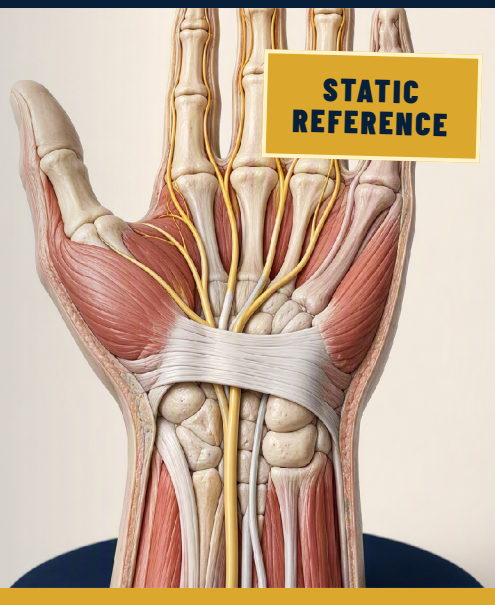
RATE MY VSO // VISUAL FIELD GUIDE

CARPAL TUNNEL SYNDROME

VA CLAIMS GUIDE

Document median-nerve findings, dominant side, motor loss, sensory loss, and hand function.



MEDIAN NERVE // SIDE // FUNCTION Document median-nerve findings, dominant side, motor loss, sensory loss, and hand function.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

CARPAL TUNNEL IS EVALUATED THROUGH THE MEDIAN NERVE

DC 8515 addresses median-nerve paralysis; DCs 8615 and 8715 address neuritis and neuralgia. The schedule distinguishes major and minor hands, complete from incomplete paralysis, and mild, moderate, or severe incomplete impairment.

SIDE
Identify right, left, or bilateral involvement and which hand is dominant.

MOTOR + SENSORY
Measure grip, thumb opposition, finger flexion, atrophy, pain, numbness, and tingling.

SEVERITY
Wholly sensory involvement is ordinarily mild or, at most, moderate under the peripheral-nerve rule.

02 SERVICE-CONNECTION PATHS

DIRECT	Repetitive duty, wrist trauma, fracture, swelling, or another in-service event is medically linked to current median-nerve compression.
SECONDARY	A service-connected diabetes, arthritis, wrist disorder, swelling condition, or treatment caused or aggravated carpal tunnel.
POST-SURGICAL RESIDUAL	Persistent or recurrent median-nerve impairment after release surgery is documented and linked to the service-connected condition.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Numbness, tingling, or burning in the thumb and nearby fingers
- Nighttime hand symptoms
- Wrist or hand pain
- Weak grip or dropping objects
- Difficulty with fine finger movements
- Thumb weakness or thenar muscle wasting

04 BUILD THE RECORD

1. **EXACT NERVE AND SIDE**
   Median nerve, right or left, dominant hand, onset, and differential from cervical or other nerve disease.
2. **NEUROLOGIC EXAMINATION**
   Strength, grip, thumb opposition, sensation, reflexes, trophic change, and thenar atrophy.
3. **EMG AND NERVE CONDUCTION**
   Localization and severity findings when performed, interpreted with the complete clinical record.
4. **TREATMENT**
   Splinting, therapy, injections, medication, work modification, release surgery, and response.
5. **FUNCTIONAL LOSS**
   Typing, gripping, tools, driving, lifting, buttoning, sleep, work, and flare effects.
6. **SERVICE ROUTE**
   Duty exposure or injury, continuity, or a reasoned secondary and aggravation opinion.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — WRONG NERVE OR SOURCE
Symptoms were attributed to carpal tunnel without separating median-nerve compression from cervical radiculopathy or another neuropathy.

B — SEVERITY NOT MEASURED
The record described pain or numbness but lacked strength, sensory, atrophy, and functional findings.

C — SERVICE LINK MISSING
Repetitive use or another risk factor was named without medical reasoning tied to the veteran's history.

D — POST-SURGERY STATUS UNCLEAR
The file did not distinguish improvement, recurrence, residual nerve loss, or a separate scar.

06 CARPAL TUNNEL CAUSES AND EFFECTS TO EVALUATE

Median-nerve compression must be distinguished from other neck, elbow, wrist, and generalized nerve conditions.

CONDITIONS THAT CAN CONTRIBUTE TO CARPAL TUNNEL

Wrist trauma or arthritis // diabetes // thyroid disease // fluid retention // repetitive force or vibration // mass or swelling in the tunnel

EFFECTS CARPAL TUNNEL MAY PRODUCE

Hand numbness // weak grip // thumb weakness // sleep disruption // fine-motor limits // post-surgical scar or residual nerve loss

07 DO THIS, NOT THAT

DO

- Identify the median nerve and dominant hand.
- Measure motor and sensory findings.
- Separate wrist compression from cervical disease.

DO NOT

- Call every hand symptom carpal tunnel.
- Rely on EMG alone or ignore the exam.
- Treat sensory loss as complete paralysis.

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RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: MedlinePlus carpal tunnel guidance and VA peripheral-nerves DBQ. Rating rules: 38 CFR 4.124a, DCs 8515, 8615, and 8715. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.

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