David Protaziuk, MSN, APRN, FNP-C
Board-Certified Family Nurse Practitioner
Veteran Medical Opinions
7501 Lemont Rd, Suite 345D
Woodridge, IL 60517
United States
Phone: (708) 244-2627
Email: dprotaziuk@veteranmedicalopinions.com

Sample DIC with Aid and Attendance Medical Opinion

Surviving Spouse – Records Review Only

February 18, 2026

Department of Veterans Affairs
Claims Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

Re: Medical Opinion – Dependency and Indemnity Compensation (DIC) with Aid and Attendance
Records Review Only

Claimant: [Sample Surviving Spouse]
VA File Number: [Redacted]
Date of Birth: [Redacted]
Deceased Veteran: [Sample Veteran, U.S. Army, Vietnam Era]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois with Full Practice Authority. I have been practicing as an FNP for over 4 years, with extensive experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent, objective, and based solely on the medical evidence reviewed.

I have conducted a thorough review of the claimant's primary care records, neurology and rheumatology consultation notes, ophthalmology records, physical therapy evaluation and discharge summary, home health agency care plan and aide documentation, neuropsychological evaluation, and lay statements from her adult daughter (informal caregiver) and home health aide.

The claimant is the 78-year-old surviving spouse of a veteran who served honorably in the United States Army during the Vietnam era. The veteran's death was found to be service-connected, and the claimant has been receiving Dependency and Indemnity Compensation (DIC) benefits under 38 U.S.C. § 1310 since that determination. She currently seeks the additional Aid and Attendance benefit available to eligible surviving spouses under 38 CFR 3.351(c) and 38 U.S.C. § 1311(c), documented via VA Form 21-2680.

Current clinical diagnoses: moderate-stage Alzheimer's disease of 5 years' duration; seropositive rheumatoid arthritis with joint deformity of the hands and knees, of 18 years' duration; bilateral macular degeneration with legal blindness in the left eye; osteoporosis with prior hip fracture and vertebral compression fractures; NYHA Class II congestive heart failure; and Stage 3 chronic kidney disease.

Cognitive and functional assessment: Neuropsychological testing documents Montreal Cognitive Assessment (MoCA) score of 14/30 with impairment of short-term memory, disorientation to time and place, impaired executive function, and impaired judgment regarding personal safety. Documented safety incidents include leaving stove burners on and sundowning behavior with attempted wandering. The claimant's Morse Fall Scale score is 70, and she has sustained two falls within the prior 6 months.

Assessment of Activities of Daily Living documents the following: fully dependent for bathing and showering due to inability to safely transfer and history of falls; fully dependent for dressing due to rheumatoid deformity of the hands and impaired judgment; requires assistance with toileting including continence management; requires assistance with feeding due to inability to manipulate utensils secondary to rheumatoid hand deformity; requires walker and physical assistance for ambulation indoors; requires physical assistance for transferring between bed and chair; fully dependent for grooming; and fully dependent for medication management. The claimant is unable to be left unattended for extended periods due to combined cognitive, physical, and safety deficits.

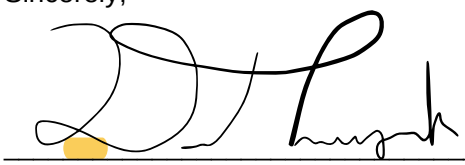
In my professional medical opinion, based on a thorough review of the records and my clinical expertise, the claimant meets the criteria for Aid and Attendance as a surviving spouse under 38 CFR 3.351(c) and 38 CFR 3.352(a). It is at least as likely as not (50 percent or greater probability) that she requires the regular aid of another person to perform activities of daily living, and that she is unable to protect herself from the hazards or dangers of her daily environment without such aid.

Rationale:

- The claimant satisfies multiple independent criteria under 38 CFR 3.352(a), any one of which is sufficient to establish Aid and Attendance eligibility. She is fully dependent for bathing and dressing (satisfying the personal-function criteria); requires assistance with feeding due to rheumatoid deformity of the hands; and demonstrates incapacity — both mental (moderate Alzheimer's disease with impaired judgment) and physical (rheumatoid deformity, high fall risk) — that requires regular assistance to protect her from hazards or dangers incident to her daily environment.
- Moderate Alzheimer's disease at documented MoCA severity produces predictable ADL dependence and safety risk that cannot be safely managed without continuous supervision. The peer-reviewed geriatric medicine literature establishes that cognitive impairment at this range is associated with progressive functional decline requiring extensive daily supervised care (McKhann et al., 2011; Nasreddine et al., 2005).
- Seropositive rheumatoid arthritis of 18 years' duration with joint deformity of the hands produces functional impairment that fundamentally limits the claimant's ability to perform fine motor tasks required for self-care (dressing fasteners, food preparation, medication management). Combined with her cognitive impairment, no meaningful degree of independent self-care is achievable.
- The claimant's Morse Fall Scale score of 70 and documented history of two falls within the prior 6 months objectively confirm high fall risk requiring continuous supervision. Osteoporosis with prior hip fracture places her at elevated risk for additional injurious falls, any of which could be catastrophic in the setting of her existing frailty.
- This opinion is offered in support of the claimant's application under 38 CFR 3.351(c), which provides that a surviving spouse receiving DIC is entitled to the higher rate of DIC (as authorized by 38 U.S.C. § 1311(c)) when the criteria at 38 CFR 3.352(a) are met.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed. This opinion constitutes competent medical evidence within the meaning of 38 CFR 3.159(a)(1); per the Court of Appeals for Veterans Claims in Nieves-Rodriguez v. Peake, 22 Vet. App. 295 (2008), the probative value of a medical opinion depends upon its underlying rationale rather than the professional title of the provider. Should additional clarification be required, please contact me at the above information.

Sincerely,



David Protaziuk, MSN, APRN, FNP-C
Board-Certified Family Nurse Practitioner
Illinois APRN License #277002570 (Full Practice Authority)
NPI #1275200149

Scholarly Sources Cited

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