

HOW VA DISABILITY RATINGS WORK





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ALOPECIA

(Alopecia Areata or Scarring Alopecia)

SERVICE CONNECTED PERCENTAGE	DESCRIPTION
Scarring alopecia is a condition where the hair follicles on the head are replaced by scar tissue, causing permanent hair loss and scarring.	
20%	If it affects more than 40% of the scalp.
10%	If it affects 20% to 40% of the scalp
0%	If it affects less than 20% of the scalp
Alopecia areata is a condition where there are circular patches of hair loss all over the body (including the head).	
20%	With loss of all body hair
10%	With loss of hair limited to scalp and face
<p>NOTE: Include dated photos to clearly document the extent and severity of hair loss and scarring. If scarring is painful, include a flare up journal with your claim with date, time, duration, severity (1-10) or other symptoms as well as interference with work, socially including family and quality of life.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p> <p>NOTE: Depression and/or anxiety is common as a secondary condition.</p> <p>NOTE: If skin creams or other prescribed medication is used make sure to include documentation.</p>	
<p>In addition, Veterans Administration (VA) covers 100% of the cost of Cranial Prosthesis wigs. Contact your Primary Care Provider and the Prosthetics Department at your VA Medical Center for more information.</p>	
	

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THE ANKLE

(DC 5270-5274 - Ankle Joint, Tarsal Joint, Talus and Heel Bones):

PERCENTAGE	DESCRIPTION
Ankle Joint	
40%	If the ankle joint is frozen in place and cannot be moved, then it is rated depending on where it is frozen. If it is frozen in plantar flexion more than 40°, in dorsiflexion more than 10°, or in abduction, adduction, inversion or eversion (inward and outward rotation)
30%	If it is frozen in plantar flexion between 30° and 40° or in dorsiflexion between 0° and 10°
20%	<ul style="list-style-type: none"> • If the ankle is frozen in plantar flexion less than 30° -OR- • If the ankle is not frozen but limited in motion. Normal range of motion for the ankle is 0° to 20° dorsiflexion and 0° to 45° plantar flexion. -OR- • If dorsiflexion is less than 5° or plantar flexion is less than 10°
10%	If dorsiflexion is less than 15° or plantar flexion is less than 30°
10%	If it can straighten to 10°
0%	If it can straighten to 5°
Tarsal Joint - The tarsal joint is only rated if it is frozen in place.	
20%	If it is frozen in a "poor" weight-bearing position. A poor position would be one that made it difficult for the foot to take weight, like inversion or eversion (Ankle sprain). Walking would be difficult.
10%	If it is frozen in a "good" weight-bearing position. A good weight-bearing position would be one that allowed the foot to lie normally on the ground. Walking would still be easy.
Talus and Heel Bones	
If either of these bones are broken and do not heal properly or have any other kind of deformity (malunion of heel bone, OS Calcis or heel bone, or astragalus or the large bone in the ankle).	
20%	<ul style="list-style-type: none"> • If the resulting deformity is marked. • If the talus bone is surgically removed to stabilize the ankle (Astragalectomy)
10%	If the resulting foot deformity is moderate
<p>NOTE: Loss of Use (LOU) of the foot or leg may qualify for Special Monthly Compensation (SMC).</p> <p>NOTE: The VA will not assign multiple ratings for the ankle for Loss of Motion and instability.</p> <p>NOTE: If pain is present with motion, then the minimum rating must be given.</p> <p>NOTE: Include a flare up journal documenting flare-ups with your claim with date, time, duration or other symptoms as well as interference with work, socially including family and quality of life. The claim should also include personal, spouse, family and co-worker statements on how the heart condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important.</p>	

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GENERAL DEGENERATIVE ARTHRITIS

(DC 5003 Including Chronic residuals of arthritis Osteoporosis, Osteomalacia, Non-cancerous bone growth, Osteitis deformans (Paget's disease), Intermittent hydrarthrosis, Bursitis, Synovitis, Myositis, Periostitis, Myositis ossificans, Tenosynovitis):

PERCENTAGE	DESCRIPTION
	<p>Degenerative arthritis is rated based on the limitation of range of motion of the affected joint(s). However, if limitation of motion for the involved joint(s) renders a non-compensable rating, a 10 percent rating will be assigned for each major or group of minor joints affected by limitation of motion. These will be combined, not added, to determine the rating for arthritis.</p> <p>VA requires that limitation of motion be confirmed by observations such as swelling, muscle spasms, or evidence of painful motion. If no limited range of motion exists in joints, veterans will be rated for degenerative arthritis if X-ray evidence exists to support the diagnosis.</p> <p>NOTE: The most common rating for joint conditions is limitation of motion, partly because conditions are required to be rated under limitation of motion first before they can be rated as degenerative arthritis. If any condition causes a decreased range of motion in a joint, then it MUST be rated on that limited motion.</p> <p>A joint condition can only be rated as degenerative arthritis if it does not have a limited enough range of motion to rate under those codes.</p> <p>Conditions CANNOT be rated under both limitation of motion and degenerative arthritis.</p>
10%	Must have X-ray evidence revealing two or more major joints or two or more groups of minor joints are afflicted by degenerative arthritis.
20%	X-ray evidence must show that two or more major joints or two or more groups of minor joints have degenerative arthritis and produce occasional incapacitating episodes.
	<p>NOTE: Include a flare up journal documenting flare-ups with your claim with date, time, duration or other symptoms as well as interference with work, socially including family and quality of life. Include photos of swelling.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important.</p>

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RATING FORMULA FOR ASTHMA

(DC 6602):

PERCENTAGE	DESCRIPTION
	<p>It is difficult to get a proper test for asthma since the tests must be run while an attack is happening. A methacoline challenge test is often done instead since the methacoline triggers an asthma attack. Once the methacoline is inhaled and an asthma attack begins, the tests are performed. After the tests are done, medications are given to treat the asthma attack.</p> <p>If FEV-1 and FVC tests with methacoline are not performed, then asthma can be rated based on the kind of medication that is used to treat the condition or on the severity of the condition based on the number of ER visits. In these cases, however, the physician must clearly record a thorough history of asthma attacks.</p>
100%	<ul style="list-style-type: none"> • FEV-1 or FEV-1/FVC less than 40% -OR- • 2 or more attacks per week with respiratory failure that requires ER visits to save life -OR- • Requires daily high doses of steroids or immunosuppressive medications taken by mouth or by injection
60%	<ul style="list-style-type: none"> • FEV-1 or FEV-1/FVC 40%-55% -OR- • Requires monthly ER visits to save life -OR • Requires the use of steroids or immunosuppressive medications taken by mouth or by injection 3 or more times a year
30%	<ul style="list-style-type: none"> • FEV-1 or FEV-1/FVC 56%-70% -OR- • Requires monthly ER visits to save life -OR • Requires occasional use of inhaled anti-inflammatory medication or requires daily bronchodilator therapy taken by mouth or inhaled
10%	<ul style="list-style-type: none"> • FEV-1 or FEV-1/FVC 71%-80% -OR- • Requires occasional bronchodilator therapy taken by mouth or inhaled
<ul style="list-style-type: none"> • Common immunosuppressive medications are Prednisone, Prednisolone, Decadron, Deltasone, Dexamethasone, Medrol, Orasone, Pediapred, and Prelone. • Common inhaled anti-inflammatory medications are Aerobid (Flunisolide), Flovent HFA (Fluticasone HFA), Azmacort (triamcinolone), Ipratropium Bromide (Atrovent), Asmanex, Pulmicort, and Qvar. The following are a combination of an anti-inflammatory medication and a bronchodilator (discussed next), but they are rated as anti-inflammatory medication: Advair (Fluticasone and Salmeterol), Duleva, and Symbicort. • Common short-acting bronchodilators include Proventil, Albuterol, Ventolin, Salbutamol, AccuNeb, Levosalbutamol, Levalbuteral, Xopenex, Terbutaline, Bricanyl, Pirbuteral, Maxair, Procatamol, Metaproterenol, Alupent, Fenoterol, Bitolterol mesylate, and Ritodrine. • Common long-acting bronchodilators include Sereveut, Salmeterol, Formoterol, Foradil, Symbicort, Bambuterol, Clenbuterol, and Indacaterol. 	
<p>Asthma is an airborne particulate presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible. Must have manifested within 10 years of a qualifying period of military service after deployment or after discharge from active duty:</p>	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain • Qatar • the United Arab Emirates (U.A.E.) 	<ul style="list-style-type: none"> • Oman • Gulfs of Aden and Oman • Waters on or below the Persian Gulf, Arabian Sea, or the Red Sea • Airspace above these locations. • -OR- Afghanistan, Djibouti, Syria, and Uzbekistan from September 19, 2001, to the present.

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GENERAL RATING FORMULA FOR BALANCE DISORDERS

(DC 6204, 6205 - Peripheral vestibular disorders, Meniere's syndrome, endolymphatic hydrops, Vertigo):

PERCENTAGE	DESCRIPTION
Peripheral vestibular disorders	
<ul style="list-style-type: none"> • Conditions that affect the ears' ability to sense proper body balance. Symptoms include dizziness, sense of being in motion or spinning, wooziness, or motion sickness. Before a condition can be rated under this code, definite evidence of the exact condition and a firm diagnosis must be made. • A sense of being off-balance on its own is not ratable. If the diagnosed condition also causes hearing loss or liquid coming out the ear, then those symptoms can be rated in addition 	
30%	If there is dizziness that occasionally causes staggering when walking
10%	If there is occasional dizziness
PERCENTAGE	DESCRIPTION
Meniere's syndrome (endolymphatic hydrops)	
<ul style="list-style-type: none"> • A disorder of the inner ear that affects both hearing and balance. Symptoms include hearing loss, tinnitus, and dizziness or wooziness. • This condition can be rated one of two ways: once under this code, or three separate ratings under tinnitus, hearing loss, and as a peripheral vestibular disorder. • The VBA will choose the rating option that gives the higher rating. 	
100%	If there is hearing impairment with episodes of dizziness, vertigo and cerebellar gait (staggering) or while walking that occur more than once a week, whether or not there is tinnitus
60%	If there is hearing impairment with episodes of dizziness and cerebellar gait (staggering) while walking that occur one to four times a month, whether or not there is tinnitus.
30%	If there is hearing impairment with episodes of dizziness or vertigo less than once a month, whether or not there is tinnitus
The VBA cannot combine an evaluation for hearing impairment, tinnitus, or vertigo with Meniere's and can rate separately	
<p>NOTE: Include a flare up journal documenting vertigo, dizziness and severe balance issues with your claim. Note date, time, duration or other symptoms. Include interference with work, family or other socializing as well as issues with quality of life as a result.</p>	

