

## Media Report 21 Jan 2021

This weeks media reports will cover and answer great questions veterans are still asking such as Frequently asked questions regarding COVID-19 in Ottawa. Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy. Have you made an application for disability benefits from Veterans Affairs Canada and received a decision? If you disagree with that decision, you have the right to review or appeal

## Canada

Total Percentage of population vaccinated	Total Percentage of population fully vaccinated	Eligible (5+) Percentage of population vaccinated	Eligible (5+) Percentage of population fully vaccinated	
82.99%	77.76%	87.30%	81.80%	
+0.05%	+0.06%	+0.05%	+0.06%	
Total doses administered	First doses	Second doses	Third+ doses	Received doses administered
74,954,624	31,731,665	29,733,532	13,489,427	83.28%
+319,234	+19,780	+21,333	+278,121	−3.60%

Jan. 10, 2022: Newfoundland and Labrador is currently reporting an estimate of third doses administered in the province. The tracker is following this estimation but will be updated accordingly once more detailed data is provided by the province.

Dec. 16, 2021: Manitoba added a correction to their data to remove doses that were being double-counted, according to the province. The total number of doses and percentage of people vaccinated in the province have dropped as a result.

**Dec. 3, 2021:** Ontario is now including third dose numbers in their dataset. Due to technical issues, Ontario's data for Dec. 1 and Dec. 2 was also included in the province's Dec. 3 update. These factors caused a temporary spike in first dose numbers, which has since been fixed in our charts.

## **NATO NEWS AND THOUGHTS [From SHELLDRAKE] 21 JANUARY 2022**

**Mental Health Benefits (Notice of Pre-publication). A technical briefing was held via ZOOM on 13 January. There were 40 participants. My Observations follow:**

- any veteran can apply. There is no questions about Terms of Release[ a dishonorable release is not a barrier];
- this is not a reimbursement program – veterans will be given a Blue Cross “K” card;
- the veteran does not need a mental health diagnosis – he/she can attest that their mental health disability is attributable to military service and coverage starts once the disability claim is received;
- in order to get coverage the veteran has to apply for a disability benefit. They will get up to two years coverage while a VAC approval process is taking place, If a decision is made the veteran gets coverage for two years;and
- treatment coverage is for counseling and prescription Drugs

### **Russia and NATO**

Russia 2022 (source GeoPolitical Futures 18 Jan 2022)

#### **Imperatives**

- Regain control of, or at least neutralize, the buffer states.
- Improve relations with Europe to help develop the economy.
- Undermine NATO by dividing the EU.

#### **Constraints**

- Russia’s sheer size and geographic composition strain economic development.
- Russia can offer military assistance but minimal economic assistance to buffer states it needs to influence.
- Historically unpredictable relations with China require diversions of assets to its Far East.

#### **Analysis**

Nearly every political entity seated in what we now call Russia has been plagued with the same problem: It was so vast that it could not be efficiently or prosperously governed. This fundamental weakness was compounded by the fact that it was always vulnerable to invasion from its west, so it had to dominate its borderlands and thus establish buffer zones to put even more distance between its heartland and its enemies in Europe. In a way, the Soviet Union achieved the dreams of the czars of old by securing Moscow through an array of satellite states.

The collapse of the Soviet Union stripped Russia of its buffer zones. States of the southern Caucasus (Azerbaijan, Georgia and Armenia) broke away, as did all of Central Asia and the Baltics. The most important regions it lost were Ukraine and Belarus, which lie along the North European Plain, the avenue by which Russia had been attacked for centuries.

Worse, the new Russian state was incapable of either improving the economy or, in improving the economy, avoiding traditional pitfalls of wealth inequality. Whereas Russia had once been poor but secure, it was now poor and weak.

Moscow thus had two imperatives. The first was, absent formal integration, to regain influence in its buffer zones, especially those that border Europe. The second was to create an economy that generated strength and, more important, created a system of buffer regions interested in joining rather than being relegated to security blankets. In other words, Russia doesn't want restive buffers.

