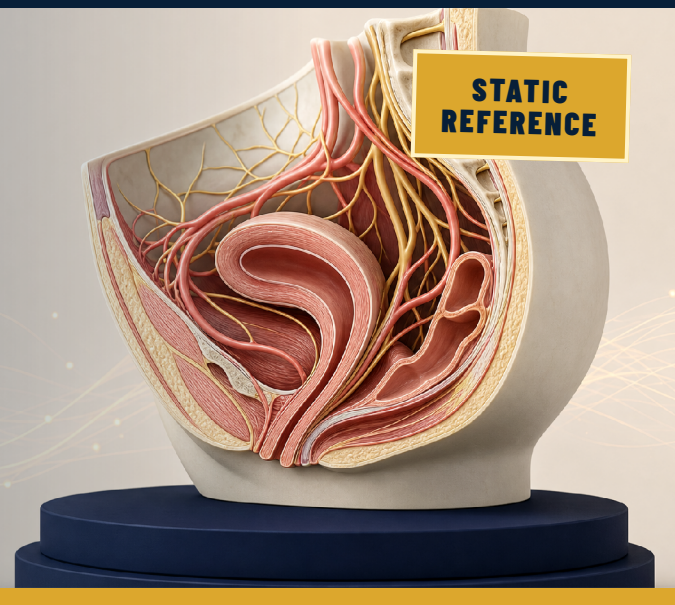
RATE MY VSO // VISUAL FIELD GUIDE

FEMALE SEXUAL AROUSAL DISORDER

VA CLAIM GUIDE

Document the recurrent physical arousal impairment, its cause, and the separate SMC question.



PHYSICAL RESPONSE // NEXUS // SMC

Document the recurrent physical arousal impairment, its cause, and the separate SMC question.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7632 ASSIGNS 0 PERCENT AND DIRECTS SMC REVIEW

VA's gynecological DBQ defines FSAD as a continual or recurrent physical inability to maintain an adequate lubrication-swelling response. DC 7632 assigns 0 percent and directs a separate SMC review.

PHYSICAL RESPONSE
Document recurrent arousal, lubrication, swelling, blood-flow, nerve, or tissue impairment.

ETIOLOGY
Identify vascular, neurologic, tissue, hormone, medication, or treatment causes when supported.

SMC REVIEW
Preserve the facts needed for creative-organ SMC review under 38 CFR 3.350.

02 SERVICE-CONNECTION PATHS

DIRECT	An in-service disease, injury, trauma, pelvic event, or treatment is medically linked to current FSAD.
SECONDARY	A service-connected vascular, neurologic, endocrine, pelvic, or mental-health condition caused or aggravated FSAD.
MEDICATION OR TREATMENT	Medication, surgery, radiation, or other treatment for a service-connected condition caused or worsened the disorder.

03 SYMPTOMS

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

- Reduced or absent physical arousal
- Inadequate lubrication response
- Reduced swelling response
- Diminished genital sensation
- Longer time needed for arousal
- Persistent or recurrent impairment that causes concern

04 BUILD THE RECORD

1. **CURRENT DIAGNOSIS**
   Gynecology, sexual-health, primary-care, or other clinician documentation of recurrent physical arousal impairment.
2. **ONSET AND COURSE**
   When the change began, persistence, settings, and relationship to disease, trauma, treatment, or medication.
3. **ETIOLOGY**
   Assessment of blood flow, nerve or tissue injury, endocrine change, medication, pelvic disease, or treatment.
4. **EXAMINATION AND TESTING**
   Relevant gynecological examination, laboratory, imaging, neurologic, vascular, or pelvic findings.
5. **TREATMENT AND RESPONSE**
   Medication review, hormonal or local treatment, counseling, devices, procedures, response, and side effects.
6. **SMC FACTS**
   Medical evidence addressing loss or loss of use of a creative organ, separate from the 0 percent schedule line.

05 WHY CLAIMS BREAK DOWN

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

A — DIAGNOSIS NOT ESTABLISHED
The record described desire, pain, or relationship concerns without establishing recurrent physical arousal impairment.

B — DIFFERENT PROBLEMS CONFLATED
Arousal, desire, orgasm, pain, and vaginal disease were treated as interchangeable without a clear diagnosis.

C — NEXUS TOO GENERIC
A possible cause was listed without explaining this veteran's onset, mechanism, and aggravation history.

D — ZERO PERCENT MISUNDERSTOOD
The schedular percentage and the separate SMC review were treated as the same determination.

06 FSAD CAUSES AND EFFECTS TO EVALUATE

Sexual-function disorders are multifactorial. The claimed diagnosis and mechanism must be medically supported.

CONDITIONS OR TREATMENTS THAT CAN CONTRIBUTE TO FSAD

Menopause or hormone change // diabetes or vascular disease // nerve or tissue damage // pelvic surgery or radiation // certain medicines // mental-health conditions

EFFECTS FSAD MAY PRODUCE

Physical arousal impairment // sexual-function loss // distress // relationship strain // possible SMC consideration

07 DO THIS, NOT THAT

DO

- Name the physical arousal disorder.
- Build the onset and treatment timeline.
- Address schedular rating and SMC separately.

DO NOT

- Conflate arousal with desire or pain.
- Publish intimate detail beyond what proves the claim.
- Assume 0 percent ends the analysis.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: VA gynecological DBQ and NIH MedlinePlus women's sexual-health guidance. Rating rules: 38 CFR 4.116, DC 7632, and 3.350. 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.

FSAD FIELD GUIDE