RATEMYVSO VISUAL GUIDE

ORTHOPEDIC LOAD FILE

CERVICAL SPINE CLAIM IN ONE PAGE

NECK CONDITIONS, MOTION LOSS, IVDS, AND ARM RADICULOPATHY

A neck claim needs its own diagnosis, service path, measured functional loss, and a separate review of any neurologic symptoms affecting either arm.

01 Build the cervical-spine claim

01 CURRENT NECK DIAGNOSIS

Identify cervical strain, arthritis, degenerative disc disease, IVDS, or another diagnosed cervical condition.

02 SERVICE PATH

Show direct onset, chronic arthritis continuity, secondary causation, secondary aggravation, or in-service aggravation.

03 NECK-SPECIFIC RECORD

A low-back diagnosis or grant does not establish a cervical claim. Document the neck separately.

04 FUNCTIONAL LOSS

Record painful motion, repeated use, flare-ups, weakness, spasm, guarding, and effects on work and daily activity.

02 What the examination should measure

FORWARD FLEXION

Measure chin-to-chest motion in degrees and identify where pain limits function.

COMBINED MOTION

Add all six cervical movements and address repeated use and flare-related loss.

SPASM AND GUARDING

Document whether they cause abnormal gait or abnormal spinal contour.

ARM NEUROLOGIC SIGNS

Record side, nerve, pain, numbness, strength, reflexes, and sensation for each arm.

03 Build one connected evidence record

1. **DIAGNOSIS AND IMAGING**
   Use clinical assessments, X-ray, MRI, operative reports, and treatment records.
2. **RANGE-OF-MOTION FINDINGS**
   Include initial motion, repeated use, flare estimates, painful motion, and functional loss.
3. **SERVICE CONNECTION EVIDENCE**
   Identify the in-service event or the service-connected condition claimed to have caused or aggravated the neck.
4. **IVDS DOCUMENTATION**
   The alternative formula requires physician-prescribed bed rest and total duration during the prior 12 months.
5. **ARM RADICULOPATHY**
   Associated neurologic impairment may be evaluated separately for each affected upper extremity.

KEEP THE PARTS SEPARATE

Neck, low back, and arm nerves are distinct

- Document a cervical diagnosis of its own
- Do not substitute lumbar findings
- Identify left and right arm symptoms
- Avoid compensating the same symptom twice

Pain matters when it limits motion or function. The record should describe when the limitation begins, how flares change it, and how often those periods occur.

04 Cervical rating map

10%

Flexion over 30 through 40 degrees, combined motion over 170 through 335 degrees, or qualifying tenderness, spasm, or guarding.

20%

Flexion over 15 through 30 degrees, combined motion 170 degrees or less, or guarding or spasm causing abnormal gait or contour.

30%

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

40%

Unfavorable ankylosis of the entire cervical spine. A neck-only rating does not reach the entire-spine 100% criterion.

IVDS alternative: DC 5243 may use physician-prescribed incapacitating episodes when supported, from 10% for at least one week through 60% for at least six weeks in the prior 12 months.

05 Before you file

- ✓ Neck diagnosis listed separately
- ✓ Service path documented
- ✓ Forward flexion measured
- ✓ Combined motion measured
- ✓ Repeated-use and flare loss addressed
- ✓ Spasm and guarding documented
- ✓ Each arm examined for radiculopathy
- ✓ Prescribed bed rest verified if using IVDS