



# Six Tips to Increase Your VA Rating for Migraines

*- The Definitive Guide (2022)*

Regardless of your current VA disability rating for migraines, this new guide will help you win, service-connect, and get a higher VA rating for headaches, regardless of previous denials.

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## **Brian Reese**

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## Are Headaches a VA Disability?

Yes, headaches are a VA disability.

They fall under CFR 38, the schedule for rating disabilities, diagnostic code 8100 for migraines.

In fact, according to the Veterans Benefits Administration (VBA), and the [Top 10 Most Common VA Disability Claims](#), migraines are the #9 most commonly claimed VA disability.

### Types of Headaches for VA Rating Purposes

While the law only specifically lists migraines as a ratable VA disability condition, ANY type of headache condition can receive a VA rating if you have symptoms that affect your work, life, and functioning due to your military service or another service connected disability.

The [International Headache Society](#) and the [Mayo Clinic](#) have identified more than 150 different types of headaches, which are divided into three categories: [Primary](#), [Secondary](#), and [Other](#).

For example, [tension headaches](#) are the most common type of headaches among adults, and the most common type of headaches in veterans as well.

They cause mild to moderate pain and come and go over time.

They usually have no other symptoms.

[Migraine headaches](#) are often described as pounding, throbbing pain.

They can last from 4 hours to 3 days and usually happen one to four times a month.

Along with the pain, people may have other symptoms, such as sensitivity to light, noise, or smells; nausea or vomiting; loss of appetite; and upset stomach or belly pain.

[Post-traumatic headaches](#), for example, are [quite common among veterans](#), specifically if you suffered from any type of head injury or trauma during military service.

Furthermore, post-traumatic headaches, particularly migraine headaches, are [commonly found in veterans who deployed in support of combat operations in Iraq and Afghanistan](#).

According to medical research, if you get a [new headache within seven to 10 days](#) of your [head injury](#) or after you're conscious again from the trauma, you may have a condition known as a post-traumatic headache.



# The Term “Prostrating” Will Make or Break Your VA Claim for Migraines

## What is a “Prostrating” Migraine Headache?

Perhaps the single most important term that can literally make or break your VA rating for migraines is the word “prostrating.”

The reason it’s so important is because the 30% and 50% VA ratings for migraines contain the word “prostrating” in reference to both frequency and severity of your condition.

What’s interesting is that [neither VA regulations nor the courts](#) have attempted to define the term “prostrating.”

By way of reference, according to MERRIAM WEBSTER’S COLLEGIATE DICTIONARY 999 (11th Ed. 2007), “prostration” is defined as *“complete physical or mental exhaustion.”*

A very similar definition is found in DORLAND’S ILLUSTRATED MEDICAL DICTIONARY 1554 (31st Ed. 2007), in which “prostration” is defined as *“extreme exhaustion or powerlessness.”*

The [best definition we could find for “prostrating”](#) comes from Dictionary.com:

*“To lay oneself flat on the ground face downward, especially in reverence or submission.”*

Prostrating is further defined as weakness, fatigue, distress, exhaustion, illness, or functional loss, for example:

*“To reduce (someone) to extreme physical weakness.”*

## Statement in Support of a Claim for Migraines

In the absence of service treatment records or current symptoms of migraine headaches, a Statement in Support of Claim can be extremely helpful documentation to strengthen your claim.

A well-done Statement in Support of Claim can help to complete what is known as a *fully-developed claim*, which is a well-supported, complete presentation of your case that has a higher likelihood of winning and tends to be approved faster. (We specialize in helping veterans build and win claims this way!)

For a Statement in Support of Claim (personal statement) you’ll need to use [form VA 21-4138](#). At VA Claims Insider we highly recommend taking advantage of VA Form 21-4138 to provide key supporting evidence for most claims, and definitely for migraine claims.

(While we used to recommend “buddy letters” from first-hand witnesses for these and other claims, over time we’ve seen buddy letters “muddy the waters” and hurt more than help a claim. Conflicting information from lay witnesses can actually slow down your claim and even lead to denial.

Therefore, we now recommend that you skip the “buddy letter” example or lay witness statements, and stick to your own well-crafted [personal statement](#). That way, you control the narrative, the wording and the details and can ensure consistency.)

You can learn more about writing a great personal statement from this video: [“How to Write a WINNING VA Statement in Support of Claim! \(4-Step Process\)”](#)

There are key word combinations you should be sure to use in your personal statement, as well as when you speak to your VA doctor, and at your [VA C&P Exam](#).

