP, no arrhythmias, no heart disease, non-ratable build	0

SPINA BIFIDA, SPINA BIFIDA OCCULTA

Spina bifida is a congenital disorder manifested by defective closure of the vertebral column. In its mildest form, spina bifida occulta, it is usually discovered on x-rays done for some other purpose and is asymptomatic. In its more severe form there may be complete paralysis below the level of the defect as well as other associated abnormalities. Surgery may be required to prevent complications but has little effect on established paralysis.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Spina bifida occulta	0
Spina bifida	
Present or history	Rate for degree of paralysis and complications

SPINE INJURIES

Injuries to the spine may be a fracture of the body of a vertebra or the projections, dislocation, or crushing; torn ligaments or tendons attached to each vertebra and excessive growths that may or may not result from an injury. The injury may or may not affect the spinal cord.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated – no deformity or residuals	
Spinal injuries, fractures, contusion, compression, dislocation, G.S.W., cord not injured	
Present or within 6 months	300-100
6 months after recovery	0
Operated – fusion or fixation	
No cord injury – cured	
Within 1 year after recovery	30
More than 1 year after recovery	0
Others	
Residuals of, symptomatic with muscular weakness, marked restriction of activity	100-50

SPLEEN

The spleen is an oval-shaped organ situated in the upper left quadrant of the abdomen. Its functions are many and varied. The spleen may become involved secondarily in any number of diseases, most of which result in varying degrees of splendic enlargement (splenomegaly), such

as Banti's disease, blood disorders, malignancy, portal cirrhosis, tuberculosis, syphilis, and chronic malaria.

Removal of the spleen (splenectomy) is sometimes required because of rupture due to injury.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

History or evidence of persistent enlargement	0
Splenectomy	
Due to injury, fully recovered and returned to normal duties	0
Due to other causes	RFC
Hypersplenism	
Present	R
Cured by splenectomy	0
Splenomegaly	
Present	
Cause known	RFC
Cause unknown	Refer to Section Chief
History	0

STRICTURE

The abnormal narrowing of a canal, duct, or passage is called a stricture. It may be due to external pressure, inflammation, or other changes. The term may be applied to narrowing of the ureter, bile duct, esophagus, etc., and prolonged treatment or surgery may be required

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Chronic histories or those requiring repeated dilation	50
Other strictures	See under respective headings

SUICIDE
(Attempted)

Suicide, the intentional taking of one’s own life, is a complex phenomenon. It is often the end result in a pattern of self-destructive behavior. Contributing factors include alcoholism, organic brain disease, personality disorders, schizophrenia and particularly depression. Social factors, physical illness and alcohol may contribute to the latter.

Suicide attempts or gestures are much more frequent than completed suicides, and are often viewed as a "cry for help." In the absence of successful intervention, attempts may be repeated. Any history of suicide gestures or suicidal thoughts must be given serious consideration.

Underwriting Requirements

An APS (VA Form 29-8158) is required in all cases.

When related to Psychotic Disorder	Apply rules for the specific psychoses
One attempt only	
Within 1 year	R
Within 2-3 years	175
Within 4-6 years	125
Within 7-8 years	100
Within 9-10 years	55
After 10 years	0
Two or more attempts	
Within 5 years of last attempt	R
Within 6 years	350
Within 7 years	275
Within 8 years	225
Within 9 years	175
Within 10 years	125
Within 11-15 years	55
After 15 years	0

SYNCOPE AND VERTIGO

Synocope is a term synonymous with loss of consciousness. Vertigo refers to a spinning sensation or dizziness. While not often due to serious disease, epilepsy, cardiac disorders, Meniere's disease, stroke, etc. must be considered.

Cause known	RFC
Otherwise, no other impairments	
Mild occasional momentary attack	50-0
Others (consider age, frequency, duration, etc.)	R-55 Refer to Section Chief

SYNOVITIS

Inflammation of the lining of a joint (synovial membrane) is known as synovitis. It is characterized by redness, swelling, exudation of fluid, and pain, especially on motion. Synovitis may follow infection or result from an injury such as sprain, contusion, fracture, or wounds.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately described.

One attack – duration 3 weeks or less, after recovery	0
More than one attack or duration over 3 weeks	
Last attack within 6 months	55
After 6 months, with good functional result	0

SYSTEMIC CONNECTIVE TISSUE DISEASE

Mixed Connective Tissue Disease

Mixed connective tissue disease is characterized by a combination of the features of systemic lupus, scleroderma, polymyositis, and rheumatoid arthritis. They may be mild or severe and the prognosis is thought to be similar to that for systemic lupus erythematosis. Treatment may include corticosteroids or cytotoxic agents.

Mixed connective tissue disease	Rate as Systemic Lupus Erythematosis

Scleroderma/Progressive Systemic Sclerosis

Diffuse scleroderma or progressive systemic sclerosis is characterized by an increase in the amount of fibrotic connective tissue in the skin and internal organs accompanied by inflammatory and vascular changes. The gastrointestinal tract, lungs, heart and kidney are most commonly involved and may not be progressive.

A variant of the disease known as the "CREST" syndrome (calcinoisis, Raynaud's phenomenon, esophageal dysfunction, sclerodactyly and telangiectasia) may have a better prognosis at least in the short term. Some of these patients will have disease that is primarily limited to the skin; however, others will go on to develop disease of the internal organs.

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Scleroderma/Progressive systemic sclerosis	Rate as Systemic Lupus Erythematosis

Sjogren's Syndrome

Sjogren's Syndrome is a chronic autoimmune inflammatory disorder in which the salivary and lacrimal glands undergo progressive destruction resulting in a corresponding decrease in the

production of saliva and tears. It is associated with rheumatoid arthritis, systemic lupus, mixed connective tissue disease and scleroderma and in some cases with pulmonary and central nervous system disorders.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Sjogren's Syndrome	Rate as Systemic Lupus Erythematosis

Systemic Lupus Erythematosis (SLE)

SLI is an autoimmune disorder of unknown etiology. Its varied clinical manifestations are the result of antibodies directed against tissues or cells, or the deposition of immune complexes in tissues or organs. The disease ranges in seriousness from mild and transient to severe and life threatening. It is seen most often in women of childbearing age, but anyone can be affected. Systemic symptoms (fatigue, malaise, fever, weight loss), musculoskeletal, cutaneous and hematologic manifestations are the most common but neurologic, cardiopulmonary, renal, gastrointestinal, vascular and ocular features are not uncommon. The clinical course is usually one of exacerbations and remissions. Complete recovery is uncommon though the prognosis in general seems to be improving. Treatment depends on the seriousness of the disease and may include corticosteroids or cytotoxic drugs.

Present, current evidence of disease but minimal progression	
Within 1 year of diagnosis	R
Within 2-5 years	400-200
After 5 years	100
In remission, no current evidence of disease	
Within 1 year	125
Within 2-3 years	75
After 3 years	0
Renal, cerebral, or multi-organ disease	Refer to Section Chief
On steroids	Add 55 to above

T

TESTICLES

The testicles produce sperm and hormones for secondary male sexual characteristics. Atrophy or degeneration of the testes is caused by a variety of conditions. Epididymitis is

an inflammation of the spermatic chord. The acute form may be due to gonorrhea. Chronic epididymitis may have similar origins, but is occasionally tuberculosis.

A hydrocele is an abnormal accumulation of fluid surrounding the testes. Orchitis is an inflammation of the testicle. It is a common complication of mumps, but may result from injury, gonorrhea, other infections, and occasionally from tumors. Atrophy and sterility may follow.

