

Female Sexual Arousal Disorder

VA Claim Guide

Document the recurrent physical arousal impairment, its cause, and the separate SMC question.



Physical Response // Nexus // SMC

Document the recurrent physical arousal impairment, its cause, and the separate SMC question.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR DC 7632 ASSIGNS 0 PERCENT AND DIRECTS SMC REVIEW

VA's gynecological DBQ defines FSAD as a continual or recurrent physical inability to maintain an adequate lubrication-swelling response. DC 7632 assigns 0 percent and directs a separate SMC review.

PHYSICAL RESPONSE

Document recurrent arousal, lubrication, swelling, blood-flow, nerve, or tissue impairment.

ETIOLOGY

Identify vascular, neurologic, tissue, hormone, medication, or treatment causes when supported.

SMC REVIEW

Preserve the facts needed for creative-organ SMC review under 38 CFR 3.350.

02

SERVICE-CONNECTION PATHS

DIRECT

An in-service disease, injury, trauma, pelvic event, or treatment is medically linked to current FSAD.

SECONDARY

A service-connected vascular, neurologic, endocrine, pelvic, or mental-health condition caused or aggravated FSAD.

MEDICATION OR TREATMENT

Medication, surgery, radiation, or other treatment for a service-connected condition caused or worsened the disorder.

03

SYMPTOMS

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



Reduced or absent physical arousal

Inadequate lubrication response



Reduced swelling response

Diminished genital sensation



Longer time needed for arousal

Persistent or recurrent impairment that causes concern

04

BUILD THE RECORD

1

CURRENT DIAGNOSIS

Gynecology, sexual-health, primary-care, or other clinician documentation of recurrent physical arousal impairment.

2

ONSET AND COURSE

When the change began, persistence, settings, and relationship to disease, trauma, treatment, or medication.

3

ETIOLOGY

Assessment of blood flow, nerve or tissue injury, endocrine change, medication, pelvic disease, or treatment.

4

EXAMINATION AND TESTING

Relevant gynecological examination, laboratory, imaging, neurologic, vascular, or pelvic findings.

5

TREATMENT AND RESPONSE

Medication review, hormonal or local treatment, counseling, devices, procedures, response, and side effects.

6

SMC FACTS

Medical evidence addressing loss or loss of use of a creative organ, separate from the 0 percent schedule line.

05

WHY CLAIMS BREAK DOWN

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

A

DIAGNOSIS NOT ESTABLISHED

The record described desire, pain, or relationship concerns without establishing recurrent physical arousal impairment.

B

DIFFERENT PROBLEMS CONFLATED

Arousal, desire, orgasm, pain, and vaginal disease were treated as interchangeable without a clear diagnosis.

C

NEXUS TOO GENERIC

A possible cause was listed without explaining this veteran's onset, mechanism, and aggravation history.

D

ZERO PERCENT MISUNDERSTOOD

The schedular percentage and the separate SMC review were treated as the same determination.

06

FSAD CAUSES AND EFFECTS TO EVALUATE

Sexual-function disorders are multifactorial. The claimed diagnosis and mechanism must be medically supported.

CONDITIONS OR TREATMENTS THAT CAN CONTRIBUTE TO FSAD

Menopause or hormone change // diabetes or vascular disease // nerve or tissue damage // pelvic surgery or radiation // certain medicines // mental-health conditions

EFFECTS FSAD MAY PRODUCE

Physical arousal impairment // sexual-function loss // distress // relationship strain // possible SMC consideration

07

DO THIS, NOT THAT

DO

- Name the physical arousal disorder.
- Build the onset and treatment timeline.
- Address schedular rating and SMC separately.

DO NOT

- Conflate arousal with desire or pain.
- Publish intimate detail beyond what proves the claim.
- Assume 0 percent ends the analysis.

