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### The 10 Most Common VA Disability Claims (2024): A Comprehensive Legal Analysis

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#### 11.0—Veterans' claims.

The Department of Veterans Affairs (VA) disability compensation system serves as a critical lifeline for veterans whose military service has resulted in lasting physical and mental health conditions. Despite the fundamental importance of these benefits, many veterans struggle with the complexities of the claims process, often due to cultural barriers instilled during military service and misconceptions about what constitutes a compensable disability.

Military culture traditionally emphasizes stoicism, self-reliance, and mission accomplishment above personal comfort. These values, while essential during active service, can become counterproductive when veterans transition to civilian life and must navigate the VA disability

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system. Veterans frequently associate the term "disability" exclusively with catastrophic injuries such as paralysis or amputation, failing to recognize that the VA's rating system encompasses a broad spectrum of conditions that may limit earning capacity or quality of life.

Understanding the most prevalent VA disability claims serves multiple purposes: it educates veterans about conditions they may have overlooked, demonstrates the wide range of compensable disabilities, and provides insight into the rating criteria that determine benefit levels. The data presented herein derives from the **VBA Annual Benefits Report FY 2024**,<sup>3</sup> which provides authoritative statistics on the most common service-connected disabilities among new compensation recipients.

## **Legal Framework for VA Disability Compensation**

Before examining specific conditions, it is essential to understand the fundamental legal principles governing VA disability compensation. Under 38 U.S.C. § 1110, veterans may receive compensation for disabilities that are service connected, meaning the condition was incurred or aggravated during active military service. The degree of disability is rated according to the VA Schedule for Rating Disabilities (38 CFR Part 4), which assigns percentage ratings from 0 to 100 percent based on the severity of functional impairment. A VA rating is then used to calculate monthly compensation and eligibility for additional benefits like healthcare priority, education and training, and dependent programs.

The rating process focuses on how a condition affects a veteran's ability to work and carry on their lives, rather than the underlying medical diagnosis alone. This functional approach means that veterans who do not fit the broader, cultural definitions of "disability" may receive

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<sup>3</sup> Veterans Benefits Admin., *Annual Benefits Report, Fiscal Year 2024* (2025), <https://www.benefits.va.gov/REPORTS/abr/docs/2024-abr.pdf>

significant ratings, if those conditions substantially impact their earning capacity or quality of life.

## **1. Tinnitus: The Most Prevalent Service-Connected Condition**

**Statistics:** 273,502 approved claims in FY 2024 **Rating Schedule:** 10 percent maximum (38 CFR § 4.87, Diagnostic Code 6260)

Tinnitus, characterized by the perception of sound in the absence of external auditory stimuli, represents the single most common VA disability claim. This condition manifests as phantom noises including ringing, buzzing, roaring, clicking, hissing, or humming in one or both ears. The prevalence of tinnitus among veterans stems primarily from occupational noise exposure during military service, including gunfire, aircraft engines, heavy machinery, and explosive ordnance.

### **Legal Considerations for Tinnitus Claims**

The legal standard for tinnitus service connection is notably veteran-friendly. Unlike many medical conditions that require objective diagnostic confirmation, tinnitus claims rely heavily on subjective symptom reporting. Veterans need not provide audiological evidence of tinnitus; instead, credible lay testimony describing the condition's onset during service and current symptoms typically suffices for establishing service connection.

The VA rating system for tinnitus presents both advantages and limitations for veterans. The condition receives a flat 10 percent rating regardless of severity, frequency, or bilateral involvement. This standardized approach ensures consistent adjudication but may inadequately compensate veterans with severe, debilitating tinnitus. While extraschedular ratings above 10 percent are theoretically possible under 38 CFR § 3.321(b)(1), such awards remain exceptionally

rare and require compelling evidence of extraordinary functional impairment.

## **Secondary Service Connection Opportunities**

Tinnitus frequently occurs alongside other auditory conditions, particularly hearing loss, creating opportunities for secondary service connection claims. Veterans may also develop anxiety, depression, or sleep disorders as a result of chronic tinnitus, potentially warranting additional compensation through secondary claims.

