

— FWD ASSIST HQ —

FIELD GUIDE

Filing a Back, Knee, or Joint Claim

File a complete, well-documented
musculoskeletal claim.



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A FWD Assist HQ Field Guide

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This guide is education, not representation. It explains how part of the VA system works so you can handle your own business with confidence. It is not legal or claims advice, and reading it does not create any representative relationship between you and the author. The author is not affiliated with the Department of Veterans Affairs, and nothing here is endorsed by the VA.

This guide prints no live VA dollar figures and no rating percentages on purpose, because they change. Before you make a decision based on any number, check the current figure at va.gov. No book can promise you a rating; the evidence in your file decides the result. Help from an accredited Veterans Service Officer is always free.

In crisis? Call the **Veterans Crisis Line**: dial **988**, then press **1**. You can also text **838255** or chat online at veteranscrisisline.net. It is free, confidential, and available 24/7.

Filing a Back, Knee, or Joint Claim

File a complete, well-documented musculoskeletal claim.

Companion to *VA Back, Knee, and Joint Claims Guide*.

This is general education, not legal or claims advice, and not guidance for your specific claim. It cannot promise you a rating or an outcome, and no one can. For help with your own claim, see a free accredited representative (see [the back of this guide](#)). Nothing here creates a representative relationship.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

THE BEST WAY TO USE THIS GUIDE

The strongest position is to be your own informed advocate and to work with a free accredited representative. An accredited Veterans Service Organization, such as the DAV, VFW, American Legion, or a county or state veterans office, helps at no charge. Accredited claims agents and attorneys can help too. They can't charge for work done before VA issues its initial decision on your claim, and after that they may charge a fee within the limits of 38 CFR 14.636. This guide is here so you understand your own situation and can work with them as a full partner instead of handing it over blind. If you'd rather handle this yourself, and you're comfortable doing that, the guide walks you through every step. Either way, you stay in control.

The Outcome and What You Need Before You Start

The outcome: By the end of this guide you'll have found your condition in the rating schedule, gathered and ordered the evidence, lined up a medical link to service, prepared for the C&P exam, and filed a complete back, knee, or joint claim on VA Form 21-526EZ.

This guide prepares you for the task. It doesn't and can't promise a rating, a percentage, or an outcome. The evidence in your file decides the result.

WHAT YOU NEED BEFORE YOU START

- ☐ Your service treatment records, including any injury, profile, or separation exam records. VA can request them for you when you file.
- ☐ Your VA medical records (My HealtheVet) and all civilian records for the condition: orthopedist, neurologist, physical therapy, imaging.
- ☐ Your imaging and nerve tests (X-ray, MRI, EMG or nerve conduction), ordered from the earliest date forward.
- ☐ A pain and flare-up journal with dates, how long each flare lasted, what set it off, and what it kept you from doing.
- ☐ The name of your condition and its diagnostic code range in 38 CFR Part 4 (for example, back DC 5235 to 5243, knee DC 5256 to 5263, shoulder DC 5200 to 5203).
- ☐ Contact information for a free accredited representative who can look over your records before you file.

When to start: Today. If you aren't ready to file, submit an Intent to File first (online at va.gov/resources/your-intent-to-file-a-va-claim, by phone at 1-800-827-1000, or on VA Form 21-0966). You then have one year to file the full claim. Start the journal now so the entries are written as things happen.

Start Here: The Basics

Back, knee, hip, shoulder, and other joint claims are some of the most common claims VA sees. Most are rated on how much motion you've lost, and VA also has to weigh what pain, weakness, fatigue, lost coordination, and flare-ups take away from you. That's why the exam measures range of motion so carefully. Most claims need the same three things: a current diagnosis, something that happened in service (or a service-connected condition that caused or worsened this one), and a medical link between them. One exception matters for joints: arthritis that showed up within a year after service can be presumed service connected.

Where this is written down: 38 CFR § 3.303; 38 CFR §§ 3.307, 3.309(a); 38 CFR § 3.310; 38 CFR §§ 4.40, 4.45, 4.59.

The Steps

STEP 1

Find your condition in the rating schedule.

Look up your joint in the musculoskeletal part of VA's rating schedule. The spine is DC 5235 to 5243. The shoulder is DC 5200 to 5203. The hip and thigh are DC 5250 to 5255. The knee and leg are DC 5256 to 5263. The ankle is DC 5270 to 5274. The foot is DC 5276 to 5284, and plantar fasciitis has its own code, DC 5269. Name the actual condition, like "lumbar degenerative disc disease," not just "back pain."

Where this is written down: 38 CFR § 4.71a.

Done when you can name your condition and its diagnostic code, and you understand the code names the condition, not the rating.

