RATEMYVSO VISUAL GUIDE

1 SLEEP APNEA CLAIM IN ONE PAGE

RESEARCH

A successful claim needs a **current diagnosis**, a valid path to service connection, and medical evidence connecting the two.

01 START WITH THE MEDICAL FOUNDATION

STEP 1

CURRENT DIAGNOSIS

Document obstructive, central, or mixed sleep apnea through an appropriate clinical evaluation.

STEP 2

SLEEP STUDY AND TREATMENT

Include the diagnostic report, apnea-hypopnea findings, prescribed treatment, and CPAP records when applicable.

A diagnosis proves the condition exists. It does not, by itself, prove that military service caused or aggravated it.

02 CHOOSE THE SERVICE-CONNECTION PATH

D

DIRECT

Evidence connects current sleep apnea to symptoms, events, or circumstances during service.

Current disability + in-service event + nexus

S

SECONDARY

A service-connected disability caused the sleep apnea.

38 CFR § 3.310(a)

A

AGGRAVATION

A service-connected disability worsened existing sleep apnea beyond its natural course.

38 CFR § 3.310(b)

O

INTERMEDIATE STEP

A service-connected disability caused or aggravated obesity, which then caused or aggravated sleep apnea.

The complete medical chain must be explained

03 BUILD ONE CONNECTED RECORD

1. **SLEEP STUDY**
   Diagnostic report and severity findings.
2. **TREATMENT RECORDS**
   CPAP prescription, compliance, response, and follow-up.
3. **SERVICE AND MEDICAL HISTORY**
   Symptoms, weight changes, medications, diagnoses, and timing.
4. **LAY EVIDENCE**
   Firsthand observations of snoring, gasping, fatigue, and onset.
5. **MEDICAL NEXUS**
   A reasoned opinion addressing the exact theory claimed.

THE NEXUS MUST EXPLAIN

WHY THIS VETERAN'S FACTS SUPPORT THIS PATHWAY

- What records were reviewed
- When symptoms and diagnoses began
- The medical mechanism
- Causation and aggravation, when raised
- Competing risk factors or explanations

A generic association is not the same as an individualized medical link.

04 CURRENT DC 6847 RATING LADDER

100%	50%	30%	0%
Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or requires tracheostomy.	Requires use of a breathing assistance device such as a CPAP machine.	Persistent daytime hypersomnolence.	Documented sleep-disorder breathing that is asymptomatic.

Current criteria shown. Proposed respiratory-rating changes are not the controlling rule unless finalized and made effective.

05 BEFORE YOU FILE

- ☑ Current sleep apnea diagnosis documented
- ☑ Complete sleep-study report obtained
- ☑ Service-connection path identified
- ☑ Primary disability already service-connected for a secondary claim
- ☑ Medical and treatment history collected
- ☑ Relevant lay observations prepared
- ☑ Nexus addresses the claimed pathway
- ☑ Statements and dates reviewed for accuracy