Rules and Regulations

Title 38—PENSIONS, BONUSES, AND VETERANS' RELIEF

Chapter I—Veterans Administration

PART 4—SCHEDULE FOR RATING DISABILITIES

The following Schedule for Rating Disabilities, commonly referred to as the 1945 rating schedule, which became effective April 1, 1946, is herewith made available as a public document and is added to Title 38 of the Code of Federal Regulations as Part 4 of Chapter I. The effective dates of the amendments since April 1, 1946, which have been incorporated in the schedule, are shown in the Table of Amendments and Effective Dates as Appendix A.

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Administrator.

Subpart A—General Policy in Rating

Subpart B—Disability Ratings

THE MUSCULOSKELETAL SYSTEM

THE ORGANS OF SPECIAL SENSE

SYSTEMIC CONDITIONS

THE RESPIRATORY SYSTEM

THE CARDIOVASCULAR SYSTEM

THE DIGESTIVE SYSTEM

THE GENITOURINARY SYSTEM

GYNECOLOGICAL CONDITIONS

THE HEMIC AND LYMPHATIC SYSTEMS

THE SKIN

THE ENDOCRINE SYSTEM

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

MENTAL DISORDERS

DENTAL AND ORAL CONDITIONS

AUTHORITY: The provisions of this Part 4 issued under 72 Stat. 1125; 38 U.S.C. 355.

Subpart A—General Policy in Rating

§ 4.1 Essentials of evaluative rating.

This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations, of the various grades of severity as set forth with due regard to previous determinations for compensation or pension purposes. Generally, it may be said

that the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations, or illnesses, proportionate to the severity of the several grades. For the application of the schedule, accurate and fully descriptive medical examinations are required, with the emphasis at all times upon the limitation of activity imposed by the disabling condition. A veteran's disability claim may require reratings in accordance with changes in laws, changes in medical knowledge, and changes in his physical or mental condition, over a period of many years. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its whole history. Different examiners, at different times, will not describe the same disability in the same language; features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described.

§ 4.2 Interpretation of examination reports.

It is the responsibility of the rating specialist to interpret the reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture, so that the current rating may accurately reflect the elements of permanent and temporary disability present. Each disability must be viewed from the point of view of the veteran working, or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail for purposes of evaluations, it is incumbent upon the rating board to return the report as inadequate.

§ 4.3 Resolution of reasonable doubt.

It is the defined and consistently applied policy of the Veterans Administration to administer the law under a broad interpretation, consistent, however, with the facts shown in every case. When after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding the degree of disability, such doubt will be resolved in favor of the claimant.

§ 4.6 Evaluation of evidence.

The element of the weight to be accorded the character of the veteran's service is but one factor entering into the considerations of the rating boards in arriving at determinations of the evaluation of disability. Every element in any way affecting the probative value to be assigned to the evidence in each individual claim must be thoroughly and conscientiously studied by each member of the rating board in the light of the established policies of the Veterans Administration to the end that decisions will be equitable and just as contemplated by the requirements of the law.

§ 4.7 Higher of two evaluations.

Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned.

§ 4.9 Aggravation of congenital or developmental defects.

Mere congenital or developmental defects, absent, displaced or supernumerary parts, refractive error of the eye, personality disorder and mental deficiency are not diseases or injuries in the meaning of applicable legislation.

§ 4.10 Functional impairment.

The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body, according to the general or localized effects of disease or injury, to function under the circumstances of ordinary activity, that is, in daily life including employment. Thus, whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive [illegible] other system, or the mind, are affected, evaluations are based upon the usefulness, or lack of usefulness, of the parts or systems, especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory, and prognostic data required for ordinary medical classification, a full description of the effects of disability upon the person's ordinary activity. In this connection it will be remembered that a person may be too ill, or weak, or otherwise disabled, to engage in work, although he is up and about and fairly comfortable at home or upon limited activity.

§ 4.13 Effect of change of diagnosis.

The repercussion upon a current rating of service connection when change is made of a previously assigned diagnosis or etiology must be kept in mind. The aim should be the reconciliation and continuance of the diagnosis or etiology upon which service connection for the disability had been granted. The relevant principle enunciated in § 4.128 entitled "Change of Diagnosis" should have careful attention in this connection. When any change in evaluation is to be made, the rating agency should assure itself that there has been an actual change in the conditions, for better or worse, and not merely a difference in thoroughness of the examination or in use of descriptive terms. This will not, of course, preclude the correction of erroneous ratings, nor will it preclude assignment of a rating in conformity with § 4.7.

§ 4.14 Avoidance of pyramiding.

The evaluation of the same disability under various diagnoses is to be avoided. Disability from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent, so that special rules are included in the appropriate bodily system for their evaluation. Dyspnea, tachycardia, nervousness, fatigability, etc., may result from many causes; some may be service connected, others, not. Both the use of manifestations not resulting from service-connected disease or injury in establishing the service-connected evaluation, and the evaluation of the same manifestation under different diagnoses are to be avoided.

§ 4.15 Total disability ratings.

The ability to overcome the handicap of disability varies widely among individuals. The rating, however, is based primarily upon the average impairment in earning capacity, that is, upon the economic or industrial handicap which must be overcome and not from individual success in overcoming it. However, full consideration must be given to unusual physical or mental effects in individual cases, to peculiar effects of occupational activities, to defects in physical or mental endowment preventing the usual amount of success in overcoming the handicap of disability and to the effect of combinations of disability. Total disability will be considered to exist when there is present any impairment of mind or body which is sufficient to render it impossible for the average person to follow a substantially gainful occupation; *Provided*, That permanent total disability shall be taken to exist when the impairment is reasonably certain to continue throughout the life of the disabled person. The following will be considered to be permanent total disability: the permanent loss of the use of both hands, or of both feet, or of one hand and one foot, or of the sight of both eyes, or becoming permanently helpless or permanently bedridden. Other total disability ratings are scheduled in the various bodily systems of this schedule.

§ 4.16 Total disability ratings for compensation based on unemployability of the individual.

Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating agency, unable to secure or follow a substantially gainful occupation as a result of his service-connected disabilities; *Provided that*, If there is only 1 such disability, this disability shall be ratable at 60 percent or more, and that, if there are 2 or more disabilities, there shall be at least 1 disability ratable at 40 percent or more, and sufficient additional disability to bring the combined rating to 70 percent or more. For the above purpose of one 60 percent disability, or one 40 percent disability in combination, the following will be considered as 1 disability; (a) Disabilities of 1 or both upper extremities, or of 1 or both lower extremities, including the bilateral factor, if applicable, (b) disabilities resulting from common etiology or a single accident, or (c) disabilities affecting a single body system, e.g., digestive, respiratory, cardiovascular-renal, neuropsychiatric, or (d) multiple injuries incurred in action. It is provided further that the existence or degree of nonservice-connected disabilities or previous unemployability status will be disregarded where the percentages referred to in this section for the service-connected disability or disabilities are met and in the judgment of the rating agency such service-connected disabilities render the veteran unemployable.

§ 4.17 Total disability ratings for pension based on unemployability and age of the individual.

For the purpose of pension, the permanence of the percentage requirements of § 4.16 is a requisite. The percentage requirements, however, are reduced, on the attainment of age 55, to a 60 percent rating for 1 or more disabilities, with no percentage requirement for any 1 disability. The requirement at age 60 will be a 50 percent rating for 1 or more disabilities. At age 65, there will be no percentage requirement other than 1 disability ratable at 10 percent or more. When these reduced percentage requirements are met, and the disabilities involved are of permanent nature, rating as permanently and totally disabled will be assigned if the veteran is determined to be unable to secure and follow substantially gainful employment by reason of such disability. Prior employment or unemployment status is immaterial if in the judgment of the rating agency veteran's disabilities render him unemployable. In making such determinations, the following will be used as guides:

(a) Marginal employment, for example, on own farm, in own business, or at odd jobs, at less than half the usual hours of work or less than half the usual remuneration will not be considered incompatible with a determination of unemployment and unemployability, if the restriction, as to securing or retaining better employment, is due to the disabilities.

(b) The fact that unemployable persons meeting the percentage standards have also physical, mental, or personality defects of congenital or developmental nature, which may be a partial cause of the unemployability, will not preclude favorable rating.

(c) As it is the policy of the Administration that all veterans who are basically eligible and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled for the purposes of pension, therefore, the cases of all veterans who fail to meet the percentage standards, who meet basic entitlement criteria, but who are unemployable, will be referred to Central Office under § 3.321(b) of this chapter, with statement as to unemployability by the rating board.

§ 4.17a Misconduct etiology.

A permanent and total disability rating under the provisions of §§ 4.15, 4.16, and 4.17 will not be precluded by reason of the coexistence of misconduct disability when

(a) A veteran, regardless of employment status, also has innocently acquired 100 percent disability, or

(b) Where unemployable, he has other disabilities innocently acquired which meet the percentage requirements of §§ 4.16 and 4.17 and would render, in the judgment of the rating agency, the average person unable to secure or follow a substantially gainful occupation.

Meritorious cases of veterans meeting the specifications in this section except they do not meet the percentage standards of §§ 4.16 and 4.17, will be referred to Central Office under § 3.321(b) of this chapter.

§ 4.18 Unemployability.

A veteran may be considered as unemployable upon termination of employment which was provided for him on account of his disability, or in which special consideration was given on account of the same, when it is satisfactorily shown that he is unable to secure further employment. With amputations, sequelae of fractures and other residuals of traumatism shown to be of static character, a showing of continuous unemployability from date of incurrence, or the date the condition reached the stabilized level, is a general requirement in order to establish the fact that present unemployability is the result of the disability. However, consideration is to be given to the circumstances of employment in individual cases, and, if the employment was only occasional, intermittent, tryout or unsuccessful, or eventually terminated on account of the disability, present unemployability may be attributed to the static disability. Where unemployability for pension previously has been established on the basis of combined service-connected and non-service-connected disabilities and the service-connected disability or disabilities have increased in severity, § 4.16 is for consideration.

§ 4.19 Age in service-connected claims.

Age may not be considered as a factor in evaluating service-connected disability, and unemployability, in service-connected cases, associated with advancing age or intercurrent disability, may not be used as a basis for a total disability rating. Age, as such, is a factor only in evaluations of disability not resulting from service, i.e., for the purposes of pension.

§ 4.20 Analogous ratings.

When an unlisted condition is encountered it will be permissible to rate under a closely related disease or injury in which not only the functions affected, but the anatomical localization and symptomatology are closely analogous. Conjectural analogies will be avoided, as will the use of analogous ratings for conditions of doubtful diagnosis, or for those not fully supported by clinical and laboratory findings. Nor will ratings assigned to organic diseases and injuries be assigned by analogy to conditions of functional origin.

§ 4.21 Application of rating schedule.

In view of the number of atypical instances it is not expected, especially with the more fully described grades, that all cases will show all the findings specified. Findings sufficiently characteristic to identify the disease and the disability therefrom, and above all, coordination of rating with impairment of function will, however, be expected in all instances.

§ 4.22 Rating of disabilities aggravated by active service.

In cases involving aggravation by active service, the rating will reflect only the degree of disability over and above the degree existing at the time of entrance into the active service, whether the particular condition was noted at the time of entrance into the active service, or it is determined upon the evidence of record to have existed at that time. It is necessary therefore, in all cases of this character to deduct from the present degree of disability the degree, if ascertainable, of the disability existing at the time of entrance into active service, in terms of the rating schedule, except that if the disability is total (100 percent) no deduction will be made. The resulting difference will be recorded on the rating sheet. If the degree of disability at the time of entrance into the service is not ascertainable in terms of the schedule, no deduction will be made.

§ 4.23 Attitude of rating officers.

It is to be remembered that the majority of applicants are disabled persons who are seeking benefits of law to which they believe themselves entitled. In the exercise of his functions, the rating officer must not allow his personal feeling to intrude; an antagonistic, critical, or even abusive attitude on the part of a veteran should not in any instance influence the officer in the handling of the case. Fairness and courtesy must at all times be shown to ex-servicemen by all employees whose duties bring them in contact, directly or indirectly, with the Administration's claimants.

§ 4.24 Correspondence.

All correspondence relative to the interpretation of the schedule for rating disabilities, requests for advisory opinions, questions regarding lack of clarity or application to individual cases involving unusual difficulties, will be addressed to the Director, Compensation and Pension Service. A clear statement will be made of the point or points upon which information is desired, and the complete case file will be simultaneously forwarded to Central Office. Rating agencies will assure themselves that the recent report of physical examination presents an adequate picture of the veteran's condition. Cases in regard to which the schedule evaluations are considered inadequate or excessive, and errors in the schedule will be similarly brought to attention.

§ 4.25 Combined ratings table.

The combined ratings table results from the consideration of the efficiency of the individual as affected first by the most disabling condition, then by the less disabling condition, then by other less disabling conditions, if any, in the order of severity. Thus, a person having a 60 percent disability is considered 40 percent efficient. Proceeding from this 40 percent efficiency, the effect of a further 30 percent disability is to leave only 70 percent of the efficiency remaining after consideration of the first disability, or 28 percent efficiency altogether. The individual is thus 72 percent disabled, as shown in the table opposite 60 percent and under 30 percent. To use the combined ratings table, the disabilities will first be arranged in the exact order of their severity, beginning with the greatest disability and then combined with use of the table as hereinafter indicated. For example, if there are 2

disabilities, the degree of 1 disability will be read in the left column and the degree of the other in the top row, whichever is appropriate. The figures appearing in the space where the column and row intersect will represent the combined value of the 2. This combined value will then be converted to the nearest number divisible by 10, and combined values ending in 5 will be adjusted upward. Thus, with a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be converted to 70 percent to represent the final degree of disability. Similarly, with a disability of 40 percent, and another disability of 20 percent, the combined value is found to be 52 percent, but the 52 percent must be converted to the nearest degree divisible by 10, which is 50 percent. If there are more than 2 disabilities, the disabilities will also be arranged in the exact order of their severity and the combined value for the first 2 will be found as previously described for 2 disabilities. This combined value, exactly as found in the combined ratings table, will be combined with the degree of the third disability (in order of severity). The combined value for the 3 disabilities will be found in the space where the column and row intersect, and if there are only 3 disabilities will be converted to the nearest degree divisible by 10, adjusting final 5's upward. Thus, if there are 3 disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first 2 will be found opposite 60 and under 40 and is 76 percent. This 76 will be combined with 20 and the combined value for the 3 is 81 percent. This combined value will be converted to the nearest degree divisible by 10 which is 80 percent. The same procedure will be employed when there are 4 or more disabilities. (See Combined Ratings Table.)

COMBINED RATINGS TABLE

(10 combined with 10 is 19)

	10	20	30	40	50	60	70	80	90
19	27	35	43	51	60	68	76	84	92
20	28	36	44	52	60	68	76	84	92
21	29	37	45	53	61	68	76	84	92
22	30	38	45	53	61	69	77	84	92
23	31	38	46	54	62	69	77	85	92
24	32	39	47	54	62	70	77	85	92
25	33	40	48	55	63	70	78	85	93
26	33	41	48	56	63	70	78	85	93
27	34	42	49	56	64	71	78	85	93
28	35	42	50	57	64	71	78	86	93
29	36	43	50	57	65	72	79	86	93
30	37	44	51	58	65	72	79	86	93
31	38	45	52	59	66	72	79	86	93
32	39	46	52	59	66	73	80	86	93
33	40	46	53	60	67	73	80	87	93
34	41	47	54	60	67	74	80	87	93
35	42	48	55	61	68	74	81	87	94
36	42	49	55	62	68	74	81	87	94
37	43	50	56	62	69	75	81	87	94
38	44	50	57	63	69	75	81	88	94
39	45	51	57	63	70	76	82	88	94
40	46	52	58	64	70	76	82	88	94
41	47	53	59	65	71	76	82	88	94
42	48	54	59	65	71	77	83	88	94
43	49	54	60	66	72	77	83	89	94
44	50	55	61	66	72	78	83	89	94
45	51	56	62	67	73	78	84	89	95
46	51	57	62	68	73	78	84	89	95
47	52	58	63	68	74	79	84	89	95
48	53	58	64	69	74	79	84	90	95
49	54	59	64	69	75	80	85	90	95
50	55	60	65	70	75	80	85	90	95
51	56	61	66	71	76	80	85	90	95
52	57	62	66	71	76	81	86	90	95
53	58	62	67	72	77	81	86	91	95
54	59	63	68	72	77	82	86	91	95
55	60	64	69	73	78	82	87	91	96
56	60	65	69	74	78	82	87	91	96
57	61	66	70	74	79	83	87	91	96

COMBINED RATINGS TABLE—Continued

(10 combined with 10 is 19)

	10	20	30	40	50	60	70	80	90
58	62	66	71	75	79	83	87	92	96
59	63	67	71	75	80	84	88	92	96
60	64	68	72	76	80	84	88	92	96
61	65	69	73	77	81	84	88	92	96
62	66	70	73	77	81	85	89	92	96
63	67	70	74	78	82	85	89	93	96
64	68	71	75	78	82	86	89	93	96
65	69	72	76	79	83	86	90	93	97
66	69	73	76	80	83	86	90	93	97
67	70	74	77	80	84	87	90	93	97
68	71	74	78	81	84	87	90	94	97
69	72	75	78	81	85	88	91	94	97
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99

§ 4.26 Bilateral factor.

When a partial disability results from disease or injury of both arms, or of both legs, or of paired skeletal muscles, the ratings for the disabilities of the right and left sides will be combined as usual, and 10 percent of this value will be added (i.e., not combined) before proceeding with further combinations, or converting to degree of disability. The bilateral factor will be applied to such bilateral disabilities before other combinations are carried out and the rating for such disabilities including the bilateral factor in this section will be treated as 1 disability for the purpose of arranging in order of severity and for all further combinations. For example, with disabilities evaluated at 60 percent, 20 percent, 10 percent and 10 percent (the two 10's representing bilateral disabilities), the order of severity would be 60, 21 and 20. The 60 and 21 combine to 68 percent and the 68 and 20 to 74 percent, converted to 70 percent as the final degree of disability.

(a) The use of the terms "arms" and "legs" is not intended to distinguish between the arm, forearm and hand, or the thigh, leg, and foot, but relates to the upper extremities and lower extremities as a whole. Thus with a compensable disability of the right thigh, for example, amputation, and one of the left foot, for example, pes planus, the bilateral factor applies, and similarly whenever there are compensable disabilities affecting use of paired extremities regardless of location or specified type of impairment.

(b) The correct procedure when applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities is to combine the ratings of the disabilities affecting the 4 extremities in the order of their individual severity and apply the bilateral factor by adding, not combining, 10 percent of the combined value thus attained.

(c) The bilateral factor is not applicable unless there is partial disability of compensable degree in each of 2 paired extremities, or paired skeletal muscles.

§ 4.27 Use of diagnostic code numbers.

The diagnostic code numbers appearing opposite the listed ratable disabilities are arbitrary numbers for the purpose of showing the basis of the evaluation assigned and for statistical analysis in the Veterans Administration, and as will be observed, extend from 5000 to a possible 9999. Great care will be exercised in the selection of the applicable code number and in its citation on the rating sheet. Each service-connected compensable disability or the major pensionable nonservice disability is to be assigned its diagnostic code number. No other numbers than these listed or hereafter furnished are to be employed for rating purposes, with an exception as described in this section, as to unlisted conditions. When an unlisted disease, injury, or residual condition is encountered, requiring rating by analogy, the diagnostic code number will be "built-up" as follows: The first 2 digits will be selected from that part of the schedule most closely identifying the part, or system, of the body involved; the last 2 digits will be "99" for all unlisted conditions. This procedure will facilitate a close check of new and unlisted conditions, rated by analogy. In the selection of code numbers, injuries will generally be represented by the number assigned to the residual condition on the basis of which the rating is determined. With diseases, preference is to be given to the number assigned to the disease itself; if the rating is determined on the basis of residual conditions, the number appropriate to the residual condition will be added, preceded by a hyphen. Thus, atrophic (rheumatoid) arthritis rated as ankylosis of the lumbar spine should be coded "5002–5289." In this way, the exact source of each rating can be easily identified. In the citation of disabilities on rating sheets, the diagnostic terminology will be that of the medical examiner, with no attempt to translate his terms into schedule nomenclature. Residuals of diseases or therapeutic procedures will not be cited without reference to the basic disease.

§ 4.28 Convalescent ratings from date of discharge.

The following ratings may be assigned under the conditions stated for disability from any disease or injury, in the absence of, or in lieu of, ratings prescribed elsewhere in the schedule for the disability.

	Rating
Injuries, recent, unhealed (specify anatomical classification and nature of traumatism):	
With unhealed fractures, continued infection, therapeutic immobilization of joints, effects of shock, operation, bed confinement or weakness, etc., requiring continued hospitalization or such as to prevent the pursuit of a substantially gainful occupation on the part of the average person affected, for 6 months	100

	Rating
Injuries, recent, unhealed (specify anatomical classification and nature of traumatism—Con.	
Injuries, recent, unhealed, or improving, with definitely disabling manifestations as in this section but of lesser severity, such that resumption of partial employment is feasible and advised, for 6 months	50
Diseases, acute or subacute (specify anatomical and etiological classification):	
With continued infection, weakness, constitutional symptoms, limitation of physical activity, etc., necessitating hospitalization or such as to prevent the pursuit of a substantially gainful occupation on the part of the average person affected, for 6 months	100
Diseases, acute, subacute, or improving with definitely disabling manifestations as in this section but of lesser severity or improved so that resumption of partial employment is feasible and advised, for 6 months	50

NOTE (1). The ratings in this section are applicable for a definite period, 6 months from date of discharge from the service: *Provided, however,* That the 100 percent rating, but not the 50 percent rating, may be extended upon examination near the expiration of this period disclosing persistence of disabling symptoms of active disease or unhealed injury, for a further period of 6 months only: *Provided, further,* That reduction or discontinuance of ratings authorized in this section will be in order prior to the expiration of the 6-month period, in the event reports of earlier examination or hospitalization disclose material improvement, absence of or recovery from the active disease or injury. Reduction or discontinuance prior to the expiration of the 6-month period will be subject to the provisions of § 3.105(e) of this chapter but in no event will the ratings specified in this section be extended beyond the periods cited in this note.

NOTE (2). Diagnosis of disease, injury, or residuals will be cited, with diagnostic code number assigned from this rating schedule for conditions listed.

NOTE (3). Whenever the ratings in this section are applied the veteran will be specifically notified that his rating is for a limited period not to exceed 6 months, subject to reexamination. When at the end of the 6-month period (or at the end of the second 6-month period during which the total disability rating may be extended) a high degree of disability remains which cannot be adequately compensated under the rating schedule, reference will be made under § 3.321(b) of this chapter.

§ 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.

A total disability rating (100 percent) will be assigned without regard to the provisions of the rating schedule when it is established that a service-connected disability has required hospital treatment in a Veterans Administration or an approved hospital for a period in excess of 21 days or hospital observation at Veterans Administration expense for a service-connected disability for a period in excess of 21 days.

(a) Subject to the provisions of paragraphs (d) and (e) of this section, this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge (maximum hospital benefit or completed bed occupancy care) or effective the last day of the month of termination of treatment or observation for the service-connected disability or effective the last day of the month of entry into trial visit status. A second pass or authorized leave of 30 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which the 30th day of such absence occurred, except where there is a finding that convalescense is required as provided by paragraph (e) of this section. The termination of these total ratings will not be subject to § 3.105(e) of this chapter.

(b) Notwithstanding that hospital admission was for disability not connected with service, if during such hospitalization, hospital treatment for a service-connected disability is instituted and continued for a period in excess of 21 days, the increase to a total rating will be granted from the first day of such treatment. If service connection for the disability under treatment is granted after hospital admission, the rating will be from the first day of hospitalization if otherwise in order.

(c) The assignment of a total disability rating on the basis of hospital treatment or observation will not preclude the assignment of a total disability rating otherwise in order under the rating schedule, and consideration will be given the propriety of such a rating in all cases and to propriety of its continuance after discharge. Particular attention, with a view to proper rating under the rating schedule, is to be given to the cases of veterans discharged from hospital, regardless of length of hospitalization, with indications on the final summary of expected confinement to bed or house, or to inability to work with requirement of frequent care of physician or nurse at home.

(d) On these total ratings Veterans Administration regulations governing effective dates for increased benefits will control.

(e) The total hospital rating if convalescence is required may be continued for periods of 1, 2, or 3 months only in addition to the period provided in paragraph (a) of this section.

§ 4.30 Convalescent ratings.

Subject to Veterans Administration regulations governing effective dates for increased benefits, where the report at hospital discharge indicates entitlement under paragraph (a), (b), or (c) of this section, a total rating (100 percent) will be granted following hospital discharge (completed bed occupancy care or maximum hospital benefit), effective from the date of hospital admission and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge. These total ratings will be granted if the hospital treatment of the service-connected disability resulted in:

(a) Surgery necessitating posthospital convalescence. The initial grant of a total rating will be limited to 1 month, with 1 or 2 extensions of periods of 1 month each in exceptional cases.

(b) Surgery with severe postoperative residuals shown at hospital discharge, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited). Initial grants may be for 1, 2, or 3 months.

(c) Immobilization by cast, without surgery, of one major joint or more shown at hospital discharge. Initial grants may be for 1, 2, or 3 months.

If the hospitalization is in excess of 21 days, the provisions of § 4.29 are for consideration. A reduction in the total rating will not be subject to § 3.105(e) of this chapter. The total rating will be followed by an open rating reflecting the appropriate schedular evaluation; where the evidence is inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period. A total rating under this section will require full justification on the rating sheet. Extensions of periods of 1, 2, or 3 months beyond the initial 3 months may be made under paragraph (b) or (c) of this section.

§ 4.31 A no-percent rating.

In every instance where the minimum schedular evaluation requires residuals and the schedule does not provide a no-percent evaluation, a no-percent evaluation will be assigned when the required residuals are not shown.

Subpart B—Disability Ratings

THE MUSCULOSKELETAL SYSTEM

§ 4.40 Functional loss.

Disability of the musculoskeletal system is primarily the inability, due to damage or infection in parts of the system, to perform the normal working movements of the body with normal excursion, strength, speed, coordination and endurance. It is essential that the examination on which ratings are based adequately portray the anatomical damage, and the functional loss, with respect to all these elements. The functional loss may be due to absence of part, or all, of the necessary bones, joints and muscles, or associated structures, or to deformity, adhesions, defective innervation, or other pathology, or it may be due to pain, supported by adequate pathology and evidenced by the visible behavior of the claimant undertaking the motion. Weakness is as important as limitation of motion, and a part which becomes painful on use must be regarded as seriously disabled. A little used part of the musculoskeletal system may be expected to show evidence of disuse, either through atrophy, the condition of the skin, absence of normal callosity or the like.

§ 4.41 History of injury.

In considering the residuals of injury, it is essential to trace the medical-industrial history of the disabled person from the original injury, considering the nature of the injury and the attendant circumstances, and the requirements for, and the effect of, treatment over past periods, and the course of the recovery to date. The duration of the initial, and

any subsequent, period of total incapacity, especially periods reflecting delayed union, inflammation, swelling, drainage, or operative intervention, should be given close attention. This consideration, or the absence of clear cut evidence of injury, may result in classifying the disability as not of traumatic origin, either reflecting congenital or developmental etiology, or the effects of healed disease.

§ 4.42 Complete medical examination of injury cases.

The importance of complete medical examination of injury cases at the time of first medical examination by the Veterans Administration cannot be overemphasized. When possible, this should include complete neurological and psychiatric examination, and other special examinations indicated by the physical condition, in addition to the required general and orthopedic or surgical examinations. When complete examinations are not conducted covering all systems of the body affected by disease or injury, it is impossible to visualize the nature and extent of the service connected disability. Incomplete examination is a common cause of incorrect diagnosis, especially in the neurological and psychiatric fields, and, frequently leaves the Veterans Administration in doubt as to the presence or absence of disabling conditions at the time of the examination.

§ 4.43 Osteomyelitis.

Chronic, or recurring, suppurative osteomyelitis, once clinically identified, including chronic inflammation of bone marrow, cortex, or periosteum, should be considered as a continuously disabling process, whether or not an actively discharging sinus or other obvious evidence of infection is manifest from time to time, and unless the focus is entirely removed by amputation will entitle to a permanent rating to be combined with other ratings for residual conditions, however, not exceeding amputation ratings at the site of election.

§ 4.44 The bones.

The osseous abnormalities incident to trauma or disease, such as malunion with deformity throwing abnormal stress upon, and causing malalignment of joint surfaces, should be depicted from study and observation of all available data, beginning with inception of injury or disease, its nature, degree of prostration, treatment and duration of convalescence, and progress of recovery with development of permanent residuals. With shortening of a long bone, some degree of angulation is to be expected; the extent and direction should be brought out by X-ray and observation. The direction of angulation and extent of deformity should be carefully related to strain on the neighboring joints, especially those connected with weight-bearing.

§ 4.45 The joints.

As regards the joints the factors of disability reside in reductions of their normal excursion of movements in different planes. Inquiry will be directed to these considerations:

(a) Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon tie-up, contracted scars, etc.).

(b) More movement than normal (from flail joint, resections, nonunion of fracture, relaxation of ligaments, etc.).

(c) Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.).

(d) Excess fatigability.

(e) Incoordination, impaired ability to execute skilled movements smoothly.

(f) Pain on movement, swelling, deformity or atrophy of disuse. Instability of station, disturbance of locomotion, interference with sitting, standing and weight-bearing are related considerations. For the purpose of rating disability from arthritis, the shoulder, elbow, wrist, hip, knee, and ankle are considered major joints; multiple involvements of the interphalangeal, metacarpal and carpal joints of the upper extremities, the interphalangeal, metatarsal and tarsal joints of the lower extremities, the cervical vertebrae, the dorsal vertebrae, and the lumbar vertebrae, are considered groups of minor joints, ratable on a parity with major joints. The lumbosacral articulation and both sacroiliac joints are considered to be a group of minor joints, ratable on disturbance of lumbar spine functions.

§ 4.46 Accurate measurement.

Accurate measurement of the length of stumps, excursion of joints, dimensions and location of scars with respect to landmarks, should be insisted on. The goniometer described on page 18, Physician's Guide-Disability Evaluation Examinations (June 1963) is indispensable. X-ray should be utilized with doubtful measurements.

§ 4.47 Effect of missiles.

Through and through wounds and other wounds of the deeper structures almost invariably destroy parts of muscle groups and bring about intermuscular fusion and binding by cicatricial tissue and adherence of muscle sheath. Thus, the muscles no longer work smoothly but pull against fascial planes and other muscles with which they are fused, so that delicate, coordinated movements are interfered with and there is loss of strength. After prolonged exertion the stresses and strains due to these disarrangements bring about fatigue and pain, thus further interfering with the function of the part.

§ 4.48 Scars.

As to the residuals of wounds not chiefly characterized by amputation, ankylosis, or limitation of motion, the most obvious feature of the disability and the starting point for physical examination is the superficial scar. An accurate and full description of the scar must be furnished by the medical examiner, so that the disability from it may be intelligently visualized and evaluated. Its location, length, width and depth will be described; whether it is painful, inflamed or keloid; adherent or nonadherent; whether it involves or distorts neighboring orifices; whether it is exerting traction or limiting normal motion of the parts involved; whether there is ankylosis of contiguous joints; whether there is bone or muscle loss, or muscle hernia, and, if so, to what extent and how productive of interference with normal functions; whether there is associated lesion of a peripheral nerve (the nature and effects to be depicted by a neurologist, wherever possible).

§ 4.49 Deeper structures.

A description of the residuals of such a wound in terms of one or more superficial scars does not, however, evidence the application of medical knowledge and observation to the extent required. The whole track of the missile should be envisaged in its passage through skin, muscle, and fascial planes, and also any bone or nerve involvements either evidenced as disability or as inevitably resulting from the course of the missile. The military records made at the time of the original injury should be consulted and considered in evaluating the final picture. Particular attention should be given to tracing the complaints of claimants to their physical basis.

§ 4.50 Muscle injuries.

Disability from injuries of muscles presents a special problem. Shrapnel and shell fragments and high velocity bullets may inflict massive damage upon muscles with permanent residuals. The principal symptoms of disability from such muscle injuries are weakness, undue fatigue-pain, and uncertainty or incoordination of movement. The physical factors are intermuscular fusing and binding, and welding together of fascial planes and aponeurotic sheaths. In those scar-bound muscles strength is impaired, the threshold of fatigue is lowered and delicate coordination is interfered with. Skin scars are incidental and negligible. It is the deep intramuscular and intermuscular scarring that is disabling. When a joint is ankylosed the muscles acting on that joint take no rating; for example, intrinsic shoulder girdle muscles when the shoulder joint is ankylosed. On the other hand, injured extrinsic shoulder girdle muscles take a rating to be combined with ankylosis of the shoulder joint because their damage impairs the compensatory scapular movements which then have increased importance. In ankylosis of the knee, the muscles of the hamstring group, if injured, take a rating for their action as hip extensors, but one step lower than the estimated degree.

§ 4.51 Muscle weakness.

The conception of disability of a muscle or muscle group is based on the ability of the muscle to perform its full work and not solely on its ability to move a joint. A muscle which can barely move its bony lever but which has no substantial excess of power or endurance to enable it to perform work by that movement is in effect a useless muscle for occupational efficiency. Tests for ability to move adjacent joints are useless for estimation of the disability in cases of muscle injuries unless all the movements are required to be made against varying resistance (for example, with gravity, against gravity,

against moderate resistance, against strong resistance) and compared with the sound side. Comparative tests of endurance and of coordination are also needed. Muscle injuries alone do not necessarily limit the movements of adjacent joints and these movements may be freely carried out by very weak muscles, or even by gravity alone without muscular participation as in extension of the elbow and in dropping the arm to the side.

§ 4.52 Muscle damage.

When an operative dissection is made in the area of old gunshot muscle wounds, as for nerve suture, removal of foreign body, excision of ragged scar, etc., the surgeon finds that the anatomical structures are so distorted that it is difficult or impossible to recognize the familiar muscle landmarks. There is intermuscular fusing and binding and obliteration of fascial planes. So-called penniform muscles have a type of structure which permits the maximum cross section of muscle tissues for the space occupied. Most muscles of the extremities are of this type and these muscles often have their parallel aponeurotic sheaths welded together by scar tissue wherever the slanting muscle fibers which normally connect them have been destroyed. The muscle fasciculi are found displaced in direction and their interspaces infiltrated with scar tissue. It is obvious that when these crippled and scar-bound muscles are called on to act with other muscles in a movement they can no longer work smoothly, pulling evenly on their normal insertions, but pull in part against fascial planes and other muscles with which they are fused, so that a part of their force is misdirected. Both strength and endurance must necessarily be impaired, the threshold of fatigue lowered and delicate coordinate movements interfered with. These changes are the real factors in all disabilities residual to healed muscle wounds.

§ 4.53 Muscle patterns.

Every movement calls into action the muscles necessary for that movement constituting a definite muscle pattern which is invariable for that movement. None of the muscles can be left out of action in performing the movement nor can any other muscle be called into play to execute the movement. Every movement requires full efficiency, the full complement of muscles included in its specific pattern. If 1, or more, of the group is injured or destroyed the efficiency of the movement is permanently impaired. It is the distortion of the intricate mechanism of muscle structures, the intermuscular binding, the obliteration of fascial planes and welding of aponeurotic sheaths that result in permanent residual disabilities. The typical symptoms associated with severe muscle injuries are: Fatigue rapidly coming on after moderate use of the affected muscle groups; pain occurring shortly after the incidence of fatigue sensations, the type of pain being that which is characteristic of and normally associated with prolonged severe muscular effort (fatigue-pain); inability to make certain movements with the same degree of strength as before injury; uncertainty in making certain movements, particularly when made quickly. When the subjective evidence in an individual case appears as the natural result of a pathological condition shown objectively, and particularly when consistent from time of first examination, i.e., when obviously not based upon information given to the claimant by previous examiners or relayed to him from the case file, it will be given due weight.

§ 4.54 Muscle groups.

