

Practitioner guide to reviewing this nexus draft

FICTIONAL EXAMPLE. These invented records were processed through the Raven Nexus draft engine. No real veteran, clinician, or medical opinion is represented. Do not submit this example as evidence.

Please independently evaluate the medical question below. The packet contains proposed AI-assisted discussion, selected source context, and completion prompts. You may revise, replace, or decline the draft. Clinician services and signatures are not supplied by Claim Raven.

Question for this review

Whether Obstructive sleep apnea was caused by PTSD.

What VA is evaluating

For direct service connection, VA generally evaluates a current disability, an in-service event, injury or disease, and a link between them. For a secondary claim, the question concerns a link to an already service-connected disability. Qualifying presumptive claims may not require proof of individual causation. See the VA evidence guidance below; requirements depend on the claim.

Explain your conclusion using the case-specific clinical evidence and a medical explanation connecting the facts to your opinion. Identify the sources you relied upon. A list of records or study citations alone does not explain the relationship. The historical VA OIG report below discusses this distinction.

Practical review checklist

Confirm the diagnosis, clinical findings, chronology, and records actually reviewed. Separate the veteran's reported history from documented findings. Do not attest to examining or treating the veteran unless you did so.

Review the proposed research discussion. Explain which findings apply to this veteran and why, including important limitations and alternative explanations. Abstract review is not full-paper review. Studies and nonprecedential Board examples are not universal requirements for a valid opinion or proof of individual causation.

Use probability wording that reflects your independent conclusion, such as at least as likely as not or less likely than not, with medical reasons. No favorable answer is preselected. If an opinion cannot be reached without speculation, explain why, what remains unknown, and whether additional evidence or examination could help.

Clinical statements you are adopting

The following sentences in the draft state general medical knowledge or clinical interpretation rather than a fact from a cited record or study. If you sign the letter, they become your statements. Revise or remove any you do not hold.

- That decision did not address sleep apnea or provide an opinion about whether PTSD caused another condition.
- The June 3, 2021 sleep study records the diagnosis of obstructive sleep apnea, established by an apnea-hypopnea index of 22 events per hour.

- Obstructive sleep apnea involves recurrent narrowing or collapse of the upper airway during sleep.
- PTSD does not need to be the only causal factor to make a material contribution.
- PTSD-related hyperarousal and repeated sleep disruption can lower the threshold for awakening, fragment normal sleep, and destabilize breathing around obstructive events.
- A sleep study establishes the condition when tested rather than the exact day it began.
- Snoring alone also does not establish obstructive sleep apnea; the diagnosis required the June 3, 2021 sleep study.
- but treatment onset is not the same as PTSD onset, and the note does not state that snoring preceded PTSD itself.

Sentences removed before you saw the draft

An independent check could not trace these sentences to a source, so they were removed rather than left for you to catch. They are listed so you can see where the reasoning may have a gap.

- In that cohort, control individuals were matched for obesity, and the reported association was adjusted for demographic data, medical comorbidities, and medication.
- Among male veterans seeking PTSD treatment, estimated obstructive sleep apnea risk was 95 percent for the whole cohort, and 53 percent were categorized in the high-risk obstructive sleep apnea group; separately, a higher level of PTSD symptoms was associated with a higher prevalence of obstructive sleep apnea (Mayer, 2021, PMID 34946424).

Unresolved items in this draft

2 sentences were removed because the checker could not support them; review the rationale for gaps.

Complete and return your opinion

Review all medical content, not just the bold completion fields. Edit the Word draft or write your own letter. Complete your name, relevant credentials, contact information, review details, signature and date. Remove bracketed instructions from your final clinician-authored letter after addressing them. Never sign a statement you do not support.

Return your document through an agreed private channel. The veteran retains the original working draft separately. Raven Nexus checks completeness; it does not authenticate a signature, establish clinical accuracy, or guarantee VA acceptance.

Sources and scope

Claim Raven educational guide, reviewed September 5, 2026. Not a VA form or VA endorsement. Practical checklist items are drafting aids, not a universal legal sufficiency test. Condition-specific forms and examiner qualifications may add requirements.

VA evidence requirements by claim type

<https://www.va.gov/disability/how-to-file-claim/evidence-needed/>

VA OIG explanation of medical rationale, report dated March 9, 2022, pages 13 and 14

<https://www.vaoig.gov/sites/default/files/reports/2022-03/VAOIG-21-02750-63.pdf>