Undescended testes (cryptorchidism) is a condition in which one or both testicles remain in the abdomen or inguinal canal. They are usually removed surgically because of their potential for malignant change.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Atrophy	
Due to mumps or other infection	0
Others or cause unknown	Refer to Section Chief
Enlargement	
Due to trauma, hydrocele, infection or tumor	RFC
Cause unknown	Refer to Section Chief
Epididymitis	
Due to gonorrhea or unknown cause	Rate for Gonorrhea
Due to tuberculosis	RFC
Present, cause unknown	100
Other acute history	
Single attack – recovered	0
Multiple attacks	
Within 1 year	30
After 1 year	0
Removal of testicle	
Due to injury	0
Others	RFC
Orchitis	
Single acute attack after recovery	0
Evidence of chronic inflammation, or progressive enlargement	R-30

Due to gonorrhea	RFC
Undescended testicle(s)	
Present	
No symptoms	0
With symptoms	55-0
Corrected by surgery	0
Vasectomy	
For sterilization	0
Other causes	RFC

TETANUS

Tetanus, or lockjaw, is an acute infectious disease usually caused by contamination of a wound. Symptoms consist of restlessness, headache, and muscular stiffness, particularly in the neck and abdomen, followed by locking of the jaw and severe convulsions.

Underwriting Requirements

If complicated or residual impairment shown, an APS (VA Form 29-8158) will be required.

No complications or sequelae – after recovery	0
With complications or sequelae	Rate for complication or impairment

THROMBOSIS

Thrombosis is the formation, development or presence of a clot (thrombus) within a blood vessel. It is attached to the wall and may partially or completely block (occlude) the vessel, causing interference or stoppage to the flow of blood. If a thrombus breaks loose into the blood stream it is called an embolus.

Embolism is a circulatory condition in which a clot of blood or a foreign particle floating in the blood stream may partially or completely block a blood vessel. An embolus may lodge in the heart, lung, brain, liver, or in vessels of the extremities.

These conditions may follow such histories as thrombophlebitis, abdominal or pelvic surgery, fractures and bruises of the extremities, arteriosclerosis, heart disease, pregnancy and childbirth. They may develop suddenly without any apparent predisposing cause as in coronary thrombosis or occlusion.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Coronary embolism or thrombosis	See Heart Disease
Cerebral embolism or thrombosis	See Cerebral Hemorrhage
Pulmonary embolism or thrombosis	
Present	100
Fully recovered – within 3 months	25
Fully recovered – after 3 months from diagnosis	RFC
Thrombosis of vein(s)	See Thrombophlebitis
Other embolism or thrombosis	Refer to Section Chief

THYMOMAS

The thymus gland is located in the mediastinum and has a role in immunologic response.

Thymomas are tumors, approximately 25% of which are malignant. These usually invade locally and metastasis is rare. Symptoms occur because of compression of the trachea and large blood vessels in the chest.

For unknown reasons, myasthenia gravis occurs in about half of people with thymomas. Improvement of the disease is usually seen after surgical removal of the thymus gland.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Thymic carcinoma	See Tumor Rating Chart A
Benign thymomas	
Present	R
If operated	
Within 1 year	30
Within 2 years	20
Within 3 years	10

After 3 years	0
With myasthenia gravis	See Myasthenia Gravis

THYROID DISORDERS

The thyroid is a gland of internal secretion consisting of two lobes, one on either side of the trachea (windpipe) joined by a connecting arch (isthmus). In association with other endocrine glands, it governs the energy expenditure of the body and is an important factor in metabolism and other body functions.

Hyperparathyroidism

Primary hyperparathyroidism is characterized by elevated calcium levels in the blood and is caused by excessive secretion from one or more parathyroid glands. This disorder is treated by surgical removal of the overactive gland. Non-parathyroid causes of hypercalcemia include malignancy, kidney disease and a variety of other conditions including sarcoidosis. Their treatment is that of the underlying disorder. The primary disease is manifested by elevated calcium, non-specific symptoms such as weakness and fatigue, bone disorder, kidney problems, and x-ray findings.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	
Complicated or not stabilized	100
History	
Calcium levels normal	0
Others	Refer to Section Chief

Hyperthyroidism

Patients with overactive thyroid glands have hyperfunctioning nodules, toxic multinodular goiter, lymphocytic thyroiditis (Hashimoto's Disease) or subacute thyroiditis. One form of hyperthyroidism, Graves' Disease,

consists of a goiter, the typical eye signs and skin changes in the legs. Patients with hyperthyroidism may exhibit nervousness, tremor, palpitations, weight loss, heat intolerance and muscle weakness. On physical exam they may demonstrate sinus tachycardia or atrial fibrillation, as well as elevation of the systolic blood pressure. Beta blocking drugs or antithyroid drugs may be used to control symptoms. Long term remission or cure can be achieved with thyroidectomy, radioactive iodine therapy or 6 to 24 months of therapy with antithyroid drugs. Successful treatment may result in hypothyroidism, making thyroid replacement therapy necessary.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Hyperthyroidism	
Treated and controlled (thyroid tests normal, pulse normal)	0
Others	55

Hypoparathyroidism

This disease is characterized by the lack of the parathyroid hormone. This biochemical syndrome may be idiopathic or acquired. There is a hypocalcemia and hyperphosphatemia.

The acquired is most commonly seen following thyroidectomy, x-ray irradiation of neck or massive radioactive iodine for cancer of the thyroid. In about 70 percent of these cases the presenting symptom is overt or latent tetany. In the chronic or latent disease there are personality changes, anxiety state and mental retardation. This anxiety state in adults may progress to a severe depressive psychosis for which they are admitted to mental institutions. Some patients develop unexplained cardiac failure. With prompt diagnosis and treatment the outlook is fair.

Idiopathic hypoparathyroidism is a rare congenital condition and is manifested by tetany in the infant or early childhood. This is often associated with candidiasis and Addison's disease.

Pseudohypoparathyroidism and psuedo-pseudohypoparathyroidism has in addition a genetic defect

associated with short stature, round face (often with perpetual smile) and deformities of bones of hands and feet.

Hypoparathyroidism is most often due to accidental removal of the parathyroid glands during thyroid surgery, or removal of too much parathyroid tissue during surgery for hyperparathyroidism. It is characterized by low serum calcium levels.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Asymptomatic, normal calcium level	0
Symptomatic, abnormal calcium level	R

Hypothyroidism

Hypothyroidism may be due to lymphocytic thyroiditis, prior radioactive iodine therapy for hyperthyroidism, thyroidectomy, or less commonly, X-ray treatment to the neck, iodine excess or deficiency, congenital disorders and drug side effects. Symptoms are non-specific and include weakness and fatigue, dry skin, cold intolerance, muscle and joint pain, constipation, anorexia and weight gain. There may also be a decrease in the pulse rate and a decline in the systolic blood pressure.

Underwriting Requirements
An APS (VA Form 29-8158) is required.

Hypothyroidism	
With or without replacement therapy	
Asymptomatic	0
Symptomatic	55
Congenital hypothyroidism (cretinism)	
Prompt diagnosis and institution of therapy, no adverse effects	0
Others, depending on degree of mental impairment, if any	R-55

Thyroiditis, Goiter, Thyroid Nodules

Subacute thyroiditis is a self-limited disorder associated with a viral illness. Treatment is symptomatic with aspirin and Cortisone.

Enlargement of the thyroid may be generalized or nodular and associated with an increase, decrease or no change in thyroid hormone activity. The possibility of malignancy must be excluded in thyroid nodules.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Thyroiditis	
Full recovery	0
Symptomatic or on treatment	55
Thyroid enlargement	
Asymptomatic, stable	0
Others	100
Solitary nodule	
No evidence of malignancy, asymptomatic	0
Others – symptomatic, inadequately investigated	100

TIC DOULOUREUX

Tic Douloureux, also called trifacial or trigeminal neuralgia of the sensory nerve of the face, tongue, and teeth, manifested by severe stabbing pain. There is a tendency for the condition to recur. Severe cases may require an operation to sever the nerve or to excise the ganglion, or an injection of the nerve with alcohol. This is noted for sudden attacks of excruciating facial pain. Suicides are not uncommon in severe cases.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Unoperated – mild to moderate, controlled by medication, nondisabling, no narcotics used	
Within 1 year	30
After 1 year	0
Unoperated – severe or treated by injections	
Within 1 year	100
Within 2 years	40
After 2 years	0

Operated – ganglion excised or nerve root severed, no sequelae	
Within 1 year	30
After 1 year	0
Others	Rate as unoperated
Within 1 year of onset	55-30
Others, treated medically or surgically	30-0

TORTICOLLIS (Wry Neck)

This is a condition in which contraction of the neck muscles causes a tilting of the head. The deformity is one-sided. The muscle chiefly involved is that which extends from the mastoid region behind the ear to the collarbone and upper margin of the sternum. The head is pulled down, the face turned to the opposite side and the chin is thrust forward. Spinal curvature may result.