Disabilities due to residuals of muscle injuries will be evaluated on the basis laid down in §§ 4.55 and 4.56 and on the type pictures appended to the ratings listed. In the following schemes the skeletal muscles of the body are divided for rating purposes into 23 groups, in 8 anatomical regions: 4 groups for the shoulder girdle, 2 for the arm, 3 for the forearm and hand, 3 for the foot and leg, 3 for the thigh, 3 for the pelvic girdle, 3 for the trunk, and 2 for the neck. The facial muscles will be rated in accordance with interference with the functions supplied by the cranial nerves. Four grades of severity of disabilities due to muscle injuries are here recognized for rating purposes: slight, moderate, moderately severe and severe. The type pictures for these, as set forth in §§ 4.55 and 4.56, will be a basis for assigning ratings for each of the 23 muscle groups. The type pictures are based on the cardinal symptoms of muscle disability (weakness, fatigue-pain, uncertainty of movement) and on the objective evidence of muscle damage and the cardinal signs of muscle disability (loss of power, lowered threshold of fatigue and impairment of coordination).

§ 4.55 Principles of combined ratings.

The following principles as to combination of ratings of muscle injuries in the same anatomical segment, or of muscle injuries affecting the movements of a single joint, either alone or in combination or limitation of the arc of motion will govern the ratings:

(a) Muscle injuries in the same anatomical region, i.e., (1) shoulder girdle and arm, (2) forearm and hand, (3) pelvic girdle and thigh, (4) leg and foot, will not be combined, but instead, the rating for the major group affected will be elevated from moderate to moderately severe, or from moderately severe to severe, according to the severity of the aggregate impairment of function of the extremity.

(b) Two or more severe muscle injuries affecting the motion (particularly strength of motion) about a single joint may be combined but not in combination receive more than the rating for ankylosis of that joint at an "intermediate" angle, except that with severe injuries involving the shoulder girdle and arm, the combination may not exceed the rating for unfavorable ankylosis of the scapulohumeral joint. Cases of an unusually severe degree of disability involving the shoulder girdle and arm or the pelvic girdle and thigh muscles wherein the evaluation under the criteria in this section appears inadequate may be submitted to Central Office for consideration under § 3.321(b) of this chapter.

(c) With definite limitation of the arc of motion, the rating for injuries to muscles affecting motion within the remaining arc may be combined but not to exceed ankylosis at an "intermediate" angle.

(d) With ankylosis of the shoulder, the intrinsic muscles of the shoulder girdle (Groups III or IV) are out of commission and carry no rating for injury however severe. The extrinsic muscles (Groups I and II) which act on the shoulder as a whole, may, if severely injured, elevate the rating to ankylosis at an unfavorable angle.

(e) With ankylosis of the knee, the hamstring muscles (Group XIII) may, if severely injured, receive the rating for the moderately severe degree of disability as a maximum in combination, and corresponding values for less severe injuries, the major function of these muscles being hip extension.

(f) With disability such as flail joint, ankylosis, faulty union, limitation of motion, etc., muscle injuries affecting function at a lower level may be separately rated and combined, always reserving the maximum amputation rating for the most severe injuries.

(g) Muscle injury ratings will not be combined with peripheral nerve paralysis ratings for the same part, unless affecting entirely different functions.

§ 4.56 Factors to be considered in the evaluation of disabilities residual to healed wounds involving muscle groups due to gunshot or other trauma.

(a) *Slight (insignificant) disability of muscles.*

Type of injury. Simple wound of muscle without debridement, infection or effects of laceration.

History and complaint. Service department record of wound of slight severity or relatively brief treatment and return to duty. Healing with good functional results. No consistent complaint of cardinal symptoms of muscle injury or painful residuals.

Objective findings. Minimum scar; slight, if any, evidence of fascial defect or of atrophy or of impaired tonus. No significant impairment of function and no retained metallic fragments.

(b) *Moderate disability of muscles.*

Type of injury. Through and through or deep penetrating wounds of relatively short track by single bullet or small shell or shrapnel fragment are to be considered as of at least moderate degree. Absence of explosive effect of high velocity missile and of residuals of debridement or of prolonged infection.

History and complaint. Service department record or other sufficient evidence of hospitalization in service for treatment of wound. Record in the file of consistent complaint on record from first examination forward, of one or more of the cardinal symptoms of muscle wounds particularly fatigue and fatigue-pain after moderate use, affecting the particular functions controlled by injured muscles.

Objective findings. Entrance and (if present) exit scars linear or relatively small and so situated as to indicate relatively short track of missile through muscle tissue; signs of moderate loss of deep fascia or muscle substance or impairment of muscle tonus, and of definite weakness or fatigue in comparative tests. (In such tests the

rule that with strong efforts, antagonistic muscles relax is to be applied to insure validity of tests.)

(c) *Moderately severe disability of muscles.*

Type of injury. Through and through or deep penetrating wound by high velocity missile of small size or large missile of low velocity, with debridement or with prolonged infection or with sloughing of soft parts, intermuscular cicatrization.

History and complaint. Service department record or other sufficient evidence showing hospitalization for prolonged period in service for treatment of wound of severe grade. Record in the file of consistent complaint of cardinal symptoms of muscle wounds. Evidence of unemployability because of inability to keep up to production standards is to be considered, if present.

Objective findings. Entrance and (if present) exit scars relatively large and so situated as to indicate track of missile through important muscle groups. Indications on palpation of moderate loss of deep fascia, or moderate loss of muscle substance or moderate loss of normal firm resistance of muscles compared with sound side. Tests of strength and endurance of muscle groups involved (compared with sound side) give positive evidence of marked or moderately severe loss.

(d) *Severe disability of muscles.*

Type of injury. Through and through or deep penetrating wound due to high velocity missile, or large or multiple low velocity missiles, or explosive effect of high velocity missile, or shattering bone fracture with extensive debridement or prolonged infection and sloughing of soft parts, intermuscular binding and cicatrization.

History and complaint. As under moderately severe (paragraph (c) of this section), in aggravated form.

Objective findings. Extensive ragged, depressed, and adherent scars of skin so situated as to indicate wide damage to muscle groups in track of missile. X-ray may show minute multiple scattered foreign bodies indicating spread of intermuscular trauma and explosive effect of missile. Palpation shows moderate or extensive loss of deep fascia or of muscle substance. Soft or flabby muscles in wound area. Muscles do not swell and harden normally in contraction. Tests of strength or endurance compared with the sound side or of coordinated movements show positive evidence of severe impairment of function. In electrical tests, reaction of degeneration is not present but a diminished excitability to Faradism compared with the sound side may be present. Visible or measured atrophy may or may not be present. Adaptive contraction of opposing group of muscles, if present, indicates severity. Adhesion of scar to one of the long bones, scapula, pelvic bones, sacrum or vertebrae, with epithelial sealing over the bone without true skin covering, in an area where bone is normally protected by muscle, indicates the severe type. Atrophy of muscle groups not included in the track of the missile, particularly of the trapezius and serratus in wounds in the shoulder girdle (traumatic muscular dystrophy), and induration and atrophy of an entire muscle following simple piercing by a projectile (progressive sclerosing myositis), may be included in the severe group if there is sufficient evidence of severe disability.

§ 4.57 Static foot deformities.

It is essential to make an initial distinction between bilateral flatfoot as a congenital or as an acquired condition. The congenital condition, with depression of the arch, but no evidence of abnormal callosities, areas of pressure, strain or demonstrable tenderness, is a congenital abnormality which is not compensable or pensionable. In the acquired condition, it is to be remembered that depression of the longitudinal arch, or the degree of depression, is not the essential feature. The attention should be given to anatomical changes, as compared to normal, in the relationship of the foot and leg, particularly to the inward rotation of the superior portion of the os calcis, medial deviation of the insertion of the Achilles tendon, the medial tilting of the upper border of the astragalus. This is an unfavorable mechanical relationship of the parts. A plumb line dropped from the middle of the patella falls inside of the normal point. The forepart of the foot is abducted, and the foot everted. The plantar surface of the foot is painful and shows demonstrable tenderness, and manipulation of the foot produces spasm of the Achilles tendon, peroneal spasm due to adhesion about the peroneal sheaths, and other evidence of pain and limited motion. The symptoms should be apparent without regard to exercise. In severe cases there is gaping of bones on the inner border of the foot, and rigid valgus position with loss of the power of inversion and adduction. Exercise with undeveloped or unbalanced musculature, producing chronic irritation, can be an aggravating factor. In the absence of trauma or other definite evidence of aggravation, service connection is not in order for pes cavus which is a typically congenital or juvenile disease.

§ 4.58 Arthritis due to strain.

With service incurred lower extremity amputation or shortening, a disabling arthritis, developing in the same extremity, or in both lower extremities, with indications of earlier, or more severe, arthritis in the injured extremity, including also arthritis of the lumbosacral joints and lumbar spine, if associated with the leg amputation or shortening, will be considered as service incurred, provided, however, that arthritis affecting joints not directly subject to strain as a result of the service incurred amputation will not be granted service connection. This will generally require separate evaluation of the arthritis in the joints directly subject to strain. Amputation, or injury to an upper extremity, is not considered as a causative factor with subsequently developing arthritis, except in joints subject to direct strain or actually injured.

§ 4.59 Painful motion.

With any form of arthritis, painful motion is an important factor of disability, the facial expression, wincing, etc., on pressure or manipulation, should be carefully noted and definitely related to affected joints. Muscle spasm will greatly assist the identification. Sciatic neuritis is not uncommonly caused by arthritis of the spine. The intent of the schedule is to recognize painful motion with joint or periarticular pathology as productive of disability. It is the intention to recognize actually painful, unstable, or malaligned joints, due to healed injury, as entitled to at least the minimum compensable rating for the joint. Crepitation either in the soft tissues such as the tendons or ligaments, or crepitation within the joint structures should be noted carefully as points of contact which are diseased. Flexion elicits such manifestations. The joints involved should be tested for pain on both active and passive motion, in weight-bearing and nonweight-bearing and, if possible, with the range of the opposite undamaged joint.

§ 4.60 Rheumatic fever.

Rheumatic fever is characterized by acute attacks of migratory periarticular swelling and inflammation, tending to recur. An attack of rheumatic fever in service is not a proper basis for concluding service connection of a subsequent hypertrophic or atrophic arthritis, unless the latter is so early manifest, within 1 year from the date of discharge, as to warrant independent service connection, or unless there is other satisfactory evidence of continuity.

§ 4.61 Examination.

With any form of arthritis (except traumatic arthritis) it is essential that the examination for rating purposes cover all major joints, with especial reference to Heberden's or Haygarth's nodes.

§ 4.62 Circulatory disturbances.

The circulatory disturbances, especially of the lower extremity following injury in the popliteal space, must not be overlooked, and require rating generally as phlebitis.

§ 4.63 Loss of use of hand or foot.

Loss of use of a hand or a foot, for the purpose of special monthly compensation, will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump at the site of election below elbow or knee with use of a suitable prosthetic appliance. The determination will be made on the basis of the actual remaining function of the hand or foot, whether the acts of grasping, manipulation, etc., in the case of the hand, or of balance and propulsion, etc., in the case of the foot, could be accomplished equally well by an amputation stump with prosthesis.

(a) Extremely unfavorable complete ankylosis of the knee, or complete ankylosis of 2 major joints of an extremity, or shortening of the lower extremity of 3½ inches or more, will be taken as loss of use of the hand or foot involved.

(b) Complete paralysis of the external popliteal nerve (common peroneal) and consequent footdrop, accompanied by characteristic organic changes including trophic and circulatory disturbances and other concomitants confirmatory of complete paralysis of this nerve, will be taken as loss of use of the foot.

§ 4.64 Loss of use of both buttocks.

Loss of use of both buttocks shall be deemed to exist when there is severe damage to muscle Group XVII, bilateral (diagnostic code number 5317) and additional disability rendering it impossible for the disabled person, without assistance, to rise from a seated position and from a stooped position (fingers to toes position) and to maintain postural stability (the pelvis upon head of femur). The assistance may be rendered by the

person's own hands or arms, and, in the matter of postural stability, by a special appliance.

§ 4.65 Venereal disease.

Arthritis should not be ascribed to gonorrhea or syphilis, unless the history and lesions are characteristic. Acute polyarthritic involvement, most frequently the knees, ankles and wrists, simultaneously with, or shortly following acute gonorrheal urethritis, with fever, synovitis, later perhaps, a stubborn monarthritis, is characteristic of gonorrheal etiology. A positive Wasserman reaction does not necessarily incriminate syphilis as the etiological factor in arthritis any more than with other disabilities. Syphilitic etiology should not be determined unless fully consistent with the clinical course (especially absence of pain, good general health, free range of motion, despite a long history of joint pathology) and favorable response to antisyphilitic therapy.

§ 4.66 Sacro-iliac joint.

The common cause of disability in this region is arthritis, to be identified in the usual manner. The lumbosacral and sacroiliac joints should be considered as one anatomical segment for rating purposes. X-ray changes from arthritis in this location are decrease or obliteration of the joint space, with the appearance of increased bone density of the sacrum and ilium and sharpening of the margins of the joint. Disability is manifest from erector spinae spasm (not accounted for by other pathology), tenderness on deep palpation and percussion over these joints, loss of normal quickness of motion and resiliency, and postural defects often accompanied by limitation of flexion and extension of the hip. Traumatism is a rare cause of disability in this connection, except when superimposed upon congenital defect or upon an existent arthritis; to permit assumption of pure traumatic origin, objective evidence of damage to the joint, and history of trauma sufficiently severe to injure this extremely strong and practically immovable joint is required. There should be careful consideration of lumbosacral sprain, and the various symptoms of pain and paralysis attributable to disease affecting the lumbar vertebrae and the intervertebral disc.

§ 4.67 Pelvic bones.

The variability of residuals following these fractures necessitates rating on specific residuals, faulty posture, limitation of motion, muscle injury, painful motion of the lumbar spine, manifest by muscle spasm, mild to moderate sciatic neuritis, peripheral nerve injury, or limitation of hip motion.

§ 4.68 Amputation rule.

The combined rating for disabilities of an extremity shall not exceed the rating for the amputation at the elective level, were amputation to be performed. For example, the combined evaluations for disabilities below the knee shall not exceed the 40 percent evaluation, diagnostic code 5165. This 40 percent rating may be further combined with evaluation for disabilities above the knee but not to exceed the above the knee amputation elective level. Painful neuroma of a stump after amputation shall be assigned the evaluation for the elective site of reamputation.

§ 4.69 Major hand.

Left-handedness for the purpose of a major rating will be confirmed by the evidence of others, or by proper tests. Often the handwriting before and after severe injury may be convincing evidence. Only one hand is to be considered major.

§ 4.70 Inadequate examinations.

If the report of examination is inadequate as a basis for the required consideration of service connection and evaluation, the rating agency may request a supplementary report from the examiner giving further details as to the limitations of the disabled person's ordinary activity imposed by the disease, injury, or residual condition, the prognosis for return to, or continuance of, useful work. When the best interests of the service will be advanced by personal conference with the examiner, such conference may be arranged through channels.

§ 4.71 Measurement of ankylosis and joint motion.

Plates I and II provide a standardized description of ankylosis and joint motion measurement. The anatomical position is considered as 0°, with two major exceptions: (a) Shoulder rotation—arm abducted to 90°, elbow flexed to 90° with the position of the forearm reflecting the midpoint 0° between internal and external rotation of the shoulder; and (b) supination and pronation—the arm next to the body, elbow flexed to 90°, and the forearm in midposition 0° between supination and pronation. Motion of the thumb and fingers should be described by appropriate reference to the joints whose movement is limited, with a statement as to how near, in inches, the tip of the thumb can approximate the fingers or how near the tips of the fingers can approximate the median transverse fold of the palm.

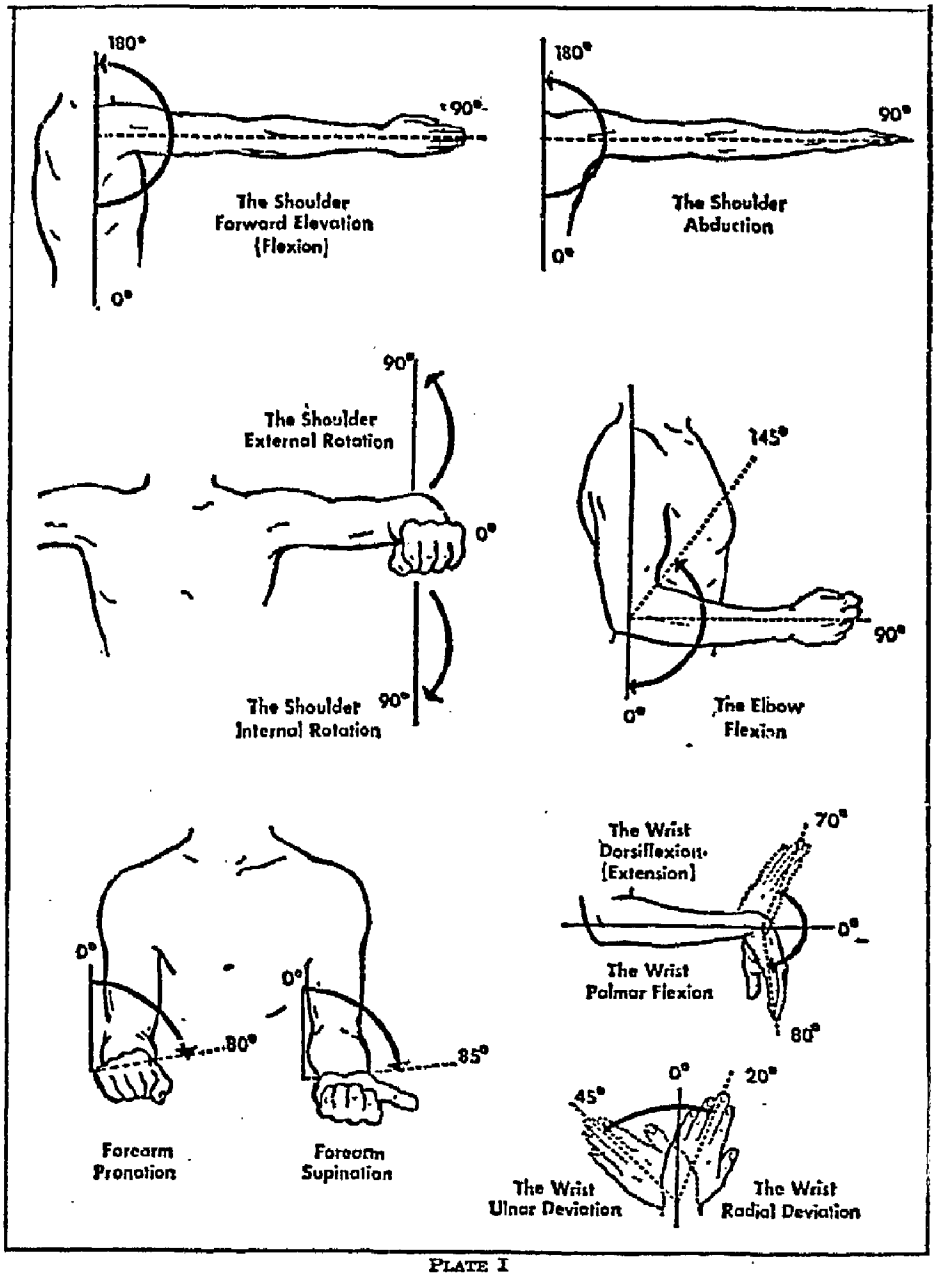


PLATE I

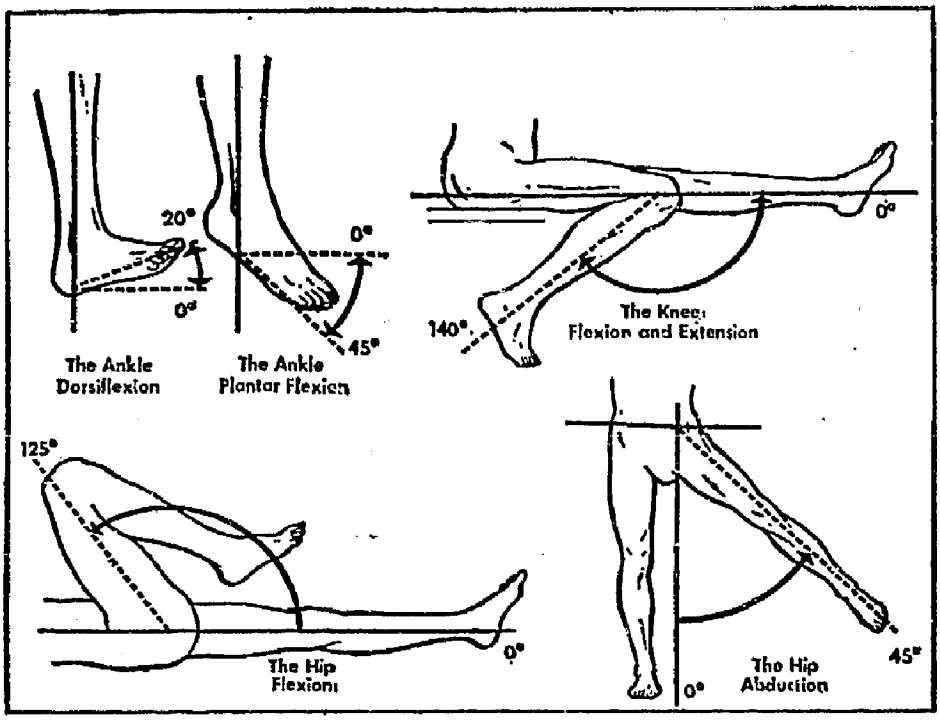


PLATE II

§ 4.71a Schedule of ratings—musculoskeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES

		Rating
5000	Osteomyelitis, acute, subacute, or chronic	
	Of the pelvis, vertebrae, or extending into major joints, or with multiple localization or with long history of intractability and debility, anemia, amyloid liver changes, or other continuous constitutional symptoms	100
	Frequent episodes, with constitutional symptoms	60
	With definite involucrum or sequestrum, with or without discharging sinus	30
	With discharging sinus or other evidence of active infection within the past 5 years	20
	Inactive, following repeated episodes, without evidence of active infection in past 5 years	10

NOTE (1). A rating of 10 percent, as an exception to the amputation rule, is to be assigned in any case of active osteomyelitis where the amputation rating for the affected part is no percent. This 10 percent rating and the other partial ratings of 30 percent or less are to be combined with ratings for ankylosis, limited motion, nonunion or malunion, shortening, etc., subject, of course, to the amputation rule. The 60 percent rating, as it is based on constitutional symptoms, is not subject to the amputation rule. A rating for osteomyelitis will not be applied following cure by removal or radical resection of the affected bone.

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Con.

		Rating
	NOTE (2). The 20 percent rating on the basis of activity within the past 5 years is not assignable following the initial infection of active osteomyelitis with no subsequent reactivation. The prerequisite for this historical rating is an established recurrent osteomyelitis. To qualify for the 10 percent rating, 2 or more episodes following the initial infection are required. This 20 percent rating or the 10 percent rating, when applicable, will be assigned once only to cover disability at all sites of previously active infection with a future ending date in the case of the 20 percent rating.	
5001	Bones and joints, tuberculosis of, active or inactive	
	Active	100
	Inactive: *See* § 4.89.	
5002	Arthritis rheumatoid (atrophic)	
	As an active process:	
	With constitutional manifestations associated with active joint involvement, totally incapacitating	100
	Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods	60
	Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year	40
	One or two exacerbations a year in a well-established diagnosis	20

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Con.

		Rating
	For chronic residuals:	
	For residuals such as limitation of motion or ankylosis, favorable or unfavorable, rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added and rated as a single disability under diagnostic code 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.	
	NOTE. The ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.	
5003	Arthritis, degenerative, hypertrophic, or osteoarthritis	
	Degenerative arthritis established by X-ray findings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved. Where, however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes, a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added and rated as a single disability under diagnostic code 5003. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below:	
	With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations	20
	With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups	10
	NOTE (1). The 20 percent and 10 percent ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion.	
	NOTE (2). The 20 percent and 10 percent ratings based on X-ray findings only, will not be utilized in rating conditions listed under diagnostic codes 5013–5024 inclusive.	

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Con.

		Rating
5004	Arthritis, gonorrheal.	
5005	Arthritis, pneumococcic.	
5006	Arthritis, typhoid.	
5007	Arthritis, syphilitic.	
5008	Arthritis, streptococcic.	
5009	Arthritis, other types (specify). With the types of arthritis, diagnostic codes 5004 through 5009, rate the disability as rheumatoid arthritis.	
5010	Arthritis, due to trauma, substantiated by X-ray findings. Rate as arthritis, degenerative.	
5011	Bones, caisson disease of Rate as arthritis, cord involvement, or deafness, depending on the severity of disabling manifestations.	
5012	Bones, new growths of, malignant	100

NOTE. The 100% rating will be continued 1 year after surgical, radium, deep X-ray, or other therapeutic procedure. At this point, if there has been a 1-year cure without recurrence or metastasis, the rating will be made on residuals.

5013	Osteoporosis, with joint manifestations.	
5014	Osteomalacia.	
5015	Bones, new growths of, benign.	
5016	Osteitis deformans.	
5017	Gout.	
5018	Hydrarthrosis, intermittent.	
5019	Bursitis.	
5020	Synovitis.	
5021	Myositis.	
5022	Periostitis.	
5023	Myositis ossificans.	
5024	Tenosynovitis. The diseases under diagnostic codes 5013 through 5024 will be rated on limitation of motion of affected parts, as arthritis, degenerative, except gout which will be rated under diagnostic code 5002.	

COMBINATIONS OF DISABILITIES

5100	Anatomical loss of both hands and both feet	[1]100
5101	Loss of use of both hands and both feet	[1]100
5102	Anatomical loss of both hands and one foot	[1]100
5103	Anatomical loss of both feet and one hand	[1]100
5104	Loss of use of both hands and one foot	[1]100
5105	Loss of use of both feet and one hand	[1]100
5106	Anatomical loss of both hands	[1]100
5107	Anatomical loss of both feet	[1]100
5108	Anatomical loss of one hand and one foot	[1]100
5109	Loss of use of both hands	[1]100
5110	Loss of use of both feet	[1]100
5111	Loss of use of one hand and one foot	[1]100

AMPUTATIONS: UPPER EXTREMITY

	Arm, amputation of	Rating Major	Minor
5120	Disarticulation	[1]90	[1]90
5121	Above insertion of deltoid	[1]90	[1]80
5122	Below insertion of deltoid	[1]80	[1]70

[1] Entitled to special monthly compensation.

AMPUTATIONS: UPPER EXTREMITY—Continued

		Rating Major	Minor
	Forearm, amputation of		
5123	Above insertion of pronator teres	[1]80	[1]70
5124	Below insertion of pronator teres	[1]70	[1]60
5125	Hand, loss of use of	[1]70	[1]60

MULTIPLE FINGER AMPUTATIONS

5126	Five digits of one hand, amputation of	[1]70	[1]60
	Four digits of one hand, amputation of		
5127	Thumb, index, middle and ring	[1]70	[1]60
5128	Thumb, index, middle and little	[1]70	[1]60
5129	Thumb, index, ring and little	[1]70	[1]60
5130	Thumb, middle, ring and little	[1]70	[1]60
5131	Index, middle, ring and little	60	50
	Three digits of one hand, amputation of		
5132	Thumb, index and middle	60	50
5133	Thumb, index and ring	60	50
5134	Thumb, index and little	60	50
5135	Thumb, middle and ring	60	50
5136	Thumb, middle and little	60	50
5137	Thumb, ring and little	60	50
5138	Index, middle and ring	50	40
5139	Index, middle and little	50	40
5140	Index, ring and little	50	40
5141	Middle, ring and little	40	30
	Two digits of one hand, amputation of		
5142	Thumb and index	50	40
5143	Thumb and middle	50	40
5144	Thumb and ring	50	40
5145	Thumb and little	50	40
5146	Index and middle	40	30
5147	Index and ring	40	30
5148	Index and little	40	30
5149	Middle and ring	30	20
5150	Middle and little	30	20
5151	Ring and little	30	20

(a) The ratings for multiple finger amputations apply to amputations at the proximal interphalangeal joints or through proximal phalanges.

(b) Amputation through middle phalanges will be rated as prescribed for unfavorable ankylosis of the fingers.

(c) Amputations at distal joints, or through distal phalanges, other than negligible losses, will be rated as prescribed for favorable ankylosis of the fingers.

(d) Amputation or resection of metacarpal bones (more than one-half the bone lost) in multiple fingers injuries will require a rating of 10 percent added to (not combined with) the ratings, multiple finger amputations, subject to the amputation rule applied to the forearm.

MULTIPLE FINGER AMPUTATIONS—Continued

		Rating Major	Minor
	(e) Combinations of finger amputations at various levels, or finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade, amputation, unfavorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades, select the higher of the two grades.		
	(f) Loss of use of the hand will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump with a suitable prosthetic appliance.		

SINGLE FINGER AMPUTATIONS

5152	Thumb, amputation of		
	With metacarpal resection	40	30
	At metacarpophalangeal joint or through proximal phalanx	30	20
	At distal joint or through distal phalanx	20	20
5153	Index finger, amputation of		
	With metacarpal resection (more than one-half the bone lost)	30	20
	Without metacarpal resection, at proximal interphalangeal joint or proximal thereto	20	20
	Through middle phalanx or at distal joint	10	10
5154	Middle finger, amputation of		
	With metacarpal resection (more than one-half the bone lost)	20	20
	Without metacarpal resection, at proximal interphalangeal joint or proximal thereto	10	10
5155	Ring finger, amputation of		
	With metacarpal resection (more than one-half the bone lost)	20	20
	Without metacarpal resection, at proximal interphalangeal joint or proximal thereto	10	10
5156	Little finger, amputation of		
	With metacarpal resection (more than one-half the bone lost)	20	20
	Without metacarpal resection, at proximal interphalangeal joint or proximal thereto	10	10

NOTE. The single finger amputation ratings are the only applicable ratings for amputations of whole or part of single fingers.

AMPUTATIONS: LOWER EXTREMITY

		Rating
	Thigh, amputation of	
5160	Disarticulation, with loss of extrinsic pelvic girdle muscles	[a]80
5161	Upper third, one-third of the distance from perineum to knee joint measured from perineum	[a]80
5162	Middle or lower thirds	[a]60
	Leg, amputation of	
5163	With defective stump, thigh amputation recommended	[a]60
5164	Amputation not improvable by prosthesis controlled by natural knee action	[a]60
5165	At a lower level, permitting prosthesis	[a]40
5166	Forefoot, amputation proximal to metatarsal bones	[a]40
5167	Foot, loss of use of	[a]40
5170	Toes, all, amputation of, without metatarsal loss	30
5171	Toe, great, amputation of	
	With removal of metatarsal head	30
	Without metatarsal involvement	10
5172	Toes, other than great, amputation of, with removal of metatarsal head:	
	One or two	20
	Without metatarsal involvement	0
5173	Toes, three or four, amputation of, without metatarsal involvement:	
	Including great toe	20
	Not including great toe	10

THE SHOULDER AND ARM

		Rating	
		Major	Minor
5200	Scapulohumeral articulation, ankylosis of		
	NOTE. The scapula and humerus move as one piece.		
	Unfavorable, abduction limited to 25° from side	50	40
	Intermediate between favorable and unfavorable	40	30
	Favorable, abduction to 60°, can reach mouth and head	30	20
5201	Arm, limitation of motion of		
	To 25° from side	40	30
	Midway between side and shoulder level	30	20
	At shoulder level	20	20
5202	Humerus, other impairment of		
	Loss of head of (flail shoulder)	80	70
	Nonunion of (false flail joint)	60	50
	Fibrous union of	50	40
	Recurrent dislocation of, at scapulohumeral joint.		
	With frequent episodes and guarding of all arm movements	30	20
	With infrequent episodes, and guarding of movement only at shoulder level	20	20
	Malunion of		
	Marked deformity	30	20
	Moderate deformity	20	20

[a] Entitled to special monthly compensation.

THE SHOULDER AND ARM—Continued

		Rating	
		Major	Minor
5203	Clavicle or scapula, impairment of		
	Dislocation of	20	20
	Nonunion of		
	With loose movement	20	20
	Without loose movement	10	10
	Malunion of	10	10
	Or rate on impairment of function of contiguous joint.		

THE ELBOW AND FOREARM

5205	Elbow, ankylosis of		
	Unfavorable, at an angle of less than 50° or with complete loss of supination or pronation	60	50
	Intermediate, at an angle of more than 90°, or between 70° and 50°	50	40
	Favorable, at an angle between 90° and 70°	40	30
5206	Forearm, limitation of flexion of		
	Flexion limited to 45°	50	40
	Flexion limited to 55°	40	30
	Flexion limited to 70°	30	20
	Flexion limited to 90°	20	20
	Flexion limited to 100°	10	10
	Flexion limited to 110°	0	0
5207	Forearm, limitation of extension of		
	Extension limited to 110°	50	40
	Extension limited to 100°	40	30
	Extension limited to 90°	30	20
	Extension limited to 75°	20	20
	Extension limited to 60°	10	10
	Extension limited to 45°	10	10
5208	Forearm, flexion limited to 100° and extension to 45°	20	20
5209	Elbow, other impairment of		
	Flail joint	60	50
	Joint fracture, with marked cubitus varus or cubitus valgus deformity or with ununited fracture of head of radius	20	20
5210	Radius and ulna, nonunion of, with flail false joint	50	40
5211	Ulna, impairment of		
	Nonunion in upper half, with false movement		
	With loss of bone substance (1 inch or more) and marked deformity	40	30
	Without loss of bone substance or deformity	30	20
	Nonunion in lower half	20	20
	Malunion of, with bad alignment	10	10
5212	Radius, impairment of		
	Nonunion in lower half, with false movement		
	With loss of bone substance (1 inch or more) and marked deformity	40	30
	Without loss of bone substance or deformity	30	20
	Nonunion in upper half	20	20
	Malunion of, with bad alignment	10	10

THE ELBOW AND FOREARM—Continued

		Rating	
		Major	Minor
5213	Supination and pronation, impairment of		
	Loss of (bone fusion)		
	The hand fixed in supination or hyperpronation	40	30
	The hand fixed in full pronation	30	20
	The hand fixed near the middle of the arc or moderate pronation	20	20
	Limitation of pronation		
	Motion lost beyond middle of arc	30	20
	Motion lost beyond last quarter of arc, the hand does not approach full pronation	20	20
	Limitation of supination		
	To 30° or less	10	10

NOTE. In all the forearm and wrist injuries, codes 5205 through 5213, multiple impaired finger movements due to tendon tie-up, muscle or nerve injury, are to be separately rated and combined not to exceed rating for loss of use of hand.

THE WRIST

5214	Wrist, ankylosis of		
	Unfavorable, in any degree of palmar flexion, or with ulnar or radial deviation	50	40
	Any other position, except favorable	40	30
	Favorable in 20° to 30° dorsiflexion	30	20

NOTE. Extremely unfavorable ankylosis will be rated as loss of use of hand.

5215	Wrist, limitation of motion of		
	Dorsiflexion less than 15°	10	10
	Palmar flexion limited in line with forearm	10	10

MULTIPLE FINGERS: UNFAVORABLE ANKYLOSIS

In classifying the severity of ankylosis and limitation of motion of single digits and combinations of digits the following rules will be observed:

(1) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, with either joint in extension or in extreme flexion, will be rated as amputation.

(2) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, even though each is individually in favorable position, will be rated as unfavorable ankylosis.

