BERGMANN & MOORE

Evaluating Military Service Records for VA Disability Claims

A Practical Training Course for VSOs

Case Study: Vietnam-Era Veteran — Claymore Mine Blast Injury · 1967

Bergmann & Moore
VFW- April 2026

Course Objectives

- Learn how to systematically read and evaluate military Service Treatment Records (STRs).
  - Identify documented conditions eligible for VA disability ratings.
  - Recognize when a referenced consult or report is missing from the record.
  - Apply service connection theories: direct, secondary, and presumptive.
  - Identify nexus opportunities — including conditions never diagnosed during service.
- Practice using real-world (redacted) records to develop additional claims.
- Understand what follow-up records to request before submitting a claim.

About This Service Record

Veteran Profile

Branch:	U.S. Army
Era:	Vietnam (1966–1968)
Grade:	PFC (E-3)
MOS:	11C10 — Indirect Fire Infantryman
Unit:	4th Infantry Division
Service No.:	RA12345678
Active Duty:	Approx. 1 year

Record Contents (240 Pages)

- Clinical Narrative Summaries (SF 502) — Fitzsimons General Hospital
- Medical Board Proceedings
- Operation Reports (5 surgical procedures)
- Patient Evacuation Tags — Vietnam field documents
- Dental Examination Records (SF 603)
- Health Record Abstract (AR 40-403)
- Clinical Record Cover Sheets

The Incident — 15 June 1967

"...on 15 June 1967 sustained a traumatic amputation of the right thumb and index finger and partial amputation of the right long finger... when a blasting cap of a Claymore mine exploded in his hand. Three miles from Dragon Mountain, Republic of Vietnam."

— Clinical Narrative Summary (SF 502), Fitzsimons General Hospital, Denver CO

DATE	LOCATION	MECHANISM
June 15, 1967 ~1830 hours	Dragon Mountain Area Republic of Vietnam	Blasting cap Claymore mine detonation

LINE OF DUTY: YES — Confirmed in Medical Board Proceedings

Documented Primary Conditions

As recorded in the Medical Board Proceedings & Narrative Summary (SF 502) — page citations from redacted STR

VA Code 5132 — UNFITTING

Amputation, Acquired — Right Thumb, Index & Long Fingers + Partial Ring Finger

Traumatic amputation at metacarpal level from Claymore blast. Skin grafting from right thigh performed. Thenar prosthesis required for pinch function.

STR pp. 13, 15, 23 — SF 502 Narrative Summary & Final Diagnoses (Dx Code 8862-486-0447)

VA Code 5276 area — SECONARY

Ankylosis — Right Ring Finger PIP Joint (65° flexion)

Arthrodesis performed 11 Oct 1967. PIP joint surgically fused at 65°. No motion at MP, PIP, or DIP joints remaining.

STR pp. 14, 19 — SF 502 Narrative Summary, Course in Hospital & Present Condition sections

VA Code 5160 area — LOD: YES

Fracture — Proximal Phalanx, Right Ring Finger

K-wire fixation during hospitalization. Medical Board noted 'not unfitting' as standalone; LOD confirmed.

STR pp. 15, 16, 23 — SF 502 Final Diagnoses & Medical Board Proceedings (Dx Code 8160-444-0447)

Key Clinical Findings in the Record

Right Hand

Amputation of thumb & 1st metacarpal, index & middle rays, tip of ring finger

Range of Motion

Wrist extension 0°, flexion 25°; Ring MP: 0–65° flexion only

Sensation Loss

Radial side of ring finger and over graft sites — lost sensation documented

Skin Graft Donor

Split-thickness graft taken from right thigh — separate ratable scar site

Urological

Consult obtained; WBCs and bacteria on admission urinalysis — consult not in chart

Surgeries

5 procedures: debridement ×2, skin graft, K-wire removal, osteotomy/arthrodesis

Prosthetic Need

Thenar (base of thumb) prosthesis required for any pinch function

Physical Therapy

Extensive PT/OT throughout hospitalization

Anesthesia

Multiple general anesthesia exposures documented across procedures

Mental Status

Noted 'alert and oriented' — no psychiatric evaluation documented in record

Additional VA Claims to Consider

Beyond what was rated at separation — potential claims supported by this record:

VA 7802/7804

Skin Graft Donor Site Scar (Right Thigh)

SF 502 documents graft taken from right thigh. Residual scar is separately ratable.

VA 5214/5215

Limitation of Motion — Right Wrist

Extension 0°, flexion 25° at separation. Separately ratable from hand amputation.

VA 8045

Traumatic Brain Injury (TBI)

Claymore blast overpressure at close range is a recognized TBI mechanism. Not screened in 1967. Warrants C&P exam and nexus letter.

VA 8599-8624

Loss of Sensation / Peripheral Nerve Damage

Radial nerve sensory loss documented in ring finger. Separately ratable from amputation.