Russia spent much of 2021 pursuing the first imperative, most notably in Belarus and Ukraine and in the southern Caucasus. The second imperative, though, is arguably more essential. Russia's weakness as a great power has been the restiveness of its buffers. Russia needs an economy that is able to sustain its buffers without alienating them or crippling the mainland Russian economy. Russia has never successfully done this, not during the imperial era, not in the Soviet era and not in the current era.

But if it has any chance to do so, Russia must have access to markets, expertise, partnerships and capital. The place that fills all these needs is Europe. Which means Russia, in an economic sense, must be part of the European system. It has taken a step with energy, but the sale of hydrocarbons (and other raw materials) will not make Russia secure. It has to be able to operate at the leading level of economies, something that requires a strong relationship with Europe generally and with Germany in particular. In 2022, this dynamic will hover over the resolution of borderland disputes in Ukraine and elsewhere.

To be sure, achieving all that Russia hopes to achieve — improving commercial ties with Europe, creating buffer states that are happy to be buffer states and so on — will almost certainly generate tension at home. For one thing, capital is controlled largely by the state and by the oligarchs, neither of whom will be eager to integrate their wealth into European models. For another, if the supply chain crisis wrought by the pandemic persists, it will be impossible for Russia to obtain the necessary technologies quickly enough to make much of a difference this year. Last, there is a long, rich history of culture that will simply make it difficult for Russia to "Europeanize" its economy.

Therefore, Russia is likely to achieve through threats and diplomacy an effective approximation of its strategic needs. Moscow's ability to align this solution with an economic solution is far less likely because the solution requires the destruction or transformation of the current financial system, a cultural transformation and the easing of COVID-19. Russia will likely retain at least political control of its buffers, but it will likely lack the economic means for a new relationship with the buffers.

Forecast

- Russia will continue to conduct covert and non-military operations to take control and maintain control of its buffers.
- These operations will rankle the United States and Europe.
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## **Hypertension and Vascular Impairment**

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## Contents

- [Introduction](#)
- [Rating Tables](#)
- [Other Impairment - Hypertension](#)
- [Other Impairment - Peripheral Vascular Arterial Disease](#)
- [Other Impairment - Varicose Veins](#)
- [Other Impairment - Deep Vein Thrombosis](#)
- [Other Impairment - Aneurysms and Intra-vascular Conditions](#)
- [Other Impairment - Raynaud's Disease/phenomenon](#)
- [Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries](#)
- Tables and Steps
  - [Table 13.1](#) Other Impairment - Hypertension
  - [Steps to Determine Hypertension Impairment Assessment](#)
  - [Table 13.2](#) Other Impairment - Peripheral Vascular Arterial Disease
  - [Table 13.3](#) Other Impairment - Varicose Veins
  - [Table 13.4](#) Other Impairment - Deep Venous Thrombosis (D.V.T.)
  - [Table 13.5](#) Other Impairment - Aneurysms and Intra-Vascular Conditions
  - [Table 13.6](#) Other Impairment - Raynaud's Disease/Phenomenon
  - [Table 13.7](#) Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries
  - [Steps to Determine the Vascular Impairment Assessment](#)

### Introduction

This chapter provides criteria for assessing permanent impairment from entitled hypertension and non-cardiac vascular conditions.

Non-cardiac vascular conditions include peripheral vascular arterial disease, varicose veins, deep vein thrombosis, aneurysm and intra-vascular conditions, Raynaud's disease/phenomenon, and conditions associated with cold exposure such as frostbite.

Thoracic outlet syndrome causing vascular impairment only is rated on individual merits.

No additional rating will be given from [Chapter 22](#), Skin impairment as a result of skin manifestations due to conditions rated within this chapter.

### Rating Tables

This chapter contains six "Other Impairment" tables which may be used to rate entitled hypertension and/or non-cardiac vascular conditions.