MULTIPLE FINGERS: UNFAVORABLE ANKYLOSIS—Continued

		Rating Major	Minor
	(3) With only one joint of a digit ankylosed or limited in its motion, the determination will be made on the basis of whether motion is possible to within 2 inches of the median transverse fold of the palm; when so possible, the rating will be for favorable ankylosis, otherwise unfavorable.		
	(4) With the thumb, the carpometacarpal joint is to be regarded as comparable to the metacarpophalangeal joint of other digits.		
5216	Five digits of one hand, unfavorable ankylosis of	60	50
5217	Four digits of one hand, unfavorable ankylosis of		
	Thumb, index, middle and ring	60	50
	Thumb, index, middle and little	60	50
	Thumb, index, ring and little	60	50
	Thumb, middle, ring and little	60	50
	Index, middle, ring and little	50	40
5218	Three digits of one hand, unfavorable ankylosis of		
	Thumb, index and middle	50	40
	Thumb, index and ring	50	40
	Thumb, index and little	50	40
	Thumb, middle and ring	50	40
	Thumb, middle and little	50	40
	Thumb, ring and little	50	40
	Index, middle and ring	40	30
	Index, middle and little	40	30
	Index, ring and little	40	30
	Middle, ring and little	30	20
5219	Two digits of one hand, unfavorable ankylosis of		
	Thumb and index	40	30
	Thumb and middle	40	30
	Thumb and ring	40	30
	Thumb and little	40	30
	Index and middle	30	20
	Index and ring	30	20
	Index and little	30	20
	Middle and ring	20	20
	Middle and little	20	20
	Ring and little	20	20
	(a) Extremely unfavorable ankylosis of the fingers, all joints in extension or in extreme flexion, or with rotation and angulation of bones, will be rated as amputation.		
	(b) The ratings for codes 5216 through 5219 apply to unfavorable ankylosis or limited motion preventing flexion of tips to within 2 inches of median transverse fold of the palm.		

MULTIPLE FINGERS: UNFAVORABLE ANKYLOSIS—Continued

		Rating Major	Minor
	(c) Combinations of finger amputations at various levels, or of finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability, i.e., amputation, unfavorable ankylosis, or favorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.		

MULTIPLE FINGERS: FAVORABLE ANKYLOSIS

In classifying the severity of ankylosis and limitation of motion of single digits and combinations of digits the following rules will be observed:

(1) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, with either joint in extension or in extreme flexion, will be rated as amputation.

(2) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, even though each is individually in favorable position, will be rated as unfavorable ankylosis.

(3) With only one joint of a digit ankylosed or limited in its motion, the determination will be made on the basis of whether motion is possible to within 2 inches of the median transverse fold of the palm; when so possible, the rating will be for favorable ankylosis, otherwise unfavorable.

(4) With the thumb, the carpometacarpal joint is to be regarded as comparable to the metacarpophalangeal joint of other digits.

5220	Five digits of one hand, favorable ankylosis of	50	40
5221	Four digits of one hand, favorable ankylosis of		
	Thumb, index, middle and ring	50	40
	Thumb, index, middle and little	50	40
	Thumb, index, ring and little	50	40
	Thumb, middle, ring and little	50	40
	Index, middle, ring and little	40	30

MULTIPLE FINGERS: FAVORABLE ANKYLOSIS—Continued

		Rating Major	Minor
5222	Three digits of one hand, favorable ankylosis of		
	Thumb, index and middle	40	30
	Thumb, index and ring	40	30
	Thumb, index and little	40	30
	Thumb, middle and ring	40	30
	Thumb, middle and little	40	30
	Thumb, ring and little	40	30
	Index, middle and ring	30	20
	Index, middle and little	30	20
	Index, ring and little	30	20
	Middle, ring and little	20	20
5223	Two digits of one hand, favorable ankylosis of		
	Thumb and index	30	20
	Thumb and middle	30	20
	Thumb and ring	30	20
	Thumb and little	30	20
	Index and middle	20	20
	Index and ring	20	20
	Index and little	20	20
	Middle and ring	10	10
	Middle and little	10	10
	Ring and little	10	10
	(a) The ratings for codes 5220 through 5223 apply to favorable ankylosis or limited motion permitting flexion of the tips to within 2 inches of the transverse fold of the palm. Limitation of motion of less than 1 inch in either direction is not considered disabling.		
	(b) Combinations of finger amputations at various levels, or of finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade, i.e., amputation, unfavorable ankylosis, or favorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades, select the higher of the two grades.		

ANKYLOSIS OF INDIVIDUAL FINGERS

5224	Thumb, ankylosis of		
	Unfavorable	20	20
	Favorable	10	10
5225	Index finger, ankylosis of		
	Unfavorable	10	10
	Favorable	10	10
5226	Middle finger, ankylosis of		
	Unfavorable	10	10
	Favorable	10	10
5227	Finger, any other, ankylosis of	0	0

NOTE. Extremely unfavorable ankylosis will be rated as amputation.

THE HIP AND THIGH

		Rating
5250	Hip, ankylosis of	
	Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches necessitated	[1]90

[1] Entitled to special monthly compensation.

THE HIP AND THIGH—Continued

		Rating
	Intermediate	70
	Favorable, in flexion at an angle between 20° and 40°, and slight adduction or abduction	60
5251	Thigh, limitation of extension of	
	Extension limited to 5°	10
5252	Thigh, limitation of flexion of	
	Flexion limited to 10°	40
	Flexion limited to 20°	30
	Flexion limited to 30°	20
	Flexion limited to 45°	10
5253	Thigh, impairment of	
	Limitation of abduction of, motion lost beyond 10°	20
	Limitation of adduction of, cannot cross legs	10
	Limitation of rotation of, cannot toe-out more than 15°, affected leg	10
5254	Hip, flail joint	80
5255	Femur, impairment of	
	Fracture of shaft or anatomical neck of	
	With nonunion, with loose motion (spiral or oblique fracture)	80
	With nonunion, without loose motion, weight-bearing preserved with aid of brace	60
	Fracture of surgical neck of, with false joint	60
	Malunion of	
	With marked knee or hip disability	30
	With moderate knee or hip disability	20
	With slight knee or hip disability	10

THE KNEE AND LEG

5256	Knee, ankylosis of	
	Extremely unfavorable, in flexion at an angle of 45° or more	60
	In flexion between 20° and 45°	50
	In flexion between 10° and 20°	40
	Favorable angle in full extension, or in slight flexion between 0° and 10°	30
5257	Knee, other impairment of	
	Recurrent subluxation or lateral instability	
	Severe	30
	Moderate	20
	Slight	10
5258	Cartilage, semilunar, dislocated, with frequent episodes of "locking," pain, and effusion into the joint	20
5259	Cartilage, semilunar, removal of, symptomatic	10
5260	Leg, limitation of flexion of	
	Flexion limited to 15°	30
	Flexion limited to 30°	20
	Flexion limited to 45°	10
	Flexion limited to 60°	0
5261	Leg, limitation of extension of	
	Extension limited to 45°	50
	Extension limited to 30°	40
	Extension limited to 20°	30
	Extension limited to 15°	20
	Extension limited to 10°	10
	Extension limited to 5°	0
5262	Tibia and fibula, impairment of	
	Nonunion of, with loose motion, requiring brace	40
	Malunion of	
	With marked knee or ankle disability	30
	With moderate knee or ankle disability	20
	With slight knee or ankle disability	10

THE KNEE AND LEG—Continued

		Rating
5263	Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objectively demonstrated)	10

THE ANKLE

5270	Ankle, ankylosis of	
	In plantar flexion at more than 40°, or in dorsiflexion at more than 10° or with abduction, adduction, inversion or eversion deformity	40
	In plantar flexion, between 30° and 40°, or in dorsiflexion, between 0° and 10°	30
	In plantar flexion, less than 30°	20
5271	Ankle, limited motion of	
	Marked	20
	Moderate	10
5272	Subastragalar or tarsal joint, ankylosis of	
	In poor weight-bearing position	20
	In good weight-bearing position	10
5273	Os calcis or astragalus, malunion of	
	Marked deformity	20
	Moderate deformity	10
5274	Astragalectomy	20

SHORTENING OF THE LOWER EXTREMITY

5275	Bones, of the lower extremity, shortening of	
	Over 4 inches	60
	3½ to 4 inches	50
	3 to 3½ inches	40
	2½ to 3 inches	30
	2 to 2½ inches	20
	1¼ to 2 inches	10

NOTE. Measure both lower extremities from anterior superior spine of the ilium to the internal malleolus of the tibia. Not to be combined with other ratings for fracture or faulty union in the same extremity.

THE FOOT

5276	Flatfoot, acquired	
	Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achillis on manipulation, not improved by orthopedic shoes or appliances	
	Bilateral	50
	Unilateral	30
	Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities	
	Bilateral	30
	Unilateral	20
	Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo achillis, pain on manipulation and use of the feet, bilateral or unilateral	10
	Mild; symptoms relieved by built-up shoe or arch support	0
5277	Weak foot, bilateral	
	A symptomatic condition secondary to many constitutional conditions, characterized by atrophy of the musculature, disturbed circulation, and weakness	
	Rate the underlying condition, minimum rating	10

THE FOOT—Continued

		Rating
5278	Claw foot (pes cavus), acquired	
	Marked contraction of plantar fascia with dropped forefoot, all toes hammer toes, very painful callosities, marked varus deformity	
	Bilateral	50
	Unilateral	30
	All toes tending to dorsiflexion, limitation of dorsiflexion at ankle to right angle, shortened plantar fascia, and marked tenderness under metatarsal heads	
	Bilateral	30
	Unilateral	20
	Great toe dorsiflexed, some limitation of dorsiflexion at ankle, definite tenderness under metatarsal heads	
	Bilateral	10
	Unilateral	10
	Slight	0
5279	Metatarsalgia, anterior (Morton's disease), unilateral, or bilateral	10
5280	Hallux valgus, unilateral	
	Operated with resection of metatarsal head	10
	Severe, if equivalent to amputation of great toe	10
5281	Hallux rigidus, unilateral, severe	
	Rate as hallux valgus, severe.	

NOTE. Not to be combined with claw foot ratings.

5282	Hammer toe	
	All toes, unilateral without claw foot	10
	Single toes	0
5283	Tarsal, or metatarsal bones, malunion of, or nonunion of	
	Severe	30
	Moderately severe	20
	Moderate	10

NOTE. With actual loss of use of the foot, rate 40 percent.

5284	Foot injuries, other	
	Severe	30
	Moderately severe	20
	Moderate	10

NOTE. With actual loss of use of the foot, rate 40 percent.

THE SPINE

5285	Vertebra, fracture of, residuals	
	With cord involvement, bedridden, or requiring long leg braces	100
	Consider special monthly compensation; with lesser involvements rate for limited motion, nerve paralysis.	
	Without cord involvement; abnormal mobility requiring neck brace (jury mast)	60
	In other cases rate in accordance with definite limited motion or muscle spasm, adding 10 percent for demonstrable deformity of vertebral body.	

NOTE. Both under ankylosis and limited motion, ratings should not be assigned for more than one segment by reason of involvement of only the first or last vertebrae of an adjacent segment.

THE SPINE—Continued

		Rating
5286	Spine, complete bony fixation (ankylosis) of	
	Unfavorable angle, with marked deformity and involvement of major joints (Marie-Strumpell type) or without other joint involvement (Bechterew type)	100
	Favorable angle	60
5287	Spine, ankylosis of, cervical	
	Unfavorable	40
	Favorable	30
5288	Spine, ankylosis of, dorsal	
	Unfavorable	30
	Favorable	20
5289	Spine, ankylosis of, lumbar	
	Unfavorable	50
	Favorable	40
5290	Spine, limitation of motion of, cervical	
	Severe	30
	Moderate	20
	Slight	10
5291	Spine, limitation of motion of, dorsal	
	Severe	10
	Moderate	10
	Slight	0
5292	Spine, limitation of motion of, lumbar	
	Severe	40
	Moderate	20
	Slight	10
5293	Intervertebral disc syndrome	
	Pronounced; with persistent sciatic neuritis with characteristic pain and demonstrable muscle spasm, absent tendo achillis reflex, or other nerve pathology appropriate to site of diseased disc, little intermittent relief	60
	Severe; recurring attacks, with intermittent relief	40
	Moderate; recurring attacks	20
	Mild	10
	Postoperative, cured	0
5294	Sacro-iliac injury and weakness	
	Severe; with listing of whole spine to opposite side, positive Goldthwaite's sign, marked limitation of forward bending in standing position, loss of lateral motion with osteo-arthritic changes, or narrowing or irregularity of joint space, or some of the above with abnormal mobility on forced motion	40
	With muscle spasm on extreme forward bending, loss of lateral spine motion, unilateral, in standing position	20
	With characteristic pain on motion	10
	With slight subjective symptoms only	0
5295	Lumbosacral strain	
	Rate by comparison with sacro-iliac injury.	

THE SKULL

		Rating
5296	Skull, loss of part of, both inner and outer tables	
	With brain hernia	80
	Without brain hernia	
	Area larger than 2 square inches, or than size of a 50-cent piece	50
	Area intermediate	30
	Area smaller than 1 square inch, or than the size of a 25-cent piece	10

NOTE. Rate separately for intracranial complications.

THE RIBS

		Rating
5297	Ribs, removal of	
	More than six	50
	Five or six	40
	Three or four	30
	Two	20
	One or resection of two or more ribs without regeneration	10

NOTE (1). The rating for rib resection or removal is not to be applied with ratings for purulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity.

NOTE (2). However, rib resection will be considered as rib removal in thoracoplasty performed for collapse therapy or to accomplish obliteration of space and will be combined with the rating for lung collapse, or with the rating for lobectomy, pneumonectomy or the graduated ratings for pulmonary tuberculosis.

THE COCCYX

		Rating
5298	Coccyx, removal of	
	Partial or complete, with painful residuals	10
	Without painful residuals	0

§ 4.72 Rating muscle injuries.

In rating disability from injuries of the musculoskeletal system, attention is to be given first to the deeper structures injured, bones, joints, and nerves. A compound comminuted fracture, for example, with muscle damage from the missile, establishes severe muscle injury, and there may be additional disability from malunion of bone, ankylosis, etc. The location of foreign bodies may establish the extent of penetration and consequent damage. It may not be too readily assumed that only one muscle, or group of muscles is damaged. A through and through injury, with muscle damage, is always at least a moderate injury, for each group of muscles damaged. This section is to be taken as establishing entitlement to rating of severe grade when there is history of compound comminuted fracture and definite muscle or tendon damage from the missile. There are locations, as in the wrist or over the tibia, where muscle damage might be minimal or damage to tendons repaired by suture, and in such cases requirements for severe ratings are not necessarily met.

§ 4.73 Schedule of ratings—muscle injuries.

THE SHOULDER GIRDLE AND ARM

		Rating	
		Major	Minor
5301	Group I. Extrinsic muscles of shoulder girdle. (1) Trapezius; (2) levator scapulae; (3) serratus magnus. (Function: Upward rotation of scapula. Elevators of arm above shoulder level.)		
	Severe	40	30
	Moderately severe	30	20
	Moderate	10	10
	Slight	0	0

THE SHOULDER GIRDLE AND ARM—Continued

		Rating	
		Major	Minor
5302	Group II. Extrinsic muscles of shoulder girdle. (1) Pectoralis major II (costosternal); (2) latissimus dorsi and teres major; (3) pectoralis minor; (4) rhomboid. (Function: Depression of arm from vertical overhead to hanging at side, (1, 2); downward rotators of scapula, (3, 4); (teres major although technically an intrinsic muscle is included with latissimus dorsi); 1 and 2 act with Group III in forward and backward swing of the arm.)		
	Severe	40	30
	Moderately severe	30	20
	Moderate	20	20
	Slight	0	0
5303	Group III. Intrinsic muscles of shoulder girdle. (1) Pectoralis major I (clavicular); (2) deltoid. (Function: Elevation and abduction of arm to level of shoulder, act with 1 and 2 Group II in forward and backward swing of arm.)		
	Severe	40	30
	Moderately severe	30	20
	Moderate	20	20
	Slight	0	0
5304	Group IV. Intrinsic muscles of shoulder girdle. (1) Supraspinatus; (2) infraspinatus and teres minor; (3) subscapularis: (4) coracobrachialis. (Function: Stabilizing muscles of the shoulder against injury in strong movements, holding head of humerus in socket. Other functions are: (1) abduction, (2) outward rotation, (3) inward rotation.)		
	Severe	30	20
	Moderately severe	20	20
	Moderate	10	10
	Slight	0	0
5305	Group V. Flexor muscles of the elbow. (1) Biceps; (2) brachialis; (3) brachioradialis. (Function: Supination (1) long head of biceps or stabilizer of shoulder joint Flexion of elbow, (1,2,3).)		
	Severe	40	30
	Moderately severe	30	20
	Moderate	10	10
	Slight	0	0
5306	Group VI. Extensor muscles of the elbow (long head of triceps is a stabilizer of shoulder joint). (1) Triceps; (2) anconeus.		
	Severe	40	30
	Moderately severe	30	20
	Moderate	10	10
	Slight	0	0

THE FOREARM AND HAND

		Rating Major	Minor
5307	Group VII. Muscles arising from internal condyle of humerus. Flexors of the carpus and long flexors of fingers and thumb; pronator. (Function: Flexion of wrist and fingers.)		
	Severe	40	30
	Moderately severe	30	20
	Moderate	10	10
	Slight	0	0
5308	Group VIII. Muscles arising mainly from external condyle of humerus. Extensors of carpus, fingers and thumb; supinator. (Function: Extension of wrist, fingers and thumb; abduction of thumb.)		
	Severe	30	20
	Moderately severe	20	20
	Moderate	10	10
	Slight	0	0
5309	Group IX. Intrinsic muscles of the hand. Thenar eminence; short flexor, opponens, abductor and adductor of thumb; hypothenar eminence; short flexor opponens and abductor of little finger, 4 lumbricales; 4 dorsal and 3 palmar interossei. (Function: In general the forearm muscles act in strong grasping movements and are supplemented by the intrinsic muscles in delicate manipulative movements.)		

NOTE. The hand is so compact a structure that isolated muscle injuries are rare, being nearly always complicated with injuries of bones, joints, tendons, etc.

Rate on limitation of motion, minimum 10 percent.

THE FOOT AND LEG

		Rating
5310	Group X. Intrinsic muscles of the foot. Plantar: (1) Flexor digitorum brevis; (2) abductor hallucis; (3) abductor digiti V; (4) quadratus plantae; (5) lumbricales (4); (6) flexor hallucis; (7) abductor hallucis; (8) flexor digiti V, brevis; (9) adductor digiti V, opponens digiti V; interossei plantar. (Function: Movements of the forefoot and toes. Propulsion thrust in walking.) Other important plantar structures: Plantar aponeurosis, long plantar and calcaneonavicular ligament, tendons of posterior tibial, peroneus longus, and long flexors of great and little toes.	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0

THE FOOT AND LEG—Continued

		Rating
	Dorsal: (10) Extensor hallucis brevis; (11) extensor digitorum brevis; (12) dorsal interossei (4). Other important dorsal structures: Cruciatectural, deltoid and other ligaments. Tendons of long extensors of toes and peronei muscles.	
	Severe	20
	Moderately severe	10
	Moderate	10
	Slight	0
	NOTE. Minimum rating for through and through wounds of the foot	10
5311	Group XI. Posterior and lateral crural muscles. Muscles of the calf. (1) Triceps surae (gastrocnemius and soleus); (2) tibialis posterior; (3) peroneus longus; (4) flexor hallucis longus; (5) flexor digitorum longus; (6) popliteus. (Function: Propulsion, plantar flexion of foot (1); stabilizing arch (2, 3); flexion of toes (4, 5); flexion of knee (6).)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0
5312	Group XII. Anterior muscles of the leg. (1) Tibialis anterior; (2) long extensors of toes; (3) peroneus tertius. (Function: Dorsiflexion (1), extension of toes (2), stabilizing arch (3).)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0

THE PELVIC GIRDLE AND THIGH

		Rating
5313	Group XIII. Posterior thigh group. Hamstring complex of 2-joint muscles. (1) Biceps femoris; (2) semimembranosus; (3) semitendinosus. (Function: Extension of hip and flexion of knee. Outward and inward rotation of flexed knee. Acting with rectus femoris and sartorius (see XIV, 1, 2) synchronizing simultaneous flexion of hip and knee and extension of hip and knee by belt-over-pulley action at knee joint.)	
	Severe	40
	Moderately severe	30
	Moderate	10
	Slight	0
5314	Group XIV. Anterior thigh group. (1) Sartorius; (2) rectus femoris; (3) vastus externus; (4) vastus intermedius; (5) vastus internus; (6) tensor vaginae femoris. (Function: Extension of knee (2, 3, 4, 5) simultaneous flexion of hip and flexion of knee (1), tension of fascia lata and iliotibial (Maissiat's) band, acting with XVII, 1, in postural support of body (6), acting with hamstrings in synchronizing hip and knee (1, 2).)	
	Severe	40
	Moderately severe	30
	Moderate	10
	Slight	0

THE PELVIC GIRDLE AND THIGH—Continued

		Rating
5316	Group XV. Mesial thigh group. (1) Adductor longus; (2) adductor brevis; (3) adductor magnus; (4) gracilis. (Function: Adduction of the hip (1, 2, 3, 4), flexion of hip (1, 2); flexion of knee (4).)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0
5316	Group XVI. Pelvic girdle group 1. (1) Psoas; (2) iliacus; (3) pectineus. (Function: Flexion of hip (1, 2, 3).)	
	Severe	40
	Moderately severe	30
	Moderate	10
	Slight	0
5317	Group XVII. Pelvic girdle group 2. (1) Gluteus maximus; (2) gluteus medius; (3) gluteus minimus. (Function: Extension of hip (1), abduction of thigh, elevation of opposite side of pelvis (2, 3), tension of fascia lata and iliotibial (Maissiat's band, acting with XIV, 6, in postural support of body steadying pelvis upon head of femur and condyles of femur on tibia (1).)	
	Severe	[1]50
	Moderately severe	40
	Moderate	20
	Slight	0
5318	Group XVIII. Pelvic girdle group 3. (1) Pyriformis; (2) gemellus (sup. or inf.); (3) obturator (ext. or int.); (4) quadratus femoris. (Function: Outward rotators of the thigh and stabilizers of the hip joint.)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0

THE TORSO AND NECK

		Rating
5319	Group XIX. Muscles of the abdominal wall. (1) Rectus abdominis; (2) external oblique; (3) internal oblique; (4) transversalis; (5) quadratus lumborum. (Function: Support and compression of abdominal wall and lower thorax. Flexion and lateral motions of spine. Synergists in strong downward movements of arm (1).)	
	Severe	50
	Moderately severe	30
	Moderate	10
	Slight	0
5320	Group XX. Spinal muscles. Sacrospinalis (erector spinae and its prolongations in thoracic and cervical regions). (Function: Postural support of body. Extension and lateral movements of spine.)	
	Cervical and dorsal region	
	Severe	40
	Moderately severe	20
	Moderate	10
	Slight	0
	Lumbar region	
	Severe	60
	Moderately severe	40
	Moderate	20
	Slight	0

[1] If bilateral, see § 4.64.

THE TORSO AND NECK—Continued

		Rating
5321	Group XXI. Muscles of respiration. Thoracic muscle group	
	Moderately severe or severe	20
	Moderate	10
	Slight	0
5322	Group XXII. Lateral, supra and infrahyoid group. Muscles of the front of the neck. (1) Trapezius I (clavicular insertion); (2) sternocleidomastoid; (3) the "hyoid" muscles; (4) sternothyroid; (5) digastric. (Function: Rotary and forward movements of the head; respiration; deglutition.)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0
5323	Group XXIII. Lateral and posterior muscles of the neck. Suboccipital; lateral vertebral and anterior vertebral muscles. (Function: Movements of head; fixators for shoulder movements.)	
	Severe	30
	Moderately severe	20
	Moderate	10
	Slight	0
5324	Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346.	
5325	Muscle injury, facial muscles. Consider injury to cranial nerves, minimum rating if interfering to any extent with mastication	10
5326	Muscle hernia, extensive, without other injury to the muscle	10

THE ORGANS OF SPECIAL SENSE

§ 4.75 Examination of visual acuity.

Ratings on account of visual impairments considered for service connection are, when practicable, to be based only on examination by specialists. Such special examinations should include uncorrected and corrected central visual acuity for distance and near, with record of the refraction. Snellen's test type or its equivalent will be used. Mydriatics should be routine, except when contraindicated. Funduscopic and ophthalmological findings must be recorded. The best distant vision obtainable after best correction by glasses will be the basis of rating, except that if there exists a difference of more than 4 diopters of spherical correction between the two eyes, the best possible visual acuity of the poorer eye without glasses, or with a lens of not more than 4 diopters difference from that used with the better eye will be taken as the visual acuity of the poorer eye. When such a difference exists, close attention will be given to the likelihood of congenital origin in mere refractive error.

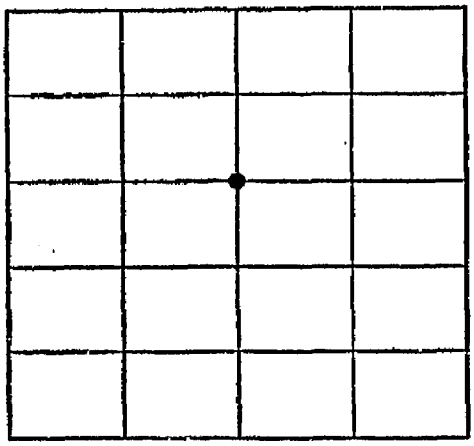
§ 4.76 Examination of field vision.

Measurement of the visual field will be made when there is disease of the optic nerve or when otherwise indicated. The usual perimetric methods will be employed, using a standard perimeter and 3 mm. white test object. At least 8 radii will be charted, each eye. The charts will be made a part of the report of examination. Not less than 2 recordings, and when possible, 3 will be made. The minimum limit for this function is established as a concentric central contraction of the visual field to 5°. This type of contraction of the visual field reduces the visual efficiency to zero. Where available the examination for form field should be supplemented, when indicated, by the use of target screen or campimeter. This last test is especially valuable in detection of scotoma.

§ 4.77 Examination of muscle function.

(a) The measurement of muscle function will be undertaken only when the history and findings reflect disease or injury of the extrinsic muscles of the eye, or of the motor nerves supplying these muscles. The measurement will be performed using an industrial motor field chart, as in the illustration, the dimensions of the individual rectangles being 8⅜ inches by 10½ inches for use at 10 feet.

(b) The claimant will face the chart directly, fixating upon the central point, and without moving the head, successively turn the eyes to the individual rectangles, as the examiner moves the candle from rectangle to rectangle, reporting whether he sees it singly or doubly. Repetition of the test will be made under the close supervision of the ophthalmologist. Impairment of muscle function is to be supported in each instance by record of actual appropriate pathology. Diplopia which is only occasional or correctable is not considered a disability.



§ 4.78 Computing aggravation.

In determining the effect of aggravation of visual disability, even though the visual impairment of only one eye is service connected, evaluate the vision of both eyes, before and after suffering the aggravation, and subtract the former evaluation from the latter except when the bilateral vision amounts to total disability. In the event of subsequent increase in the disability of either eye, due to intercurrent disease or injury not associated with the service, the condition of the eyes before suffering the subsequent increase will be taken as the basis of compensation subject to the provisions of 38 U.S.C. 360.

§ 4.79 Loss of use of one eye, having only light perception.

Loss of use or blindness of one eye, having only light perception, will be held to exist when there is inability to recognize test letters at 1 foot and when further examination of the eyes reveals that perception of objects, hand movements or counting fingers cannot be accomplished at 3 feet, lesser extents of visions, particularly perception of objects, hand movements, or counting fingers at distances less than 3 feet being considered of negligible utility. With visual acuity 5/200 or less or the visual field reduced to 5° concentric contraction, in either event in both eyes, the question of entitlement on account of regular aid and attendance will be determined on the facts in the individual case.

§ 4.80 Rating of one eye.

Combined ratings for disabilities of the same eye should not exceed the amount for total loss of vision of that eye unless there is an enucleation or a serious cosmetic defect added to the total loss of vision.

§ 4.81 Hysterical amblyopia.

See Note (3) (a) and (b) under the general rating formula for psychoneurotic disorders.

§ 4.82 Determinations of auditory acuity.

By impairment of auditory acuity is meant the organic hearing loss for speech. Determinations of auditory acuity are made, according to specifications which may change from time to time, in authorized audiology clinics or in regional offices.

§ 4.83 Ratings at scheduled steps and distances.

In applying the ratings for impairment of visual acuity, a person not having the ability to read at any one of the scheduled steps or distances, but reading at the next scheduled step or distance, is to be rated as reading at this latter step or distance. That is, a person who can read at 20/100 but who cannot at 20/70, should be rated as seeing at 20/100.

§ 4.84 Differences between distant and near visual acuity.

Where there is a substantial difference between the near and distant corrected vision, the case should be referred to the Director, Compensation and Pension Service.

§ 4.84a Schedule of ratings—eye.

DISEASES OF THE EYE

		Rating
6000	Uveitis	
6001	Keratitis	
6002	Scleritis	
6003	Iritis	
6004	Cyclitis	
6005	Choroiditis	
6006	Retinitis	
6007	Hemorrhage, intra-ocular, recent	
6008	Retina, detachment of	
6009	Eye, injury of, unhealed	
	The above disabilities, in chronic form, are to be rated from 10 percent to 100 percent for impairment of visual acuity or field loss, pain, rest-requirements, or episodic incapacity, combining an additional rating of 10 percent during continuance of active pathology. Minimum rating during active pathology	10

DISEASES OF THE EYE—Continued

		Rating
6010	Eye, tuberculosis of, active or inactive	
	Active	100
	Inactive: See § 4.89.	
6011	Retina, localized scars, atrophy, or irregularities of, centrally located, with irregular, duplicated enlarged or diminished image	
	Unilateral or bilateral	10
6012	Glaucoma, congestive or inflammatory	
	Frequent attacks of considerable duration; during continuance of actual total disability	100
	Or, rate as iritis, diagnostic Code 6003.	
6013	Glaucoma, simple, primary, noncongestive	
	Rate on impairment of visual acuity or field loss.	
	Minimum rating	10
6014	New growths, malignant (eyeball only)	
	Pending completion of operation or other indicated treatment	100
	Healed; rate on residuals.	
6015	New growths, benign (eyeball and adnexa, other than superficial)	
	Rate on impaired vision, minimum	10
	Healed; rate on residuals.	
6016	Nystagmus, central	10
6017	Conjunctivitis, trachomatous, chronic	
	Active; rate for impairment of visual acuity; minimum rating while there is active pathology	30
	Healed; rate on residuals, if no residuals	0
6018	Conjunctivitis, other, chronic	
	Active, with objective symptoms	10
	Healed; rate on residuals, if no residuals	0
6019	Ptosis, unilateral or bilateral	
	Pupil wholly obscured	
	Rate equivalent to 5/200.	
	Pupil one-half or more obscured	
	Rate equivalent to 20/100.	
	With less interference with vision	
	Rate as disfigurement.	
6020	Ectropion	
	Bilateral	20
	Unilateral	10
6021	Entropion	
	Bilateral	20
	Unilateral	10
6022	Lagophthalmos	
	Bilateral	20
	Unilateral	10
6023	Eyebrows, loss of, complete, unilateral or bilateral	10
6024	Eyelashes, loss of, complete, unilateral or bilateral	10
6025	Epiphora (lacrymal duct, interference with, from any cause)	
	Bilateral	20
	Unilateral	10
6026	Neuritis, optic	
	Rate underlying disease, and combine impairment of visual acuity or field loss.	
6027	Cataract, traumatic	
	Preoperative	
	Rate on impairment of vision.	
	Postoperative	
	Rate on impairment of vision and aphakia.	

DISEASES OF THE EYE—Continued

		Rating
6028	Cataract, senile, and others	
	Preoperative	
	Rate on impairment of vision.	
	Postoperative	
	Rate on impairment of vision and aphakia.	
6029	Aphakia	
	Bilateral or unilateral	30

NOTE. The 30 percent rating prescribed for aphakia is a minimum rating to be applied to the unilateral or bilateral condition and is not to be combined with any other rating for impaired vision. When only one eye is aphakic, the eye having poorer corrected visual acuity will be rated on the basis of its acuity without correction. When both eyes are aphakic, both will be rated on corrected vision. The corrected vision of one or both aphakic eyes will be taken one step less than the ascertained value, however, not better than 20/70. Combined ratings for disabilities of the same eye should not exceed the amount for total loss of vision of that eye unless there is an enucleation or a serious cosmetic defect added to the total loss of vision.

6030	Accommodation, paralysis of	20
6031	Dacryocystitis	
	Rate as epiphora.	
6032	Eyelids, loss of portion of	
	Rate as disfigurement. (See diseases of the skin.)	
6033	Lens, crystalline, dislocation of	
	Rate as aphakia.	
6034	Pterygium	
	Rate for loss of vision, if any.	

COMBINATIONS OF DISABILITIES

6050	Blindness in both eyes having only light perception and anatomical loss of both hands and both feet	100
6051	Blindness in both eyes having only light perception and loss of use of both hands and both feet	100
6052	Blindness in both eyes having only light perception and anatomical loss of both hands	100
6053	Blindness in both eyes having only light perception and anatomical loss of both feet	100
6054	Blindness in both eyes having only light perception and anatomical loss of one hand and one foot	100
6055	Blindness in both eyes having only light perception and loss of use of both hands	100
6056	Blindness in both eyes having only light perception and loss of use of both feet	100
6057	Blindness in both eyes having only light perception and loss of use of one hand and one foot	100
6058	Blindness in both eyes having only light perception and anatomical loss of one hand	100
6059	Blindness in both eyes having only light perception and anatomical loss of one foot	100
6060	Blindness in both eyes having only light perception and loss of use of one hand	100
6061	Blindness in both eyes having only light perception and loss of use of one foot	100

COMBINATIONS OF DISABILITIES—Continued

		Rating
6062	Blindness in both eyes having only light perception	100

IMPAIRMENT OF CENTRAL VISUAL ACUITY

	Anatomical loss of one eye	
6063	In the other eye 5/200	[5] 100
6064	In the other eye 10/200	[5] 90
6064	In the other eye 15/200	[5] 80
6064	In the other eye 20/200	[5] 70
6065	In the other eye 20/100	[5] 70
6065	In the other eye 20/70	[5] 60
6065	In the other eye 20/50	[5] 50
6066	In the other eye 20/40	[5] 40
	Blindness in one eye, having only light perception	
6067	In the other eye 5/200	[5] 100
6068	In the other eye 10/200	[5] 90
6068	In the other eye 15/200	[5] 80
6068	In the other eye 20/200	[5] 70
6069	In the other eye 20/100	[5] 60
6069	In the other eye 20/70	[5] 50
6069	In the other eye 20/50	[5] 40
6070	In the other eye 20/40	[5] 30
	Vision in one eye 5/200	
6071	In the other eye 5/200	100
6072	In the other eye 10/200	90
6072	In the other eye 15/200	80
6072	In the other eye 20/200	70
6073	In the other eye 20/100	60
6073	In the other eye 20/70	50
6073	In the other eye 20/50	40
6074	In the other eye 20/40	30
	Vision in one eye 10/200	
6075	In the other eye 10/200	90
6075	In the other eye 15/200	80
6075	In the other eye 20/200	70
6076	In the other eye 20/100	60
6076	In the other eye 20/70	50
6076	In the other eye 20/50	40
6077	In the other eye 20/40	30
	Vision in one eye 15/200	
6075	In the other eye 15/200	80
6075	In the other eye 20/200	70
6076	In the other eye 20/100	60
6076	In the other eye 20/70	40
6076	In the other eye 20/50	30
6077	In the other eye 20/40	20
	Vision in one eye 20/200	
6075	In the other eye 20/200	70
6076	In the other eye 20/100	60
6076	In the other eye 20/70	40
6076	In the other eye 20/50	30
6077	In the other eye 20/40	20
	Vision in one eye 20/100	
6078	In the other eye 20/100	50
6078	In the other eye 20/70	30
6078	In the other eye 20/50	20
6079	In the other eye 20/40	10
	Vision in one eye 20/70	
6078	In the other eye 20/70	30
6078	In the other eye 20/50	20
6079	In the other eye 20/40	10
	Vision in one eye 20/50	
6078	In the other eye 20/50	10
6079	In the other eye 20/40	10
	Vision in one eye 20/40	
	In the other eye 20/40	0

RATINGS FOR IMPAIRMENT OF FIELD VISION

NOTE. Correct diagnosis reflecting disease or injury should be cited.

