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Sample Housebound Status Medical Opinion

Substantially Confined to Home – Records Review Only

February 18, 2026

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

Re: Medical Opinion – Housebound Status – Substantially Confined to Home
Records Review Only

Veteran: [Sample Veteran]
VA File Number: [Redacted]
Date of Birth: [Redacted]

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 veteran's service treatment records (STRs), VA electronic health records, private post-service treatment notes, diagnostic imaging studies including echocardiogram and pulmonary function testing, VA cardiology and pulmonary clinic records, home health agency care plan and aide documentation, and prior VA rating decisions.

[Sample Veteran] served honorably in the United States Air Force from 1976 to 1996. The veteran is currently service-connected for ischemic heart disease status post four-vessel coronary artery bypass grafting with residual left ventricular ejection fraction of 30 percent (60%), chronic obstructive pulmonary disease (60%), Type II diabetes mellitus with complications (40%), and bilateral lower extremity peripheral neuropathy (20%), for a combined evaluation of 100 percent.

Current clinical findings: echocardiographic left ventricular ejection fraction of 30 percent (severely reduced); NYHA Functional Class III–IV heart failure with recurrent angina at low workload; pulmonary function test demonstrating FEV■ of 38 percent predicted, consistent with GOLD Stage 3 severe COPD; continuous supplemental oxygen dependence at 2–3 LPM at rest

and 4 LPM with any exertion; dyspnea on exertion at less than 25 feet of ambulation; diabetic peripheral neuropathy with reduced sensation to the mid-calf bilaterally; postural instability with documented history of two falls within the prior 12 months; and Six-Minute Walk Test result of 240 feet requiring two rest breaks, well below the 300-foot threshold associated with severe functional impairment and elevated mortality risk.

Confinement to premises: Home health aide documentation and lay statements from the veteran's spouse describe the following pattern of daily life: the veteran leaves the home only for essential medical appointments, typically 1–2 times per month; all departures require assistance from another individual and use of a portable oxygen concentrator; the veteran is unable to safely drive due to dyspnea, medication side effects, and reduced lower extremity sensation; grocery shopping, banking, and household errands are performed exclusively by his spouse or a home health aide; social visits, religious observance, and community activities have been discontinued due to the physical inability to leave the home; and the veteran spends 22–24 hours per day within his home and its immediate premises.

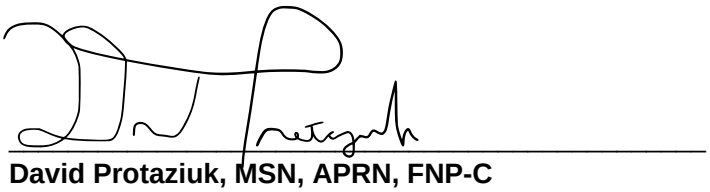
In my professional medical opinion, based on a thorough review of the records and my clinical expertise, it is at least as likely as not (50 percent or greater probability) that the veteran is substantially confined, as a direct result of his service-connected disabilities, to his dwelling and the immediate premises. This confinement is a permanent condition based on the progressive and irreversible nature of his cardiopulmonary disease, and it is reasonably certain that this confinement will continue throughout the veteran's remaining lifetime.

Rationale:

- The veteran meets the criteria for Housebound status under 38 CFR 3.351(d)(2), which provides that this requirement is met when the veteran is substantially confined, as a direct result of service-connected disabilities, to his or her dwelling and the immediate premises, and it is reasonably certain that the disabilities and resultant confinement will continue throughout his or her lifetime.
- Severely reduced left ventricular ejection fraction of 30 percent represents advanced systolic heart failure, and combined severe heart failure with severe COPD produces exertional intolerance that fundamentally precludes independent community ambulation. Peer-reviewed literature establishes that this comorbid presentation is associated with substantially increased mortality and functional decline (Rutten et al., 2005).
- The veteran's Six-Minute Walk Test result of 240 feet is objectively below the 300-foot threshold associated with severe functional impairment. This validated measure of aerobic capacity and endurance provides quantitative corroboration that the veteran cannot ambulate independently in the community (Guyatt et al., 1985).
- Continuous supplemental oxygen dependence, requiring escalation to 4 LPM with any exertion, further constrains the veteran's mobility. Portable oxygen concentrators have limited battery duration and require monitoring, precluding safe independent excursion beyond the immediate premises.
- The veteran alternatively qualifies under 38 CFR 3.351(d)(1), which requires a permanent 100 percent rating plus additional disability of 60 percent or more; his 100 percent combined rating with a 60 percent rating for COPD and a separately ratable 40 percent for diabetes with complications meets and exceeds this threshold.

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,



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Scholarly Sources Cited

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