The tables within this chapter are:

Rating Tables

**Table**

**Loss of Function**

**Other Impairment**

<a href="#">Table 13.1</a>	Other Impairment - Hypertension	This table is used to rate impairment from hypertension.
<a href="#">Table 13.2</a>	Other Impairment - Peripheral Vascular Arterial Disease	This table is used to rate impairment from peripheral vascular arterial disease.
<a href="#">Table 13.3</a>	Other Impairment - Varicose Veins	This table is used to rate impairment from varicose veins.
<a href="#">Table 13.4</a>	Other Impairment - Deep Vein Thrombosis	This table is used to rate impairment from deep vein thrombosis.
<a href="#">Table 13.5</a>	Other Impairment - Aneurysm and Intra-Vascular Conditions	This table is used to rate impairment from aneurysms and intra-vascular conditions of the larger arteries.
<a href="#">Table 13.6</a>	Other Impairment - Raynaud's Disease/Phenomenon	This table is used to rate impairment from Raynaud's disease/phenomenon.
<a href="#">Table 13.7</a>	Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries	This table is used to rate impairment from conditions associated with cold exposure.

## Other Impairment - Hypertension

[Table 13.1](#) is used to rate impairment from hypertension. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

Sustained, uncontrolled elevation of blood pressure over a period of time may result in impairment of other organ systems. The rating for hypertension does not include impairment due to end/target organ damage with the exception of hypertrophy of the left ventricle.

When entitled hypertension conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Other Impairment - Peripheral Vascular Arterial Disease

[Table 13.2](#) is used to rate impairment from entitled peripheral vascular arterial disease. Only one rating may be selected for the lower limbs as one functional unit.

When entitled peripheral vascular arterial disease conditions result in permanent impairment of other organ systems, a consequential entitlement decision is

required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. This rating is given in addition to the [Table 13.2](#) rating.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## **Other Impairment - Varicose Veins**

[Table 13.3](#) is used to rate impairment from entitled varicose vein conditions of the lower limbs. Only one rating may be selected for each entitled lower limb.

When entitled varicose vein conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. The ratings are compared and the highest selected.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## **Other Impairment - Deep Vein Thrombosis**

[Table 13.4](#) is used to rate impairment from entitled deep vein thrombosis. Only one rating may be selected for each entitled limb. If more than one rating is applicable, the ratings are compared and the highest selected.

When entitled deep vein thrombosis conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## **Other Impairment - Aneurysms and Intra-vascular Conditions**

[Table 13.5](#) is used to rate impairment from specific conditions that affect larger blood vessels. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled aneurysms and intra-vascular conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## **Other Impairment - Raynaud's Disease/phenomenon**

[Table 13.6](#) is used to rate impairment from Raynaud's disease/phenomenon. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

For the purposes of [Table 13.6](#), characteristic attacks of Raynaud's disease/phenomenon consist of sequential colour changes of the digits. One or more of the extremities may be involved. The attacks may be precipitated by exposure to cold or emotional upset and may last minutes to hours, sometimes with pain and parasthesias.

When entitled Raynaud's Disease/phenomenon results in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## **Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries**

[Table 13.7](#) is used to rate impairment from frostbite, immersion foot, and other cold injuries. Only one rating may be selected for each affected area. If more than

one rating is applicable for an affected area, the ratings are compared and the highest selected.

When entitled frostbite, immersion foot and other cold injuries result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Impairment resulting from amputation is rated using the Amputation Table in [Chapter 17](#), Musculoskeletal Impairment. The ratings are compared and the highest selected.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Table 13.1 - Other Impairment - Hypertension

Only one rating may be given from Table 13.1. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.1, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.1 - Other Impairment - Hypertension

Rating	Criteria
Four	<ul style="list-style-type: none"><li>• Hypertension requiring regular medication with diastolic pressure 99 mmHg or less; or</li><li>• Hypertension requiring regular medication with systolic pressure 159 mmHg or less.</li></ul>
Nine	<ul style="list-style-type: none"><li>• Hypertension with a diastolic pressure consistently at 100 mmHg or higher, but less than 110 mmHg, despite regular medication; or</li><li>• Hypertension with a systolic pressure consistently at 160 mmHg or higher, but less than 180 mmHg, despite regular medication.</li></ul>
Thirteen	<ul style="list-style-type: none"><li>• Hypertension with a diastolic pressure consistently at 110 mmHg or higher despite regular medication; or</li><li>• Hypertension with a systolic pressure consistently at 180 mmHg or higher despite regular medication.</li></ul>

## Steps to Determine the Hypertension Impairment Assessment

- Step 1: Determine the rating from [Table 13.1](#) (Other Impairment - Hypertension).

