



A successful claim needs a **current diagnosis**, a valid path to service connection, and medical evidence connecting the two.

01 START WITH THE MEDICAL FOUNDATION



STEP 1
CURRENT DIAGNOSIS

Document obstructive, central, or mixed sleep apnea through an appropriate clinical evaluation.



STEP 2
SLEEP STUDY AND TREATMENT

Include the diagnostic report, apnea-hypopnea findings, prescribed treatment, and CPAP records when applicable.

A **diagnosis proves the condition exists**. It does not, by itself, prove that military service caused or aggravated it.

02 CHOOSE THE SERVICE-CONNECTION PATH

D

DIRECT

Evidence connects current sleep apnea to symptoms, events, or circumstances during service.

Current disability + in-service event + nexus

S

SECONDARY

A service-connected disability caused the sleep apnea.

38 CFR § 3.310(a)

A

AGGRAVATION

A service-connected disability worsened existing sleep apnea beyond its natural course.

38 CFR § 3.310(b)

O

INTERMEDIATE STEP

A service-connected disability caused or aggravated obesity, which then caused or aggravated sleep apnea.

The complete medical chain must be explained

03 BUILD ONE CONNECTED RECORD

1

SLEEP STUDY

Diagnostic report and severity findings.

2

TREATMENT RECORDS

CPAP prescription, compliance, response, and follow-up.

3

SERVICE AND MEDICAL HISTORY

Symptoms, weight changes, medications, diagnoses, and timing.

4

LAY EVIDENCE

Firsthand observations of snoring, gasping, fatigue, and onset.

5

MEDICAL NEXUS

A reasoned opinion addressing the exact theory claimed.

THE NEXUS MUST EXPLAIN

WHY THIS VETERAN'S FACTS
SUPPORT THIS PATHWAY

- What records were reviewed
- When symptoms and diagnoses began
- The medical mechanism
- Causation and aggravation, when raised
- Competing risk factors or explanations

A generic association is not the same as an individualized medical link.

04 CURRENT DC 6847 RATING LADDER

100%

Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or requires tracheostomy.

50%

Requires use of a breathing assistance device such as a CPAP machine.

30%

Persistent daytime hypersomnolence.

0%

Documented sleep-disorder breathing that is asymptomatic.

Current criteria shown. Proposed respiratory-rating changes are not the controlling rule unless finalized and made effective.

05 BEFORE YOU FILE



Current sleep apnea diagnosis documented



Complete sleep-study report obtained



Service-connection path identified



Primary disability already service-connected for a secondary claim



Medical and treatment history collected



Relevant lay observations prepared



Nexus addresses the claimed pathway



Statements and dates reviewed for accuracy