This is a fictional sample medical opinion for educational purposes only. No real patient information is used. Actual opinions are personalized after review of genuine records.

Sample Secondary Service Connection Nexus Letter

(Records Review Only – Fictional Example)

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Department of Veterans Affairs Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444

Re: Medical Nexus Opinion – Secondary Service Connection Records Review Only

Veteran: [Sample Veteran] VA File Number: [Redacted] Date of Birth: [Redacted]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois. I have been practicing as an FNP for over 4 years, with experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent and based solely on the medical evidence reviewed.

I have conducted a thorough review of the veteran's service treatment records (STRs), VA electronic health records, private post-service treatment notes, diagnostic imaging studies, and prior VA rating decisions confirming service connection for bilateral knee degenerative joint disease (osteoarthritis).

[Sample Veteran] is service-connected for bilateral knee degenerative joint disease (osteoarthritis) related to military service, with documented history of repetitive high-impact knee stress during active duty (e.g., ruck marches, patrols, physical training). Current knee symptoms include chronic pain, stiffness, instability, limited range of motion, and antalgic gait requiring occasional bracing.

The veteran has developed **lumbar spine degenerative disc disease** (ICD-10: M51.36 for other intervertebral disc degeneration, lumbar region), with symptoms of chronic low back pain,

stiffness, radiculopathy, and reduced mobility. Diagnostic imaging shows multilevel disc degeneration, facet arthropathy, and mild central canal stenosis consistent with degenerative changes.

In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s lumbar spine degenerative disc disease is at least as likely as not (50 percent or greater probability) proximately due to or aggravated by the service-connected bilateral knee degenerative joint disease (osteoarthritis). This includes aggravation beyond natural progression due to altered biomechanics and chronic compensatory gait.

Rationale:

- The service-connected bilateral knee osteoarthritis causes altered gait mechanics (e.g., limping, uneven weight distribution, compensatory overuse of the lower back) to avoid knee pain, which is a recognized biomechanical mechanism for accelerating lumbar spine degeneration, disc disease, and chronic low back pain over time.
- Continuity of symptoms is evident: knee-related gait changes noted in post-service records predate or coincide with onset/worsening of low back complaints, with no significant intervening back trauma or unrelated cause identified.
- Imaging findings (disc degeneration, facet changes) align with increased lumbar stress from chronic knee compensation, as supported by research on knee-spine syndrome where knee OA induces compensatory spinal malalignment, reduced lumbar lordosis, and progressive degeneration, particularly in populations with high physical demands like military service.
- No alternative etiology adequately explains the lumbar pathology in the context of longstanding bilateral knee impairment.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed.

Should additional clarification be required, please contact me at the above information.

Sincerely,

David Protaziuk, MSN, APRN, FNP-C Board-Certified Family Nurse Practitioner

Scholarly Sources Cited (Parenthetical References)

- Amarasinghe P, Mansoor SN, Hesni S, et al. Biomechanical and clinical relationships between lower back pain and knee osteoarthritis: a systematic review. Syst Rev. 2023;12(1):28. doi:10.1186/s13643-022-02164-3. (Systematic review linking KOA to LBP through biomechanical factors like pelvic misalignment, knee flexion contracture, and compensatory gait, increasing lumbar degeneration risk.)
- Govil G, Tomar L, Dhawan P. Knee-Spine Syndrome: Management Dilemma When Knee Osteoarthritis Coexists With Spine Degeneration. Cureus. 2022;14(5):e24939. doi:10.7759/cureus.24939. (Describes knee-spine syndrome where KOA leads to compensatory spinal changes, altered posture, and aggravated LSD via biomechanical overload and gait alterations.)
- Iijima H, Eguchi R, Aoyama T, Takahashi M. Interaction between low back pain and knee pain contributes to disability level in individuals with knee osteoarthritis: a cross-sectional study. Osteoarthritis Cartilage. 2018;26(10):1319-1325. doi:10.1016/j.joca.2018.06.012. (Demonstrates that concurrent LBP and knee pain in KOA patients leads to higher disability, with biomechanical interactions suggesting knee issues exacerbate lumbar symptoms through shared kinetic chain stresses.)
- Kim JJ, Cho H, Park Y, Jang J, Kim JW, Ryu JS. Biomechanical influences of gait patterns on knee joint: Kinematic & EMG analysis. PLoS One. 2020;15(5):e0233593. doi:10.1371/journal.pone.0233593. (Highlights how altered gait (e.g., wider stride, varus alignment) from spinal issues affects knee mechanics, with reciprocal implications for knee OA aggravating spine via compensatory muscle activation and joint stress.)