Assuming you really do have severe symptoms, your wording (in writing in your personal statement, verbally to your doctor, and at a C&P exam) might sound like this):

*“My headaches are so severe that when I get an attack—which happens three to four times per week—I end up having to lie down in a dark room for hours until they stop. This has affected my work, life, and social functioning. In fact, I’m now unemployed because I couldn’t perform the functions of my job due to the severity and frequency of my headaches.”*

*“My migraines cause extreme radiating pain from my neck all the way up through both sides of my head. When I’m having a migraine, I end up taking sick leave from work because I must lie down by myself in a quiet room.”*



## VA Rating for Migraines Criteria

[CFR 38, Part 4, the Schedule for Rating Disabilities](#), lists migraines under code 8100.

The migraines VA rating scale for 2022 consists of four rating possibilities ranging from 0 to 50: 0%, 10%, 30%, and 50%.

The symptoms become markedly more severe between at the 30% and 50% rating levels, as evidenced by the rating criteria below:

### 8100, migraine headaches:

Migraines with very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability  
**Rating: 50%**

Migraines with characteristic prostrating attacks occurring on an average once a month over last several months  
**Rating: 30%**

Migraines with characteristic prostrating attacks averaging one in 2 months over last several months  
**Rating: 10%**

Migraines with less frequent attacks  
**Rating: 0%**

## How to Get 50% VA Disability for Migraines

There is a significant difference between the 30% rating for migraines and the 50% rating for migraines.

For example, look at this actual denial letter from a VA Rater, for a veteran who was already ready at 30% for migraines, but was seeking an increase to 50% for migraines:

*“Although the medical evidence shows that the frequency of the headaches has increased, there is no objective medical evidence showing that these headaches are at all prostrating in nature which would affect economic inadaptability. However, based on the totality of the evidence which includes the veteran’s subjective statements, and resolving all reasonable doubt in his favor, we feel that the 30% rating threshold has been met justifying an increase at this time. A higher evaluation is not warranted unless the objective medical evidence shows very frequent, completely prostrating, and prolonged attacks productive of severe economic inadaptability.”*

### Medical Evidence Requirements for Migraines

The denial states the medical evidence did NOT show prostrating headaches or economic loss.

If you think you deserve a higher VA rating for migraines, you need to have medical evidence that discusses the severity of your headaches, whether they are prostrating in nature, and if these headaches affect your work.

The best way to do this is to get a [Disability Benefits Questionnaire \(DBQ\) for migraines](#) completed from a qualified medical professional.

If you’re already service-connected for migraines at 0% or higher, this is a simple increase based upon new and relevant medical evidence (the DBQ report).

Sometimes, a VA Rater will accept a migraines DBQ on its own and grant the rating increase without a C&P exam.

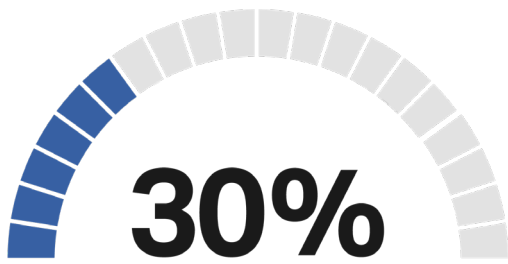
The most important section of the DBQ for migraines is Section IV – Prostrating Attacks of headache pain.

If your migraines are so severe that you often need to lie down in a dark room for hours, which indicates “Prostrating” attacks, make sure to tell your doctor about it, and ensure the DBQ is completed correctly.

Another tip for VA claims for migraines is you need to be documenting the frequency and severity of your migraines over the past several months, so you have additional evidence.

You can use apps on your smartphone, such as the [Migraine Buddy app](#), from which you can then download the daily and monthly reports to use in support of your VA claim for headaches.





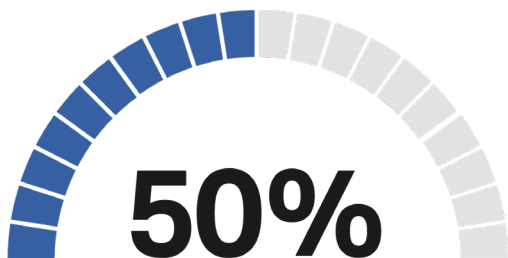
### 30% VA Rating for Migraines

At the 30% VA rating for migraines, the law lists headaches *“with characteristic prostrating attacks occurring on an average once a month over the last several months.”*

Note the keyword “prostrating,” meaning you’ve had to lie down.

You can also see that the 30% rating has prostrating attacks that occur roughly one time per month over the past several months.

There is no mention of any functional or economic loss.



### 50% VA Rating for Migraines

At the 50% VA rating for migraines, the law describes headaches *“with very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.”*

Note the keywords “very frequent completely prostrating,” meaning you’ve had to lie down more often, and the migraines could last for extended periods of time.

