RATEMYVSO VISUAL GUIDE

SECONDARY SERVICE CONNECTION • 38 C.F.R. § 3.310

SLEEP APNEA CAUSED VERSUS AGGRAVATED

Two legal paths. Two medical questions. Neither substitutes for the other.

START HERE

WHAT DOES THE MEDICAL EVIDENCE ACTUALLY SUPPORT?

A — THE PRIMARY CONDITION CAUSED SLEEP APNEA

NEW DISABILITY RESULTED

The evidence supports that the service-connected condition, its treatment, or a supported intermediate step produced the sleep apnea.

Follow the causation path

B — SLEEP APNEA ALREADY EXISTED

ADDITIONAL WORSENING RESULTED

The evidence supports that the service-connected condition increased the severity or functional impairment of existing sleep apnea.

Follow the aggravation path

C — THE RECORD MAY SUPPORT BOTH

ANSWER EACH QUESTION

An opinion may analyze both theories. A negative causation opinion does not answer whether the condition aggravated sleep apnea.

Do not collapse the two analyses

CAUSATION PATH

DID THE PRIMARY CONDITION PRODUCE THE SLEEP APNEA?

01 — CURRENT SLEEP APNEA
A sleep study and clinician establish the current diagnosis and apnea type.

02 — SERVICE-CONNECTED PRIMARY
Identify the exact disability, treatment, medication, or functional effect.

03 — MEDICAL MECHANISM
Explain the physiological chain, including every intermediate step when one is claimed.

04 — ALTERNATIVE CAUSES
Address relevant anatomy, BMI, age, medications, and other risk factors.

CAUSATION CONCLUSION
The opinion should state whether it is at least as likely as not that the service-connected condition caused the sleep apnea, then explain why.

AGGRAVATION PATH

DID THE PRIMARY CONDITION WORSEN EXISTING SLEEP APNEA?

1. What evidence describes sleep apnea before the claimed worsening?
2. What changed in AHI or REI, oxygen findings, symptoms, PAP needs, or functional impairment?
3. When did the worsening occur relative to the primary condition or treatment?
4. Why is the increase linked to the service-connected condition rather than ordinary progression?
5. What medical mechanism explains the additional impairment?
6. Did the opinion avoid requiring permanent worsening?

THE EVIDENCE PACKAGE

DOCUMENT THE BEFORE, THE CHANGE, AND THE LINK

1. **SLEEP STUDIES** — Initial and later testing, apnea type, AHI or REI, oxygen findings, and interpretation.
2. **PAP RECORDS** — Prescription, pressures, residual AHI, adherence, tolerance, and treatment changes.
3. **PRIMARY-CONDITION TIMELINE** — Diagnosis, treatment, medications, severity, and functional changes.
4. **LAY OBSERVATIONS** — Dated reports of snoring, gasping, pauses, fatigue, and progression.
5. **COMPETING RISKS** — Weight, anatomy, age, family history, and other conditions.
6. **MEDICAL OPINION** — Separate conclusions and rationales for causation and aggravation.

QUALITY CONTROL

COMMON OPINION DEFECTS

COMPLETE OPINION

- Uses the correct diagnosis and facts
- Answers causation and aggravation separately
- Explains the medical mechanism
- Addresses alternative causes
- Identifies evidence of worsening when applicable

INCOMPLETE OPINION

- Says only that the conditions are unrelated
- Answers causation but ignores aggravation
- Requires permanent worsening
- Lists generic risk factors without applying them
- Gives a conclusion without rationale

AGGRAVATION DOES NOT REQUIRE PERMANENT WORSENING
Ward v. Wilkie rejected a permanent-worsening requirement for secondary service connection. The evidence must still show additional impairment linked to the service-connected condition.

LEGAL REFERENCE
38 C.F.R. § 3.310 • Allen v. Brown • Ward v. Wilkie

DECISION MAP