- Step 2: Does the Partially Contributing Table apply? If yes, apply to Step 1 rating.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

## **Table 13.2 - Other Impairment - Peripheral Vascular Arterial Disease**

Only one rating may be given from Table 13.2. If more than one rating is applicable, the ratings are compared and the highest selected. The lower limbs are considered as one functional unit for the purposes of this table.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.2, all criteria designated at that rating level must be met.

Table 13.2 - Other Impairment - Peripheral Vascular Arterial Disease

<b>Rating</b>	<b>Criteria</b>
Nil	<ul style="list-style-type: none"> <li>• No intermittent claudication or rest pain or nocturnal pain.</li> </ul>
Ten	<ul style="list-style-type: none"> <li>• Intermittent claudication after walking more than 200 meters at normal pace.</li> </ul>
Twenty	<ul style="list-style-type: none"> <li>• Intermittent claudication after walking less than 200 meters but greater than 25 meters at normal pace.</li> </ul>
Thirty	<ul style="list-style-type: none"> <li>• Intermittent claudication after walking less than 25 meters at normal pace or pain at rest or nocturnal pain.</li> </ul>
Thirty-five	<ul style="list-style-type: none"> <li>• Ulceration secondary to peripheral vascular arterial disease involving one lower limb.</li> </ul>
Forty-five	<ul style="list-style-type: none"> <li>• Ulceration secondary to peripheral vascular arterial disease involving both lower limbs.</li> </ul>

Peripheral vascular arterial disease of the upper extremities is rare and will be rated on individual merits.

## **Table 13.3 - Other Impairment - Varicose Veins**

Only one rating may be given from Table 13.3 for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are compared and the highest selected.

If ratings are possible from Table 13.3 and [Table 13.4](#), the ratings are compared and the highest rating is selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.3, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.3 - Other Impairment - Varicose Veins

<b>Rating</b>	<b>Criteria</b>
Two	<ul style="list-style-type: none"> <li>• Varicose veins that are disfiguring but without edema or skin changes*; or</li> <li>• Daily discomfort.</li> </ul>
Six	<ul style="list-style-type: none"> <li>• Varicose veins with edema or skin changes* without ulceration.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Varicose veins with edema and skin changes* with healed ulceration or ulcer of less than 6 months duration.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Varicose veins with edema and skin changes* with active ulceration of greater than 6 months duration.</li> </ul>

\* Skin changes may include dryness, scaling, bronzing or atrophy.

## **Table 13.4 - Other Impairment - Deep Venous Thrombosis (D.V.T.)**

Only one rating may be given from Table 13.4 for each entitled lower limb. If more than one rating is applicable for an entitled lower limb, the ratings are compared and the highest selected.

If ratings are possible from [Table 13.3](#) and Table 13.4, the ratings are compared and the highest selected for each entitled lower limb.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.4, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.4 - Other Impairment - Deep Venous Thrombosis (D.V.T.)

<b>Rating</b>	<b>Criteria</b>
Nil	<ul style="list-style-type: none"> <li>• One episode of D.V.T. with no sequelae.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• D.V.T. requiring greater than 1 year thromboprophylaxis; or</li> <li>• Post-thrombotic leg syndrome with edema and pain.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Post-thrombotic leg syndrome with edema, pain and ulceration; or</li> <li>• Recurrent D.V.T. or pulmonary embolus secondary to D.V.T. while on thromboprophylaxis.</li> </ul>

Deep vein thrombosis of the upper extremities is rare and will be assessed on individual merits.

