



Military Disability Made Easy

PRESENTS...

Top 10 High-Value VA Disability Claims Explained!

*“The Expert’s Guide to
Increasing Your VA Disability
Rating in Less Time...”*

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Learn more [About VA Claims Insider HERE](#).

Brian’s frustration with the VA disability claim process led him to create “**VA Claims Insider**,” which provides disabled veterans with tips, strategies, and lessons learned to win their VA disability compensation claim in less time.



He is also the CEO of **Military Disability Made Easy**, which is the world’s largest searchable database for all things related to DoD disability and VA disability, and has served more than 6,000,000 military members and veterans since its founding in 2013.

Veterans can download his #1 most downloaded **FREE** eBook right here right now:

“The Secret Guide to 833 Ratable VA Disabilities” by clicking [HERE](#) now.

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#1. Mental Health Conditions (31 ratable conditions under the law)

There are currently 31 ratable mental health conditions under the law, although the most common include Post Traumatic Stress Disorder (PTSD), [Major Depressive Disorder \(MDD\)](#), [Generalized Anxiety Disorder \(GAD\)](#), Chronic Adjustment Disorder (CAD), and [Somatic Symptom Disorder](#) (SSD, previously known as Chronic Pain Syndrome).

For simplicity purposes, this guide will highlight PTSD in more detail because it seems to be the most confusing for many Veterans.

The other mental health conditions are described in more detail by clicking on the hyperlinks above.

Okay, let's talk about PTSD.

PTSD is the #4 most claimed and rated mental health condition according to the most recent [VBA statistics](#) from 2019-2020.

Many veterans who experience a traumatic event on active duty develop PTSD—and this traumatic event is often referred to as a PTSD stressor by the VA.

You might also like the following blog posts:

- [5 Tips to Improve Your PTSD Claim](#)
- [PTSD Stressor Requirements](#)
- [How to Prove Your PTSD Non-Combat Stressor](#)
- [PTSD Military Sexual Trauma \(MST\) Claims](#)
- [Average VA Disability Rating for PTSD](#)

It is estimated that veterans are four times (4x) as likely to have or develop PTSD compared to those who didn't serve in the military—a truly shocking statistic.

It's reasonable to assume a veteran will pursue a VA disability claim for PTSD at some point, and this post will help you on your path to service connection for PTSD.

The VA states a stressor involves exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.

The exposure can be related to:

- Direct exposure
- Indirect exposure, such as learning that a close relative or close friend was exposed to trauma
- Witnessing in-person
- Repeated or extreme indirect exposure to details of the event

For rating purposes, the VA classifies PTSD as either (1) PTSD Combat or (2) PTSD Non-Combat.

§4.130 Schedule of Ratings—Mental Disorders.

The nomenclature employed in this portion of the rating schedule is based upon the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (see §4.125 for availability information).

Rating agencies must be thoroughly familiar with this manual to properly implement the directives in §4.125 through §4.129 and to apply the general rating formula for mental disorders in §4.130.

The schedule for rating for mental disorders is set forth as follows:

- 9201 Schizophrenia
- 9208 Delusional disorder
- 9210 Other specified and unspecified schizophrenia spectrum and other psychotic disorders
- 9211 Schizoaffective disorder
- 9300 Delirium
- 9301 Major or mild neurocognitive disorder due to HIV or other infections
- 9304 Major or mild neurocognitive disorder due to traumatic brain injury
- 9305 Major or mild vascular neurocognitive disorder
- 9310 Unspecified neurocognitive disorder
- 9312 Major or mild neurocognitive disorder due to Alzheimer's disease

- 9326 Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder
- 9400 Generalized anxiety disorder
- 9403 Specific phobia; social anxiety disorder (social phobia)
- 9404 Obsessive compulsive disorder
- 9410 Other specified anxiety disorder
- 9411 Posttraumatic stress disorder
- 9412 Panic disorder and/or agoraphobia
- 9413 Unspecified anxiety disorder
- 9416 Dissociative amnesia; dissociative identity disorder
- 9417 Depersonalization/Derealization disorder
- 9421 Somatic symptom disorder
- 9422 Other specified somatic symptom and related disorder
- 9423 Unspecified somatic symptom and related disorder
- 9424 Conversion disorder (functional neurological symptom disorder)
- 9425 Illness anxiety disorder
- 9431 Cyclothymic disorder
- 9432 Bipolar disorder
- 9433 Persistent depressive disorder (dysthymia)
- 9434 Major depressive disorder
- 9435 Unspecified depressive disorder
- 9440 Chronic adjustment disorder

GENERAL RATING FORMULA FOR MENTAL DISORDERS

VA Ratings for Mental Health Conditions	Rating (%)
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.	100%
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.	70%
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.	50%
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness,	30%

panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).	
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.	10%
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.	0%

#2. Sleep Apnea Syndromes

In this section, we will be exploring how to get a VA Rating for Sleep Apnea.

A veterans final VA disability rating for Sleep Apnea depends upon the frequency, severity, and duration of symptoms, meaning, the more severe your symptoms, the higher the VA rating for Sleep Apnea.

In 2020, Sleep Apnea VA ratings range from 0% to 100% with breaks at 30% and 50%.

The highest possible scheduler VA disability rating for Sleep Apnea is 100%, which includes symptoms such as, [chronic respiratory failure](#) with [carbon dioxide retention](#) or [cor pulmonale](#), or; requires [tracheostomy](#).

Okay veterans – let’s take a minute to explore the law regarding the symptoms and level of impairment required to warrant a VA disability rating for Sleep Apnea.

You might also like the following Blog posts about Sleep Apnea:

- [Sleep Apnea Secondary Conditions](#)
- [How to Service Connect Sleep Apnea secondary to PTSD](#)
- [Aggravated Obesity \(Weight Gain\) as “Interim Link” for Secondary Service Connection](#)

- [Do I Need a Spousal Letter to Support My Sleep Apnea VA Claim?](#)

What is Sleep Apnea?

Sleep apnea is a profoundly serious sleep disorder, whereby breathing is briefly and repeatedly interrupted during sleep.

The “apnea” also called “apneic episodes” in sleep apnea refers to a breathing pause that lasts approximately 10 seconds or more.

Obstructive sleep apnea, which is the most common type of sleep apnea, occurs when the muscles in the back of the throat relax and fail to keep the upper airway open, which prevents you from breathing properly.

Another type of sleep apnea is central sleep apnea, in which the brain fails to properly control breathing during sleep.

How Many Veterans Have Sleep Apnea?

Sadly, a lot.

According to medical research, military veterans are **FOUR TIMES (4x)** more likely to have sleep apnea than the normal civilian population, a truly staggering number...

The major problem for your sleep apnea VA claim, however, is that you probably were NOT diagnosed with sleep apnea on active duty.

Further compounding the issue is there seems to be resistance among military clinics worldwide from ordering-up sleep studies for active duty military members.

But maybe there’s a better way to service-connect your sleep apnea claim even if you’ve already filed or been denied?

Good news, there is a better way and there’s a laundry list of possible sleep apnea secondary conditions.

So, here’s the opinion of Military Disability Made Easy: If you did **NOT** have a sleep study while on active duty and you did **NOT** get a diagnosis of sleep apnea on active duty, **you should attempt to service connect your sleep apnea VA claim secondary to another service-connected disability rated at 0 percent or higher.**

Quick note: You MUST have a medical diagnosis of sleep apnea and that must be confirmed by a sleep study (it's okay if this diagnosis and sleep study occurred years AFTER leaving active duty).

Like my comments toward the beginning of this post, most veterans didn't realize they had sleep apnea while on active duty.

BUT you must act now, and you must get a sleep study from a VA doctor or a private doctor.

SECRET HACK: You can also order a [Sleep Study At-Home Test Kit](#) if you don't want to wait for the VA or private doctor.

DISCLAIMER: *I personally used the company listed above (Singular Sleep) and had a great experience with them. The link above is NOT an affiliate link, I will NOT receive any form of compensation or remuneration if you make a purchase from it, and I don't specifically recommend any one single company for an at-home sleep study.*

Sleep Apnea as a Secondary Claim for Secondary Service Connection

Service connection on a secondary basis requires a showing of causation.

A showing of causation requires that the secondary disability be shown to be "proximately caused by" or "proximately aggravated by" another service-connected disability.

By law, there are three evidentiary elements that must be satisfied for sleep apnea secondary conditions to prove secondary service connection:

- 1. A medical diagnosis of sleep apnea confirmed by a sleep study in VA medical records or private records (unless you did this already on active duty)**
- 2. Evidence of a service-connected primary disability (such as PTSD, depression, anxiety, sinusitis, rhinitis, weight gain), AND**
- 3. Medical nexus evidence establishing a connection between the service-connected disability and the current disability**

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.

The second part can be satisfied with a veteran's existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a medical nexus letter from a qualified medical professional.

Did you know there are more than 50 conditions that can be medically linked to cause or aggravate sleep apnea?

[>> Click HERE to Download My FREE SECRET Guide to VA Claims for Sleep Apnea! <<](#)

#3. Chronic Fatigue Syndrome (CFS)

In this post, we will be exploring the Chronic Fatigue Syndrome VA Rating criteria in detail.

In 2020, the VA disability ratings for Chronic Fatigue Syndrome are 10%, 20%, 40%, 60%, and 100%, and depend upon the frequency, severity, and duration of a veteran's symptoms.

This means the more severe your symptoms, the higher the VA rating for Chronic Fatigue Syndrome.

The highest possible VA disability rating for Chronic Fatigue Syndrome is 100 percent.

So, let's take a minute to explore the law regarding the symptoms and impairment required to warrant a VA disability rating for Chronic Fatigue Syndrome.

Many veterans, especially Gulf War Veterans, suffer from a variety of unexplained medical conditions to include Chronic Fatigue Syndrome.

Chronic Fatigue Syndrome VA Rating: What is Chronic Fatigue Syndrome?

Chronic Fatigue Syndrome is a complex disorder characterized by extreme fatigue in veteran's that can't be explained by any specific medical condition.

A veteran's level of fatigue may worsen with physical or mental activity but doesn't improve with rest.

According to the [Mayo Clinic, Chronic Fatigue Syndrome](#) is a systemic exertion intolerance disease (SEID) or myalgic encephalomyelitis (ME).

Sometimes it's abbreviated as ME/CFS for VA rating purposes.

The etiology (cause or origin) of Chronic Fatigue Syndrome is unknown, although there are many theories — ranging from viral infections to psychological stress to exposure of toxins and chemicals.

One thing we do know is that veterans who served in Southwest Asia theater of operations are more prone to developing Chronic Fatigue Syndrome, although researchers don't exactly know why.

A [2005 study confirmed that veterans who deployed to the Persian Gulf during the 1991 Gulf War](#) have an increased risk for Fibromyalgia, Chronic Fatigue Syndrome, Skin Conditions, and Dyspepsia.

There's no single test to confirm a diagnosis of Chronic Fatigue Syndrome.

You may need a variety of medical tests (to include a blood test and lab work) to rule out other health problems and conditions that have similar symptoms to Chronic Fatigue Syndrome.

Some of the other possible medical conditions that should be ruled out by a medical professional include:



A Diagnosis of Chronic Fatigue Syndrome is often made by ruling out other conditions

- Sleep Disorders. Your chronic fatigue may be due to an underlying sleep disorder. A sleep study can determine if your rest is being disturbed by disorders such as obstructive sleep apnea, restless legs syndrome, or insomnia. Ask your VA primary care doctor for a referral to a sleep specialist if you think you may have a sleep disorder.
- Other Medical Problems. Fatigue is a common symptom in several medical conditions, such as anemia, diabetes, and hypothyroidism. Typically, a blood test can help confirm or rule out these conditions. Note that a blood test CANNOT diagnose Chronic Fatigue Syndrome.
- Heart and Lung Issues. Problems with your heart or lungs can make you feel more fatigued than normal. You may undergo an exercise stress test to assess your heart and lung function.
- Mental Health Conditions. Fatigue is also a symptom of a variety of mental health conditions in veterans, such as PTSD, depression,

anxiety, among many others. A Psychologist or Psychiatrist can help determine if your fatigue may be due to a mental health condition. Fatigue may also be associated with side effects of medications you're taking to help manage mental health symptoms.

Some of the more common signs and symptoms of Chronic Fatigue Syndrome in veterans include:

- Fatigue
- Loss of memory or concentration
- Sore throat
- Low grade fever
- Enlarged lymph nodes in your neck or armpits
- Unexplained muscle or joint pain
- Headaches
- Sleep disturbances
- Extreme exhaustion lasting more than 24 hours after physical or mental exercise

The Connection Between Chronic Fatigue Syndrome and Gulf War Veterans

Gulf War Veterans who develop Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) do not have to prove a connection between their illnesses and service to be eligible to receive VA disability compensation, although at VA Claims Insider we still recommend getting a Medical Nexus Letter (Independent Medical Opinion), especially since Gulf War Syndrome is commonly misunderstood by C&P examiners and VA Raters.

ME/CFS must have emerged during active duty in the [Southwest Asia theater of military operations](#) on or by December 31, 2021, and be at least 10 percent disabling.

The VA has recognized [medically unexplained illnesses](#), more commonly referred to as “Gulf War Syndrome,” and certain [infectious diseases](#) to include Chronic Fatigue Syndrome.



A “Persian Gulf Veteran” is one who served in the Southwest Asia theater of operations during the Persian Gulf War. [See 38 CFR § 3.317\(e\)\(1\)](#)

The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the

Arabian Sea, the Red Sea, and the airspace above these locations.

See [\(38 CFR § 3.317\(e\)\(2\)\)](#)

The term “qualifying chronic disability” means a chronic disability resulting from any of the following (or any combination of the following): (A) an undiagnosed illness; (B) a medically unexplained chronic multisymptomatic illness that is defined by a cluster of signs or symptoms, such as: (1) chronic fatigue syndrome; (2) fibromyalgia; (3) functional gastrointestinal disorders (excluding structural gastrointestinal disease).

VA Disability Rating Criteria for Chronic Fatigue Syndrome

According to [38 CFR, Part 4, the Schedule for Rating Disabilities, paragraph §4.88a](#) the diagnosis of Chronic Fatigue Syndrome for VA rating purposes requires the following:

#1. New onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least six months; *AND*

#2. The exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; *AND*

#3. Six (6) or more of the following:

- Acute onset of Chronic Fatigue Syndrome (a sudden and unexpected outbreak or recurrence),

- Low grade fever,
- Nonexudative pharyngitis (inflammation of the back of the throat called the pharynx),
- Palpable (able to be felt) or tender cervical (neck) or axillary lymph nodes (underarm area),
- Generalized muscle aches or weakness,
- Fatigue lasting 24 hours or longer after exercise,
- Headaches (of a type, severity, or pattern that is different from headaches in the pre-morbid state),
- Migratory joint pains,
- Neuropsychologic symptoms (memory, mood, learning problems),
- Sleep disturbances.

Is Chronic Fatigue Syndrome a VA Disability?

