RATE MY VSO // VISUAL FIELD GUIDE

HERNIA

VA CLAIM GUIDE

Repairability, recurrence, size, and painful activity are the rating facts.

STATIC REFERENCE

HERNIA // DC 7338 Repairability, recurrence, size, and painful activity are the rating facts.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

IDENTIFY THE HERNIA TYPE BEFORE APPLYING THE CODE

Current DC 7338 addresses inguinal and femoral hernias. Hiatal hernia follows a different code. For DC 7338, the key facts include repairability, duration, size, recurrence, and pain with ordinary movement.

STATUS
Is it repaired, repairable, recurrent, or medically irreparable?

MEASUREMENT
Document whether the hernia has persisted at least 12 months and its measured size.

ACTIVITY
Record pain with bending, daily activities, walking, stairs, and other movement.

02 SERVICE-CONNECTION PATHS

DIRECT	A hernia beginning in service or medically linked to lifting, injury, surgery, or another in-service event.
SECONDARY	A service-connected condition or its treatment caused or aggravated the hernia.
RESIDUALS	After repair, separately identify recurrence, painful or unstable scars, nerve symptoms, or other residuals without duplicating the same symptom.

03 SYMPTOMS

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

- Groin bulge
- Groin discomfort or pain
- Heaviness or burning
- Symptoms worse with straining
- Symptoms worse with lifting, coughing, or standing
- Symptoms that improve with rest

04 BUILD THE RECORD

1. **DIAGNOSIS**
   Physical examination and imaging when the diagnosis is unclear.
2. **TYPE AND SIDE**
   Inguinal, femoral, hiatal, incisional, or another hernia.
3. **SIZE AND DURATION**
   Measurements and proof that the condition persisted over time.
4. **REPAIRABILITY**
   Surgical opinion, support device, and reasons repair is not feasible.
5. **SURGERY**
   Operative report, recurrence, post-op follow-up, and scar findings.
6. **ACTIVITY PAIN**
   Bending, walking, stairs, lifting, work, and daily-living limits.

05 WHY CLAIMS BREAK DOWN

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

A — WRONG CODE
A hiatal or other hernia was evaluated as though every hernia used DC 7338.

B — NO PERSUASIVE NEXUS
The current hernia was not medically linked to service.

C — REPAIR FACTS MISSING
The record did not establish recurrence, repairability, or medical irreparability.

D — SIZE AND PAIN VAGUE
Measurements, 12-month duration, and activity-specific pain were not documented.

06 SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

Spine conditions // Abdominal or GU surgery // Knee limitations // PTSD // GERD or ulcer disease

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

Erectile dysfunction // Surgical scars // GERD // Depressive disorders

07 DO THIS, NOT THAT

DO

- Name the exact hernia type.
- Get a current measurement and repair opinion.
- Describe pain by activity.

DO NOT

- Apply DC 7338 to a hiatal hernia.
- Use only a photo of the bulge.
- Ignore recurrence or scar residuals.

Medical symptoms: NIH/NIDDK inguinal hernia guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.