6080	Field vision, impairment of	
	Homonymous hemianopsia	30
	Field, visual, loss of temporal half	
	Bilateral	30
	Unilateral	10
	Or rate as 20/70.	
	Field, visual, loss of nasal half	
	Bilateral	20
	Unilateral	10
	Or rate as 20/50.	

[5] Also entitled to special monthly compensation.

[6] Add 10 percent if artificial eye cannot be worn; also entitled to special monthly compensation.

RATINGS FOR IMPAIRMENT OF FIELD VISION—Continued

	Rating
Field, visual, concentric contraction of	
To 5°	
Bilateral	100
Unilateral	30
Or rate as 5/200.	
To 15° but not to 5°	
Bilateral	70
Unilateral	20
Or rate as 20/200.	
To 30° but not to 15°	
Bilateral	50
Unilateral	10
Or rate as 20/100.	
To 45° but not to 30°	
Bilateral	30
Unilateral	10
Or rate as 20/70.	
To 60° but not to 45°	
Bilateral	20
Unilateral	10
Or rate as 20/50.	

NOTE. Demonstrable organic pathology commensurate with the functional loss will be required. The concentric contraction ratings require contraction within the stated degrees, temporally; the nasal contraction may be less. The alternative ratings are to be employed when there is ratable defect of visual acuity, or a different impairment of the visual field in the other eye. Concentric contraction resulting from demonstrable organic pathology to 5 degrees or less will be considered on a parity with reduction of central visual acuity to 5/200 or less for all purposes including entitlement under subparagraph (1), 38 U.S.C. 314; not, however, for the purpose of subparagraph (k). Entitlement on account of blindness requiring regular aid and attendance, subparagraph (m), will continue to be determined on the facts in the individual case.

6081	Scotoma, pathological Large or centrally located	10

RATINGS FOR IMPAIRMENT OF MUSCLE FUNCTION

NOTE. Correct diagnosis reflecting disease or injury should be cited.

6090	Muscle function, ocular, impairment of Producing diplopia in 19–20 rectangles Rate as 5/200. Producing diplopia in 17–18 rectangles Rate as 10/200. Producing diplopia in 14–16 rectangles Rate as 15/200. Producing diplopia in 12–13 rectangles Rate as 20/200. Producing diplopia in 9–11 rectangles Rate as 20/100. Producing diplopia in 6–8 rectangles Rate as 20/70. Producing diplopia in 3–5 rectangles Rate as 20/50. Producing diplopia in 0–2 rectangles Rate as 20/40.	

RATINGS FOR IMPAIRMENT OF MUSCLE FUNCTION—Continued

		Rating
	NOTE. The ratings under diagnostic Code 6090 are to be applied only to the poorer eye if both have ratable impairment of visual acuity or visual field; if only one eye has a ratable impairment, to that eye, but not in combination with any other eye rating.	
6091	Symblepharon Rate as limited muscle function, diagnostic Code 6090.	
6092	Diplopia, due to limited muscle function Rate as diagnostic Code 6090.	

§ 4.84b Schedule of ratings—ear.

DISEASES OF THE EAR

6200	Otitis media, suppurative, chronic During the continuance of the suppurative process	10
	NOTE. To be combined with ratings for loss of hearing.	
6201	Otitis media, catarrhal, chronic Rate loss of hearing.	
6202	Otosclerosis Rate loss of hearing.	
6203	Otitis interna Rate loss of hearing.	
6204	Labyrinthitis, chronic Severe; tinnitus, dizziness and occasional staggering Moderate; tinnitus, occasional dizziness	30 10
	NOTE. To be combined with ratings for loss of hearing or suppuration.	
6205	Ménière's syndrome Severe; with frequent and typical attacks, vertigo, deafness, and cerebellar gait Moderate; with less frequent attacks, including cerebellar gait Mild; with aural vertigo and deafness	100 60 30
6206	Mastoiditis Chronic; rate for impairment of hearing and suppuration.	
6207	Auricle Loss of Bilateral Unilateral Deformity of, with loss of one-third or more of the substance	50 30 10
6208	New growths, malignant, ear, other than of skin only Rate on impairment of function, plus 10 percent.	
6209	New growths, benign, ear, other than of skin only Rate on impairment of function; minimum	10
6210	Auditory canal, disease of With swelling, dry and scaly or serous discharge, itching, requiring frequent and prolonged treatment	10
6211	Tympanic membrane, perforation of	0
6260	Tinnitus (See diagnostic codes 6045 and 6046.)	0

IMPAIRMENT OF AUDITORY ACUITY

§ 4.85 Hearing impairments, reported as a result of regional office or authorized audiology clinic examinations.

(a) If the results of controlled speech reception tests are used, the letter, A through F, designating the impairment in efficiency of each ear separately, will be ascertained from table I. Table I indicates six areas of impairment in efficiency. The literal designation of impaired efficiency (A, B, C, D, E, or F) will be determined by intersecting the horizontal row appropriate for percentage of discrimination and the vertical column appropriate to the speech reception decibel loss; thus, with a speech reception decibel loss of 52 db and a percentage discrimination of 72 percent, the literal designation is "D"; if the speech reception decibel loss is 52 db and the percentage discrimination is 70 percent, the literal designation is "E".

(b) The percentage evaluation will be found from table II by intersecting the horizontal row appropriate for the literal designation for the ear having the better hearing and the vertical column appropriate to the literal designation for the ear having the poorer hearing. For example, if the better ear has a literal designation of "B" and the poorer ear has a literal designation of "C," the percentage evaluation is in the second horizontal row from the bottom and in the third vertical column from the right and is 10 percent.

(c) If the results of pure tone audiometry (either pure tone air conduction or Galvanic Skin Response, PGSR) are used, the equivalent literal designation for each ear, separately, will be ascertained from table II, and the percentage evaluation determined in the same manner as for speech reception impairment in paragraph (b) of this section. For example, if the average pure tone decibel loss for the frequencies 500, 1,000, and 2,000 is not more than 45 db and there is no loss more than 60 db for any of these three frequencies, the equivalent literal designation is "C"; if in the other ear the average is not more than 67 db, and there is no loss more than 80 db, the equivalent literal designation is "D". The percentage evaluation is therefore found in the horizontal row opposite "C", and in the vertical column under "D", and is 20 percent. Note that if in the first instance any of the 3 frequencies has a loss of more than 60 db, or in the second instance more than 80 db, the literal designation will be higher, i.e., further from "A" in the alphabetical series.

§ 4.86 Hearing aids.

The evaluations derived from this schedule are intended to make proper allowance for improvement by hearing aids. Examination to determine this improvement is therefore unnecessary.

§ 4.87 Conversational voice in feet.

The column and row containing entries in feet will not be used for the purpose of determining service connection or evaluation except in the rating of those unusual cases where no other data are available. In those cases showing no loss by spoken voice on induction but showing loss by spoken voice on discharge, evaluation will be deferred pending examination by controlled speech and pure tone apparatus. In those cases showing loss for spoken voice on induction, the footage equivalents on table II will be

used to determine the extent of hearing loss at induction for comparison with the results of examination by controlled speech and pure tone.

TABLE I

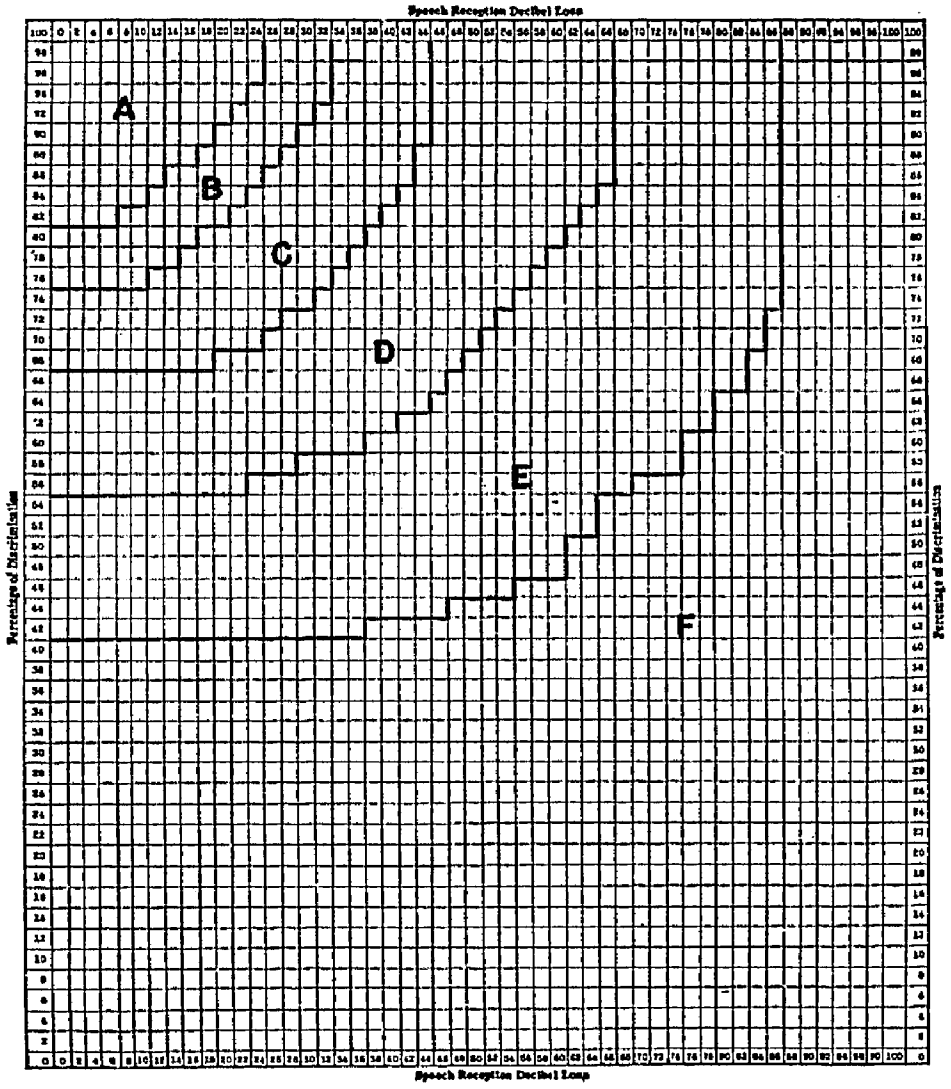


TABLE II

Hearing in better ear			Hearing in poorer ear					
			Conversational voice in feet					
Conversational	Pure tone audiometry average decibel loss at 3 frequencies: 500, 1,000 and 2,000 (either air conduction or PCSR)	Speech reception impairment literal designation	0 feet	1 to 4 feet	5 to 7 feet	8 to 9 feet	10 to 14 feet	15 to 40 feet
			Pure tone audiometry decibel loss					
			Average 88 or more	Average not more than 87; none more than 05	Average not more than 67; none more than 80	Average not more than 45; none more than 60	Average not more than 33; none more than 45	Average not more than 25; none more than 35
			Speech reception impairment literal designation					
			F	E	D	C	B	A
0 feet	Average 88 or more	F	80					
1 to 4 feet	Average not more than 87; none more than 05.	E	60	60				
5 to 7 feet	Average not more than 67; none more than 80.	D	40	40	40			
8 to 9 feet	Average not more than 45; none more than 60.	C	30	30	20	20		
10 to 14 feet	Average not more than 33; none more than 45.	B	20	20	20	10	10	
15 to 40 feet	Average not more than 25; none more than 35.	A	10	10	10	0	0	0

§ 4.87a Diagnostic codes based upon speech reception impairment literal designation.

6277	Rated Column F, One Ear Row F, Other Ear Table II
6278	Rated Column F, One Ear Row E, Other Ear Table II
6279	Rated Column F, One Ear Row D, Other Ear Table II
6280	Rated Column F, One Ear Row C, Other Ear Table II
6281	Rated Column F, One Ear Row B, Other Ear Table II
6282	Rated Column F, One Ear Row A, Other Ear Table II
6283	Rated Column E, One Ear Row E, Other Ear Table II
6284	Rated Column E, One Ear Row D, Other Ear Table II
6285	Rated Column E, One Ear Row C, Other Ear Table II
6286	Rated Column E, One Ear Row B, Other Ear Table II
6287	Rated Column E, One Ear Row A, Other Ear Table II
6288	Rated Column D, One Ear Row D, Other Ear Table II
6289	Rated Column D, One Ear Row C, Other Ear Table II
6290	Rated Column D, One Ear Row B, Other Ear Table II
6291	Rated Column D, One Ear Row A, Other Ear Table II
6292	Rated Column C, One Ear Row C, Other Ear Table II
6293	Rated Column C, One Ear Row B, Other Ear Table II
6294	Rated Column C, One Ear Row A, Other Ear Table II
6295	Rated Column B, One Ear Row B, Other Ear Table II
6296	Rated Column B, One Ear Row A, Other Ear Table II
6297	Rated Column A, One Ear Row A, Other Ear Table II

§ 4.87b Schedule of ratings—other sense organs.

		Rating
6275	Loss of sense of smell, complete	10
6276	Loss of sense of taste, complete	10

NOTE. Anatomical or pathological basis required for the ratings under diagnostic codes 6275 and 6276.

SYSTEMIC CONDITIONS

§ 4.88 Malaria.

In rating disability from malaria, once identified by clinical and laboratory methods, or by clinical methods alone where the disease is endemic, the clinical course of the disease, the frequency and severity of recurrences, the necessity for and the reaction to medication, should be the basis of evaluation, not the presence or absence of parasites. When there have been relapses following the initial course of treatment, further relapses are to be expected and for some time the veteran must be given the benefit of the doubt as to unexplained fever of short duration, controlled by quinine or other specific for malaria.

§ 4.88a Schedule of ratings—systemic diseases.

		Rating
6300	Cholera, Asiatic	
	As active disease, and for 6 months' convalescence	100
	Hemoglobinuric fever (blackwater fever)	
	A complication of aestivo-autumnal malaria.	
6301	Kala-azar (visceral leishmaniasis)	
	As active disease, and for 1 year's convalescence	100

		Rating
6302	Leprosy	
	As active disease and for 1 year's convalescence	100

NOTE. Rate residuals as disfigurements, etc. The 100 percent rating applies to the active contagious disease requiring institutional care. Noncontagious cases will be treated under the appropriate schedule, for example, "The Skin".

6304	Malaria	
	Clinically active so as to require hospital treatment for a contemplated or elapsed period of 14 days or more; or with a combination of cerebral symptoms, enlarged spleen, anemia or other severe symptoms	100
	Clinically active so as to require intensive treatment; recently active with 3 or more relapses over past 6 months; or old cases with marked general impairment of health	60
	Recently active with 2 relapses in past 6 months; or old cases with anemia	30
	Recently active with one relapse in the past year; or old cases with moderate disability	10

NOTE (1). The evaluations under Code 6304 are to be assigned on the basis of dates and frequency of recurrences and relapses and severity of significant residuals, if any, based on the clinical records of the service department or other acceptable evidence relating to the period of service, or on medical evidence relating to the period after discharge, recording sufficient clinical findings, when considered in accordance with all other data of record, to support the conclusion that there exists a compensable or higher degree of disability from malaria. Hereafter, service connection will not be conceded based on notation in service records of history alone furnished by the veteran, nor will compensable ratings be assigned based on the veteran's unsupported claim or statement; however, determinations heretofore made will not be reversed on the basis of this change in policy. The evidence of others under oath may be accepted to establish frequency of relapses or recurrences over a period of 1 year only, from date of last medically confirmed relapse or recurrence in service or subsequently.

NOTE (2). When evaluations are based on frequency of recurrences or relapses only, they will be assigned for a period of 1 year only from date of discharge or date established by medical evidence of record. At the expiration of this period, if medical evidence warranting an extension is not of record, the veteran will be notified that his compensation will be discontinued unless he submits evidence from a physician showing recurrent attacks or other disabling effects of malaria. After a malaria rating has run 24 months, an extension, if warranted, will carry ending date at expiration of 36 months from initial date of compensable rating. When this rating is assigned, veteran will be notified of ending date and of requirement that, to have rating continued or resumed after that date, he must report to Veterans Administration hospital, or outpatient clinic, or to a Veterans Administration fee-basis physician during an actual relapse of the disease. Following the expiration of the 36 months' period and the veteran's compliance with the requirement to report as indicated in this note, a prepared slide of the veteran's blood smear will be read in the local Veterans Administration laboratory, and, if the interpretation is positive, the prepared slide will be mailed in a suitable container addressed to the Director, Compensation and Pension Service, with proper identification of the veteran, including C-number and time and place of smear, before further acceptance of the diagnosis of malaria for rating purposes.

		Rating
6305	Filariasis	
	Initial infection with severe lymphangitis or lymphadenitis	100
	Chronic, with repeated recurrences and tendency to severe multiple involvement of extremities and scrotum or severe adenitis	100
	Chronic, with repeated recurrences and beginning permanent deformity of the extremities or scrotum or moderate adenitis	60
	Chronic, following any recurrence, symptomatic	30
	With subsidence of symptoms following only one attack	0

NOTE. The following ratings of this code may be combined among themselves to cover multiple involvements but are not to be combined with the preceding ratings of this code.

Permanent deformity of an extremity or of the scrotum	
Severe	60
Moderate	30
Mild	10
6306 Oroya fever	
As active disease, and for 6 months' convalescence	100
6307 Plague	
As active disease	100
6308 Relapsing fever	
As active febrile disease	100
Rate the residuals under the appropriate system.	
6309 Rheumatic fever	
With cardiac manifestations, evaluate under diagnostic code 7000.	
With joint manifestations only, evaluate under diagnostic code 5002.	
6310 Syphilis	
Rate the tertiary complications, of nervous system, vascular system, eyes or ears, or other system.	
6311 Tuberculosis, miliary	
As active disease	100
If inactive, rate as for other forms of tuberculosis.	
6312 Avitaminosis	
Rate as pellagra, according to severity.	
6314 Beriberi	
Rate the residuals, peripheral neuritis, cardiorespiratory or digestive symptoms, edema, etc., under the appropriate schedule.	
6315 Pellagra	
Pronounced; marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	100
Severe; with the symptoms below, with variable nervous or mental symptoms and bodily vigor impaired	60
Moderately severe; with stomatitis, persistent diarrhea, and symmetrical dermatitis	40
Moderate; with presence of stomatitis, or achlorhydria, or recurring diarrhea	20
Mild; vague digestive disturbances, loss of appetite, and weight, slight diarrhea, headache and vertigo	10
6316 Brucellosis (Malta or undulant fever)	
Chronic forms	
Severe, with frequent febrile episodes	50
Moderately severe, with febrile episodes not more frequently than once in 3 months	30
Moderate, with infrequent febrile episodes, but with fatigability, moderate depression, etc	10
Rate complications, as arthritis, endocarditis, uveitis, etc., separately.	
6317 Typhus, scrub	
As an active disease and for 6 months	100
Rate residual cardiac condition (analogous to rheumatic heart disease), pulmonary involvement, thrombophlebitis, deafness, etc., separately.	
6350 Lupus erythematosus, systemic (disseminated).	
(Not to be combined with ratings under diagnostic code 7809.)	
Acute with constitutional manifestations associated with serous or synovial membrane or visceral involvement or other symptom combinations, totally incapacitating	100
Less than totally incapacitating, but in symptom combinations productive of severe impairment of health	60
Exacerbations of a week or more 3 or 4 times a year with joint, renal, cardiovascular, or pleural manifestations; or symptomatology productive of definite impairment of health	30
Exacerbations once or twice a year or symptomatic during the past 2 years	10

NOTE. Rate residuals such as joint, renal, pleural, etc., under the appropriate system, not to be combined with the ratings under code 6350. Assign the higher evaluation.

§ 4.89 Ratings for inactive nonpulmonary tuberculosis.

	Rating
For 2 years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently	100
Thereafter, for 4 years, or in any event, to 6 years after date of inactivity	50
Thereafter, for 5 years, or to 11 years after date of inactivity	30
Thereafter, in the absence of a schedular compensable permanent residual	0

Following the total rating for the 2-year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, i.e., ankylosis, surgical removal of a part, etc., if in excess of 50 percent or 30 percent will be assigned under the appropriate diagnostic code for the specific residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hipjoint with residual ankylosis would be coded 5001-5250.

The graduated ratings for nonpulmonary tuberculosis will not be combined with residuals of nonpulmonary tuberculosis unless the graduated rating and the rating for residual disability cover separate functional losses, e.g., graduated ratings for tuberculosis of the kidney and residuals of tuberculosis of the spine. Where there are existing pulmonary and nonpulmonary conditions, the graduated evaluation for the pulmonary, or for the nonpulmonary, condition will be utilized, combined with evaluations for residuals of the condition not covered by the graduated evaluation utilized, so as to provide the higher evaluation over such period.

The ending dates of all graduated ratings of nonpulmonary tuberculosis will be controlled by the date of attainment of inactivity.

These ratings are applicable only to veterans with nonpulmonary tuberculosis active on or after October 10, 1949.

THE RESPIRATORY SYSTEM

§ 4.90 Direct service-connection for inactive pulmonary tuberculosis shown by X-ray evidence during active service.

Where the veteran was examined at time of entrance into active service but X-ray was not made or, if made, is not available, and there was no notation or other evidence of active or inactive reinfection-type pulmonary tuberculosis existing prior to such entrance, direct service connection will be in order for inactive pulmonary tuberculosis shown by X-ray evidence during active service, provided minimal lesions are first shown after at least 6 months of such service, moderately advanced lesions after 9 months of such service or far advanced lesions after 12 months of such service. The effective dates of evaluations in this section will not be prior to February 26, 1951.

§ 4.91 Hospital observation.

The desideratum, at all times, is the submission of data sufficient to permit recognition of the presenting condition as tuberculosis and estimation of the degree of disability from the clinical picture. Where there is any doubt as to the exact identity of the disability, the claimant should be hospitalized for observation and differential diagnosis, or reference to the nearest available diagnostic center considered.

§ 4.92 Sputum certification.

Sputum specimens should be certified. The examiner must assure himself that he is dealing with the true sputum of the patient. In any doubtful case, wherever possible, more than one sputum examination should be made and each carefully identified and certified.

§ 4.93 Classification on maximum advancement for rating purposes.

The classification of inactive pulmonary tuberculosis as minimal, moderately advanced, or far advanced, will be governed by the maximum advancement of the disease while active.

§ 4.94 Determination of "complete arrest" in tuberculosis.

The requirement for application of the statutory award or of the statutory ratings authorized by sections 314(q) and 356, title 38 U.S.C., is "complete arrest" of the disease. For these purposes a veteran determined to have had active pulmonary tuberculosis will be held to have reached a condition of complete arrest when the diagnosis is other than active: *Provided*, That for a period of 6 months preceding the date of examination or hospital report, there has been no evidence of local or constitutional symptoms, or of an unstable lesion or cavity, or of tubercle bacilli in the sputum or gastric contents.

§ 4.95 Rating pulmonary tuberculosis cases.

(a) When service connection is under consideration for pulmonary tuberculosis based on X-ray evidence only, all films, including induction, during service (Department of the Army X-ray films during service are destroyed 5 years after they are made), at discharge, and subsequent films, will be secured and read by specialists at designated stations, who should have available report of current examination and X-ray. In such cases, direct service connection will not be granted except on X-ray evidence of activity in service. If the current condition is inactive, the rating will be no percent (0 percent) until such time, if any, as reactivation occurs. If arrest has been attained as a result of any period of hospital treatment during service or subsequent, the 100 percent and other graduated ratings of the schedule are for application.

(b) Positive X-ray evidence of pulmonary lesion at discharge interpreted as inactive tuberculosis will not be taken, in the absence of other evidence as establishing existence of the disease at the time of enlistment, for the purpose of rebutting service connection under 38 U.S.C. 312.

(c) For a period up to 3 years while collapse therapy is maintained for treatment of pulmonary tuberculosis, the case will be rated as one of active tuberculosis, whether or not the last diagnosis classifies the case as active.

§ 4.96 Rating co-existing conditions.

Ratings under diagnostic codes 6600 to 6818 inclusive, and 6821 will not be combined with each other. Where there is lung or pleural involvement, ratings under diagnostic codes 6819 and 6820 will not be combined with each other or with diagnostic codes 6600 to 6818 inclusive and 6821. A single rating will be assigned under the diagnostic code which reflects the predominant disability picture with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation. However, with the graduated ratings of 50 and 30 percent for inactive tuberculosis, elevation is not for application.

§ 4.97 Schedule of ratings—respiratory system.

DISEASES OF THE NOSE AND THROAT

		Rating
6501	Rhinitis, atrophic, chronic	
	With massive crusting and marked ozena, with anosmia	50
	With moderate crusting and ozena, atrophic changes	30
	With definite atrophy of intranasal structure, and moderate secretion	10
6502	Septum, nasal, deflection of	
	Traumatic only,	
	With marked interference with breathing space	10
	With only slight symptoms	0
6504	Nose, loss of part of, or scars	
	Exposing both nares	30
	Loss of part of one ala, or other obvious disfigurement	10
6510	Sinusitis, pansinusitis, chronic	
6511	Sinusitis, ethmoid, chronic	
6512	Sinusitis, frontal, chronic	
6513	Sinusitis, maxillary, chronic	
6514	Sinusitis, sphenoid, chronic	
	Postoperative, following radical operation, with chronic osteomyelitis requiring repeated curettage, or severe symptoms after repeated operations	50
	Severe, with frequently incapacitating recurrences, severe and frequent headaches, purulent discharge or crusting reflecting purulence	30
	Moderate, with discharge or crusting or scabbing, infrequent headaches	10
	X-ray manifestations only, symptoms mild or occasional	0
6515	Laryngitis, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89	

DISEASES OF THE NOSE AND THROAT—Con.

		Rating
6516	Laryngitis, chronic	
	Severe; marked pathological changes, such as inflammation of cords or mucous membrane, thickening or nodules of cords or submucous infiltration, and marked hoarseness	30
	Moderate; catarrhal inflammation of cords or mucous membrane, and moderate hoarseness	10
6517	Larynx, injuries of, healed	
	Rate as interference with voice (aphonia) or respiration.	
6518	Laryngectomy	100
6519	Aphonia, organic	
	Complete.	
	Constant inability to communicate by speech	100
	Constant inability to speak above a whisper	60
	Partial; rate as laryngitis, chronic	
6520	Larynx, stenosis of	
	Continuously requiring tracheotomy tube	100
	Severe impairment of respiration, dyspnea on slight exertion	60
	Moderate impairment of respiration, dyspnea on moderate exertion	30
	Mild, dyspnea on heavy exertion	10

NOTE. Or rate as aphonia.

DISEASES OF THE TRACHEA AND BRONCHI

		Rating
6600	Bronchitis, chronic	
	Severe; with dyspnea at rest or on slight exertion and considerable emphysema	60
	Moderately severe; persistent cough at intervals throughout the day, considerable expectoration, considerable dyspnea on exercise, rales throughout chest, beginning emphysema	30
	Moderate; considerable night or morning cough, slight dyspnea on exercise, scattered bilateral rales	10
	Mild; slight cough, no dyspnea, few rales	0
6601	Bronchiectasis	
	Pronounced; symptoms in aggravated form, marked emphysema, dyspnea at rest or on slight exertion, cyanosis, marked loss of weight or other evidence of severe impairment of general health	100
	Severe; with considerable emphysema, impairment in general health manifested by loss of weight, anemia, or occasional pulmonary hemorrhages; occasional exacerbations of a few days duration, with fever, etc., are to be expected; demonstrated by lipiodol injection and layer sputum test	60
	Moderate; persistent paroxysmal cough at intervals throughout the day, abundant purulent and fetid expectoration, slight, if any, emphysema or loss of weight	30
	Mild; paroxysmal cough, mostly night or morning purulent expectoration	10

DISEASES OF THE TRACHEA AND BRONCHI—Con.

		Rating
6602	Asthma, bronchial	
	Pronounced; marked emphysema, attacks very frequent, dyspnea on slight exertion, between attacks, marked loss of weight or other evidence of severe impairment of general health	100
	Severe; moderate emphysema, frequent attacks (one or more weekly), marked dyspnea on exertion between attacks, impairment in general health manifested by malnutrition, etc.	60
	Moderate; slight to moderate emphysema, attacks rather frequent (10–14 day intervals), moderate dyspnea on exertion between attacks	30
	Mild; without emphysema, and occurring at widely separate intervals	10
	Emphysema	
	No separate rating; covered by basic condition.	

DISEASES OF THE LUNGS AND PLEURA
TUBERCULOSIS

		Rating
6701	Tuberculosis, pulmonary, chronic, far advanced, active	100
6702	Tuberculosis, pulmonary, chronic, moderately advanced, active	100
6703	Tuberculosis, pulmonary, chronic, minimal, active	100
6704	Tuberculosis, pulmonary, chronic, active, advancement unspecified	100

NOTE. During an initial period of activity, examinations will be scheduled at intervals of 6 months for the first year, and thereafter at intervals of one year until 5 years have elapsed unless the disease becomes inactive within this period.

The following (a) to (g) inclusive, will be considered permanently and totally disabling, requiring reexamination at intervals of 30 months, until 5 years have elapsed, unless the disease becomes inactive within this period.

(a) With continuous and progressive toxemia, as identified by loss of weight, emaciation, elevation of temperature, continuing throughout a period of 12 months or longer, with no improvement under proper supervision or treatment, and when it appears that the claimant will be unable to continuously follow a substantially gainful occupation — 100

(b) Involving both lungs with large cavity formation in one or more lobes — 100

(c) Associated with serious tuberculous complications, such as tuberculous ulcerative laryngitis, tuberculosis of the intestinal tract, of the genito-urinary tract, of the peritoneum, of the bones and joints, or of the meninges — 100

DISEASES OF THE LUNGS AND PLEURA
TUBERCULOSIS—Continued

		Rating
	(d) Far advanced, with involvement of three or more lobes and evidence of a marked tuberculous toxemia	100
	(e) Reactivated cases, generally	100
	(f) With definite advancement of lesions on successive examinations or while under treatment	100
	(g) Without retrogression of lesions or other evidence of material improvement at the end of 6 months hospitalization or without change of diagnosis from "active" at the end of 12 months hospitalization	100

NOTE. "Material improvement" means lessening or absence of clinical symptoms, and X-ray findings of a stationary or retrogressive lesion.

	(h) Minimal, moderately advanced, or far advanced with marked impairment of function, local or constitutional severe symptoms or far advanced with moderate symptoms, over a period of years	100
	(i) Far advanced, slight or no symptoms	100
	(j) Minimal or moderately advanced, moderate or slight or no symptoms	50
6705	Tuberculosis, with pneumothorax, induced or artificial	

NOTE. Rate as active tuberculosis for periods up to 3 years, during which pneumothorax is continued; when pneumothorax is discontinued, or at the end of 3 years, observation by hospital board will be required if the disease is still active, rating will be continued; otherwise rate for the inactive process. This means that [illegible] when pneumothorax is discontinued for the treatment of active pulmonary tuberculosis will be as for active disease during the first 3 years. If pneumothorax is maintained [illegible] of whether the disease is active or inactive, question of activity, or inactivity. After 3 years, to continue rating for activity, it is necessary that activity be certified by Veterans Administration authority. The beginning effective date of the establishing rating for arrest will be the date of examination within the 3-year period establishing inactivity with suspension of pneumothorax, or the day following the expiration of the 3-year period unless the certificate to which reference is made in the preceding sentence is furnished. In the event pneumothorax is interrupted against medical advice, the statutory ratings, including 2 years at 100 percent, are for application effective the day following such interruption. When the 100 percent statutory rating is assigned to replace the 100 percent rating for pneumothorax, the veteran will be so notified and advised of his privi-

DISEASES OF THE LUNGS AND PLEURA
TUBERCULOSIS—Continued

		Rating
	lege to submit evidence to show the resumption of pneumothorax or activity. Veterans Administration medical authorities will notify the Adjudication Division of the veteran's failure to report for pneumothorax.	
	Tuberculosis, pulmonary, with thoracoplasty	
	NOTE. Following thoracoplasty for the treatment of active pulmonary tuberculosis, the statutory ratings for arrested tuberculosis will not be applied until expiration of 1 year, notwithstanding a diagnosis of other than active tuberculosis within the year.	
6721	Tuberculosis, pulmonary, chronic, far advanced, inactive	
6722	Tuberculosis, pulmonary, chronic, moderately advanced, inactive	
6723	Tuberculosis, pulmonary, chronic, minimal, inactive	
6724	Tuberculosis, pulmonary, chronic, inactive, advancement specified	
	For 2 years after date of inactivity, following active pulmonary tuberculosis, which was clinically identified during active service, or subsequently	100
	NOTE. The 100 percent rating under Codes 6721 through 6724 is not subject to a requirement of precedent hospital treatment. It will be reduced to 50 percent for failure to submit to examination or to follow prescribed treatment upon report to that effect from the medical authorities. When a veteran is placed on the 100 percent rating for inactive tuberculosis, the medical authorities will be appropriately notified of the fact, and of the necessity under 38 U.S.C. 356 to notify the Adjudication Division in the event of failure to submit to examination or to follow prescribed treatment.	
	Thereafter, for 4 years, or in any event, to 6 years after date of inactivity	50
	Thereafter, for 5 years, or to 11 years after date of inactivity	30
	Thereafter, following far advanced lesions	30
	Following moderately advanced lesions, provided there is continued disability, emphysema, dyspnea on exertion, impairment of health, etc	20
	Otherwise	0
	NOTE. The graduated 50 percent and 30 percent ratings and the permanent 30 percent and 20 percent ratings for inactive pulmonary tuberculosis are not to be combined with ratings for other respiratory disabilities. Following thoracoplasty the rating will be for removal of ribs combined with the rating for collapsed lung. Resection of ribs incident to thoracoplasty will be rated as removal.	