Acute torticollis is rare and temporary, and may result from exposure to cold or from injury. Recovery is usually uneventful.

Chronic torticollis may be due to inflammation or disease of nearby structures, such as glands or vertebrae, or to nerve disorders, including central nervous disease and poliomyelitis. It is sometimes an assumed attitude due to defect of the eye muscles which requires tilting of the head to balance objects in line of vision.

Underwriting Requirements

Obtain an APS (VA Form 29-8158) when there is history of treatment within 2 years.

Acute torticollis – mild or no deformity	
After recovery	0
Chronic torticollis	
Cause removed	
Slight to moderate deformity	0
Marked deformity	15
Cause not removed	RFC

TOXOPLASMOSIS

There are two main types of toxoplasmosis: congenital and acquired. The congenital form can occur in newborns or appear in the patient's 20's or 30's. The latent variety occurs as toxoplasmic retinochoroiditis. This is usually chronic and is mostly limited to the eyes, with progressive loss of vision. The acquired form is a febrile illness with notable enlargement of the lymph nodes. Other organs may also be involved, including the myocardium, respiratory system, skeletal muscle, liver, brain and skin. The presence of organ involvement with retinochoroiditis is often fatal, but if the patient recovers, prognosis is good.

Underwriting Requirements

APS (VA Form 29-8158) in all cases.

Congenital	Rate for maximum expected blindness
Acquired	
0-2 years	Refer to Section Chief
After 2 years	Refer to Section Chief
If immuno-suppression is suspected	See AIDS

TRACHEOTOMY

Tracheotomy is the operative procedure of cutting into the trachea for the purpose of creating an opening into it because of an obstruction above it. The obstruction may be caused by a foreign body or may be due to disease.

Underwriting Requirements

Wound closed, an APS (VA Form 29-8158) is required for cause.

Wound closed	RFC
Wound open	Add 30 to the rating for cause

TRANSIENT ISCHEMIC ATTACK (TIA)

A common form of TIA is amaurosis fugax, a temporary blindness in one eye. Other common forms include unilateral facial or limb weakness, impaired speech (aphasia) or gait (ataxia).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single or multiple episodes	100

TRAUMA

Anyone who has suffered from trauma (burns, spinal cord and head injuries, near electrocution, fractures, amputations, near drowning, crush injuries, shock, etc.) should be postponed until recovery is complete, or if recovery is unlikely, until the level of recovery has reached a plateau. There should be no need for indwelling catheters, IVs, or other tubing. All planned and surgical procedures have been completed.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Fully recovered, no residual impairments	0
Others – rate for residual impairments, summing debits for each. Be aware that residuals also may be psychiatric.	Rate for residual impairments

TREMORS

Tremors may be voluntary or involuntary. Generally they are associated with underlying causes, the nature of which should be studied.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mild or diagnosed as an intention tremor (increased by voluntary movement which may cease on rest), no change for several years, nervous system otherwise normal	0
Others – cause known	RFC
Otherwise	Refer to Section Chief

TUBERCULOSIS

Tuberculosis is a chronic infectious disease which is usually spread by the inhalation of infected droplets. Once known as “the white plague”, the advent of public health measures and effective medications resulted in a steady decline in the importance of tuberculosis. Worldwide travel, AIDS, drug abuse and a lowered suspicion on the part of physicians are resulting once again in an increased incidence.

Tuberculosis may be pulmonary (involving the lungs), or extrapulmonary (involving virtually any other organ in the body). Pulmonary tuberculosis may be asymptomatic and found on routine chest x-ray. Classical symptoms include cough, fever, weight loss and hemoptysis. The signs and symptoms of extrapulmonary disease, of course, depend on the organ involved.

Treatment may be given on a prophylactic basis, usually when the tuberculin skin test is found to be positive in an infant, or when it changes from negative to positive in an adult without other evidence of disease. Treatment of established tuberculosis always requires multi-drug therapy, careful follow-up and strict patient compliance. Under optimum circumstances relapses are unusual and the need for surgical procedures is rare.

Underwriting Requirements

An APS (VA Form 29-8158) is required at all times.

Positive skin test only, prophylactic treatment	0
Tuberculosis, active or recovered	
Pulmonary	
Determined to be drug resistant strain	R
Others	
Single attack, present or recovered within the time period, currently under treatment, no progression, not currently disabled	
Within 1st year	20
2nd year	10
Thereafter	0
Relapsed and still present on treatment, or recovered within the time period	
Within 1st year	40

2nd year	30
3rd year	20
4th year	10
Thereafter	0
Others	Refer to Section Chief
Extrapulmonary	
Currently under treatment, or recovered within the time period	
Within 1st year	40
2nd year	30
3rd year	20
4th year	10
Thereafter	0
Others	Refer to Section Chief

TULAREMIA

Tularemia, or rabbit fever, is a disease transmitted to man from small animals. The infection most commonly occurs in the handling of rabbits in which the infective agent enters the body through cuts or abrasion in the skin. The usual symptoms are fever, headache, generalized aching and weakness.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Within 1 year of recovery	20
After 1 year	0

TUMORS (Neoplasms)

A tumor is a swelling or an enlargement of tissue. The determination of its true nature, whether benign or malignant, will depend on the location, physical characteristics and the microscopic morphology of the tissue. Certain tumors may be diagnosed accurately without microscopy. Tumors suspected of being malignant require adequate documentation.

A neoplasm may grow to such proportion as to impinge on adjacent structures and thus impair their function. It may actually invade these tissues and destroy them. Malignant tumors also have the ability to metastasize; that is, small groups of tumor cells dislodge and are carried via the arteries, veins and other means to widely separated areas of the body where they start another tumorous growth. Certain types of tumors have a tendency to recur after therapy. The microscopic appearance of cells is sometimes used to indicate the degree of malignancy. In those incidences where tissue biopsy is not feasible, cellular smears may be obtained. The Papanicolau smear grades I and II indicate benign cells; grade III an intermediate form and grades IV and V signify the presence of malignant cells. If the grade is not given, it must be considered that the grade is either IV or V.

Tumors are generally divided into two groups: Malignant and benign. Often, there is no clear line of demarcation between the two groups.

Malignant Neoplasms – Malignant tumors are composed of cells exhibiting a disregard for normal limitations of growth with a loss of organization and useful function. They are also characterized by the ability to continue their abnormal growth after the initiating stimulus is removed. Most are classified according to cell type from which they originate.

Carcinoma – A malignancy originating in epithelial tissue; the tissue that covers the body, lines the cavities and ducts and forms the functional part of glands. The common types include squamous cell, basal cell, epithelial and adenocarcinoma.

Sarcoma – The malignant cells of this tumor are of connective tissue and mesenchymal tissue origin. These include the cancers of fat, bone, cartilage, muscle and fibrous tissue. Leukemia, bone marrow and lymph tissue tumors are also included in this group.

Endothelial Malignancies – Endothelium is a flat tissue that lines blood vessels, lymphatic channels and serious cavities.

Mixed Tumors – These contain more than one type of tissue. The usual forms include mixed tumors of the parotid, dermoid, cysts and teratomas.

Benign Neoplasms – These tumors are localized growths, do not metastasize and usually do not recur after removal. They may be treated as having low mortality significance.

Precancerous Conditions – These conditions are prone to malignant degeneration. Any rapid enlargement, inflammation, irritation, ulceration, bleeding, induration, change of color, or other changes in these lesions should arouse suspicion of malignant degeneration.

Tumor Rating Charts A, B, and C

The tumor chart of table A is to be used for determining the rate in each class of tumor other than brain tumors and minor impairments, when present, and within the number of years elapsed since the tumor was removed. By finding the tumor in the following pages, the class of rating can then be obtained in the tumor rating charts or tables that follow the listings. If the tumor is found to be present on examination, the rating under "Exam" will be assigned. If the tumor has been removed, the rating will be that figure which appears under the column for the number of years since removed and in the line extended to the right from the class number for the tumor.

