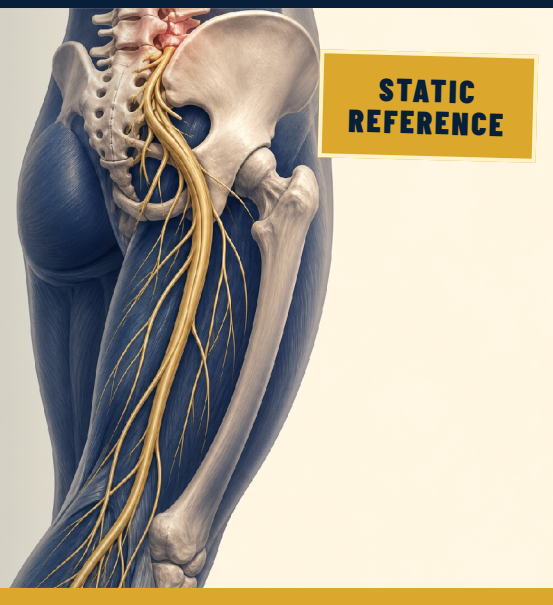
RATE MY VSO // VISUAL FIELD GUIDE

SCIATICA & RADICULOPATHY

VA CLAIM GUIDE

Map the symptoms to the nerve, the side, and the medical cause.



NERVE // SIDE // SEVERITY

Map the symptoms to the nerve, the side, and the medical cause.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

A RADIATING-PAIN LABEL IS NOT THE WHOLE NERVE EVALUATION

The record should identify the affected nerve and side, then distinguish pain and sensory symptoms from weakness, reflex change, atrophy, foot drop, or other motor loss. Severity language should be supported by the actual neurologic findings.

NERVE
Identify sciatic, femoral, or another nerve and the anatomical level involved.

SIDE
Document right, left, or bilateral impairment separately.

SEVERITY
Connect mild, moderate, severe, or complete impairment language to sensory and motor findings.

02 SERVICE-CONNECTION PATHS

SECONDARY TO SPINE	A service-connected lumbar condition caused or aggravated radiculopathy through an explained anatomic mechanism.
DIRECT	A nerve injury, pelvic injury, or spinal event began in service and caused the current disorder.
AGGRAVATION	A service-connected disability permanently worsened the nerve condition beyond natural progression, with a baseline when required.

03 SYMPTOMS

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

- Radiating low-back, buttock, or leg pain
- Numbness
- Tingling or altered sensation
- Weakness
- Reflex changes
- Severe cases: muscle loss or foot drop

04 BUILD THE RECORD

1. **NERVE AND SIDE**
   Exact nerve, root level, right or left side, and diagnosis.
2. **NEUROLOGIC EXAM**
   Strength, reflexes, sensation, straight-leg raise, and muscle bulk.
3. **SPINE EVIDENCE**
   Diagnosis and imaging that fit the nerve distribution when a spine theory is used.
4. **EMG OR NCS**
   Useful when clinically indicated, but not a universal prerequisite for every diagnosis.
5. **FUNCTION**
   Walking, standing, sitting, stairs, falls, driving, and assistive devices.
6. **MEDICAL LINK**
   A reasoned explanation connecting service or a service-connected condition to the nerve.

05 WHY CLAIMS BREAK DOWN

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

A — NO NERVE DIAGNOSIS
Radiating pain was reported without identifying the affected nerve or disorder.

B — NO PERSUASIVE NEXUS
The current nerve condition was not medically connected to service or the claimed spine condition.

C — SEVERITY UNSUPPORTED
The label was stronger than the documented sensory, strength, reflex, or atrophy findings.

D — OVERLAP NOT SEPARATED
Back pain and nerve impairment, or multiple nerve labels, duplicated the same manifestations.

06 CAUSES AND EFFECTS OF SCIATIC-NERVE IRRITATION

These are clinical possibilities, not automatic claim relationships. The anatomy and diagnosis must match.

CONDITIONS THAT CAN CAUSE SCIATICA

Herniated disc // spinal stenosis // degenerative spine disease // pelvic injury // other pressure or injury to the sciatic nerve

EFFECTS SCIATICA CAN PRODUCE

Radiating pain // numbness or tingling // leg weakness // gait impairment // falls // foot drop in severe injury

07 DO THIS, NOT THAT

DO

- Name the nerve and side.
- Record sensory and motor findings.
- Tie the cause to the anatomy.

DO NOT

- Use sciatica as a generic pain label.
- Assume EMG is always required.
- Overstate severity without motor findings.

Medical and symptom source: NIH/NLM MedlinePlus sciatica guidance. Rating rules: 38 CFR 4.123, 4.124 and 4.124a. 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.