## **2. Limitation of Flexion, Knee: Addressing Military-Related Joint Injuries**

**Statistics:** 153,205 approved claims in FY 2024 **Rating Schedule:** 0, 10, 20, or 30 percent (38 CFR § 4.71a, Diagnostic Code 5260)

Knee injuries represent one of the most common orthopedic problems among veterans, reflecting the physically demanding nature of military service. Activities such as long marches with heavy equipment, parachute landings, combat operations, and extended periods of kneeling or squatting contribute to both acute injuries and chronic degenerative changes in the knee joint.

### **Clinical and Legal Assessment**

Limitation of flexion refers to the reduced range of motion when bending the knee toward the body. The VA rating system for this condition relies on objective goniometric measurements taken during Compensation and Pension (C&P) examinations. The rating criteria are as follows:

- **30 percent:** Flexion limited to 15 degrees or less
- **20 percent:** Flexion limited to 30 degrees or less
- **10 percent:** Flexion limited to 45 degrees or less

- **0 percent:** Flexion limited to 60 degrees or less

### **Strategic Considerations for Knee Claims**

Veterans pursuing knee-related disability claims should understand that the rating system prioritizes range of motion limitations over pain levels. However, pain may warrant separate ratings under different diagnostic codes or contribute to unemployability determinations. Additionally, knee conditions frequently cause compensable secondary conditions, including back pain from altered gait mechanics, ankle problems from compensation mechanisms, or mental health conditions related to activity limitations.

The timing of C&P examinations can significantly impact ratings. Veterans should ensure examinations occur during symptomatic periods rather than when conditions are temporarily improved. Documentation of flare-ups, activity limitations, and functional impairments strengthens the evidentiary record.

### **3. Lumbosacral or Cervical Strain: The Epidemic of Military Back Injuries**

**Statistics:** 132,617 approved claims in FY 2024 **Rating Schedule:** 10 to 100 percent (38 CFR § 4.71a, Diagnostic Code 5237)

Back and neck injuries represent a pervasive health problem among military personnel and veterans. The physical demands of military service, including heavy lifting, prolonged equipment wearing, awkward positioning in vehicles or aircraft, and combat-related activities, create substantial stress on the spinal column. These conditions often develop gradually and may worsen over time, making them particularly suitable for disability compensation.

### **Rating Methodology for Spinal Conditions**

The VA rates spinal conditions based on range of motion measurements, with additional consideration for muscle spasm, abnormal spinal contour, and localized tenderness. The rating criteria encompass:

- **100 percent:** Unfavorable ankylosis of the entire spine
- **50 percent:** Unfavorable ankylosis of the entire thoracolumbar spine or forward flexion limited to 15 degrees or less
- **40 percent:** Forward flexion limited to 30 degrees or less; or favorable ankylosis of the entire thoracolumbar spine
- **20 percent:** Forward flexion limited to 60 degrees or less; or muscle spasm or guarding severe enough to result in an abnormal gait
- **10 percent:** Forward flexion limited to 85 degrees or less; or combined range of motion measurements

### **Complex Legal Issues in Spinal Claims**

Spinal condition claims frequently involve multiple diagnostic codes and complex medical relationships. Veterans may have disc herniation, arthritis, muscle strain, and nerve impingement simultaneously, requiring careful analysis to ensure maximum compensation. The "pyramiding" prohibition in 38 CFR § 4.14 prevents separate ratings for the same disability under different diagnostic codes, but related conditions affecting different bodily functions may warrant separate evaluations.

Secondary conditions stemming from spinal problems are particularly common and valuable. Radiculopathy (nerve root compression) may warrant separate ratings under neurological diagnostic codes. Hip, knee, and ankle problems may develop from altered biomechanics. Mental health conditions may arise from chronic pain and functional limitations.

