RATEMYVSO VISUAL GUIDE

SERVICE CONNECTION | 38 C.F.R. §§ 3.303 AND 3.310

MENTAL HEALTH AGGRAVATION

DIRECT, SECONDARY, AND

Choose the pathway that matches the evidence. Each theory asks a different medical question.

START WITH THE CLAIM THEORY

WHAT CONNECTS THE CURRENT CONDITION TO SERVICE?

D DIRECT SERVICE CONNECTION

SERVICE TO CURRENT CONDITION

A disease, event, injury, symptom pattern, or other circumstance during service is linked to the current mental-health condition.

Use 38 C.F.R. § 3.303

C SECONDARY CAUSATION

PRIMARY CAUSED SECONDARY

An already service-connected disability or its treatment caused the mental-health condition.

Use 38 C.F.R. § 3.310(a)

A SECONDARY AGGRAVATION

PRIMARY INCREASED SEVERITY

An already service-connected disability increased the severity or functional impairment of an existing mental-health condition.

Use 38 C.F.R. § 3.310(b)

THE ELEMENTS

BUILD THE PATHWAY STEP BY STEP

01 CURRENT DIAGNOSIS
A qualified clinician documents the present mental-health condition under the applicable diagnostic requirements.

02 QUALIFYING STARTING POINT
Direct claims identify the in-service event or symptoms. Secondary claims identify the service-connected primary disability or treatment.

03 MEDICAL CONNECTION
A reasoned opinion addresses the exact theory and explains the connection using the veteran's medical history.

04 CONSISTENT TIMELINE
Service, onset, diagnoses, treatment, medications, primary-condition changes, and later impairment fit one coherent chronology.

CLAIM MORE THAN ONE THEORY WHEN THE RECORD SUPPORTS IT

Direct causation, secondary causation, and secondary aggravation are distinct inquiries. Evidence may reasonably raise more than one path.

THE MEDICAL QUESTIONS

MAKE THE OPINION ANSWER THE RIGHT PATHWAY

D1 Did the current condition begin during service or result from an in-service disease, event, injury, or symptom pattern?	**D2** If diagnosis came later, does the medical history explain the connection between service and the current condition?
C1 Did the service-connected disability, its symptoms, or its treatment cause the mental-health condition?	**C2** What medical mechanism and timeline support that causal relationship?
A1 Did the service-connected disability increase the severity or functional impairment of the mental-health condition?	**A2** What evidence distinguishes the additional impairment from ordinary progression or other causes?

THE EVIDENCE PACKAGE

MATCH THE RECORD TO THE PATHWAY

1 SERVICE RECORDS
Symptoms, treatment, events, duty changes, personnel evidence, and relevant circumstances.

2 DIAGNOSTIC HISTORY
Current and prior diagnoses, diagnostic changes, and differential assessments.

3 PRIMARY-CONDITION RECORDS
Severity, treatment, medication effects, pain, limitations, and timing for secondary claims.

4 LAY EVIDENCE
Firsthand observations of onset, behavior changes, symptoms, functioning, and progression.

5 LONGITUDINAL TIMELINE
How symptoms and functioning changed before, during, and after the claimed connection.

6 MEDICAL OPINION
Separate conclusions and rationales for each reasonably raised pathway.

QUALITY CONTROL

COMMON PATHWAY ERRORS

COMPLETE DEVELOPMENT

- Names the exact theory or theories
- Identifies the qualifying starting point
- Uses a consistent medical timeline
- Explains the individual medical mechanism
- Answers causation and aggravation separately

INCOMPLETE DEVELOPMENT

- Uses secondary without naming the primary disability
- Assumes diagnosis alone proves the connection
- Relies only on a general medical association
- Answers causation but ignores aggravation
- Requires permanent worsening for aggravation

SECONDARY AGGRAVATION DOES NOT REQUIRE PERMANENT WORSENING

Ward v. Wilkie rejected a permanent-worsening requirement. The evidence must still identify additional impairment linked to the service-connected disability rather than ordinary progression.

LEGAL REFERENCES

38 C.F.R. §§ 3.303 and 3.310 | Allen v. Brown | Ward v. Wilkie

PATHWAY MAP