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RATING FORMULA FOR CHRONIC FATIGUE SYNDROME

(CFS/ME - Myalgic Encephalomyelitis):

PERCENTAGE	DESCRIPTION
	Debilitating fatigue, cognitive impairments, or a combination of other signs and symptoms. There must be at least 6 or more of the following symptoms present:
	<ul style="list-style-type: none"> • Fever • Tender lymph nodes • Muscle aches or weakness • Sore throat • Debilitating fatigue lasting 24 hours or more after exercise • Headaches unique to the fatigue (different than headaches before the fatigue began) • Joint aches, and cognitive problems (bad concentration, forgetfulness, confusion, etc.)
100%	Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care
60%	Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year
40%	Which are nearly constant and restrict routine daily activities from 50 to 75 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year
20%	Which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year
10%	Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year; or symptoms controlled by continuous medication
<p>NOTE: Many different conditions can produce significant fatigue, so a diagnosis of chronic fatigue syndrome can only be made after proper testing for all other possible conditions is done. The fatigue also has to be severe enough to limit the ability to perform daily activities by half for at least 6 months. You must have a current diagnosis prior to filing.</p> <p>NOTE: Include a flare-up journal with your claim showing symptom flare-ups. Note date, time, duration, symptoms as well as impact on quality of life including employment, family and social situations.</p>	
<p>CFS/ME is a Gulf War Presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible if 10% or more disabling:</p>	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain 	<ul style="list-style-type: none"> • Qatar • the United Arab Emirates (U.A.E.) • Oman • Gulfs of Aden and Oman • Waters on or below the Persian Gulf, Arabian Sea, and the Red Sea • Airspace above these locations.

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RATING FORMULA FOR DIABETES MELLITUS

(including Type 1 and Type 2 Diabetes):

PERCENTAGE	DESCRIPTION
100%	Requiring more than one daily injection of insulin, restricted diet, and regulation of activities (avoidance of strenuous occupational and recreational activities as documented on lay statements and medical records) with episodes of ketoacidosis or hypoglycemic reactions requiring at least three hospitalizations per year or weekly visits to a diabetic care provider, plus either progressive loss of weight and strength or complications that would be compensable if separately evaluated
60%	Requiring one or more daily injection of insulin, restricted diet, and regulation of activities with episodes of ketoacidosis or hypoglycemic reactions requiring one or two hospitalizations per year or twice a month visits to a diabetic care provider, plus complications that would not be compensable if separately evaluated
40%	Requiring one or more daily injection of insulin, restricted diet, and regulation of activities
20%	Requiring one or more daily injection of insulin and restricted diet, or, oral hypoglycemic agent and restricted diet
10%	Manageable by restricted diet only
	<p>Common EXAMPLES of secondary conditions related to diabetes mellitus: Any secondary claim should be accompanied by a medical opinion stating whether it is as likely as not (50% probability), or more likely than not (probable) that the claimed disability was caused or aggravated by the service-connected condition.</p> <p>General Conditions That Can Result from Diabetes Mellitus:</p> <ul style="list-style-type: none"> • Diabetic nephropathy (kidneys), Diabetic neuropathy is damage to nerves which can cause numbness and pain in the hands, arms, legs, and feet. When combined with poor circulation, neuropathy can result in diabetic foot ulcers and leg infections that may require amputation. <p>Eye conditions including:</p> <ul style="list-style-type: none"> • Cataracts, Retinopathy, Glaucoma <p>Heart and Circulation Complications That Can Result from Diabetes Mellitus:</p> <ul style="list-style-type: none"> • Atherosclerosis, Coronary Artery Disease, Heart attacks, Strokes <p>Skin Conditions That Can Result from Diabetes Mellitus:</p> <ul style="list-style-type: none"> • Bacterial infections, including sties, boils, and carbuncles, usually caused by Staphylococcus bacteria, Fungal infections such as jock itch, yeast infections, ringworm, and athlete's foot, Diabetic dermopathy (scaly brown patches), Necrobiosis lipoidica diabetorum (dull red raised spots on the skin), Disseminated granuloma annulare (ring-shaped or arc-shaped rashes), Acanthosis nigricans (raised tan or brown patches) <p>Mental Conditions That Can Result from Diabetes Mellitus:</p> <ul style="list-style-type: none"> • Diabetics have greater risk of depression than non-diabetics. Depression can be a result of a loss of quality of life, chronic pain, and chronic health problems. <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p>

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RATING FORMULA FOR EATING DISORDERS

(including Anorexia nervosa and Bulimia nervosa):

PERCENTAGE	DESCRIPTION
100%	Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding.
60%	Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year.
30%	Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year.
10%	Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year.
0%	Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating episodes.
	Make sure you submit a separate personal statement on how the disorder affects you on a daily basis with a focus on your social, family and employment.

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ELBOW RATINGS

(DC 5206, 5207, 5208)

SERVICE CONNECTED PERCENTAGE		DESCRIPTION
Elbow Limitation of Motion		
If the elbow cannot bend		
Dominant	Non-Dominant	
50%	40%	If the arm can only straighten to 110°
40%	30%	If the arm can only straighten to 100°
30%	20%	If the arm can only straighten to 90°
20%	20%	If the arm can only straighten to 75°
10%	10%	If the arm can only straighten to 45°
0%	0%	Anything between 0° and 45°
If the elbow cannot bend all the way		
50%	40%	If the elbow can only bend to 45°
40%	30%	If the elbow can only bend to 55°
30%	20%	If the elbow can only bend to 70°
20%	20%	If the elbow can only bend to 90°
10%	10%	If the elbow can only bend to 100°
0%	0%	If the elbow can only bend to 110°
20%	20%	If the elbow can only straighten 45° and only bend to 100°
<p>NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.</p>		

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RATING FORMULA FOR ERECTILE DYSFUNCTION

(ED or Other Sexual Dysfunction)

PERCENTAGE	DESCRIPTION
0%	<ul style="list-style-type: none"> • Service Connected Erectile Dysfunction (ED) constitutes Loss of Use (LOU) of a creative organ. • Other diagnoses of sexual dysfunction that may result in LOU include (but are not limited to) loss of libido, loss of sexual drive, or impotence • Special Monthly Compensation-SMC-K is established
<p>When an examiner finds that there is ED or another sexual dysfunction, SMC-K is established even though</p> <ul style="list-style-type: none"> • the Veteran can achieve erection and penetration with the use of medication, -OR- • the Veteran had a vasectomy prior to the development of the LOU of a creative organ, as vasectomies may be reversible while LOU is not. <p>When the evidence, including an examination report or other medical information, shows that a diagnosis of ED or other sexual dysfunction is present but indicates that the Veteran can penetrate and ejaculate <i>without</i> the use of medication, resolve reasonable doubt in the Veteran's favor and interpret the report to establish that LOU of a creative organ is present and grant entitlement to SMC-K.</p> <p>Exception: Do <i>not</i> establish SMC-K based on an examiner's finding/conclusion that there is ED if:</p> <ul style="list-style-type: none"> • the examination is insufficient for rating purposes because it is not supported by a valid rationale in a nexus letter and/or by the evidence of record (for example if the examiner checks that there is ED but there is no history, examination or other basis for the finding) • the report is based on the claimant's report of ED but there is some specific evidence that the claimant's account of ED lacks credibility, or • the preponderance (greater weight) of the evidence proves the contrary. 	
<p>NOTE: If you already have Service Connected Loss of Use (LOU) of a Creative Organ it will be listed on your disabilities page on va.gov as a 0% compensation and you will see an extra \$118.33 (2022) in the monthly compensation check. (SMC-K)</p>	

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RATING FORMULA FOR REMOVAL OR LOSS OF USE OF FEMALE REPRODUCTIVE ORGANS

(CFR §4.11)

PERCENTAGE		DESCRIPTION
Removal of uterus (Hysterectomy)		
100%	50%	The complete removal of the uterus and both ovaries is rated 100% for the first 3 months after the surgery. After the 3-month period, it is then rated 50%.
100%	30%	If the entire uterus is removed, it is rated 100% for the first 3 months after surgery. After the 3-month period, it is rated 30%.
100%	30%	The removal of one or both ovaries is rated 100% for the first 3 months after surgery. After that period, the complete removal of both ovaries is rated 30%.
30%		A single service-connected ovary is removed and the other ovary has also been removed or doesn't function at all, even if the problems with the second ovary are not related to service.
0%		Anything less than the complete removal or loss of use of both ovaries is rated 0%.
Endometriosis		
A diagnosis of endometriosis is only ratable if it is confirmed by a laparoscopy test.		
50%		If the condition affects the bowel or the bladder, causes problems with going to the bathroom, and causes uncontrolled pain in the pelvic region or bleeding
30%		if there is pain in the pelvic region and there is irregular bleeding that cannot be controlled by treatments
10%		If the pain or bleeding can be controlled by continuous treatment
NOTE: Include a pain and symptom journal showing dates and times with your claim.		
Cancer and Tumors of the Reproductive System		
Cancer of the female organs		
100%		This 100% will continue for the first 6 months after the last treatment. The condition will then be re-evaluated. If it is no longer active, then it will be rated on any lasting symptoms just like any benign condition.
Benign Tumors		
Benign tumors of the female organs are rated based on how they affect the systems around them. For example, if the condition interferes with the ability to urinate, then it would be rated under that symptom.		
NOTE: If the conditions above cause infertility you may qualify for SMC-K		
NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.		