Yes, Chronic Fatigue Syndrome is a VA disability.

VA disability ratings for Chronic Fatigue Syndrome are 10 percent, 20 percent, 40 percent, 60 percent, and 100 percent, and depend upon the frequency, severity, and duration of a veteran's symptoms over time.

Chronic Fatigue Syndrome is rated under [CFR 38, Part 4, VA Schedule of Ratings, Diagnostic Code 6354, Chronic Fatigue Syndrome](#)

The Chronic Fatigue Syndrome VA rating criteria are explained in detail below.

A veterans final VA disability rating for Chronic Fatigue Syndrome depends upon the frequency, severity, and duration of your symptoms, meaning, the more severe your symptoms, the higher the VA rating for Chronic Fatigue Syndrome.

6354 Chronic Fatigue Syndrome VA Rating Criteria

VA
Rating

Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms:

– Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care **100%**

– Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year **60%**

– Which are nearly constant and restrict routine daily activities from 50 to 75 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year **40%**

– Which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year **20%**

– Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year; or symptoms controlled by continuous medication **10%**

Note: For evaluating this disability, incapacitation exists only when a licensed physician prescribes bed rest and treatment.

- 100 Percent Chronic Fatigue Syndrome VA Rating is warranted when a veteran has debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms, which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care.
- 60 Percent VA Rating for Chronic Fatigue Syndrome is warranted if a veteran has debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms, which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year.
- 40 Chronic Fatigue Syndrome VA Rating is warranted when a veteran has debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms, which are nearly constant and restrict routine daily activities from 50 to 75 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year.
- 20 Percent VA Rating for Chronic Fatigue Syndrome is warranted when a veteran has debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms, which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year.
- 10 Percent VA Rating for Chronic Fatigue Syndrome is warranted when a veteran has debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms, which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year; or symptoms controlled by continuous medication.

Chronic Fatigue Syndrome Secondary to PTSD

Many veterans with Chronic Fatigue Syndrome, especially those who were diagnosed long after leaving the military are eligible under the law for Chronic Fatigue Syndrome Secondary to PTSD.

Service connection on a secondary basis requires a “showing of causation.”

A showing of causation requires that the secondary disability be “proximately due to” or “the result of” another service-connected disability.

By law, there are three evidentiary elements that must be satisfied for Chronic Fatigue Syndrome Secondary to PTSD to prove secondary service connection:

#1. A medical diagnosis of Chronic Fatigue Syndrome in VA medical records or private records (unless you already have a diagnosis in your service treatment records, which is unlikely since the condition typically manifests itself after leaving active duty)

#2. Evidence of service-connected PTSD at any rating (eBenefits or VA.gov snapshot), *AND*

#3. Medical nexus evidence establishing a connection between the service-connected disability (PTSD) and the current disability (Chronic Fatigue Syndrome)

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.


The second part can be satisfied with a veteran’s existing service-connected PTSD rating of 0 percent or higher.

The third part can be satisfied with a [medical nexus letter from a qualified medical professional](#).

C&P Exam for Chronic Fatigue Syndrome

A [C&P exam for Chronic Fatigue Syndrome](#) usually involves a physical examination and history of your medical symptoms over time, including Frequency, Severity, and Duration.

The C&P examiner will complete an electronic version of the [DBQ for Chronic Fatigue Syndrome](#).

 Department of Veterans Affairs		CHRONIC FATIGUE SYNDROME DISABILITY BENEFITS QUESTIONNAIRE	
IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) <i>WILL NOT PAY OR REIMBURSE</i> ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.			
NAME OF PATIENT/VETERAN _____		PATIENT/VETERAN'S SOCIAL SECURITY NUMBER _____	
NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.			
SECTION I - DIAGNOSIS			
1A. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH CHRONIC FATIGUE SYNDROME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 1B)			
1B. SELECT THE VETERAN'S CONDITION (Check all that apply)			
<input type="checkbox"/> CHRONIC FATIGUE SYNDROME		ICD code - _____	DATE OF DIAGNOSIS - _____
<input type="checkbox"/> OTHER (Specify): _____		ICD code - _____	DATE OF DIAGNOSIS - _____
Other diagnosis # 1: _____		ICD code - _____	DATE OF DIAGNOSIS - _____
Other diagnosis # 2: _____		ICD code - _____	DATE OF DIAGNOSIS - _____
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO CHRONIC FATIGUE SYNDROME, LIST USING ABOVE FORMAT:			

NOTE - For VA purposes, the diagnosis of chronic fatigue syndrome requires: (A) New onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least 6 months; and (B) The exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; and (C) Six or more of the following:			
1. Acute onset of the condition		7. Headaches (of a type, severity or pattern that is different from headaches in the pre-morbid state)	
2. Low grade fever		8. Migratory joint pains	
3. Non-exudative pharyngitis		9. Neuropsychological symptoms	
4. Palpable or tender cervical or axillary lymph nodes		10. Sleep disturbance	
5. Generalized muscle aches or weakness			
6. Fatigue lasting 24 hours or longer after exercise			

There are currently no known tests to screen and diagnose Chronic Fatigue Syndrome.

However, the C&P examiner may conduct lab tests (bloodwork) to help rule out any other chronic conditions.

You'll want to explain to the C&P examiner HOW your Chronic Fatigue Syndrome symptoms are limiting or affecting your work, life, and social functioning.

For example, how often do you have symptoms?

How severe are your symptoms and do they limit or affect your work, life, and social functioning?

Be prepared to tell your true story about the frequency, severity, and duration of your Chronic Fatigue Syndrome symptoms over time.

#4. Migraines (Headaches)

Are Headaches a VA Disability?

Yes, headaches are a VA disability.

They fall under CFR 38, the Schedule for Rating Disabilities, diagnostic code 8100 for Migraines.

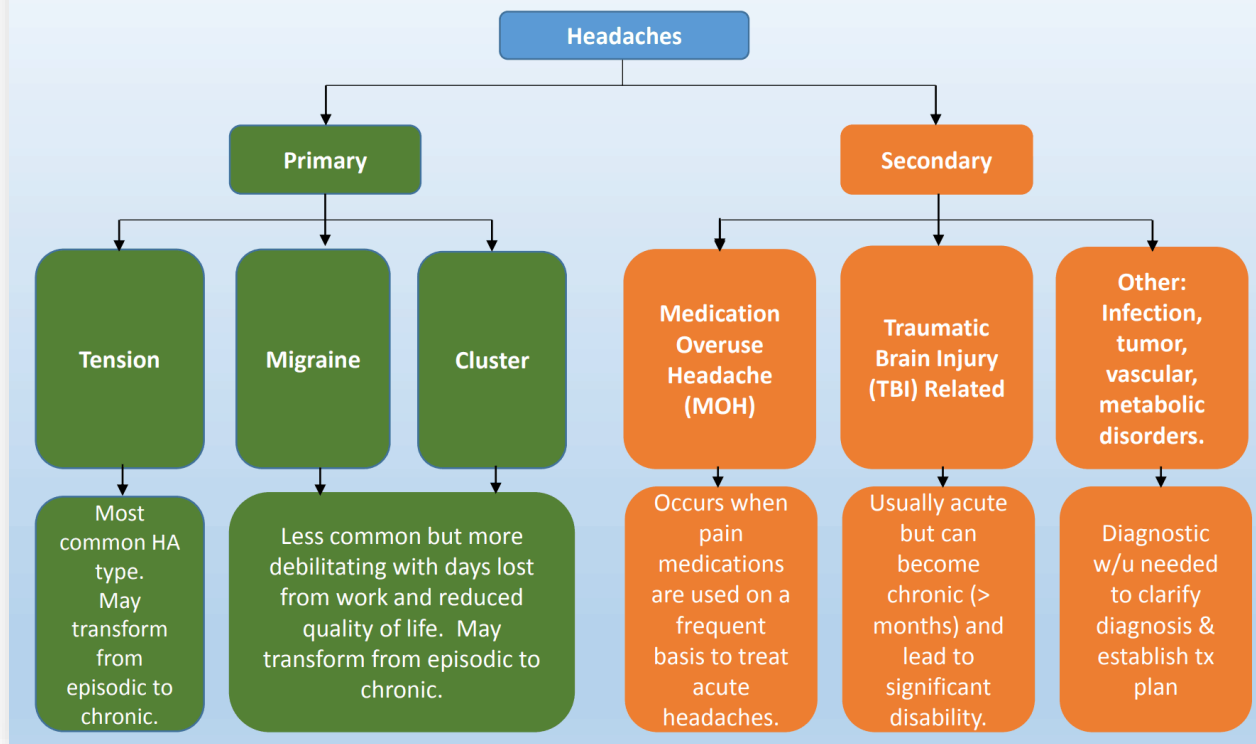
In fact, according to the Veterans Benefits Administration (VBA), and the [Top 10 Most Common VA Disability Claims](#), Migraines are the #9 most commonly claimed VA disability.

Types of Headaches for VA Rating Purposes

While the law only specifically lists Migraines as a ratable VA disability condition, ANY type of headache condition can receive a VA rating if you have symptoms that affect your work, life, and functioning due to your military service or another service connected disability.

The [International Headache Society](#) and the [Mayo Clinic](#) have identified more than 150 different types of headaches, which are divided into three categories: **Primary**, **Secondary**, and **Other**.

Headache Classification



For example, **Tension Headaches** are the most common type of headaches among adults, and the most common type of headaches in veterans as well.

They cause mild to moderate pain and come and go over time.

They usually have no other symptoms.

Migraine Headaches are often described as pounding, throbbing pain.

They can last from 4 hours to 3 days and usually happen one to four times a month.

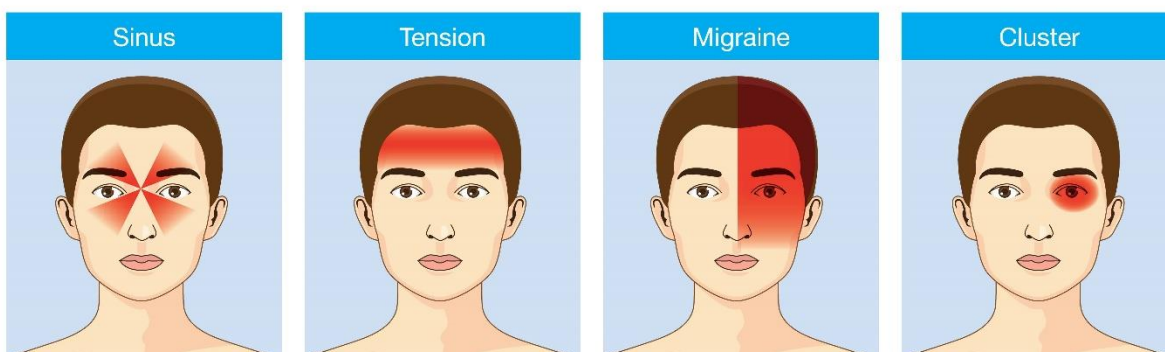
Along with the pain, people have other symptoms, such as sensitivity to light, noise, or smells; nausea or vomiting; loss of appetite; and upset stomach or belly pain.

Post Traumatic Headaches, for example, are **quite common among veterans**, specifically if you suffered from any type of head injury or trauma during military service.

Furthermore, post traumatic headaches, particularly migraine headaches, are **commonly found in veterans who deployed in support of combat operations in Iraq and Afghanistan**.

According to medical research, if you get a **new headache within 7-10 days** of your **head injury** or after you are conscious again from the trauma, you may have a condition known as a post-traumatic headache.

Headache Type



Types of Headaches for VA Disability

The Term “Prostrating” Will Make or Break Your VA Claim for Migraines

What is a “Prostrating” Migraine Headache?

Perhaps the single most important term that can literally make or break your VA rating for migraines is the word “Prostrating.”

The reason it’s so important is because the 30% and 50% VA ratings for Migraines contain the word “Prostrating” in reference to both frequency and severity of your condition.

What's interesting is that **neither VA regulations nor the Courts** have attempted to define the term "Prostrating."

By way of reference, according to MERRIAM WEBSTER'S COLLEGIATE DICTIONARY 999 (11th Ed. 2007), "Prostration" is defined as "Complete physical or mental exhaustion."

A very similar definition is found in DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 1554 (31st Ed. 2007), in which "Prostration" is defined as "Extreme exhaustion or powerlessness."

The **best definition we could find for "Prostrating"** comes from Dictionary.com:

"To lay oneself flat on the ground face downward, especially in reverence or submission."

Prostrating is further defined as weakness, fatigue, distress, exhaustion, illness, or functional loss, for example:

"To reduce (someone) to extreme physical weakness."

Statement in Support of a Claim for Migraines Example

Veterans listen up to these Migraines **Buddy Letter** examples and write them down!

In the absence of service treatment records or current symptoms of Migraine Headaches, you can get a competent and credible Buddy Letter from a first-hand witness as to the frequency and severity of your Migraines.

A high-quality Buddy Letter from a first-hand witness can help you win, service connect, and get a higher VA rating for migraines in less time!

The best word combinations for your **Statement in Support of a Claim** for Migraines, a Buddy Letter for Migraines, what you tell your VA doctor, or how you should describe your Headaches at a Migraines **VA C&P Exam** go something like this, assuming you really do have severe symptoms:

“My headaches are so severe, that when I get an attack, which happens 3-4 times per week, I end up having to lie down in a dark room for hours until they stop. This has affected my work, life, and social functioning. In fact, I’m now unemployed because I couldn’t perform the functions of my job due to the severity and frequency of my headaches.”

“My migraines cause extreme radiating pain from my neck all the way up through both sides of my head. When I’m having a migraine, I end up taking sick leave from work because I must lie down by myself in a quiet room.

VA Rating for Migraines Criteria

CFR 38, Part 4, the Schedule for Rating Disabilities, lists Migraines under code 8100.

The Migraines VA rating scale for 2020 consists of four rating possibilities ranging from 0 to 50: 0%, 10%, 30%, and 50%.

The symptoms become markedly more severe between at the 30% and 50% rating levels, as evidenced by the rating criteria below:

8100, Migraine:	Rating
Migraines with very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability	50%
Migraines with characteristic prostrating attacks occurring on an average once a month over last several months	30%
Migraines with characteristic prostrating attacks averaging one in 2 months over last several months	10%
Migraines with less frequent attacks	0%

How to Get 50 VA Disability for Migraines

There is a significant different between the 30% rating for Migraines and the 50% rating for Migraines.

For example, look at this real denial letter from a VA Rater, for a veteran who was already ready at 30% for migraines, but was seeking an increase to 50% for migraines:

“Although the medical evidence shows that the frequency of the headaches has increased, there is no objective medical evidence showing that these headaches are at all prostrating in nature which would affect economic inadaptability. However, based on the totality of the evidence which includes the veteran’s subjective statements, and resolving all reasonable doubt in his favor, we feel that the 30% rating threshold has been met justifying an increase at this time. A higher evaluation is not warranted unless the objective medical evidence shows very frequent, completely prostrating, and prolonged attacks productive of severe economic inadaptability.”