DISEASES OF THE LUNGS AND PLEURA
TUBERCULOSIS—Continued

		Rating
	Following moderately advanced or far advanced active tuberculosis, with history of activity over a period of 5 years, including at least 18 months hospitalization, with continued dyspnea on exertion, debility, and chronic invalidism	60
	NOTE. This 60 percent rating, though assigned on a permanent basis, will be subject to reexamination in 30 months.	
6731	Phrenicotomy	
	For 3 years after this operation, rate as active pulmonary tuberculosis	100
	Thereafter, as inactive pulmonary tuberculosis, minimum rating, after 10 years	10
	NOTE. The ratings for phrenicotomy are intended where the operation is necessitated by pulmonary tuberculosis only.	
6732	Pleurisy, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89	

NONTUBERCULOUS DISEASES

6600	Anthracosis	
6601	Silicosis	
6802	Pneumoconiosis, unspecified	
	With extent of lesions comparable with far advanced pulmonary tuberculosis, cavity formation, pneumothorax, or severe pleural adhesions, and dyspnea at rest, poor response to exercise, or other evidence of marked impairment of bodily vigor	100
	Severe; marked symptoms, dyspnea on slight exertion	60
	Moderate; more pronounced symptoms than mild	30
	Mild; slight cough, dyspnea, etc	10
6803	Actinomycosis of lung	
6804	Streptotrichosis of lung	
6805	Blastomycosis of lung	
6806	Sporotrichosis of lung	
6807	Aspergillosis of lung	
6808	Mycosis of lung, unspecified	
	Rate Codes 6803 through 6808, when active, 70 percent to 100 percent; when inactive, rate residuals on appropriate analogy.	
6809	Lung, abscess of	
	Residuals, rate as chronic pleurisy following empyema; the postoperative requirement for the 100 percent rating is thoracoplasty rather than pneumolysis.	
6810	Pleurisy, serofibrinous	
	Chronic pleurisy, fibrous, following lobar pneumonia and other acute diseases of the lungs or pleural cavity, without empyema, is considered a nondisabling condition, except with diaphragmatic pleurisy, pain in chest, obliteration of costophrenic angles, tenting of diaphragm	10

NONTUBERCULOUS DISEASES—Continued

		Rating
6811	Pleurisy, purulent (empyema)	
	Following intrapleural or extrapleural pneumolysis	100
	Very severe; when in addition to the findings and symptoms outlined under "severe" there is persistent underweight, with marked weakness and fatigability on slight exertion	80
	Severe; with extensive pleural or pleuropericardial adhesions, marked restriction of respiratory excursions and chest deformity, intractable to treatment	60
	Moderately severe; with residual marked dyspnea or cardiac embarrassment on moderate exertion	30
	Moderate; with some embarrassment of respiratory function	10
6812	Fistula, bronchocutaneous, or bronchopleural	
	Following amebiasis, subdiaphragmatic abscess, pulmonary abscess, or empyema. Rate as chronic pleurisy following empyema; while persistent, the minimum rating will be	60
6813	Lung, permanent collapse of, complete	50
	Partial, approximately one-half collapsed	30
6814	Pneumothorax, spontaneous, for 6 months	100
6815	Pneumonectomy	60
6816	Lobectomy	
	Bilateral	50
	Unilateral	30
	NOTE. The ratings under code 6816 do not apply to removal of the middle lobe of the right lung, segmental resections, or lingualectomies.	
6817	Lung, chronic passive congestion of	
	Rate the underlying disease.	
6818	Pleural cavity, injuries, residuals of, including gunshot wounds	
	Severe; tachycardia, dyspnea or cyanosis on slight exertion, adhesions of diaphragm or pericardium with marked restriction of excursion, or poor response to exercise	60
	Moderately severe; with pain in chest and dyspnea on moderate exertion (exercise tolerance test), adhesions of diaphragm, with excursions restricted, moderate myocardial deficiency, and one or more of the following: thickened pleura, restricted expansion of lower chest, compensating contralateral emphysema, deformity of chest, scoliosis, hemoptysis at intervals	40
	Moderate; bullet or missile retained in lung, with pain or discomfort on exertion; or with scattered rales or some limitation of excursion of diaphragm or of lower chest expansion	20

NONTUBERCULOUS DISEASES—Continued

		Rating
	NOTE (1). Disabling injuries of shoulder girdle muscles (Groups I to IV) will be separately rated for combination.	
	NOTE (2). Disability persists in penetrating chest wounds, with or without retained missile, in proportion to interference with respiration and circulation, which may become apparent after slight exertion or only under extra stress. Records of examination, both before and after exertion, controlled with fluoroscopic and proper blood pressure determination, are essential for proper evaluation of disability. Exercise tolerance tests should have regard both to dyspnea on exertion and to continued acceleration of pulse rate beyond physiological limits.	
	When residuals are totally incapacitating	100
6819	New growths of, malignant, any specified part of respiratory system exclusive of skin growths	100
	NOTE. The rating under Code 6819 will be continued 2 years after surgical, radium, deep X-ray, or other therapeutic procedure. At this point, if 2 years have elapsed without recurrence or metastasis, the rating will be made on residuals.	
6820	New growths of, benign, any specified part of respiratory system. The rating will be based on interference with respiration, using any applicable respiratory analogy.	
6821	Coccidioidomycosis	
	Initial infections with manifestations of toxemia or pulmonary cavitation, abscess or granuloma requiring rest or surgical therapy (pneumothorax, lobectomy, or thoracoplasty)	100
	The progressive disseminated infection with demonstrable evidence of activity	100
	Localized pulmonary cavitation or localized dense and confluent lesions, with occasional hemoptysis (otherwise nonsymptomatic) and not requiring treatment	30
	Healed lesions, nonsymptomatic	0
	Postoperative	
	Rate on surgical residuals.	
	NOTE. This disease, San Joaquin Valley Fever, has an incubation period up to 21 days, and the disseminated phase is ordinarily manifest within 6 months of the acute phase. However, there are instances of delayed onset of the disseminated phase, up to many years, after the initial infection which may have been unrecognized. Accordingly, when service connection is under consideration in the absence of record or other evidence of the disease in service, service in southwestern United States where the disease is endemic and absence of prolonged residence in this locality before or after service will be the deciding factor.	

THE CARDIOVASCULAR SYSTEM

§ 4.100 Necessity for complete diagnosis.

The common types of disease of the heart are those of rheumatic, syphilitic, arteriosclerotic, hypertensive, or hyperthyroid etiology. Determinations of relationship to service and evaluation, in the case of disability due to disease of the heart, require accurate identification of the disease, as an active or residual condition, with the complete required classification of etiology, structural lesions, manifestations, and capacity for work. Many common diagnoses following the first World War do not represent disease entities. "Chronic myocarditis," for example, except as a continuing inflammation following an identified acute myocarditis due to rheumatic fever or other infectious agent, is not a satisfactory diagnosis; there should be further identification of the etiological agent and structural lesions, prior to rating action. The very common diagnosis "mitral insufficiency" is likewise unsatisfactory as reflecting organic valvular disease in the absence of associated mitral stenosis, definite cardiac enlargement without other causes, or history of rheumatic manifestations. An acceptable diagnosis cannot be based upon the presence of systolic murmurs alone. Tachycardia and bradycardia, the various arrythmias, and cardiac hypertrophy or dilatation, do not represent generally acceptable diagnoses, and elevation or depression of the systolic or diastolic pressure is usually a manifestation of disease, rather than a clinical entity.

§ 4.101 Rheumatic heart disease.

Rheumatic fever is an acute infectious disease, affecting the structures about the joints (though without permanent bone damage) and, frequently, the endocardium. Children are as a rule affected, usually before the age of 20 years. Seldom is the initial attack after 25 years. The disease tends to recur, and serious heart trouble may follow the first or a subsequent attack. With acute rheumatic fever in service, perhaps without manifest damage to the heart, a subsequent recurrence of the infection, should be accepted as service connected. With even a few days service, service connection may be given for an acute rheumatic fever and any cardiac residuals. On the other hand, a mitral insufficiency without a history of rheumatic fever, chorea, or tonsillitis, or definite complication in service, must be considered as functional. Aortic insufficiency with a history of rheumatic fever and manifestation within approximately 15 years from the date of syphilitic infection, if any, should generally be considered rheumatic and always so when there is associated mitral or aortic stenosis. With a history of rheumatic fever in service, an aortic insufficiency manifest some years later without other cause shown may be service connected. The subsequent progress of rheumatic heart disease, and the effect of superimposed arteriosclerotic or hypertensive changes cannot usually be satisfactorily disassociated or separated so as to permit differential service connection. It is for this reason, in part, that great insistence is placed upon ascertainment of the service-connected disease as a true pathological entity. A subsequent change of diagnosis from one of an organic condition to one reflecting the effect of psychic or nervous factors casts doubt on the original diagnosis, but unless the correction is promptly made continuance of the service connection and of the evaluation under the new diagnosis is required. Such a change does not reflect an improvement of the physical condition.

§ 4.102 Varicose veins and phlebitis.

With severe varicose veins, tests to determine impairment of deep return circulation are essential, as the superficial varicosities may be caused by the impairment of deep return circulation, or there may be phlebitis as a complication of varicose ulcers. With phlebitis, or impairment of deep return circulation, the appropriate higher rating should be applied.

§ 4.103 Complete diagnosis.

The complete diagnosis of disease of the heart, as recorded by the examiner, including etiological, anatomical, physiological and manifestational references as furnished, will appear on all rating sheets involving these diseases.

§ 4.104 Schedule of ratings—cardiovascular system.

DISEASES OF THE HEART

		Rating
7000	Rheumatic heart disease	
	As active disease and, with ascertainable cardiac manifestation, for a period of 6 months	100
	Inactive	
	With signs of congestive failure upon any exertion beyond rest in bed	100
	Definite enlargement of the heart confirmed by roentgenogram and clinically; dyspnea on slight exertion; rales, pretibial pitting at end of day, or other definite signs of beginning congestive failure; more than strictly sedentary employment is precluded	80
	The heart definitely enlarged; severe dyspnea on exertion, elevation of systolic blood pressure, or such arrhythmias as paroxysmal auricular fibrillation or flutter or paroxysmal tachycardia; more than light manual labor is precluded	60
	From the termination of an established service episode of rheumatic fever, or its subsequent recurrence, with cardiac manifestations, during the episode or recurrence, for 3 years or diastolic murmur with characteristic EKG manifestations or definitely enlarged heart	30
	With identifiable valvular lesion, slight, if any, dyspnea, the heart not enlarged; following established active rheumatic heart disease	10

DISEASES OF THE HEART—Continued

		Rating
7001	Endocarditis, bacterial, subacute	
7002	Pericarditis, bacterial or rheumatic, acute	
	Rate as rheumatic heart disease.	
7003	Adhesions, pericardial	
	Extensive, obliterating the sac, with congestive heart failure	100
	Rate lesser conditions as rheumatic heart disease, inactive.	
7004	Syphilitic heart disease	
	Rate as rheumatic heart disease, inactive, noting the absence of typical mitral and aortic stenosis.	
7005	Arteriosclerotic heart disease	
	During and for 6 months following acute illness from coronary occlusion or thrombosis, with circulatory shock, etc	100
	Following typical history of acute occlusion or thrombosis, more than strictly sedentary employment precluded	60
	Following typical history of acute coronary occlusion or thrombosis, or with history of substantiated repeated anginal attacks, more than light manual labor not feasible	60
	Following typical coronary occlusion or thrombosis, or with history of substantiated anginal attack, ordinary manual labor feasible	30

NOTE. Authentic myocardial insufficiency with arteriosclerosis may be substituted for occlusion.

7008	Myocardium, infarction of, due to thrombosis or embolism	
	Rate as arteriosclerotic heart disease.	
7007	Hypertensive heart disease	
	With signs of congestive failure, upon exertion beyond rest in bed	100
	With definite signs of congestive failure, more than strictly sedentary employment precluded	80
	With marked enlargement of the heart, confirmed by roentgenogram, or the apex beat beyond midclavicular line, sustained diastolic hypertension, diastolic 120 or more, which may later have been reduced, severe dyspnea on exertion, more than light manual labor is precluded	60
	With definite enlargement of the heart, sustained diastolic hypertension of 100 or more, moderate dyspnea on exertion	30
7008	Hyperthyroid heart disease	
	With signs of congestive failure	100
	With permanent or paroxysmal auricular fibrillation	60

NOTE. The ratings under Code 7008 are not to be combined with ratings for hyperthyroidism. Rate lesser conditions as hyperthyroidism.

	Cardiac neurosis	
	Refer to psychiatric schedule.	

DISEASES OF THE HEART—Continued

		Rating
	NOTE. The following Codes 7010 through 7015 reflecting arrhythmias and conduction abnormalities are occasionally encountered. Standing alone they represent incomplete diagnoses. Ratings are not to be combined with those for other heart or psychiatric conditions.	
7010	Auricular flutter, paroxysmal	
	Rate as paroxysmal tachycardia.	
7011	Auricular fibrillation, paroxysmal	
	Rate as paroxysmal tachycardia.	
7012	Auricular fibrillation, permanent	10
7013	Tachycardia, paroxysmal	
	Severe, frequent attacks	30
	Infrequent attacks	10
7014	Sinus tachycardia	
	Persistently 100 or more in recumbent position	10
7015	Auriculoventricular block	
	Complete, with syncope	60
	Complete, without syncope	30
	Incomplete	10

NOTE. Simple delayed conduction time is not a ratable entity.

DISEASES OF THE ARTERIES AND VEINS

7100	Arteriosclerosis, general	
	With slight weakening of bodily vigor	20
	Without symptoms or renal, cardiac, or cerebral complications	0

NOTE. Rate the arteriosclerotic complications, such as renal, cardiac, or cerebral, under the appropriate schedule.

7101	Hypertensive vascular disease (essential arterial hypertension)	
	Diastolic pressure consistently 130 or more and severe symptoms	60
	Diastolic pressure consistently 120 or more and moderately severe symptoms	40
	Diastolic pressure consistently 110 or more with definite symptoms	20
	Diastolic pressure consistently 100 or more	10

NOTE. For the 40 percent and 60 percent ratings under code 7101, there should be careful attention to diagnosis and repeated blood pressure readings.

7110	Aorta or branches, aneurysm of, with markedly disabling symptoms	100
	Or rate according to symptoms under arteriosclerotic heart disease.	

NOTE. With aortic aneurysm consider syphilitic etiology.

7111	Artery, any large artery, aneurysm of	
	In lower extremities, symptomatic	60
	In upper extremities, symptomatic	40
7112	Artery, small, aneurysmal dilatation of	10

DISEASES OF THE ARTERIES AND VEINS—Con.

		Rating
7113	Arteriovenous aneurysm, traumatic	
	With cardiac involvement, minimum rating	60
	Without cardiac involvement with marked vascular symptoms	
	Lower extremity	50
	Upper extremity	40
	With definite vascular symptoms	
	Lower extremity	30
	Upper extremity	20
7114	Arteriosclerosis obliterans	
7115	Thromboangiitis obliterans (Buerger's disease)	
7116	Claudication, intermittent	
	Severe form with marked circulatory changes such as to produce total incapacity or to require house or bed confinement	100
	Persistent swelling of extremity, or claudication on minimal walking	60
	Well-established cases, with intermittent claudication or recurrent episodes of superficial phlebitis	40
	Minimal circulatory impairment, with paresthesias, temperature changes or occasional claudication	20

NOTE. The 100 percent rating will not be applied under a diagnosis of intermittent claudication.

7117	Raynaud's disease	
	Severe form with marked circulatory changes such as to produce total incapacity or to require house or bed confinement	100
	Multiple painful, ulcerated areas	60
	Frequent vasomotor disturbances characterized by blanching, rubor and cyanosis	40
	Occasional attacks of blanching or flushing	20

NOTE. The schedular evaluations in excess of 20 percent under Diagnostic Codes 7114, 7115, 7116, and 7117 are for application to unilateral involvements. With bilateral involvements, separately meeting the requirements for evaluation in excess of 20 percent, 10 percent will be added to the evaluation for the more severely affected extremity only, except where the disease has resulted in an amputation. The resultant amputation rating will be combined with the schedular rating for the other extremity, including the bilateral factor, if applicable. The 20 percent evaluations are for application to unilateral or bilateral involvement of both upper and lower extremities.

7118	Angioneurotic edema	
	Severe; frequent attacks with severe manifestations and prolonged duration	40
	Moderate; frequent attacks of moderate extent and duration	20
	Mild; infrequent attacks of slight extent and duration	10

DISEASES OF THE ARTERIES AND VEINS—Con.

		Rating
7119	Erythromelalgia	
	Severe	40
	Moderate	20
	Mild	10
7120	Varicose veins	
	Pronounced; unilateral or bilateral, the findings of the severe condition with secondary involvement of the deep circulation, as demonstrated by Trendelenburg's and Perthe's tests, with ulceration and pigmentation	
	Bilateral	60
	Unilateral	50
	Severe; involving superficial veins above and below the knee, with involvement of the long saphenous, ranging over 2 cm. in diameter, marked distortion and sacculation, with edema and episodes of ulceration; no involvement of the deep circulation	
	Bilateral	50
	Unilateral	40
	Moderately severe; involving superficial veins above and below the knee, with varicosities of the long saphenous, ranging in size from 1 to 2 cm. in diameter, with symptoms of pain or cramping on exertion; no involvement of the deep circulation	
	Bilateral	30
	Unilateral	20
	Moderate; varicosities of superficial veins below the knees, with symptoms of pain or cramping on exertion	
	Bilateral or unilateral	10
	Mild; or with no symptoms	0

NOTE. Severe varicosities below the knee, with ulceration, scarring, or discoloration and painful symptoms will be rated as moderately severe.

7121	Phlebitis, unilateral (obliteration of the deep return circulation, including traumatic conditions)	
	Massive board-like swelling, subsiding only very slightly and incompletely with recumbency and elevation with pigmentation, cyanosis, eczema or ulceration	60
	Persistent swelling of leg or thigh, increased on standing or walking 1 or 2 hours, readily relieved by recumbency; moderate discoloration, pigmentation and cyanosis or persistent swelling of arm or forearm, increased in the dependent position; moderate discoloration, pigmentation or cyanosis	30
	Persistent modgrate swelling of leg not markedly increased on standing or walking or persistent swelling of arm or forearm not increased in the dependent position	10

NOTE. With substantially bedridden condition, consider total rating. When phlebitis is present in both lower extremities or both upper extremities, apply bilateral factor.

Thrombophlebitis
Rate as phlebitis.

DISEASES OF THE ARTERIES AND VEINS—Con.

		Rating
7122	Frozen feet, residuals of (immersion foot)	
	With loss of toes, or parts, and persistent severe symptoms	
	Bilateral	50
	Unilateral	30
	With persistent moderate swelling, tenderness, redness, etc.	
	Bilateral	30
	Unilateral	20
	With mild symptoms, chilblains	
	Bilateral	10
	Unilateral	10

NOTE. With extensive losses higher ratings may be found warranted by reference to amputation ratings for toes and combination of toes; in the most severe cases, ratings for amputation or loss of use of one or both feet should be considered. There is no requirement of loss of toes or parts for the persistent moderate or mild under this diagnostic code.

THE DIGESTIVE SYSTEM

§ 4.110 Ulcers.

Experience has shown that the term "peptic ulcer" is not sufficiently specific for rating purposes. Manifest differences in ulcers of the stomach or duodenum in comparison with those at an anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

§ 4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§ 4.112 Weight loss.

Minor weight loss or greater losses of weight for periods of brief duration are not considered of importance in rating. Rather, weight loss becomes of importance where there is appreciable loss which is sustained over a period of time. In evaluating weight loss generally, consideration will be given not only to standard age, height, and weight tables, but also to the particular individual's predominant weight pattern as reflected by the records. The use of the term "inability to gain weight" indicates that there has been a significant weight loss with inability to regain it despite appropriate therapy.

§ 4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in § 4.14.

§ 4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, 7345 and 7346 will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

		Rating
7200	Mouth, injuries of	
	Rate as for disfigurement and impairment of function of mastication.	
7201	Lips, injuries of	
	Rate as for disfigurement of face.	
7202	Tongue, loss of whole or part	
	With inability to communicate by speech	100
	One-half or more	60
	With marked speech impairment	30
7203	Esophagus, stricture of	
	Permitting passage of liquids only, with marked impairment of general health	80
	Severe, permitting liquids only	50
	Moderate	30
7204	Esophagus, spasm of (cardiospasm)	
	If not amenable to dilation, rate as for the degree of obstruction (stricture).	
7205	Esophagus, diverticulum of, acquired	
	Rate as for obstruction (stricture).	
7301	Peritoneum, adhesions of	
	Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage	50
	Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	30
	Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	10
	Mild	0

NOTE. Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intra-abdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain.

		Rating
7304	Ulcer, gastric	
7305	Ulcer, duodenal	
	Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health	60
	Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration at least four or more times a year	40
	Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations	20
	Mild; with recurring symptoms once or twice yearly	10
7306	Ulcer, marginal (gastrojejunal)	
	Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating	100
	Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health	60
	Moderately severe; intercurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena	40
	Moderate; with episodes of recurring symptoms several times a year	20
	Mild; with brief episodes of recurring symptoms once or twice yearly	10
7307	Gastritis, hypertrophic (identified by gastroscope)	
	Chronic; with severe hemorrhages, or large ulcerated or eroded areas	60
	Chronic; with multiple small eroded or ulcerated areas, and symptoms	30
	Chronic; with small nodular lesions, and symptoms	10
	Gastritis, atrophic	
	A complication of a number of diseases, including pernicious anemia	
	Rate the underlying condition.	
7308	Postgastrectomy syndromes	
	Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia	60
	Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss	40
	Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations	20
7309	Stomach, stenosis of	
	Rate as for gastric ulcer.	
7310	Stomach, injury of, residuals	
	Rate as peritoneal adhesions.	
7311	Liver, injury of	
	With residual disability, rate as peritoneal adhesions.	
	Healed, no residuals	0
7312	Liver, cirrhosis of	
	Pronounced; aggravation of the symptoms for moderate and severe, necessitating frequent tapping	100
	Severe, ascites requiring infrequent tapping, or recurrent hemorrhage from esophageal varices, aggravated symptoms and impaired health	60
	Moderate; with dilation of superficial abdominal veins, chronic dyspepsia, slight loss of weight or impairment of health	30
	NOTE. Consider long history of excessive use of alcohol.	
7313	Liver, abscess of, residuals	
	With severe symptoms	30
	With moderate symptoms	10
7314	Cholecystitis, chronic	
	Severe; frequent attacks of gall bladder colic	30
	Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice	10
	Mild	0
7315	Cholelithiasis, chronic	
	Rate as for chronic cholecystitis.	
7316	Cholangitis, chronic	
	Rate as for chronic cholecystitis.	
7317	Gall bladder, injury of	
	Rate as for peritoneal adhesions.	
7318	Gall bladder, removal of	
	With severe symptoms	30
	With mild symptoms	10
	Nonsymptomatic	0
	Spleen, disease or injury of	
	See Hemic and Lymphatic Systems	
7319	Irritable colon syndrome (spastic colitis, mucous colitis, etc.)	
	Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress	30
	Moderate; frequent episodes of bowel disturbance with abdominal distress	10
	Mild; disturbances of bowel function with occasional episodes of abdominal distress	0
7321	Amebiasis	
	Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea	10
	Asymptomatic	0
	NOTE. Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.	
7322	Dysentery, bacillary	
	Rate as for ulcerative colitis.	
7323	Colitis, ulcerative	
	Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess	100
	Severe; with numerous attacks a year and malnutrition, the health only fair during remissions	60
	Moderately severe; with frequent exacerbations	30
	Moderate; with infrequent exacerbations	10
7324	Distomiasis, intestinal or hepatic	
	Severe symptoms	30
	Moderate symptoms	10
	Mild or no symptoms	0
7325	Enteritis, chronic	
	Rate as for irritable colon syndrome.	
7326	Enterocolitis, chronic	
	Rate as for irritable colon syndrome.	
7327	Diverticulitis	
	Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.	
7330	Intestine, small, resection of	
	With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss	60
	With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss	40
	Symptomatic with diarrhea, anemia and inability to gain weight	20
	NOTE. Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
7329	Intestine, large, resection of	
	With severe symptoms, objectively supported by examination findings	40
	With moderate symptoms	20
	With slight symptoms	10
	NOTE. Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
7330	Intestine, fistula of, persistent, or after attempt at operative closure	
	Copious and frequent, fecal discharge	100
	Constant or frequent, fecal discharge	60
	Slight infrequent, fecal discharge	30
	Healed; rate for peritoneal adhesions.	
7331	Peritonitis, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89	

		Rating
7332	Rectum and anus, impairment of sphincter control	
	Complete loss of sphincter control	100
	Extensive leakage and fairly frequent involuntary bowel movements	60
	Occasional involuntary bowel movements, necessitating wearing of pad	30
	Constant slight, or occasional moderate leakage	10
	Healed or slight, without leakage	0
7333	Rectum and anus, stricture of	
	Requiring colostomy	100
	Great reduction of lumen, or extensive leakage	50
	Moderate reduction of lumen, or moderate constant leakage	30
7334	Rectum, prolapse of	
	Severe (or complete), persistent	50
	Moderate, persistent or frequently recurring	30
	Mild with constant slight or occasional moderate leakage	10
7335	Ano, fistula in	
	Rate as for impairment of sphincter control.	
7336	Hemorrhoids, external or internal	
	With persistent bleeding and with secondary anemia, or with fissures	20
	Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences	10
	Mild or moderate	0
7337	Pruritus ani	
	Rate for the underlying condition.	
7338	Hernia, inguinal	
	Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable	60
	Small, postoperative recurrent, or unoperated irremediable, not well supported by truss, or not readily reducible	30
	Postoperative recurrent, readily reducible and well supported by truss or belt	10
	Not operated, but remediable	0
	Small, reducible, or without true hernia protrusion	0
	NOTE. Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree.	
7339	Hernia, ventral, postoperative	
	Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable	100
	Large, not well supported by belt under ordinary conditions	40
	Small, not well supported by belt under ordinary conditions	20
	Well supported by belt under all ordinary conditions	10
7340	Hernia, femoral	
	Rate as for inguinal hernia.	
7341	Wounds, postoperative, healed, with weakening of abdominal wall and indication for a supporting belt	10
	Wounds, postoperative, healed, no disability, belt not indicated	0
	NOTE. With postoperative infection and sloughing, rate under Muscle Injury Group XIX.	
7342	Visceroptosis, symptomatic, marked	10
7343	New growths, malignant, exclusive of skin growths	100
	NOTE. The rating under code 7343 will be continued 1 year after surgical, radium, deep X-ray, or other therapeutic procedure. At this point, if there has been a 1-year cure without recurrence or metastasis, the rating will be made on residuals.	
7344	New growths, benign, any specified part of digestive system, exclusive of skin growths.	
	The rating will be based on interference with digestion, using any applicable digestive analogy.	
7345	Hepatitis, infectious	
	With marked liver damage manifest by liver function test and marked gastrointestinal symptoms, or with episodes of several weeks duration aggregating three or more a year and accompanied by disabling symptoms requiring rest therapy	100
	With moderate liver damage and disabling recurrent episodes of gastrointestinal disturbance, fatigue, and mental depression	60
	Minimal liver damage with associated fatigue, anxiety, and gastrointestinal disturbance of lesser degree and frequency but necessitating dietary restriction or other therapeutic measures	30
	Demonstrable liver damage with mild gastrointestinal disturbance	10
	Healed, nonsymptomatic	0
7346	Hernia, hiatal	
	Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health	60
	Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health	30
	With two or more of the symptoms for the 30 percent evaluation of less severity	10

THE GENITOURINARY SYSTEM

§ 4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. With diseases usually associated with the Neisserian organism, careful laboratory tests should be insisted on as a basis of differential diagnosis, having the question of willful misconduct origin in mind. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities.

§ 4.115a Schedule of ratings—genitourinary system.

DISEASES OF THE GENITOURINARY SYSTEM

		Rating
7500	Kidney, removal of one, with nephritis, infection, or pathology of the other	
	Severe	100
	Mild to moderate	60
	Absence of one, the other functioning normally	30
	NOTE. The absence of one kidney prior to enlistment or the congenital nonfunctioning of one kidney will require a deduction of 30 percent from the 60 percent rating under Code 7500; when, under those circumstances, a total disability on the basis of unemployability is considered to exist, the claims folder will be referred under § 3.321(b) of this chapter.	
7501	Kidney, abscess of	
	Rate for residuals.	
7502	Nephritis, chronic	
	Pronounced; persistent edema and albuminuria; or marked retention of nonprotein nitrogen, creatinine or urea nitrogen; with markedly decreased kidney function or severe cardiovascular complications and chronic invalidism	100
	Severe; persistent edema and albuminuria; or moderate retention of nonprotein nitrogen, creatinine or urea nitrogen; or moderately decreased kidney function or moderate cardiac complications	80
	Moderately severe; constant albuminuria with some edema; or definite decrease in kidney function; or associated moderate hypertension	60
	Moderate; albumin constant or recurring with hyaline and granular casts or red blood cells; transient or slight edema or hypertension, diastolic 100 or more	30
	Mild; albumin and casts with history of acute nephritis or associated mild hypertension	10
7503	Pyelitis	
	Rate as hydronephrosis.	

DISEASES OF THE GENITOURINARY SYSTEM—Continued

		Rating
7504	Pyelonephritis, chronic	
	Rate as hydronephrosis (pyuria required).	
7505	Kidney, tuberculosis of, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7507	Nephrosclerosis, arteriolar	
	NOTE. Rate as chronic nephritis or hypertensive cardiovascular or vascular disease, according to predominating symptoms. With nephrosclerosis, the rating for cardiac disease or hypertension will be increased to the next higher.	
7508	Nephrolithiasis	
	Rate as hydronephrosis (calculus in kidney required; staghorn or multiple stones filling pelvis of kidney, rate 30 percent).	
7509	Hydronephrosis	
	Severe; with infection or involvement of the other kidney	
	Rate as absence of one kidney with nephritis, infection or pathology of the other.	
	Moderately severe; frequent attacks of colic with infection (pyonephrosis), kidney function greatly impaired	30
	Moderate; frequent attacks of colic, requiring catheter drainage	20
	Mild; only an occasional attack of colic, not infected and not requiring catheter drainage	10
7510	Ureterolithiasis	
	Rate as hydronephrosis.	
7511	Ureter, stricture of	
	Rate as hydronephrosis.	
7512	Cystitis, chronic	
	Where incontinence exists, requiring constant wearing of an appliance	60
	Severe; urination at intervals of 1 hour or less; contracted bladder	40
	Moderately severe; diurnal and noctural frequency with pain, tenesmus	20
	Moderate; pyuria, with diurnal and noctural frequency	10
	Mild	0
7513	Cystitis, interstitial (Hunner), submucous or elusive ulcer	60
7514	Bladder, tuberculosis of, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7515	Bladder, calculus in, with symptoms interfering with function	
	Rate as cystitis.	
7516	Bladder, fistula of	
	Postoperative, suprapubic cystotomy	100
7517	Bladder, injury of	
	Rate as cystitis.	
7518	Urethra, stricture of	
	Requiring frequent dilatations with cystitis	30
	Requiring dilatations every 2 or 3 months	10
	Slight to moderate, healed, requiring only occasional dilatations (1 or 2 times a year)	0

DISEASES OF THE GENITOURINARY SYSTEM—Continued

		Rating
7519	Urethra, fistula of	
	Multiple urethroperineal	100
	Severe; multiple, with continuous drainage requiring constant use of appliance or frequent change of pad	50
	Moderate; fistula with continuous drainage requiring constant use of pad or appliance	30
	Mild; slight intermittent leakage	10
7520	Penis, removal of half or more	30
7521	Penis, removal of glans	20
7522	Penis, deformity, with loss of erectile power	20
7523	Testis, atrophy complete	
	Both	20
	One	0
7524	Testis, removal	
	Both	30
	One, other than undescended or congenitally undeveloped	10
	NOTE. In cases of the removal of one testis as the result of a service-incurred injury or disease, other than an undescended or congenitally undeveloped testicle, with the absence or nonfunctioning of the other testis unrelated to service, a rating of 20 percent will be assigned for the service-connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability.	
7525	Epididymo-orchitis, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7526	Prostate gland, resection or removal	
	Rate as cystitis in accordance with severity; minimum rating, 20 percent.	
7527	Prostate gland injuries, infections, hypertrophy, postoperative residuals	
	Rate as for chronic cystitis, depending upon functional disturbance of bladder.	
7528	New growths, malignant, any specified part of genitourinary system	100
	NOTE. The rating under Code 7528 will be continued 1 year after surgical, radium, deep X-ray, or other therapeutic procedure. At this point, if 1 year has elapsed without recurrence or metastasis, the rating will be made on residuals, minimum	10
7529	New growths, benign, any specified part of genitourinary system	
	The rating will be based on interference with genitourinary functions, using any applicable genitourinary analogy.	

GYNECOLOGICAL CONDITIONS

§ 4.116 Rating gynecological conditions.

In rating disability from gynecological conditions the following will not be considered as ratable conditions: (a) the natural menopause, (b) amenorrhea, when this is based upon developmental defect or abnormality, and (c) pregnancy and childbirth and their incidents, except surgical complications under certain circumstances. The surgical complications of pregnancy will not be held the result of service except when additional disability resulted from treatment therein or they are otherwise directly attributable to unusual circumstances of service. Gonorrhea and syphilis, as causative factors, will be borne in mind whenever pertinent; the rating policy with regard to willful misconduct disease is equally applicable to both sexes. Congenital malformations are not ratable conditions. New growths are to be rated in accordance with the effect upon parts or organs involved whose function is impaired or whose resection or excision is indicated. The excision of uterus, ovaries, etc., prior to the natural menopause is considered disabling.

§ 4.116a Schedule of ratings—gynecological conditions.

		Rating
7610	Vulvovaginitis	
7611	Vaginitis	
7612	Cervicitis	
7613	Metritis	
7614	Salpingitis	
7615	Oophoritis	
	Severe, as chronic residuals of infections, burns, chemicals, foreign bodies, etc	30
	Moderate	10
	Mild	0
7617	Uterus and both ovaries, removal of, complete	
	For 6 months after removal	100
	Thereafter	50
7618	Uterus, removal of, including corpus	
	For 3 months after removal	100
	Thereafter	30
7619	Ovaries, removal of both	
	With complete extirpation and artificial menopause, for 6 months after excision	100
	Thereafter	30
	Removal of one with or without partial removal of the other	10
7620	Ovaries, atrophy of both, complete	20
7621	Uterus, prolapse	
	Complete, through vulva	50
	Incomplete	30
7622	Uterus, displacement of	
	Severe; with marked displacement and frequent or continuous menstrual disturbances	30
	Moderate; with adhesions and irregular menstruation	10
	Mild; slight symptoms	0
7623	Pregnancy, surgical complications of	
	Severe; with rectocele or cystocele	50
	Moderate; with relaxation of perineum	10
	Mild	0
7624	Fistula, rectovaginal	
	Rate as ano, fistula in.	
7625	Fistula, urethrovaginal	
	Rate as urethra, fistula of.	
7626	Mammary glands, removal of	
	With extensive damage to muscles and nerves	
	Both	80
	One	50
	With removal of axillary glands	
	Both	60
	One	40
	Without removal of axillary glands	
	Both	50
	One	30

		Rating
7627	New growths, malignant, gynecological system or mammary glands	100
	NOTE. The rating under Code 7627 will be continued 1 year after surgical, radium, deep X-ray or other therapeutic procedure. At this point, if 1 year has elapsed without recurrence or metastasis, the rating will be made on residuals, minimum	10

THE HEMIC AND LYMPHATIC SYSTEMS

§ 4.117 Schedule of ratings—hemic and lymphatic systems.

		Rating
7700	Anemia, pernicious	
	Acute, rapidly progressive, without remission, or few or brief remissions	100
	Chronic, following acute attacks, severe with characteristic marked departures from normal blood count, with severe impairment of health and pronounced asthenia	70
	Chronic, following acute attacks with characteristic definite departures from normal blood count, with impairment of health and severe asthenia	60
	Incipient, with characteristic achlorhydria and changes in blood count	30
7701	Anemia, secondary Rate the underlying disease entity.	
7702	Agranulocytosis, acute Rate as acute pernicious anemia.	
7703	Leukemia	
	Requiring intensive treatment such as periodic irradiation or transfusion	100
	Otherwise rate as pernicious anemia.	
7704	Polycythemia, primary Rate as pernicious anemia.	
7705	Purpura hemorrhagica	
	Acute fulminating forms, or with few or brief remissions	100
	Chronic, following acute attacks, severe with infrequent hemorrhages, not more than 1 a year	70
	Chronic, following severe attacks, and several years remission	60
	Cured, with splenectomy	30
7706	Splenectomy	30
7707	Spleen, injury of, healed Rate as peritoneal adhesions.	
7709	Lymphogranulomatosis (Hodgkin's disease)	
	Acute (malignant) types or chronic types with frequent episodes of high and progressive fever or febrile episodes with only short remissions, generalized edema, ascites, pleural effusion, or severe anemia with marked general weakness	100
	General muscular weakness with loss of weight and chronic anemia; or secondary pressure symptoms, such as marked dyspnea, edema with pains and weakness of extremity, or other evidence of severe impairment of general health	60
	Occasional low-grade fever, mild anemia, fatigability or pruritus	30
	NOTE. During irradiation therapy or for 1 year following interruption, there will be no reduction in evaluation.	
7710	Adenitis, cervical, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7711	Adenitis, axillary, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7712	Adenitis, inguinal, tuberculous, active or inactive	
	Active	100
	Inactive: See § 4.89.	
7713	Adenitis, secondary Rate the underlying disease.	

THE SKIN

§ 4.118 Schedule of ratings—skin.