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RATING FORMULA FOR FIBROMYALGIA

(fibrositis, primary fibromyalgia syndrome):

PERCENTAGE	DESCRIPTION
	With widespread musculoskeletal pain and tender points, with or without associated:
	<ul style="list-style-type: none"> • Fatigue • Sleep disturbance • Stiffness • Paresthesia (Pins and Needles Sensation) • Headache • Irritable bowel symptoms • Depression • Anxiety, or • Raynaud's-like symptoms
40%	That are constant, or nearly so, and resistant to therapy or treatment
20%	That are episodic, with exacerbations often precipitated by environmental or emotional stress or by overexertion, but that are present more than one-third of the time
10%	That require continuous medication for control
<p>NOTE: Widespread pain means pain in both the left and right sides of the body, that is both above and below the waist, and that affects both the axial skeleton (<i>i.e.</i>, cervical spine, anterior chest, thoracic spine, or low back) and the extremities.</p> <p>NOTE: Include a pain journal with your claim showing pain flare-ups. Note date, time, duration, location of pain and other symptoms.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life.</p> <p>NOTE: You must have a current diagnosis prior to filing.</p>	
<p>Fibromyalgia is a Gulf War Presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible:</p>	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain 	<ul style="list-style-type: none"> • Qatar • the United Arab Emirates (U.A.E.) • Oman • Gulfs of Aden and Oman • Waters of the Persian Gulf, Arabian Sea, and the Red Sea • And airspace above these locations.

HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P exam report and any other evidence submitted to them in support of your claim based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. If you have multiple injuries, disability ratings are not added together (60%+40%≠100%). The VA has an internal ranking system of injuries that will determine your final disability rating.

RATING FORMULA FOR THE GALL BLADDER

(The gallbladder collects bile produced by the liver and passes it along to the stomach when digesting food. The bile helps digest fats.):

PERCENTAGE	DESCRIPTION
The most common symptom is severe pain near the bottom of the ribs on the right side. In most people, the gallbladder can be removed without serious side effects.	
Chronic cholecystitis	
30%	If there are frequent severe attacks of pain.
10%	If there is heartburn and occasional attacks of severe pain.
0%	If there are only occasional mild symptoms
Removal of the Gall Bladder	
The removal of the gallbladder normally does not cause any serious side effects, but complications are always possible.	
30%	If the removal of the gallbladder causes severe symptoms, like chronic pain and nausea.
10%	If there are only mild symptoms.
0%	If there are no symptoms (asymptomatic)
Chronic cholelithiasis	
The regular production of hard stones in the gallbladder, which can lead to swelling, pain, and other diseases and infections and is rated as chronic cholecystitis	
Chronic cholangitis	
An infection of the tube that takes the bile from the liver to the gallbladder and is rated as chronic cholecystitis	
Injury to the Gall Bladder	
Any lasting symptoms after an injury to the gallbladder are rated as peritoneal adhesions.	
Pain and Symptom Journal	
NOTE: Submitting a pain and symptom journal with dates, times and severity of an attack with your claim is important. If hospitalized, make sure the dates are clearly in your journal.	
NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.	

HOW VA DISABILITY RATINGS WORK

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GENERAL RATINGS FOR OBSTRUCTIVE LUNG DISEASES

(Including COPD, Chronic bronchitis, Pulmonary emphysema, Bronchiectasis, Asthma, pleural effusion):

PERCENTAGE	DESCRIPTION
100%	<ul style="list-style-type: none"> • FEV-1 less than 40% predicted • FEV-1/FVC less than 40% • DLCO (SB) less than 40% predicted • Maximum exercise capacity less than 15 ml/kg/min oxygen consumption • Right heart failure • Right ventricular hypertrophy • Pulmonary hypertension shown by Echo or cardiac catheterization • Episodes of acute respiratory failure • Require outpatient oxygen therapy
60%	<ul style="list-style-type: none"> • A FEV-1 of 40 to 55% predicted, or; • FEV-1/FVC of 40 to 55%, or; DLCO (SB) of 4 to 55% predicted, or; • Maximum oxygen consumption of 15 to 20 ml/kg/min (with cardio-respiratory limit)
30%	<ul style="list-style-type: none"> • FEV-1 of 56 to 70% predicted, or; • FEV-1/FVC of 56 to 70%, or; • DLCO (SB) of 56 to 65% predicted
10%	<ul style="list-style-type: none"> • FEV-1 of 71 to 80% predicted, or; • FEV-1/FVC of 71 to 80% or; • DLCO (SB) of 66 to 80% predicted
<p>• Spirometry: VA rates COPD based on the results of respiratory functioning tests, such as Forced Expiratory Volume in 1 Second (FEV-1), the ratio of FEV-1 to Forced Vital Capacity (FVC), the Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)), and exercise testing.</p> <p>– Forced Vital Capacity (FVC) is the total maximum amount of air that you can exhale after taking a full breath. It is reported as a volume of air and also as a percentage of the average, healthy person like you.</p> <p>– Forced Expiratory Volume is the maximum amount of air that a person can breathe out in 1 second. FEV-1 is measured against the FEV-1 for a normal person of your size and age</p> <p>– The ratio of FEV-1 to Forced Vital Capacity (FVC) is another measurement used for ratings. The ratio is determined by dividing the FEV-1 by the FVC, and will be noted as a percentage. If the FEV-1 measurement is 3.5 liters and the FVC measurement is 5.0 liters, then the FEV-1/FVC would be 70% ($3.5/5.0 = 70\%$). 75% and above is considered normal. If both the FEV-1 and the FVC's measurements are higher than their predicted values, then this ratio cannot be used to rate the condition.</p> <p>• The Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) measures the ability of a person's lungs to transfer gas from air that is inhaled to their red blood cells. The test measures this by comparing how much carbon monoxide is left when a person exhales to how much they inhaled. This measurement is then measured against that of a normal, average person.</p> <p>• Exercise testing determines show much oxygen a person's blood uses when they are functioning at maximum capacity, meaning the maximum amount of physical activity that the person can repeat and sustain. This measure is expressed in the amount of oxygen used by your body weight per minute.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p> <p>NOTE: Veterans can only be rated for one respiratory condition. For instance, if a veteran has COPD and asthma that they believe was caused by service, they can only receive VA disability benefits for one of them.</p>	

HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P (Compensation & Pension) exam report and any other evidence submitted to them in support of your claim including lay statements and buddy letters and based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. In order to establish service connection, veterans must show 3 main elements of service connection: A current, diagnosed disability, an in-service event, injury, or illness, and a medical nexus between the current disability and the in-service event

BASIC RATING FORMULA FOR HEART CONDITIONS

(Including Ischemic, Syphilitic, Arteriosclerotic, Atherosclerotic Heart Disease.):

PERCENTAGE	DESCRIPTION
The majority of heart conditions are rated based on a set rating system.	
100%	• The condition scores 3 METs or less on an MET test and causes shortness of breath, fatigue, chest pain, dizziness or fainting (heart failure symptoms)
60%	• The condition scores 3.1 to 5 METs and causes shortness of breath, fatigue, chest pain, dizziness or fainting
30%	• The condition scores 5.1 to 7 METs on an MET test and causes shortness of breath, fatigue, chest pain, dizziness or fainting –OR– • Evidence (x-ray, electro-cardiogram, or echocardiogram) of hypertrophy or dilation. An electro-cardiogram by itself can prove hypertrophy, but is not enough to prove dilation.
10%	• The condition scores 7.1-10 METs and causes shortness of breath, fatigue, chest pain, dizziness or fainting –OR– • Continuous medication is required and clearly recorded by physician (including PRESCRIBED aspirin therapy).
Some heart conditions are rated at a temporary 100% including:	
<ul style="list-style-type: none"> • Coronary bypass surgery (3 months temp 100%). • Implantable cardiac pacemaker (For one month following hospital discharge for implantation or re-implantation - 10% after surgery) • Heart transplant (minimum 12 months temp 100% then 30% minimum) • Implantable Cardioverter-Defibrillators (AICD's) (100% after surgery) • Heart valve replacement/prosthesis (3 months temp 100%) • Myocardial infarction (3 months temp 100%) • Valvular heart disease (including rheumatic heart disease), Endocarditis, or Pericarditis (100% during infection and 3 months following cessation of treatment) • Implantable cardiac pacemakers (100% for 1 month following hospital discharge for implantation or re-implantation. 10% after or based on residuals including supraventricular tachycardia, sustained ventricular arrhythmias and atrioventricular block. 	
<p>NOTE: It is very important that the physician performing your exam gets an MET (Metabolic Equivalent of Task) test done for ANY heart condition. An MET test(exercise test or stress test), checks for how much oxygen is being used by the body to perform increasingly strenuous tasks. There are a very few cases where an MET test is not required, but the majority of the time it is essential to getting a proper heart rating. Be proactive and make sure an MET test is done! If the Veteran is unable to perform the MET test, a physician can submit a question only test.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the heart condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p>	

HOW VA DISABILITY RATINGS WORK

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RATING FORMULA FOR HIATAL HERNIA/GERD

(Including Gastroesophageal Reflux Disease (GERD).):

PERCENTAGE	DESCRIPTION
	This condition is a hernia in the diaphragm that allows the organs or stomach acid in the abdomen to move up into the chest cavity. Symptoms include:
60%	<ul style="list-style-type: none"> • Pain • Vomiting • Significant weight loss • Blood in the vomit or feces and hematemesis • melena with moderate anemia; or • other symptom combinations productive of severe impairment of health
30%	Persistently recurrent epigastric (the part of the upper abdomen immediately over the stomach) distress with: <ul style="list-style-type: none"> • Dysphagia (difficulty in swallowing) • heartburn (a burning sensation in the upper abdomen), and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health
10%	<ul style="list-style-type: none"> • With two or more of the symptoms for the 30 percent evaluation of less severity
<p>Important: Structural gastrointestinal diseases, such as inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) and gastroesophageal reflux disease (GERD) are not considered Gulf War Presumed conditions, as these conditions are considered to be organic or structural diseases characterized by abnormalities seen on x-ray, endoscopy, or through laboratory tests.</p>	
<p>NOTE: Include a journal with your claim showing flare-ups. Note date, time, and location of pain and symptom. This is extremely important to ensure the appropriate rating is assigned for your condition.</p>	
<p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p>	

HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P (Compensation & Pension) exam report and any other evidence submitted to them in support of your claim including lay statements and buddy letters and based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. In order to establish service connection, veterans must show 3 main elements of service connection: A current, diagnosed disability, an in-service event, injury, or illness, and a medical nexus between the current disability and the in-service event.