Medical Evidence Requirements for Migraines

The denial states the medical evidence did NOT show prostrating headaches or economic loss.

If you think you deserve a higher VA rating for Migraines, you need to have medical evidence that discusses the severity of your headaches, whether they are prostrating in nature, and if these headaches affect your work.

The best way to do this is to get a **DBQ for Migraines** completed from a qualified medical professional.

If you’re already service-connected for Migraines at 0% or higher, this is a simple increase based upon new and relevant medical evidence (the DBQ report).

Sometimes, a VA Rater will accept a Migraines DBQ on its own and grant the rating increase without a C&P exam.

The most important section of the DBQ for Migraines is Section IV – Prostrating Attacks of Headache Pain.

If your Migraines are so severe that you often need to lie down in a dark room for hours, which indicates “Prostrating” attacks, make sure to tell your doctor about it, and ensure the DBQ is completed correctly.

SECTION IV - PROSTRATING ATTACKS OF HEADACHE PAIN	
4A. MIGRAINE - DOES THE VETERAN HAVE CHARACTERISTIC PROSTRATING ATTACKS OF MIGRAINE HEADACHE PAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," indicate frequency, on average, of prostrating attacks over the last several months):</i> <input type="checkbox"/> Less than once every 2 months <input type="checkbox"/> Once in 2 months <input type="checkbox"/> Once every month <input checked="" type="checkbox"/> More frequently than once per month	
4B. DOES THE VETERAN HAVE VERY FREQUENT PROSTRATING AND PROLONGED ATTACKS OF MIGRAINE HEADACHE PAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4C. NON-MIGRAINE - DOES THE VETERAN HAVE PROSTRATING ATTACKS OF NON-MIGRAINE HEADACHE PAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," indicate frequency, on average, of prostrating attacks over the last several months):</i> <input type="checkbox"/> Less than once every 2 months <input type="checkbox"/> Once in 2 months <input type="checkbox"/> Once every month <input type="checkbox"/> More frequently than once per month	
4D. DOES THE VETERAN HAVE VERY FREQUENT PROSTRATING AND PROLONGED ATTACKS OF NON-MIGRAINE HEADACHE PAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Migraines DBQ – Prostrating Attacks

Another tip for Migraines is you need to be documenting the frequency and severity of your migraines over the past several months, so you have additional evidence.

You can use apps on your smartphone, such as the [Migraine Buddy App](#), which you can then download the daily and monthly reports to use in support of your VA claim for headaches.

30% VA Rating for Migraines

At the 30% VA rating for Migraines, the law lists headaches **“with characteristic prostrating attacks occurring on an average once a month over last several months.”**

Note the keyword of “prostrating,” meaning you’ve had to lie down.

You can also see that the 30% rating has prostrating attacks that occur roughly one time per month over the past several months.

There is no mention of any functional or economic loss.

50% VA Rating for Migraines

At the 50% VA rating for Migraines, the law describes headaches **“with very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.”**

Note the keywords of “very frequent completely prostrating,” meaning you’ve had to lie down more often, and the Migraines could last for extended periods of time.

You can also see that the 50% rating introduces “severe economic inadaptability.”

Regarding the term “productive of economic inadaptability,” the case law precedent indicates that “productive of” can also be read as having either the meaning of “producing” or “capable of producing.”

Further, the term **“inadaptability” has NEVER been defined by the courts, nor can a definition be found anywhere in 38 CFR.**

We do know, however, that the term “severe economic inadaptability” refers to a veteran’s inability to work, but **NOTHING** in the Migraines Diagnostic Code 8100 requires that the veteran be completely unable to work in order to qualify for a 50% rating.

Therefore, a veteran can qualify for a 50 percent VA rating for Migraines and still be working or able to work.

For example, maybe you’ve been fired from a job because you missed work so often due to the severity of your Migraines.

Perhaps you have severe Migraines on a weekly basis, and you’ve used all your sick leave at work and it’s now affecting your ability to produce and earn a living, but you’re still working.

Expert Tips to Service Connect Your Migraines

Many veterans unsuccessfully attempt to service connect Migraines as a primary disability seeking direct service connection.

The problem is you probably weren't diagnosed with Migraines while on active duty and it's now years later, meaning it will be difficult to prove direct service connection.

But maybe there's a better way?

There is!

And it's an expert level tip from Brian Reese and the VA Claims Insider medical team.

Migraines and Secondary Service Connection

Migraines, and many other types of headaches, can be medically linked to numerous other service-connected disabilities.

Thus, it's very possible for veterans to seek service connection on a secondary basis, which requires a showing of causation.

A showing of causation requires that the secondary disability be shown to be "proximately caused by" or "proximately aggravated by" another service-connected disability.

Accordingly, service connection may be granted on a secondary basis for a disability that is proximately due to, the result of, or aggravated by a service-connected disability. See 38 C.F.R. § 3.310(a) and (b) (2014). Also see [Allen v. Brown, 7 Vet. App. 439, 448 \(1995\)](#).

By law, there are three essential elements that must be satisfied for Migraines as a secondary condition to prove secondary service connection:

1. A medical diagnosis of Migraines or any other type of headache condition
2. Evidence of a service-connected primary disability (such as TBI, Tinnitus, PTSD, Depression, Anxiety, Sinusitis, Rhinitis, Cervical Strain), AND

3. Medical nexus evidence establishing a connection between the current disability (Migraines) as proximately due to, the result of, or aggravated by another service-connected disability rated at 0% or higher.

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.

The second part can be satisfied with a veteran's existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a Medical Nexus Letter from a qualified medical professional.

>> If you need a Medical Nexus Opinion to help service connect your VA disabilities, please click [HERE](#) to join our premier membership program, VA Claims Insider Elite.

List of VA Secondary Conditions Due to Migraines

Headaches are often granted secondary service connection because the disability (Migraine Headache) is shown to be proximately due to, the result of, or aggravated by another service-connected disability.

The frequency and severity of Headache Conditions typically increases with the severity of other service-connected disabilities.

For example, veterans with more severe PTSD symptoms are likely to have more severe Migraine Headache symptoms, suggesting a correlation between the two.

There are many possible links for veterans to establish secondary service connection for Migraines, including, but not limited to:

Migraines secondary to Tinnitus

Research suggests that there is a connection between Headaches and Tinnitus and the symptoms go hand in hand with many types of headaches, including migraines and hypertension. **Recent results show 27% of Tinnitus sufferers also suffer from headaches.** Thus, there is a clear

medical etiology to suggest that Migraines and many types of Headaches can be proximately due to or aggravated by Tinnitus, aka, ringing in the ear syndrome.

Migraines secondary to TBI

There are several research studies linking Traumatic Brain Injury (TBI) to Migraines as well as post traumatic headaches. A 2012 study of soldiers returning from combat found that chronic daily headache was “considerably more common” than might be expected. For example, one study concluded that **29% of soldiers who deployed and suffered from mild TBI also had Migraines.**

Migraines secondary to TMJ

Research has shown that people who grind or clench their teeth are more likely to have Migraines than those who don't. Thus, there is a medical link between Migraines and TMJ or TMD. A similar body of research suggests that the trigeminal nerve plays an important role in the start of a Migraine attack. The trigeminal nerve sends signals to the blood vessels and lining of the brain, leading to cortical spreading depression and a release of chemicals that result in the pain and throbbing of a Migraine Headache. Further, neck and jaw problems are a common cause of Migraine Headaches. Here's a **2011 BVA case that granted Migraine Headaches secondary to TMJ.**

Migraines secondary to PTSD

Research suggests a connection between Migraines and Post Traumatic Stress Disorder, especially in military veterans. When it comes to headaches, patients with migraine or tension headaches report high rates of exposure to traumatic events. In addition, about 17% have symptoms consistent with a PTSD diagnosis. PTSD can significantly interfere with many aspects of a veteran's life, including work, life, and social functioning. This fact likely causes more stress, which increases the likelihood of headaches.

Here's an example of a BVA case decision from 2015 that **granted secondary service connection for Migraine Headaches secondary to PTSD.** Interestingly, the VA C&P examiner concluded it was less likely than

not that the Veteran's headaches are proximately due to or aggravated by his PTSD. However, the veteran had two positive medical nexus opinions from private providers, that it was "more likely than not" that the headaches were a result of the PTSD. Thus, in view of the totality of the evidence, the Board finds that the evidence is at least in "equipoise" as to whether the Veteran's current headaches are proximately due to his PTSD. Accordingly, entitlement to service connection for headaches, as due to service-connected PTSD, is granted.

Migraines secondary to Depression

There is a growing body of evidence that suggests a link between Migraines, headaches, and Depression although it's not entirely clear as of 2019. The most likely link to help a veteran connect Migraines secondary to Depression is through an "interim link," meaning Migraines that are proximately due to or aggravated by service connected Depression, specifically, the side effects of medications a veteran is taking to manage the symptoms of Depression. Many SSRIs have serious side effects, including nausea, vomiting or diarrhea, migraines and other types of headaches, drowsiness, dry mouth, insomnia, nervousness, agitation or restlessness, dizziness, sexual problems, such as reduced sexual desire, difficulty reaching orgasm or inability to maintain an erection (erectile dysfunction), and impact on appetite, leading to weight loss or weight gain.

Migraines secondary to Anxiety

Researchers have suggested that a common link exists between Anxiety Disorders and Migraines. Migraines and chronic daily headaches are common in people who suffer from anxiety disorders, especially in veterans who are already service connected for a mental health condition, such as PTSD, depression, and anxiety. Many studies have found that people with Generalized Anxiety Disorder (GAD) and panic disorder experience Migraines or other types of Headaches at a much higher rate than those without a mental health condition. Again, in our experience, the best way to service connect Migraines secondary to Anxiety is through the interim medical side effects link listed above.

Migraines secondary to Somatic Symptom Disorder

There is a strong medical link between **Migraines and Somatic Symptom Disorder**. One study concluded, “Associated somatic symptoms are more common in patients with Migraines, with more frequent severe headaches, and with associated anxiety or depression.” Headache disorders may be characterized as showing increasing somatic prevalence as headaches become more frequent.

Migraines secondary to Sinusitis

A growing body of research links Migraines to sinus conditions such as Sinusitis. In the recent **American Migraine Study II**, 40% to 70% of respondents with Migraine Heads had comorbid allergies, meaning they occurred together. Research studies show how common sinus symptoms occur with migraine. Specifically, in one such study, 45% of patients with Migraines had symptoms of Sinusitis, such as head and nose pressure and pain, nasal congestion, and runny nose.

Migraines secondary to Rhinitis

Research studies have concluded that people with Rhinitis are more than ten times more likely to have Migraines. Thus, there is a very strong link associated with Migraines secondary to Rhinitis. Some studies have shown that **up to 90% of Sinus Headaches are actually Migraines**.

Migraines secondary Cervical Strain (neck condition)

The most common symptoms of cervical disorders, such as cervical strain is suboccipital cervicogenic headache and ongoing or motion-induced neck pain. Thus, there is a medical nexus link connecting Migraines secondary to Cervical Strain. Here’s a recent BVA case from 2015 that granted **Occipital Headaches secondary to cervical spine Degenerative Disc Disease (DDD)**.

Migraines secondary to Sleep Apnea

Headaches have been medically linked to patients who suffer from moderate to severe sleep apnea, especially when oxygen levels drop due to the intermittent breathing from Obstructive Sleep Apnea (OSA). Sleep

apnea causes air to be trapped in the lungs, and this de-oxygenated air is the waste product carbon dioxide. This lack of oxygen in the bloodstream, along with carbon dioxide, negatively affects the brain and leads to headaches, which can also be Migraines.

Migraines secondary to Radiculopathy

Medical research shows a strong correlation between Migraines and Radiculopathy, especially when the upper nerve roots are involved. Patients have reported this pinched nerve in the neck leads to more serious headaches, such as Migraines. It should be noted, however, that headaches caused by lower nerves in the neck are more common than upper nerve related headaches.

Migraines secondary to Asthma

There is a strong correlation between Migraines and Asthma. One research study reported that people with **Migraines are 2 to 3.5 times more likely** to have or develop Asthma.

Migraines secondary to Medication Side Effects

Literally thousands of over the counter medications and prescription medications, especially **Selective Serotonin Reuptake Inhibitors (SSRIs)** can cause or make Migraines and Headaches in general, worse. If you're a veteran who takes medications to help manage the daily chronic pain or mental health conditions you suffer from due to service, and you now have Headaches, you can likely get service connected for the Migraines secondary to the side effects of the medications.

#5. Irritable Bowel Syndrome (IBS)

In this section, we will be exploring the IBS VA rating criteria in detail.

In 2020, IBS VA ratings are 0%, 10%, and 30%.

The highest VA disability rating for IBS is 30 percent.

So, let's take a minute to explore the law regarding the symptoms and impairment required to warrant a VA disability rating for IBS.

Many veterans suffer from various digestive system issues, to include Irritable Bowel Syndrome (IBS).

In addition, IBS is a common secondary VA disability claim, especially IBS secondary to PTSD or any other mental health condition due to the side effects of medication taken to help manage symptoms.

A veterans final VA disability rating for IBS depends upon the frequency, severity, and duration of their IBS symptoms, meaning, the more severe your symptoms, the higher the VA rating for IBS.

VA Rating for IBS: What is Irritable Bowel Syndrome (IBS)?

Irritable bowel syndrome (IBS) is a very common disorder that affects a veteran's large intestine.

Symptoms of IBS include cramping, stomach pain, bloating, gas, diarrhea, and constipation.

IBS is typically a chronic disability condition that may or may not improve over time.

The most severe symptoms of IBS can usually be treated and managed with medication.

The specific cause of IBS isn't known within the medical community, however, there are common triggers that can cause or make IBS worse.

According to the [Mayo Clinic](#), some common triggers of IBS in disabled veterans include:

- **#1 Food.** The role of food allergy or intolerance in IBS isn't fully understood. A true food allergy rarely causes IBS. But many people have worse IBS symptoms when they eat or drink certain foods or beverages, including wheat, dairy products, citrus fruits, beans, cabbage, milk and carbonated drinks.
- **#2 Stress.** Most people with IBS experience worse or more frequent signs and symptoms during periods of increased stress. But while stress may aggravate symptoms, it doesn't cause them.

- **#3 Hormones.** Women are 2x as likely to have IBS than men, which might indicate that hormonal changes play a role. Many women find that signs and symptoms are worse during or around their menstrual periods.
- **#4 Medication Side Effects.** Many over the counter and prescription medications taken to help manage a variety of physical and mental disabilities in veterans may cause IBS symptoms or make them worse.

Medical research suggests a link between IBS and veterans who have a mental health condition.

For example, PTSD anxiety, depression and other mental health conditions are associated with IBS and the severity of a veteran's mental health symptoms may trigger IBS symptoms and make them worse.

Finally, many over the counter and prescription medications taken to help manage a variety of physical and mental disabilities in veterans may lead to IBS symptoms.

Many veterans have IBS, and deserve an IBS VA rating, especially Gulf War Veterans with Gulf War Syndrome.