The brain tumor chart or table B is to be used for determining the rate in each class of brain tumor, when present, and within the number of years elapsed since the tumor was removed. By finding the name of the tumor on chart B, the class can then be referred to the tumor rating chart at the bottom of the same page. If the tumor is found on current examination, the rating under "Present" will be assigned. If the tumor has been removed, the rating will be that figure which appears under the column for the number of years since removed and in the line extended to the right from the class number for the tumor.

Chart C, Minor Tumors or Impairments, will be used to determine the rating, if any, where the impairment or disability is considered of a minor degree, permanent and stable,

Cytology Classification Chart - Papanicolau Technique

CLASS I - Normal cells, negative for cancer
CLASS II - Artificial cells, most probably benign
CLASS III - Borderline cell changes, needs follow-up
CLASS V - Definitely abnormal cells, positive for cancer
CLASS IV - Positive cell changes, most probably cancer

Underwriting Requirements

The records must give an adequate description of the condition or a current examination will be necessary. An APS (VA Form 29-8158) is required and may obviate requesting a current examination. Extreme care must be taken to positively determine the possibility of malignancy before ratings are applied.

TUMOR RATING CHART A

Acanthoma	V
Acidophilic adenoma	See Pituitary Adenoma, Tumor Rating Chart B
Acanthosis nigricans	
Benign – no progression 1 year	0
Others	IV
Acoustic neuroma (neurinoma)	See Tumor Rating Chart B
Adamantinoma	III
Adenocarcinoma	Rate as to tissue involved
Adenocystoma (cystadenoma)	See Tumor Rating Chart C
Adenofibroma (fibroadenoma)	See Tumor Rating Chart C
Adenoma – Thyroid	
Simple	See Thyroid Disorders
Papillary cystic	VIII
Pituitary	Rate as brain tumor class IV
Testes	See individual tumors under Testes
Breast and ovary	
Present with histological study	0
Without histological study	VII
After excision with histological study	0
Andenomyosarcoma	Rate for carcinoma of tissue involved
Amelanotic melanoma	See Melanoma
Argentaffinoma (carcinoid)	X
Basal cell carcinoma	See Epithelioma
Basophilic adenoma	See Pituitary Adenoma, Tumor Rating Chart B
Bone cyst	
Solitary, present no change within 1 year	25
After removal	15
Others	Refer to Section Chief
Brain cyst	Rate as brain tumor, class IV
Carcinoid	X
Carcinoma (cancer) with recurrence or metastasis	Rate as present
Bladder	XIII
Bone	XIV
Brain	See Tumor Rating Chart B
Breast	XV
Cervix uteri	XVI

Cervix uteri (in-situ)	VI
Hodgkin's	XVII
Intestine, large and small	XIV
Kidney	XIV
Larynx	XIII
Lip	X
Liver	XVI
Lung	XVI
Ovary	XVI
Pancreas	X
Parotid	XIII
Pericardium (cyst or diverticulum)	XIV
Prostate	XV
Rectum	XV
Simplex	Rate under Paget's Disease
Stomach	XV
Thyroid	
Papillary	XIII
Follicular and undifferentiated	XV
Tongue	XIV
Uterus – other than cervix	XIII
Carcinosarcoma	Rate as carcinoma of tissue involved
Chocolate cyst (endometrial cyst)	
Present	75
After operation with recovery within 2 years	25
After 2 years	0
Cholangioma	XI
Cholesteatoma, intracranial	See Tumor Rating Chart B
Cholesteatoma – without intracranial extension	
Present – small and stationary	0
Removed and histological study benign	0
Others	100
Chondrosarcoma	Rate as carcinoma of tissue involved
Chordoma	IV
Chorioepithelioma	Also see Testes Tumor Rating Chart A XII
Choiriom	Rate as Chorioepithelioma
Choroids Plexus	See Tumor Rating Chart B
Chromophobe – adenoma	See Pituitary Adenoma Tumor Rating Chart B
Craniopharyngioma (craniopharyngeal cyst)	See Tumor Rating Chart B

Cylindroma	
Local, skin	25
Mucous membranes and others	VII
Dermatofibrosarcoma	III
Dysgerminoma	X
Echinococcus (hydatid cyst)	V
Embryoma	XII
Endothelioma	X
Ependymoma	See Tumor Rating Chart B
Epidermoid Carcinoma	Rate as Squamous cell epithelioma
Epithelial Carcinoma	Rate as Epithelioma
Epithelioma	
Basal cell (rodent ulcer)	
Present with histological study	50
Without histological study	150
Removed with histological study	0
Without histological study	35
Recurrent	
Present, multiple with histological study	II
Removed, with histological study	0
Squamous cell	
Present with histological study	III to VI
Removed – no recurrence within 2 years	I
Recurrent – multiple present	X
Removed, no recurrence within 2 years	IV
Anaplasia (Differentiation)	
GRADE 1	Good prognosis – well differentiated
GRADE 2	Fair prognosis
GRADE 3	Not good prognosis
GRADE 4	Bad prognosis
Erythroblastoma	XII
Ewing tumor	XI
Fibrocystadenoma	Rate as Adenoma, breast
Fibroid (myoma, Fibroma, fibromyoma, leiomyoma) of uterus	See Tumor Rating Chart C
Fibroma of uterus	Rate as Fibroid
Others	Rate as Adenofibroma
Fibromyoma	Rate as Fibroid of uterus
Fibrosarcoma	X
Giant Cell Sarcoma	X
Glioblastoma	See Tumor Rating Chart B
Glioma	General term for majority

	of brain tumors
Granuloma fungoides	XII
Hemangioblastoma	See Tumor Rating Chart B
Hemangio-endothelioma	See Tumor Rating Chart B, Class IV
Hepatoma	XI
Hydatid cyst	Rate as Echinococcus cyst
Hypernephroma	XII
Kaposi's sarcoma	XI
Krukenberg tumor	XI
Linitis plastica	XII
Liposarcoma	X
Lymphangioendothelioma	See Tumor Rating Chart B
Lymphoblastoma	XII
Lymphocytoma	XII
Lymphocytoma cutis	I
Lymphoepithelioma	XI
Lymphoma	XII
Lymphosarcoma	XV
Medulloblastoma	See Tumor Rating Chart B
Melanoma	XII
Meningioma	See Tumor Rating Chart B
Mesothelioma	VII
Mixed tumor of parotid	
Present or within 1 year	II
Recurrent with histological study	III
Surgically removed with no recurrence	I
Multiple myeloma	XII
Myeloma, solitary, early stage of multiple	XII
Myxosarcoma	IX
Neuroblastoma	XII
Neurosarcoma	XI
Osteogenic sarcoma	XII
Osteosarcoma	XII
Ovarian cyst	
Benign	0
Malignant	XI
Paget's Disease	
Nipple or breast	X
Bone	See Osteitis Deformans
Pheochromocytoma	X
Prickle cell epithelioma	Rate as Basal Cell Epithelioma
Reticulum cell sarcoma	X

Rhabdomyoma	VI
Rhabdomyosarcoma	X
Sarcoma	Rate for carcinoma of tissue involved if type is not rated
Schwannoma	IX
Seminoma	XII
Single giant cell sarcoma	XII
Squamous cell epithelioma	See Epithelioma
Sympathicoblastoma	XII
Synovioma	
Benign	II
Malignant	XII
Testes choriocarcinoma	
Chorioepithelioma	XII
Embryonal	XII
Seminoma	XII
Teratocarcinoma	XII
Teratoid tumor of lungs	Rate as Squamous cell epithelioma
Teratoma	
Benign	III
Malignant	XI
Thecoma	II
Thymoma	
Benign	IV
Malignant	XV
Von Recklinghausen’s disease	Rate as Neurofibromatosis
Wilm’s Tumor	XII

TUMOR RATING CHART A

In rating tumors, wherever the lesion is still present (unoperated, untreated, or inadequately treated) the numerical rating in the"On Exam" column will always apply. Recurrences, except as otherwise indicated, will be rated as inadequate treatment. The columns with "years" involved, refer to number of years subsequent to the operation or other treatment, and provided there has been no recurrence.