HIP AND THIGH

(§4.71a musculoskeletal system):

PERCENTAGE	DESCRIPTION
	If the hip joint is frozen in place and cannot move at all, then it is rated depending on where it is frozen.
90%	Frozen so that the foot cannot reach the ground and crutches must be used and are prescribed.
70%	The hip is frozen at more than 40°, but the foot can reach the ground and crutches are not required
60%	Frozen in a "favorable" position in flexion between 20° and 40° with only a small amount of adduction or abduction. "Favorable" means that if the hip is frozen, this is the best position it can be frozen in since it can still be used to support weight, etc.
Hip and Thigh Limitation of Motion	
The hip is limited in how far forward (flexion) it can move the leg	
40%	Cannot move the leg more than 10°
30%	Cannot raise the leg more than 20°
20%	Cannot raise the leg more than 30° -OR- The hip cannot swing the leg out to the side (abduction) more than 10°
10%	Cannot raise the leg more than 45° -OR- Cannot move the leg inward across the other leg (adduction) -OR- Cannot rotate the leg outward (toes point off to the sides) more than 15°
Too Much Motion or Dislocation	
80%	If the hip moves significantly too far in any direction and thus is unstable or can be easily dislocated.
Hip and Thigh Bones (femur or femoral neck bones)	
80%	Either bone is completely broken through and it causes loose or erratic leg motion
60%	Either bone broken through but the leg motion is not loose and the leg can support weight with the help of a prescribed brace. Or is fractured and has a false joint.
NOTE: If the hip is limited in flexion, extension and abduction, then it can be rated three times.	
NOTE: Include a flare up journal documenting flare-ups with your claim with date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.	
NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life.	

HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P (Compensation & Pension) exam report and any other evidence submitted to them in support of your claim including lay statements and buddy letters and based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. In order to establish service connection, veterans must show 3 main elements of service connection: A current, diagnosed disability, an in-service event, injury, or illness, and a medical nexus between the current disability and the in-service event

RATING FORMULA FOR HYPERTENSION (HIGH BLOOD PRESSURE)

(Hypertensive vascular disease, hypertension and isolated systolic hypertension):

PERCENTAGE	DESCRIPTION
	Hypertension refers to both the diastolic and systolic pressure and systolic hypertension refers to only the systolic pressure. When looking at a blood pressure reading, the systolic hypertension is the number on top, and the diastolic is the number on bottom.
60%	If the average diastolic pressure is 130 or more
40%	If the average diastolic pressure is 120 to 129
20%	If the average diastolic pressure is 110 to 119, or the average systolic pressure is 200 or more
10%	<ul style="list-style-type: none"> If the average diastolic pressure is 100 to 109, or the average systolic pressure is 160 to 199 -OR the average diastolic pressure was 100 -OR more before fully controlled by medication and continuous medication is required to keep the blood pressure under control
0%	<p>The competent evidence shows a diagnosis of hypertension or isolated systolic hypertension, currently controlled by or asymptomatic with medication, and a past competent diagnosis was made</p> <ul style="list-style-type: none"> in service -OR based on manifestation of blood pressure readings to a compensable degree within one year after discharge, -OR secondary to a service connected disability.
<ul style="list-style-type: none"> Readings are with blood pressure medications. To qualify for a high blood pressure rating, the condition must be clearly documented by the physician. For an initial rating blood pressure readings must be taken two or more times a day on at least three different days in order for the condition to be officially diagnosed. A blood pressure log of 2 or more readings over 3 or more days may qualify as lay evidence even if not done by a physician but not for a diagnosis. Your Primary Care Physician can give you a home blood pressure machine if requested. A rating for high blood pressure can be used in addition to ratings for hypertensive heart disease and other heart diseases. Even a 0%, service connected non-compensable rating is important if the Veteran were to pass away from a heart condition for survivor benefits (Dependent Indemnity Compensation) if the cause of death listed on the death certificate indicates or in a doctor's letter that service connected hypertension is at least as likely as not (50% chance or greater) a contributing factor in the death. Pre-hypertension is generally defined as systolic pressure between 120mm and 139mm and diastolic pressure from 80mm to 89mm. Pre-hypertension is not a disability for VA purposes. 	

HOW VA DISABILITY RATINGS WORK

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RATING FORMULA FOR IRRITABLE COLON SYNDROME

(Irritable Bowel Syndrome/spastic colitis, mucous colitis, etc.):

PERCENTAGE	DESCRIPTION
<p>A condition where there is significant stomach pain, bloating and often changes in the pattern of bowel movements with diarrhea or constipation. There is no known cause of this condition.</p>	
30%	Severe with diarrhea, or if it alternates between diarrhea and constipation, with stomach pains
10%	Moderate with frequent episodes of bowel disturbance with stomach or abominable pain
0%	Mild with disturbances of bowel function with occasional episodes of stomach or abdominal pain
<p>Functional gastrointestinal disorders (FGIDs) are a group of diagnosed conditions that are a type of medically unexplained chronic multi-symptom illness (MUCMI). They are characterized by chronic or recurrent symptoms that are:</p> <ul style="list-style-type: none"> • unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease, and • may be related to any part of the gastrointestinal tract. <p>Diagnosis of a FGID under generally accepted medical principles normally requires:</p> <ul style="list-style-type: none"> • symptom onset at least six months prior to diagnosis, and • the presence of symptoms sufficient to diagnose the specific disorder at least three months prior to diagnosis. <p>Important: FGIDs do not include structural gastrointestinal diseases, such as inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) and gastroesophageal reflux disease (GERD), as these conditions are considered to be organic or structural diseases characterized by abnormalities seen on x-ray, endoscopy, or through laboratory tests.</p> <p>NOTE: Include a journal with your claim showing flare-ups. Note date, time, and location of pain and symptoms.</p> <p>NOTE: You must have a current diagnosis prior to filing.</p>	
<p>FGIDs are considered a Gulf War Presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible:</p>	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain 	<ul style="list-style-type: none"> • Qatar • the United Arab Emirates (U.A.E.) • Oman • Gulfs of Aden and Oman • Waters on or below the Persian Gulf, Arabian Sea, and the Red Sea • airspace above these locations.

HOW VA DISABILITY RATINGS WORK

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RATING FORMULA FOR THE JAW JOINT

(Condylod process of the mandible, condyloid process, Temporomandibular disorder, TMD, TMJ):

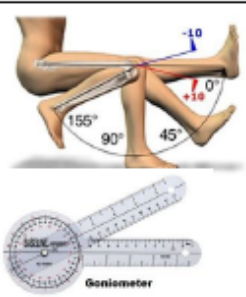
PERCENTAGE		DESCRIPTION
Missing Condylod Process of the Mandible		
30%	Missing on one or both sides	
Temporomandibular Disorder, (known as "TMD" and may be referred to as "TMJ")		
<ul style="list-style-type: none"> • Based on limited motion of the joint and the ability to eat regular or mechanically altered food. • Mechanically altered foods include liquid, blended, chopped, pureed, ground, mashed, soft, and semisolid foods. A physician must record that your condition requires you to eat only mechanically altered foods in order for it to be rated. If a medical record does not state this, then it'll be assumed that you are able to eat normally. • For limited motion, the jaw can move in two directions: open and closed, and side-to-side. Only one direction of motion can be rated. If the jaw is limited in both directions, then only the one that will give the higher rating is used. Only unassisted motion is used to rate limited motion. If the jaw could open further with help, it is only rated on how far it can move naturally without assistance. 		
Mechanically Altered	Normal	
50%	40%	If the jaw can't open more than 10 mm (about 0.4 of an inch)
40%	30%	If the jaw can open between 11 and 20 mm (about 0.4 to 0.8 of an inch)
Liquid/Pureed	Soft/Semi-Solid	Normal
40%	30%	20%
		If the jaw can open between 21 and 29 mm (about 0.8 to 1.1 inches)
30%	20%	10%
		If it can open between 30 and 34 mm (about 1.2 to 1.3 inches)
10%	<ul style="list-style-type: none"> • If the jaw can't move side-to-side more than 4 millimeters (mm) • If there is pain when moving the jaw, whether or not the jaw can move, the minimum rating is 10%. 	
<p>NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.</p> <p>NOTE: A service-connected jaw or mouth condition of 10% or more qualifies a Veteran for Class I VA Dental for any needed dental care. Contact the Eligibility Office at the VA Medical Center.</p>		

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LIMITATION OF MOTION OF THE KNEE

(Based on Range of Motion - ROM):

PERCENTAGE	DESCRIPTION
If the knee is not frozen, but is limited in extension and cannot straighten all the way	
50%	If the leg can only straighten to within 45° of being completely straight
40%	If it can straighten to 30°
30%	If it can straighten to 20°
20%	If it can straighten to 15°
10%	If it can straighten to 10°
0%	If it can straighten to 5°
If the knee can straighten, but cannot bend all the way	
30%	If the knee can only bend to 15°
20%	If the knee can bend to 30°
10%	If the knee can bend to 45°
0%	If the knee can bend to anything 60° or more
NOTE: If the knee can move, but cannot either bend all the way or straighten all the way, then it can be rated TWICE—once under each of the situations above.	
 <p>The diagram illustrates the range of motion (ROM) for a knee joint. It shows a side view of a knee with three angles marked: 155° for flexion (bending the knee), 90° for extension (straightening the knee), and 45° for limited extension (how far the knee can be straightened). An inset shows a goniometer, a device used to measure joint angles, with the label 'Goniometer' below it.</p>	<p>The examiner should measure ROM with a goniometer (see inset). During the examination be cognizant of painful motion. The examiner is instructed to watch for behavior such as facial expression, wincing, etc..., on pressure or manipulation. This is a SUBJECTIVE observation and you should express pain VERBALLY as a scale from 1-10, with 10 being the worst pain.</p> <p>NOTE: Include a pain journal with your claim showing pain flare-ups. Note date, time, duration, location of pain and other symptoms.</p> <p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life.</p>

HOW VA DISABILITY RATINGS WORK

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GENERAL LIVER RATING SYSTEM

(Chronic Liver Disease, Cirrhosis):