While symptoms of IBS can vary wildly over time, the most common symptoms of IBS in veterans include:

- Abdominal pain, cramping, or bloating
- Gas
- Diarrhea and/or constipation (veterans may experience both diarrhea and constipation)
- Mucus and/or bloody stools

IBS symptoms can come and go by the way and may even disappear entirely before reappearing or getting worse.

Most Common Symptoms of IBS

IRRITABLE BOWEL SYNDROME
(IBS) is a Common Disorder that Affects the **LARGE INTESTINE**

IRRITABLE BOWEL SYNDROME

LARGE INTESTINE

SYMPTOMS



Abdominal Pain, Cramping or Bloating



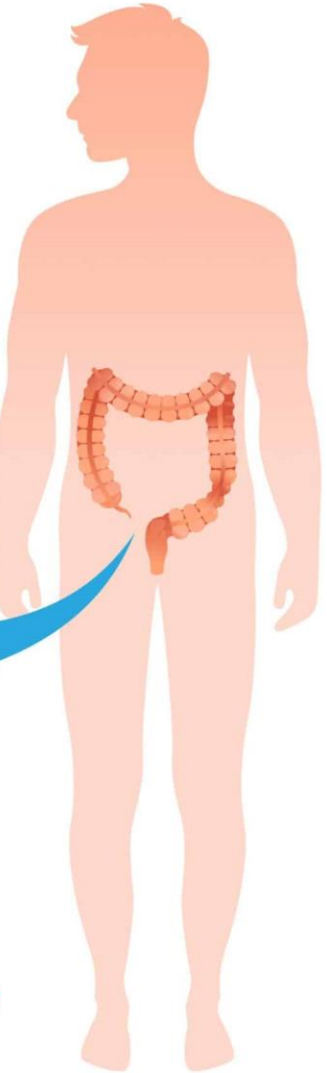
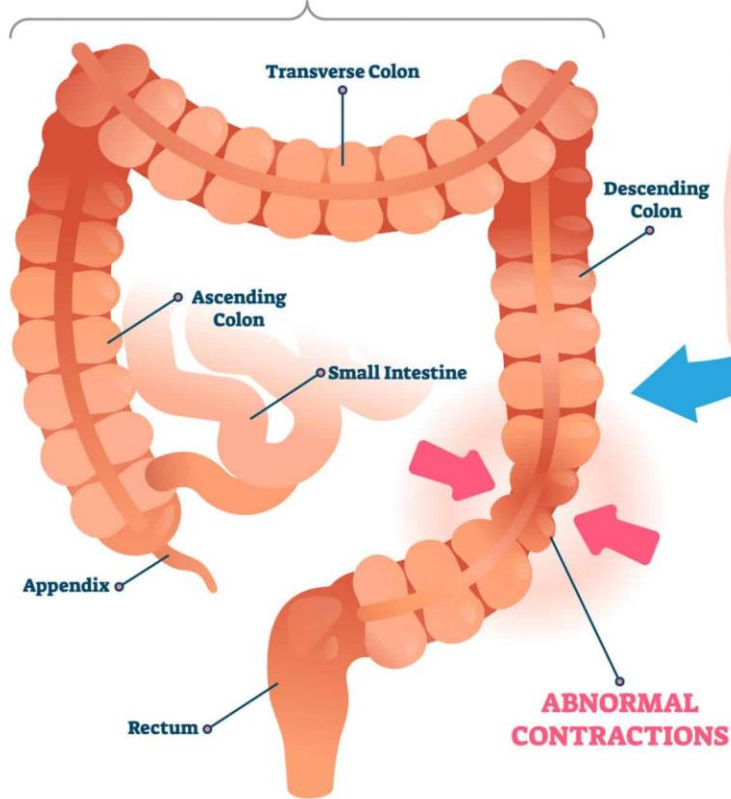
Excess Gas



Diarrhea or Constipation



Mucus in the Stool



CAUSES



Muscle Contractions in the Intestine



Nervous System



Inflammation in the Intestines



Severe Infection



Changes in Microflora

Is IBS a VA Disability?

Yes, IBS is a VA disability and can have an IBS VA rating under the law.

VA ratings for IBS are 0 percent, 10 percent, and 30 percent.

[IBS is a digestive system](#) issue and is most often rated under **[CFR 38, Part 4, VA Schedule of Ratings, Diagnostic Code 7319, Irritable Colon Syndrome](#)**.

How to Get a 30% VA Disability Rating for IBS

✓ Wondering how to get a VA Disability Rating for IBS?

In this video, Brian Reese and VA Claims Insider breaks down IBS VA rating tips step-by-step.

Join **[VA Claims Insider Elite](#)**, get instant access to the ELITE Experience Portal (EEP) and \$13,119 worth of proprietary VA claim resources TODAY, and have licensed medical professionals get started on your VA Disability Claim for FREE: **<http://www.vaclaimsinsiderelite.com>**

IBS VA Ratings in 2020



IBS VA Ratings range from 0% to 30%, with an interim break at 10%.

A veterans final VA disability rating for IBS depends upon the frequency, severity, and duration of your symptoms, meaning, the more severe your symptoms, the

higher the VA rating for IBS.

There is no separate diagnostic code for IBS, and it's most assigned a VA rating analogous to diagnostic code 7319, Irritable Colon Syndrome:

7319 Irritable Colon Syndrome (e.g., spastic colitis, mucous colitis)	IBS VA Rating
Severe ; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress	30%
Moderate ; frequent episodes of bowel disturbance with abdominal distress	10%
Mild ; disturbances of bowel function with occasional episodes of abdominal distress	0%

30% IBS VA Rating Criteria

A **30 VA Rating for IBS** is warranted when there are severe symptoms of IBS to include diarrhea or alternating diarrhea and constipation, with more or less constant abdominal distress (stomach pain).

10% VA Rating for IBS

A **10 VA Rating for IBS** is warranted when there are moderate symptoms of IBS to include frequent episodes of bowel disturbance (diarrhea and/or constipation) with abdominal distress (stomach pain).

0% VA Rating for IBS

A **0 VA Rating for IBS** is warranted with mild symptoms of IBS, which include disturbances of bowel function with occasional episodes of abdominal distress (stomach pain).

VA Disability Rating for GERD and IBS

For VA purposes, a veteran shall **NOT** have a VA disability rating for both GERD and IBS at the same time.

Why?

Because of the legal concept of [“Avoidance of Pyramiding”](#) (aka, stacking similar disabilities and various diagnoses on top of each other is to be avoided).

In accordance with [38 CFR § 4.114 – Schedule of Ratings – Digestive System](#), VA disability ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will **NOT** be combined with each other.

A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

Gastroesophageal Reflux Disease (GERD) occurs when stomach acid repeatedly flows back into the esophagus, which is the tube connecting your mouth and stomach – this common leads to heartburn.

GERD is a VA disability and can be rated at 10%, 30%, or 60%, depending upon the severity of your symptoms.

[**>> Click HERE to learn about VA Ratings for GERD <<**](#)

GERD is most often rated under [**CFR 38, Part 4, VA Schedule of Ratings, Diagnostic Code 7346, Hernia Hiatal.**](#)

Whereas IBS normally causes stomach pain along with changes in bowel habits, either diarrhea, constipation, or both.

IBS is rated under diagnostic code 7319, Irritable Colon Syndrome.

In our opinion, a veteran should file a VA disability claim for the more severe condition (either GERD or IBS, but **NOT** both), assuming you have a medical diagnosis for both GERD and IBS.

You could also file a VA claim for both GERD and IBS and let the VA sort-it-out for you.

IBS Secondary to PTSD

Many veterans with IBS, especially those who were diagnosed long after leaving the military are eligible under the law for IBS secondary to PTSD, IBS secondary to Depression, or IBS secondary to Anxiety.

Service connection on a secondary basis requires a “showing of causation.”

A showing of causation requires that the secondary disability be “proximately due to” or “the result of” another service-connected disability.

By law, there are three evidentiary elements that must be satisfied for IBS secondary to PTSD to prove secondary service connection:

1. A medical diagnosis of IBS in VA medical records or private records (unless you already have a diagnosis of IBS in your service treatment records)
2. Evidence of a service-connected primary disability (such as PTSD, depression, anxiety, migraines, GERD), *AND*
3. Medical nexus evidence establishing a connection between the service-connected disability (PTSD) and the current disability (IBS)

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.

The second part can be satisfied with a veteran’s existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a [medical nexus letter from a qualified medical professional](#).

Veterans may want to read this [BVA case decision from 2016](#), whereby a veteran was granted secondary service connection for IBS, which was proximately due to or the result of medication side effects taken to manage symptoms of other service-connected disabilities:

“There is an approximate balance of favorable and unfavorable evidence as to whether the Veteran has irritable bowel syndrome proximately due to or the result of pain medications from his service-connected hiatal hernia,

thoracolumbar spine, cervical spine, migraine headache, bilateral hip, bilateral shoulder, and bilateral knee disabilities. Resolving all reasonable doubt in his favor (aka, Benefit of the Doubt Doctrine “Tie goes to the runner,”) the Veteran has irritable bowel syndrome secondary to medication from his service-connected disabilities. 38 U.S.C.A. 1110, 5103, 5103A, 5107 (West 2014); 38 CFR 3.102, 3.159, and 3.310.”

– BVA Case Decision DOCKET NO. 06-05 255

C&P Exam for IBS

A C&P exam for IBS usually involves a physical examination and history of your signs and symptoms over time.

You’ll want to explain to the C&P examiner HOW your IBS symptoms are limiting or affecting your work, life, and social functioning.

For example, how often do you have symptoms of IBS?

How severe are your IBS symptoms and do they limit or affect your work, life, and social functioning? Be prepared to tell your true story about the frequency, severity, and duration of your IBS symptoms.

You’ll want to review the intestinal conditions DBQ form prior to your C&P exam for IBS, specifically Section III, Signs and Symptoms, and Section IV, Symptom Episodes, Attacks, and Exacerbations with special emphasis on **frequency, severity, and duration** of your IBS symptoms over time.

#6. Gastroesophageal Reflux Disease (GERD)

In this post, we will be exploring the **GERD VA rating** criteria in detail.

In 2020, the possible GERD VA ratings are 10%, 30%, and 60%.

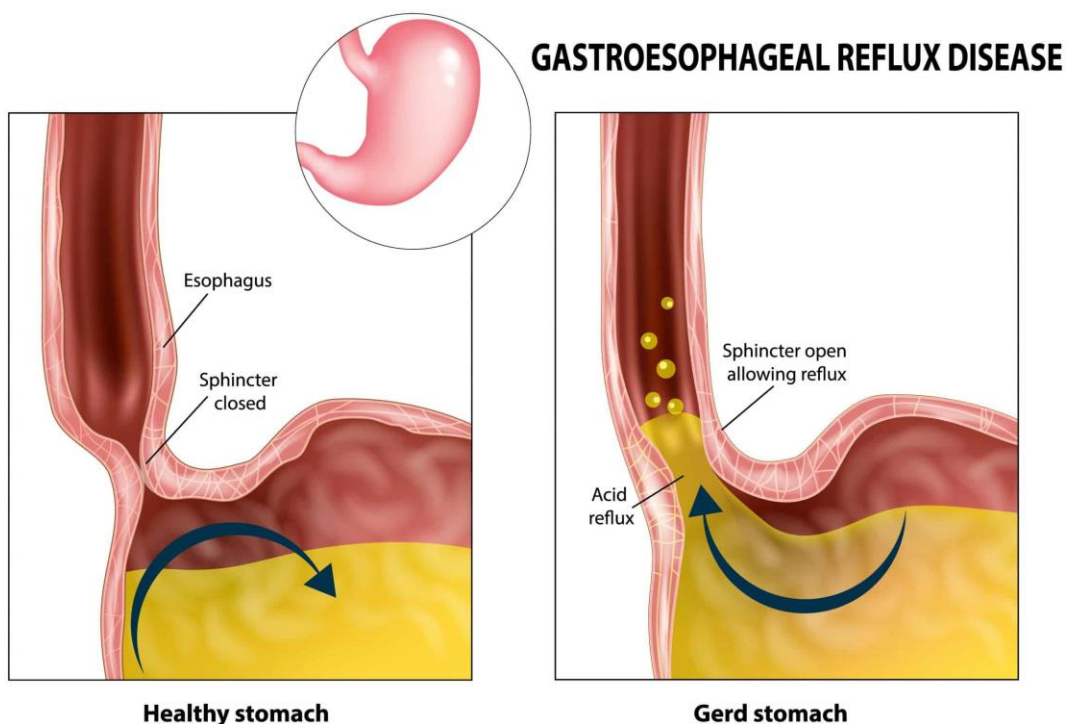
So, let’s take a minute to explore the law regarding the symptoms and impairment required to warrant a VA disability rating for GERD.

Many veterans suffer from various digestive system issues, to include Gastroesophageal Reflux Disease (GERD).

In addition, GERD is a common secondary VA disability claim, especially GERD secondary to [PTSD](#) due to the side effects of medication taken to manage mental health symptoms.

A veterans GERD VA rating depends upon the frequency and severity of their symptoms, meaning, the more severe your symptoms, the higher the VA rating for GERD.

What is GERD?



Gastroesophageal Reflux Disease (GERD) occurs when stomach acid repeatedly flows back into the esophagus, which is the tube connecting your mouth and stomach.

When this happens, the lining inside your esophagus can become irritated due to the stomach acid.

This uncomfortable sensation often leads to heartburn or acid reflux.

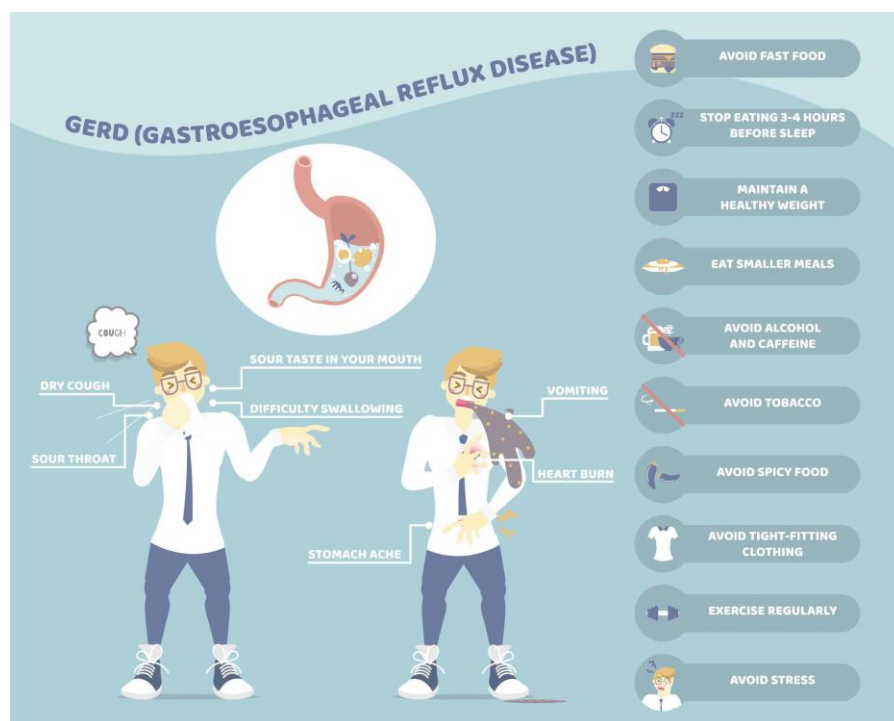
GERD is a mild form of acid reflux that occurs at least twice a week, or moderate to severe acid reflux that occurs at least once a week.

