RATE MY VSO // VISUAL FIELD GUIDE

MUSCULOSKELETAL CONDITIONS

VA RATING GUIDE

Name the structure, measure the function, and document what happens with use.

BONES // JOINTS // MUSCLES

Name the structure, measure the function, and document what happens with use.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE DIAGNOSIS SELECTS THE CODE; FUNCTION SHOWS THE SEVERITY

Musculoskeletal ratings can involve bones, joints, muscles, scars, and nerves. The record should identify the affected structure and show loss of motion, strength, speed, coordination, endurance, or ordinary function without rating the same manifestation twice.

STRUCTURE
Identify the joint, bone, muscle group, nerve, side, and dominant extremity when relevant.

FUNCTION
Describe motion, painful use, weakness, fatigue, coordination, endurance, gait, and weight-bearing.

OVERLAP
Separate distinct manifestations, but do not count the same functional loss under multiple diagnoses.

02 SERVICE-CONNECTION PATHS

DIRECT	An in-service injury, disease, or repeated physical stress plus a medical link to the current condition.
SECONDARY	A service-connected disability caused or aggravated another musculoskeletal condition, supported by veteran-specific medical reasoning.
PRESUMPTIVE	Arthritis may qualify under chronic-disease rules when the diagnosis, timing, and other requirements are met.

03 SYMPTOMS

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

- Pain with movement or use
- Stiffness or reduced motion
- Weakness or early fatigue
- Swelling or tenderness
- Instability or giving way
- Spasm, altered gait, or poor coordination

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Name the structure, condition, side, and affected body segment.
2. **SERVICE FACTS**
   Injury reports, treatment, duties, load carriage, training, and symptom onset.
3. **OBJECTIVE FINDINGS**
   Imaging, range of motion, strength, stability, neurologic findings, and scars.
4. **FUNCTIONAL LOSS**
   Sitting, standing, walking, lifting, reaching, grip, stairs, sleep, and work.
5. **FLARE AND REPEATED USE**
   Frequency, duration, triggers, recovery, and estimated additional loss.
6. **MEDICAL LINK**
   Reasoning that addresses timing, mechanics, other causes, and aggravation when claimed.

05 WHY CLAIMS BREAK DOWN

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

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

B — DIAGNOSIS OR CODE MISMATCH
Pain was described without identifying the structure or the correct rating framework.

C — CALM-DAY SNAPSHOT
The examination did not capture repeated use, flare-ups, weakness, or ordinary functional loss.

D — SAME LOSS COUNTED TWICE
Overlapping joint, muscle, nerve, or scar symptoms were presented as separate disabilities without distinct effects.

06 MEDICAL RELATIONSHIPS TO EVALUATE

These possibilities require diagnosis-specific medical evidence. They are not automatic secondary claims.

CONDITIONS THAT CAN DRIVE MUSCULOSKELETAL LOSS

Arthritis // fracture or trauma // tendon or ligament damage // muscle or nerve injury // surgical residuals

EFFECTS THAT MAY FOLLOW

Limited motion // weakness // instability // altered gait // compensatory overuse // nerve symptoms when anatomically involved

07 DO THIS, NOT THAT

DO

- Name the exact structure and side.
- Measure function in ordinary use and flares.
- Separate each distinct manifestation.

DO NOT

- File only for 'pain' without a diagnosis.
- Treat one normal-day exam as the whole disability.
- Duplicate the same functional loss.

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RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: 38 CFR 4.40, 4.45, 4.59 and VA musculoskeletal DBQs. Rating rules: 38 CFR 4.40-4.73. 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.

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