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| **Type of causative link**  | *Direct service connection*  | *Aggravation*  | *Secondary service connection*  | *Presumptive service connection*  |
| **Example of injury**  | Back injury likely caused by parachuting, road-marching, and heavy lifting  | The veteran was noted to have signs, symptoms, or a diagnosis of L1-L2 herniated disc before service (pre-existing), but there is evidence that military service aggravated that pre-existing condition.  | Veteran already had a herniated disc that caused numbness in his legs before service. The veteran later experienced a fall because of the numbness in his legs and injured his knee due to the fall. | Some conditions are presumed to be service connected. In this case causation does not have to be asserted.  |
| **Example causation statement**  | “Given the patient’s history of Airborne jumps, which can cause significant damage to the intervertebral discs, his reports of pain and aggravation of the injury during subsequent training and service, and his records of signs and symptoms of intervertebral disc injury during and after service, it is my medical opinion that it is at least likely as not that his current L1-L2 herniated disc injury was directly caused by his military service.”  |  Documentation of an increase in the disability in the veteran’s service records is the best means for proving that the disability was aggravated by service. “Given the patient’s initial pre-service diagnosis of L1-L2 herniation, his service medical record, which shows injury to his lower back after an Airborne jump and which indicates that his injury appeared to progress more rapidly than would be expected, and records and tests which show significant increase and aggravation of the original injury, it is my medical opinion that it is at least as likely as not that the veteran’s L1-L2 herniation increased in severity during service beyond the normal progression of that condition.” | Secondary service connection depends on the finding that the primary injury is service connected. “Given the patient’s diagnosis of L1-L2 herniated disc injury, his continued reports of numbness and pain consistent with sciatic nerve involvement of that injury, the noted change in his gain due to that pain and numbness consistent with the diagnosis, and the subsequent fall, as reported to me in detail by the patient and his wife, it is my medical opinion that it is at least as likely as not that his current posterior cruciate ligament tear and knee dislocation are directly caused by his service connected L1-L2 herniated disc injury.” | A physician’s report should include all of the other criteria for a VA report.  |