



Carpal Tunnel Syndrome Claims Guide: Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

- 1 Separate the right and left sides**
Record symptoms, testing, treatment, and function for each hand and wrist, including which hand is dominant.
- 2 Distinguish sensory findings from motor loss**
Use the examination and test results actually in the record. Note numbness and pain separately from weakness, grip loss, muscle change, or other motor findings.
- 3 Organize the pathway and the next examination**
Connect the timeline to service or an applicable secondary condition, then list missing records and questions without choosing your own nerve-severity label.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

<https://ratemyvso.net/dc/carpal-tunnel-guide>



WORKSHEET 1 OF 5

Right and left hand history

Optional working notes for Carpal Tunnel Syndrome. Write only what you know. Leave anything blank that does not apply.

Dominant hand, if known

Right hand and wrist: onset, symptoms, treatment, and changes over time

Left hand and wrist: onset, symptoms, treatment, and changes over time

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WORKSHEET 2 OF 5

Sensory, motor, and functional findings

Optional working notes for Carpal Tunnel Syndrome. Write only what you know. Leave anything blank that does not apply.

Numbness, tingling, pain, sensation changes, and distribution

Weakness, grip, dexterity, dropping objects, muscle change, or other motor effects

Effects on typing, tools, driving, sleep, work, and ordinary tasks

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WORKSHEET 3 OF 5

Testing and service-connection questions

Optional working notes for Carpal Tunnel Syndrome. Write only what you know. Leave anything blank that does not apply.

EMG, nerve-conduction, examination, or other results and dates, if available

Service duties, injury, onset, continuity, or secondary-condition history that may apply

Questions about the affected nerve, each side, severity findings, cause, or worsening

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Carpal Tunnel Syndrome. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- | | |
|---|---|
| ☐ Not sure | ☐ I have a copy |
| ☐ Requested, still waiting | ☐ I do not have a copy |

Do I know whether the VA has it?

- | | |
|---|---|
| ☐ Unknown / not verified | ☐ Submission receipt available |
| ☐ Listed in my decision letter | ☐ Not submitted by me |

Missing records, request dates, and questions to follow up

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WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for Carpal Tunnel Syndrome. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

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