RATE MY VSO // VISUAL FIELD GUIDE

IBS AND IBD

KNOW THE EVIDENCE DIFFERENCE

Similar words. Different disease process. Different proof.

STATIC REFERENCE

DC 7319 // DC 7326

Similar words. Different disease process. Different proof.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

IBS IS FUNCTIONAL. IBD IS INFLAMMATORY

IBS is rated under DC 7319. Crohn's disease and ulcerative colitis use the IBD criteria at DC 7326. A clean diagnostic distinction prevents the wrong rating facts and service-connection theory from taking over the claim.

IBS
Abdominal pain related to defecation plus bowel-pattern features and frequency.

IBD
Treatment intensity, pain, daily diarrhea, toxicity, hospitalization, and work impact.

TESTING
IBD requires endoscopy or radiologic confirmation. IBS uses a different diagnostic workup.

02 SERVICE-CONNECTION PATHS

DIRECT
For either diagnosis, establish the current condition, in-service facts, and medical link.

SECONDARY
Show causation or aggravation from a service-connected condition or treatment.

GULF WAR
Qualifying functional GI disorders, including IBS, may fit the Gulf War framework. IBD does not become functional IBS.

03 SYMPTOMS

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

- IBS: abdominal pain related to bowel movements
- IBS: diarrhea, constipation, or both
- IBS: urgency, straining, mucus, or bloating
- IBD: diarrhea and abdominal pain
- IBD: rectal bleeding or weight loss
- IBD: fatigue, fever, nausea, or appetite loss

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   State IBS, Crohn's disease, ulcerative colitis, or another condition.
2. **WORKUP**
   Colonoscopy, imaging, biopsy, labs, stool studies, and specialist conclusions.
3. **SYMPTOM TIMELINE**
   Pain, bowel pattern, bleeding, urgency, flare duration, and triggers.
4. **TREATMENT**
   Diet changes, medication, biologics, steroids, procedures, and response.
5. **OBJECTIVE EFFECTS**
   Inflammation, anemia, weight change, fever, nutrition, and hospitalization.
6. **SERVICE FACTS**
   Onset, deployment history, treatment, exposure, and continuity evidence.

05 WHY CLAIMS BREAK DOWN

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

A — WRONG DIAGNOSIS
The record used IBS and IBD as interchangeable labels.

B — WRONG PRESUMPTION
A functional-GI framework was stretched to cover inflammatory disease.

C — NO PERSUASIVE NEXUS
The diagnosis was not connected to the veteran's service facts.

D — WRONG RATING FACTS
The evidence described symptoms but not the findings required by the correct code.

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

PTSD // Depressive disorders // GERD // Diabetes // Fibromyalgia

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

Hemorrhoids // GERD // Sphincter-control conditions // Anxiety or depression

07 DO THIS, NOT THAT

DO

- Make the diagnosis explicit.
- Use the matching rating criteria.
- Separate service connection from current severity.

DO NOT

- Treat IBS and IBD as synonyms.
- Assume all bowel disease is presumptive.
- Use symptoms alone to identify inflammation.

Medical symptoms: NIH/NIDDK IBS, Crohn's, and ulcerative colitis 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.