Class	On Exam	Within 1 yr.	2 yrs.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs
I	150	50	25	0							
II	200	75	50	25	0						
III	250	125	100	100	0						
IV	300	175	100	75	50	25	0				
V	400	250	150	150	100	100	75	75	50		
VI	500	300	100	75	35	20	0				
VII	700	350	175	100	50	25	0				
VIII	900	600	400	300	200	100	50	25	0		
IX	1200	700	600	400	250	150	75	75	35	0	
X	M	800	700	500	300	200	150	75	50	25	0
XI	M	850	750	600	400	250	125	75	50	25	0
XII	M	900	800	700	600	500	250	200	100	75	25
XIII	M	1600	1400	1200	1000	900	600	500	300	200	100
XIV	M	2000	1600	1400	1200	1100	700	600	400	200	50
XV	M	M	2000	1700	1500	1300	1100	900	600	300	100
XVI	M	M	M	M	2500	2000	1500	1000	700	400	150
XVII	M	M	M	M	M	M	3000	2000	1200	500	300

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TUMOR RATING CHART B

(Brain Tumors)

CLASS I	CLASS II	CLASS III	CLASS IV
Primary carcinoma and sarcoma and metastic Brain carcinomas	Astrocytoma of cerebrum	Angioblasoma	Acoustic neuroma (neuri
	Dermoid cyst	Astrocytoma of Cerebellum	Arachnoidal or Meningea
	Ependymoma	Graniopharyngioma (Craniopharyngeal Cyst)	Endothelioma
	Oligodendroglioma		Memingioma
Astroblastoma	Teratoma		Memingothelioma
Glioblastoma			Papilloma of Choroid Ple
Medulloblastoma		Hemangioblastoma	Pituitary adenoma (Chro
Spongioblastoma		Hemangiomas	Basophile)
		Intracranial cholesteatoma	Psammoma

BRAIN TUMOR RATING CHART

	Present	1 yr	2 yrs.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs
CLASS I	M	M	M	M	M	400	400	200	100	100	50
CLASS II	M	400	400	200	150	100	100	50	50	0	0
CLASS III	M	400	400	150	100	100	75	75	50	25	0
CLASS IV	M	400	200	200	150	150	100	100	75	50	25

TUMOR RATING CHART C
(Minor Tumors or Impairments)

Adenofibroma, fibroadenoma and fibrocystadenoma	25
After excision and histological study	0
Adenomyoma	25
Birthmark, angioma, hemangioma (except brain), lymphangioma nevus, port wine spot, etc., no change 1 year	0
Others	25
Blue Dome	See Mastitis
Blue nevus	0
Cystadenoma, adenocystoma	0
Exostosis	0
Fibroadenoma	See Adenofibroma
Fibroid (fibroma, fibromyoma, myoma, leiomyoma) of uterus	
Small – under observation for at least 2 years	25
After surgery	0
After irradiation	30
Large or less than 2 years observation	Refer to Section Chief
Glomus tumor (angioeuromyoma)	0
Hamartoma	Rate as birthmark
Hydradenoma (hidradenoma)	0
Hygroma	Rate as birthmark
Keloid	0
Keratoacanthoma – small, stationary	0
Others	25
Keratosis (plain), hyperkeratosis (senilis)	25
When minor tumor is removed	0
Leiomyoma	Rate as fibroid
Leukoplakia – mild	0
Extensive	50
Lymphangioma	Rate as birthmark
Meibomian (chalazion)	0
Mole (pigmented and nonpigmented) stationary	
No change for years	0
Growing, indurated, tender, etc	See Melanoma
Myxoma	0
Neuroma	0
Nevus	Rate as birthmark
Odontoma	Rate as alveolar cyst, dental
Osteophyte	0
Paraganglioma	20

Pilonidal cyst	0
Sebaceous cyst	0
Spider or strawberry nevus	Rate as birthmark
Telangiectasis	
Of long duration	0
Others, recent and growing	Refer to Section Chief
Wen	0
Xanthoma and xanthomatosis	0
When minor tumor is removed	0

TYPHOID FEVER

Typhoid Fever (Enteric Fever) is an acute generalized infection, caused by the typhoid bacillus. The usual manifestations are high fever, abdominal tenderness, prostration and transient enlargement of the spleen. Ulcer formation may occur in the intestine resulting in hemorrhage or intestinal perforation, producing an acute peritonitis. The disease is usually transmitted by contaminated food, water, or milk.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Uncomplicated – after recovery (examination within 1 year)	0
Complicated (perforation of intestine), under treatment or within 6 months after recovery (examination required)	40
6 months to 1 year after recovery (examination required)	20
After 1 year	0

TYPHUS FEVER

Typhus Fever (Brill's Disease) also known as Jail Fever, is an acute infectious disease characterized by fever, chills, headache, and skin eruption. It may be transmitted from man to man by the body louse (epidemic typhus), from rats to man by the flea (endemic typhus), and from rats and mice to man by mites (scrub typhus).

Underwriting Requirements

If present, obtain an APS (VA Form 29-8158).

After recovery	0

U

UNDULANT FEVER (Brucellosis)

Undulant Fever, Brucellosis, Malta Fever or Mediterranean Fever, is a systemic disease with an acute febrile stage and chronic stage associated with relapse of fevers, weakness, sweats, and vague body aches and pain. It is caused by Brucella organisms mainly Brucella Abortus (cattle

and hogs). It may be an occupational disease contracted by direct contact with secretions and excretions and the ingestion of milk or milk products. The disease may last 2 to 3 months or more, and may have periods of remissions and exacerbations (recurrence of symptoms) for years. After apparent recovery acute symptoms may flare up following such other conditions as acute sinusitis, an injection of typhoid vaccine, etc. During the disease, in either acute or chronic phases, any part of the body may become acutely infected. The bacteria are very prone to settle in any damaged or weakened organ, i.e., osteomyelitis, pneumonitis, vegetative endocarditis, involvement of gastrointestinal or genitourinary systems.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single attack, duration less than 6 months	
Present or within 6 months of cessation of all symptoms	30
After 6 months	0
Duration 6 months or more, or recurrent attacks	
Present or within 6 months of cessation of all symptoms	50
Within 7 months through 2 years	25
After 2 years	0

UREMIA

Uremia is the toxic clinical condition associated with renal insufficiency and the retention in the blood of nitrogenous urinary waste products (azotemia). It may be caused by either bilateral obstruction to urinary outflow or by nonobstructive bilateral renal disease. In most obstructive situations, the condition reverses when the obstruction is removed. The majority of nonobstructive cases are not reversible.

Symptoms are chiefly nervous headache, vomiting, dyspnea, insomnia, convulsions and coma. Urinalysis usually shows marked signs of renal disturbance and blood chemistry is abnormal with high nonprotein nitrogen (NPN) and other nitrogenous waste products.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present or within 2 years, with NPN above 40, urea clearance less than 55 or phenolsulfonephthalein (PSP) excretion 50 percent or less in 2 hours	Refer to Section Chief
Two to 5 years, with normal NPN (40 or less) urea clearance over 55 and PSP over 50, to the debits for blood pressure and urinalysis add	300
Others	Refer to Section Chief

URETERAL STRICTURE

A ureteral stricture is a narrowing of the duct between the kidney and the urinary bladder.

Underwriting Requirements

An APS (VA Form 29-815) is required.

Urine normal	
Present	
No complications	55
Others	Rate for complications
History – cured by surgery	
Within 1st year	20
2nd year	10
After 2 years	0
Urine abnormal	Rate for urine plus any rating for stricture

URETHRAL DISORDERS

Hypospadias

Hypospadias is a congenital opening along the floor of the urethra between the scrotum and the end of the penis. The condition is frequently treated by surgery that may result in stricture, chronic urethritis or cystitis.

Underwriting Requirements

An APS (VA Form 29-815) is required.