You can also see that the 50% rating introduces “severe economic inadaptability.”

Regarding the term “productive of economic inadaptability,” the case law precedent indicates that “productive of” can also mean “producing” or “capable of producing.”

Further, the term “inadaptability” has NEVER been defined by the courts, nor can a definition be found anywhere in 38 CFR.

The term “severe economic inadaptability” refers to a veteran’s inability to work, but **NOTHING** in the Migraines Diagnostic Code 8100 requires that the veteran be completely unable to work in order to qualify for a 50% rating.

Therefore, a veteran can qualify for a 50 percent VA rating for migraines and still be working or able to work.

For example, maybe you’ve been fired from a job because you missed work so often due to the severity of your migraines.

Perhaps you have severe migraines on a weekly basis, and you’ve used all your sick leave at work and it’s now affecting your ability to produce and earn a living, but you’re still working.

## Expert Tips to Service-Connect Your Migraines

Many veterans unsuccessfully attempt to service-connect migraines as a primary disability (direct service connection).

The problem is you probably weren't diagnosed with migraines while on active duty and it's now years later, meaning it will be difficult to prove direct service connection.

But maybe there's a better way?

There is!

And it's an expert level tip from Brian Reese and the VA Claims Insider medical team.



### Migraines and Secondary Service Connection

Migraines, and many other types of headaches, can be medically linked to numerous other service-connected disabilities.

Thus, it's possible for veterans to seek service connection on a secondary basis, which requires a showing of causation.

A showing of causation requires that the secondary disability be shown to be "proximately caused by" or "proximately aggravated by" another service-connected disability.

Accordingly, service connection may be granted on a secondary basis for a disability that is proximately due to, the result of, or aggravated by a service-connected disability. See 38 C.F.R. § 3.310(a) and (b) (2014).

Also see [Allen v. Brown, 7 Vet. App. 439, 448 \(1995\)](#).

By law, there are three essential elements that must be satisfied to service-connect migraines as a secondary condition

1. A medical diagnosis of migraines or any other type of headache condition
2. Evidence of a service-connected primary disability (such as TBI, tinnitus, PTSD, depression, anxiety, sinusitis, rhinitis, cervical strain), AND
3. Medical nexus evidence establishing a connection (nexus) between the current disability (migraines) as proximately due to, the result of, or aggravated by another service-connected disability rated at 0% or higher.

The first part can be satisfied with any existing medical evidence in service treatment records, VA medical records, or any private medical records.



The second part can be satisfied with a veteran's existing service-connected disability rated at 0 percent or higher.

The third part can be satisfied with a medical nexus letter from a qualified medical professional.



## List of VA Secondary Conditions Due to Migraines

Headaches are often granted secondary service connection because the disability (migraine headache) is shown to be proximately due to, the result of, or aggravated by another service-connected disability.

The frequency and severity of headache conditions typically increase with the severity of other service-connected disabilities.

For example, veterans with more severe PTSD symptoms are likely to have more severe Migraine Headache symptoms, suggesting a correlation between the two.

There are many possible links for veterans to establish secondary service connection for Migraines, including, but not limited to:

### Migraines Secondary to Tinnitus

Research suggests that there is a connection between headaches and tinnitus. The symptoms go hand in hand with many types of headaches, including migraines and hypertension. [Recent results show 27% of tinnitus sufferers also suffer from headaches.](#) Thus, there is a clear medical etiology to suggest that migraines and many types of headaches can be proximately due to or aggravated by tinnitus, aka, ringing in the ear syndrome.

### Migraines Secondary to TBI

There are several research studies linking Traumatic Brain Injury (TBI) to migraines as well as post-traumatic headaches. A 2012 study of soldiers returning from combat found that chronic daily headache was “considerably more common” than might be expected. For example, one study concluded that [29% of soldiers who deployed and suffered from mild TBI also had Migraines.](#)

### Migraines Secondary to TMJ

Research has shown that people who grind or clench their teeth are more likely to have migraines than those who don't. Thus, there is a medical link between migraines and TMJ or TMD.

A similar body of research suggests that the trigeminal nerve plays an important role in the start of a migraine attack. The trigeminal nerve sends signals to the blood vessels and lining of the brain, leading to cortical spreading depression (CSD—a wave of activity that

propagates across the brain surface) and a release of chemicals that result in the pain and throbbing of a migraine headache.

Further, neck and jaw problems are a common cause of migraine headaches. Here's a [2011 BVA case that granted Migraine Headaches secondary to TMJ](#).