		Rating
7800	Scars, disfiguring, head, face or neck	
	Complete or exceptionally repugnant deformity of one side of face or marked or repugnant bilateral disfigurement	50
	Severe, especially if producing a marked and unsightly deformity of eyelids, lips, or auricles	30
	Moderate; disfiguring	10
	Slight	0
	NOTE. When in addition to tissue loss and cicatrization there is marked discoloration, color contrast, or the like, the 50 percent rating under Code 7800 may be increased to 80 percent, the 30 percent to 50 percent, and the 10 percent to 30 percent. The most repugnant, disfiguring conditions, including scars and diseases of the skin, may be submitted for central office rating, with several unretouched photographs.	
7801	Scars, burns, third degree	
	Area or areas exceeding 1 square foot	40
	Area or areas exceeding one-half square foot	30
	Area or areas exceeding 12 square inches	20
	Area or areas exceeding 6 square inches	10
	NOTE (1). Actual third degree residual involvement required to the extents shown under Code 7801.	
	NOTE (2). Ratings for widely separated areas, as on two or more extremities or on anterior and posterior surfaces of extremities or trunk, will be separately rated and combined.	
7802	Scars, burns, second degree	
	Area or areas approximating one square foot	10
	NOTE. See NOTE (2) under diagnostic code 7801.	
7803	Scars, superficial, poorly nourished, with repeated ulceration	10
7804	Scars, superficial, tender and painful on objective demonstration	10
	NOTE. The 10 percent rating will be assigned, when the requirements are met, even though the location may be on tip of finger or toe, and the rating may exceed the amputation value for the limited involvement.	
7805	Scars, other	
	Rate on limitation of function of part affected.	
7806	Eczema	
	With ulceration or extensive exfoliation or crusting, and systemic or nervous manifestations, or exceptionally repugnant	50
	Exudation or itching constant, extensive lesions, or marked disfigurement	30
	Slight; if involving an exposed surface or extensive area	10
	Slight; if any, exfoliation, exudation or itching, if on a nonexposed surface or small area	0
7807	Leishmaniasis, americana (mucocutaneous, espundia)	
7808	Leishmaniasis, old world (cutaneous, oriental sore)	
7809	Lupus erythematosus, discoid (Not to be combined with ratings under diagnostic code 6350.)	
7810	Pinta	
7811	Tuberculosis luposa (lupus vulgaris), active or inactive	
	Active	100
	Inactive: See § 4.89.	
7812	Verruga peruana	
7813	Dermatophytosis	
7814	Tinea barbae	
7815	Pemphigus	
7816	Psoriasis	
7817	Dermatitis exfoliativa	
7818	New growths, malignant, skin	
	Rate scars, disfigurement, etc., on the extent of constitutional symptoms, physical impairment.	
7819	New growths, benign, skin	
	Rate as scars, disfigurement, etc.	
	Unless otherwise provided, rate codes 7807 through 7819 as for eczema, dependent upon location, extent, and repugnant or otherwise disabling character of manifestations.	
	NOTE. The most repugnant conditions may be submitted for central office rating with several unretouched photographs. Total disability ratings may be assigned without reference to Central Office in the most severe cases of pemphigus and dermatitis exfoliativa with constitutional symptoms.	

THE ENDOCRINE SYSTEM

§ 4.119 Schedule of ratings—endocrine system.

		Rating
7900	Hyperthyroidism, with diffuse (exophthalmic) goiter	
	Pronounced; with thyroid enlargement, severe tachycardia, exophthalmos, high basal metabolic rate (over plus 30), etc., rapidly progressive, with marked nervous, cardiovascular, or gastro-intestinal symptoms; muscular weakness and loss of weight; or post-operative with poor results, the symptoms under "pronounced" persisting; in symptom combinations such as to produce complete industrial incapacity	100

		Rating
	Severe; with marked emotional instability, fatigability, tachycardia and increased blood pressure, high basal metabolic rate approaching plus 30; exophthalmos not always present; symptomatology such as to produce severe industrial inadaptability	60
	NOTE. If disease of the heart predominates, rate as hyperthyroid heart disease.	
	Moderately severe; with the history shown under "severe," but with reduced symptoms; or postoperative, with persistent symptoms such as to produce considerable industrial inadaptability	30
	Moderate or postoperative with symptomatology such as to produce definite and appreciable industrial inadaptability	10
	In remission; or operated; cured	0
7901	Thyroid gland, toxic adenoma of Rate as hyperthyroidism, exophthalmos not required.	
7902	Thyroid gland, nontoxic adenoma of	
	With pressure symptoms or marked disfigurement	10
	Nonsymptomatic	0
	NOTE. For higher ratings, see organs whose function is affected.	
7903	Hypothyroidism	
	Pronounced; with a long history and slow pulse, low blood pressure, low basal metabolic rate below minus 30; high blood cholesterol, sluggish mentality, sleepiness, etc.; in symptom combinations such as to produce complete industrial incapacity	100
	Severe; the symptoms under "pronounced" somewhat less marked (except that the basal metabolic rate must be below minus 30), and such as to produce severe industrial inadaptability	60
	Moderately severe; sluggish mentality and other indications of myxedema, low basal metabolic rate, such as to produce considerable industrial inadaptability	30
	Moderate; with symptomatology such as to produce definite and appreciable industrial inadaptability	10
	In remission	0
7904	Hyperparathyroidism (osteitis fibrosa cystica)	
	Pronounced; with generalized decalcification of bones, high blood and urinary calcium, marked loss of weight and weakness; in symptom combinations such as to produce complete industrial incapacity	100
	Severe; symptomatology such as to produce severe industrial inadaptability	60
	Following operation or treatment Rate as residual of benign tumor, considering especially bones and kidneys.	
7905	Hypoparathyroidism	
	Postoperative; following thyroidectomy, with painful muscular spasms (tetany), or with marked neuromuscular excitability; such as to produce complete industrial incapacity	100
	For lesser degree rate by analogy with hyperthyroidism.	
7907	Hyperpituitarism (pituitary basophilism, Cushing's syndrome)	
	As active progressive disease with symptomatology such as to produce complete industrial incapacity	100
	With recovery, or controlled by X-ray, rate the complications or residuals.	
7908	Hyperpituitarism (acromegaly or gigantism)	
	Pronounced; hypofunctional stage following stage of hyperfunction, with genital decline and atrophy, hypotrichosis, hypoglycemia, obesity and asthenia; in symptom combinations such as to produce complete industrial incapacity	100
	Severe; bone and joint pains, hyperglycemia and glycosuria, symptoms of intracranial pressure in optic region, etc.; such as to produce severe industrial inadaptability	60
	Moderate; enlargement of acral parts, or overgrowth of long bones, with X-ray evidence of enlarged sella turcica, such as to produce considerable industrial inadaptability	30
7909	Hypopituitarism (diabetes insipidus)	
	Pronounced; with marked symptoms of intracranial pressure, etc., such as to produce complete industrial incapacity	100
	Severe; polyuria with dehydration; systolic and diastolic blood pressure below normal, such as to produce severe industrial inadaptability	60
	Moderately severe; polyuria with increase in urinary chlorides, etc., such as to produce considerable industrial inadaptability	30
	Moderate; with polyuria and polydipsia	10
7910	Hyperadrenia (adrenogenital syndrome)	
	Postoperative; rate for residuals	
7911	Addison's disease (adrenal cortical hypofunction)	
	Four or more crises during the past year each substantiated by clinical findings of increasingly severe hypotension, dehydration and pronounced weakness with laboratory evidence such as hyponatremia, hyperpotassemia, azotemia, hypoglycemia	100
	Three crises substantiated as for the 60% rating during the past year; or episodes of lesser symptomatology manifested by vomiting, diarrhea, hypotension and marked weakness occurring 5 or more times during the past year	60
	Well-established Addison's disease with 1 or 2 crises or less than 5 episodes of the lesser symptomatology during the past year; or with symptoms such as weakness and fatigability	10
	NOTE. Tuberculous Addison's disease will be rated as active or inactive tuberculosis. See § 4.89. On attainment of inactivity, the ratings under Code 7911 are not to be combined with the graduated ratings. Assign the higher rating.	
7912	Pluriglandular syndromes Rate according to major manifestations.	
7913	Diabetes mellitus	
	Pronounced; uncontrolled, that is, with persistent hyperglycemia and glycosuria, despite large insulin dosage, restricted diet and regulation of activities; with progressive loss of weight and strength, or severe complications	100
	Severe; requiring large insulin dosage, but with considerable loss of weight and strength; or with mild complications, such as pruritus ani, mild vascular deficiencies, or beginning ocular disturbances	60
	Moderately severe; requiring large insulin dosage, restricted diet, and careful regulation of activities, i.e., avoidance of strenuous occupational and recreational activities	40
	Moderate; with moderate insulin dosage, and restricted (maintenance) diet; without impairment of health or vigor or limitation of activity	20
	Mild; controlled by restricted diet, without insulin; without impairment of health or vigor or limitation of activity	10
	NOTE. Rate separately for such residual conditions as amputation or impairment of vision. When the diagnosis of diabetes mellitus is definitely established it is neither necessary nor advisable to request glucose tolerance tests for rating purposes.	
7914	New growths, malignant, any specified part of endocrine system	100
	NOTE. The rating under code 7914 will be continued 1 year after surgical, radium, deep X-ray, or other therapeutic procedure. At this point, if 1 year has elapsed without recurrence or metastasis, the rating will be made on residuals.	
7915	New growths, benign, any specified part of endocrine system The rating will be based on interference with endocrine functions, using any applicable endocrine analogy.	60

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

§ 4.120 Evaluations by comparison.

Disability in this field is ordinarily to be rated in proportion to the impairment 30

of motor, sensory or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, injury to the skull, etc. In rating disability from the conditions in the preceding sentence refer to the appropriate schedule. In rating peripheral nerve injuries and their residuals, attention should be given to the site and character of the injury, the relative impairment in motor function, trophic changes, or sensory disturbances.

§ 4.121 Identification of epilepsy.

When there is doubt as to the true nature of epileptiform attacks, neurological observation in a hospital adequate to make such a study is necessary. To warrant a rating for epilepsy, the seizures must be witnessed or verified at some time by a physician. As to frequency, competent, consistent lay testimony emphasizing convulsive and immediate post-convulsive characteristics may be accepted. The frequency of seizures should be ascertained under the ordinary conditions of life (while not hospitalized).

§ 4.122 Psychomotor epilepsy.

The term psychomotor epilepsy refers to a condition that is characterized by seizures and not uncommonly by a chronic psychiatric disturbance as well.

(a) Psychomotor seizures consist of episodic alterations in conscious control that may be associated with automatic states, generalized convulsions, random motor movements (chewing, lip smacking, fumbling), hallucinatory phenomena (involving taste, smell, sound, vision), perceptual illusions (deja vu, feelings of loneliness, strangeness, macropsia, micropsia, dreamy states), alterations in thinking (not open to reason), alterations in memory, abnormalities of mood or affect (fear, alarm, terror, anger, dread, well-being), and autonomic disturbances (sweating, pallor, flushing of the face, visceral phenomena such as nausea, vomiting, defecation, a rising feeling of warmth in the abdomen). Automatic states or automatisms are characterized by episodes of irrational, irrelevant, disjointed, unconventional, asocial, purposeless though seemingly coordinated and purposeful, confused or inappropriate activity of one to several minutes (or, infrequently, hours) duration with subsequent amnesia for the seizure. Examples: A person of high social standing remained seated, muttered angrily, and rubbed the arms of his chair while the National Anthem was being played; an apparently normal person suddenly disrobed in public; a man traded an expensive automobile for an antiquated automobile in poor mechanical condition and after regaining conscious control, discovered that he had signed an agreement to pay an additional sum of money in the trade. The seizure manifestations of psychomotor epilepsy vary from patient to patient and in the same patient from seizure to seizure.

(b) A chronic mental disorder is not uncommon as an interseizure manifestation of psychomotor epilepsy and may include psychiatric disturbances extending from minimal anxiety to severe personality disorder (as distinguished from developmental) or almost complete personality disintegration (psychosis). The manifestations of a chronic mental disorder associated with psychomotor epilepsy, like those of the seizures, are protean in character.

§ 4.123 Neuritis, cranial or peripheral.

Neuritis, cranial or peripheral, characterized by loss of reflexes, muscle atrophy, sensory disturbances, and constant pain, at times excruciating, is to be rated on the scale provided for injury of the nerve involved, with a maximum equal to severe, incomplete, paralysis. See nerve involved for diagnostic code number and rating. The maximum rating which may be assigned for neuritis not characterized by organic changes referred to in this section will be that for moderate, or with sciatic nerve involvement, for moderately severe, incomplete paralysis.

§ 4.124 Neuralgia, cranial or peripheral.

Neuralgia, cranial or peripheral, characterized usually by a dull and intermittent pain, of typical distribution so as to identify the nerve, is to be rated on the same scale, with a maximum equal to moderate incomplete paralysis. See nerve involved for diagnostic code number and rating. Tic douloureux, or trifacial neuralgia, may be rated up to complete paralysis of the affected nerve.

§ 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM

With the exceptions noted, disability from the following diseases and their residuals may be rated from 10 percent to 100 percent in proportion to the impairment of motor, sensory, or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, etc., referring to the appropriate bodily system of the schedule. With partial loss of use of one or more extremities from neurological lesions, rate by comparison with the mild, moderate, severe, or complete paralysis of peripheral nerves.

		Rating
8000	Encephalitis, epidemic, chronic	
	As active febrile disease	100
	Rate residuals, minimum	10
	Brain, new growth of:	
8002	Malignant	100
8003	Benign, minimum	60
	Rate residuals, minimum	10
8004	Paralysis agitans	
	Minimum rating	30
8005	Bulbar palsy	100
8007	Brain, vessels, embolism of	
8008	Brain, vessels, thrombosis of	
8009	Brain vessels, hemorrhage from	
	Rate the vascular conditions under Codes 8007 through 8009, for 6 months	100
	Rate residuals, thereafter, minimum	10
8010	Myelitis	
	Minimum rating	10
8011	Poliomyelitis, anterior	
	As active febrile disease	100
	Rate residuals, minimum	10

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

		Rating
8012	Hematomyelia	
	For 6 months	100
	Rate residuals, minimum	10
8013	Syphilis, cerebrospinal	
8014	Syphilis, meningovascular	
8015	Tabes dorsalis	

NOTE. Rate upon the severity of convulsions, paralysis, visual impairment or psychotic involvement, etc.

8017	Amyotrophic lateral sclerosis	
	Minimum rating	30
8018	Multiple sclerosis	
	Minimum rating	30
8019	Meningitis, cerebrospinal, epidemic	
	As active febrile disease	100
	Rate residuals, minimum	10
8020	Brain, abscess of	
	As active disease	100
	Rate residuals, minimum	10
	Spinal cord, new growths of:	
8021	Malignant	100
8022	Benign, minimum rating	60
	Rate residuals, minimum	10
8023	Progressive muscular atrophy	
	Minimum rating	30
8024	Syringomyelia	
	Minimum rating	30
8025	Myasthenia gravis	
	Minimum rating	30

NOTE. It is required for the minimum ratings for residuals under diagnostic codes 8000–8025, that there be ascertainable residuals. Determinations as to the presence of residuals not capable of objective verification, i.e., headaches, dizziness, fatigability, must be approached on the basis of the diagnosis recorded; subjective residuals will be accepted when consistent with the disease and not more likely attributable to other disease or no disease. It is of exceptional importance that when ratings in excess of the prescribed minimum ratings are assigned, the diagnostic codes utilized as bases of evaluation be cited, in addition to the codes identifying the diagnoses.

8045 Brain disease due to trauma

Purely neurological disabilities, such as hemiplegia, epileptiform seizures, facial nerve paralysis, etc., following trauma to the brain, will be rated under the diagnostic codes specifically dealing with such disabilities, with citation of a hyphenated diagnostic code (e.g., 8045–8207).

Purely subjective complaints, such as headache, dizziness, insomnia, tinnitus, etc., recognized as symptomatic of brain trauma, will be rated 10 percent and no more under diagnostic code 9304. This 10 percent rating will not be combined with any other rating for a disability due to brain trauma. Ratings in excess of 10 percent for brain disease due to trauma under diagnostic code 9304 are not assignable in the absence of a diagnosis of chronic brain syndrome associated with brain trauma.

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

		Rating
8046	Cerebral arteriosclerosis Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g., 8046–8207). Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated 10 percent and no more under diagnostic code 9305. This 10 percent rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of 10 percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of chronic brain syndrome associated with cerebral arteriosclerosis.	

NOTE. The ratings under code 8046 apply only when the diagnosis of cerebral arteriosclerosis is substantiated by the entire clinical picture and not solely on findings of retinal arteriosclerosis.

MISCELLANEOUS DISEASES

8100	Migraine With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability	50
	With characteristic prostrating attacks occurring on an average once a month over last several months	30
	With characteristic prostrating attacks averaging one in 2 months over last several months	10
	With less frequent attacks	0
8103	Tic, convulsive Severe	30
	Moderate	10
	Mild	0

NOTE. Depending upon frequency, severity, muscle groups involved.

8104	Paramyoclonus multiplex (convulsive state, myoclonic type) Rate as tic; convulsive; severe cases	60
8105	Chorea, Sydenham's Pronounced, progressive grave types	100
	Severe	80
	Moderately severe	50
	Moderate	30
	Mild	10

NOTE. Consider rheumatic etiology and complications.

8106	Chorea, Huntington's Rate as Sydenham's chorea. This, though a familial disease, has its onset in late adult life, and is considered a ratable disability.	

MISCELLANEOUS DISEASES—Continued

		Rating
8107	Athetosis, acquired Rate as chorea.	
8108	Narcolepsy Rate as for epilepsy, petit mal.	

DISEASES OF THE CRANIAL NERVES

Disability from lesions of peripheral portions of first, second, third, fourth, sixth, and eighth nerves will be rated under the Organs of Special Sense. The ratings for the cranial nerves are for unilateral involvement; when bilateral, combine but without the bilateral factor.

Fifth (trigeminal) cranial nerve

8205	Paralysis of Complete	50
	Incomplete, severe	30
	Incomplete, moderate	10

NOTE. Dependent upon relative degree of sensory manifestation or motor loss.

8305	Neuritis	
8405	Neuralgia	

NOTE. Tic douloureux may be rated in accordance with severity, up to complete paralysis.

Seventh (facial) cranial nerve

8207	Paralysis of Complete	30
	Incomplete, severe	20
	Incomplete, moderate	10

NOTE. Dependent upon relative loss of innervation of facial muscles.

8307	Neuritis	
8407	Neuralgia	

Ninth (glossopharyngeal) cranial nerve

8209	Paralysis of Complete	30
	Incomplete, severe	20
	Incomplete, moderate	10

NOTE. Dependent upon relative loss of ordinary sensation in mucous membrane of the pharynx, fauces, and tonsils.

8309	Neuritis	
8409	Neuralgia	

Tenth (pneumogastric, vagus) cranial nerve

8210	Paralysis of Complete	50
	Incomplete, severe	30
	Incomplete, moderate	10

NOTE. Dependent upon extent of sensory and motor loss to organs of voice, respiration, pharynx, stomach and heart.

8310	Neuritis	
8410	Neuralgia	

Eleventh (spinal accessory, external branch) cranial nerve

8211	Paralysis of Complete	30
	Incomplete, severe	20
	Incomplete, moderate	10

NOTE. Dependent upon loss of motor function of sternomastoid and trapezius muscles.

8311	Neuritis	
8411	Neuralgia	

Twelfth (hypoglossal) cranial nerve

DISEASES OF THE CRANIAL NERVES—Continued

		Rating
8212	Paralysis of Complete	50
	Incomplete, severe	30
	Incomplete, moderate	10

NOTE. Dependent upon loss of motor function of tongue.

8312	Neuritis	
8412	Neuralgia	

DISEASES OF THE PERIPHERAL NERVES

		Rating Major	Minor
	The term "incomplete paralysis," with this and other peripheral nerve injuries, indicates a degree of lost or impaired function substantially less than the type picture for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration. When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. The ratings for the peripheral nerves are for unilateral involvement; when bilateral, combine with application of the bilateral factor.		
	Upper radicular group (fifth and sixth cervicals)		
8510	Paralysis of Complete; all shoulder and elbow movements lost or severely affected, hand and wrist movements not affected	70	60
	Incomplete Severe	50	40
	Moderate	40	30
	Mild	20	20
8610	Neuritis		
8710	Neuralgia		
	Middle radicular group		
8511	Paralysis of Complete; adduction, abduction and rotation of arm, flexion of elbow, and extension of wrist lost or severely affected	70	60
	Incomplete Severe	50	40
	Moderate	40	30
	Mild	20	20
8611	Neuritis		
8711	Neuralgia		
	Lower radicular group		
8512	Paralysis of Complete; all intrinsic muscles of hand, and some or all of flexors of wrist and fingers, paralyzed (substantial loss of use of hand)	70	60
	Incomplete Severe	50	40
	Moderate	40	30
	Mild	20	20
8612	Neuritis		
8712	Neuralgia		
	All radicular groups		
8513	Paralysis of Complete	90	80
	Incomplete Severe	70	60
	Moderate	40	30
	Mild	20	20

DISEASES OF THE PERIPHERAL NERVES—Con.

		Rating Major	Minor
8613	Neuritis		
8713	Neuralgia		
	The musculospiral nerve (radial nerve)		
8514	Paralysis of		
	Complete; drop of hand and fingers, wrist and fingers perpetually flexed, the thumb adducted falling within the line of the outer border of the index finger; can not extend hand at wrist, extend proximal phalanges of fingers, extend thumb, or make lateral movement of wrist; supination of hand, extension and flexion of elbow weakened, the loss of synergic motion of extensors impairs the hand grip seriously; total paralysis of the triceps occurs only as the greatest rarity	70	60
	Incomplete		
	Severe	50	40
	Moderate	30	20
	Mild	20	20
8614	Neuritis		
8714	Neuralgia		

NOTE. Lesions involving only "dissociation of extensor communis digitorum" and "paralysis below the extensor communis digitorum," will not exceed the moderate rating under code 8514.

	The median nerve		
8515	Paralysis of		
	Complete; the hand inclined to the ulnar side, the index and middle fingers more extended than normally, considerable atrophy of the muscles of the thenar eminence, the thumb in the plane of the hand (ape hand); pronation incomplete and defective, absence of flexion of index finger and feeble flexion of middle finger, cannot make a fist, index and middle fingers remain extended; cannot flex distal phalanx of thumb, defective opposition and abduction of the thumb, at right angles to palm; flexion of wrist weakened; pain with trophic disturbances	70	60
	Incomplete		
	Severe	50	40
	Moderate	30	20
	Mild	10	10
8615	Neuritis		
8715	Neuralgia		

DISEASES OF THE PERIPHERAL NERVES—Con.

		Rating Major	Minor
	The ulnar nerve		
8516	Paralysis of		
	Complete; the "griffin claw" deformity, due to flexor contraction of ring and little fingers, atrophy very marked in dorsal interspace and thenar and hypothenar eminences; loss of extension of ring and little fingers, cannot spread the fingers (or reverse), cannot adduct the thumb; flexion of wrist weakened	60	50
	Incomplete		
	Severe	40	30
	Moderate	30	20
	Mild	10	10
8616	Neuritis		
8716	Neuralgia		
	Musculocutaneous nerve		
8517	Paralysis of		
	Complete; weakness but not loss of flexion of elbow and supination of forearm	30	20
	Incomplete		
	Severe	20	20
	Moderate	10	10
	Mild	0	0
8617	Neuritis		
8717	Neuralgia		
	Circumflex nerve		
8518	Paralysis of		
	Complete; abduction of arm is impossible, outward rotation is weakened; muscles supplied are deltoid and teres minor	50	40
	Incomplete		
	Severe	30	20
	Moderate	10	10
	Mild	0	0
8618	Neuritis		
8718	Neuralgia		
	Long thoracic nerve		
8519	Paralysis of		
	Complete; inability to raise arm above shoulder level, winged scapular deformity	30	20
	Incomplete		
	Severe	20	20
	Moderate	10	10
	Mild	0	0

NOTE. Not to be combined with lost motion above shoulder level.

8619	Neuritis	
8719	Neuralgia	

NOTE. Combined nerve injuries should be rated by reference to the major involvement, or if sufficient in extent, consider radicular group ratings.

		Rating
	Sciatic nerve	
8520	Paralysis of	
	Complete; the foot dangles and drops, no active movement possible of muscles below the knee, flexion of knee weakened or (very rarely) lost	80

DISEASES OF THE PERIPHERAL NERVES—Con.

		Rating
	Incomplete	
	Severe, with marked muscular atrophy	60
	Moderately severe	40
	Moderate	20
	Mild	10
8620	Neuritis	
8720	Neuralgia	
	External popliteal nerve (common peroneal)	
8521	Paralysis of	
	Complete; foot drop and slight droop of first phalanges of all toes, cannot dorsiflex the foot, extension (dorsal flexion) of proximal phalanges of toes lost; abduction of foot lost, adduction weakened; anesthesia covers entire dorsum of foot and toes	40
	Incomplete	
	Severe	30
	Moderate	20
	Mild	10
8621	Neuritis	
8721	Neuralgia	
	Musculocutaneous nerve (superficial peroneal)	
8522	Paralysis of	
	Complete; eversion of foot weakened	30
	Incomplete	
	Severe	20
	Moderate	10
	Mild	0
8622	Neuritis	
8722	Neuralgia	
	Anterior tibial nerve (deep peroneal)	
8523	Paralysis of	
	Complete; dorsal flexion of foot lost	30
	Incomplete	
	Severe	20
	Moderate	10
	Mild	0
8623	Neuritis	
8723	Neuralgia	
	Internal popliteal nerve (tibial)	
8524	Paralysis of	
	Complete; plantar flexion lost, frank adduction of foot impossible, flexion and separation of toes abolished; no muscle in sole can move; in lesions of the nerve high in popliteal fossa	40
	Incomplete	
	Severe	30
	Moderate	20
	Mild	10
8624	Neuritis	
8724	Neuralgia	
	Posterior tibial nerve	
8525	Paralysis of	
	Complete; paralysis of all muscles of sole of foot, frequently with painful paralysis of a causalgic nature; toes cannot be flexed; adduction is weakened; plantar flexion is impaired	30
	Incomplete	
	Severe	20
	Moderate	10
	Mild	10
8625	Neuritis	
8725	Neuralgia	

DISEASES OF THE PERIPHERAL NERVES—Con.

		Rating
	Anterior crural nerve (femoral)	
8526	Paralysis of	
	Complete; paralysis of quadriceps extensor muscles	40
	Incomplete	
	Severe	30
	Moderate	20
	Mild	10
8626	Neuritis	
8726	Neuralgia	
	Internal saphenous nerve	
8527	Paralysis of	
	Severe to complete	10
	Mild or Moderate	0
8627	Neuritis	
8727	Neuralgia	
	Obturator nerve	
8528	Paralysis of	
	Severe to complete	10
	Mild or Moderate	0
8628	Neuritis	
8728	Neuralgia	
	External cutaneous nerve of thigh	
8529	Paralysis of	
	Severe to complete	10
	Mild or Moderate	0
8629	Neuritis	
8729	Neuralgia	
	Ilio-inguinal nerve	
8530	Paralysis of	
	Severe to complete	10
	Mild or Moderate	0
8630	Neuritis	
8730	Neuralgia	

THE EPILEPSIES

A thorough study of all material in §§ 4.121 and 4.122 of the preface and under the ratings for epilepsy is necessary prior to any rating action.

8910 Epilepsy, grand mal
Rate under the general rating formula for major seizures.

8911 Epilepsy, petit mal
Rate under the general rating formula for minor seizures.

NOTE (1). A major seizure is characterized by the generalized tonic-clonic convulsion with unconsciousness.

NOTE (2). A minor seizure consists of a brief interruption in consciousness or conscious control associated with staring or rhythmic blinking of the eyes or nodding of the head ("pure" petit mal), or sudden jerking movements of the arms, trunk, or head (myoclonic type) or sudden loss of postural control (akinetic type).

General Rating Formula for Major and Minor Seizures:

Major seizures more frequent than once a month	100
Averaging at least 1 major seizure per month over the last year	80
Averaging at least 1 major seizure in 3 months over the last years; or more than 10 minor seizures weekly	60
At least 1 major seizure in the last 6 months or 2 in the last year; or 5 to 10 minor seizures weekly	30
At least 1 major seizure in the last 2 years; or at least 2 minor seizures in the last 6 months	10

NOTE (1). When continuous medication is shown necessary for the control of epilepsy, the minimum evaluation will be 10 percent. This rating will not be combined with any other rating for epilepsy.

NOTE (2). In the presence of major and minor seizures, rate the predominating type.

NOTE (3). There will be no distinction between diurnal and nocturnal major seizures.

8912 Epilepsy, Jacksonian and focal motor or sensory

8913 Epilepsy, diencephalic
Rate as minor seizures, except in the presence of major and minor seizures, rate the predominating type.

8914 Epilepsy, psychomotor
Major seizures:
Psychomotor seizures will be rated as major seizures under the general rating formula when characterized by automatic states and/or generalized convulsions with unconsciousness.
Minor seizures:
Psychomotor seizures will be rated as minor seizures under the general rating formula when characterized by brief transient episodes of random motor movements, hallucinations, perceptual illusions, abnormalities of thinking, memory or mood, or autonomic disturbances.

Mental Disorders in Epilepsies: A chronic brain syndrome will be rated separately under the appropriate diagnostic code (e.g., 9304 or 9307). In the absence of a diagnosis of chronic brain syndrome, a chronic psychiatric disturbance (psychotic, psychoneurotic or personality disorder) if diagnosed and shown to be secondary to or directly associated with epilepsy will be rated separately. The psychotic or psychoneurotic disorder will be rated under the appropriate diagnostic code. The personality disorder will be rated as a chronic brain syndrome (e.g., diagnostic code 9304 or 9307).

Epilepsy and Unemployability: (1) Rating specialists must bear in mind that the epileptic, although his seizures are controlled, may find employment and rehabilitation difficult of attainment due to employer reluctance to the hiring of the epileptic.

(2) Where a case is encountered with a definite history of unemployment, full and complete development should be undertaken to ascertain whether his epilepsy is the determining factor in his inability to obtain employment.

(3) The assent of the claimant should first be obtained for permission to conduct this economic and social survey. The purpose of this survey is to secure all the relevant facts and data necessary to permit of a true judgment as to the reason for his unemployment and should include information as to:

(a) Education;
(b) Occupations prior and subsequent to service;
(c) Places of employment and reasons for termination;
(d) Wages received;
(e) Number of seizures.

(4) Upon completion of this survey and current examination, the case should have rating board consideration. Where in the judgment of the rating board the veteran's unemployability is due to his epilepsy and jurisdiction is not vested in that body by reason of schedular evaluations, the case should be submitted to the Director, Compensation and Pension Service.

MENTAL DISORDERS

§ 4.125 General considerations.

The field of mental disorders represents the greatest possible variety of etiology, chronicity and disabling effects, and requires differential consideration in these respects. These sections under mental disorders are concerned with the rating of psychiatric conditions and specifically psychotic, psychoneurotic and psychophysiologic disorders, as well as mental disorders accompanying organic brain disease. Advances in modern psychiatry during and since World War II have been rapid and profound and have extended to the entire medical profession a better understanding of and deeper insight into the etiological factors, psychodynamics, and psychopathological changes which occur in mental disease and emotional disturbances. The psychiatric nomenclature employed is based upon the Diagnostic and Statistical Manual of Mental Disorders, 1952 Edition, American Psychiatric Association, and is incorporated in the Standard Nomenclature of Diseases and Operations, fourth edition, 1952, American Medical Association. This nomenclature has been adopted by the Department of Medicine and Surgery of the Veterans Administration. It limits itself to the classification of disturbances of mental functioning. To comply with the fundamental requirements for rating psychiatric conditions, it is imperative that rating personnel familiarize themselves thoroughly with this manual (American Psychiatric Association Manual, 1952 Edition) which will be hereinafter referred to as the APA manual.

§ 4.126 Substantiation of diagnosis.

It must be established first that a true mental disorder exists. The disorder will be diagnosed in accordance with the APA manual. A diagnosis not in accord with this manual is not acceptable for rating purposes and will be returned through channels to the examiner. Normal reactions of discouragement, anxiety, depression, and self-concern in the presence of physical disability, dissatisfaction with work environment, difficulties in securing employment, etc., must not be accepted by the rating board as indicative of psychoneurosis. Moreover, mere failure of social or industrial adjustment or the presence of numerous complaints should not, in the absence of definite symptomatology typical of a psychoneurotic or psychophysiologic disorder, become the acceptable basis of a diagnosis in this field. It is the responsibility of rating boards to accept or reject diagnoses shown on reports of examination. If a diagnosis is not supported by the findings shown on the examination report, it is incumbent upon the board to return the report for clarification.

§ 4.127 Mental deficiency and personality disorders.

Mental deficiency and personality disorders will not be considered as disabilities under the terms of the schedule. Attention is directed to the outline of personality disorders in the APA manual,

page 34, et seq. Formal psychometric tests are essential in the diagnosis of mental deficiency. Brief emotional outbursts or periods of confusion are not unusual in mental deficiency or personality disorders and are not acceptable as the basis for a diagnosis of psychotic reaction. However, properly diagnosed superimposed psychotic reactions developing after enlistment, i.e., mental deficiency with psychotic reaction or personality disorder with psychotic reaction, are to be considered as disabilities analogous to, and ratable as, schizophrenic reaction, unless otherwise diagnosed.

§ 4.128 Change of diagnosis.

Rating boards encountering a change of diagnosis will exercise caution in the determination as to whether a change in diagnosis represents no more than a progression of an earlier diagnosis, an error in a prior diagnosis, or possibly a disease entity independent of the service-connected psychiatric disorder.

§ 4.129 Social inadaptability.

Social integration is one of the best evidences of mental health and reflects the ability to establish (together with the desire to establish) healthy and effective interpersonal relationships. Poor contact with other human beings may be an index of emotional illness. However, in evaluating impairment resulting from the ratable psychiatric disorders, social inadaptability is to be evaluated only as it affects industrial adaptability. The principle of social and industrial inadaptability as the basic criterion for rating disability from the mental disorders contemplates those abnormalities of conduct, judgment, and emotional reactions which affect economic adjustment, i.e., which produce impairment of earning capacity.

§ 4.130 Evaluation of psychiatric disability.

The severity of disability is based upon actual symptomatology, as it affects social and industrial adaptability. Two of the most important determinants of disability are time lost from gainful work and decrease in work efficiency. The rating board must not underevaluate the emotionally sick veteran with a good work record, nor must it overevaluate his condition on the basis of a poor work record not supported by the psychiatric disability picture. It is for this reason that great emphasis is placed upon the full report of the examiner, descriptive of actual symptomatology. The record of the history and complaints is only preliminary to the examination. The objective findings and the examiner's analysis of the symptomatology are the essentials. His classification of the disease as "mild," "moderate," or "severe" is not determinative of the degree of disability, but the report and the analysis of the symptomatology and the full consideration of the whole history by the rating agency will be. In this connection, the degrees of psychiatric impairment outlined on page 49 of the APA manual are not for application. In evaluating disability from psychotic reactions it is necessary to consider, in addition to present symptomatology or its absence, the frequency, severity, and duration of previous psychotic periods, and the veteran's capacity for adjustment during periods of remission. Repeated psychotic periods, without long remissions, may be expected to have a sustained effect upon employability until elapsed time in good remission and with good capacity for adjustment establishes the contrary. Ratings are to be assigned which represent the impairment of social and industrial adaptability based on all of the evidence of record. Evidence of material improvement in psychotic reactions disclosed by field examination or social survey should be utilized in determinations of competency, but the fact will be borne in mind that a person who has regained competency may still be unemployable, depending upon the level of his disability as shown by recent examinations and other evidence of record.

§ 4.131 Mental disorders incurred during war.

Certain mental disorders having their onset as an incident of battle or enemy action, or following bombing, shipwreck, imprisonment, exhaustion, or prolonged operational fatigue may at the outset be designated as gross stress reaction, "combat fatigue," "exhaustion," or any one of a number of special terms. These conditions may clear up entirely, permitting return to full or limited duty, or they may persist as one of the recognized mental disorders, particularly psychoneurotic reaction. If the mental disorder is sufficiently severe to warrant discharge from service, a minimum rating of 50 percent will be assigned with an examination to be scheduled within 6 months from discharge.