Most veterans can manage the discomfort of GERD with dietary adjustments, lifestyle changes, and various over the counter or prescription medications.

For example, Omeprazole (or Prilosec) is often prescribed in varying doses to help veterans manage their GERD symptoms.

If your GERD is very severe, veterans may need stronger medications or even surgery in extreme cases to help ease symptoms.

GERD VA Rating: Common Symptoms in Veterans



Many veterans have GERD, and according to the [Mayo Clinic](#), common symptoms of GERD involve:

- A burning sensation in your chest (heartburn), usually after eating, which may worsen at night
- Chest pain
- Difficulty eating and swallowing
- Regurgitation of food particles or sour liquid
- Sensation of a lump in your throat

If you have nighttime GERD and acid reflux, you might also experience:

- Chronic cough
- Laryngitis
- New or worsening asthma
- Disrupted sleep and insomnia

Is GERD a VA Disability?

Yes, GERD is a VA disability and can be rated at 10%, 30%, or 60%, depending upon the severity of your symptoms.

GERD is most often rated under [CFR 38, Part 4, VA Schedule of Ratings, Diagnostic Code 7346, Hernia Hiatal](#).

WATCH: How to Get a 60% GERD VA Rating!

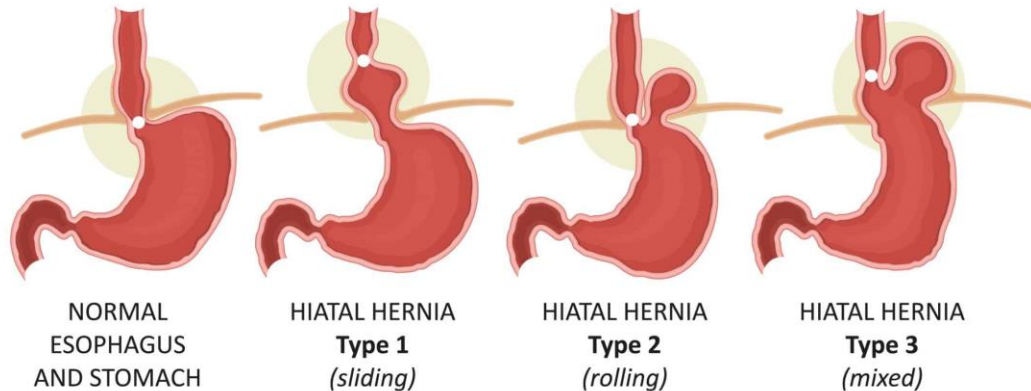
- ✓ Wondering how to get a GERD VA Rating?

Are you stuck, frustrated, and underrated?

Join [VA Claims Insider Elite](#), get instant access to the ELITE Experience Portal (EEP) and \$13,119 worth of proprietary VA claim resources and start FREE today.

In this video, Brian Reese breaks down the VA disability rating for GERD criteria step-by-step.

TYPES OF HIATAL HERNIA



VA Rating for GERD and Hiatal Hernia

There are [various diseases of the digestive system](#), which produce a common disability picture characterized by varying degrees of acid reflux, abdominal distress or pain, anemia and disturbances in nutrition.

Therefore, certain coexisting diseases of the digestive system do not lend themselves to distinct and separate disability ratings without violating the fundamental principle of pyramiding.

Ratings under Diagnostic Codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348, inclusive, will **NOT** be combined with each other.

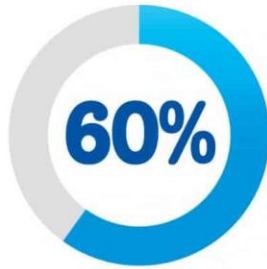
A single rating for GERD will be assigned under the Diagnostic Code which reflects the predominant disability picture, with elevation to the next higher rating where the severity of the overall disability warrants such elevation. See 38 C.F.R. § 4.114.

The Veteran's GERD and digestive disability is currently rated by [analogy to hiatal hernia](#) under 38 C.F.R. § 4.114, Diagnostic Code 7346, as that code is normally used to rate GERD due to similarity of symptom presentation.

There is no other pertinent diagnostic code for GERD.

VA Disability Ratings for GERD

(Gastroesophageal Reflux Disease or "Heartburn")



- Severe Pain
- Vomiting
- Blood in Stool



- Moderate symptoms of Dysphagia
- Heartburn



- 10% Moderate symptoms from the 60% & 30% categories



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VA Disability Rating for GERD Explained

GERD VA Ratings range from 10% to 60%, with an interim break at 30%.

A veterans final VA disability rating for GERD depends upon the frequency, severity, and duration of your symptoms, meaning, the more severe your symptoms, the higher the VA rating for GERD.

There is no separate diagnostic code for GERD, and it's most commonly assigned a VA rating analogous to diagnostic code 7346, Hernia Hiatal:

Diagnostic Code 7346 Hernia Hiatal:

Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health	60%
--	------------

Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health	30%
---	------------

With two or more of the symptoms for the 30 percent evaluation of less severity	10%
---	------------

A **60 VA Rating for GERD** is warranted when there are symptoms of pain, vomiting, material weight loss, and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health.

A **30 VA Rating for GERD** is warranted when there is persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health.

A **10 VA Rating for GERD** is warranted with two or more of the symptoms for the 30 percent evaluation of less severity.

GERD Secondary to PTSD

Many veterans with GERD or acid reflux, especially those who were diagnosed long after leaving the military are eligible under the law for [GERD secondary to PTSD](#).

For example, if veterans are taking SSRIs to help manage their PTSD symptoms, perhaps you're suffering from [side effects of those SSRI medications](#), which can lead to digestive system issues.

Thus, veterans can get a GERD VA rating secondary to PTSD.

Service connection on a secondary basis requires a showing of causation.

A showing of causation requires that the secondary disability be shown to be “proximately due to” or “proximately aggravated by” another service-connected disability.

By law, there are three evidentiary elements that must be satisfied for GERD secondary to PTSD to prove secondary service connection:

1. A medical diagnosis of GERD in VA medical records or private records (unless you already have a diagnosis of GERD in your service treatment records)
2. Evidence of a service-connected primary disability (such as PTSD, depression, anxiety, migraines, IBS), *AND*
3. [Medical nexus evidence](#) establishing a connection between the service-connected disability (PTSD) and the current disability (GERD)

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.

The second part can be satisfied with a veteran's existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a [medical nexus letter from a qualified medical professional](#).

C&P Exam for GERD

SECTION III - SIGNS AND SYMPTOMS	
3. DOES THE VETERAN HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS DUE TO ANY ESOPHAGEAL CONDITIONS (including GERD)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(If "Yes," check all that apply)</i>	
<input type="checkbox"/> PERSISTENTLY RECURRENT EPIGASTRIC DISTRESS	
If checked, indicate frequency of symptom recurrence per year:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
If checked, indicate average duration of episodes of symptoms:	
<input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1-9 days <input type="checkbox"/> 10 days or more	
<input type="checkbox"/> INFREQUENT EPISODES OF EPIGASTRIC DISTRESS	
If checked, indicate frequency of symptom recurrence per year:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
If checked, indicate average duration of episodes of symptoms:	
<input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1-9 days <input type="checkbox"/> 10 days or more	
<input type="checkbox"/> DYSPHAGIA	
If checked, indicate frequency of symptom recurrence per year:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
If checked, indicate average duration of episodes of symptoms:	
<input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1-9 days <input type="checkbox"/> 10 days or more	
<input type="checkbox"/> PYROSIS (<i>Heartburn</i>)	
If checked, indicate frequency of symptom recurrence per year:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
If checked, indicate average duration of episodes of symptoms:	
<input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1-9 days <input type="checkbox"/> 10 days or more	

GERD DBQ Symptoms

A C&P exam for GERD usually involves a physical examination and history of your signs and symptoms over time.

Lately, C&P examiners have been administering blood tests during a veterans C&P exam for GERD, which is to screen for [Anemia](#).

The only accurate way to test for Anemia is through a blood test.

You'll want to explain to the C&P examiner HOW your GERD symptoms are limiting or affecting your work, life, and social functioning.

For example, how often do you have symptoms of GERD?

How severe are your GERD symptoms and do they limit or affect your work, life, and social functioning?

You'll want to review the [GERD DBQ form](#) prior to your C&P exam for GERD, specifically Section III, Signs and Symptoms, with special emphasis on **frequency, severity, and duration** of your esophageal symptoms.

#7. Radiculopathy (Sciatica)

In this post, we will be exploring the **VA Disability Rating for Radiculopathy** in great detail.

In 2020, VA ratings for Radiculopathy typically range from 0% to 70%, depending upon the severity of your symptoms.

However, a [VA rating for Sciatica](#) can range from 10% to 80%, depending upon the severity of symptoms.

The highest possible VA disability rating for Radiculopathy, across all radicular groups, with complete paralysis, is 90%.

So, let's take a minute to explore the law regarding the symptoms and impairment required to warrant a VA disability rating for Radiculopathy.

Many veterans suffer from various back conditions that may or may not be service connected, to include Radiculopathy.

In addition, Radiculopathy is a common secondary VA disability claim, especially Radiculopathy secondary to back conditions or back pain.

Is Radiculopathy a VA Disability?

Yes, Radiculopathy is a VA disability.

Radiculopathy is most often rated under [CFR 38, Part 4, VA Schedule of Ratings](#), diagnostic codes 8510, 8610, and 8710 for the upper and middle radicular groups.

Paralysis of the Sciatic Nerve, also known as “Sciatica,” is the [#7 most common VA disability](#) and is rated under diagnostic codes 8520, 8620, and 8720.

VA disability ratings for Radiculopathy range from 0% to 90% and depend upon the **Frequency, Severity, and Duration** of your symptoms, meaning the more severe your symptoms, the higher the VA rating for Radiculopathy.

What is Radiculopathy for VA Disability Rating Purposes?

Your spine is made up of many bones called vertebrae, and your spinal cord runs through a canal in the center of these bones.

Nerve roots split from the cord and travel between the vertebrae into many different areas of your body.

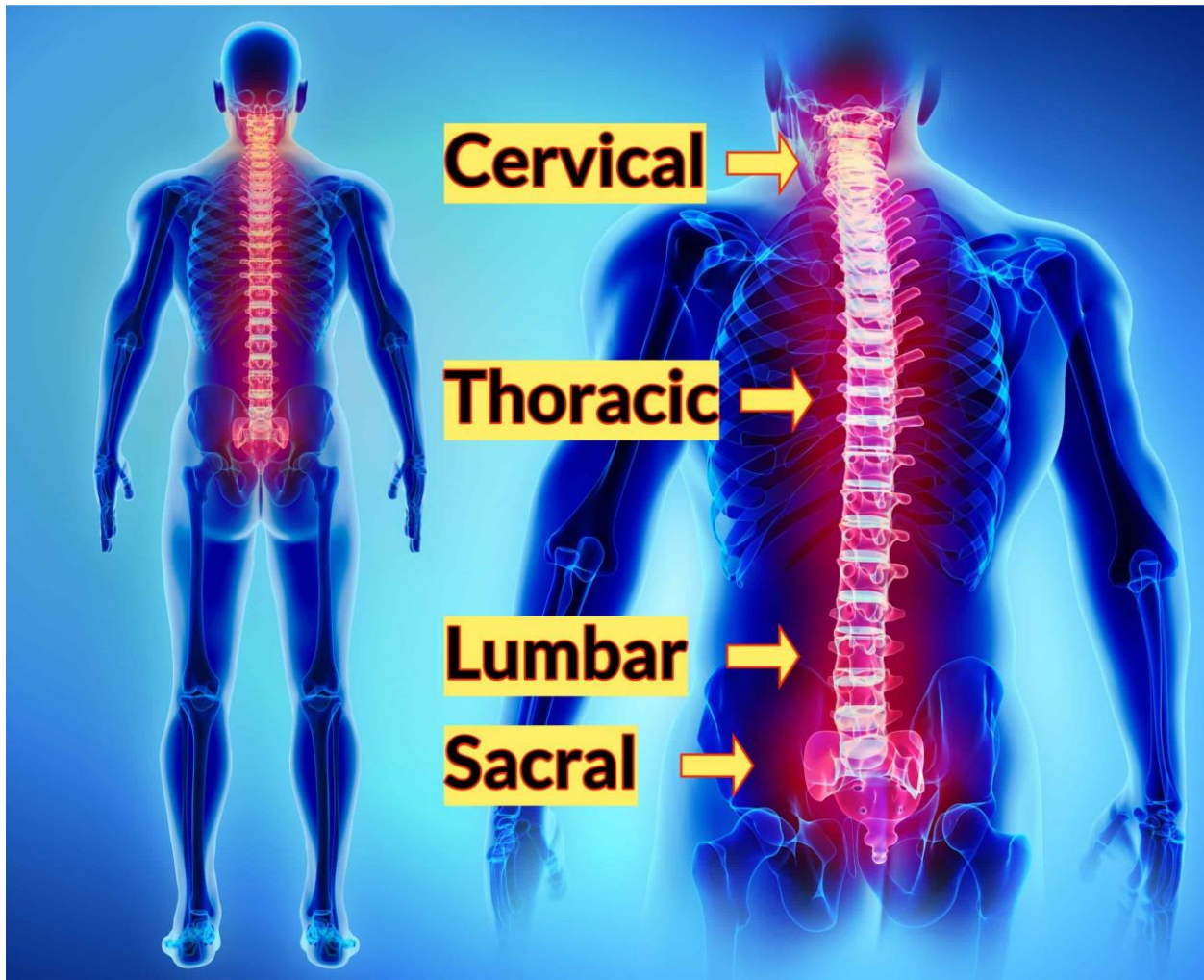
When these nerve roots become pinched or damaged, the resulting symptoms lead to a painful condition called Radiculopathy.

Four Types of Radiculopathy in Veterans

Radiculopathy can have many different signs and symptoms as well as different names depending on where in the spine it occurs.

The spine consists of four (4) primary regions from your neck (cervical spine) down to your buttocks and pelvic area (sacral spine).

The middle and upper back area is your thoracic spine and the lower back area is your lumbar spine.



VA Ratings for Spine

[>> Click HERE to Read About VA Disability Ratings for Spinal Conditions <<](#)

For VA disability rating purposes, the four regions listed below will be considered when it comes to VA disability ratings for Radiculopathy.

But first, let's explore how the VA looks at Radiculopathy in more detail.