STEP 2

Learn how VA rates your condition.

Most joints and the spine are rated on range of motion, measured in degrees. On top of the numbers, VA must consider functional loss: pain on motion, weakness, fatigue, lost coordination, and what happens during flare-ups. Some codes use other measures, like knee instability, cartilage problems, or a fixed (ankylosed) joint. A disc condition with nerve root involvement (intervertebral disc syndrome, DC 5243) is rated either on range of motion or on incapacitating episodes, whichever comes out higher. Nerve problems that come from the spine, like numbness or weakness down a leg (radiculopathy), are rated separately under the nerve codes, so make sure your records describe them.

If your condition is rated on motion, **then** plan to document your range of motion, painful motion, and flare-ups. **If** you have intervertebral disc syndrome, **then** document both your range of motion and every period of bed rest a physician prescribed, with dates. **If** you aren't sure which code fits, ask a free accredited representative.

Where this is written down: 38 CFR §§ 4.40, 4.45, 4.59; 38 CFR § 4.71a, DC 5243 and General Rating Formula Note (1); 38 CFR § 4.124a.

Done when you know what drives your rating and what evidence it needs.

STEP 3

Collect your medical records and put them in date order.

Gather your service records (injury, treatment, separation exam), your VA records through My HealtheVet, and your civilian provider and imaging records. If a private doctor has records you can't get, VA Form 21-4142 lets VA ask for them. Arrange everything from the injury date forward so it tells one story of the condition over time.

Do not send a stack of records in random order. A jumbled file makes a complex claim harder for the rater to follow.

Done when your records are gathered and in date order, with imaging arranged to show any change over time.

STEP 4

Get your providers to write down what you can't do.

At each visit, tell your provider you're filing a VA claim. Ask them to record your limits in plain terms (can't walk more than a set distance, can't lift overhead, can't sit through a shift), any range of motion they measure, imaging findings, and how often you flare. Then ask for a written statement covering the diagnosis, your functional loss, any measured motion or strength, flare-up frequency, and how it affects work.

Done when your records and a treating provider statement describe your functional loss, not just your pain.

STEP 5

Build the link to service.

Show the in-service injury or event, when symptoms started compared with that event, and the medical evidence that connects them. Ask a provider for a written opinion on whether the current condition is at least as likely as not related to that injury or event.

If the injury happened in service, like a fall or a parachute landing, **then** point to the records from that time. **If** the condition was caused or made worse by a condition that's already service connected (for example, a knee problem from years of favoring a service-connected ankle), **then** claim it as secondary and have the provider explain the medical reasoning. **If** the condition existed before service and service made it worse, **then** ask a free accredited representative about the aggravation rules. **If** you served 90 days or more of continuous active service and arthritis in the joint showed up to at least the lowest paying level within one year after you left, **then** ask a free accredited representative about the chronic-disease presumption. It can connect arthritis to service without a medical opinion.

Where this is written down: 38 CFR § 3.303; 38 CFR § 3.306; 38 CFR §§ 3.307(a)(3), 3.309(a); 38 CFR § 3.310.

Done when your file shows the service event, when symptoms began, and a provider statement tying the condition to service.

STEP 6

Write your own statement about your limits.

Describe what the condition keeps you from doing at home and at work. Use how often, how long, and what it stops: how often flare-ups hit, how long they last, and which activities they shut down. Pain matters, and VA must count pain that limits motion or use, so tie the pain to what it costs you. VA Form 21-4138, Statement in Support of Claim, works for this.

Where this is written down: 38 CFR § 4.40; 38 CFR § 4.59.

Done when you have a signed statement that describes your limits in concrete, activity-based terms.

STEP 7

Count and document flare-ups and incapacitating episodes.

From your journal and records, list each flare-up with its date, how long it lasted, and where it shows up in your medical file. For intervertebral disc syndrome, an incapacitating episode is a period of acute symptoms that needed bed rest prescribed by a physician and treatment by a physician. The rule sets no minimum length for one episode. What counts is the total time across the past 12 months, so list every episode's start and end dates.

Do not pad the count. List only episodes you can point to in the records, so the total holds up.

Where this is written down: 38 CFR § 4.71a, DC 5243, Note (1).

Done when you have a dated, records-backed list of episodes with a total you can stand behind.

STEP 8

Put the package together and file the claim.

Organize the file by category (imaging, medical records, provider statements, your statement, episode list) and label everything. File the claim on VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, online at va.gov, or by mail to Department of Veterans Affairs, Claims Intake Center, PO Box 4444, Janesville, WI 53547-4444. Keep a copy of everything you send.

Done when the package is filed on VA Form 21-526EZ and you have a copy of everything you sent.