## **Migraines Secondary to PTSD**

Research suggests a connection between migraines and Post-Traumatic Stress Disorder, especially in military veterans. Patients with migraine or tension headaches report high rates of exposure to traumatic events. In addition, about 17% have symptoms consistent with a PTSD diagnosis.

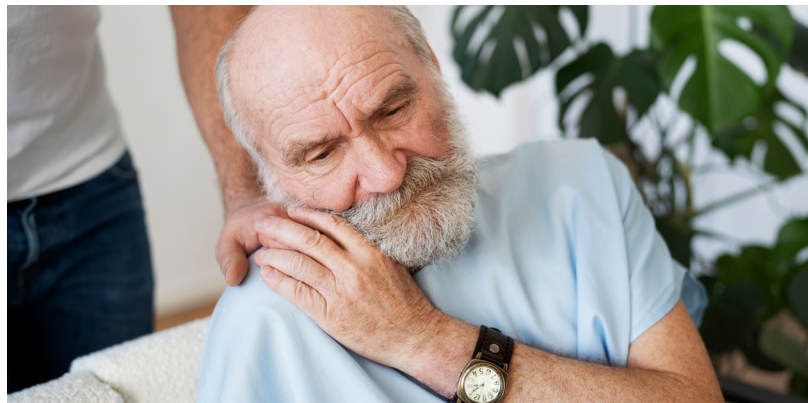
PTSD can also significantly interfere with many aspects of a veteran's life, including work, life, and social functioning. This fact likely causes more stress, which increases the likelihood of headaches.

Here's an example of a BVA case decision from 2015 that [granted secondary service connection for Migraine Headaches secondary to PTSD](#). Interestingly, the VA C&P examiner concluded it was less likely than not that the veteran's headaches are proximately due to or aggravated by his PTSD.

However, the veteran had two positive medical nexus opinions from private providers affirming that it was "more likely than not" that the headaches were a result of PTSD.

Thus, in view of the totality of the evidence, the Board finds that the evidence is at least in "equipoise" as to whether the Veteran's current headaches are proximately due to his PTSD.

Accordingly, service connection for headaches secondary to service-connected PTSD is granted.



## **Migraines Secondary to Depression**

There is a growing body of evidence that suggests a link between migraines, headaches, and depression although it's not entirely clear as of 2022. The most likely link to help a veteran connect migraines secondary to depression is through an "interim link." This means migraines that are proximately due to or aggravated by service-connected depression—specifically, the side effects of antidepressant medications.

Many SSRIs (selective serotonin reuptake inhibitors—a common type of antidepressant) have serious side effects, including nausea, vomiting or diarrhea, migraines and other types of headaches, drowsiness, dry mouth, insomnia, nervousness, agitation or restlessness, dizziness, sexual problems (such as reduced sexual desire, difficulty reaching orgasm, or inability to maintain an erection/erectile dysfunction), and impact on appetite, weight loss or weight gain.

## **Migraines Secondary to Anxiety**

Researchers have suggested that a link exists between anxiety disorders and migraines. Migraines and chronic daily headaches are common in people who suffer from anxiety disorders, especially in veterans who are already service-connected for a mental health condition, such as PTSD, depression, or anxiety.

Many studies have found that people with Generalized Anxiety Disorder (GAD) and panic disorder experience migraines or other types of headaches at a much higher rate than those without a mental health condition. Again, in our experience, the best way to service-connect migraines secondary to anxiety is through the interim medical side effects method listed above.

## **Migraines Secondary to Somatic Symptom Disorder**

There is a strong medical link between [Migraines and Somatic Symptom Disorder](#). One study concluded, “Associated somatic symptoms are more common in patients with migraines, with more frequent severe headaches, and with associated anxiety or depression.” Headache disorders may be characterized as showing increasing somatic prevalence as headaches become more frequent.

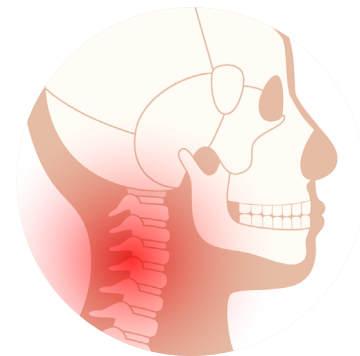
## **Migraines Secondary to Sinusitis**

A growing body of research links migraines to sinus conditions such as Sinusitis. In the recent [American Migraine Study II](#), 40% to 70% of respondents with migraine headaches

had comorbid allergies (meaning they occurred together). Research studies show how commonly sinus symptoms are linked with migraine. Specifically, in one such study, 45% of patients with migraines had symptoms of sinusitis, such as head and nose pressure and pain, nasal congestion, and runny nose.

