RATE MY VSO // VISUAL FIELD GUIDE

RESTLESS LEGS SYNDROME

VA CLAIMS GUIDE

RLS has no dedicated VA diagnostic code, so the documented manifestations must control any analogous rating.

DIAGNOSIS // ANALOGY // FUNCTION

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THERE IS NO UNIVERSAL RLS DIAGNOSTIC CODE

38 CFR 4.20 requires a closely related disease or injury with similar functions, anatomy, and symptoms. Do not assume one tic or nerve code fits every RLS claim. The analogy must match the diagnosed manifestations.

DIAGNOSIS
Confirm RLS and distinguish neuropathy, cramps, medication effects, and other sleep or movement disorders.

ANALOGY
Show why the chosen code best matches the function, anatomy, and symptom pattern.

IMPACT
Document frequency, duration, sleep disruption, treatment response, and daily limitation.

02 SERVICE-CONNECTION PATHS

DIRECT	RLS began during service or is medically linked to an in-service disease, injury, event, or exposure.
SECONDARY	A service-connected kidney, neurologic, sleep, or other condition caused or aggravated diagnosed RLS.
MEDICATION OR TREATMENT	Treatment for a service-connected disability caused or aggravated RLS, supported by a reasoned medical opinion.

03 SYMPTOMS

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

- Irresistible urge to move the legs
- Aching, pulling, itching, crawling, or throbbing sensations
- Symptoms triggered by rest or inactivity
- Temporary relief with movement
- Symptoms worse in the evening or at night
- Difficulty falling asleep or staying asleep

04 BUILD THE RECORD

1. **CLINICAL DIAGNOSIS**
   Sleep or neurology history showing the core RLS pattern and excluding common mimics.
2. **SYMPTOM TIMELINE**
   Onset, frequency, duration, body areas, rest trigger, evening pattern, and relief with movement.
3. **MEDICATION REVIEW**
   Medicines that may worsen symptoms, treatment tried, dose changes, response, and side effects.
4. **LABORATORY AND DIFFERENTIAL**
   Iron studies and evaluation for kidney disease, neuropathy, pregnancy, sleep apnea, or other causes when relevant.
5. **FUNCTIONAL IMPACT**
   Sleep loss, fatigue, concentration, travel or sitting limits, work effects, and safety concerns.
6. **ANALOGOUS-CODE RATIONALE**
   A clear explanation of why the selected code matches the functions, anatomy, and symptoms actually shown.

05 WHY CLAIMS BREAK DOWN

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

A — DIAGNOSIS OR MIMIC UNRESOLVED
Leg discomfort was reported, but the record did not establish RLS or address another likely cause.

B — ANALOGY ASSUMED
A diagnostic code was requested by habit without explaining why its anatomy and functions fit this case.

C — NEXUS TOO GENERIC
A possible association was cited without connecting the veteran's timeline, conditions, or treatment to RLS.

D — IMPACT NOT DOCUMENTED
The file did not show frequency, sleep disruption, treatment response, or daily functional effects.

06 RLS ASSOCIATIONS AND EFFECTS TO EVALUATE

An association is not a nexus. The veteran's clinician must identify the actual condition, mechanism, and direction.

CONDITIONS OR FACTORS ASSOCIATED WITH RLS

Low iron // kidney failure or dialysis // neuropathy // sleep deprivation or sleep apnea // pregnancy // certain medicines

EFFECTS RLS MAY PRODUCE

Insomnia // daytime fatigue // poor concentration // mood strain // reduced sitting tolerance // periodic limb movements during sleep

07 DO THIS, NOT THAT

DO

- Document the four-part symptom pattern.
- Address mimics and contributing conditions.
- Make the analogous-code logic explicit.

DO NOT

- Treat one code as automatic.
- Diagnose from leg movement alone.
- Use a generic association as nexus proof.

Medical and symptom source: NINDS restless legs syndrome guidance. Rating rules: 38 CFR 4.20, 4.27, and the selected analogous code. 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.