§ 4.132 Schedule of ratings—mental disorders.

PSYCHOTIC DISORDERS

		Rating
9200	Schizophrenic reaction, simple type	
9201	Schizophrenic reaction, hebephrenic type	
9202	Schizophrenic reaction, catatonic type	
9203	Schizophrenic reaction, paranoid type	
9204	Schizophrenic reaction, chronic undifferentiated type	
9205	Schizophrenic reaction, other	
9206	Manic depressive reaction	
9207	Psychotic depressive reaction	
9208	Paranoid reaction (specify)	
9209	Involutional psychotic reaction	
9210	Psychotic reaction, other than Codes 9200 through 9209	
	General Rating Formula for psychotic Reactions:	
	Active psychotic manifestations of such extent, severity, depth, persistence or bizarreness as to produce complete social and industrial inadaptability	100
	With lesser symptomatology such as to produce severe impairment of social and industrial adaptability	70
	Considerable impairment of social and industrial adaptability	50
	Definite impairment of social and industrial adaptability	30
	Slight impairment of social and industrial adaptability	10
	Psychosis in full remission	0

PSYCHOTIC DISORDERS—Continued

Rating

Convalescent ratings in psychotic reactions: Upon discharge or departure on trial visit (completion of bed occupancy care) from a hospital where a beneficiary has been under care and treatment for a continuous period in the hospital of not less than 6 months, an open rating of 100 percent will be continued for 6 months. A Veterans Administration examination is mandatory at the expiration of the 6 months' period, after which the condition will be rated in accordance with the degree of disability shown. Where the beneficiary has been under hospital care and treatment for less than 6 months and is not ratable at 100 percent under the rating schedule, consideration should be given to § 4.29.

ORGANIC BRAIN DISORDERS

9300	Acute brain syndrome (associated with infection, trauma, circulatory disturbance, etc. Specify the cause.)

NOTE: Acute organic brain syndromes are temporary and reversible. If psychiatric impairment attributable to such diagnosis continues beyond 6 months, the report of examination is to be returned to the examiner for reconsideration of the diagnosis.

9301	Chronic brain syndrome associated with central nervous system syphilis (all forms)
9302	Chronic brain syndrome associated with intracranial infections other than syphilis (specify infection)
9303	Chronic brain syndrome associated with intoxication (specify cause)
9304	Chronic brain syndrome associated with brain trauma
9305	Chronic brain syndrome associated with cerebral arteriosclerosis
9306	Chronic brain syndrome associated with circulatory disturbance other than cerebral arteriosclerosis (specify circulatory disturbance)
9307	Chronic brain syndrome associated with convulsive disorder (idiopathic epilepsy)
9308	Chronic brain syndrome associated with disturbance of metabolism, growth or nutrition (specify)
9309	Chronic brain syndrome associated with intracranial neoplasm (specify neoplasm)
9310	Chronic brain syndrome associated with diseases of unknown or uncertain cause (specify disease)
9311	Chronic brain syndrome of unknown cause

Before attempting to rate brain syndromes it is imperative that rating specialists become thoroughly acquainted with the concepts presented on pages 9–11 and 14–23 of the APA manual, and the following:

(1) Under codes 9300 through 9311, the basic syndrome of organic brain disorder may be the only mental disturbance present or it may appear with related "psychotic," "neurotic" or "behavioral" manifestations, so

ORGANIC BRAIN DISORDERS—Continued

	Rating
designated by a qualifying phrase. An organic brain syndrome with or without such qualifying phrase will be rated according to the general rating formula for organic brain syndromes, assigning a rating which reflects the entire psychiatric picture.	
(2) A brain syndrome, as defined on page 14 of the APA manual, is characterized solely by psychiatric manifestations. However, neurological or other manifestations of etiology common to the brain syndrome may be present, and if present, are to be rated separately as distinct entities under the neurological or other appropriate system and combined with the rating for the brain syndrome.	
General Rating Formula for Organic Brain Syndromes:	
Impairment of intellectual functions, orientation, memory and judgment, and lability and shallowness of affect of such extent, severity, depth, and persistence as to produce complete social and industrial inadaptability	100
Less than 100 percent, in symptom combinations productive of:	
Severe impairment of social and industrial adaptability	70
Considerable impairment of social and industrial adaptability	50
Definite impairment of social and industrial adaptability	30
Slight impairment of social and industrial adaptability	10
No impairment of social and industrial adaptability	0

PSYCHONEUROTIC DISORDERS

9400	Anxiety reaction
9401	Dissociative reaction
9402	Conversion reaction
9403	Phobic reaction
9404	Obsessive compulsive reaction
9405	Depressive reaction
9406	Psychoneurotic reaction, other

Read well notes (1) to (5) following general rating formula before applying the general rating formula.

	Rating
General Rating Formula for Psychoneurotic Disorders:	
The attitudes of all contacts except the most intimate are so adversely affected as to result in virtual isolation in the community. Totally incapacitating psychoneurotic symptoms bordering on gross repudiation of reality with disturbed thought or behavioral processes associated with almost all daily activities such as phantasy, confusion, panic and explosions of aggressive energy resulting in profound retreat from mature behavior. Demonstrably unable to obtain or retain employment	100
Ability to establish and maintain effective or favorable relationships with people is seriously impaired. The psychoneurotic symptoms are of such severity and persistence that there is pronounced impairment in the ability to obtain or retain employment	70
Ability to establish or maintain effective or favorable relationships with people is substantially impaired. By reason of psychoneurotic symptoms the reliability, flexibility and efficiency levels are so reduced as to result in severe industrial impairment	50
Definite impairment in the ability to establish or maintain effective and wholesome relationships with people. The psychoneurotic symptoms result in such reduction in initiative, flexibility, efficiency and reliability levels as to produce considerable industrial impairment	30
Less than criteria for the 30 percent, with emotional tension or other evidence of anxiety productive of moderate social and industrial impairment	10
There are neurotic symptoms which may somewhat adversely affect relationships with others but which do not cause impairment of working ability	0

NOTE (1). Social impairment per se will not be used as the sole basis for any specific percentage evaluation, but is of value only in substantiating the degree of disability based on all of the findings.

NOTE (2). The requirements for a compensable rating are not met when the psychiatric findings are not more characteristic than minor alterations of mood beyond normal limits; fatigue or anxiety incident to actual situations; minor compulsive acts or phobias; occasional stuttering or stammering; minor habit spasms or tics; minor subjective sensory disturbances such as anosmia, deafness, loss of sense of taste, anesthesia, paresthesia, etc. When such findings actually interfere with employability to a moderate degree, a 10 percent rating under the general rating formula may be assigned.

NOTE (3). The conversion reaction will be evaluated under the general rating formula for psychoneurotic disorders with the limitations as shown in this note:

(a) Conversion reaction manifested predominantly by complete motor involvement of two or more extremities or predominantly by bilateral constriction of the visual fields to 5 degrees or less will be rated on the loss of industrial effectiveness, but not in excess of 70 percent, unless actually unemployable.

(b) Conversion reaction manifested predominantly by visual loss less than in note 3(a) will be rated on industrial impairment but not in excess of 50 percent for bilateral involvement or 30 percent for unilateral involvement.

(c) Conversion reaction manifested predominantly by complete motor involvement of a single extremity with or without partial conversion involvement of other extremities will be rated on industrial impairment but not in excess of 50 percent.

(d) Conversion reaction manifested predominantly by hearing impairment will not be rated in excess of 30 percent.

NOTE (4) It is to be emphasized that vague complaints are not to be erected into a concept of conversion reaction. A diagnosis of conversion reaction must be established on the basis of specific distinctive findings characteristic of such disturbance and not merely by exclusion of organic disease. If a diagnosis of conversion reaction is found by the rating board to be inadequately supported by findings, the report of examination will be returned through channels to the examiner for reconsideration.

NOTE (5) When two diagnoses, one organic and the other psychophysiologic or psychoneurotic, are presented covering the organic and psychiatric aspects of a single disability entity, only one percentage evaluation will be assigned under the appropriate diagnostic code determined by the rating board to represent the major degree of disability. When the diagnosis of the same basic disability is changed from an organic one to one in the psychophysiologic or psychoneurotic categories, the condition will be rated under the new diagnosis.

PSYCHOPHYSIOLOGIC DISORDERS

9500	Psychophysiologic skin reaction (indicate manifestation by supplementary term)
9501	Psychophysiologic cardiovascular reaction (indicate manifestation by supplementary term)
9502	Psychophysiologic gastrointestinal reaction (indicate manifestation by supplementary term)
9503	Psychophysiologic nervous system reaction (indicate manifestation by supplementary term)
9504	Psychophysiologic reaction, other (specify reaction and manifestation)

Evaluate psychophysiologic reaction by the general rating formula for psychoneurotic disorders, but not in excess of 50 percent.

NOTE (1). Psychophysiologic reaction manifested predominantly by deafness will not be rated in excess of 30 percent.

NOTE (2). It is to be emphasized that vague complaints are not to be erected into a concept of psychophysiologic disorder. A diagnosis of a psychophysiologic reaction must be established on specific distinctive findings charac-

PSYCHOPHYSIOLOGIC DISORDERS—Continued

Rating

teristic of such disturbance and not merely by exclusion of organic disease. If a diagnosis of a psychophysiologic reaction is found by the rating board to be inadequately supported by findings, the report of examination will be returned.

NOTE (3). When two diagnoses, one organic and the other psychophysiologic or psychoneurotic, are presented covering the organic and psychiatric aspects of a single disability entity, only one percentage evaluation will be assigned under the appropriate diagnostic code determined by the rating board to represent the major degree of disability. When the diagnosis of the same basic disability is changed from an organic one to one in the psychophysiologic or psychoneurotic categories, the condition will be rated under the new diagnosis.

DENTAL AND ORAL CONDITIONS

§ 4.150 Schedule of ratings—dental and oral conditions.

9900	Maxilla or mandible, osteomyelitis of, chronic Rate as osteomyelitis, chronic.	
9901	Mandible, loss of, complete, between angles	100
9902	Mandible, loss of approximately one-half Involving temporomandibular articulation	50
	Not involving temporomandibular articulation	30
9903	Mandible, nonunion of Severe	30
	Moderate	10
	NOTE. Dependent upon degree of motion and relative loss of masticatory function.	
9904	Mandible, malunion of Severe displacement	20
	Moderate displacement	10
	Slight displacement	0
	NOTE. Dependent upon degree of motion and relative loss of masticatory function.	
9905	Temporomandibular articulation, limited motion of Motion limited to ¼ inch	40
	Motion limited to ½ inch	20
	Any definite limitation, interfering with mastication or speech	10
9906	Ramus, loss of whole or part of Involving loss of temporomandibular articulation Bilateral	50
	Unilateral	30
	Not involving loss of temporomandibular articulation Bilateral	30
	Unilateral	20
9907	Ramus, loss of less than one-half the substance of, not involving loss of continuity Bilateral	20
	Unilateral	10
9908	Condyloid process, loss of, one or both sides	30
9909	Coronoid process, loss of Bilateral	20
	Unilateral	10
9910	Maxilla, loss of whole or part of substance of, nonunion of, or malunion of Rate as for similar disabilities of mandible	
9911	Hard palate, loss of half or more Not replaceable by prosthetic appliance	30
	Replaceable by prosthetic appliance	10
9912	Hard palate, loss of less than half of Not replaceable by prosthetic appliance	20
	Replaceable by prosthetic appliance	0
9913	Teeth, loss of, due to loss of substance of body of maxilla or mandible Not involving loss of continuity, but where the lost masticatory surface cannot be restored by suitable prosthesis, when involving—	
	Loss of all teeth	40
	Loss of all upper teeth only	30
	Loss of all lower teeth only	30
	Loss of one-half masticatory surface— The median line being the point of division	10
	All missing teeth being posterior	20
	All upper and lower anterior teeth missing	20
	All lower anterior teeth missing	10
	All upper anterior teeth missing	10
	Not involving loss of continuity, but where the lost masticatory surface can be restored by suitable prosthesis	0
	NOTE. These ratings contemplate loss of body of bone only through trauma or disease such as osteomyelitis. They do not contemplate loss of the alveolar process through natural resorption.	
	Carious teeth, treatable	0
	Missing teeth, replaceable	0
	Dento-alveolar abscess	0
	Pyorrhea alveolaris	0
	Vincent's stomatitis	0

APPENDIX A

TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

Sec.

4.16 Last sentence; March 1, 1963.
4.17 October 7, 1948.
4.17a March 1, 1963.
4.20 Introductory portion preceding paragraph (a); March 1, 1963.
Paragraph (a) "first day of continuous hospitalization"; April 8, 1959.
Paragraph (a) "terminated last day of month"; December 1, 1962.
Paragraph (a) penultimate sentence; March 1, 1963.
Paragraph (b); April 8, 1959.
Paragraph (c); August 16, 1948.
Paragraph (d); August 16, 1948.
Paragraph (e); April 8, 1959.
NOTE. Application of this section to psychoneurotic and psychophysiologic disorders effective October 1, 1961.
4.30 Introductory portion preceding paragraph (a); July 6, 1950.
Paragraph (a); June 9, 1952.
Paragraph (b); June 9, 1952.
Paragraph (c); June 9, 1952.
Last paragraph; March 2, 1960.
4.55 Paragraph (b) first sentence; March 1, 1963.
4.63 June 17, 1948.
4.64 October 1, 1956.
4.71a Diagnostic Code 5000—60%; February 1, 1962.
Diagnostic Code 5000 Note (2): First three sentences; July 10, 1956. Last sentence; July 6, 1950.
Diagnostic Code 5002—100%, 60%, 40%, 20%; March 1, 1963.
Diagnostic Code 5003; July 6, 1950.

TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946—continued

Sec.

In sentence following DC 5024: "except gout which will be rated under 5002"; March 1, 1963.
Diagnostic Code 5164—60%; June 9, 1952.
Diagnostic Code 5172; July 6, 1950.
Diagnostic Code 5173; June 9, 1952.
Diagnostic Code 5255 "or hip"; July 6, 1950.
Diagnostic Code 5257—Evaluations; July 6, 1950.
Diagnostic Code 5297—(Removal of one rib) "or resection of 2 or more"; August 23, 1948.
Diagnostic Code 5297—Note (2): Reference to lobectomy, pneumonectomy and graduated ratings; February 1, 1962.
Diagnostic Code 5298; August 23, 1948.
4.73 Diagnostic Code 5324; February 1, 1962.
4.78 Last sentence; December 1, 1963.
4.84a Diagnostic Code 6029—Note; August 23, 1948.
Diagnostic Code 6076—60%: Vision 1 eye 15/200 and other eye 20/100; August 23, 1948.
Diagnostic Code 6080—Note—"as to 38 U.S.C. 314(L)"; July 6, 1950.
4.84b Diagnostic Code 6260; October 1, 1961.
4.85 March 23, 1956.
4.86 March 23, 1956.
4.87 March 23, 1956.
4.87a Diagnostic Codes 6277 through 6297; March 23, 1956.
4.88a Diagnostic Code 6304—Notes (1) and (3); August 23, 1948.
Diagnostic Code 6309; March 1, 1963.
Diagnostic Code 6350; March 1, 1963.
4.89 Ratings for nonpulmonary TB; December 1, 1949.
4.97 Subparagraph (i) following Diagnostic Code 6704; December 1, 1949.
Subparagraph (j) following Diagnostic Code 6704; December 1, 1949.
Note preceding Diagnostic Code 6721; July 6, 1950.
Second note following Diagnostic Code 6724; December 1, 1949.
Diagnostic Code 6821—Evaluations and note; August 23, 1948.
4.104 Diagnostic Code 7000—30%; July 6, 1950.
Diagnostic Code 7100—20%; July 6, 1950.
Diagnostic Code 7101 "or more"; September 1, 1960.
Diagnostic Codes 7114, 7115, 7116 and Note; June 9, 1952.
Diagnostic Code 7117 and Note; June 9, 1952.
Note following Diagnostic Code 7120; July 6, 1950.
Diagnostic Code 7121—Criteria for 30% and 10% and Note; July 6, 1950.
Last sentence of Note following Diagnostic Code 7122; July 6, 1950.
4.114 Diagnostic Codes 7304 and 7305—Evaluations; November 1, 1962.
Diagnostic Code 7308—Evaluations; April 8, 1959.
Diagnostic Code 7319—Evaluations; November 1, 1962.
Diagnostic Code 7321—Evaluations and Note; July 6, 1950.
Diagnostic Code 7328—Evaluations and Note; November 1, 1962.
Diagnostic Code 7329—Evaluations and Note; November 1, 1962.
Diagnostic Code 7330—60% evaluation; November 1, 1962.
Diagnostic Code 7332—60% evaluation; November 1, 1962.
Diagnostic Code 7334—50% and 30% evaluations; July 6, 1950.
Diagnostic Code 7334—10% evaluation; November 1, 1962.

TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946—continued

Sec.
Diagnostic Code 7345—100%, 60% and 30% evaluations; August 23, 1948.
Diagnostic Code 7345—10% evaluation; February 17, 1955.
Diagnostic Code 7346—Evaluations; February 1, 1962.
4.115a Diagnostic Code 7500—Note; July 6, 1950.
Diagnostic Code 7524—Note; July 6, 1950.
4.117 Diagnostic Code 7703—Evaluations; August 23, 1948.
Diagnostic Code 7709—Evaluations and Note; June 9, 1952.
4.118 Diagnostic Code 7801—Note (2); July 6, 1950.
Diagnostic Code 7804—Note; July 6, 1950.
4.119 Diagnostic Code 7911—Evaluations and Note; March 1, 1963.
4.122 October 1, 1961.
4.124a Diagnostic Code 8045; October 1, 1961.
Diagnostic Code 8046; October 1, 1961.
Diagnostic Code 8100—Evaluations; June 9, 1953.
Diagnostic Codes 8910 through 8914; October 1, 1961.
4.125–4.132 All diagnostic Codes under Mental Disorders; October 1, 1961.

APPENDIX B—NUMERICAL INDEX OF DISABILITIES

ACUTE, SUBACUTE, OR CHRONIC DISEASES

Diagnostic Code Number	
5000	Osteomyelitis, acute, subacute, or chronic.
5001	Bones and Joints, tuberculosis of.
5002	Arthritis, rheumatoid (atrophic).
5003	Arthritis, degenerative, hypertrophic, or osteoarthritis.
5004	Arthritis, gonorrheal.
5005	Arthritis, pneumococcic.
5006	Arthritis, typhoid.
5007	Arthritis, syphilitic.
5008	Arthritis, streptococcic.
5009	Arthritis, other types.
5010	Arthritis, due to trauma.
5011	Bones, caisson disease of.
5012	Bones, new growths of, malignant.
5013	Osteoporosis, with joint manifestations.
5014	Osteomalacia.
5015	Bones, new growths of, benign.
5016	Osteitis deformans.
5017	Gout.
5018	Hydrarthrosis, intermittent.
5019	Bursitis.
5020	Synovitis.
5021	Myositis.
5022	Periostitis.
5023	Myositis ossificans.
5024	Tenosynovitis.

COMBINATIONS OF DISABILITIES

5100	Anatomical loss of both hands and both feet.
5101	Loss of use of both hands and both feet.
5102	Anatomical loss of both hands and one foot.
5103	Anatomical loss of both feet and one hand.
5104	Loss of use of both hands and one foot.
5105	Loss of use of both feet and one hand.
5106	Anatomical loss of both hands.
5107	Anatomical loss of both feet.
5108	Anatomical loss of one hand and one foot.
5109	Loss of use of both hands.
5110	Loss of use of both feet.
5111	Loss of use of one hand and one foot.

AMPUTATIONS: UPPER EXTREMITY

	Arm, amputation of:
5120	Disarticulation.
5121	Above insertion of deltoid.
5122	Below insertion of deltoid.

AMPUTATIONS: UPPER EXTREMITY—continued

Diagnostic Code Number	
	Forearm, amputation of:
5123	Above insertion of pronator teres.
5124	Below insertion of pronator teres.
5125	Hand, loss of use of.
5126	Five digits of one hand, amputation of.
	Four digits of one hand, amputation of:
5127	Thumb, index, middle and ring.
5128	Thumb, index, middle and little.
5129	Thumb, index, ring and little.
5130	Thumb, middle, ring and little.
5131	Index, middle, ring and little.
	Three digits of one hand, amputation of:
5132	Thumb, index and middle.
5133	Thumb, index and ring.
5134	Thumb, index and little.
5135	Thumb, middle and ring.
5136	Thumb, middle and little.
5137	Thumb, ring and little.
5138	Index, middle and ring.
5139	Index, middle and little.
5140	Index, ring and little.
5141	Middle, ring and little.
	Two digits of one hand, amputation of.
5142	Thumb and index.
5143	Thumb and middle.
5144	Thumb and ring.
5145	Thumb and little.
5146	Index and middle.
5147	Index and ring.
5148	Index and little.
5149	Middle and ring.
5150	Middle and little.
5151	Ring and little.
5152	Thumb, amputation of.
5153	Index finger, amputation of.
5154	Middle finger, amputation of.
5155	Ring finger, amputation of.
5156	Little finger, amputation of.

AMPUTATIONS: LOWER EXTREMITY

	Thigh, amputation of:
5160	Disarticulation.
5161	Upper third.
5162	Middle or lower thirds.
	Leg, amputation of:
5163	With defective stump.
5164	With loss of natural knee action.
5165	At a lower level.
5166	Forefoot, amputation proximal to metatarsal bones.
5167	Foot, loss of use of.
5170	Toes, all, amputation of, without metatarsal loss.
5171	Toe, great, amputation of.
5172	Toe, other, amputation of.
5173	Toes, three or more, amputation of, not including great toe.

THE SHOULDER AND ARM

5200	Scapulohumeral articulation, ankylosis of.
5201	Arm, limitation of motion of.
5202	Humerus, other impairment of.
5203	Clavicle or scapula, impairment of.

THE ELBOW AND FOREARM

5205	Elbow, ankylosis of.
5206	Forearm, limitation of flexion of.
5207	Forearm, limitation of extension of.
5208	Forearm, flexion limited to 100° and extension to 45°.
5209	Elbow, other impairment of.
5210	Radius and ulna, nonunion of, with flail false joint.
5211	Ulna, impairment of.
5212	Radius, impairment of.
5213	Supination and pronation, impairment of.

THE WRIST AND HAND

5214	Wrist, ankylosis.
5215	Wrist, limitation of motion of.

THE WRIST AND HAND—continued

Diagnostic Code Number	
5216	Five digits of one hand, unfavorable ankylosis of.
5217	Four digits of one hand, unfavorable ankylosis of.
5218	Three digits of one hand, unfavorable ankylosis of.
5219	Two digits of one hand, unfavorable ankylosis of.
5220	Five digits of one hand, favorable ankylosis of.
5221	Four digits of one hand, favorable ankylosis of.
5222	Three digits of one hand, favorable ankylosis of.
5223	Two digits of one hand, favorable ankylosis of.
5224	Thumb, ankylosis of.
5225	Index finger, ankylosis of.
5226	Middle finger, ankylosis of.
5227	Finger, any other, ankylosis of.

THE HIP AND THIGH

5250	Hip, ankylosis of.
5251	Thigh, limitation of extension of.
5252	Thigh, limitation of flexion of.
5253	Thigh, impairment of.
5254	Hip, flail joint.
5255	Femur, impairment of.

THE KNEE AND LEG

5256	Knee, ankylosis of.
5257	Knee, other impairment of.
5258	Cartilage, semilunar, dislocated.
5259	Cartilage, semilunar, removal of.
5260	Leg, limitation of flexion of.
5261	Leg, limitation of extension of.
5262	Tibia and fibula, impairment of.
5263	Genu recurvatum.

THE ANKLE

5270	Ankle, ankylosis of.
5271	Ankle, limited motion of.
5272	Subastragalar or tarsal joint, ankylosis of.
5273	Os calcis or astragalus, malunion of.
5274	Astragalectomy.

SHORTENING OF THE LOWER EXTREMITY

5275	Bones, of the lower extremity, shortening of.

THE FOOT

5276	Flatfoot, acquired.
5277	Weak foot, bilateral.
5278	Claw foot (pes cavus), acquired.
5279	Metatarsalgia, anterior (Morton's disease).
5280	Hallux valgus.
5281	Hallux rigidus.
5282	Hammer toe.
5283	Tarsal, or metatarsal bones, malunion of, or nonunion of.
5284	Foot injuries, other.

THE SPINE

5285	Vertebra, fracture of, residuals.
5286	Spine, complete bony fixation (ankylosis) of.
5287	Spine, ankylosis of, cervical.
5288	Spine, ankylosis of, dorsal.
5289	Spine, ankylosis of, lumbar.
5290	Spine, limitation of motion of, cervical.
5291	Spine, limitation of motion of, dorsal.
5292	Spine, limitation of motion of, lumbar.
5293	Intervertebral disc syndrome.
5294	Sacro-iliac injury and weakness.
5295	Lumbosacral strain.

THE SKULL

5296	Skull, loss of part of, both inner and outer tables.

THE RIBS

5297	Ribs, removal of.

THE COCCYX

Diagnostic Code Number	
5298	Coccyx, removal of.

MUSCLE INJURIES

5301	Group I—Extrinsic muscles of shoulder girdle.
5302	Group II—Extrinsic muscles of shoulder girdle.
5303	Group III—Intrinsic muscles of shoulder girdle.
5304	Group IV—Intrinsic muscles of shoulder girdle.
5305	Group V—Flexor muscles of the elbow.
5306	Group VI—Extensor muscles of the elbow.
5307	Group VII—Muscles arising from internal condyle of humerus.
5308	Group VIII—Muscles arising mainly from external condyle of humerus.
5309	Group IX—Intrinsic muscles of the hand.
5310	Group X—Intrinsic muscles of the foot.
5311	Group XI—Posterior and lateral muscles of the leg.
5312	Group XII—Anterior muscles of the leg.
5313	Group XIII—Posterior thigh group.
5314	Group XIV—Anterior thigh group.
5315	Group XV—Mesial thigh group.
5316	Group XVI—Pelvic girdle group 1.
5317	Group XVII—Pelvic girdle group 2.
5318	Group XVIII—Pelvic girdle group 3.
5319	Group XIX—Muscles of the abdominal wall.
5320	Group XX—Spinal muscles.
5321	Group XXI—Muscles of respiration.
5322	Group XXII—Lateral, supra and infrahyoid group.
5323	Group XXIII—Lateral and posterior muscles of the neck.
5324	Diaphragm, rupture of.
5325	Muscle injury, facial muscles.
5326	Muscle hernia.

DISEASES OF THE EYE

6000	Uveitis.
6001	Keratitis.
6002	Scleritis.
6003	Iritis.
6004	Cyclitis.
6005	Choroiditis.
6006	Retinitis.
6007	Hemorrhage, intra-ocular, recent.
6008	Retina, detachment of.
6009	Eye, injury of, unhealed.
6010	Eye, tuberculosis of.
6011	Retina, localized scars.
6012	Glaucoma, congestive or inflammatory.
6013	Glaucoma, simple, primary, noncongestive.
6014	New growths, malignant, eyeball.
6015	New growths, benign, eyeball and adnexa.
6016	Nystagmus, central.
6017	Conjunctivitis, trachomatous, chronic.
6018	Conjunctivitis, other, chronic.
6019	Ptosis, eyelids.
6020	Ectropion.
6021	Entropion.
6022	Lagophthalmos.
6023	Eyebrows, loss of.
6024	Eyelashes, loss of.
6025	Epiphora.
6026	Neuritis, optic.
6027	Cataract, traumatic.
6028	Cataract, senile, and others.
6029	Aphakia.
6030	Accommodation, paralysis of.
6031	Dacryocystitis.
6032	Eyelids, loss of portion of.
6033	Lens, crystalline, dislocation of.
6034	Pterygium.

COMBINATIONS OF DISABILITIES

6050	Blindness in both eyes having only light perception and anatomical loss of both hands and both feet.
6051	Blindness in both eyes having only light perception and loss of use of both hands and both feet.
6052	Blindness in both eyes having only light perception and anatomical loss of both hands.
6053	Blindness in both eyes having only light perception and anatomical loss of both feet.
6054	Blindness in both eyes having only light perception and anatomical loss of one hand and one foot.
6055	Blindness in both eyes having only light perception and loss of use of both hands.
6056	Blindness in both eyes having only light perception and loss of use of both feet.
6057	Blindness in both eyes having only light perception and loss of use of one hand and one foot.
6058	Blindness in both eyes having only light perception and anatomical loss of one hand.
6059	Blindness in both eyes having only light perception and anatomical loss of one foot.
6060	Blindness in both eyes having only light perception and loss of use of one hand.
6061	Blindness in both eyes having only light perception and loss of use of one foot.
6062	Blindness in both eyes having only light perception.

IMPAIRMENT OF CENTRAL VISUAL ACUITY

	Blindness, anatomical loss, one eye:
6063	Other blind (5/200 or less).
6064	Other impaired (20/200 or less).
6065	Other impaired.
6066	Other normal.
	Blindness, light perception only one eye:
6067	Other blind (5/200 or less).
6068	Other impaired (20/200 or less).
6069	Other impaired.
6070	Other normal.
	Blindness, total (5/200 or less):
6071	Both eyes.
	Blindness, total, one eye (5/200 or less):
6072	Other impaired (20/200 or less).
6073	Other impaired.
6074	Other normal.
	Blindness, partial (20/200 or less):
6075	Both eyes.
	One eye:
6076	Other impaired.
6077	Other normal.
	Blindness, partial:
6078	Both eyes.
6079	One eye only.
6080	Field vision, impairment of.
6081	Scotoma, pathological.
6090	Muscle function, ocular, impairment of.
6091	Symblepharon.
6092	Diplopia, due to limited muscle function.

DISEASES OF THE EAR

6200	Otitis media, suppurative, chronic.
6201	Otitis media, catarrhal, chronic.
6202	Otosclerosis.
6203	Otitis interna.
6204	Labyrinthitis.
6205	Ménière's syndrome.
6206	Mastoiditis.
6207	Auricle, loss or deformity.
6208	New growths, malignant, ear.
6209	New growths, benign, ear.
6210	Auditory canal, disease of.
6211	Tympanic membrane, perforation of.
6260	Tinnitus.

OTHER SENSE ORGANS

6275	Smell, loss of sense of.
6276	Taste, loss of sense of.

IMPAIRMENT OF AUDITORY ACUITY

6277	Rated Colm. F, One Ear Row F, Other Ear Table II.
6278	Rated Colm. F, One Ear Row E, Other Ear Table II.
6279	Rated Colm. F, One Ear Row D, Other Ear Table II.
6280	Rated Colm. F, One Ear Row C, Other Ear Table II.
6281	Rated Colm. F, One Ear Row B, Other Ear Table II.
6282	Rated Colm. F, One Ear Row A, Other Ear Table II.
6283	Rated Colm. E, One Ear Row E, Other Ear Table II.
6284	Rated Colm. E, One Ear Row D, Other Ear Table II.
6285	Rated Colm. E, One Ear Row C, Other Ear Table II.
6286	Rated Colm. E, One Ear Row B, Other Ear Table II.
6287	Rated Colm. E, One Ear Row A, Other Ear Table II.
6288	Rated Colm. D, One Ear Row D, Other Ear Table II.
6289	Rated Colm. D, One Ear Row C, Other Ear Table II.
6290	Rated Colm. D, One Ear Row B, Other Ear Table II.
6291	Rated Colm. D, One Ear Row A, Other Ear Table II.
6292	Rated Colm. C, One Ear Row C, Other Ear Table II.
6293	Rated Colm C, One Ear Row B, Other Ear Table II.
6294	Rated Colm. C, One Ear Row A, Other Ear Table II.
6295	Rated Colm. B, One Ear Row B, Other Ear Table II.
6296	Rated Colm. B, One Ear Row A, Other Ear Table II.
6297	Rated Colm. A, One Ear Row A, Other Ear Table II.

SYSTEMIC DISEASES

6300	Cholera, Asiatic.
6301	Kala-azar (visceral leishmaniasis).
6302	Leprosy.
6304	Malaria.
6305	Filariasis.
6306	Oroya fever.
6307	Plague.
6308	Relapsing fever.
6309	Rheumatic fever.
6310	Syphilis, unspecified.
6311	Tuberculosis, miliary.
6313	Avitaminosis.
6314	Beriberi.
6315	Pellagra.
6316	Brucellosis (Malta or undulant fever).
6317	Typhus, scrub.
6350	Lupus erythematosus, systemic.

RESPIRATORY SYSTEM

THE NOSE AND THROAT

6501	Rhinitis, atrophic, chronic.
6502	Septum, nasal, deflection of.
6504	Nose, loss of part of, or scars.
6510	Sinusitis, pansinusitis, chronic.
6511	Sinusitis, ethmoid, chronic.
6512	Sinusitis, frontal, chronic.
6513	Sinusitis, maxillary, chronic.
6514	Sinusitis, sphenoid, chronic.
6515	Laryngitis, tuberculous.
6516	Laryngitis, chronic.
6517	Larynx, injuries of, healed.
6518	Laryngectomy.
6519	Aphonia, organic.
6520	Larynx, stenosis of.

THE TRACHEA AND BRONCHI

6600	Bronchitis, chronic.
6601	Bronchiectasis.
6602	Asthma, bronchial.

THE LUNGS AND PLEURA

Diagnostic Code Number	
6701	Tuberculosis, pulmonary, chronic, far advanced, active.
6702	Tuberculosis, pulmonary, chronic, moderately advanced, active.
6703	Tuberculosis, pulmonary, chronic, minimal, active.
6704	Tuberculosis, pulmonary, chronic, active, advancement unspecified.
6705	Tuberculosis, active, with pneumothorax, induced or artificial.
6721	Tuberculosis, pulmonary, chronic, far advanced, inactive.
6722	Tuberculosis, pulmonary, chronic, moderately advanced, inactive.
6723	Tuberculosis, pulmonary, chronic, minimal, inactive.
6724	Tuberculosis, pulmonary, chronic, inactive, advancement unspecified.
6731	Phrenicotomy.
6732	Pleurisy, tuberculous.
6800	Anthracosis.
6801	Silicosis.
6802	Pneumoconiosis, unspecified.
6803	Actinomycosis of lung.
6804	Streptotrichosis of lung.
6805	Blastomycosis of lung.
6806	Sporotrichosis of lung.
6807	Aspergillosis of lung.
6808	Mycosis of lung, unspecified.
6809	Lung, abscess of.
6810	Pleurisy, serofibrinous.
6811	Pleurisy, purulent (empyema).
6812	Fistula, bronchocutaneous, or bronchopleural.
6813	Lung, permanent collapse of.
6814	Pneumothorax, spontaneous.
6815	Pneumonectomy.
6816	Lobectomy.
6817	Lung, chronic passive congestion of.
6818	Pleural cavity, injuries, residuals of, including gunshot wounds.
6819	New growths, malignant, any specified part of respiratory system.
6820	New growths, benign, any specified part of respiratory system.
6821	Coccidioidomycosis.

THE CARDIOVASCULAR SYSTEM

THE HEART

7000	Rheumatic heart disease.
7001	Endocarditis, bacterial, subacute.
7002	Pericarditis, bacterial or rheumatic, acute.
7003	Adhesions, pericardial.
7004	Syphilitic heart disease.
7005	Arteriosclerotic heart disease.
7006	Myocardium, infarction of, due to thrombosis or embolism.
7007	Hypertensive heart disease.
7008	Hyperthyroid heart disease.
7010	Auricular flutter, paroxysmal.
7011	Auricular fibrillation, paroxysmal.
7012	Auricular fibrillation, permanent.
7013	Tachycardia, paroxysmal.
7014	Sinus tachycardia.
7015	Auriculoventricular block.

