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Sample TDIU Medical Opinion Letter – General

Total Disability Individual Unemployability – Records Review Only

February 18, 2026

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

Re: Medical Opinion – Total Disability Individual Unemployability (TDIU)
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 with Full Practice Authority. I have been practicing as an FNP for over 4 years, with extensive experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent, objective, 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, VA C&P; examination reports, Vocational Rehabilitation and Employment (VR&E;) records, prior VA rating decisions, and available employment history documentation.

[Sample Veteran] served honorably in the United States Army from 2001 to 2013 as a combat engineer, with multiple deployments to Iraq and Afghanistan. The veteran is currently service-connected for the following conditions with a combined evaluation of 90 percent: post-traumatic stress disorder (50%), lumbar spine degenerative disc disease (40%), bilateral knee osteoarthritis (10% each), tinnitus (10%), and residuals of traumatic brain injury (30%). The combined rating satisfies the schedular threshold at 38 CFR 4.16(a).

The veteran's employment history following military separation demonstrates a documented pattern of occupational failure attributable to the combined effects of his service-connected disabilities. The veteran has held five separate positions since 2013, none exceeding twelve

months in duration, terminating in each instance due to a combination of unpredictable absenteeism (PTSD-related decompensation, migraine attacks), inability to sustain physical work requirements (lumbar and knee pain), and interpersonal difficulty with supervisors and coworkers (PTSD-related irritability and hypervigilance). VR&E; documentation confirms unsuccessful vocational rehabilitation attempts in three separate program tracks.

Functional impairments identified in the record: restricted sitting tolerance to 30–45 minutes uninterrupted; restricted standing to 15–20 minutes uninterrupted; walking limited to 200 feet before requiring rest; inability to reliably interact with supervisors, coworkers, or the general public without distress; cognitive slowing affecting attention, working memory, and complex task completion; and unpredictable episodes of psychiatric decompensation of variable duration.

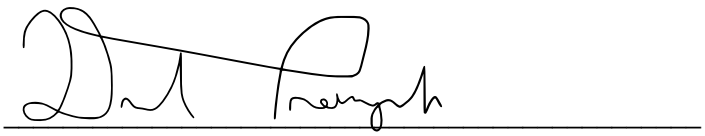
In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s service-connected disabilities — considered in their totality — are at least as likely as not (50 percent or greater probability) sufficient to render the veteran unable to secure and follow a substantially gainful occupation, whether sedentary, light, or medium exertional in nature, consistent with his education and prior work experience. This opinion is rendered without consideration of age or non-service-connected conditions.

Rationale:

- The veteran's combined disability rating of 90 percent, with one disability rated at 50 percent, satisfies the schedular threshold at 38 CFR 4.16(a) for TDIU consideration.
- The veteran's service-connected physical conditions (lumbar DDD, bilateral knee OA) preclude physically demanding employment. His limitations on sitting, standing, and walking, combined with the need for frequent position changes, further preclude sedentary employment on a sustained basis.
- The veteran's service-connected PTSD and TBI residuals produce cognitive and interpersonal impairment that is fundamentally incompatible with sustained competitive employment. Documented patterns of interpersonal conflict, cognitive slowing, and unpredictable psychiatric decompensation preclude reliable job performance in any occupational setting requiring routine social interaction, supervision, or complex task completion.
- The synergistic interaction between the veteran's physical and psychiatric conditions produces cumulative functional impairment substantially greater than the sum of the individual disability ratings would suggest. Chronic pain interference and psychiatric symptom burden mutually amplify one another (Bair et al., 2003).
- The veteran's documented failure at multiple VR&E; rehabilitation program tracks provides objective real-world evidence that maximum vocational accommodation is insufficient to overcome his cumulative functional limitations. Employment history since separation demonstrates repeated involuntary termination attributable to service-connected symptoms.
- No non-service-connected condition adequately accounts for the degree of occupational impairment observed, and the veteran's inability to sustain competitive employment is a direct consequence of his service-connected disabilities.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed. This opinion constitutes competent medical evidence within the meaning of 38 CFR 3.159(a)(1); per the Court of Appeals for Veterans Claims in Nieves-Rodriguez v. Peake, 22 Vet. App. 295 (2008), the probative value of a medical opinion depends upon its underlying rationale rather than the professional title of the provider. Should additional clarification be required, please contact me at the above information.

Sincerely,



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Scholarly Sources Cited

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