## **Table 13.5 - Other Impairment - Aneurysms and Intra-Vascular Conditions**

Only one rating may be given for each entitled condition from Table 13.5. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.5, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.5 - Other Impairment - Aneurysms and Intra-Vascular Conditions

<b>Rating</b>	<b>Criteria</b>
Nil	<ul style="list-style-type: none"> <li>• Embolus successfully treated with no sequelae.</li> </ul>
Two	<ul style="list-style-type: none"> <li>• Cerebral aneurysm, asymptomatic; or</li> <li>• Aortic aneurysm of diameter less than 6 cm; or</li> <li>• Aortic aneurysm surgically corrected; or</li> <li>• Iliac or femoral or carotid aneurysms.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Embolus requiring continuous thromboprophylaxis medication; or</li> <li>• Iliac or femoral or carotid conditions requiring continuous thromboprophylaxis medication.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Aortic aneurysm of 6 cm or more which is inoperable*.</li> </ul>

\* Inoperable refers to the situation where surgery cannot be performed due to general poor health.

## **Table 13.6 - Other Impairment - Raynaud's Disease/Phenomenon**

Only one rating may be given from Table 13.6. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.6, all criteria designated at that rating level must be met.

Table 13.6 - Other Impairment - Raynaud's Disease/Phenomenon

<b>Rating</b>	<b>Criteria</b>
One	<ul style="list-style-type: none"> <li>• Characteristic* attacks occurring less than once per week.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Characteristic* attacks occurring one to three times per week.</li> </ul>
Nine	<ul style="list-style-type: none"> <li>• Characteristic* attacks occurring four to six times per week.</li> </ul>
Thirteen	<ul style="list-style-type: none"> <li>• Characteristic* attacks occurring at least daily.</li> </ul>
Twenty-one	<ul style="list-style-type: none"> <li>• Characteristic* attacks and the presence of digital ulcers with or without fat pad necrosis and erosions.</li> </ul>

\* Characteristic attacks, for the purpose of this table, consist of sequential colour changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and parasthesias, and precipitated by exposure to cold or by emotional upset.

## Table 13.7 - Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries

Only one rating may be given from Table 13.7 for an affected area. A separate rating may be given for the head and each limb. If more than one rating is applicable for an affected area, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 13.7, only one criterion must be met at a level of impairment for that rating to be selected.

Table 13.7 - Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries

Rating	Criteria
Two	<ul style="list-style-type: none"><li>• Mild hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.</li></ul>
Four	<ul style="list-style-type: none"><li>• Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.</li></ul>
Nine	<ul style="list-style-type: none"><li>• Moderate hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation with permanent skin or nail changes; or</li><li>• Severe hypersensitivity to cold exposure manifested by pain/discomfort, colour change and/or changes in sensation.</li></ul>

Frostbite of areas, other than the head and extremities, is rare and will be assessed on individual merits.

## Steps to Determine the Vascular Impairment Assessment

•Step 1: Determine the rating from [Table 13.2](#) (Other Impairment - Peripheral Vascular Arterial Disease).

Note: The lower limbs are considered as one functional unit for rating purposes within [Table 13.2](#).

•Step 2: If an amputation results from peripheral vascular arterial disease an additional rating is taken from the amputation table within the Musculoskeletal Impairment chapter. Ratings from [Table 13.2](#) and the amputation rating are added.

•Step 3: Does the Partially Contributing Table apply? If yes, then apply to the rating at Step 2.

•Step 4: Determine the Quality of Life rating.

•Step 5: Add the ratings at Step 3 and Step 4.

•Step 6: If partial entitlement exists, apply to the Step 5 rating.

This is the Disability Assessment for peripheral vascular arterial disease.

- Step 7: Determine the rating(s) from [Table 13.3](#) (Other Impairment - Varicose Veins).
- Step 8: Does the Partially Contributing Table apply, If yes, then apply to the rating(s) at Step 7.
- Step 9: Determine the Quality of Life rating for each lower limb (if applicable).
- Step 10: Add rating(s) at Step 8 and Step 9 for each leg.
- Step 11: If partial entitlement exists, apply to Step 10 rating(s).