## 4. Limitation of Motion of the Arm: Upper Extremity Impairments

**Statistics:** 114,597 approved claims in FY 2024 **Rating Schedule:** 20, 30, or 40 percent (38 CFR § 4.71a, Diagnostic Code 5201)

Upper extremity injuries significantly impact veterans' functional capacity and employability. Military service frequently involves repetitive overhead activities, heavy lifting, equipment manipulation, and potential trauma that can damage shoulders, arms, and associated structures.

### Rating Considerations

The VA recognizes the differential impact of dominant versus non-dominant arm limitations:

- **Dominant arm:** 40 percent for complete limitation, 30 percent for intermediate limitation, 20 percent for slight limitation
- **Non-dominant arm:** 30 percent for complete limitation, 20 percent for intermediate limitation, 10 percent for slight limitation (Note: The document shows ratings of 20, 30, or 40 percent, suggesting these apply to more severe limitations)

### Anatomical Complexity and Rating Strategies

Upper extremity disabilities often involve multiple anatomical structures and may warrant ratings under several diagnostic codes. Shoulder conditions, elbow problems, wrist injuries, and individual finger limitations may each contribute to the overall disability picture. Veterans and their representatives must carefully analyze all potential rating avenues to ensure comprehensive compensation.

## 5. Hearing Loss: Noise-Induced Auditory Impairment

**Statistics:** 108,105 approved claims in FY 2024 **Rating Schedule:** 0 to 100 percent in 10 percent increments (38 CFR § 4.85, Diagnostic Code 6100)

Hearing loss represents one of the most scientifically documented service-connected conditions, with extensive research linking military noise exposure to auditory impairment. The Centers for Disease Control and Prevention reports that veterans are 30 percent more likely than non-veterans to suffer severe hearing impairment, reflecting the unique acoustic hazards of military environments.

### **Audiological Assessment and Rating Methodology**

VA hearing loss ratings require comprehensive audiological evaluation, including:

1. **Pure Tone Threshold Testing:** Measures hearing sensitivity across different frequencies
2. **Speech Discrimination Testing:** Evaluates ability to understand spoken words

The rating system combines these measurements using complex mathematical formulas that account for both the degree of hearing loss and speech discrimination ability. Ratings range from 0 percent for minimal hearing loss to 100 percent for profound impairment affecting both ears.

### **Legal Nuances in Hearing Loss Claims**

Hearing loss claims present unique evidentiary challenges. Military audiograms may document normal hearing at enlistment and separation, requiring veterans to establish the temporal relationship between service and subsequent hearing loss. Pre-service noise exposure, age-related hearing loss, and genetic factors may complicate causation determinations.

The "continuous symptomatology" doctrine under 38 CFR § 3.303(b) may benefit veterans whose hearing loss manifests years after service. Additionally, hearing loss may serve as the basis for secondary tinnitus claims or contribute to balance disorders, depression, and social isolation.

## **6. Scars, Burns (Second Degree): Dermatological Service Connection**

**Statistics:** 96,578 approved claims in FY 2024 **Rating Schedule:** Up to 80 percent (38 CFR § 4.118, Diagnostic Codes 7801-7805)

Scarring represents a frequently overlooked category of service-connected disability. Veterans may develop scars from combat injuries, training accidents, occupational hazards, surgical interventions for service-connected conditions, or dermatological conditions aggravated by military service.

### **Rating Methodology for Scars**

VA evaluates scars based on several factors:

- **Location:** Scars on the head, face, or neck receive different consideration than those on other body areas
- **Size:** Measured in square centimeters or inches
- **Characteristics:** Painful, unstable, or keloid scars may warrant higher ratings
- **Functional Impact:** Limitations in range of motion or activities of daily living
- **Cosmetic Disfigurement:** Particularly relevant for visible scars

### **Strategic Considerations**

Scar ratings may be combined under 38 CFR § 4.118 when multiple scars exist, potentially resulting in higher overall ratings. Veterans should document all scars thoroughly, including those from surgeries

related to service-connected conditions, as these may warrant secondary service connection.

