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GOOD VS WEAK MEDICAL OPINION

The conclusion is only as strong as the facts and reasoning beneath it.

COMPARE

VA weighs medical opinions for probative value. A provider's title or use of a legal phrase does not rescue an inaccurate or unexplained conclusion.

WEAK

CONCLUSORY OPINION

> "The veteran's back condition could be related to service."

- No definite probability
- No service event identified
- No record review described
- No medical mechanism
- No contrary evidence addressed

STRONGER

REASONED OPINION

> "It is at least as likely as not that the current lumbar condition is related to the documented in-service injury."

- Names the diagnosis and event
- Uses clear probability language
- Applies the medical mechanism
- Explains the chronology
- Addresses relevant alternatives

FOUR QUALITY TESTS

HOW THE RATER CAN DISTINGUISH THEM

FACTS

Does the opinion use accurate service, diagnosis, testing, and treatment history?

LOGIC

Can the reader follow the medical reasoning from the evidence to the conclusion?

SCOPE

Does it answer the actual direct, secondary, or aggravation question?

EXPERTISE

Is the provider competent for the medical question, and is the specialty relevant?

CLAIMS-FILE REVIEW IS NOT A MAGIC CREDENTIAL

Reviewing the full claims file can help, but it does not create probative value by itself. The provider must understand the relevant facts and explain the opinion.

WEAK EVEN IF FAVORABLE

- Wrong diagnosis or date
- Generic medical article only
- Ignores a major risk factor
- Copies the veteran's conclusion

USEFUL EVEN IF CONCISE

- Correct facts
- Relevant expertise
- Clear theory
- Visible medical reasoning

VA WEIGHS, IT DOES NOT COUNT. One well-reasoned opinion can outweigh several conclusions that lack factual support or rationale.