UNITED VETERAN'S DISABILITY, LLC

Wesley A. McCauley

Admitted to the United States Court of Appeal for Veterans Claims

Putting veterans and their families in charge ®

2026-February-1

VIA: DIRECT UPLOAD TO REGULATIONS.GOV
U.S. Department of Veterans' Affairs
c/o Argentina Hauser and Cintia Darlington
Regulation Analyst
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Re: Public Comments Concerning RIN 2900-AS40
Proposed Changes to Bradycardia Rating

Dear Sir/Madame:

United Veteran's Disability, LLC provides these comments in response to the proposed amendments to VA's rating schedule concerning Bradycardia.

United Veteran's Disability, LLC is a Veteran's advocacy firm owned by a VA accredited agent. Our office frequently provides representation before the regional office, the Board of Veterans' Appeals, and the U.S. Court of Appeals for Veterans Claims.

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We generally support VA's proposal to update the evaluation criteria for Bradycardia. Modernizing these criteria to focus on functional impairment and objective medical data is a necessary step in providing consistent and fair ratings for Veterans across all eras of service. This is particularly important given the rise in heart conditions among Veterans, due to environmental exposures[1].

While we support the additional of a minimum compensable rating, we strongly urge the VA to reconsider the proposed duration of the temporary 100% convalescent rating for post-surgical recovery. Specifically, we believe that a one-month temporary rating is insufficient for many of the complex procedures addressed in this rule.

A 30-day recovery window fails to account for the actual clinical reality of post-operative recovery for many Veterans. Complications such as surgical site infections, delayed wound healing, and the physical toll of anesthesia—often exacerbated by service-connected comorbidities—regularly extend the period of total disability well beyond four weeks. For example, the Cleveland Clinic discharge instructions following a pacemaker implant state that patients should not lift more than 10 pounds for the first 6 weeks following implant[2].

We recommend that the VA extend the proposed temporary rating to align with other established convalescent ratings in the VASRD, such as those

[1] *See generally* https://www.research.va.gov/topics/cardio.cfm#:~:text=After%20adjusting%20for%20factors%20known,who%20did%20not%20have%20PTSD (last accessed February 1, 2026).

[2] *See* https://my.clevelandclinic.org/-/scassets/files/org/heart/patient-education/hvti-files/discharge-instructions-after-a-pacemaker.pdf (last accessed February 1, 2026).

for total joint replacements (38 C.F.R. § 4.71a). For example, the VA recognizes that major orthopedic surgeries require a minimum of four months (plus the month of surgery) at the 100% rate to ensure the Veteran has adequate time to recuperate without financial hardship. Assigning only one month of total disability creates an unnecessary administrative burden, forcing Veterans to file for extensions of convalescence (under 38 C.F.R. § 4.30) during a time when they should be focused on recovery. By extending the initial grant to a minimum of three to four months, the VA would reduce its own claims backlog while providing the necessary "bridge" for Veterans to return to their baseline level of function.

We appreciate the VA's work in updating these regulations. However, for this proposed change to truly serve the Veteran population, it must provide a realistic recovery period. Aligning the convalescent duration for these conditions with the standards used for joint replacements would ensure equity and provide Veterans with the stability required for a successful recovery.

Thank you for your consideration of these comments. Should you require additional information, please do not hesitate to contact us.

Godspeed,



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