RATE MY VSO // VISUAL FIELD GUIDE

COLD INJURY RESIDUALS

VA CLAIM GUIDE

Document the cold exposure, then evaluate every affected hand, foot, ear, or other part.

EXPOSURE // EACH PART // RESIDUALS

Document the cold exposure, then evaluate every affected hand, foot, ear, or other part.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7122 EVALUATES THE LASTING RESIDUALS IN EACH AFFECTED PART

The schedule starts with pain, numbness, or cold sensitivity, then looks for additional tissue, nail, color, sensory, sweating, imaging, muscle, joint, or ulcer findings. Each affected hand, foot, ear, nose, or other part is evaluated separately.

BASE SYMPTOM
Document arthralgia or other pain, numbness, or cold sensitivity in the affected part.

ADDITIONAL FINDINGS
Record skin, nail, sensory, sweating, muscle, joint, imaging, tissue, or ulcer findings.

EACH PART
Identify every hand, foot, ear, nose, or other affected part and avoid merging them into one description.

02 SERVICE-CONNECTION PATHS

DIRECT	Service records, credible exposure details, onset, continuity, and medical evidence connect current residuals to in-service cold injury.
DELAYED RESIDUAL	A clinician explains why later pain, sensory, vascular, skin, muscle, or joint findings fit the documented cold injury.
SEPARATE COMPLICATION	Diagnosed neuropathy, Raynaud's syndrome, amputation, squamous cell carcinoma at a cold-injury scar, or another distinct residual may require a separate code.

03 SYMPTOMS

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

- Pain, aching, or burning
- Numbness or tingling
- Cold sensitivity
- Color or sweating changes
- Nail or tissue changes
- Stiffness, ulcers, or reduced sensation

04 BUILD THE RECORD

1. **COLD EXPOSURE**
   Location, temperature, wetness, wind, duration, footwear, shelter, duties, treatment, and unit evidence.
2. **EACH AFFECTED PART**
   Right and left hand, foot, ear, nose, or other part identified and examined separately.
3. **SENSORY AND VASCULAR**
   Sensation, color, pulses, temperature, sweating, Raynaud-like episodes, and specialist findings.
4. **SKIN AND NAILS**
   Tissue loss, ulcers, scars, nail changes, photos, dermatology, and wound records.
5. **JOINT AND MUSCLE**
   Pain, motion, deformity, strength, atrophy, fibrosis, imaging, and fat-pad loss.
6. **MEDICAL LINK**
   Reasoning that distinguishes cold-injury residuals from diabetes, vascular disease, trauma, or other causes.

05 WHY CLAIMS BREAK DOWN

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

A — EXPOSURE NOT ESTABLISHED
The record lacked enough service facts or credible detail to support the in-service cold injury.

B — CURRENT RESIDUAL NOT LINKED
Pain or numbness was present, but the medical evidence favored another cause or did not explain the connection.

C — AFFECTED PARTS MERGED
Hands, feet, ears, or sides were not documented and evaluated separately.

D — ADDITIONAL FINDINGS ABSENT
A higher evaluation was sought without the required tissue, nail, color, sensory, sweating, imaging, muscle, joint, or ulcer findings.

06 COLD INJURY MECHANISMS AND RESIDUALS

Not every exposed person develops every residual. Distinct complications need their own diagnosis and must not be counted twice.

EVENTS THAT CAN CAUSE COLD INJURY

Frostbite // nonfreezing cold injury // trench foot // wet-cold exposure // prolonged contact with freezing surfaces

RESIDUALS COLD INJURY MAY LEAVE

Peripheral neuropathy // secondary Raynaud's phenomenon // arthritis or bone change // chronic ulcers // muscle atrophy // tissue loss or amputation

07 DO THIS, NOT THAT

DO

- Describe the exposure precisely.
- Examine each affected part separately.
- Record every objective residual.

DO NOT

- Merge both feet or hands together.
- Assume numbness proves cold injury.
- Count one finding under two codes.

Medical and symptom source: NIH/NLM frostbite guidance and VA cold-injury DBQ. Rating rules: 38 CFR 4.104, DC 7122. 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.