Present	Rate for urinary findings
History	0

Stricture of Urethra

A urethral stricture in the male is a narrowing of the duct between the urinary bladder and the exterior of the body.

Underwriting Requirements

An APS (VA Form 29-815) is required.

Present	Rate for urinary findings

History	0

Urethritis

Urethritis is an inflammation of the urethra. Common causes are Gonococcus and Chlamydia. Cases in which no organism can be isolated are termed "nonspecific" urethritis. There may be associated infection in the bladder and/or prostate.

Underwriting Requirements

An APS (VA Form 29-815) is required.

Acute, with prompt recovery	0
Chronic or repeated attacks	R

URINE

Urinalysis may provide information regarding genitourinary disease, diabetes and other disorders. Most frequently routine tests are for albumin, casts, white cells, red cells, glucose, nicotine and cocaine.

Specific gravity reflects the ability of the kidneys to concentrate or dilute urine. Without history or evidence of cardiovascular or renal disease or abnormal urinary finding, specific gravity may usually be disregarded. A higher specific gravity, 1.020 to 1.030, is a reasonably good indicator of adequate renal function. With history or evidence of cardiovascular or renal disease or abnormal urinary findings, specific gravities less than 1.008 should be questioned. If positive findings of albumin, etc., are being rechecked, the specific gravity should be 1.008 or higher on at least one specimen to be satisfactory for insurance purposes.

Albuminuria

Albuminuria is the presence of albumin in the urine. Occasional, minor albuminuria is of little significance. Frequent, constant or significant albuminuria may indicate kidney disease.
Albuminuria ratings are determined from the table below by the age of the applicant and the average number of milligrams of albumin found in all new specimens.

	Ages	
Average Mg/D1*	Under 40	40 and Over
11-50	50	75
51-125	100	150
126-200	200	300
201 and up	R	R

*If only one of two or three specimens is abnormal (i.e., more than 11 Mg/D1) generally do not rate if the average is 50 mgms or less.

When associated with other impairments or urinary findings, see those impairments.

Casts

Casts are cylindrical bodies found on microscopic examination of the urinary sediment. They are so named because they represent an actual cast of the kidney tubule.

Hyaline casts represent protein that has precipitated in the tubule. They are of little significance unless there is known kidney disease or ratable albuminuria.

Granular casts may represent casts containing epithelial cells, WBC's, or RBC's in various stages of degeneration. They may be identified as RBC casts or WBC casts if that is the main element. RBC casts are associated with kidney disease and WBC casts with conditions such as pyelonephritis.

Hyaline	Disregard
Granular	
Cause known	RFC
Otherwise	Average number of casts in all specimens and use table below

Average number	Debit
0-15	0
16-40	50
41-60	100
Over 60	200

Glycosuria

Glycosuria is the presence of sugar (glucose) in the urine. Glycosuria is an abnormal finding in any quantity and suggests that the individual may be diabetic. This probability increases with the quantity of sugar found. Diabetes has a familial tendency (see Family History) and tends to occur more frequently among overweight individuals.

	Ages		
Amount	Under 40	40-49	50 and Up
0.11 to 0.30%	0	30	30
0.31 to 0.50%	30	30	55
0.51 to 1.00%	55	55	80
1.01 to 2.00%	80	100	125

Red Blood Cells (RBC's)

RBC's, unlike casts, may originate at any point in the urinary tract. In women of child bearing age, they may be related to menstruation and a repeat specimen may be indicated. Persistent hematuria is an indication for urological investigation.

Red Blood Cells – average number in all specimens	
Cause known	RFC
Cause unknown	
0-30	0
Over 30	55

White Blood Cells (WBC's)

WBC's usually indicate infection at some point in the urinary tract. Most commonly this would be conditions such as urethritis, prostatitis, cystitis and infection in the kidney.

White Blood Cells – average number in all specimens	
Cause known	RFC
Cause unknown	
0-150	0
Over 150	55
Any combination of urinary impairments	Sum debits for other findings

V

VALVULAR OR CONGENITAL DISORDERS

Aortic Insufficiency or Regurgitation

Aortic insufficiency occurs when the aortic valve fails to close properly, allowing blood in the aorta to flow back into the left ventricle during diastole. This tends to overfill the left ventricles causing a large heart on chest x-ray and an increased left ventricular internal diameter (LVID) on echocardiogram. An aortic diastolic murmur, which may radiate down the left sternal border, is usually present.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Age 15-49	225
Age 50 and over	150
Age 35 and up, normal heart size by x-ray and/or echocardiogram	Allow up to 1/3 credit
Diastolic blood pressure less than 65, pulse pressure more than 70	Add 100

Enlarged heart by x-ray or echocardiogram, or LVH on ECG	Add 100-R

Aortic Stenosis

The aortic valve may fail to open completely and cause obstruction to outflow of blood from the left ventricle. A common cause of aortic valve stenosis is congenital fusion of valve leaflets (bicuspid aortic valve).

The murmur of aortic stenosis is systolic, harsh and best heard at the upper right sternum often radiating into the neck.

Underwriting Requirements

An APS (VA Form 299-8158) is required.

Ages 15-49	200
Ages 50 and up	125
Age 35 and up, normal heart size by x-ray and/or echocardiogram	Allow up to 1/3 credit
Shortness of breath with exertion	Add 100
Enlarged heart by x-ray or echocardiogram or LVH on ECG	Add 100-R
Syncope, angina or history of CHF	R

If aortic insufficiency and stenosis are both present, rate as aortic insufficiency.

Aortosclerosis refers to age related degeneration of the aortic valve and may or may not mean that the valve is actually stenotic. Individual consideration.

Mitral Insufficiency

If the mitral valve fails to close during systole and allows blood to flow back into the left atrium, mitral insufficiency is present. A systolic, apical murmur radiating into the axilla is expected.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Ages 15-49	200
Ages 50 and up	125
Age 35 and up, normal heart size by x-ray and/or echocardiogram	All up to 1/3 credit
Enlarged heart by x-ray or echocardiogram, or LVH on ECG	Add 100-R
Associated with mitral stenosis	Rate as Mitral Stenosis

Mitral Stenosis

Failure of the mitral valve to open completely impedes blood flow into the left ventricle. Most cases are due to rheumatic fever. Dyspnea and atrial fibrillation may occur. An opening snap and a diastolic or presystolic apical murmur may be heard.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Mitral stenosis, with or without commissurotomy	
Ages 15-49	250
Age 50 and over	175
With atrial fibrillation, even if controlled	R
Age 35 and up, normal heart size by x-ray and/or echocardiogram	All up to 1/3 credit
Enlarged heart by x-ray or echocardiogram, or LVH on ECG	Add 100-R

Mitral Valve Prolapse (MVP), Barlow's Syndrome, Click-Murmur Syndrome

These are names for a generally benign condition in which the mitral leaflets become weakened and fail to close properly, often producing a soft systolic murmur and a click, atypical chest pain, dyspnea and fatigue. In advanced cases significant mitral insufficiency may develop. Typically the condition is found by echocardiogram.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

MVP, Barlow's Syndrome, Click-Murmur Syndrome	0
With LVH or cardiomegaly	Rate as Mitral Insufficiency

Murmurs

A heart murmur is a sound produced by blood flow through the heart. Sometimes a murmur is an indication of heart disease but murmurs commonly occur in completely normal hearts. Murmurs are physical findings – they are not a form of heart disease. Every effort should be made to underwrite a specific heart condition rather than the murmur itself. However, when no further information is available, debits are assigned for unexplained heart murmurs.

A murmur caused by a structural abnormality of the heart is called an organic murmur. A murmur resulting from turbulent blood flow in an entirely normal heart is called a functional murmur.

Timing – murmurs occur while the heart is contracting (systolic) or while the heart is relaxing (diastolic or pre-systolic).

Loudness – the intensity of a murmur is described on a scale of I through VI. This is a subjective finding and the difference of one grade does not indicate a significant change.

Quality – the character of a murmur may be described in a variety of ways such as harsh, blowing, musical or rough.

Location – a murmur may be loudest in any of four common areas: the apex (tip of the heart), the left sternal border (LSB), upper right sternal border (aortic area), or upper left sternal border (pulmonic area).

