SAMPLE DOCUMENT. This is a fictional example prepared for educational purposes only. No real veteran information is used. Every rebuttal I write is prepared individually after a full review of the actual decision letter, the C&P examination report, and the underlying records.

David Protaziuk, MSN, APRN, FNP-C

Board-Certified Family Nurse Practitioner

Veteran Medical Opinions LLC

7501 Lemont Rd, Suite 345D, Woodridge, IL 60517

Phone: (708) 244-2627 | Email: dprotaziuk@veteranmedicalopinions.com

Illinois APRN License #277002570 | NPI #1275200149

February 18, 2026

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

Re: Rebuttal to Rating Decision and VA Examination Opinion
Obstructive Sleep Apnea, Claimed as Secondary to Service-Connected PTSD
Veteran: [Sample Veteran] | VA File Number: [Redacted] | Date of Birth: [Redacted]
Rating Decision dated: [Redacted] | VA Examination dated: [Redacted]

To Whom It May Concern:

I am a board-certified Family Nurse Practitioner licensed in the State of Illinois with full practice authority. I spent three years conducting VA Compensation and Pension examinations, and I am familiar with the standards those examinations are required to meet.

I previously prepared a medical opinion in this matter, dated [Redacted], addressing the relationship between the veteran's obstructive sleep apnea and the service-connected posttraumatic stress disorder. The VA has since denied the claim. I have now reviewed the rating decision and the VA examination report on which that denial relies, and I am writing to address the specific reasons given.

This letter does not restate my earlier opinion. It responds to the reasons the VA gave for rejecting it.

This opinion is based on a review of records only. I have not established a treating relationship with this veteran, and no medical care is being rendered.

RECORDS REVIEWED

- My prior medical opinion dated [Redacted], and the records on which it was based
- Rating decision and code sheet, including the stated reasons for denial
- VA examination report and medical opinion, including the examiner's stated rationale
- Service treatment records
- Attended polysomnography report with AHI and treatment recommendation

- VA and private mental health treatment records establishing the service-connected primary condition
- Prescription history, including medications prescribed for the service-connected condition

SUMMARY OF OPINION

It is at least as likely as not (50 percent probability or greater) that the veteran's obstructive sleep apnea was caused by, or in the alternative has been permanently aggravated beyond its natural progression by, the service-connected posttraumatic stress disorder.

The rationale supporting that conclusion is set out below, organized around each reason the VA gave for the denial.

THE DENIAL RESTS ON FOUR STATED REASONS. EACH IS ADDRESSED IN TURN.

1. The examiner concluded that sleep apnea is an anatomical and weight-related condition and therefore cannot be caused by a psychiatric condition.

This states a general proposition and does not engage with the veteran's record. Obstructive sleep apnea is multifactorial. Anatomy and body habitus are recognized contributors, but they are not the only recognized contributors, and the presence of one risk factor does not exclude the operation of another.

The peer-reviewed literature documents a substantially elevated prevalence of obstructive sleep apnea among veterans with posttraumatic stress disorder relative to the general population, and describes plausible mechanisms including sleep fragmentation, hyperarousal, disrupted sleep architecture, and the respiratory and weight effects of medications commonly prescribed for the condition. An opinion that dismisses this relationship categorically, without addressing that body of evidence, does not reflect the current state of the medical literature.

[Insert the specific peer-reviewed citations relied upon, with author, journal, year, and finding.]

2. The examination report does not address aggravation.

This is the most consequential omission in the report. Under 38 CFR 3.310(b), a disability that is aggravated by a service-connected condition is compensable to the degree of that aggravation, independent of causation. See Allen v. Brown, 7 Vet. App. 439, 448 (1995). Secondary service connection rests on causation or aggravation, and a medical opinion addressing secondary service connection must address both.

The examiner addressed only whether the service-connected condition caused the sleep apnea, answered that question in the negative, and stopped.