PERCENTAGE	DESCRIPTION
Any chronic liver disease that doesn't have cirrhosis is rated under this code. This includes diseases like Hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, and others. NOT Hepatitis C and bile duct disorders.	
100%	Near-constant, completely disabling symptoms like fatigue, uneasiness, vomiting, anorexia, joint pain, and pain in the upper right abdomen.
60%	Significant fatigue, uneasiness, anorexia with significant weight loss or malnutrition, and swelling in the liver, or incapacitating episodes totaling 6 weeks or more in the past year that include symptoms like fatigue, uneasiness, nausea, vomiting, anorexia, joint pain and pain in the upper right abdomen.
40%	Significant fatigue, uneasiness, anorexia with weight loss and swelling in the liver, or if there are incapacitating episodes totaling 4 to 6 weeks in the past year that include symptoms like fatigue, uneasiness, nausea, vomiting, anorexia, joint pain, and pain in the upper right abdomen.
20%	Significant fatigue, uneasiness and anorexia (without weight loss) that requires either a special diet or constant medication, or if there are incapacitating episodes totaling 2 to 4 weeks in the past year that include symptoms like fatigue, uneasiness, nausea, vomiting, anorexia, joint pain, and pain in the upper right abdomen.
10%	Occasional fatigue, uneasiness and anorexia, or if there are incapacitating episodes totaling 1 to 2 weeks in the past year that include symptoms like fatigue, uneasiness, nausea, vomiting, anorexia, joint pain, and pain in the upper right abdomen.
0%	If the condition does not have any symptoms.
NOTE: If there are two different conditions and one rates under this code and another rates as Hepatitis C, then the symptoms caused by the condition rated under code this rating cannot count towards another rating under this code.	
PERCENTAGE	DESCRIPTION
Cirrhosis of the liver, primary biliary cirrhosis, and the cirrhotic phase of sclerosing cholangitis.	
100%	If the condition causes weakness, significant weight loss, and continuous jaundice, or if there is one or more of the following that cannot be fixed by treatment: 1) swelling in the abdomen, 2) mental disturbances like confusion, loss of consciousness and coma, or 3) bleeding in the abdomen from the blood vessels or portal gastropathy.
70%	Two or more episodes of swelling in the abdomen, mental disturbances, or bleeding in the abdomen with periods in between these episodes where the disease is not active.
50%	One episode of swelling in the abdomen, mental disturbances, or bleeding in the abdomen.
30%	High blood pressure in the portal vein and swelling in the spleen with weakness, anorexia, stomach pain, uneasiness, and minor weight loss.
10%	symptoms like weakness, anorexia, stomach pain and uneasiness.
NOTE: "Incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician. Make sure you inform your Primary Care Provider date, duration and symptoms each episode.	
NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.	

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RATING FORMULA FOR LOSS OF TASTE AND SMELL

(TOTAL LOSS):

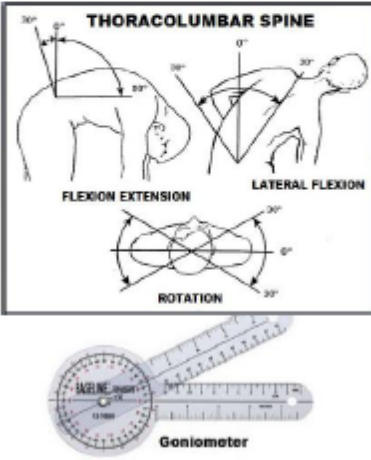
PERCENTAGE	DESCRIPTION
	<p>A rating can only be given for the loss of the sense of smell or taste if there is a definite, diagnosed physical or mental cause.</p> <p>Taste and smell are very closely related. Both the tongue and the salivary glands participate in tasting. The salivary glands, however, are stimulated by the sense of smell. Without it, the sense of taste would be diminished.</p> <p>Most medical conditions that cause the loss of taste and/or smell are temporary and include the common cold and hay fever. Physical conditions that could cause a permanent loss of taste and smell are rare. They include conditions that obstruct the nasal passages like a tumor or polyps, diseases of the lining of the nose, loss of the tongue, and damage to the brain or nerves (strokes, brain diseases, traumatic brain injuries, etc.).</p> <p>Mental disorders that may result in the loss of taste or smell include depression and schizophrenia, but this is a very rare side effect. Mental conditions usually do not cause a complete loss of the sense, but rather a change in the perception of the sense. So they might think they are smelling something that isn't there, etc.</p>
	Taste
10%	If the sense of taste is completely lost, it is rated 10%.
	Smell
10%	If the sense of smell is completely lost, it is rated 10%.
	NOTE: Most medical conditions which result in the permanent loss of taste or smell would cause other disabilities as well. These should be rated separately.

HOW VA DISABILITY RATINGS WORK

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COMMON RATINGS OF THE LOW/MID BACK

(Thoracolumbar Spine):

PERCENTAGE	DESCRIPTION
100%	Entire spine frozen in an unfavorable position, including neck and low/mid back
50%	Entire thoracolumbar spine frozen in an unfavorable position
40%	<ul style="list-style-type: none"> • Forward flexion of the thoracolumbar spine 30 degrees or less; or, • Favorable ankylosis of the entire thoracolumbar spine
20%	<ul style="list-style-type: none"> • Forward flexion of the thoracolumbar spine greater than 30 degrees but not greater than 60 degrees; or, • The combined range of motion of the thoracolumbar spine not greater than 120 degrees; or, • Muscle spasm or guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis
10%	<ul style="list-style-type: none"> • Forward flexion of the thoracolumbar spine greater than 60 degrees but not greater than 85 degrees; or, • Combined range of motion of the thoracolumbar spine greater than 120 degrees but not greater than 235 degrees; or, • Muscle spasm, guarding, or localized tenderness not resulting in abnormal gait or abnormal spinal contour; or, • Vertebral body fracture with loss of 50 percent or more of the height
 <p>THORACOLUMBAR SPINE</p> <p>FLEXION EXTENSION</p> <p>LATERAL FLEXION</p> <p>ROTATION</p> <p>Goniometer</p>	<p>NOTE: The examiner should measure ROM with a goniometer (see inset). During the examination be cognizant of painful motion. The examiner is instructed to watch for behavior such as facial expression, wincing, etc..., on pressure or manipulation.</p> <p>NOTE: This is a SUBJECTIVE observation and you should express pain as a scale from 1-10, with 10 being the worst pain.</p> <p>NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.</p>

HOW VA DISABILITY RATINGS WORK

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GENERAL RATING FORMULA FOR MENTAL DISORDERS

(Including PTSD, Depression, anxiety, and PTSD caused by MST):

PERCENTAGE	DESCRIPTION		
100%	Total occupational and social impairment, due to such symptoms as:		
	<ul style="list-style-type: none"> Gross impairment in thought processes or communication Persistent delusions or hallucinations Grossly inappropriate behavior 	<ul style="list-style-type: none"> Disorientation to time or place memory loss for names of close relatives, own occupation, or own name. Persistent danger of hurting self or others 	<ul style="list-style-type: none"> Intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene)
70%	Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:		
	<ul style="list-style-type: none"> Suicidal ideation Obsessional rituals which interfere with routine activities Speech intermittently illogical, obscure, or irrelevant Spatial disorientation Neglect of personal appearance and hygiene 	<ul style="list-style-type: none"> Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively Impaired impulse control (such as unprovoked irritability with periods of violence) 	<ul style="list-style-type: none"> Difficulty in adapting to stressful circumstances (including work or a work like setting) Inability to establish and maintain effective relationships.
50%	Occupational and social impairment with reduced reliability and productivity due to such symptoms as:		
	<ul style="list-style-type: none"> Flattened affect Circumstantial, circumlocutory, or stereotyped speech Panic attacks more than once a week 	<ul style="list-style-type: none"> Difficulty in understanding complex commands Impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks) Impaired judgment 	<ul style="list-style-type: none"> Impaired abstract thinking Disturbances of motivation and mood Difficulty in establishing and maintaining effective work and social relationships.
30%	Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as:		
	<ul style="list-style-type: none"> Depressed mood Anxiety Suspiciousness 	<ul style="list-style-type: none"> Panic attacks (weekly or less often) Chronic sleep impairment 	<ul style="list-style-type: none"> Mild memory loss (such as forgetting names directions, recent events).
10%	Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.		
0%	A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.		
NOTE: Occupational and social impairment carries the greater weight. Not all symptoms are required for each level.			

HOW VA DISABILITY RATINGS WORK

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RATING FORMULA FOR MIGRAINES

(Including other types of headaches):

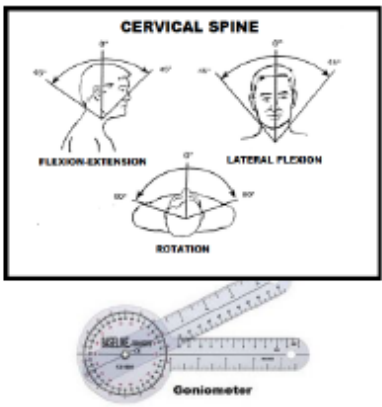
PERCENTAGE	DESCRIPTION			
50%	With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.			
30%	With characteristic prostrating attacks occurring on an average once a month over last several months.			
10%	With characteristic prostrating attacks averaging one in 2 months over last several months.			
0%	With less frequent attacks.			
<ul style="list-style-type: none"> • 'Prostrating': By way of reference, the Board of Veterans Appeals (BVA) notes that according to WEBSTER'S NEW WORLD DICTIONARY OF AMERICAN ENGLISH, THIRD COLLEGE EDITION (1986), p. 1080, "prostration" is defined as "utter physical exhaustion or helplessness." In real world terms, "prostrating" means that the individual must stop all activity, take medication, and either seek medical attention or seclude himself for the rest of the day. The individual is unable to perform any occupational or daily activities either because of the migraine itself or because the migraine medication makes him too drowsy, etc. • 'Characteristic' means typical. • 'Complete' means totally incapacitating. • Submit a signed headache journal over several months with your claim noting date, time, duration, and severity from 1 to 10 and if the attack was prostrating. This is valid lay evidence for your claim but will not substitute as a diagnosis. • The term "productive of economic inadaptability" could be read as having either the meaning of "producing" or "capable of producing". Being currently employed is considered to be irrelevant for adjudication. See <i>Pierce v. Principi</i>, Oct 28, 2004. 				
<p>Example Headache Journal. "Migraine Buddy" is an app that can also be used to print a clear journal for submission.</p>				
DATE	TIME	DURATION	SEVERITY (1-10)	PROSTRATE
10/12/2021	10AM	4 hours	8	Had to lay down in a dark room
10/31/2021	8PM	8 hours	9	Could not participate in my kids Halloween. Had to sleep in a dark room
11/8/2021	10AM	4 hours	7	Had to leave work and lay down in a dark room. Had to have a friend drive me home
12/21/2021	4PM	10 hours	8	Unable to go Christmas shopping with my family. Had to lay down and not move.
<p>NOTE: "I have migraines once or twice a month" reported to an examiner or your provider is generally not actionable evidence.</p>				

