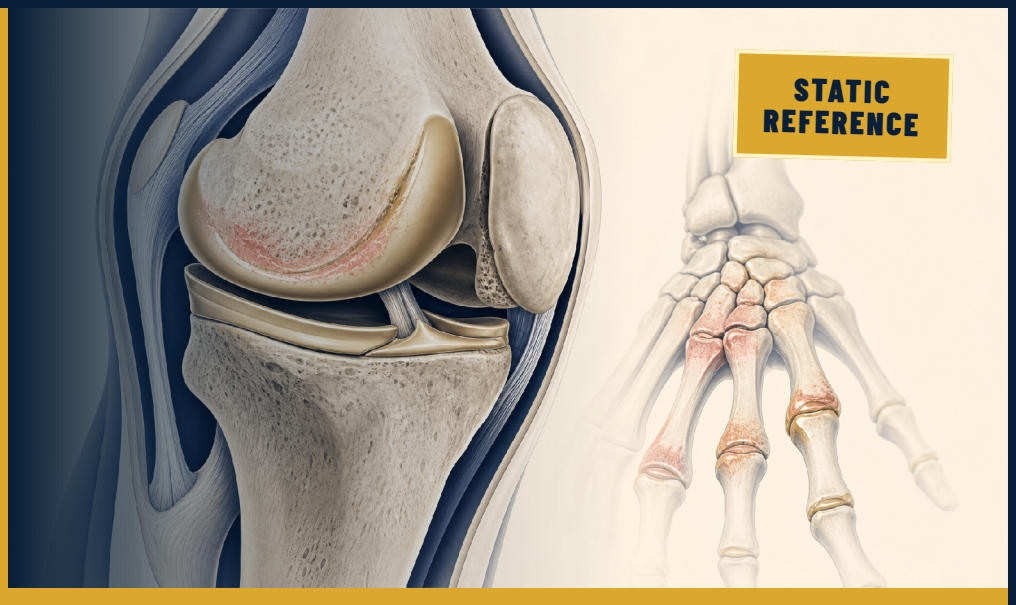
RATE MY VSO // VISUAL FIELD GUIDE

VA ARTHRITIS CLAIMS

ONE-PAGE GUIDE

Identify the arthritis type, then pair objective findings with motion and daily function.



ACTIVE DISEASE // JOINT RESIDUALS

Identify the arthritis type, then pair objective findings with motion and daily function.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DIFFERENT ARTHRITIS DIAGNOSES FOLLOW DIFFERENT RATING BRANCHES

Active multi-joint inflammatory disease, degenerative arthritis, and post-traumatic arthritis are not interchangeable. The record must identify the diagnosis and affected joints before applying the correct active-process, limitation-of-motion, instability, or residual framework.

DIAGNOSIS
Distinguish degenerative, post-traumatic, inflammatory, infectious, crystal, or other arthritis.

JOINT FINDINGS
Connect imaging, painful motion, swelling, spasm, instability, and measured limitation to each joint.

ACTIVE VS RESIDUAL
Do not combine an active multi-joint process with ratings for the same chronic residuals.

02 SERVICE-CONNECTION PATHS

DIRECT	Arthritis began in service or is medically linked to an in-service joint injury, infection, disease, or event.
CHRONIC DISEASE	Arthritis is a listed chronic disease, but the diagnosis, timing, chronicity, and evidence rules still apply.
SECONDARY	A service-connected condition caused or aggravated arthritis or altered joint mechanics, supported by medical reasoning.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Joint pain
- Swelling
- Redness or warmth
- Stiffness
- Tenderness
- Reduced or painful motion

04 BUILD THE RECORD

1. **ARTHRITIS TYPE**
   Rheumatology or orthopedic diagnosis and the joints involved.
2. **IMAGING**
   X-ray, MRI, or other studies tied to the correct joint and date.
3. **MOTION**
   Degrees, pain onset, active and passive testing, and weight-bearing findings.
4. **FLARES**
   Frequency, duration, triggers, swelling, and additional functional loss.
5. **STABILITY AND STRENGTH**
   Giving way, assistive devices, muscle loss, and objective testing.
6. **MEDICAL LINK**
   Why this arthritis type fits service, trauma, altered mechanics, or aggravation.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — NO PERSUASIVE NEXUS
Current arthritis was not medically connected to service or a service-connected disability.

B — TYPE NOT IDENTIFIED
The claim treated active inflammatory disease and degenerative joint residuals as the same framework.

C — OBJECTIVE SUPPORT MISSING
The record lacked the imaging or clinical findings needed for the claimed rating path.

D — FUNCTION UNDER-DESCRIBED
Pain was noted, but motion, flares, instability, strength, and ordinary activity were not documented.

06 CAUSES AND EFFECTS TO DISCUSS WITH A CLINICIAN

Arthritis has many forms. The correct direction and mechanism must match the diagnosed type and joint.

CONDITIONS THAT CAN LEAD TO ARTHRITIS

Prior joint trauma // autoimmune inflammation // joint infection // crystal disease // age-related degeneration

CONDITIONS ARTHRITIS CAN CONTRIBUTE TO

Limited motion // joint deformity // instability // altered gait // spinal stenosis or nerve irritation when the spine is involved

07

DO THIS, NOT THAT

DO

- Use the exact arthritis diagnosis.
- Match imaging to the affected joint.
- Describe flares and painful function.

DO NOT

- Call every joint pain arthritis.
- Combine active disease with the same residuals.
- Ignore the difference between joints.

Medical and symptom source: NIH/NIAMS arthritis guidance. Rating rules: 38 CFR 4.40, 4.45, 4.59 and 4.71a. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.