**Sample Nexus Letter for Lower Back Condition Secondary to Knee Condition**

**[Veteran's Full Name]**
**[Veteran's Social Security Number / VA Claim Number]**
**[Date]**

**To Whom It May Concern:**

I, Dr. [Doctor’s Full Name], am a licensed medical professional specializing in [Specialty, e.g., Orthopedics, Physical Medicine, Rehabilitation]. I have reviewed the medical history, relevant records, and conducted an examination of [Veteran’s Full Name]. Based on my evaluation, it is **"at least as likely as not"** (a probability of 50% or greater) that [his/her/their] diagnosed Lower Back Condition is secondary to [his/her/their] service-connected Knee Condition.

**Medical and Service Background**

[Veteran's Full Name] served honorably in the [branch of service, e.g., United States Marine Corps] from [Service Start Date] to [Service End Date]. During [his/her/their] service, [he/she/they] sustained a [describe knee injury, e.g., right knee injury] that ultimately led to a diagnosis of [specific knee condition, e.g., chronic patellar tendinitis, knee osteoarthritis]. The VA has recognized this knee condition as service-connected.

Since developing this knee condition, [Veteran’s Name] has reported chronic pain and instability in the affected knee, leading to an altered gait. Over time, [he/she/they] has experienced increasing symptoms in [his/her/their] lower back, including pain, stiffness, and difficulty with mobility. These lower back symptoms are consistent with a musculoskeletal condition related to compensatory postural and gait changes due to [his/her/their] knee condition.

**Diagnosis**

[Veteran’s Full Name] has been diagnosed with [specific lower back condition, e.g., lumbar spondylosis, degenerative disc disease, lumbar strain]. Imaging studies, including [specific imaging, e.g., MRI, X-ray] performed on [date of imaging], confirm the presence of this condition, showing [describe findings, e.g., degenerative changes in the lumbar spine, disc bulging, spinal misalignment].

**Medical Literature and Correlation**

Medical literature strongly supports a biomechanical link between knee conditions and the development of lower back conditions. Studies show that individuals with chronic knee pain or instability often alter their gait to reduce knee discomfort. This compensatory change frequently places additional strain on the lumbar spine, leading to or aggravating lower back problems. Notably:

1. **Altered Gait and Compensatory Posture**: Favoring one side due to knee pain often results in abnormal biomechanics, increasing the load on the opposite hip and lower back.
2. **Chronic Muscle Imbalance**: Chronic knee pain can lead to muscle imbalances, which, in turn, place stress on the lumbar spine, contributing to conditions like lumbar spondylosis or degenerative disc disease.
3. **Increased Spinal Load and Degeneration**: A shifted or uneven gait pattern can accelerate wear on the spinal joints and discs, which may lead to degenerative changes over time.

**Nexus Opinion**

In my professional opinion, based on [Veteran’s Name]’s medical history, the physical examination, and supported by current medical research, it is **"at least as likely as not"** that [Veteran's Full Name]'s Lower Back Condition is secondary to [his/her/their] service-connected Knee Condition.

**Supporting Medical Evidence**

In my assessment, I relied on the following supporting evidence:

* **Veteran’s Medical and Treatment History**: Documented symptoms of knee pain and instability, including reports of altered gait and lower back pain developing after the knee condition.
* **Objective Imaging Findings**: Radiological evidence, including [MRI, X-rays, etc.], shows [list findings related to the lower back condition, such as degenerative disc changes, spinal misalignment].
* **Published Medical Research**: Numerous studies demonstrate the connection between chronic knee pain and compensatory postural adjustments leading to lumbar spine issues. For example, research shows that compensatory gait patterns due to knee pain significantly increase lumbar load, accelerating degenerative changes in the spine.
* **Clinical Observations and Exam Findings**: My examination of [Veteran’s Full Name] reveals [describe pertinent physical findings, such as limited range of motion in the lower back, tenderness, or abnormal gait], consistent with a lower back condition related to [his/her/their] knee impairment.

**Conclusion**

Based on this evidence, it is my professional opinion that [Veteran’s Full Name]'s Lower Back Condition is secondary to or aggravated by [his/her/their] service-connected Knee Condition. Therefore, I recommend that the VA consider the Lower Back Condition as secondary to [his/her/their] service-connected knee condition for disability rating purposes.

Please do not hesitate to reach out to my office at [Doctor’s Contact Information] for any additional information or clarification regarding my findings.

Thank you for your consideration of this veteran’s claim.

Sincerely,

**[Doctor’s Signature]
[Doctor’s Printed Name]
[Doctor’s Title and Specialty]
[License Number and State]
[Contact Information]**