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COMMON RATINGS FOR DISEASES AND INJURIES OF THE NECK

(Cervical Spine):

PERCENTAGE	DESCRIPTION
100%	Entire spine frozen in an unfavorable position including neck and low/mid back
40%	Entire cervical spine frozen in an unfavorable position
30%	<ul style="list-style-type: none"> • Forward flexion of the cervical spine 15 degrees or less; or, • Favorable ankylosis of the entire cervical spine
20%	<ul style="list-style-type: none"> • Forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees; or, • The combined range of motion of the cervical spine not greater than 170 degrees;
10%	<ul style="list-style-type: none"> • Forward flexion of the cervical spine greater than 30 degrees but not greater than 40 degrees; or, • Combined range of motion of the cervical spine greater than 170 degrees but not greater than 335 degrees; or, • Vertebral body fracture with loss of 50 percent or more of the height of that vertebral body
 <p>The diagram illustrates three types of cervical spine movement: Flexion-Extension (side view), Lateral Flexion (front view), and Rotation (top view). Below the diagram is a photograph of a goniometer, a device used to measure joint range of motion.</p>	<p>The examiner should measure ROM with a goniometer (see inset). During the examination be cognizant of painful motion. The examiner is instructed to watch for behavior such as facial expression, wincing, etc..., on pressure or manipulation.</p> <p>This is a SUBJECTIVE observation and you should express pain as a scale from 1-10, with 10 being the worst pain.</p> <p>NOTE: Include a pain journal with your claim showing pain flare-ups. Note date, time, duration, location of pain and other symptoms.</p>

NOTE: Cervical (neck) and thoracolumbar spine can be rated separately.

HOW VA DISABILITY RATINGS WORK

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PARKINSON'S DISEASE


(Also known as paralysis agitans):

PERCENTAGE	DESCRIPTION
	A degenerative condition where cells in the brain die, causing serious difficulties controlling bodily movements.
30%	Minimum rating after evaluating any symptoms or residuals
	<ul style="list-style-type: none"> • One of the primary symptoms of Parkinson's Disease is slower movement or bradykinesia. As a part of bradykinesia, you may notice that you have difficulty initiating movements, such as when you go to get out of a chair. You may notice that you walk slower and shuffle your feet more. This would be rated separately under a leg rating. • This may also lead to you having difficulty buttoning a shirt, cutting food, or brushing your teeth. A Veteran may qualify as having lost use of a hand if he or she is no longer able to grasp and pick up small items with that hand or if he or she is not able to manipulate the hands. For example, they may not be able to pick up and write with a pen, pick up a coin off a table or may not be able to fasten buttons. In the same way, if the Veteran cannot bend the elbow, he or she may be considered to have lost the use of that arm. • Similarly, where a Veteran is not able to balance on a foot or use it to move forward, he or she may qualify for loss of use of that foot. In addition, where a Veteran is unable to bend the knee and, therefore, unable to properly use the leg, he or she may qualify for loss of use of that leg. • In severe cases extremities may be considered loss of use for Special Monthly Compensation (SMC). For loss of use make sure you file a VBA Form 21-2680 from your provider.
	Other possible secondary conditions
	Memory issues, sleep disturbances, mood disorders, anxiety, depression and other cognitive deficits may be rated as mental health.
<ul style="list-style-type: none"> • Hypertension • Irregular Heartbeat • Ischemic Heart Disease • Heart Failure • Stroke 	<ul style="list-style-type: none"> • Osteoarthritis • Osteoporosis • Injuries sustained from falling • Gastrointestinal Complications
	<ul style="list-style-type: none"> • Obstructive Sleep Apnea • Bladder incontinence (neurogenic bladder) • Swallowing problems (dysphagia) • Speech problems (dysarthria)
	Parkinson's Disease is considered a presumptive condition for those who Vietnam or the Korean demilitarized zone where Agent Orange was used. Those who served at Camp Lejeune between 1953 and 1987 may also have a presumptive connection.
	<p>NOTE: Include a journal with your claim showing flare-ups. Note date, time, and location of exacerbations and other symptoms as well as impact at work, social situations (family, etc.) and impact on quality of life.</p> <p>The key to an accurate rating will be documentation and your doctor may not be able to show accurate dates and times of exacerbations. Your flare up journal is valid lay evidence.</p>

HOW VA DISABILITY RATINGS WORK

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PLANTAR FASCIITIS (§4.71a musculoskeletal system)

PERCENTAGE	DESCRIPTION
<p>Painful foot condition caused by inflammation deep within the fascia of the sole of the foot. Doctors and patients sometimes refer to plantar fasciitis as runner's heel, painful sole syndrome, or neuritis.</p>	
30%	<ul style="list-style-type: none"> • No relief from surgical or non-surgical treatment methods, such as wearing orthopedic shoes, inserts, or arch supports. This percent rating only applies when plantar fasciitis affects both feet. • If a veteran has been recommended for surgical intervention and both feet are affected (bilateral) but is not a surgical candidate.
20%	<ul style="list-style-type: none"> • No relief from surgical or non-surgical treatment methods, such as wearing orthopedic shoes, inserts, or arch supports, but the plantar fasciitis only impacts one foot. • If a veteran has been recommended for surgical intervention and only one foot (unilateral) is affected, but is not a surgical candidate.
10%	If the symptoms are treatable. This percent rating can apply to one or both feet.
Special disability rating for plantar fasciitis.	
40%	Veterans who have plantar fasciitis and experienced the actual loss of use of the foot.
	<p>NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms such as inability to walk long distances or stand for long periods as well as interference with work, socially including family and quality of life.</p> <p>NOTE: All prosthetic appliances must be prescribed.</p>

HOW VA DISABILITY RATINGS WORK

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GENERAL RENAL (KIDNEY) RATING SYSTEM

(§ 4.115a):

PERCENTAGE	DESCRIPTION
100%	<ul style="list-style-type: none"> • The condition requires regular dialysis –OR– • Chronic kidney disease with glomerular filtration rate (GFR) less than 15 mL/min/1.73 m² for at least 3 consecutive months during the past 12 months –OR– • Eligible kidney transplant recipient.
80%	Chronic kidney disease with GFR from 15 to 29 mL/min/1.73 m ² for at least 3 consecutive months during the past 12 months
60%	Chronic kidney disease with GFR from 30 to 44 mL/min/1.73 m ² for at least 3 consecutive months during the past 12 months
30%	<ul style="list-style-type: none"> • Chronic kidney disease with GFR from 45 to 59 mL/min/1.73 m² for at least 3 consecutive months during the past 12 months –OR– • GFR from 60 to 89 mL/min/1.73 m² and either recurrent red blood cell (RBC) casts, white blood cell (WBC) casts, or granular casts for at least 3 consecutive months during the past 12 months –OR– • GFR from 60 to 89 mL/min/1.73 m² and structural kidney abnormalities (cystic, obstructive, or glomerular) for at least 3 consecutive months during the past 12 months
0%	GFR from 60 to 89 mL/min/1.73 m ² and albumin/creatinine ratio (ACR) ≥30 mg/g for at least 3 consecutive months during the past 12 months
<p>NOTE: GFR, estimated GFR (eGFR), and creatinine-based approximations of GFR will be accepted for evaluation purposes under this section when determined to be appropriate and calculated by a medical professional</p>	
<p>NOTE: Renal disease is often closely related to heart diseases. If renal disease is present and a heart disease is present and both are caused by the same general condition, then only one rating can be given even though there are two organs affected by the condition. Only the condition that rates the highest is used. The heart disease can, however, be rated separately if one kidney was removed because of renal disease but the remaining kidney is healthy. Then the heart disease warrants its own rating and the removed kidney can receive its own rating under code 7500. The heart disease could also be rated separately if the renal disease is severe enough to need regular dialysis.</p>	
<p>NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.</p>	

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RATING FORMULA FOR RHINITIS

(Allergic, vasomotor, Bacterial or Granulomatous rhinitis):

PERCENTAGE	DESCRIPTION
Rhinitis	
Allergic or vasomotor rhinitis is the swelling of the tissues lining the nasal passage because of allergies or other inhaled triggers like smoke, fumes, etc. This causes the nose to become stuffy and runny.	
30%	If the rhinitis is fairly constant and there are growths forming in the tissues
10%	If there are no growths in the tissues, but 50% of the nasal passages on both sides or 100% on one side is blocked
Bacterial rhinitis is the swelling of the tissues lining the nasal passage because of a bacterial infection, causing congestion and a runny nose	
50%	If the condition causes rhinoscleroma (Chronic Granulomatous Bacterial Disease)
10%	If there is rhinitis and the nasal concha grows abnormally into the nasal passages and causes 50% of both or 100% of one to be blocked
Granulomatous rhinitis is the swelling of the tissues lining the nasal passage with abnormal cell growths that are not caused by bacteria.	
100%	If the condition is lethal midline Wegener's granulomatosis. This condition causes the blood vessels in the nose to swell and lumps to form that often cause deformities to form and the airways to become blocked. The condition is not curable, but it is treatable and not always lethal.
20%	Any other type of rhinitis that causes lumps to form in the nose
Rhinitis is an airborne particulate presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible. Must have manifested within 10 years of a qualifying period of military service after deployment or after discharge from active duty:	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain • Qatar • the United Arab Emirates (U.A.E.) 	<ul style="list-style-type: none"> • Oman • Gulfs of Aden and Oman • Waters on or below the Persian Gulf, Arabian Sea, or the Red Sea • Airspace above these locations. • -OR- Afghanistan, Djibouti, Syria, and Uzbekistan from September 19, 2001, to the present.