VA 9411

PTSD / Adjustment Disorder (Combat Trauma)

No psychiatric eval in record. Combat blast + traumatic amputation = strong nexus basis.

VA 6100/6260

Hearing Loss / Tinnitus

No audiogram in record. Blast overpressure is a documented cause of noise-induced hearing loss.

VA 7500 series

Genitourinary / Urological Residuals

WBCs/bacteria on admission. Consult obtained but not in chart — request consult records.

Secondary Conditions & Nexus Opportunities

Service connection can be established through secondary and presumptive theories — not just direct injury.

PRIMARY **Hand Amputation**	**SECONDARY** **Depression / PTSD**	Loss of dominant hand function is a major life change. No mental health evaluation documented despite combat trauma and extended hospitalization.
PRIMARY **Hand Amputation**	**SECONDARY** **Cervical / Back Strain**	Compensatory posture and altered biomechanics from prosthetic use can cause secondary musculoskeletal conditions over time.
PRIMARY **Multiple Surgeries (5)**	**SECONDARY** **Anesthesia-Related Conditions**	Multiple general anesthesia exposures documented. Any respiratory or cognitive sequelae should be explored and documented.
PRIMARY **Combat Blast Exposure**	**SECONDARY** **Traumatic Brain Injury (TBI)**	Blast overpressure from Claymore detonation at close range. TBI was not evaluated in 1967 — veteran may have undiagnosed TBI.

Record Red Flags & Documentation Gaps

Advocacy tip: Always request missing records BEFORE submitting a claim. A referenced-but-absent consult is not proof the condition doesn't exist.

⚠ No Audiogram / Hearing Test

Blast injury with no hearing evaluation. Request audiology records from treating facilities and service entrance exams.

⚠ Urology Consult Not Included

Consult noted as obtained but 'not reported on chart.' File a records request — may support a GU claim.

⚠ No Psychiatric Evaluation

Combat trauma + traumatic amputation + extended hospitalization — no mental health screening documented.

⚠ No TBI Screening

1967 records predate TBI awareness. Blast exposure at close range warrants retroactive nexus evaluation.

⚠ Thigh Donor Site Not Rated

Skin graft harvest from right thigh is documented but no separate disability rating was assigned at separation.

⚠ No Post-Op Mental Health Follow-up

Absence of any mental health referral post-amputation supports argument that PTSD was never diagnosed or treated.

How to Read a Service Treatment Record

Systematic 7-Step Approach

1	**Identify the Trigger Event**	Find the primary incident causing service connection. Note date, location, unit, and line-of-duty status.
2	**List ALL Diagnoses**	Capture every diagnosis — not just the 'unfitting' ones. Secondary and incidental conditions are often ratable.
3	**Map the Treatment Timeline**	Reconstruct hospitalizations, surgeries, consultations. Each procedure may generate a separate claim.
4	**Flag Physical Exam Findings**	Separation exams, admission exams, and medical board findings document ROM, scars, and functional deficits.
5	**Identify Missing Consultations**	Any consult referenced but absent from the record is a reason to file a formal records request.
6	**Look for Nexus Opportunities**	Connect documented conditions to potential secondary or presumptive claims. Consider evolving medical knowledge.
7	**Check for Undiagnosed Conditions**	PTSD, TBI, hearing loss — not diagnosed in era ≠ not present. Use nexus letters and buddy statements.

Class Exercise

Working in pairs or small groups, review the record and answer:

1. What is the FIRST claim you would file based on this record? Which VA rating code applies?
2. The urology consultation result is missing. What form would you use to request it, and from where?
3. How would you build a nexus argument for PTSD given that no psychiatric note exists in this record?
4. Identify TWO body parts with documented findings that could generate separate disability ratings.
5. What evidence of hearing damage — if any — exists in this record? What is your recommended next step?
6. The skin graft donor site is documented. Draft a one-sentence claim statement for this condition.

Class Exercise — Answer Key

INSTRUCTOR USE ONLY — All answers grounded in the redacted STR provided for this case study.

Q1. First claim to file / VA rating code?

Amputation, acquired, right thumb, index & long fingers (VA Code 5132) — documented as the primary 'unfitting' diagnosis in the Medical Board Proceedings and SF 502 Final Diagnoses. This is directly service-connected, LOD: Yes, with the strongest evidentiary support in the record.

STR pp. 15, 23 — SF 502 Final Diagnoses, Dx Code 8862-486-0447

Q2. Form and source for missing urology consult?

Submit VA Form 21-4142 / 21-4142a (Authorization to Release Information) to authorize release from the treating facility — Fitzsimons General Hospital, Denver, CO (now closed; records held by National Personnel Records Center, St. Louis, MO). Also submit a written request to NPRC for any associated Army medical records.

STR p. 19 — SF 502: 'Urology consultation was obtained but is not reported on the chart.'

Q3. Nexus argument for PTSD?