## **Migraines Secondary to Rhinitis**

Research studies have concluded that people with Rhinitis are more than ten times more likely to have migraines. Thus, there is a very strong link associating migraines with rhinitis, which opens the path for secondary service connection. Some studies have shown that [up to 90% of sinus headaches are actually migraines](#).



## **Migraines Secondary Cervical Strain (Neck Condition)**

The most common symptoms of cervical disorders such as cervical strain are suboccipital cervicogenic headache and ongoing or motion-induced neck pain. Thus, there is a medical nexus (link) connecting migraines to cervical strain, allowing for secondary service-connection. Here's a recent BVA case from 2015 that granted [occipital headaches secondary to cervical spine degenerative disc disease \(DDD\)](#).

## Migraines Secondary to Sleep Apnea

In patients who suffer from moderate to severe sleep apnea, headaches have been medically linked to the condition. This is especially true when oxygen levels drop due to the intermittent breathing associated with [obstructive sleep apnea \(OSA\)](#).

Sleep apnea causes air to be trapped in the lungs, and this de-oxygenated air is the waste product of carbon dioxide. This lack of oxygen in the bloodstream, along with carbon dioxide, negatively affects the brain and leads to headaches, which can include migraines.

## Migraines Secondary to Radiculopathy

Medical research shows a strong correlation between migraines and radiculopathy, especially when the upper nerve roots are involved. Patients have reported this pinched nerve in the neck leads to more serious headaches, such as migraines. It should be noted, however, that headaches caused by lower nerves in the neck are more common than upper nerve-related headaches.

## Migraines Secondary to Asthma

There is a strong correlation between migraines and asthma. One research study reported that people with [migraines are 2 to 3.5 times more likely](#) to have or develop asthma.



## Migraines Secondary to Medication Side Effects

Literally thousands of over-the-counter medications and prescription medications, especially [selective serotonin reuptake inhibitors \(SSRIs\)](#), can cause or worsen migraines and headaches in general. If you're a veteran who takes medications to help manage the daily chronic pain or mental health conditions, and you now have headaches, you can likely get service-connected for migraines secondary to medication side effects.

## Brian Reese Founder and CEO

Brian Reese is a VA benefits expert, author of the #1 Amazon Bestseller *You Deserve It: The Definitive Guide to Getting the Veteran Benefits You've Earned*, and founder of VA Claims Insider, the most trusted name in education-based resources for veterans.



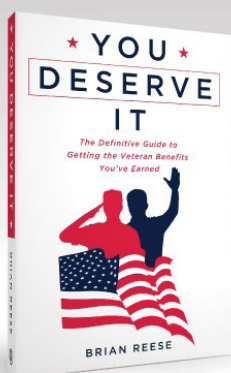
His frustration with the VA disability claims process led him to create VA Claims Insider, which provides U.S. military veterans with tips, strategies, and lessons learned for successfully submitting or re-submitting a winning VA disability compensation claim.

Brian is also the CEO of Military Disability Made Easy, the world's largest free searchable database for all things related to DoD disability and VA disability claims. MDME has served more than 6 million military members and veterans since its founding in 2013.

His eBook *9 Secret Strategies for Winning Your VA Disability Claim* has been downloaded more than 300,000 times in the past three years and is the #1-rated free VA disability claims guide for veterans.

He is a former active-duty Air Force officer with extensive experience leading hundreds of individuals and multi-functional teams in challenging international environments, including a combat tour to Afghanistan in 2011 supporting Operation ENDURING FREEDOM.

Brian is a Distinguished Graduate of Management from the United States Air Force Academy, and he holds an MBA from Oklahoma State University's Spears School of Business, where he was a National Honor Scholar. He was also a U.S. Air Force Academy NCAA Division I hockey player.



**YOU  
DESERVE IT**

*The Definitive Guide to Getting the  
Veteran Benefits You've Earned*

**BRIAN REESE**

## **About VA Claims Insider**

VA Claims Insider is an education-based coaching/consulting company for disabled veterans who are exploring eligibility for increased VA disability benefits. VACI was founded in 2016 by Brian Reese, Air Force service-disabled veteran and former U.S. Air Force Captain.

VACI currently serves more than 300,000 unique veterans per month across its websites and membership programs. VACI's Mission is "Veterans helping veterans access education-based resources to get the VA disability rating and compensation they deserve." VACI fulfills our mission by offering disabled veterans a suite of digital products and services inside our education-based membership programs.

VACI also connects veterans with vetted medical professionals in an independent referral network for medical examinations, disability evaluations, and credible medical nexus letters for a wide range of disability conditions.

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