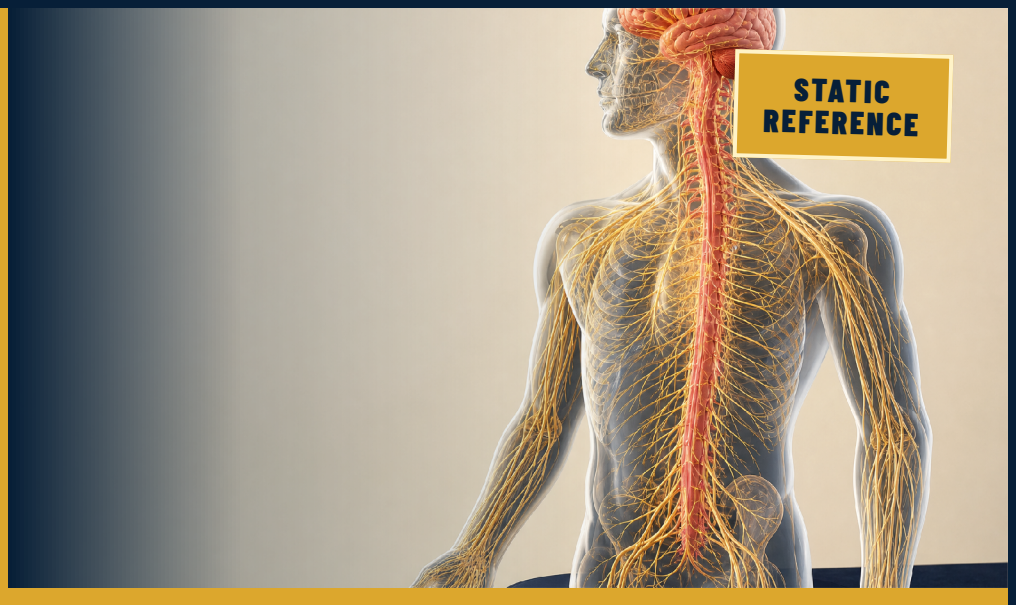
RATE MY VSO // VISUAL FIELD GUIDE

NEUROLOGICAL CONDITIONS

VA RATING GUIDE

Name the exact neurologic condition, localize the problem, and measure the function actually lost.



DIAGNOSIS // LOCATION // FUNCTION

Name the exact neurologic condition, localize the problem, and measure the function actually lost.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE DIAGNOSIS SELECTS THE RATING TRACK

Neurological conditions do not share one formula. VA may evaluate a central nervous system disease, a specific cranial or peripheral nerve, seizures, migraine, TBI facets, or separately diagnosed residuals. The controlling code follows the anatomy and impairment.

LOCALIZATION
Identify the brain, spinal cord, cranial nerve, nerve root, or named peripheral nerve involved.

FUNCTION
Measure motor, sensory, mental, speech, gait, tremor, vision, and visceral effects that fit the diagnosis.

OVERLAP
Separate distinct diagnoses, but never use the same manifestation to support more than one evaluation.

02 SERVICE-CONNECTION PATHS

DIRECT
A current neurologic diagnosis is linked to an in-service injury, disease, event, infection, or toxic exposure.

SECONDARY
A service-connected spine, diabetes, TBI, vascular, treatment, or other condition caused or aggravated a distinct neurologic disability.

PRESUMPTIVE OR RESIDUAL
Use a named presumption only when the diagnosis and service facts qualify, or rate documented residuals under their proper codes.

03 SYMPTOMS

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

- Weakness or loss of movement
- Numbness, tingling, or altered sensation
- Tremor or poor coordination
- Balance or gait problems
- Speech, memory, or concentration change
- Seizures, headaches, or autonomic changes

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Neurology notes identifying the disease, lesion, nerve, side, onset, and current course.
2. **NEUROLOGIC EXAMINATION**
   Strength, reflexes, sensation, coordination, gait, speech, cognition, atrophy, and trophic changes.
3. **DIAGNOSTIC TESTING**
   MRI, CT, EEG, EMG, nerve-conduction, laboratory, or neuropsychological testing when clinically relevant.
4. **EPISODE HISTORY**
   A dated seizure, headache, flare, fall, or functional log with witnesses and recovery details when useful.
5. **DAILY FUNCTION**
   Dominant side, walking, hand use, communication, self-care, work, safety, and assistive devices.
6. **SERVICE ROUTE**
   In-service facts, continuity, qualifying presumption, or a reasoned direct or secondary medical nexus.

05 WHY CLAIMS BREAK DOWN

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

A — DIAGNOSIS TOO BROAD
Symptoms were listed without identifying the neurologic disease, nerve, anatomy, or correct rating track.

B — FUNCTION NOT MEASURED
The record lacked strength, sensation, reflex, gait, cognition, or episode findings tied to the code.

C — NEXUS NOT EXPLAINED
A risk factor or coexisting condition was named without a veteran-specific medical mechanism.

D — SAME SYMPTOM COUNTED TWICE
Overlapping manifestations were assigned to multiple diagnoses without clear separation.

06 NEUROLOGICAL CAUSES AND EFFECTS TO EVALUATE

The diagnosis and direction must be medically established. These are possibilities, not automatic secondary claims.

CONDITIONS THAT CAN AFFECT NEUROLOGIC FUNCTION

TBI or spine injury // diabetes // stroke or vascular disease // infection or autoimmune disease // toxic exposure // certain medicines

EFFECTS NEUROLOGIC DISEASE MAY PRODUCE

Weakness or paralysis // neuropathic pain // falls // speech or cognitive effects // bladder or bowel effects // mood or sleep disruption

07 DO THIS, NOT THAT

DO

- Name the diagnosis, anatomy, and side.
- Measure motor and sensory function.
- Separate distinct residuals without overlap.

DO NOT

- Use one formula for every neurologic condition.
- Rely on symptoms without localization.
- Count the same impairment twice.

Medical and symptom source: NINDS neurologic diagnostic guidance and VA neurologic DBQs. Rating rules: 38 CFR 4.120 and 4.124a. 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.