START HERE

Joint pain that moved *can be part of the story.*

This guide helps you put an old illness into words for a clinician today. It does not diagnose anything. It helps you bring a clear history and useful questions.

What rheumatic fever is

Rheumatic fever is an inflammatory illness that can follow a strep infection, typically 1 to 5 weeks later. It mainly affects children ages 5 to 15, but adults can get it too. In 1986 and 1987, CDC reported cases among Navy recruits aged 19 to 31.

How the joints can be involved

The arthritis is typically migratory: painful, swollen large joints, such as knees, ankles, elbows and wrists, affected one after another. Strep followed by joint pain can have other explanations, so the pattern alone does not confirm the diagnosis.

Why the heart matters

The same illness can inflame the heart. CDC reports carditis in 50% to 70% of first episodes, often involving the mitral valve. Rheumatic heart disease, meaning lasting valve damage, is its most important long-term consequence.

THE QUIET YEARS

Valve damage can *stay quiet for years.*

Damage to a heart valve may cause no symptoms for a long time. Cleveland Clinic says rheumatic fever can affect the heart about 20 or 30 years after an episode.

What damage can look like

A damaged valve can leak, letting blood slip backward, or narrow, leaving less room for blood to flow. Heart problems from rheumatic fever may have no symptoms, or may cause shortness of breath and chest pain.

Possible later signs

Tiredness, getting winded with activity or when lying flat, palpitations or an irregular heartbeat, and swelling in the belly, hands or feet. Each of these has many possible causes. What they mean for you depends on a clinical evaluation.

When to get help now

Chest pain, severe shortness of breath, fainting or coughing up blood need prompt medical attention. Call 911 in an emergency. Do not wait for a routine appointment.

YOUR HISTORY

Write down what *you remember.*

You do not need every detail. Write what you know, and mark what you are unsure about. Use only details that are true for you.

The illness

About when it happened (childhood, school years, training, service or later), where you were, and whether a sore throat, scarlet fever or skin infection came first.

The joints

Which joints were painful or swollen, whether the pain moved from one joint to another, and about how long it lasted.

What you were told

Whether anyone mentioned rheumatic fever, a heart murmur or heart involvement, and whether you took antibiotics for a long time afterward. Long-term antibiotics are used after rheumatic fever to reduce repeat attacks.

Not sure?

You may never have been told the name. A parent, sibling or older relative may remember. Old medical, school or military medical records may mention it. Your clinician's office can explain how to request past records.

TODAY

Notice what has *changed.*

Compare now with a year or two ago. Specific examples help more than general words like tired. Use only examples that are true for you.

Activity

Illustrative example, use only if true: Two years ago I carried groceries up our stairs without stopping. Now I stop halfway to catch my breath.

Heartbeat

Whether you notice racing, pounding or skipped beats, when it happens and how long it lasts.

Swelling and breathing at night

Swelling in the ankles, hands or belly, and whether lying flat makes breathing harder.

Bring a list

Your current medicines, any past heart tests you know about, and the history from the previous page.

QUESTIONS

Questions to ask *your clinician.*

Share the history first. These questions can help you understand what makes sense for you.

About the history

I had joint pain after strep throat years ago, and it may have been rheumatic fever. Is that relevant to my heart now?

About checking the valves

Can you listen for a murmur? Would an echocardiogram, a heart ultrasound that shows leaky or narrowed valves, make sense for me?

About results

What did the test show, what does it mean, and when should it be rechecked? Ask for a copy of any results for your own records.

Sources

CDC: Clinical guidance for acute rheumatic fever

MedlinePlus: Rheumatic fever

Cleveland Clinic: Rheumatic heart disease

CDC MMWR: Acute rheumatic fever at a Navy training center (1988)

CONTROL THE FOUNDATION

Your health is where *the evidence begins.*

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.