STEP 9

Prepare for the C&P exam.

Know what a complete joint exam looks like. VA's rules say the joint should be tested for pain on active and passive motion, weight-bearing and non-weight-bearing, and against the opposite joint if it's undamaged, measured in degrees with a goniometer. The court said the same in *Correia v. McDonald* (2016). Under *Sharp v. Shulkin* (2017), an examiner who sees you on a good day still has to ask about your flare-ups and estimate what you lose during one. Bring your records and episode list, and describe your flare-ups in detail.

Do not stop prescribed medication before the exam. Take it as prescribed and describe honestly how the joint works during a flare-up. VA must consider that under *DeLuca v. Brown* and *Mitchell v. Shinseki*.

Where this is written down: 38 CFR § 4.46; 38 CFR § 4.59.

Done when you know the four ways the joint should be tested, the opposite-joint check, and how to describe your flare-ups, with your records in hand.

STEP 10

Review the C&P exam report as soon as you can get it.

Check whether it tested all four ways in degrees, measured the opposite joint if it's undamaged, and addressed your flare-ups. If the examiner skipped any of these without explaining why it couldn't be done, the exam may be inadequate.

Do not sit on an exam you think is incomplete. Write to VA as soon as you can, ideally before the decision, say what's missing, and ask for a new or corrected exam. A free accredited representative can help you word it.

Done when you've confirmed the exam is complete, or you've asked VA in writing for a corrected exam.

STEP 11

If the decision is a denial or seems too low, pick a review option.

To keep your effective date, VA must receive your review request within one year of the date on the decision notice. There's no required order. Pick the option that fits and file the matching form.

If you think the rater got it wrong on the evidence already in the file, including a bad exam VA should have fixed, **then** ask for a Higher-Level Review on VA Form 20-0996. **If** you have new and relevant evidence, like a new provider statement or imaging, **then** file a Supplemental Claim on VA Form 20-0995. **If** you want a Veterans Law Judge to decide it, **then** file a Board Appeal on VA Form 10182. If the choice isn't clear, take it to a free accredited representative.

Where this is written down: 38 CFR § 3.2500; 38 CFR § 3.2601; 38 CFR § 20.203(b).

Done when you've filed the review that fits within the one-year window, or you've decided the decision is right.

Recap Checklist

- ☐ Found my condition and its diagnostic code in 38 CFR Part 4.
- ☐ Learned how VA rates it: motion, functional loss, flare-ups, or incapacitating episodes.
- ☐ Collected service, VA, and civilian records and put them in date order.
- ☐ Got providers to write down my limits, plus a treating provider statement.
- ☐ Built the link to service: direct, secondary, aggravation, or the arthritis presumption.
- ☐ Wrote my own statement about what I can't do.
- ☐ Counted flare-ups and incapacitating episodes with dates.
- ☐ Filed the package on VA Form 21-526EZ and kept copies.
- ☐ Prepared for the C&P exam and how the joint should be tested.
- ☐ Reviewed the exam report and flagged anything missing in writing.
- ☐ Picked a review option (20-0996, 20-0995, or 10182) within a year, if needed.

Reminder: rules and rates change. Check any current figure at [va.gov](https://www.va.gov). Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. This guide prepared you for the task. The evidence in your file decides the result.

Get Free, Accredited Help

For anything about your own claim, talk to an accredited representative. Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. Free help is available through Veterans Service Organizations such as the DAV, VFW, and American Legion, and through county and state veterans offices.

To find one near you, visit va.gov/get-help-from-accredited-representative. Representation begins only when you sign VA Form 21-22 (for a Veterans Service Organization) or 21-22a (for an individual agent or attorney). With one rare exception for a single unpaid case, only accredited people can represent you before the VA, and only an accredited agent or attorney can charge you a fee. Nothing in this guide creates that relationship.

A warning about claim sharks. Anyone who offers to file your initial claim for a fee, or who guarantees you a rating or a percentage, is selling something you shouldn't buy. Accredited Veterans Service Organizations help at no charge, and accredited claims agents and attorneys may charge only after VA issues its initial decision, within the limits of 38 CFR 14.636. Report predatory companies to the VA Office of Inspector General at 1-800-488-8244.

Keep Going: The Full Guide

This field guide is the short, do-this-now companion to the book *VA Back, Knee, and Joint Claims Guide*. See every FWD Assist HQ title that is out now at fwdassisthq.com/books.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

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J. Erickson is a service-disabled Air Force veteran. He served as a military firefighter and as a veteran service officer, where he spent years walking veterans through the same claims process he writes about now. He holds an MBA and writes plain-language guides for veterans who want to understand the system without a translator.

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