Radiculopathy VA Rating Criteria Explained

The upper and middle radicular group is rated under diagnostic codes 8510, 8610, and 8710.

The sciatic nerve, which is the largest nerve in your body, known as "Sciatica," is rated under diagnostic codes 8520, 8620, and 8720.

A complete list of [VA Ratings for Cranial and Peripheral Nerve Condition can be found HERE.](#)

A veterans VA disability rating for Radiculopathy depends upon the frequency, severity, and duration of symptoms, meaning the more severe your symptoms, the higher the VA rating for Radiculopathy.

The Radiculopathy VA rating criteria also depends upon **Paralysis, Neuritis, or Neuralgia**, as well as the location/region, which are broken down in detail below.

Paralysis

- **Complete:** This is defined for each nerve a little differently, but basically, it means that the nerve is completely paralyzed, and the body part cannot function at all, like if it had been amputated.
- **Incomplete, severe:** If the nerve is not completely paralyzed, and there are symptoms, like poor blood circulation and muscle atrophy, that seriously limit the body part's ability to function, then it is rated as severe. The condition must be very severe to be rated here.
- **Incomplete, moderate:** If the nerve is not completely paralyzed, and there is tingling, numbness, moderate pain, or other symptoms that significantly interfere with the ability of the body part to fully function, it is rated as moderate.
- **Incomplete, mild:** If the nerve is not completely paralyzed, and there is only tingling or mild pain in the affected body part, it is rated as mild. There could also be slight or very mild limitations in the movement of the body part, but these limitations would not really affect the overall functioning.

Neuritis

Severe: If there are all three of the main symptoms (loss of reflexes, muscle atrophy, and loss of sensation), and they *seriously* limit the body part's ability to function, then it is rated as severe. The condition must be very severe to be rated here.

Moderate: If there are one or more of the main symptoms that significantly interfere with the ability of the body part to fully function, it is rated as moderate.

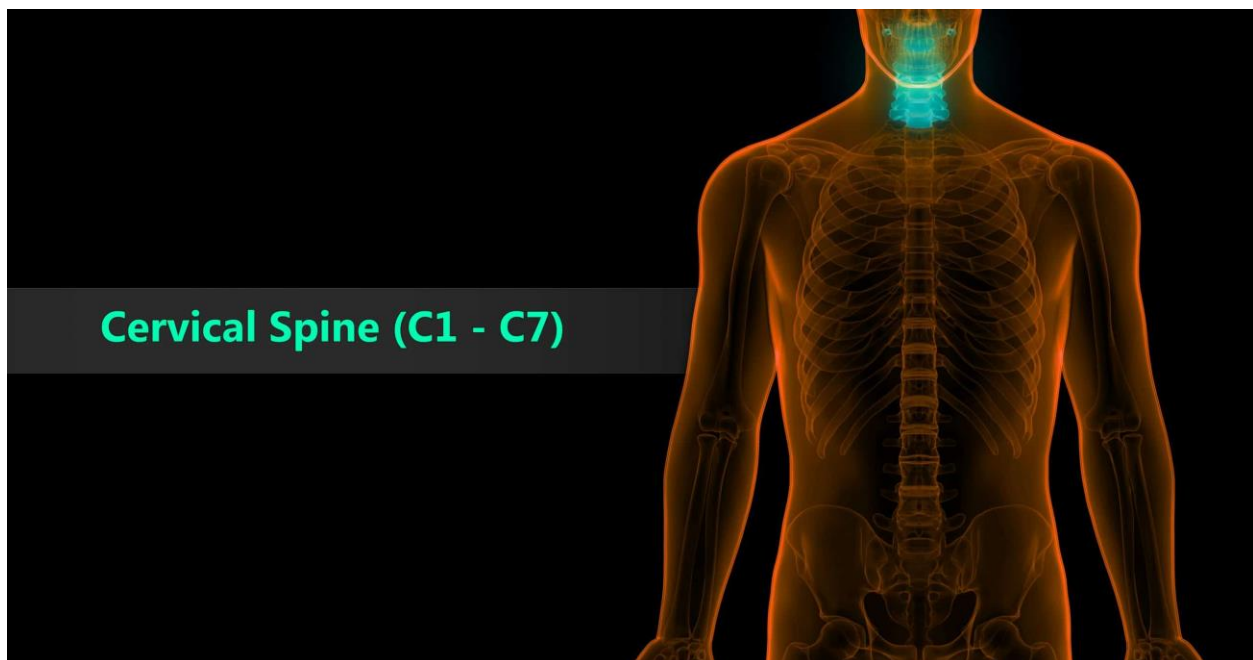
Mild: If there are one or more of the main symptoms, but they are mild and do not interfere significantly with the ability of the body part to function, it is rated as mild.

Neuralgia

Moderate: If there is tingling, numbness, moderate to severe pain, or other symptoms that significantly interfere with the ability of the body part to function fully, it is rated as moderate.

Mild: If there is only tingling or mild pain in the affected body part, it is rated as mild. There could also be slight or very mild limitations in the movement of the body part, but these limitations would not really affect the overall.

Cervical Spine



The neck region of the spine is known as the Cervical Spine.

This region consists of seven vertebrae, which are abbreviated C1 through C7 (top to bottom).

These vertebrae protect the brain stem and the spinal cord, support the skull, and allow for a wide range of head movement.

The first cervical vertebra (C1) is called the Atlas.

The Atlas is ring-shaped, and it supports the skull. C2 is called the Axis.

It is circular in shape with a blunt peg-like structure (called the Odontoid Process or “dens”) that projects upward into the ring of the Atlas.

Together, the Atlas and Axis enable the head to rotate and turn.

The other cervical vertebrae (C3 through C7) are shaped like boxes with small spinous processes (finger-like projections) that extend from the back of the vertebrae.

Cervical Radiculopathy

Cervical radiculopathy describes a compressed nerve root in the neck (cervical spine).

Because the nerve roots in this area of the spine primarily control sensations in your arms and hands, this is where the symptoms are most likely to occur.

VA Rating for Cervical Radiculopathy

The term “incomplete paralysis,” with this and other peripheral nerve injuries, indicates a degree of lost or impaired function substantially less than the type picture for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration.

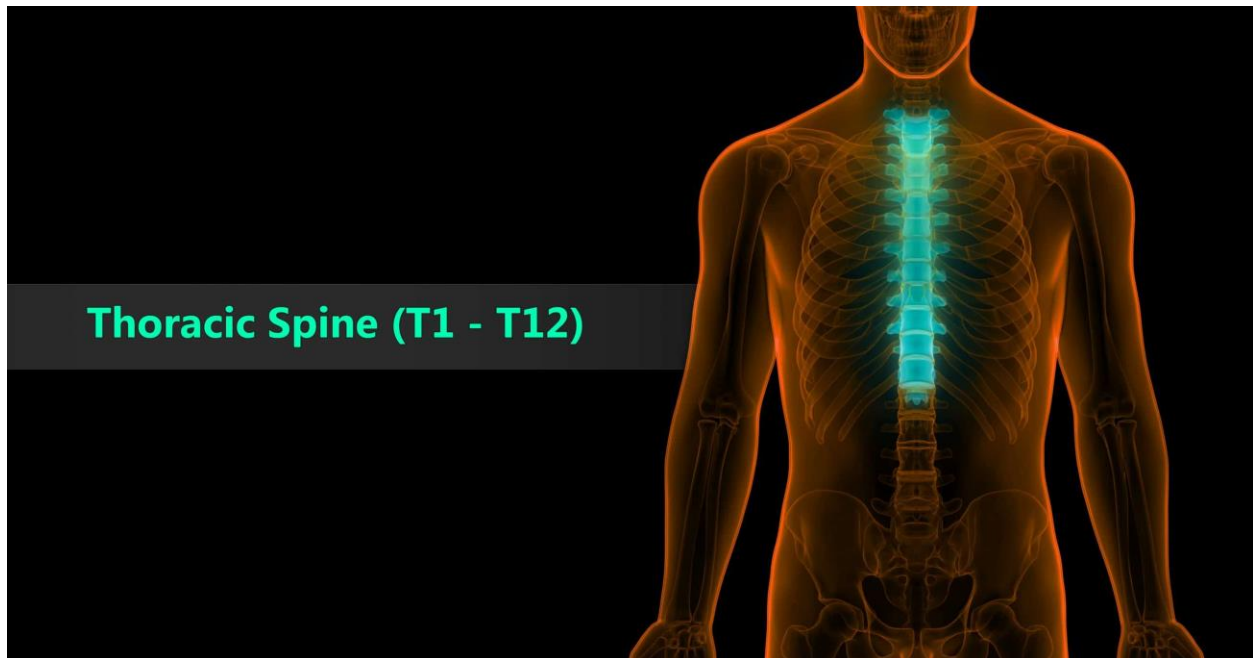
When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree.

The ratings for the peripheral nerves are for unilateral involvement; when bilateral, combine with application of the bilateral factor.

VA Rating for Cervical Radiculopathy

8510, 8511, 8512, Paralysis of Upper, Middle, and Lower Radicular Groups:	Major	Minor
Complete; all shoulder and elbow movements lost or severely affected, hand and wrist movements not affected	70%	60%
Incomplete:		
– Severe	50%	40%
– Moderate	40%	30%
– Mild	20%	20%
8610, Neuritis		
8710, Neuralgia		

Thoracic Spine



Beneath the last cervical vertebra are the 12 vertebrae of the Thoracic Spine.

These are abbreviated T1 through T12 (top to bottom). T1 is the smallest and T12 is the largest thoracic vertebra.

The thoracic vertebrae are larger than the cervical bones and have longer spinous processes.

In addition to longer spinous processes, rib attachments add to the thoracic spine's strength.

These structures make the thoracic spine more stable than the cervical or lumbar regions.

In addition, the rib cage and ligament systems limit the thoracic spine's range of motion and protect many vital organs.

Thoracic Radiculopathy

Thoracic radiculopathy refers to a compressed nerve root in the thoracic area of the spine, which is your middle to upper back.

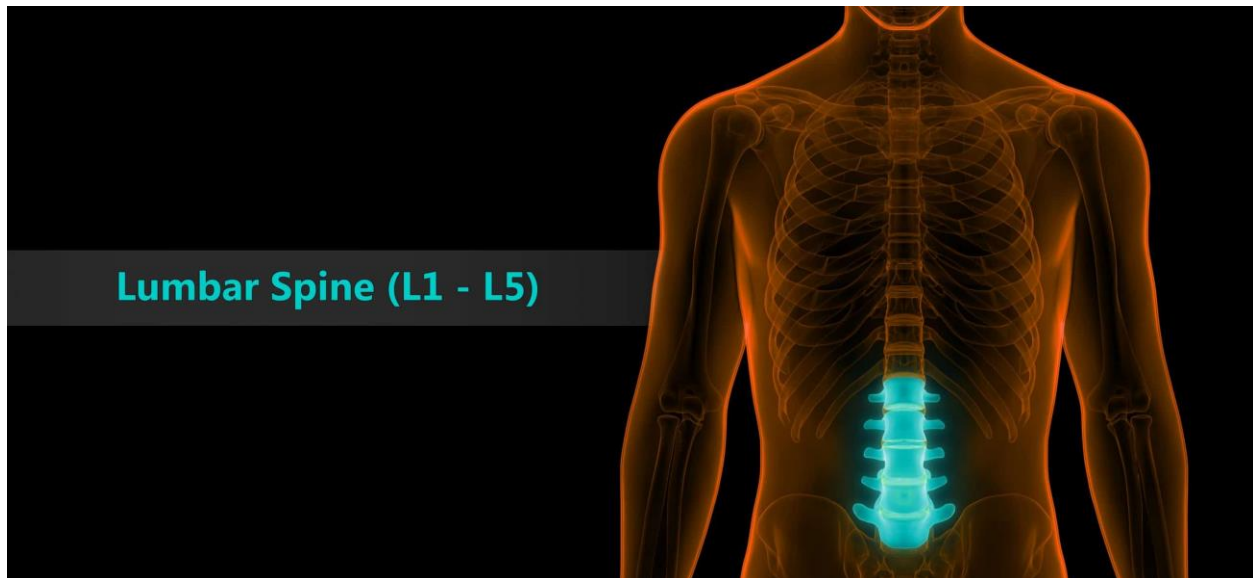
This is the least common location for radiculopathy.

The symptoms often follow a dermatomal distribution and can cause pain and numbness that wraps around to the front of your body.

VA Rating Schedule Thoracic Nerve

Long Thoracic Nerve VA Ratings		
8519 Paralysis of:	Major	Minor
Complete; inability to raise arm above shoulder level, winged scapula deformity	30%	20%
Incomplete:		
– Severe	20%	20%
– Moderate	10%	10%
– Mild	0%	0%
Note: Not to be combined with lost motion above shoulder level.		
8619, Neuritis		
8719, Neuralgia		

Lumbar Spine



The Lumbar Spine has 5 vertebrae abbreviated L1 through L5 (largest).

The size and shape of each lumbar vertebra is designed to carry most of the body's weight.

Each structural element of a lumbar vertebra is bigger, wider and broader than similar components in the cervical and thoracic regions.

The lumbar spine has more range of motion than the thoracic spine, but less than the cervical spine.

The lumbar facet joints allow for significant flexion and extension movement but limit rotation.

Lumbar Radiculopathy

When radiculopathy occurs in the lower back, it is known as lumbar radiculopathy, also referred to as sciatica because nerve roots that make up the sciatic nerve are often involved.

[>> Click HERE to Read About VA Disability Ratings for Sciatica <<](#)

The lower back is the area most frequently affected by radiculopathy.

VA Disability Ratings for Lumbar Radiculopathy

8520 Paralysis of:

Complete; the foot dangles and drops, no active movement possible of muscles below the knee, flexion of knee weakened or (very rarely) lost	80%
---	-----

Incomplete:

– Severe, with marked muscular atrophy	60%
--	-----

– Moderately severe	40%
---------------------	-----

– Moderate	20%
------------	-----

– Mild	10%
--------	-----

8620, Neuritis

8720, Neuralgia

Sacral Spine

The Sacrum is located behind the pelvis.

Five bones (abbreviated S1 through S5) fused into a triangular shape, form the sacrum.

The sacrum fits between the two hipbones connecting the spine to the pelvis.

The last lumbar vertebra (L5) articulates (moves) with the sacrum.

Immediately below the sacrum are five additional bones, fused together to form the Coccyx (tailbone).

VA Rating for Radiculopathy Lower Extremity

A veteran can receive up to a 40 percent VA disability rating for Radiculopathy of a lower extremity.

Furthermore, a veteran may receive separate VA ratings of 40% for each lower extremity, depending upon the severity of symptoms.

VA ratings for Radiculopathy of the left lower and right lower extremities are typically rated under diagnostic code 8620.

The present VA ratings assigned for degenerative joint disease of the lumbar spine, and radiculopathy of the left and right lower extremities when combined (See 38 C.F.R. § 4.23) are rated as 70 percent disabling.