No baseline level of severity was established, no comparison of baseline to current severity was performed, and the word aggravation does not appear in the report. Even accepting the examiner's causation conclusion for the sake of argument, the aggravation question remains unanswered on this record.

In my opinion, the record supports aggravation. The documented worsening in the veteran's sleep quality, the escalation of the service-connected condition over the same period, and the weight gain following the initiation of medication prescribed for the service-connected condition together describe a course that is not attributable to natural progression alone.

3. The examiner characterized the service-connected condition as mild and well controlled.

That characterization is inconsistent with the treatment record. [Identify the specific records, dates and content that contradict it, for example the rating history, changes in medication, frequency of treatment, and any documented worsening over the relevant period.]

This matters because it is the factual premise the entire opinion rests on. If the service-connected condition is assumed to be mild and stable, the question of whether it caused or aggravated a second condition largely answers itself. Where the record shows the opposite, the premise fails and the conclusion built on it cannot stand.

An opinion based on an inaccurate factual premise has no probative value. Reonal v. Brown, 5 Vet. App. 458, 461 (1993). The probative value of a medical opinion comes from its reasoning and from whether valid medical analysis has been applied to the significant facts of the particular case. Nieves-Rodriguez v. Peake, 22 Vet. App. 295, 304 (2008).

4. The examiner cited the veteran's body mass index as the sole explanation.

Body mass index is a recognized risk factor and I do not dispute its relevance. The report, however, treats it as dispositive without addressing two matters that the record raises directly.

First, the chronology. The weight gain documented in the record follows, rather than precedes, both the onset of the service-connected condition and the initiation of the medications prescribed to treat it. Weight gain is a recognized effect of several of those medications.

Second, the alternative pathway. Where a service-connected condition contributes to weight gain, and that weight gain in turn contributes to obstructive sleep apnea, the resulting disability is secondary to the service-connected condition. That pathway is not addressed anywhere in the examination report.

ADEQUACY OF THE EXAMINATION

A medical examination report must contain not only clear conclusions with supporting data, but also a reasoned medical explanation connecting the two. Nieves-Rodriguez v. Peake, 22 Vet. App. 295, 301 (2008). It must describe the disability in sufficient detail that the adjudicator's evaluation will be a fully informed one. Stefl v. Nicholson, 21 Vet. App. 120, 123 (2007). It must sufficiently inform the adjudicator of the medical expert's judgment on the medical question and the essential rationale for that opinion. Monzingo v. Shinseki, 26 Vet. App. 97, 105 (2012).

In my professional opinion the examination under review does not meet that standard, for the following reasons taken together:

- It does not address aggravation under 38 CFR 3.310(b), a theory squarely raised by the record.
- It relies on a general proposition about the etiology of sleep apnea rather than on the facts of this veteran's case.
- It rests in part on a factual premise the treatment records contradict.
- It does not engage with the peer-reviewed literature bearing directly on the relationship asserted.

CONCLUSION

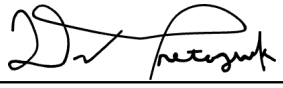
Nothing in the rating decision or in the VA examination report changes the opinion I provided. Having reviewed both, it remains my opinion that it is at least as likely as not that the veteran's obstructive sleep apnea was caused by the service-connected posttraumatic stress disorder, and in

the alternative that it has been permanently aggravated beyond its natural progression by that condition.

I offer this opinion to a reasonable degree of medical certainty, based on my education, clinical training, licensure, and three years of experience conducting VA compensation and pension examinations. I have no financial interest in the outcome of this claim. My fee was for the time spent reviewing the records and preparing this opinion, and was not contingent on any result.

I am available to clarify any part of this opinion on request.

Respectfully submitted,



David Protaziuk, MSN, APRN, FNP-C

Board-Certified Family Nurse Practitioner

Illinois APRN License #277002570 | NPI #1275200149

Veteran Medical Opinions LLC | (708) 244-2627