



How often three retained evidence categories were detected in granted and denied Board issues coded for PTSD.

WHAT IS COUNTED

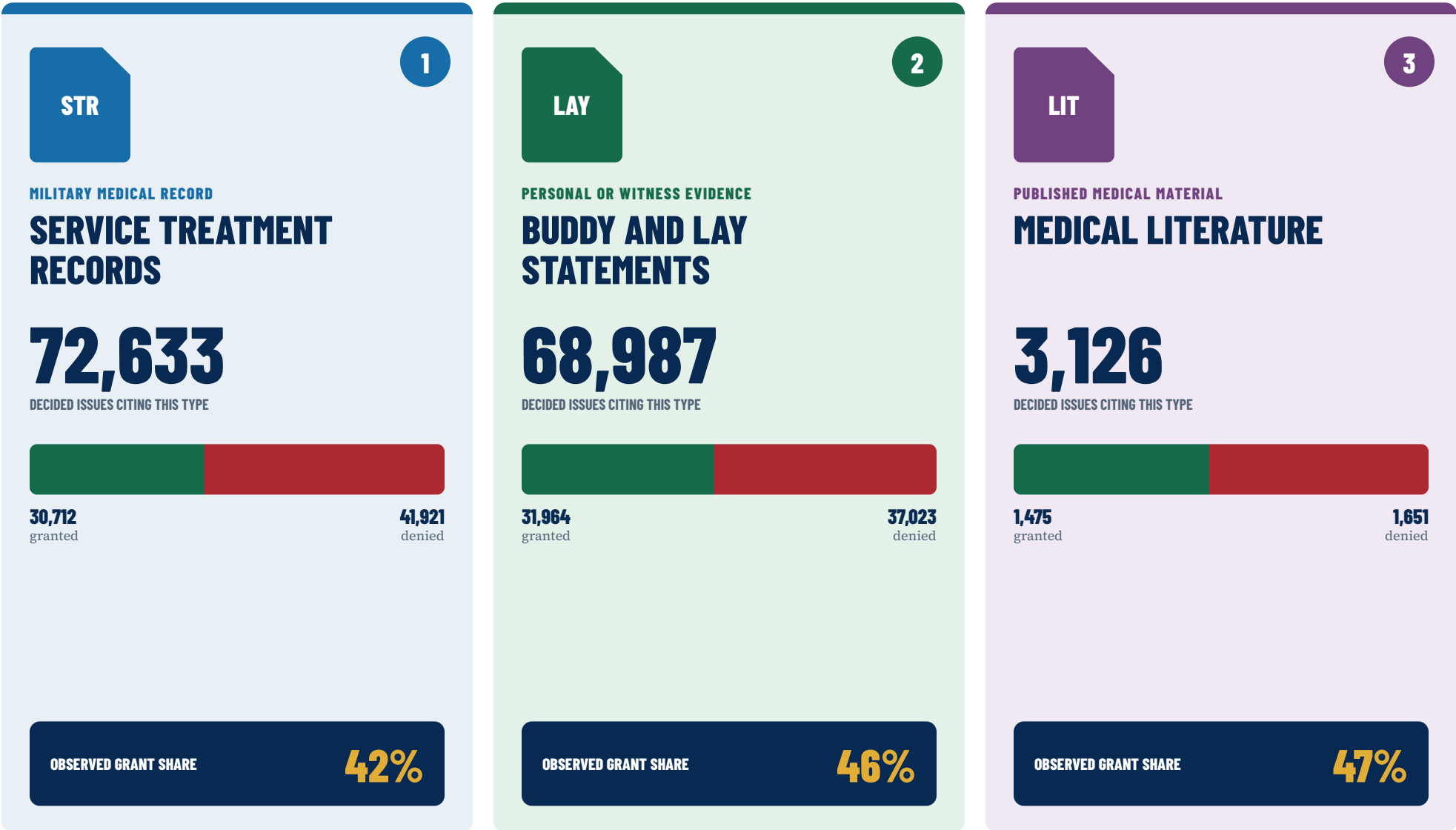
DECIDED ISSUES CITING EACH EVIDENCE TYPE

Each evidence type has its own citation count. One PTSD issue may cite more than one category, so the rows overlap and cannot be added into a unique-decision total.

RANKED BY TOTAL CITATIONS

EVIDENCE DETECTED MOST OFTEN

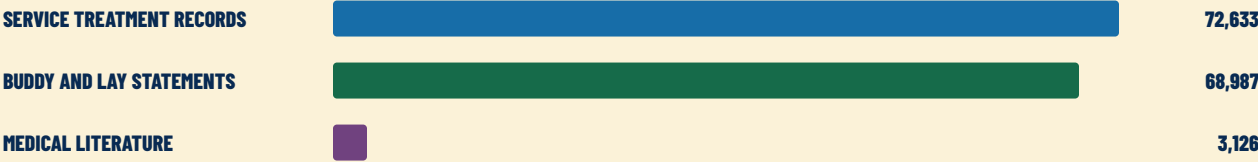
GRANTED DENIED



CITATION VOLUME COMPARISON

MEDICAL LITERATURE
APPEARED FAR LESS
OFTEN

Bar lengths use service treatment records as the 100% reference.



ASSOCIATION IS NOT EFFECTIVENESS



DO NOT TREAT THE GRANT SHARE AS PROOF THAT EVIDENCE CAUSED THE OUTCOME

The evidence may support the claim, contradict it, or simply appear in the record. Claim theory, evidence quality, credibility, medical opinions, and other facts can differ across the groups.

INTENTIONALLY EXCLUDED FROM THIS DATASET

MEDICAL-OPINION CATEGORIES

Nexus letters, private medical opinions, and VA examinations were removed from this evidence-type artifact because one issue could fall into several overlapping opinion buckets.

- NEXUS LETTER
- PRIVATE MEDICAL OPINION
- VA EXAMINATION

RESEARCH BOUNDARIES

THREE WAYS TO READ
THIS CORRECTLY

- 01

Counts represent coded PTSD issues, not unique Veterans.
- 02

Only granted and denied outcomes are included in this evidence artifact.
- 03

Published Board issues are appeals, not all initial VA claims.

RELEVANCE MATTERS MORE THAN CATEGORY. The useful question is what a piece of evidence proves in the individual record, not whether its label appears frequently in a database.