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EPILEPSY AND SEIZURES

(Including Narcolepsy)

PERCENTAGE	DESCRIPTION	
	Major Seizures	Minor Seizures
	Affecting the entire brain. In the majority of cases, the individual loses consciousness and shakes uncontrollably.	Affecting only portions of the brain. They cause only brief interruptions in conscious control with symptoms like mumbling, rocking, or slight twitching of the muscles, or falling down.
100%	• 12 or more in the past year	• 11 or more per week
80%	• 4-11 in the past year	• 9-10 per week
60%	• 3 in the past year	• 9-10 per week
40%	• 2 in the past year	• 5-8 per week
20%	• 1 in the past 2 years	• 2 in the past 6 months
10%	The condition requires constant medication to control seizures or there is a definite diagnosis of epilepsy with history of seizures	
If the condition has both major and minor seizures, then rate the ones that give the higher rating		
NOTE: The claim should also include personal, spouse, family and co-worker statements on how the condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.		

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SHOULDER RATINGS

(INCLUDING LOSS OF MOTION, HUMERUS, DISLOCATION, CLAVICLE and SCAPULA)

SERVICE CONNECTED PERCENTAGE		DESCRIPTION
Shoulder And Arm Limitation of Motion		
Dominant	Non-Dominant	
40%	30%	If the arm cannot be raised to the side and/or to the front more than 25°
30%	20%	If it cannot be raised more than 45°
20%	20%	If the arm can be raised to shoulder level (90°)
Shoulder Dislocation		
30%	20%	If the humerus bone of the shoulder frequently dislocates, causing you to guard the arm and all of its movements
20%	20%	<ul style="list-style-type: none"> • If it dislocates, but only occasionally, and movements of the arm are only guarded when the arm is raised to shoulder level • If the clavicle is dislocated from the scapula ("AC separation")
The Humerus Bone		
80%	70%	Any problems with the humerus or humeral neck bones are under this code. If the humeral head is lost, causing flail shoulder
60%	50%	If the humeral neck bone is broken and does not heal back together
50%	40%	A fibrous union of a joint is one where the bones do not properly connect. The joint is held together by tissues instead of the bones.
20%	20%	<ul style="list-style-type: none"> • If the humerus or humeral neck bones are broken and heal, but not correctly, and thus cause a severe visual (you can see it just by looking at the arm) deformity • If there is a visual deformity, but it is not severe
The Clavicle and Scapula Bones		
20%	20%	If either the clavicle or scapula bones are broken and do not heal back together if there is loose or uncontrolled movement
10%	10%	<ul style="list-style-type: none"> • For either arm if there is not any loose movement • If they are broken and heal, but not correctly
<p>NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.</p>		

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RATING FORMULA FOR SINUSITIS

(Pansinusitis, Ethmoid sinusitis, Frontal sinusitis, Maxillary sinusitis, Sphenoid sinusitis, Rhinosinusitis):

PERCENTAGE	DESCRIPTION
	Sinusitis occurs when the sinuses swell and is most often caused by infection or allergy. Most sinusitis is easily cleared up within 2 weeks, and so it is only ratable if it is chronic, recurring over a 6 month or more period. Sinusitis can occur in each of the different sinuses or in all at the same time ("pansinusitis"). Treatments range from medication to surgery.
50%	If the sinusitis is constant or near-constant with headaches, tenderness to the touch, and the discharge of puss or crusting after repeated surgeries, or if a radical surgery was performed and there is ongoing infection in the facial bones (osteomyelitis)
30%	If there are 3 or more incapacitating episodes each year that requires 4 to 6 weeks of antibiotic treatment, or if there are more than 6 episodes (not incapacitating) each year of headaches, tenderness and the discharge of puss or crusting
10%	If there are 1 or 2 incapacitating episodes each year that requires 4 to 6 weeks of antibiotic treatment, or if there are 3 to 6 episodes each year of headaches, tenderness, and the discharge of puss or crusting
0%	Asymptomatic but detected by X-Ray
<p>Note: An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician.</p> <p>Note: Submit a journal with your claim of dates, times and symptoms such as headaches, tenderness and discharge of puss or crusting as well as how the condition affects you on a daily basis with a focus on work and social interactions (family), and quality of life.</p>	
<p>Sinusitis is an airborne particulate presumptive condition. If you served in the following locations from August 2, 1990 to present, VA considers this service eligible. Must have manifested within 10 years of a qualifying period of military service after deployment or after discharge from active duty:</p>	
<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain • Qatar • the United Arab Emirates (U.A.E.) 	<ul style="list-style-type: none"> • Oman • Gulfs of Aden and Oman • Waters on or below the Persian Gulf, Arabian Sea, or the Red Sea • Airspace above these locations. • -OR- Afghanistan, Djibouti, Syria, and Uzbekistan from September 19, 2001, to the present.

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RATING FORMULA FOR SLEEP APNEA SYNDROMES

(Obstructive (OSA), Central (CSA), Mixed):

PERCENTAGE	DESCRIPTION
	<p>Sleep apnea is a disorder that occurs while asleep. There is either a pause when breathing that can last up to a few minutes or there is very shallow, low breathing.</p> <ul style="list-style-type: none"> • Central sleep apnea is caused by a decrease in the "action" of breathing—the body doesn't try as hard to breathe properly. • Obstructive sleep apnea is caused by a block in the airways, like a narrowing of the airway passages or an excess of mucus. This causes severe snoring. Mixed sleep apnea is a combination of both central and obstructive.
100%	<ul style="list-style-type: none"> • If the condition continues over a long period of time and causes respiratory failure with right heart ventricle failure or with too much carbon dioxide in the blood stream (cor pulmonale), or; • Requires tracheostomy
50%	Requires use of breathing assistance device such as continuous airway pressure (CPAP) machine
30%	Persistent day-time sleepiness (hypersomnolence)
0%	Asymptomatic but with documented sleep disorder breathing
<p>A medically necessary CPAP machine is an example of a breathing assistance device for treatment of sleep apnea which is required for assignment of the 50 percent evaluation.</p> <p>Other qualifying breathing assistance devices include:</p> <ul style="list-style-type: none"> • Other positive airway pressure machines (automatic positive airway pressure device (APAP); bilevel positive airway pressure device (BiPAP)) • Nasopharyngeal appliances (nasal dilators; nasopharyngeal stents) • Oral appliances (mandibular advancement devices (MAD); tongue-retaining mouthpieces), and • Implanted genioglossal nerve stimulation devices. <p>Note: Positive airway pressure machines may also be called non-invasive positive pressure ventilation (NIPPV) or non-invasive ventilation (NIV)</p> <p>Note: A sleep study confirming the diagnosis of sleep apnea is required.</p>	

HOW VA DISABILITY RATINGS WORK

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GENERAL RATING FORMULA FOR TRAUMATIC BRAIN INJURY

(Including Acquired Brain Injury):

PERCENTAGE	DESCRIPTION	
Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified based on the TBI Residuals Rating Table below. (All are -OR- meaning one or more at any level)		
100%	Total Severe Impairment	
	<ul style="list-style-type: none"> • Trouble with one or more executive functions causes the complete inability to work and care for self including memory, attention, concentration, goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, spontaneity, and flexibility. SEE NOTE 1 • Almost always unable to understand and make reasonable decisions. SEE NOTE 1 • Always or almost always unable to identify two or more (Person – Time – Situation - Place) such as who you are, who you're with, where you are, what you're doing, what day it is, what time it is, etc. SEE NOTE 1 • The ability is always seriously decreased—completely unable to perform precise learned movements and tasks, like playing an instrument, writing, etc. 	<ul style="list-style-type: none"> • Completely unable to find the way from one room to another in a familiar place, unable to touch or name own body parts when asked, etc. SEE NOTE 1 • Symptoms based in emotional and mental health—examples include irritability, verbal and physical aggression, impulsivity, lack of empathy, unpredictability, lack of motivation, belligerence, apathy, moodiness, inflexibility, etc. make it impossible to hold a job or build and maintain steady relationships, or supervision is occasionally required for the safety of self and others. SEE NOTE 1 • Complete inability to communicate or understand spoken or written words. Cannot communicate basic needs at all. • In a vegetative state, coma, or other altered state of consciousness.
PAGE 1 of 4		