A higher rating than those currently assigned is only provided by rating the service-connected lumbar spine disorders, degenerative joint disease and radiculopathy, separately.

Neuritis of the sciatic nerve is rated under 38 C.F.R. § 4.124a, Diagnostic Code 8621, rather than Diagnostic Code 8626 for rating disability of the anterior crural or femoral nerve.

Incomplete paralysis of the sciatic nerve (sciatica), if severe, with marked muscular atrophy is rated as 60 percent disabling.

Moderately severe incomplete paralysis is rated as 40 percent disabling.

Moderate incomplete paralysis is rated as 20 percent disabling.

See 38 C.F.R. § 4.124a, Diagnostic Code 8620.

VA Rating for Radiculopathy Upper Extremity

VA ratings for upper extremity radiculopathy is rated pursuant to 38 C.F.R. § 4.124a, Diagnostic Code 8710, pertaining to neuralgia or paralysis of the upper radicular group (fifth and sixth cervicals).

Neuralgia of the upper radicular group is rated based on paralysis under Diagnostic Code 8510.

Under that code, mild incomplete paralysis is rated 20 percent disabling for both the major and minor side.

Moderate incomplete paralysis is rated as 40 percent disabling on the major side and 30 percent disabling on the minor side.

A 50 percent rating is warranted for severe incomplete paralysis of the radicular group of the major extremity, and a 40 percent rating is warranted for severe incomplete paralysis affecting the minor extremity.

Complete paralysis of the upper radicular group, with all shoulder and elbow movements lost or severely affected and hand and wrist movements not affected, warrants a 70 percent rating for the major side and a 60 percent rating for the minor side.

See 38 C.F.R. § 4.124a, Diagnostic Code 8510.

Symptoms of Radiculopathy in Veterans



When a nerve root is compressed, it becomes inflamed.

This results in numerous unpleasant and painful symptoms in veterans that may include:

- Sharp and radiating pain in the back, arms, legs or shoulders that may worsen with certain activities, even something as simple as coughing or sneezing
- Weakness, fatigue, or loss of reflexes in the arms or legs
- Numbness or tingling of the skin, “pins and needles,” or other abnormal sensations (paresthesia) in the arms or legs

Your specific symptoms will depend on where in the spine the nerve root is pinched.

However, it’s also possible that you don’t experience any symptoms, or you go through periodic flare-ups of symptoms.

Causes of Radiculopathy in Veterans

Radiculopathy is typically caused by changes in the tissues surrounding the nerve roots.

These tissues include bones of the spinal vertebrae, tendons and intervertebral discs.

When these tissues shift or change in size, they may narrow the spaces where the nerve roots travel inside the spine or exit the spine; these openings are called foramina.

The narrowing of foramina is known as foraminal stenosis, which is very similar to [spinal stenosis](#) that affects the spinal cord.

In most cases, foraminal stenosis is caused by gradual degeneration of the spine that happens as you age.

But it can also be a result of a spinal injury.

Herniated Discs

One common cause of foraminal stenosis and radiculopathy is a bulging or [herniated disc](#).

Spinal discs act as cushions between your vertebrae.

On occasion, these discs slip out of place or become damaged and press on nerves.

This problem is most likely to occur in your lower back, but it can also affect your neck.

Bone Spurs

Another possible cause of radiculopathy that may lead to narrowing of foramina is bone spurs.

Bone spurs are areas of extra bone growth and they can form in the spine due to inflammation from osteoarthritis, trauma, and/or other degenerative conditions.

Other Possible Causes or Radiculopathy in Veterans

Thickening (ossification) of the spinal ligaments may also lead to narrowing of the space around the nerve roots and subsequent nerve compression.

Less common causes of radiculopathy include spinal infections and various cancerous and noncancerous growths in the spine that may press against the nerve roots.

How Veterans Get a Radiculopathy Diagnosis

Your VA doctor or private physician may take several steps to diagnose radiculopathy:

- A physical exam and physical tests may be used to check your muscle strength and reflexes. If you have pain with certain movements, this may help your doctor identify the affected nerve root.
- Imaging tests, such as an X-ray, CT scan or MRI scan, are used to better see the structures in the problem area.
- **Nerve conduction studies**, along with electromyography, can also be used to help pinpoint whether the problem is neurological or muscular.

Secondary Conditions to Lower Back Pain

Many veterans suffer from various service connected back conditions, which can affect your upper back, middle back, and/or lower back.

For example, the following codes from 38 CFR, Part 4, Schedule for Rating Disabilities apply:

- **Code [5237](#): Lumbosacral or cervical strain**—a generic label for back pain
- **Code [5238](#): Spinal stenosis**—the spinal column narrows and presses on the spinal cord or nerves
- **Code [5239](#): Spondylolisthesis or segmental instability**—when a vertebra slips out of position
- **Code [5240](#): Ankylosing spondylitis**—an arthritic disease that causes the spinal joints to freeze in place
- **Code [5241](#): Spinal fusion**—the vertebrae are surgically fused together
- **Code [5235](#): Vertebral fracture or dislocation**—the bones of the spine break or slip out of alignment due to a traumatic event like a car accident. Any generic spinal bone injury would be coded here.

These six back conditions can often lead to pinched or damaged nerve roots, which can cause significant pain known as Radiculopathy.

Radiculopathy is commonly rated as a secondary VA disability claim for secondary service connection due to one or more service connected back conditions.

Note that a veteran is eligible to be rated for both a back condition, and Radiculopathy secondary to lower back pain.

[>> Do You Deserve a Higher VA Rating? Click HERE to Join VA Claims Insider Elite and Start FREE! <<](#)

VA Disability Rating for Radiculopathy: Special Monthly Compensation for Loss of Use of Hand or Foot

Veterans may also qualify for [Special Monthly Compensation \(SMC\)](#) due to loss of use of a hand or foot.

In accordance with §4.63 Loss of Use of a Hand or a Foot, for the purpose of special monthly compensation, will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump at the site of election below elbow or knee with use of a suitable prosthetic appliance.

The determination will be made on the basis of the actual remaining function of the hand or foot, whether the acts of grasping, manipulation, etc., in the case of the hand, or of balance and propulsion, etc., in the case of the foot, could be accomplished equally well by an amputation stump with prosthesis.

(a) Extremely unfavorable complete ankylosis of the knee, or complete ankylosis of 2 major joints of an extremity or shortening of the lower extremity of 3½ inches (8.9 cms.) or more, will be taken as loss of use of the hand or foot involved.

(b) Complete paralysis of the external popliteal nerve (common peroneal) and consequent, footdrop, accompanied by characteristic organic changes including trophic and circulatory disturbances and other concomitants confirmatory of complete paralysis of this nerve, will be taken as loss of use of the foot.

#8. Peripheral Neuropathy

Peripheral neuropathy is a painful condition that results from damage to the nerves outside of the brain and spinal cord ([peripheral nerves](#)), and often causes weakness, numbness, and pain, usually in your hands and feet although it can also affect other areas of your body.

Peripheral neuropathy in Veterans often result from traumatic injuries, infections and diseases, metabolic problems, exposure to toxins, and diabetes.

Some of the more common symptoms of peripheral neuropathy include:

- Pain (stabbing, burning, or tingling) in hands and feet
- Extreme sensitivity to touch
- Pain during activities that shouldn't cause pain, such as pain in your feet when sitting or standing

- Incoordination (lack of coordination)
- Muscle weakness and fatigue

Secondary Service Connection for Peripheral Neuropathy

In our experience, the most likely way to service connect peripheral neuropathy is via secondary service connection, meaning your peripheral neuropathy was caused or aggravated by another service-connected disability in your body (e.g., Side Effects of Medications, Migraines, Diabetes, Back, Neck, and Spinal Cord injuries, among many others).

VA Ratings for Peripheral Neuropathy

There is no diagnostic code for peripheral neuropathy, so it's usually rated analogous to [Paralysis of the Sciatic Nerve \(aka, Sciatica\)](#) under diagnostic code 8520.

VA Ratings for Sciatica range from 10% to 80% with breaks at 20%, 40%, and 60%, depending upon the frequency, severity, and duration of your symptoms.

Diagnostic Code 8520, Paralysis of the Sciatic Nerve:

- Complete paralysis: If the foot drops (it cannot be lifted by the muscles in the legs), all the muscles in the leg below the knee do not work at all, and the knee has serious trouble bending (bending the knee doesn't have to be impossible to rate as complete paralysis of the sciatic nerve, it just has to be limited), it is rated **80%**.
- Incomplete, severe paralysis is rated **60%**.
- Incomplete, moderately severe paralysis is rated **40%**.
- Incomplete, moderate paralysis is rated **20%**.
- Incomplete, mild paralysis is rated **10%**.

#9. Plantar Fasciitis (Severe Heel Pain)

In this section, we will be exploring how to get a VA Rating for Plantar Fasciitis.

In 2020, Plantar Fasciitis VA ratings range from 0% to 50% with breaks at 10%, 20%, and 30%.

A veterans final VA disability rating for Plantar Fasciitis depends upon the frequency, severity, and duration of symptoms, meaning, the more severe your symptoms, the higher the VA rating for Plantar Fasciitis.

There is also a bilateral factor—meaning veterans can get a higher VA rating for Plantar Fasciitis if they have the disability in both feet.

The highest possible scheduler VA disability rating for Plantar Fasciitis is 50%, which includes symptoms such as, extreme tenderness of the plantar surfaces of both feet not improved by orthopedic shoes or appliances.

Okay veterans – let’s take a minute to explore the law regarding the symptoms and impairment required to warrant a VA disability rating for Plantar Fasciitis.

Many veterans suffer from various foot conditions due to their military service, to include severe heel pain, aka, Plantar Fasciitis.

Also, both unilateral and bilateral Plantar Fasciitis are common secondary VA disability claims, especially Plantar Fasciitis secondary to lower extremity conditions such as knees, joints, hips, and back.

Plantar Fasciitis in Veterans

Plantar Fasciitis is one of the most common causes of heel pain in veterans.



It involves inflammation of the thick band of tissue that runs across the bottom of your foot and connects your heel bone to your toes (called the “Plantar Fascia”).

Do you think you might have Plantar Fasciitis?

Here’s a quick litmus test: If it feels like a knife is being jammed into the bottom of your heel, especially during the first few steps out of bed in the morning, or shortly after a workout, chances are you might have Plantar Fasciitis.

According to the [Mayo Clinic](#), “Your plantar fascia is in the shape of a bowstring, supporting the arch of your foot and absorbing shock when you walk. If tension and stress on this bowstring become too great, small tears can occur in the fascia. Repeated stretching and tearing can irritate or inflame the fascia, causing severe heel pain.”

Common risk factors include age, long distance running (such as military PT), poor arch and heel support (e.g., military combat boots), obesity, and occupations that require a lot of standing (active duty military service, perhaps combat deployments).

VA Rating for Plantar Fasciitis – Common Symptoms in Veterans

Many veterans have or develop Plantar Fasciitis and common signs and symptoms include:

- Heel pain (especially after standing, walking, or running)
- Painful motion
- Tenderness
- Swelling

You may get some relief by icing, taking pain medications, wearing a brace, heel inserts in shoes, night splints, and in extreme cases, cortisone shots directly into the affected area.

WATCH on YouTube: VA Disability Claims for Plantar Fasciitis (NEW Tips!)

- ▶▶ [12:45](#) How are VA disability claims for Plantar Fasciitis rated?
- ▶▶ [13:13](#) VA Ratings for Plantar Fasciitis in 2020
- ▶▶ [15:15](#) Signs and symptoms to look for in your feet
- ▶▶ [16:45](#) Plantar Fasciitis can be unbelievably painful, don't downplay your symptoms
- ▶▶ [19:00](#) Here are the common risk factors for Plantar Fasciitis
- ▶▶ [20:55](#) What kind of Plantar Fasciitis treatments are available for you to do on your own?
- ▶▶ [21:30](#) Request a referral from your primary care or VA doctor to see a Podiatrist.
- ▶▶ [24:00](#) It's important to note your foot pain may fluctuate over time

Is Plantar Fasciitis a VA Disability?

Yes, Plantar Fasciitis is a VA disability and it's most often rated analogous to **CFR 38, Part 4, VA Schedule of Ratings, Diagnostic Code 5276, Flatfoot, Acquired.**

An important requirement for VA disability rating purposes is whether your foot condition is congenital or acquired.

“Congenital” means a disease or physical abnormality that's been present since birth whereas “Acquired” means a disease or physical abnormality that developed after birth.

Congenital Plantar Fasciitis is NOT compensable or pensionable unless you're claiming aggravation of a pre-service condition.

For example, perhaps you entered the military with flat feet, but never had Plantar Fasciitis.

If your military service aggravated your flat feet (made it worse), leading to Plantar Fasciitis (severe heel pain), you can still be rated and compensated under the law.

According to [CFR 38, Part 3, §3.306 Aggravation of Preservice Disability](#), “A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.”

VA Ratings for Plantar Fasciitis from 0% - 50%

Pursuant to Diagnostic Code 5276, VA disability ratings for Plantar Fasciitis (unilateral and bilateral) are as follows:

- **0% VA rating for Plantar Fasciitis** is warranted for mild pes planus with symptoms relieved by built-up shoe or arch support.
- **10% VA disability rating for Plantar Fasciitis** is warranted for moderate pes planus where the weight-bearing lines are over or medial to the great toe, there is inward bowing of the tendo Achilles, and pain on manipulation and use of the feet, bilateral or unilateral.
- **20% rating for Plantar Fasciitis** is warranted for severe unilateral pes planus manifested by objective evidence of marked deformity (pronation, abduction, etc.), accentuated pain on manipulation and use of the foot, indications of swelling on use of the foot, and characteristic callosities.
- **30% VA rating for Plantar Fasciitis** is warranted for serious pain and tenderness on the sole and you can only walk on the inside of the foot. There are spasms present when the Achilles Tendon is palpated. Symptoms are not relieved with orthotic insert support in the shoe.
- **50% VA Rating for Plantar Fasciitis** is warranted if the symptoms for severe in the 30% rating as stated above are bilateral and occurring in both feet.

Friendly reminder that there is NO separate diagnostic code for Plantar Fasciitis, so it's most commonly assigned a VA rating analogous to diagnostic code 5276, Flatfoot, Acquired.

VA Disability Rating Schedule for Plantar Fasciitis

VA Rating for Plantar Fasciitis	VA Rating
Code 5276 Flatfoot, Acquired:	
Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo Achilles on manipulation, not improved by orthopedic shoes or appliances	
Bilateral (both feet)	50%
Unilateral (one foot)	30%
Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities:	
Bilateral (both feet)	30%
Unilateral (one foot)	20%
Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo Achilles, pain on manipulation and use of the feet, bilateral or unilateral	10%

Plantar Fasciitis Secondary Conditions

Many veterans with Plantar Fasciitis, especially those who were diagnosed long after leaving the military, might still be eligible if medical evidence shows your heel pain is proximately due to or aggravated by another service-connected disability such as knee strain, hip conditions, and/or back conditions.

