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## Cold Injury Protocol Examination

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

**Narration:** Veterans during World War II, the Korean War, and in smaller numbers during other campaigns, have suffered cold injuries, including frostbite (freezing cold injury or FCI) and immersion foot (nonfreezing cold injury or NCI). Documentation of such injuries may be lacking because of battlefield conditions. A number of long-term and delayed sequelae to cold injuries are recognized, including peripheral neuropathy, skin cancer in frostbite scars, and arthritis in involved limbs.

**Review Examination:** Any veteran examined for residuals of cold injury should undergo a cold injury protocol examination **if** it has not already been carried out. If the veteran has already had a cold injury protocol examination, only an interval history is required, and the extent of the examination, laboratory tests performed, etc., will be determined by the examiner based on the history, and as requested.

### A. Review of Medical Records:

### B. Medical History (Subjective Complaints):

**History of Cold Injury:** If the cold injury protocol form has been filled out by the veteran, most details about the circumstances of the acute cold injury and its subsequent course will be recorded. Review for any needed expansion or clarification by the veteran. If the [protocol history form](#) has not been completed, obtain the following history and comment on each:

1. Description of the circumstances of the cold injury.
2. Parts of the body affected.
3. Signs and symptoms - at time of acute injury.
4. The type of treatment and where it was administered.
5. Any treatment since service - where and what type.
6. Current symptoms - specifically inquire about:
  - a. Amputations or other tissue loss.
  - b. Cold sensitization.
  - c. Raynaud's phenomenon.
  - d. Hyperhidrosis.
  - e. Paresthesias, numbness.
  - f. Chronic pain resembling causalgia or reflex sympathetic dystrophy.

- g. Recurrent fungal infections.
  - h. Breakdown or ulceration of frostbite scars.
  - i. Disturbances of nail growth.
  - j. Skin cancer in chronic ulcers or scars.
  - k. Arthritis or joint stiffness, including limitation of motion of affected areas.
  - l. Edema.
  - m. Changes in skin color.
  - n. Skin thickening or thinning.
  - o. Any sleep disturbance due to associated symptoms.
  - p. Cold feeling (relationship to season or not).
  - q. Numbness, tingling, burning.
  - r. Excess sweating.
  - s. Pain - location, intensity, constancy, precipitating factors (cold, walking, standing, night pain); type (sharp burning, etc.).
7. Current treatment, including nonmedical measures taken - moving to warmer climate, wearing multiple pairs of socks, etc.

**Other Medical History:**

- 1. Major illnesses, surgery, current medical conditions and their treatment, including diabetes mellitus or hypertension.
- 2. Smoking history, other risk factors for vascular disease, history of skin cancer.

**C. Physical Examination (Objective Findings):**

Address each of the following and fully describe current findings:

- 1. **General:** Carriage, gait, posture.
- 2. **Skin:**
  - a. Color.
  - b. Edema.
  - c. Temperature.
  - d. Atrophy.
  - e. Dry or moist.
  - f. Texture.
  - g. Ulceration.
  - h. Hair growth.
  - i. Evidence of fungus or other infection.
- 3. **Scars:**
  - a. Location.

- b. Length.
- c. Width.
- d. Color.
- e. Tenderness.
- f. Raised or depressed.
- g. If of head or neck, any disfigurement.

4. **Nails:**

- a. All or part missing.
- b. Evidence of fungus infection.
- c. Deformed or atrophic.

5. **Neurological:**

- a. Reflexes.
- b. Sensory - subjective complaints of pain, numbness, etc., Objective sensory changes - pinprick, touch.
- c. Motor - weakness, atrophy.

6. **Orthopedic:**

- a. Pain or stiffness of any joints affected by cold injury.
- b. Deformity or swelling of any joints.
- c. Measure range of motion of all affected joints.
- d. Strength of ligaments in affected areas.
- e. Pes planus.
- f. Callus.
- g. Pain on manipulation of joints.
- h. Loss of tissue of digits or other affected parts.

7. **Vascular:**

- a. Status of peripheral pulses.
- b. Doppler study to confirm vascular compromise, if indicated.
- c. Evidence of vascular insufficiency - edema, hair loss, shiny atrophic skin, etc.
- d. Blood pressure in arms and legs (is ratio normal?).
- e. Evidence of Raynaud's phenomenon.

**D. Diagnostic and Clinical Tests:**

Provide:

- 1. X-rays of affected areas of extremities if never done or if not done in past five years.

2. Doppler study of blood vessels, if indicated.
3. Nerve conduction studies, if indicated.
4. Biopsy of any area suspicious for malignancy.
5. Scrapings to confirm fungus infection.
6. Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis:**

1. List each diagnosis and state whether related to cold injury (if that can be determined).
2. Specialty exams that might be needed:
  - a. Neurology.
  - b. Podiatry.
  - c. Dermatology.
  - d. Rheumatology.
  - e. Others as needed.

Signature:

Date:

Version: Pre-2006