Radiation – radiation of a murmur is diagrammed with an arrow.

Functional (innocent, ejection, benign) heart murmurs tend to occur along the left sternal border or the apex, are rarely louder than grade II/VI and do not radiate. They are very common in younger people and less likely to occur in the elderly.

Functional murmurs and the murmur associated with mitral valve prolapse and IHSS tend to be present only intermittently. As a rule, murmurs caused by valvular or congenital heart disease change only gradually over the years.

Organic murmurs may radiate to the neck or axilla and may be associated with thrills (vibrations felt with the hand) or gallop rhythms (S3 and S4 sounds). Diastolic or presystolic murmurs always represent organic disease.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Use of the Murmur Table

Where a murmur is described in the examination and there is no other information, such as physician records or diagnostic tests, enter the table where indicated. If a definite diagnosis is made on the basis of examination or studies such as echocardiogram or catheterization, the murmur should be rated under that condition, e.g., aortic stenosis.

Discrepant records – in general, murmurs are poorly described, and even where well described, the interpretations may vary among reasonable observers. Where there is conflicting information, judgment must be used in giving appropriate weight to objective tests and to the experience and training of the physicians. A diagnosis from a cardiologist can usually be accepted as definitive.

Complications – in any murmur in which there is a history of congestive heart failure, unusual dyspnea, angina, a finding of enlarged heart on exam or x-ray, abnormal findings on ECG, echo

or catheterization, or significant arrhythmia such as atrial fibrillation, significant additional debits or rejection may be called for. Conversely, where there is a normal heart size and electrocardiogram in the presence of an organic murmur, up to 1/3 credits may be allowed.

Murmur Table

Systolic murmurs **Basic Debits**		Age 15-29	Age 30-39	Age 40-49	Age 50 and Up
Grade or intensity at rest, loudest systolic (if also a diastolic murmur, see double murmur)	I	20	20	30	40
	II	80	60	60	60
	III	175	150	125	95
	IV	225	200	175	125
	V-VI	300	250	225	175
Modifications of table Confined to pulmonic area and called functional by E.P.		-125	-100	-75	-30
Called functional, probably functional, diagrammed as localized by E.P.			Reduce to the top debit for the next lower rating class		
Report of reasonably current normal chest x-ray or echocardiogram			Up to ¼ credit		
Heard in aortic area or radiating into neck			Rate as aortic stenosis		
Diastolic murmurs Heard at the apex			Rate as mitral stenosis		
Heard at the base or left sternal border			Rate as aortic insufficiency		
Double murmurs			R-350 Consider 1/3 credit for normal x-ray		

Prosthetic Valves, Valve Replacement

Artificial heart valves are surgically implanted when the symptoms of valvular heart disease become intolerable or if evidence of pulmonary hypertension or congestive heart failure has emerged.

Metal or plastic heart valves and sometimes porcine (organic) valves require anticoagulant therapy for a lifetime. Valves may wear out and need replacement.

A murmur is common with artificial valves and is usually ignored if the valve functions well.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

One valve replaced, returned to normal activity, heart size not over 10% enlarged	

Ages 15 and over	200
More than one valve replaced	200
With atrial fibrillation	R
Valvular surgery without replacement	
Commissurotomy, valvuloplasty, balloon valvuloplasty	200

Valvular Heart Disease

The most common causes of valve dysfunction are rheumatic fever, congenital malformations, endocarditis and myocardial infarction.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Valvular heart disease	RFC

VARICOCELE

A varicocele is a dilated condition of the veins of the scrotum. When very large it may cause pain or a "dragging" sensation in the scrotum.

Varicocele	Generally disregard

VASCULAR DISEASE

Aneurysm

An aneurysm is a widening and bulging of a blood vessel due to weakness in its wall. Rupture and hemorrhage are complications. Ratings depend on location and complication.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Coronary artery or ventricular – These may be congenital, traumatic or secondary to atherosclerosis and vasculitis. Complications include myocardial infarction.

Single coronary artery aneurysm	125
Others	R

Aortic, abdominal or thoracic – Atherosclerosis is the most common cause of aneurysms of the descending aorta. Ascending aortic aneurysms are most commonly secondary to arteritis or connective tissue disease (Marfan syndrome). Dissecting aortic aneurysms which involve a tear in the inner wall of the aorta may result from trauma or hypertension.

Present	
Over 4 cm., or stable for less than 2 years	R
4 cm. or less, stable for 2 years, well followed	300
Operated, with recovery	100

Renal artery – these are usually secondary to atherosclerosis.

Present	R-300
Operated, with recovery	100

Peripheral artery – trauma and atherosclerosis are common causes.

Present	
Below knee	55-0
Others	R-80
Operated, no circulatory impairment	0

Buerger's Disease, Thromboangiitis Obliterans

Buerger's disease is an obstructive arterial disorder caused by inflammation and thickening of the vessel wall. It is most common in men and is especially aggravated by smoking. Raynaud's phenomenon, ulcers of fingers and toes, gangrene, stroke and myocardial infarction can occur depending on the specific arteries involved.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Within 5 years of diagnosis	175
6^{th} to 10^{th} year	80
After 10 years	55
If still smoking, or if complicated (ulcers or gangrene of fingers, toes, etc.) or if there is any evidence of involvement of the arteries of the G.I. tract, heart brain, etc.	R

Arteriosclerosis Obliterans, Intermittent Claudication

Atherosclerosis (arteriosclerosis) may involve the abdominal aorta and the large arteries that branch from the aorta into the legs (iliac, femoral, popliteal and tibial arteries). The arteries to the kidneys (renal arteries) may also be involved. A bruit may be heard near obstructions, and pulses in the feet may be reduced or absent. Ischemic leg muscle pain, provoked by walking and relieved by rest, is called intermittent claudication. Gangrene and impotence may occur. Surgical intervention may include bypass operations or replacement of sections of arteries with grafts. Ratings are necessary because of the higher probability of associated coronary disease.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

With or without symptoms, with or without surgical intervention (i.e. formal bypass), no coronary or cerebrovascular disease	100
Abdominal or femoral bruit, no other symptoms	
Diminished or absent pulses	75
Normal pulses in feet	0

Raynaud's Disease, Raynaud's Syndrome (Phenomenon)

Raynaud's disease is characterized by pallor and cyanosis of the hands and feet induced by spasm of the arteries to the extremities. It is most common in women and is accentuated by exposure to cold, stress and other illnesses. Complications, including gangrene, are rare. It disappears spontaneously in about 50% of cases.

Raynaud's syndrome differs because it is secondary to a number of underlying diseases such as Beurger's disease, connective tissue disorders, neurologic disorders, atherosclerosis and others.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Cause known	RFC
Cause unknown	
Within 1 year of onset	200
2nd year	100
After 2 years	0

Thrombophlebitis

Blood may clot in veins causing pain and swelling in the area involved, commonly the legs. Causes include trauma, surgery, stasis as seen with varicose veins, prolonged bed rest, pregnancy, congestive heart failure and hypercoagulable states as seen with polycythemia vera, oral contraceptives, lupus and malignancies.

Complications include emboli which may lodge in the lungs or within the heart and chronic swelling of the affected extremity.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Single episode, resolved	0
Recurrent, after recovery from last attack	
Within 1 year of last attack	55
2nd – 3rd year	30
After 3 years	0

Varicose Veins, Venous Insufficiency

A varicosity is an enlarged tortuous vein. Those occurring in the legs are of little underwriting significance. Varices on the abdominal wall or in the esophagus or stomach are indicative of cirrhosis of the liver, portal hypertension or obstruction of the vena cava.

Legs	
Asymptomatic or cured with surgery or injection	0
Others	0
Abdominal wall, esophagus, stomach	RFC

VASCULITIS

Vasculitis is a general term for the disease characterized by inflammation and necrosis of blood vessels.