Argue direct nexus: (1) confirmed combat stressor — Claymore blast, traumatic amputation (LOD: Yes, p. 15); (2) no psychiatric evaluation was ever conducted despite extended hospitalization (p. 19); (3) absence of diagnosis ≠ absence of condition (McKinney v. McDonald). Support with a private nexus letter, buddy statements, and lay statements describing ongoing symptoms since service.

STR p. 13 (incident), p. 19 (no psych eval noted), p. 16 (Medical Board — no mental health referral)

Q4. Two body parts with separate ratable findings?

(1) Right wrist — extension 0°, flexion 25° documented on physical exam (VA 5215); (2) Right thigh — split-thickness skin graft donor site documented, residual scar separately ratable (VA 7802/7804). Also acceptable: radial nerve sensory loss in ring finger (VA 8624), or ankylosis of ring finger PIP joint (VA 5276 area).

STR p. 13 — SF 502 Physical Exam: wrist ROM and graft donor site; p. 19 — Present Condition

Q5. Hearing damage evidence / next step?

No direct hearing evidence exists in this record — no audiogram, no hearing complaints documented. However, the mechanism (Claymore mine blast at close range) is a well-recognized cause of noise-induced hearing loss and acoustic trauma. Next step: Request service entrance and separation audiograms from NPRC; obtain a private audiology nexus letter linking blast exposure to current hearing loss or tinnitus.

STR p. 13 — incident described; no audiology records present anywhere in the 240-page file

Q6. One-sentence claim statement for skin graft donor site?

"I am claiming service connection for a residual scar on my right thigh, which resulted from a split-thickness skin graft harvest performed on 12 July 1967 at the 106th General Hospital to cover wounds sustained from a Claymore mine blast injury on 15 June 1967 in the Republic of Vietnam, as documented in my SF 502 Narrative Summary."

STR p. 13 — SF 502: 'split thickness skin graft was taken from the right thigh to cover all open areas'

Key Takeaways

✓	**Read Every Page:**	Medical boards, evacuation tags, and consult notes contain claim-critical information often overlooked.
✓	**Primary ≠ Only Claim:**	The 'unfitting' diagnosis is just the beginning. Scars, nerve damage, donor sites, and motion deficits are all ratable.
✓	**Missing ≠ Absent:**	Hearing loss, TBI, and PTSD were not screened for in 1967. Absence of a diagnosis is not the same as absence of the condition.
✓	**Document the Nexus:**	Use service records to establish the link between the service event and current condition — even decades later.
✓	**Request Missing Records:**	Any referenced-but-missing consult or report is a reason to file a formal records request before submitting.

What happened?

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
12/09/1966	07/25/1968	Army	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		At Once

JURISDICTION: New Claim Received 10/20/2021

ASSOCIATED CLAIM(s): 020; New/Increase; 10/20/2021

SUBJECT TO COMPENSATION (1.SC)

8045 TRAUMATIC BRAIN INJURY
Service Connected, Vietnam Era, Incurred
Static Disability
70% from 10/20/2021

9411 POSTTRAUMATIC STRESS DISORDER WITH ALCOHOL USE DISORDER [PTSD - Combat/Fear - Easing Standard]
Service Connected, Vietnam Era, Incurred
Static Disability
70% from 10/20/2021

5217 RIGHT HAND, AMPUTATION OF THUMB, INDEX, MIDDLE, AND RING FINGERS (RESIDUAL FRAGMENT WOUND)
Service Connected, Vietnam Era, Incurred
Static Disability
60% from 07/26/1968

6260 TINNITUS ASSOCIATED WITH HEARING LOSS, RIGHT EAR
Service Connected, Vietnam Era, Secondary
Static Disability
10% from 10/20/2021

5227 RIGHT HAND, AMPUTATION OF RING FINGER DISTAL PHALANX WITH ANKYLOSIS OF THE PROXIMAL INTERPHALANGEAL JOINT
Service Connected, Vietnam Era, Incurred
Static Disability
0% from 07/26/1968

6100 HEARING LOSS, RIGHT EAR
Service Connected, Vietnam Era, Incurred
Static Disability
0% from 10/20/2021

8199-8100 TENSION HEADACHES ASSOCIATED WITH TRAUMATIC BRAIN INJURY
Service Connected, Vietnam Era, Secondary
Static Disability
0% from 10/20/2021

COMBINED EVALUATION FOR COMPENSATION :

60% from 07/26/1968
100% from 10/20/2021

SPECIAL MONTHLY COMPENSATION :

K-1 Entitled to special monthly compensation under 38 U.S.C. 1114, subsection (k) and 38 CFR 3.350(a) on account of anatomical loss of one hand from 10/20/2021.

EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
10/20/2021	01	01	00	12	0

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSCPeacetime)

5242 BACK PAIN WITH ARTHRITIS
Not Service Connected, Peacetime, No Diagnosis

Original Date of Denial: 01/12/2022

6100 HEARING LOSS, LEFT EAR
Not Service Connected, Peacetime, Not Incurred/Caused by Service


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