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<h2>70%</h2>	<p style="text-align: center;">Moderately Severe Impairment</p> <ul style="list-style-type: none"> • Trouble with one or more executive functions causes fairly regular problems that interfere with the ability to work and care for self including memory, attention, concentration, goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, spontaneity, and flexibility. SEE NOTE 1 • Occasional trouble understanding and making any reasonable decision. For example, unable to choose appropriate clothing for the weather. SEE NOTE 1 • The ability to interact with other people in an acceptable and appropriate manner, i.e. responding appropriately to other's moods or circumstances, acceptable limits, etc. is always or almost always inappropriate. SEE NOTE 1 • Regularly unable to identify two or more (Person – Time – Situation - Place) such as who you are, who you're with, where you are, what you're doing, what day it is, what time it is, etc. SEE NOTE 1 <ul style="list-style-type: none"> • The ability is always moderately decreased to perform precise learned movements and tasks, like playing an instrument, writing, etc. SEE NOTE 1 • Always or almost always: gets lost (even in familiar areas), inability to follow directions, not get lost, read maps, judge distance, can't use GPS devices at all. SEE NOTE 1 • Symptoms based in emotional and mental health—examples include irritability, verbal and physical aggression, impulsivity, lack of empathy, unpredictability, lack of motivation, belligerence, apathy, moodiness, inflexibility, etc. make it impossible to hold a job or build and maintain steady relationships, or supervision is occasionally required for the safety of self and others. SEE NOTE 1 • Trouble communicating or understanding spoken or written words at least 50% of the time. Can communicate basic needs, but may need to use gestures to help communicate.
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<h2>40%</h2>	<p style="text-align: center;">Mild Impairment</p> <ul style="list-style-type: none"> • Trouble with one or more executive functions causes occasional minor problems, but overall functioning is fine. There IS evidence of these problems when tested including memory, attention, concentration, goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, spontaneity, and flexibility. SEE NOTE 1 • Regular trouble understanding and making complex, significant decisions, but no trouble with simple, familiar decisions. SEE NOTE 1 • The ability to interact with other people in an acceptable and appropriate manner, i.e. responding appropriately to other's moods or circumstances, acceptable limits, etc. frequently inappropriate. SEE NOTE 1 • Occasionally unable to identify two of the four or regularly unable to identify one of the four (Person – Time – Situation - Place) such as who you are, who you're with, where you are, what you're doing, what day it is, what time it is, etc. SEE NOTE 1 <ul style="list-style-type: none"> • The ability is always mildly decreased <u>or</u> occasionally moderately decreased to perform precise learned movements and tasks, like playing an instrument, writing, etc. • Always or almost always gets lost in unfamiliar areas, can't read a map, follow directions, or judge distance. Has trouble using GPS devices. SEE NOTE 1 • Symptoms based in emotional and mental health—examples include irritability, verbal and physical aggression, impulsivity, lack of empathy, unpredictability, lack of motivation, belligerence, apathy, moodiness, inflexibility, etc. often interfere with the ability to work or build relationships, to hold a job or build and maintain steady relationships, or supervision is occasionally required for the safety of self and others. SEE NOTE 1 • Trouble communicating or understanding spoken or written words regularly but less than 50% of the time. Is still mostly able to communicate complex ideas.
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<p>10%</p>	<p style="text-align: center;">Very Mild Impairment</p> <ul style="list-style-type: none"> • Trouble with one or more executive functions causes occasional minor problems like trouble remembering names, following conversations, misplacing items, etc., but overall functioning is fine. There is no evidence of these problems when tested. Including memory, attention, concentration, goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, spontaneity, and flexibility. SEE NOTE 1 • Occasional slight trouble understanding and making any reasonable decision. For example, unable to choose appropriate clothing for the weather. Overall ability to function normally. SEE NOTE 1 • The ability to interact with other people in an acceptable and appropriate manner, i.e. responding appropriately to other's moods or circumstances, acceptable limits, etc. occasionally inappropriate. SEE NOTE 1 <ul style="list-style-type: none"> • Occasionally unable to identify one of the four or regularly unable to identify one of the four (Person – Time – Situation - Place) such as who you are, who you're with, where you are, what you're doing, what day it is, what time it is, etc. SEE NOTE 1 • The ability is occasionally mildly decreased or occasionally moderately decreased to perform precise learned movements and tasks, like playing an instrument, writing, etc. • Occasionally gets lost in unfamiliar areas, can't read a map, follow directions, or judge distance. Always able to use GPS devices. SEE NOTE 1 • Symptoms based in emotional and mental health—examples include irritability, verbal and physical aggression, impulsivity, lack of empathy, unpredictability, lack of motivation, belligerence, apathy, moodiness, inflexibility, etc. occasionally interfere with the ability to work or build relationships, to hold a job or build and maintain steady relationships, or supervision is occasionally required for the safety of self and others. SEE NOTE 1 • Occasional trouble communicating by spoken or written words.
<p>0%</p>	<p>Normal with no problems. Interaction is always appropriate. Always oriented. Normal motor activity and visual spatial orientation. No Neurobehavioral Effects that interfere with the ability to work or build relationships. Fully capable of communication by both spoken and written words.</p>
<p>Subjective Symptoms-All symptoms that do not fit into the other categories are put in this level. Examples include headaches, anxiety, dizziness, ringing in the ears, insomnia, hypersensitivity to light or sound, fatigue, blurred vision, double vision, etc. that interfere with daily living, self-care, work duties or relationships.</p>	
<p>NOTE 1: Can be rated concurrently as mental health due to pyramiding laws unless specific symptoms can be attributed to either the mental health rating or TBI rating.</p>	
<p style="text-align: center;">PAGE 4 of 4</p>	

HOW VA DISABILITY RATINGS WORK

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RATING FORMULA FOR THYROID CONDITIONS

(Including Hyperthyroidism and Hypothyroidism):

PERCENTAGE	DESCRIPTION
Hyperthyroidism Including Graves Disease	
30%	For the first 6 months after being diagnosed. After 6 months, the condition is re-evaluated and rated separately on remaining symptoms or complications from medications. NOTE: Any symptoms caused by Graves' disease are rated separately even without the presence of hyperthyroidism
0%	After 6 months, the condition is re-evaluated and rated separately on remaining symptoms or complications from medications.
<p>Common EXAMPLES of secondary conditions related to hyperthyroid conditions: Diagnosed secondary conditions that can result from hyperthyroidism: Tremors, hair loss, Tachycardia (rapid heart rate), irregular heartbeat (arrhythmia), eye swelling, vomiting, muscle weakness, more frequent bowel movements, unintentional weight loss, fatigue, Chronic Fatigue Syndrome, overall body pain, fibromyalgia or Somatic Symptom Disorder. Eye conditions including: Dry eyes, Excessive tearing, light sensitivity, blurry or double vision, inflammation, or reduced eye movement Mental Conditions That Can Result from hyperthyroidism: A greater risk of anxiety and depression can be a result of a loss of quality of life, chronic pain, and chronic health problems.</p>	
Hypothyroidism including Hashimoto's	
100%	The entire time myxedema is present and for the first 6 months after the physician determines that the condition is stabilized. Myxedema - Cold intolerance, muscular weakness, cardiovascular involvement including, but not limited to hypotension (Low blood pressure), bradycardia (Slow heart rate), and pericardial effusion (excess fluid between the heart and the sac surrounding the heart), and mental disturbance (including, but not limited to dementia, slowing of thought and depression)
30%	All other cases of hypothyroidism for the first 6 months after being diagnosed.
0%	After 6 months, the condition is re-evaluated and rated separately on remaining symptoms or complications from medications.
<p>Common EXAMPLES of secondary conditions related to hypothyroid conditions: Diagnosed secondary conditions that can result from hypothyroidism: Weight gain and obesity (Can lead to secondary conditions including hypertension, sleep apnea and diabetes), anemia, fatigue, Chronic Fatigue Syndrome, overall body pain (Somatic Symptom Disorder) Eye conditions including: Blurred vision or diplopia (Perception of a single object as two images adjacent or overlapping) Mental Conditions That Can Result from Hypothyroidism: A greater risk of anxiety and depression can be a result of a loss of quality of life, chronic pain, and chronic health problems.</p>	
NOTE: The claim should also include personal, spouse, family and co-worker statements on how the heart condition affects the Veteran's daily activities and quality of life. Dates and times of symptoms are important as valid lay evidence.	

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RATING FORMULA FOR TINNITUS

(Recurrent):

PERCENTAGE	DESCRIPTION
10%	Tinnitus is defined as the perception of ringing, hissing, or other sound in the ears or head when no external sound is present. For some people, tinnitus is just a nuisance. For others, it is a life altering condition.
Tinnitus is classified in one of two categories:	
<ul style="list-style-type: none"> • Subjective tinnitus is a condition whereby only the sufferer can hear the noise produced within their head • Objective tinnitus is a condition whereby others are able to hear sounds like clicks or crackling inside the middle ear 	
Example Sworn statement on a VBA Form 21-4138:	
<p>"Pursuant to 28 U.S.C. 1746, I, JOHN DOE, declare under penalty of perjury that the foregoing is true and correct: My name is JOHN DOE. I am more than eighteen years of age, of sound mind, and fully competent to make this affidavit. I have personal knowledge of the matters set forth below:"</p> <p style="text-align: center;">***INSTRUCTIONS***</p> <p>If you have ringing, hissing or other sound in the ear, then complete this document with the following information:</p> <ol style="list-style-type: none"> 1) List every incident of significant noise exposure you can remember with rough dates. 2) Give enough detail (1-3 sentences per event) to show that the exposure was significant and credible (for example, jet engines, explosions, gun fire, etc.). do not assume the VA Rater knows what exposure you may have been exposed to. 3) State when the tinnitus started. Tinnitus must have been initially symptomatic during active duty or within one year post discharge. 4) What's your tinnitus' chronicity? – continuous ringing since exposure to the noise? Does it recur? If yes, then say so and elaborate a little. 5) What's your tinnitus' frequency – how often do you have ringing in the ears? Constant? Every day? Every week? 10 times a month? 6) Identify the severity of your tinnitus. Does it keep you from sleeping? Do you require some low level noise to sleep such as a fan? Mention only a little bit here. 7) Be sure to add this statement to the bottom of your statement: "As per the case of Fountain v. McDonald, 13-0540 (2015), Tinnitus is a chronic and organic disease of the nervous system, and the Veteran may establish nexus with lay evidence with proof of continuity of symptomatology." 8) Sign and date the statement. <ul style="list-style-type: none"> • Mental health conditions can result from severe tinnitus including depression and anxiety and can result in loss of quality of life, chronic pain, and other chronic health problems. • Tinnitus is a maximum of 10% regardless if in one ear or both. • If service connected for deafness, chronic suppurative otitis media, mastoiditis, cholesteatoma (or any combination), or some peripheral vestibular disorders, tinnitus will not be rated or will be at 0%. 	

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WRIST RATINGS

(INCLUDING LOSS OF USE, LOSS OF MOTION, AMPUTATION, LIMITATION OF MOTION)

SERVICE CONNECTED PERCENTAGE		DESCRIPTION
Loss of Use/Amputation of the Wrist		
Dominant	Non-Dominant	
70%	60%	Wrist is frozen so extremely that it cannot be used at all or is amputated
50%	40%	Frozen in palmar flexion or in ulnar or radial deviation
30%	20%	Frozen in dorsiflexion between 20° and 30°
40%	30%	Frozen in any other place
Limitation of Motion		
10%		Dorsiflexion is less than 15° or if the palmar flexion is limited to 0°
Total Joint Replacement		
100%		If the entire wrist joint has been replaced by a prosthesis (false joint), then the condition is rated 100% for one month convalescence and for the first year after being discharged from the hospital following the surgery.
After the one year period of 100% (13 months total)		
40%	30%	If there is weakness and severe pain with motion. Note that minimum may be awarded if weakness and severity of pain is not noted in medical records.
20%	20%	If the pain is not severe, but does limit the range of motion, then rate under Limitation of Motion with a MINIMUM OF 20%
NOTE: Include a flare up journal documenting flare-ups with your claim. Note date, time, duration or other symptoms as well as interference with work, socially including family and quality of life.		
NOTE: Extremely unfavorable ankylosis will be rated as loss of use of hands. May also qualify for Special Monthly Compensation.		
See also Carpal Tunnel Syndrome		