## **7. Paralysis of the Sciatic Nerve: Neurological Impairment**

**Statistics:** 86,121 approved claims in FY 2024 **Rating Schedule:** 10 to 80 percent (38 CFR § 4.124a, Diagnostic Code 8520)

Sciatic nerve paralysis represents a severe manifestation of nerve dysfunction affecting the lower extremity. This condition typically results from compression or injury to the sciatic nerve, often secondary to spinal conditions, direct trauma, or surgical complications.

### **Clinical Manifestations and Rating Criteria**

Sciatic nerve paralysis produces characteristic symptoms including:

- Muscle weakness in the affected leg
- Numbness and tingling
- Burning sensations
- Difficulty with foot dorsiflexion and plantar flexion
- Gait abnormalities

The rating schedule accounts for varying degrees of motor and sensory loss:

- **80 percent:** Complete paralysis
- **60 percent:** Severe incomplete paralysis
- **40 percent:** Moderately severe incomplete paralysis
- **20 percent:** Moderate incomplete paralysis
- **10 percent:** Mild incomplete paralysis

### **Relationship to Spinal Conditions**

Sciatic nerve problems frequently occur secondary to lumbar spine conditions, creating complex rating scenarios. Veterans may receive

separate ratings for both the primary spinal condition and the secondary neurological manifestation, provided the ratings address different functional impairments.

## **8. Limitation of Motion of the Ankle: Lower Extremity Dysfunction**

**Statistics:** 85,947 approved claims in FY 2024 **Rating Schedule:** 10 percent (moderate) or 20 percent (marked) (38 CFR § 4.71a, Diagnostic Code 5271)

Ankle injuries frequently result from the physical demands of military service, including long marches, running, jumping, parachute landings, and combat activities. These injuries may involve ligamentous damage, fractures, or chronic instability that limits range of motion and functional capacity.

### **Rating Assessment**

VA evaluates ankle limitation of motion based on:

- **Moderate limitation:** 10 percent rating
- **Marked limitation:** 20 percent rating

The determination between moderate and marked limitation requires careful goniometric measurement and functional assessment during C&P examinations.

### **Secondary Conditions and Biomechanical Relationships**

Ankle dysfunction frequently creates compensatory problems throughout the kinetic chain. Veterans may develop knee, hip, or back problems as a result of altered gait mechanics, potentially warranting secondary service connection claims.

## **9. Migraine: Neurological Pain Disorders**

**Statistics:** 83,992 approved claims in FY 2024 **Rating Schedule:** 0 to 50 percent (38 CFR § 4.124a, Diagnostic Code 8100)

Migraine headaches represent a debilitating neurological condition that significantly impacts veterans' quality of life and work capacity. Military service may contribute to migraine development through head trauma, stress, sleep deprivation, chemical exposure, or exacerbation of pre-existing susceptibility.

### **Rating Criteria Based on Frequency and Severity**

VA rates migraines according to attack frequency and associated prostration (i.e., needing to rest or isolate to focus on recovery):

- **50 percent:** With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability
- **30 percent:** With characteristic prostrating attacks occurring on an average once a month over last several months
- **10 percent:** With characteristic prostrating attacks averaging one in 2 months over last several months
- **0 percent:** With less frequent attacks

### **Evidentiary Requirements**

Migraine claims require thorough documentation of attack frequency, duration, and functional impact. Veterans should maintain headache diaries and obtain medical records documenting emergency room visits, missed work days, and prescribed medications. Lay testimony from family members or employers regarding functional limitations strengthens the evidentiary record.

## **10. Post-Traumatic Stress Disorder (PTSD): Mental Health Service Connection**

**Statistics:** 81,968 approved claims in FY 2024 **Rating Schedule:** 0 to 100 percent (38 CFR § 4.130, Diagnostic Code 9411)

PTSD represents one of the most significant and complex areas of VA disability law. This condition may develop following exposure to actual or threatened death, serious injury, or sexual violence during military service. The VA has implemented specific regulatory provisions to facilitate PTSD claims while maintaining appropriate evidentiary standards.

