RATEMYVSO VISUAL GUIDE

BACK CLAIM IN ONE PAGE

THORACOLUMBAR AND CERVICAL SPINE

SPINE FUNCTION FILE

Separate the spine diagnosis, service-connection route, orthopedic rating, neurologic residuals, and any valid IVDS analysis.

01 Four parts of the spine claim

01 CURRENT SPINE DISABILITY

Identify strain, degenerative disease, stenosis, IVDS, fracture, fusion, or another diagnosis.

02 SERVICE-CONNECTION PATH

Show direct onset, secondary causation, secondary aggravation, or another supported theory.

03 FUNCTIONAL LOSS

Document motion, pain, guarding, spasm, gait, repeated use, flare-ups, and ankylosis.

04 NEUROLOGIC RESIDUALS

Evaluate associated objective abnormalities, including radiculopathy and bowel or bladder impairment, separately when warranted.

02 Three rating questions

GENERAL FORMULA

Rate cervical and thoracolumbar motion, spasm, guarding, contour, and ankylosis under the general formula.

FLARE-UPS

Estimate additional functional loss during flares and repeated use based on all procurable information.

NEUROLOGIC

Identify nerve, side, severity, and separate objective neurologic manifestations.

IVDS

Use incapacitating episodes only when IVDS is present and a physician prescribed bed rest as defined by the schedule.

03 Build one connected evidence record

1. **IMAGING AND DIAGNOSIS**
   Include X-ray, MRI, surgical records, specialist findings, and the anatomical segment involved.
2. **RANGE OF MOTION**
   Record active, passive, weight-bearing, repeated-use, and flare-up findings.
3. **GAIT AND SPASM**
   Document guarding, muscle spasm, abnormal gait, and abnormal spinal contour.
4. **NEUROLOGIC TESTING**
   Include strength, reflexes, sensation, straight-leg testing, and nerve distribution.
5. **FUNCTIONAL HISTORY**
   Describe sitting, standing, lifting, bending, sleep, driving, attendance, and work limitations.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

Do not confuse self-directed bed rest with a qualifying IVDS incapacitating episode. Do not overlook separately ratable neurologic abnormalities.

04 Spine rating landmarks

40%

Thoracolumbar flexion 30 degrees or less, or favorable ankylosis of the entire thoracolumbar spine.

30%

Cervical flexion 15 degrees or less, or favorable ankylosis of the entire cervical spine.

20%

Specified motion limits, combined motion limits, or qualifying spasm or guarding.

10%

Lesser motion limitation, tenderness, or qualifying vertebral fracture findings.

05 Before you file

- ✓ Spinal segment identified
- ✓ Service path documented
- ✓ Flare-up loss estimated
- ✓ Neurologic residuals evaluated
- ✓ Current diagnosis supported
- ✓ Range of motion complete
- ✓ Gait and spasm addressed
- ✓ IVDS definition applied correctly

38 C.F.R. 4.40, 4.45, 4.59, and the spine rating formulas. Rules checked July 2026. Educational use only. Not legal or medical advice. Individual facts determine outcomes.

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