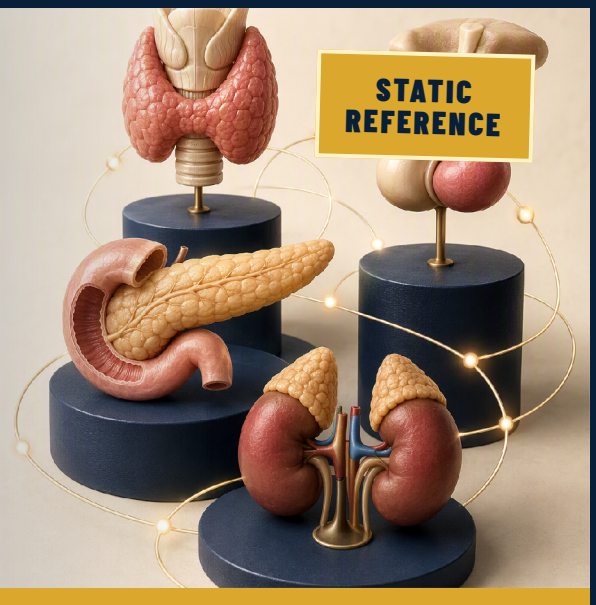
RATE MY VSO // VISUAL FIELD GUIDE

ENDOCRINE CONDITIONS

VA RATING GUIDE

Name the gland and diagnosis, then document the code-specific window, treatment, and residuals.



DIAGNOSIS // HORMONE // RESIDUALS

Name the gland and diagnosis, then document the code-specific window, treatment, and residuals.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE DIAGNOSIS SELECTS THE ENDOCRINE RATING METHOD

Endocrine codes do not share one universal formula. Some use an initial treatment window, some use crises or episodes, some use a prescribed regimen, and many later rate chronic residuals in the affected body system.

DIAGNOSIS
Identify the gland, disorder, code, and date of diagnosis.

ACTIVE PHASE
Preserve treatment dates, crises, episodes, medication, surgery, and stabilization.

RESIDUALS
Name each lasting heart, eye, kidney, bone, digestive, neurologic, or mental effect.

02 SERVICE-CONNECTION PATHS

DIRECT
A current endocrine diagnosis is medically linked to an in-service disease, injury, event, or exposure.

PRESUMPTIVE
Type 2 diabetes or hypothyroidism may qualify through a named herbicide presumption when the service requirements are met.

SECONDARY
Treatment, surgery, medication, or another service-connected disability caused or aggravated a distinct endocrine disorder.

03 SYMPTOMS

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

- Fatigue or weakness
- Weight or appetite change
- Heat or cold intolerance
- Thirst or frequent urination
- Heart-rate or blood-pressure change
- Mood, cognition, skin, hair, or bone changes

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Endocrinology notes identifying the gland, disease, onset, and current status.
2. **HORMONE AND METABOLIC TESTS**
   Relevant TSH, T4, glucose, calcium, cortisol, or other diagnosis-specific laboratory findings.
3. **TREATMENT TIMELINE**
   Medication, surgery, radiation, replacement therapy, dose changes, and response.
4. **EPISODES AND CRISES**
   Dates, symptoms, emergency care, hospitalization, and clinician classification when the code uses episodes.
5. **BODY-SYSTEM RESIDUALS**
   Separate diagnoses and testing for heart, eye, kidney, bone, nerve, skin, digestive, or mental effects.
6. **SERVICE ROUTE**
   Onset, continuity, qualifying exposure, or a reasoned direct, presumptive, or secondary nexus.

05 WHY CLAIMS BREAK DOWN

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

A — DIAGNOSIS TOO BROAD
Symptoms were described without identifying the endocrine disease and controlling diagnostic code.

B — PRESUMPTION FACTS MISSING
A named condition was present, but qualifying exposure or service was not established.

C — TIMELINE NOT PROVED
The initial phase, treatment window, stabilization date, crises, or episodes were not documented.

D — RESIDUALS LEFT UNNAMED
Later limitations were asserted without separate diagnoses or code-specific findings.

06 ENDOCRINE CAUSES AND EFFECTS TO EVALUATE

The direction varies by diagnosis. These are medical possibilities, not automatic secondary claims.

FACTORS THAT CAN DISRUPT ENDOCRINE FUNCTION

Autoimmune disease // gland surgery or radiation // tumors // brain or pituitary injury // certain medicines

SYSTEMS ENDOCRINE DISEASE MAY AFFECT

Heart and vessels // kidneys // eyes and nerves // bones and muscles // digestion // mood and cognition

07 DO THIS, NOT THAT

DO

- Name the exact endocrine diagnosis.
- Build the treatment and stabilization timeline.
- Document each diagnosed residual.

DO NOT

- Use one formula for every gland.
- Assume every endocrine disease is presumptive.
- Bundle unrelated residuals without medical support.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: VA endocrine DBQs and NIH endocrine guidance. Rating rules: 38 CFR 4.119. 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.

ENDOCRINE FIELD GUIDE