### **Stressor Requirements and Evidence**

PTSD service connection requires three elements:

1. **Current PTSD diagnosis** from a qualified mental health professional
2. **In-service stressor event** that meets diagnostic criteria
3. **Medical nexus** linking the current condition to the service stressor

The evidentiary requirements vary depending on the type of stressor:

- **Combat stressors:** May be accepted based on lay testimony if consistent with service records
- **Non-combat stressors:** Generally require independent verification
- **Military sexual trauma:** May be established through alternative evidence sources

### **Rating Methodology for Mental Health Conditions**

PTSD ratings under the General Rating Formula for Mental Disorders assess social and occupational impairment:

- **100 percent:** Total occupational and social impairment
- **70 percent:** Occupational and social impairment with deficiencies in most areas

- **50 percent:** Occupational and social impairment with reduced reliability and productivity
- **30 percent:** Occupational and social impairment with occasional decrease in work efficiency
- **10 percent:** Occupational and social impairment due to mild or transient symptoms
- **0 percent:** Formal diagnosis without impairment of social or occupational functioning

## **Secondary Mental Health Conditions**

PTSD frequently occurs alongside other mental health conditions such as depression, anxiety, and substance use disorders. Veterans may warrant separate ratings for each condition provided they result in distinct functional impairments.

## **Claims Strategy and Legal Considerations**

### **Effective Claim Development**

Successful VA disability claims require comprehensive development of medical and lay evidence. Veterans should:

1. **Maintain complete medical records** documenting all treatment for claimed conditions
2. **Provide detailed lay statements** describing symptom onset, progression, and functional impact
3. **Obtain nexus opinions** from qualified medical professionals when needed
4. **Document all secondary conditions** that may have developed as a result of service-connected disabilities

### **The Importance of C&P Examinations**

Compensation and Pension examinations play a critical role in disability rating determinations. Veterans should:

- Attend all scheduled examinations
- Provide complete symptom histories
- Describe worst-case scenarios rather than best days
- Bring relevant medical records and medication lists
- Consider bringing a representative or family member for support

### **Appeals and Higher-Level Review Options**

The Veterans Appeals Improvement and Modernization Act of 2017 created new appeal pathways for veterans disagreeing with VA decisions:

1. **Supplemental Claims:** Submit new and relevant evidence
2. **Higher-Level Review:** Request senior reviewer examination without new evidence
3. **Board of Veterans' Appeals:** Formal appellate review with optional hearing

### **Conclusion**

The ten most common VA disability claims reflect the diverse health challenges facing America's veterans long after their military service concludes. From the highly common experience of tinnitus among those exposed to military noise to the complex psychological manifestations of PTSD, these conditions represent the lasting impact of military service on veteran health and well-being.

Understanding these prevalent conditions serves multiple purposes for veterans and their advocates. It demonstrates that disability compensation extends far beyond catastrophic injuries to encompass the full spectrum of service-related health problems. It provides insight into the rating criteria and legal standards that govern benefit

determinations. Most importantly, it encourages veterans who may be suffering in silence to seek the compensation and healthcare benefits they have earned through their service.

The VA disability system, while complex and sometimes frustrating, represents society's recognition of the unique sacrifices made by military personnel. Veterans experiencing any of these common conditions should not hesitate to file claims for the benefits they have earned. If VA incorrectly denies a claim or underrates a disability, veterans should know that this is extremely common. Professional assistance from qualified veterans' advocates or attorneys can help navigate the complexities of the appeals process and ensure that veterans receive the full compensation to which they are entitled.

As the veteran population continues to age and new generations of veterans return from overseas deployments, understanding and improving the disability compensation system remains a critical national priority. The data presented in this analysis provides valuable insight into the health challenges facing veterans and the ongoing need for comprehensive, veteran-friendly disability benefits.