Giant Cell Arteritis

Giant cell arteritis, which includes temporal or cranial arteritis, involves the medium and large arteries. It characteristically involves the temporal artery or one or more branches of the carotid artery. However, it may also involve arteries in other locations and is closely associated with polymyalgia rheumatica. The typical clinical presentation is fever, anemia, headaches and an elevated erythrocyte sedimentation rate in an elderly patient. Most patients achieve permanent remission after treatment with steroids.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	R
In remission, therapy continuing, or less than 1 year of therapy	75
Complete recovery and cessation of drug therapy at least 1 year	0

Henoch-Schonlein Purpura

Henoch-Schonlein purpura, also known as anaphylactoid purpura, usually occurs in children but may occur at any age. It may recur over weeks or months but usually resolves and most resolve

completely. However, in some cases, renal disease persists and is progressive. It is characterized by a purpuric rash, arthritis, renal and gastrointestinal symptoms.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Recovered, no residual renal disease	
Within 1st year	200
2nd year	100
After 2 years	0
Present or residual renal disease	200

Polyarteritis

Polyarteritis is a disease of small- and medium-sized blood vessels. The kidney, heart, liver and gastrointestinal tract are most commonly involved; the disease may also involve the muscles, peripheral nerves, skin, central nervous system and testes. The clinical course is variable and may be rapidly progressive or characterized by intermittent exacerbations.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	R
Within 1st year of remission	300
2nd-3rd year of remission, therapy continuing	200
Thereafter, therapy continuing	100
Remission maintained after cessation of therapy for more than 1 year	0

Wegner's Granulomatosis

This is a vasculitis involving the respiratory tract accompanied by glomerulonephritis. It may be associated with vasculitis of other small arteries and veins. With appropriate cytotoxic and steroid therapy a large percentage of patients achieve long-term remission. Patients with renal failure may be candidates for transplantation.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

With renal disease	Usually R
Treatment continuing, or remission less than 5 years	R-300
No treatment, in remission at least 5 years	150-55

VAS DEFERENS

The vas deferens is the excretory duct of the testicle. Tying off (ligation) or removal (vasectomy) of these ducts produce sterility in the male.

Underwriting Requirements

APS (VA Form 29-8158) is required within 1 year.

For sterilization – ligation or vasectomy	0
For other causes	RFC

VINCENT'S ANGINA

Vincent's Angina or commonly called "trench mouth" is an infectious disease of the mouth, characterized by painful bleeding gums, ulceration, and retraction of gums.

Underwriting Requirements

Generally disregard, unless causing other ratable symptoms.

VISCEROPTOSIS

Visceroptosis and gastroptosis are terms applied to a downward or sagging displacement of the stomach (fallen stomach) or abdominal organs. The condition frequently causes digestive symptoms and constipation. It is much more prominent in women than men.

Underwriting Requirements

An APS (VA Form 29-8158) may be required if not adequately explained.

Present – No symptoms	0
With digestive symptoms of constipation requiring medical treatment	30
History – after recovery	0

W

WHIPLASH INJURY, CERVICAL SPINE (Cervical Disk, or Whiplash Syndrome)

A whiplash injury of the spine is an inclusive term applied to an injury of the vertebrae and the spinal cord in the cervical region. The upper four cervical vertebrae are more mobile and act as

the lash while the lower three vertebrae act as the hand of the whip. The junction of these two areas is subject to excessive strain in this mechanism of injury and is frequently the site of fractures, dislocations as well as sprains. The vertebrae may be fractured or dislocated, and nerve roots can be affected or the spinal cord injured. Other types of injuries causing cervical dislocations or fractures may cause whiplash syndromes.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Present	50
History	
Within 3 months of injury	25
Within 3 to 6 months of injury (with residuals)	25
Within 3 to 6 months of injury (no residuals)	15
After 6 months	0

WHITE BLOOD CELLS

Granulocytopenia (Agranulocytosis)

Granulocytopenia is an acute disease in which the white blood cells are markedly diminished. Red blood cells remain. It is characterized by fever, ulceration of the mucous membranes, and rapidly developing exhaustion. It is frequently caused by various drugs, chemicals, and infections that exert a poisonous action on the blood-forming organs and bone marrow (the fatty substance in the cavity of a long bone).

Underwriting Requirements

An APS (VA Form 29-8158) is required.

One attack	
Within 1 year of recovery	30
Within 2 years	0
After 2 years	0
Two or more attacks	
Within 1 year of recovery	60
Within 2 years	30
After 2 years	0

Lymphocytosis

The lymphocyte count may be high with infections or stress but is also the hallmark of leukemia.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Persistent elevations over 15,000	
Cause known	RFC
Cause unknown	R

Lymphopenia

Persistently low lymphocyte counts may be seen in those with lymphoma and in disorders of the immune system such as AIDS or congenital immunodeficiency states. With no evidence of cause, generally ignore lymphopenia.

Cause known	RFC
Cause unknown	0

Neutropenia, Polymorphonuclear Neutrophils

Polymorphonuclear Neutrophils (PMN) are the white cells that kill bacteria by engulfing them. A low count raises the suspicion of aplastic anemia, leukemia or other disease of the bone marrow.

Chronic benign neutropenia and cyclic neutropenia may be familial. For acceptance these individuals must demonstrate only occasional episodes of bacterial infection and absolute neutrophil counts (percent neutrophils multiplied by total WBC) consistently above 1,000.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

One episode of infection such as septicemia, pneumonia or meningitis	
Within 1st year	50
Thereafter	0
More than one episode of major infection	
Within 1st year	150
2nd year	100
Thereafter	100-0

WILSON'S DISEASE

Wilson's disease (hepatolenticular degeneration) is a hereditary disorder characterized by abnormal accumulation of copper in various body tissues, especially the liver, brain, kidneys and corneas. Until penicillamine treatment was introduced, this disorder was considered uninsurable since it inevitably led to death in five to ten years from the time of onset.

Symptoms depend upon which tissues develop the greatest degree of abnormal copper accumulation. Hepatic involvement is most common in those with disease onset at younger ages. Neurologic involvement occurs more frequently in those with onset after age 20. Prognosis in patients with renal disease is poor.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

Under treatment	
Less than 2 years	Refer to Section Chief
2-5 years	125-75
After 5 years	0
No treatment, with no progression	250-150
Others	Refer to Section Chief
With evidence of renal disease	R

Y

YAWS

Yaws – frambesia tropica, pian (French), bouba (Spanish American) and parangi (Ceylon).

Yaws is an infectious, nonveneral disease caused by the Treponema pertenue. It bears a striking resemblance to syphilis. It is an endemic disease and is practically limited to the tropics (equatorial Africa, West Indies, India, Ceylon, the Philippines, Indonesia, Southern Pacific Islands, parts of Brazil, Colombia and Central America).

It can be transmitted by direct contact but probably more often by nonbiting insects or gnats. The infection manifests itself in the primary stage as a mother yaw or chancre and in a few weeks the second stage or generalized skin rash occurs wish prominent large granulomas. The yaw or frambesioma (raspberry like lesions) occurs later in the third stage with destructive lesions of the skin and bones. However, lesions similar to those of syphilis have been observed in the aorta, heart, adrenals, liver, pancreas, brain, meninges and testes. Also, the less common lesions as gangosa (cartilaginous and bony destruction of nose and mouth) goundou (paranasal enlargement of maxillary bone) and Juxta-articular nodules or fibroid tumors (near joints.)

Ninety percent of all persons found to have the disease are under 20 years of age. It is rarely directly fatal except in small infants. Without treatment it may be incapacitating and the mortality from secondary infections of coetaneous ulcer and bones is considerable.

The serology test used for the diagnosis of syphilis becomes positive shortly after the primary lesion and may remain positive for many years, unless rendered negative by therapy. Even late

skin lesions, as a rule, respond promptly to antiyaws drugs, but the more chronic lesions of the skin and bones may require local surgical treatment in addition to chemotherapy. The late ulcerative lesions of yaws are often indistinguishable from the tertiary lesions of syphilis, contractures; partial amputations of digits may resemble the lesions of leprosy.

Underwriting Requirements

An APS (VA Form 29-8158) is required.

	Thoroughly Treated	Treatment Questionable
Primary stage	50	200
Secondary stage	100	200
Third stage	200	500