Service connection on a secondary basis requires a “showing of causation.”

A showing of causation requires that the secondary disability be shown to be “proximately due to” or “proximately aggravated by” another service-connected disability.

By law, there are three evidentiary elements that must be satisfied for Plantar Fasciitis Secondary Conditions:

1. A medical diagnosis of Plantar Fasciitis (Heel Pain) in VA medical records or private records (unless you already have a diagnosis in your service treatment records)
2. Evidence of a service-connected primary disability (such as Knee Strain, Lumbar Strain or Back Pain, Hip Condition), *AND*
3. Medical nexus evidence establishing a connection between the service-connected disability and the current disability (in this example, Plantar Fasciitis)

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.

The second part can be satisfied with a veteran’s existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a credible [medical nexus letter from a qualified medical professional.](#)

For example, here is a 2008 BVA case decision where a Veteran received entitlement to service connection for a [**bilateral foot disorder as secondary to a service-connected left knee disability.**](#)

C&P Exam for Plantar Fasciitis

A C&P exam for Plantar Fasciitis usually involves a physical examination and history of your foot condition and severity of symptoms over time.

The C&P examiner might order X-Rays of your feet to help determine if there is objective medical evidence, such as, calcified heel spurs.

You'll want to explain to the C&P examiner HOW your severe heel pain is limiting or affecting your work, life, and social functioning.

For example, maybe your bilateral heel pain is so severe, that you have difficulty walking and require help during periods of flareups.

Maybe you enjoy running and working out, but you've had to stop or significantly alter your routines because of your Plantar Fasciitis.

It's also important to document whether you've tried heel cups, inserts, or night splints, and if those devices help or not.

#10. Gulf War Syndrome (Presumptive Conditions)

If you've ever wondered "**What is Gulf War Syndrome**" stay tuned because this section is for you.

Gulf War Syndrome impacts thousands of veterans who deployed to the Persian Gulf during their service. Also known as Gulf War Illness, the term refers to unexplained chronic symptoms that are usually lifelong.

If you are experiencing health concerns that may be associated with Gulf War Syndrome, you aren't alone. **An estimated one-third of all Gulf War Veterans experience symptoms.**

Unfortunately, each person experiences the symptoms of Gulf War Syndrome differently. This makes it very difficult for health care providers to recognize and treat Gulf War Syndrome effectively from person to person.

The symptoms of this syndrome are also often confused with other conditions. Many healthcare providers are not familiar with Gulf War Syndrome, and the illness can easily be mistaken for other conditions. This contributes to the fact that [80% of VA claims for Gulf War-related disabilities are denied.](#)

Further complicating the issue, until recently, VA training on this illness was optional for medical providers.

You must document your symptoms and understand the VA Claims process to stay informed about what you are legally entitled to as a veteran.

If you know someone who has been diagnosed with Gulf War Syndrome and experiences different symptoms than you, don't rely on their symptoms for self-diagnosis.

Get your butt to the doctor!!!!!!

This health issue is so wide-spread that Gulf War Syndrome receives national-level attention. Congress created a federal advisory committee in 1998 to make recommendations to the Secretary of Veteran Affairs on how military service during the Gulf War impacts veterans' health.

With this federally mandated research, reports have confirmed that there is a link between chronic illness and Gulf War service; however, the exact cause is still unknown.

What Causes Gulf War Syndrome?

Although extensive research started in the mid-'90s, the direct cause of the syndrome remains unexplained. There is no single source or exposure identified that is known to cause Gulf War Syndrome. However, there is an extensive list of possible causes, so note any of the following exposures listed below and make sure you discuss these with your provider.

Studies conducted by the Institute of Medicine are inconclusive, but the list of possible causes includes exposure to:

- Burning oil-well fires
- Pollution
- Pesticides
- Depleted uranium
- Vaccinations, including Anthrax
- Anti-nerve gas tablets (Pyridostigmine Bromide)

Gulf War Syndrome Symptoms

If you are a veteran experiencing Gulf War Syndrome symptoms, you may be experiencing a combination of two or more of the symptoms listed below.

Keep in mind that the VA recognizes Gulf War Syndrome as “Medically Unexplained Illnesses,” and symptoms must be chronic, existing for six months or more:

- **Chronic Fatigue Syndrome**
- **Fibromyalgia**
- **Irritable Bowel Syndrome** or other functional gastrointestinal disorder
- Any illness that warrants a presumptive service connection (more on this below)

Any of the following signs and symptoms of an undiagnosed illness:

- Fatigue
- Headaches
- Joint Pain
- Muscle Pain
- Skin symptoms
- Indigestion
- Insomnia
- Dizziness and other neurological symptoms
- Cardiovascular symptoms
- Memory problems

- Weight loss
- Menstrual disorders

Although there is a higher risk of additional illnesses, including depression, PTSD, and diabetes, the VA does not necessarily attribute these to Gulf War Syndrome.

Who is at Risk for Gulf War Syndrome?

More than 650,000 Service Members served in Operation Desert Shield and Desert Storm in 1990 and 1991. With an estimated one-third of service members experiencing Gulf War Syndrome symptoms, it is a severe concern for many veterans.

The VA recognizes Gulf War service in the Southwest Asia area of military operations from Aug. 2, 1990, onward as the potential to develop long-term health problems. Any Veteran who served from this date onward meets the wartime service requirements. This includes Operation Iraqi Freedom and Operation New Dawn.

Theater of Operations Covered for Gulf War Syndrome

The VA defines the Southwest Asia theater of military operations as:

- Iraq, Kuwait, Saudi Arabia
- The neutral zone between Iraq and Saudi Arabia
- Bahrain, Qatar, and the United Arab Emirates (UAE)
- Oman
- The Gulf of Aden and the Gulf of Oman
- The waters of the Persian Gulf, the Arabian Sea, and the Red Sea
- The airspace above these locations

Most recently, the VA has expanded Gulf War Syndrome to service in Afghanistan. [Learn more here.](#)

How to prove Gulf War Syndrome Symptoms

The good news is that the VA recognizes Gulf War Syndrome as a [“presumptive” service disability](#). This means that the VA assumes certain disabilities were caused by military service. You qualify if you served in the

Southwest Asia Theater of Operations, have a condition that began within one year of your date of separation, and is at least 10 percent disabling by Dec. 31, 2021.

The bad news is that with presumptive service disabilities, many veterans assume they automatically qualify for disability compensation for serving during a specific time and place regardless of symptoms.

The burden is on you to prove that you have the disabilities mentioned above. If you have symptoms that can be related to a previously diagnosed illness, chances are the VA will deny your claim.

VA conditions for presumptive service disability:

For VA benefit purposes, Gulf War service is active military duty in any of the following areas in the **Southwest Asia theater of military operations** at any time August 2, 1990 to present. This includes Veterans who served in Operation Iraqi Freedom (2003-2010) and Operation New Dawn (2010-2011).

- Iraq
- Kuwait
- Saudi Arabia
- The neutral zone between Iraq and Saudi Arabia
- Bahrain
- Qatar
- The United Arab Emirates (U.A.E.)
- Oman
- Gulf of Aden
- Gulf of Oman
- Waters of the Persian Gulf, the Arabian Sea, and the Red Sea
- The airspace above these locations

There must be no other underlying medical conditions that would explain your symptoms. *note: if you do have an underlying condition that may explain some symptoms, you may still receive a diagnosis of Gulf War Syndrome if the severity of your symptoms is not explained by your underlying condition. So, it is still worthwhile for you to seek medical help.

You must experience at least two or more chronic symptoms associated with Gulf War Syndrome that began when you were deployed or shortly thereafter. Those symptoms must also persist. Most providers will consider a condition chronic if the duration of the symptom is at least six months.

To describe most illnesses, the medical community creates clinical case definitions to make diagnoses consistent. These clinical case definitions create a standard that defines the common symptoms of a typical case of that illness.

Unfortunately, the VA has not yet decided on one clinical case definition for Gulf War Syndrome. Understanding the two main case definitions helps you recognize if the VA will provide disability compensation for you.

The two primary clinical case studies the VA uses, both recognized by the National Academy of Medicine, originate from the CDC and the Kansas Case Definitions.

Gulf War Registry Health Exam

For the Gulf War Registry health exam, you don't need to be enrolled in the VA healthcare system. This no-cost exam helps identify long-term health issues for Veterans who served in Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom, or Operation New Dawn.

Your military records don't have to show you served in one of these operations, your ability to get the exam is based on your memory alone of serving in one of these operations.

Your provider will be looking for long-term health conditions related to environmental exposure during this exam. You'll discuss possible exposures and overall medical history with your provider.

Bringing your deployment history and medical records from civilian providers, along with you, is essential to document any possible exposures. Be as thorough as possible and note specific locations and dates. If you remember any possible exposures of concern mentioned above, make sure to bring those up with your provider and document them.

Additionally, expect a physical exam as well as lab tests to be done. A VA health provider will discuss results face-to-face with you as well as in a follow-up letter.

[Find your local VA Environmental Health Coordinator here](#) to schedule your no-cost Gulf War Registry health exam.

Even if you are in a remote location, don't let this stop you from receiving your no-cost exam! The Orlando VAMC recently started utilizing telehealth for registry exams. You'll join an encrypted virtual medical room on your computer with your provider. Physical exams are now possible with the use of virtual equipment that uses the zoom function of your camera.

Gulf War Registry

[The Airborne Hazards and Open Burn Pit Registry](#) enables veterans to take an online questionnaire to document environmental exposures from their service. This registry helps you identify changes in your health over time. Not only is this a helpful tool for Veterans, but it helps the VA understand and respond to health problems more effectively.

Clinical treatment at the VA War Related Illness and Injury Study Center (WRIISC)

There are 3 locations you can seek treatment. The WRIISC specializes in helping veterans with difficult to diagnose illnesses or those with health issues originating from deployment.

- Washington, DC
- East Orange, New Jersey
- Palo Alto, California

E-consults are available for veterans. You can also find out how to [obtain a referral here](#) if you have medically unexplained symptoms, many tests, and treatment with no improvement, or deployment-related exposures.

How to Claim Gulf War Syndrome

If you decide to file for disability compensation for Gulf War Syndrome, there are two paths you can take here: filing for medically

unexplained *diagnosed* chronic illnesses (Fibromyalgia, Chronic fatigue syndrome, etc.) AND / OR *undiagnosed* illnesses.

If you are filing for a medically unexplained *diagnosed* chronic illness, be smart. Filing for diagnosed and undiagnosed illnesses with the same symptoms will slow down the claims process, resulting in denial.

Here is a list of redundant symptoms that you would not claim if you have already been diagnosed with one of these illnesses:

Redundant Symptoms for Undiagnosed Illnesses

- [Fibromyalgia](#)
- [Chronic Fatigue Syndrome](#)
- Muscle pain
- [Fatigue](#)
- Joint pain
- [Headaches](#)
- Cognitive issues
- Sore/tender throat
- Cardiovascular issues
- [Insomnia](#)
- Exertional exhaustion
- Arm and leg numbness

Make sure that your examiner has your statements and research from the VSO sent in with your claim. You need to document symptoms as much as possible. Providing complete medical records, including any records from civilian doctors, is vital. This is known as “objective medical evidence”.

Objective medical evidence can include records showing time lost from work due to your symptoms, detailed statements from you on your symptoms ([Form 21-4138](#)), and detailed statements from others that know your condition.

How to Get a VA Rating for Gulf War Syndrome

Did you know you can work with VA Claims Insider in our premier education-based Mastermind program to win, service connect, and get rated at the appropriate level under the law?

We coach Veterans on getting the VA disability they deserve in LESS time.

If you've tried to file for a gulf war claim before and been denied, get connected with a VA claim expert TODAY at www.VAClaimsInsiderElite.com

We're **Veterans helping Veterans Worldwide™**, and since 2016, we've helped 10,000+ veterans just like you INCREASE their VA disability rating by an average of 30%.

Ready to get started for FREE? Click [==> HERE NOW to complete our 3-step intake process. <==](#)

5 AMAZING BONUS RESOURCES!

#1. [Read the VA Claims Insider Blog!]

Join 300,000 fellow Veterans who come to our website each month to learn tips, strategies, and lessons learned to file or re-file a winning VA disability claim so YOU can possibly get the VA rating you deserve by law.

[==> VAClaimsInsider.com](#)

#2. [FREE VA Claim SECRETS Webinar Training!]

And because you're reading this book, this is your personal invitation to join me on my FREE webinar training for Veterans!

I'm going to teach you...drumroll please...

"How to Win Your VA Disability Claim AND Get A Higher Rating!"

On my FREE masterclass video webinar training, you're going to learn 3 VA Disability SECRETS:

- **SECRET #1:** *"How to Improve YOUR VA Disability Claim, Get an Immediate Rating INCREASE (if warranted by law), and Have it Decided FASTER and More ACCURATELY."*

- **SECRET #2:** *“How to Legally and Ethically Get a 100% Rating and Over \$3,000/month, Tax-Free, for Life” (This One Is Easier Than You Might Think!)*
- **SECRET #3:** *“How to Structure Your Personal Statements in the EXACT Way VA Raters Want to See Them, So YOU Can Get the Rating and Compensation You Deserve in LESS time.”*

Are you ready to potentially win your VA disability claim, get a higher VA disability rating, and earn more tax-free compensation and benefits for the rest of your life?

If so, this training is for you!

Register now here (you can even watch the replay instantly):

==> VAClaimsInsiderSecrets.com

#3. [STUCK, FRUSTRATED, and UNDERRATED? WE CAN HELP!]

Since 2016, the company I'm blessed to lead, VA Claims Insider, has helped over 10,000 fellow Disabled Veterans get the VA rating they deserve!

Will you be next?

VA Claims Insider is an education-based Coaching/Consulting company for disabled veterans exploring eligibility for increased VA disability benefits and who wish to learn more about that process.

We also connect veterans with independent medical professionals in our referral network for medical examinations, disability evaluations, and credible Independent Medical Opinions & Nexus Statements for a wide range of disability conditions.

Please complete our 3-step intake to get started for FREE.

You'll hear from a member of our team within minutes:

==> VAClaimsInsiderElite.com

#4. [Take Control of Your Military Disability!]

Having trouble understanding your DoD and VA disability benefits?

Frustrated by the bureaucracy of the military disability system?

We understand.

The Military Disability system can seem overwhelming, and the limited resources available are not clear and comprehensive.

That is why we at Military Disability Made Easy have joined together to provide you with all the resources you need to navigate the waters of the military disability system with as little angst as possible.

[==> MilitaryDisabilityMadeEasy.com](https://MilitaryDisabilityMadeEasy.com)

#5. [Watch FREE VA Disability Training Videos Each Week!]

Join the INSIDER community of fellow Disabled Veterans who have watched more than 3,000,000 times!

We're the #1 most trusted, followed, and watched YouTube channel for VA disability benefits.

And we produce free expert-level content each week.

Subscribe now and learn with us for **FREE**:

[==> YouTube.com/VAClaimsInsider](https://YouTube.com/VAClaimsInsider)