RATEMYVSO VISUAL GUIDE

SECONDARY SERVICE CONNECTION | 38 C.F.R. § 3.310

SLEEP APNEA OBESITY AS AN INTERMEDIATE STEP

The claim is not obesity. The claim is sleep apnea caused or aggravated through a documented chain involving obesity.

THE LEGAL CONCEPT

OBESITY CAN CONNECT TWO CONDITIONS

1 SERVICE-CONNECTED CONDITION

FIRST LINK

A service-connected disability, treatment, medication, or functional limitation causes or aggravates obesity.

Document the mechanism and timeline

2 OBESITY AS THE INTERMEDIATE STEP

BRIDGE

Obesity is not the disability being claimed. It is the factual and medical link between the two disabilities.

Do not stop the analysis here

3 SLEEP APNEA

SECOND LINK

The obesity must be a substantial factor in causing or aggravating the claimed sleep apnea.

Complete the full causal chain

THE THREE-QUESTION TEST

EACH LINK NEEDS AN ANSWER AND A RATIONALE

01 DID A SERVICE-CONNECTED CONDITION CAUSE OR AGGRAVATE OBESITY?

Consider the disability itself, prescribed medication, reduced mobility, pain, sleep disruption, and other supported functional effects.

02 WAS THAT OBESITY A SUBSTANTIAL FACTOR?

The medical evidence must explain how the resulting or aggravated obesity materially contributed to causing or worsening sleep apnea.

03 WOULD THE SLEEP APNEA HAVE OCCURRED OR WORSENED BUT FOR THAT OBESITY?

The opinion should address the but-for relationship and apply it to the veteran's actual history, testing, anatomy, and competing risks.

✓ IF THE CHAIN IS SUPPORTED

Sleep apnea may qualify for secondary service connection under 38 C.F.R. § 3.310.

WALSH v. WILKIE

The first link is not limited to a service-connected disability causing obesity. The Board must also consider aggravation of obesity when the theory is expressly raised or reasonably raised by the record.

WHEN THE THEORY MAY BE RAISED

LOOK FOR EVIDENCE THAT CONNECTS THE LINKS

1. **Mobility limits or reduced physical activity attributed to a service-connected disability**
2. **Medication side effects or treatment records documenting weight gain**
3. **Lay statements describing activity changes, appetite changes, or weight progression**
4. **A clinician linking the service-connected condition or treatment to obesity**
5. **A sleep-apnea opinion identifying obesity as a material risk or causal factor**
6. **A timeline showing weight change between the primary condition and sleep apnea**

THE EVIDENCE PACKAGE

BUILD BOTH LINKS, NOT JUST ONE

1 WEIGHT TIMELINE

Dated weights, BMI history, treatment notes, and the timing of clinically significant changes.

2 PRIMARY-CONDITION RECORDS

Severity, functional limits, mobility restrictions, pain, and treatment history.

3 MEDICATION HISTORY

Drug, dose, dates, documented side effects, and relevant treatment alternatives.

4 SLEEP STUDY

Diagnosis, apnea type, AHI or REI, oxygen findings, and clinical interpretation.

5 COMPETING FACTORS

Anatomy, age, family history, other conditions, and relevant lifestyle evidence.

6 MEDICAL OPINION

Separate findings for the first link, substantial-factor question, and but-for question.

QUALITY CONTROL

COMMON BREAKS IN THE CHAIN

COMPLETE ANALYSIS

- Identifies the exact service-connected condition
- Addresses both causing and aggravating obesity
- Explains why obesity was a substantial factor
- Answers the but-for question
- Applies medical evidence to the individual record

INCOMPLETE ANALYSIS

- States only that obesity is a risk factor
- Skips the first link to the service-connected condition
- Answers causation but ignores aggravation
- Blames lifestyle without discussing the record
- Offers a conclusion without a medical rationale

i OBESITY IS THE INTERMEDIATE STEP, NOT THE CLAIMED DISABILITY

VAOPGCPREC 1-2017 recognizes this secondary-service-connection framework. Garner v. Tran explains that some evidence linking obesity to a service-connected disability is needed before the theory is reasonably raised.

LEGAL REFERENCES

38 C.F.R. § 3.310 | VAOPGCPREC 1-2017 | Walsh v. Wilkie | Garner v. Tran

DECISION MAP