Note: If amputation as a result of varicose veins right leg and varicose veins left leg is to be assessed, a rating is taken from the amputation table within [Chapter 17](#), Musculoskeletal Impairment. Ratings from the amputation table and the Step 11 rating are compared and the highest selected.

This is the Disability Assessment for varicose veins.

- Step 12: Determine rating(s) from [Table 13.4](#) (Other Impairment - Deep Vein Thrombosis).
- Step 13: Does the Partially Contributing Table apply? If yes, then apply to the rating(s) at Step 12.
- Step 14: Determine the Quality of Life rating for each lower limb (if applicable).
- Step 15: Add ratings at Step 13 and Step 14.
- Step 16: If partial entitlement exists, apply to the Step 15 rating(s).

This is the Disability Assessment for deep vein thrombosis right leg and deep vein thrombosis left leg.

- Step 17: If ratings are applicable from both [Table 13.3](#) and [13.4](#), ratings from Step 11 and Step 16 are compared and the highest rating selected with one rating for each entitled lower limb.

This is the Disability Assessment varicose veins and deep vein thrombosis

- Step 18: Determine the rating from [Table 13.5](#) (Other Impairment - Aneurysms and Intra - Vascular Conditions).
- Step 19: Does the Partially Contributing Table apply? If yes, then apply to the rating(s) at Step 18.
- Step 20: Determine the Quality of Life rating.
- Step 21: Add ratings at Step 19 and Step 20.
- Step 22: If partial entitlement exists, apply to the Step 21 rating.

This is the Disability Assessment for Aneurysms and intra- vascular conditions.

- Step 23: Determine the rating from [Table 13.6](#) (Other Impairment - Raynaud's Disease/Phenomenon).
- Step 24: Does the Partially Contributing Table (PCT) apply? If yes, apply to Step 23 rating(s).
- Step 25: Determine the Quality of Life rating.
- Step 26: Add the ratings at Step 24 and Step 25.

- Step 27: If partial entitlement exists, apply to the Step 26 rating.

This is the Disability Assessment for Raynaud's Disease/Phenomenon conditions.

- Step 28: Determine rating(s) from [Table 13.7](#) (Other Impairment - Frostbite, Immersion Foot, and Other Cold Injuries).

Note: One rating may be given for each entitled, affected area.

Note: If amputation results from frostbite, immersion foot or other cold injuries, a rating is also selected from the applicable amputation table within Chapter 17, Musculoskeletal Impairment. The applicable rating from the amputation table and the rating at Step 28 are compared and the highest selected.

- Step 29: Does the Partially Contributing Table apply? If yes, apply to each applicable rating in Step 28 above.
- Step 30: Determine the Quality of Life rating for each applicable entitled area.
- Step 31: Add applicable ratings at Step 29 and Step 30.
- Step 32: If partial entitlement exists, apply to each applicable rating at Step 31 above.

This is the Disability Assessment for frostbite, immersion foot or other cold injuries.

## **STAY IN TOUCH WITH THESE CF NEWSPAPERS**

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22 Wing North Bay — <a href="#">The Shield</a>	CFB Halifax — <a href="#">The Trident</a>
4 Wing Cold Lake — <a href="#">The Courier</a>	CFB Edmonton — <a href="#">The Western Sentinel</a>
CFB Esquimalt — <a href="#">The Lookout</a>	CFB Valcartier — <a href="#">The Adsum</a>
CFSU Ottawa — <a href="#">The Guard</a>	CFB Kingston — <a href="#">Garrison News</a>
CFB Shilo — <a href="#">The Shilo Stag</a>	CFB St Jean — <a href="#">The Servir</a>
19 Wing Comox — <a href="#">The Totem Times</a>	3 Wing Bagotville — <a href="#">The Vortex</a>
8 Wing Trenton — <a href="#">The Contact</a>	CFB Borden — <a href="#">The Citizen</a>
CFB Petawawa — <a href="#">The Petawawa Post</a>	

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