THE ARTERIES AND VEINS

7100	Arteriosclerosis, general.
7101	Hypertensive vascular disease (essential arterial hypertension).
7110	Aorta or branches, aneurysm of.
7111	Artery, any large artery, aneurysm of.
7112	Artery, small aneurysmal dilatation.
7113	Arteriovenous aneurysm, traumatic.
7114	Arteriosclerosis obliterans.
7115	Thrombo-angiitis obliterans (Buerger's disease).
7116	Claudication, intermittent.
7117	Raynaud's disease.
7118	Angioneurotic edema.
7119	Erythromelalgia.
7120	Varicose veins.
7121	Phlebitis.
7122	Frozen feet, residuals of (Immersion foot).

THE DIGESTIVE SYSTEM

Diagnostic Code Number	
7200	Mouth, injuries of.
7201	Lips, injuries of.
7202	Tongue, loss of, whole or part.
7203	Esophagus, stricture of.
7204	Esophagus, spasm of (cardiospasm).
7205	Esophagus, diverticulum of, acquired.
7301	Peritoneum, adhesions of.
7304	Ulcer, gastric.
7305	Ulcer, duodenal.
7306	Ulcer, marginal (gastrojejunal).
7307	Gastritis, hypertrophic.
7308	Postgastrectomy syndromes.
7309	Stomach, stenosis of.
7310	Stomach, injury of, residuals.
7311	Liver, injury of.
7312	Liver, cirrhosis of.
7313	Liver, abscess of, residuals.
7314	Cholecystitis, chronic.
7315	Cholelithiasis, chronic.
7316	Cholangitis, chronic.
7317	Gall bladder, injury of.
7318	Gall bladder, removal of.
7319	Irritable colon syndrome (spastic colitis, mucous colitis, etc.).
7321	Amebiasis.
7322	Dysentery, bacillary.
7323	Colitis, ulcerative.
7324	Distomiasis, intestinal or hepatic.
7325	Enteritis, chronic.
7326	Enterocolitis, chronic.
7327	Diverticulitis.
7328	Intestine, small, resection of.
7329	Intestine, large, resection of.
7330	Intestine, fistula of.
7331	Peritonitis, tuberculous, active.
7332	Rectum and anus, impairment of sphincter control.
7333	Rectum and anus, stricture of.
7334	Rectum, persistent prolapse of.
7335	Ano, fistula in, including tuberculous.
7336	Hemorrhoids, external or internal.
7337	Pruritus ani.
7338	Hernia, inguinal.
7339	Hernia, ventral.
7340	Hernia, femoral.
7341	Wounds, incised, healed, abdominal wall.
7342	Visceroptosis.
7343	New growths, malignant, any specified part of digestive system.
7344	New growths, benign, any specified part of digestive system.
7345	Hepatitis, infectious.
7346	Hernia, hiatal.

THE GENITOURINARY SYSTEM

7500	Kidney, removal of.
7501	Kidney, abscess of.
7502	Nephritis, chronic.
7503	Pyelitis.
7504	Pyelonephritis, chronic.
7505	Kidney, tuberculosis of, active.
7507	Nephrosclerosis, arteriolar.
7508	Nephrolithiasis.
7509	Hydronephrosis.
7510	Ureterolithiasis.
7511	Ureter, stricture of.
7512	Cystitis, chronic.
7513	Cystitis, interstitial (Hunner), submucous or elusive ulcer.
7514	Bladder, tuberculosis of.
7515	Bladder, calculus in.
7516	Bladder, fistula of.
7517	Bladder, injury of.
7518	Urethra, stricture of.
7519	Urethra, fistula of.
7520	Penis, removal of half or more.
7521	Penis, removal of glans.
7522	Penis, deformity, with loss of erectile power.
7523	Testis, atrophy, complete.
7524	Testis, removal of.
7525	Epididymo-orchitis (tuberculous).
7526	Prostate gland, resection or removal.
7527	Prostate gland injuries, infections, hypertrophy, postoperative residuals.

THE GENITOURINARY SYSTEM—continued

Diagnostic Code Number	
7528	New growths, malignant, any specified part of genitourinary system.
7529	New growths, benign, any specified part of genitourinary system.

GYNECOLOGICAL CONDITIONS

7610	Vulvovaginitis.
7611	Vaginitis.
7612	Cervicitis.
7613	Metritis.
7614	Salpingitis.
7615	Oophoritis.
7617	Uterus and ovaries, removal of, complete.
7618	Uterus, removal of, including corpus.
7619	Ovaries, removal of.
7620	Ovaries, atrophy of both.
7621	Uterus, prolapse.
7622	Uterus, displacement of.
7623	Pregnancy, surgical complications of.
7624	Fistula, rectovaginal.
7625	Fistula, urethrovaginal.
7626	Mammary glands, removal of.
7627	New growth, malignant, gynecological system, or mammary glands.

THE HEMIC AND LYMPHATIC SYSTEMS

7700	Anemia, pernicious.
7701	Anemia, secondary.
7702	Agranulocytosis, acute.
7703	Leukemia.
7704	Polycythemia, primary.
7705	Purpura hemorrhagica.
7706	Splenectomy.
7707	Spleen, injury of, healed.
7709	Lymphogranulomatosis (Hodgkin's disease).
7710	Adenitis, cervical, tuberculous.
7711	Adenitis, axillary, tuberculous.
7712	Adenitis, inguinal, tuberculous.
7713	Adenitis, secondary.

THE SKIN

7800	Scars, disfiguring, head, face or neck.
7801	Scars, burns, third degree.
7802	Scars, burns, second degree.
7803	Scars, superficial, poorly nourished.
7804	Scars, superficial, tender and painful.
7805	Scars, others.
7806	Eczema.
7807	Leishmaniasis, americana (mucocutaneous, espundia).
7808	Leishmaniasis, old world (cutaneous, oriental sore).
7809	Lupus erythematosus, discoid.
7810	Pinta.
7811	Tuberculosis luposa (lupus vulgaris).
7812	Verruga peruana.
7813	Dermatophytosis.
7814	Tinea barbae.
7815	Pemphigus.
7816	Psoriasis.
7817	Dermatitis exfoliativa.
7818	New growths, malignant, skin.
7819	New growths, benign, skin.

THE ENDOCRINE SYSTEM

7900	Hyperthyroidism.
7901	Thyroid gland, toxic adenoma of.
7902	Thyroid gland, non-toxic adenoma of.
7903	Hypothyroidism.
7904	Hyperparathyroidism (osteitis fibrosa cystica).
7905	Hypoparathyroidism.
7907	Hyperpituitarism (pituitary basophilism, Cushing's syndrome).
7908	Hyperpituitarism (acromegaly or gigantism).
7909	Hypopituitarism (diabetes insipidus).
7910	Hyperadrenia (adrenogenital syndrome).
7911	Addison's disease.
7912	Pluriglandular syndromes.
7913	Diabetes mellitus.
7914	New growths, malignant, endocrine system.

THE ENDOCRINE SYSTEM—continued

Diagnostic Code Number	
7915	New growths, benign, endocrine system.

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

8000	Encephalitis, epidemic, chronic.
	Brain, new growth of:
8002	Malignant.
8003	Benign.
8004	Paralysis agitans.
8005	Bulbar palsy.
8007	Brain, vessels, embolism of.
8008	Brain, vessels, thrombosis of.
8009	Brain, vessels, hemorrhage from.
8010	Myelitis.
8011	Poliomyelitis, anterior.
8012	Hematomyelia.
8013	Syphilis, cerebrospinal.
8014	Syphilis, meningovascular.
8015	Tabes dorsalis.
8017	Amyotrophic lateral sclerosis.
8018	Multiple sclerosis.
8019	Meningitis, cerebrospinal, epidemic.
8020	Brain, abscess of.
	Spinal cord, new growths:
8021	Malignant.
8022	Benign.
8023	Progressive muscular atrophy.
8024	Syringomyelia.
8025	Myasthenia gravis.
8045	Brain disease due to trauma.
8046	Cerebral arteriosclerosis.
8100	Migraine.
8103	Tic, convulsive.
8104	Paramyoclonus multiplex (convulsive state, myoclonic type).
8105	Chorea, Sydenham's.
8106	Chorea, Huntington's.
8107	Athetosis, acquired.
8108	Narcolepsy.

THE CRANIAL NERVES

8205	Fifth (trigeminal) cranial nerve, paralysis of.
8207	Seventh (facial) cranial nerve, paralysis of.
8209	Ninth (glossopharyngeal) cranial nerve, paralysis of.
8210	Tenth (pneumogastric, vagus) cranial nerve, paralysis of.
8211	Eleventh (spinal accessory, external branch) cranial nerve, paralysis of.
8212	Twelfth (hypoglossal) cranial nerve, paralysis of.
8305	Fifth (trigeminal) cranial nerve, neuritis.
8307	Seventh (facial) cranial nerve, neuritis.
8309	Ninth (glossopharyngeal) cranial nerve, neuritis.
8310	Tenth (pneumogastric, vagus) cranial nerve, neuritis.
8311	Eleventh (spinal accessory, external branch) cranial nerve, neuritis.
8312	Twelfth (hypoglossal) cranial nerve, neuritis.
8405	Fifth (trigeminal) cranial nerve, neuralgia.
8407	Seventh (facial) cranial nerve, neuralgia.
8409	Ninth (glossopharyngeal) cranial nerve, neuralgia.
8410	Tenth (pneumogastric, vagus) cranial nerve, neuralgia.
8411	Eleventh (spinal accessory, external branch) cranial nerve, neuralgia.
8412	Twelfth (hypoglossal) cranial nerve, neuralgia.

PERIPHERAL NERVES: PARALYSIS

8510	Upper radicular group (fifth and sixth cervicals), paralysis of.
8511	Middle radicular group, paralysis of.
8512	Lower radicular group, paralysis of.
8513	All radicular groups, paralysis of.

PERIPHERAL NERVES: PARALYSIS—continued

Diagnostic Code Number	
8514	The musculospiral nerve (radial nerve), paralysis of.
8515	The median nerve, paralysis of.
8516	The ulnar nerve, paralysis of.
8517	Musculocutaneous nerve, paralysis of.
8518	Circumflex nerve, paralysis of.
8519	Long thoracic nerve, paralysis of.
8520	The sciatic nerve, paralysis of.
8521	External popliteal nerve (common peroneal), paralysis of.
8522	Musculocutaneous nerve (superficial peroneal), paralysis of.
8523	Anterior tibial nerve (deep peroneal), paralysis of.
8524	Internal popliteal nerve (tibial), paralysis of.
8525	Posterior tibial nerve, paralysis of.
8526	Anterior crural nerve (femoral), paralysis of.
8527	Internal saphenous nerve, paralysis of.
8528	Obturator nerve, paralysis of.
8529	External cutaneous nerve of thigh, paralysis of.
8530	Ilio-inguinal nerve, paralysis of.

PERIPHERAL NERVES: NEURITIS

8610	Upper radicular group (fifth and sixth cervicals), neuritis.
8611	Middle radicular group, neuritis.
8612	Lower radicular group, neuritis.
8613	All radicular groups, neuritis.
8614	The musculospiral nerve (radial nerve), neuritis.
8615	The median nerve, neuritis.
8616	The ulnar nerve, neuritis.
8617	Musculocutaneous nerve, neuritis.
8618	Circumflex nerve, neuritis.
8619	Long thoracic nerve, neuritis.
8620	The sciatic nerve, neuritis.
8621	External popliteal nerve (common peroneal), neuritis.
8622	Musculocutaneous nerve (superficial peroneal), neuritis.
8623	Anterior tibial nerve (deep peroneal), neuritis.
8624	Internal popliteal nerve (tibial) neuritis.
8625	Posterior tibial nerve, neuritis.
8626	Anterior crural nerve (femoral), neuritis.
8627	Internal saphenous nerve, neuritis.
8628	Obturator nerve, neuritis.
8629	External cutaneous nerve of thigh, neuritis.
8630	Ilio-inguinal nerve, neuritis.

PERIPHERAL NERVES: NEURALGIA

8710	Upper radicular group (fifth and sixth cervicals), neuralgia.
8711	Middle radicular group, neuralgia.
8712	Lower radicular group, neuralgia.
8713	All radicular groups, neuralgia.
8714	The musculospiral nerve (radial nerve), neuralgia.
8715	The median nerve, neuralgia.
8716	The ulnar nerve, neuralgia.
8717	Musculocutaneous nerve, neuralgia.
8718	Circumflex nerve, neuralgia.
8719	Long thoracic nerve, neuralgia.
8720	The sciatic nerve, neuralgia.
8721	External popliteal nerve (common peroneal), neuralgia.
8722	Musculocutaneous nerve (superficial peroneal), neuralgia.
8723	Anterior tibial nerve (deep peroneal), neuralgia.
8724	Internal popliteal nerve (tibial), neuralgia.
8725	Posterior tibial nerve, neuralgia.
8726	Anterior crural nerve (femoral), neuralgia.
8727	Internal saphenous nerve, neuralgia.
8728	Obturator nerve, neuralgia.
8729	External cutaneous nerve of thigh neuralgia.
8730	Ilio-inguinal nerve, neuralgia.

THE EPILEPSIES

Diagnostic Code Number	
8910	Epilepsy, grand mal.
8911	Epilepsy, petit mal.
8912	Jacksonian type.
8913	Epilepsy, diencephalic.
8914	Epilepsy, psychomotor.

PSYCHOTIC DISORDERS

9200	Schizophrenic reaction, simple type.
9201	Schizophrenic reaction, hebephrenic type.
9202	Schizophrenic reaction, catatonic type.
9203	Schizophrenic reaction, paranoid type.
9204	Schizophrenic reaction, chronic undifferentiated type.
9205	Schizophrenic reaction, other.
9206	Manic depressive reaction.
9207	Psychotic depressive reaction.
9208	Paranoid reaction (specify).
9209	Involutional psychotic reaction.
9210	Psychotic reaction, other.

ORGANIC BRAIN DISORDERS

9300	Acute brain syndrome (associated with infection, trauma, circulatory disturbance, etc.)
9301	Chronic brain syndrome associated with central nervous system syphilis (all forms).
9302	Chronic brain syndrome associated with intracranial infections other than syphilis.
9303	Chronic brain syndrome associated with intoxication.
9304	Chronic brain syndrome associated with brain trauma.
9305	Chronic brain syndrome associated with cerebral arteriosclerosis.
9306	Chronic brain syndrome associated with circulatory disturbance other than cerebral arteriosclerosis.
9307	Chronic brain syndrome associated with convulsive disorder (idiopathic epilepsy).
9308	Chronic brain syndrome associated with disturbance of metabolism, growth or nutrition.
9309	Chronic brain syndrome associated with intracranial neoplasm.
9310	Chronic brain syndrome associated with diseases of unknown or uncertain cause.
9311	Chronic brain syndrome of unknown cause.

PSYCHONEUROTIC DISORDERS

9400	Anxiety reaction.
9401	Dissociative reaction.
9402	Conversion reaction.
9403	Phobic reaction.
9404	Obsessive compulsive reaction.
9405	Depressive reaction.
9406	Psychoneurotic reaction, other.

PSYCHOPHYSIOLOGIC DISORDERS

9500	Psychophysiologic skin reaction.
9501	Psychophysiologic cardiovascular reaction.
9502	Psychophysiologic gastrointestinal reaction.
9503	Psychophysiologic nervous system reaction.
9504	Psychophysiologic reaction, other.

DENTAL AND ORAL CONDITIONS

9900	Maxilla or mandible, osteomyelitis of.
9901	Mandible, loss of, complete, between angles.
9902	Mandible, loss of approximately one-half.
9903	Mandible, nonunion of.
9904	Mandible, malunion of.
9905	Temporomandibular articulation, limited motion of.
9906	Ramus, loss of whole or part of.

DENTAL AND ORAL CONDITIONS—continued

Diagnostic Code Number	
9907	Ramus, loss of less than one-half the substance of, not involving loss of continuity.
9908	Condyloid process, loss of, one or both sides.
9909	Coronoid process, loss of.
9910	Maxilla, loss of whole or part of substance of, nonunion of, or malunion of.
9911	Hard palate, loss of half or more.
9912	Hard palate, loss of less than half of.
9913	Teeth, loss of, due to loss of substance of body of maxilla or mandible.

APPENDIX C—ALPHABETICAL INDEX OF DISABILITIES

	Diagnostic Code Number
Abscess:	
Brain	8020
Kidney	7501
Liver	7313
Lung	6800
Actinomycosis, lung	6803
Addison's disease	7911
Adenitis, secondary	7713
Adenoma, thyroid:	
Nontoxic	7902
Toxic	7901
Adhesions:	
Pericardial	7003
Peritoneum	7301
Agranulocytosis	7702
Amebiasis	7321
Amputation:	
Arm:	
Disarticulation	5120
Above deltoid	5121
Below deltoid	5122
Feet, both, and hand, one	5109
Feet, both	5107
Finger (digit) individual:	
Thumb	5152
Index	5153
Middle	5154
Ring	5155
Little	5156
Fingers (digits) of one hand:	
Five	5126
Four, thumb, index, middle, ring	5127
Four, thumb, index, middle, little	5128
Four, thumb, index, ring, little	5129
Four, thumb, middle, ring, little	5130
Four, index, middle, ring, little	5131
Three, thumb, index, middle	5132
Three, thumb, index, ring	5133
Three, thumb, index, little	5134
Three, thumb, middle, ring	5135
Three, thumb, middle, little	5136
Three, thumb, ring, little	5137
Three, index, middle, ring	5138
Three, index, middle, little	5139
Three, index, ring, little	5140
Three, middle, ring, little	5141
Two, thumb, index	5142
Two, thumb, middle	5143
Two, thumb, ring	5144
Two, thumb, little	5145
Two, index, middle	5146
Two, index, ring	5147
Two, index, little	5148
Two, middle, ring	5149
Two, middle, little	5150
Two, ring, little	5151
Forearm:	
Above pronator teres	5123
Below pronator teres	5124
Forefoot	5166
Hand, one, and foot, one	5108
Hands, both and feet, both	5100
Hands, both and foot, one	5102
Hands, both	5106
Leg:	
With defective stump	5163
With loss of natural knee action	5164
At lower level	5165

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Thigh:	
Disarticulation	5160
Upper third	5161
Middle or lower thirds	5162
Toe, great	5171
Toe, other, with removal metatarsal head	5172
Toes, all	5170
Toes, three or more	5173
Anemia:	
Pernicious	7700
Secondary	7701
Aneurysm:	
Aorta or branches	7110
Arteriovenous, traumatic	7113
Artery	7111
Angioneurotic edema	7118
Ankylosis:	
Ankle	5270
Elbow	5205
Finger (digit) individual:	
Thumb	5224
Index	5225
Middle	5226
Other	5227
Fingers (digits) of one hand, unfavorable:	
Five	5216
Four	5217
Three	5218
Two	5219
Hip	5250
Knee	5256
Scapulohumeral	5200
Spine:	
Complete	5286
Cervical	5287
Dorsal	5288
Lumbar	5289
Subastragular or Tarsal	5272
Wrist	5214
Anthracosis	6800
Aphakia	6029
Aphonia, organic	6519
Arteriosclerosis:	
Cerebral	8046
General	7100
Obliterans	7114
Arteriosclerotic heart disease	7005
Arthritis:	
Atrophic (rheumatoid)	5002
Gonorrheal	5004
Hypertrophic (degenerative)	5003
Other types	5009
Pneumococcic	5005
Streptococcic	5008
Syphilitic	5007
Traumatic	5010
Typhoid	5006
Aspergillosis, lung	6807
Asthma, bronchial	6602
Astragalectomy	5274
Athetosis	8107
Atrophy:	
Muscular, progressive	8023
Ovaries, both	7620
Testis, both	7523
Auditory canal, disease	6210
Avitaminosis	6313
Beriberi	6314
Blastomycosis, lung	6805
Blindness, anatomical loss, one eye:	
Other blind (5/200 or less)	6063
Other impaired (20/200 or less)	6064
Other impaired	6065
Other normal	6066
Blindness, light perception only:	
Both eyes	6062
One eye:	
Other blind, 5/200 or less	6067
Other impaired, 20/200 or less	6068
Other impaired	6069
Other normal	6070
Blindness, light perception only and loss or loss of use of hands and/or feet	6050–6061

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Blindness, total (5/200 or less):	
Both eyes	6071
One eye:	
Other impaired (20/200 or less)	6072
Other impaired	6073
Other normal	6074
Blindness, partial (20/200 or less):	
Both eyes	6075
One Eye:	
Other impaired	6076
Other normal	6077
Blindness, partial:	
Both eyes	6078
One eye only	6079
Block, auricular ventricular	7015
Bones, Caisson disease of	5011
Bones and joints, tuberculosis of	5001
Bronchiectasis	6601
Bronchitis	6600
Buerger's disease	7115
Brucellosis	6316
Bursitis	5019
Caisson disease	5011
Calculus, bladder	7515
Cataract:	
Senile and others	6028
Traumatic	6027
Cervicitis	7612
Cholangitis	7316
Cholecystitis	7314
Cholelithiasis	7315
Cholera, Asiatic	6300
Chorea:	
Huntington's	8106
Sydenham's	8105
Choroiditis	6005
Claw-foot (pes cavus) acquired	5278
Cirrhosis of liver	7312
Claudication, intermittent	7116
Coccidioidomycosis	6821
Colitis:	
Mucous (See Colon syndrome, irritable)	7319
Spastic (See Colon syndrome, irritable)	7319
Ulcerative	7323
Collapse, lung, permanent	6813
Colon syndrome, irritable	7319
Congestion, lung, passive	6817
Conjunctivitis:	
Trachomatous	6017
Other	6018
Coccyx	5298
Cushing's syndrome	7907
Cyclitis	6004
Cystitis:	
Chronic	7512
Interstitial (Hunner)	7513
Dacryocystitis	6031
Deafness—Table II,	
Column F, One Ear Row F, Other Ear	6277
Column F, One Ear Row E, Other Ear	6278
Column F, One Ear Row D, Other Ear	6279
Column F, One Ear Row C, Other Ear	6280
Column F, One Ear Row B, Other Ear	6281
Column F, One Ear Row A, Other Ear	6282
Column E, One Ear Row E, Other Ear	6283
Column E, One Ear Row D, Other Ear	6284
Column E, One Ear Row C, Other Ear	6285
Column E, One Ear Row B, Other Ear	6286
Column E, One Ear Row A, Other Ear	6287
Column D, One Ear Row D, Other Ear	6288
Column D, One Ear Row C, Other Ear	6289

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Column D, One Ear Row B, Other Ear	6290
Column D, One Ear Row A, Other Ear	6291
Column C, One Ear Row C, Other Ear	6292
Column C, One Ear Row B, Other Ear	6293
Column C, One Ear Row A, Other Ear	6294
Column B, One Ear Row B, Other Ear	6295
Column B, One Ear Row A, Other Ear	6296
Column A, One Ear Row A, Other Ear	6297
Deflection, nasal septum	6502
Dermatitis, exfoliativa	7817
Dermatophytosis	7813
Diabetes mellitus	7913
Diabetes insipidus	7909
Diaphragm, rupture	5324
Dilation, aneurysmal artery	7112
Diplopia	6090
Disease:	
Addison's	7911
Hodgkin's	7709
Morton's	5279
Raynaud's	7117
Dislocation:	
Cartilage, semilunar	5258
Lens, crystalline	6033
Disorders, mental:	
Organic brain disorders:	
Acute brain syndrome	9300
Chronic brain syndrome associated with:	
Central nervous system syphilis	9301
Intracranial infections other than syphilis	9302
Intoxication	9303
Brain trauma	9304
Cerebral arteriosclerosis	9305
Circulatory disturbance other than cerebral arteriosclerosis	9306
Convulsive disorder (idiopathic epilepsy)	9307
Disturbance of metabolism, growth or nutrition	9308
Intracranial neoplasm	9309
Diseases of unknown or uncertain cause	9310
Unknown cause	9311
Psychoneurotic disorders:	
Anxiety reaction	9400
Dissociative reaction	9401
Conversion reaction	9402
Phobic reaction	9403
Obsessive compulsive reaction	9404
Depressive reaction	9405
Psychoneurotic reaction, other	9406
Psychophysiologic disorders:	
Psychophysiologic skin reaction	9500
Psychophysiologic cardiovascular reaction	9501
Psychophysiologic gastrointestinal reaction	9502
Psychophysiologic nervous system reaction	9503
Psychophysiologic reaction, other	9504
Psychotic disorders:	
Schizophrenic reaction:	
Simple type	9200
Hebephrenic type	9201
Catatonic type	9202
Paranoid type	9203
Chronic undifferentiated type	9204
Other	9205
Manic depressive reaction	9206
Psychotic depressive reaction	9207
Paranoid reaction	9208
Involutional psychotic reaction	9209
Psychotic reaction, other	9210
Distomiasis, intestinal	7324
Diverticulitis, intestinal	7327
Diverticulum of esophagus	7205

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Dupuytren's contracture—see Ankylosis, fingers.	
Dysentery, bacillary	7322
Ectropion	6020
Eczema	7806
Edema, angioneurotic	7118
Embolism, brain	8007
Emphysema (No DC; follows DC 6602).	
Encephalitis	8000
Endocarditis, bacterial, subacute	7001
Enteritis	7325
Enterocolitis	7326
Entropion	6021
Enucleation, eye, *see* Blindness.	
Epilepsy:	
Grand mal	8910
Petit mal	8911
Jacksonian	8912
Diencephalic	8913
Psychomotor	8914
Epiphora (lacrymal duct)	6025
Erythromelalgia	7119
Eyelids, loss of portion of	6032
Fever:	
Hemoglobinuric, *see* Malaria	
Malta	6316
Oroya	6306
Relapsing	6308
Rheumatic	6309
Undulant	6316
Fibrillation, auricular:	
Paroxysmal	7011
Permanent	7012
Filariasis	6305
Fistula:	
Ano	7335
Bladder	7516
Bronchocutaneous or bronchopleural	6812
Intestine	7330
Rectovaginal	7624
Urethra	7625
Flail hip	5254
Flatfoot (pes planus) acquired	5276
Flutter, auricular	7010
Fracture, vertebra, residuals of	5285
Frozen feet	7122
Gastritis, atrophic (see DC 7307).	
Gastritis, hypertrophic	7307
Genu, recurvatum	5263
Glaucoma:	
Congestive	6012
Noncongestive	6013
Gout	5017
Growths, new benign:	
Bones, joints and muscles	5015
Brain	8003
Digestive system	7344
Ear	6209
Endocrine system	7915
Eyeball and adnexa	6015
Genitourinary system	7529
Respiratory	6820
Skin	7819
Spinal cord	8022
Growths, new, malignant:	
Bones	5012
Brain	8002
Digestive system	7343
Ear	6208
Endocrine system	7914
Eyeball only	6014
Genitourinary system	7528
Gynecological system or mammary glands	7627
Respiratory	6819
Skin	7818
Spinal cord	8021
Hallux rigidus	5281
Hallux valgus	5280
Hammer toe	5282
Hematomyelia	8012
Hemorrhage:	
Brain	8009
Intra-ocular	6007
Hemorrhoids	7336
Hepatitis, infectious	7345

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Hernia:	
Femoral	7340
Hiatal	7346
Inguinal	7338
Muscle	5326
Ventral	7339
Hodgkin's disease	7709
Hydrarthrosis, intermittent	5018
Hydronephrosis	7509
Hyperadrenia	7910
Hyperparathyroidism	7904
Hyperpituitarism:	
Acromegaly or gigantism	7908
Cushing's syndrome	7907
Hypertensive heart disease	7007
Hypertensive vascular disease	7101
Hyperthyroid heart disease	7008
Hyperthyroidism	7900
Hypoadrenia	7911
Hypoparathyroidism	7905
Hypopituitarism	7909
Hypothyroidism	7903
Immersion foot	7122
Impairment:	
Auditory acuity, *see* Deafness.	
Clavicle	5203
Elbow	5209
Eye (field vision)	6080
Eye (muscle function)	6090
Femur	5255
Humerus	5202
Knee	5257
Radius	5212
Sphincter control	7332
Supination and pronation	5213
Thigh, motion	5253
Tibia and fibula	5262
Ulna	5211
Visual acuity, *see* Blindness.	
Infarction of myocardium	7006
Injury:	
Bladder	7517
Gall bladder	7317
Eye, unhealed	6009
Foot	5284
Larynx	6517
Lips	7201
Liver	7311
Mouth	7200
Muscle:	
Facial	5325
Group I	5301
Group II	5302
Group III	5303
Group IV	5304
Group V	5305
Group VI	5306
Group VII	5307
Group VIII	5308
Group IX	5309
Group X	5310
Group XI	5311
Group XII	5312
Group XIII	5313
Group XIV	5314
Group XV	5315
Group XVI	5316
Group XVII	5317
Group XVIII	5318
Group XIX	5319
Group XX	5320
Group XXI	5321
Group XXII	5322
Group XXIII	5323
Pleural cavity	6818
Prostate	7527
Sacro-iliac	5294
Spleen	7707
Stomach, residuals	7310
Tongue, whole or part	7202
Intervertebral disc	5293
Iritis	6003
Kala-azar	6301
Keratitis	6001
Labyrinthitis	6204
Lagophthalmos	6022
Laryngectomy	6516
Laryngitis	6516

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Leishmaniasis:	
Americana	7807
Old World	7808
Lens, crystalline, dislocation of	6033
Leprosy	6302
Leukemia	7703
Limitation of extension:	
Forearm	5207
Leg	5261
Thigh	5251
Limitation of field vision	6080
Limitation of flexion:	
Forearm	5206
Leg	5260
Thigh	5252
Limitation of flexion and extension:	
Forearm	5208
Limitation of motion:	
Ankle	5271
Arm	5201
Cervical	5290
Dorsal	5291
Lumbar	5292
Temporomandibular articulation	9905
Wrist	5215
Limitation, pronation	5213
Limitation, supination	5213
Limitation of muscle function, eye	6090
Lobectomy	6816
Loss:	
Auricle or deformity	6207
Condyloid process	9908
Coronoid process	9909
Eyebrows	6023
Eyelashes	6024
Mandible:	
Complete	9901
One-half	9902
Maxilla	9910
Teeth	9913
Nose, loss of part of, or scars	6504
Palate, hard:	
Half or more	9911
Less than half	9912
Ramus:	
Less than one-half substance	9907
Whole or part	9906
Skull, part	5296
Smell, sense of	6275
Taste, sense of	6276
Tongue or part	7202
Others, *see* Amputation, removal, etc.	
Loss of use:	
Feet, both	5110
Feet, both, and hand, one	5105
Foot, one	5167
Hand, one	5125
Hand, one, and foot, one	5111
Hands, both, and feet, both	5101
Hands, both, and foot, one	5104
Hands, both	5109
Lupus, erythematosus, discoid	7809
Lupus, erythematosus systemic (disseminated)	6350
Lupus, vulgaris	7811
Lymphogranulomatosis	7709
Malaria	6304
Malunion:	
Clavicle	5203
Os calcis (or astragalus)	5273
Mandible	9904
Maxilla (or nonunion)	9910
Scapula	5203
Tarsal or metatarsal (or nonunion)	5283
Others, *see* Impairment.	
Mastoiditis	6206
Meniere's disease	6205
Meningitis, cerebrospinal	8019
Mental disorders—*see* Disorders, mental.	
Metatarsalgia	5279
Metritis	7613
Migraine	8100
Muscle injury, *see* Injury, muscle.	
Myasthenia gravis	8025
Mycosis, lung, unspecified	6808
Myelitis	8010
Myositis	5021
Myositis ossificans	5023
Narcolepsy	8108
Nephritis, chronic	7502
Nephrolithiasis	7508
Nephrosclerosis, arteriolar	7507
Neuralgia:	
Cranial nerves:	
Fifth (trigeminal)	8405
Seventh (facial)	8407
Ninth (glossopharyngeal)	8409
Tenth (pneumogastric, vagus)	8410
Eleventh (spinal accessory, external branch)	8411
Twelfth (hypoglossal)	8412
Peripheral nerves:	
Upper radicular group	8710
Middle radicular group	8711
Lower radicular group	8712
All radicular groups	8713
Musculospiral	8714
Median	8715
Ulnar	8716
Musculocutaneous	8717
Circumflex	8718
Long thoracic	8719
Sciatic	8720
External popliteal	8721
Musculocutaneous (superficial peroneal)	8722
Anterior tibial	8723
Internal popliteal	8724
Posterior tibial	8725
Anterior crural	8726
Internal saphenous	8727
Obturator	8728
External cutaneous, thigh	8729
Ilio-inguinal	8730
Neuritis, optic	6020
Neuritis:	
Cranial nerves:	
Fifth (trigeminal)	8305
Seventh (facial)	8307
Ninth (glossopharyngeal)	8309
Tenth (pneumogastric, vagus)	8310
Eleventh (spinal accessory, external branch)	8311
Twelfth (hypoglossal)	8312
Peripheral:	
Upper radicular group	8610
Middle radicular group	8611
Lower radicular group	8612
All radicular groups	8613
Musculospiral	8614
Median	8615
Ulnar	8616
Musculocutaneous	8617
Circumflex	8618
Long thoracic	8619
Sciatic	8620
External popliteal	8621
Musculocutaneous (superficial peroneal)	8622
Anterior tibial	8623
Internal popliteal	8624
Posterior tibial	8625
Anterior crural	8626
Internal saphenous	8627
Obturator	8628
External cutaneous, thigh	8629
Ilio-inguinal	8630
Non-union of bones:	
Mandible	9903
Radius and Ulna	5210
Tibia and fibula	5262
Others, *see* Impairment.	
Nystagmus, central	6016
Oophoritis	7615
Oroya fever	6306
Osteitis deformans	5016
Osteomalacia	5014
Osteomyelitis, jaw	9900
Osteomyelitis	5000
Osteoporosis	5013
Otitis externa	6210
Otitis interna	6203
Otitis media:	
Catarrhal	6201
Suppurative	6200
Otosclerosis	6202
Palsy, bulbar	8005
Paralysis:	
Accommodation	6030
Agitans	8004
Paralysis, nerve:	
Cranial:	
Fifth (trigeminal)	8205
Seventh (facial)	8207
Ninth (glossopharyngeal)	8209
Tenth (pneumogastric, vagus)	8210
Eleventh (spinal accessory, external branch)	8211
Twelfth (hypoglossal)	8212
Peripheral:	
Upper radicular group	8510
Middle radicular group	8511
Lower radicular group	8512
All radicular groups	8513
Musculospiral	8514
Median	8515
Ulnar	8516
Musculocutaneous	8517
Circumflex	8518
Long thoracic	8519
Sciatic	8520
External popliteal	8521
Musculocutaneous (superficial peroneal)	8522
Anterior tibial	8523
Internal popliteal	8524
Posterior tibial	8525
Anterior crural	8526
Internal saphenous	8527
Obturator	8528
External cutaneous, thigh	8529
Ilio-inguinal	8530
Paramyoclonus multiplex	8104
Pellagra	6315
Pemphigus	7815
Penis, deformity of	7522
Perforation:	
Tympanic membrane	6211
Pericarditis	7002
Periostitis	5022
Pes cavus	5278
Pes planus	5276
Phlebitis	7121
Phrenicotomy	6731
Pinta	7810
Plague	6307
Pleurisy:	
Purulent (empyema)	6811
Serofibrinous	6810
Pluriglandular syndrome	7912
Pneumoconiosis	6802
Pneumonectomy	6815
Pneumothorax, spontaneous	6814
Poliomyelitis, anterior	8011
Polycythemia	7704
Pregnancy, surgical complications of	7623
Prolapse:	
Rectum	7334
Uterus	7621
Pronation, limitation of	5213
Pruritis, ani	7337
Psoriasis	7816
Psychiatric disorders, *see* Disorders, mental.	
Pterygium	6034
Ptosis, eyelid	6019
Purpura, hemorrhagica	7705
Pyelitis	7503
Pyelonephritis, chronic	7504
Raynaud's disease	7117
Removal:	
Auricle or deformity	6207
Cartilage, semilunar	5259
Coccyx	5298
Gall bladder	7318
Kidney	7500
Mammary glands	7626
Ovaries, both	7619
Penis, half or more	7520
Penis, glans	7521
Prostate, or resection	7528
Ribs	5297
Testis	7524

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Removal—Continued	
Uterus	7618
Uterus and ovaries	7617
Others, see Amputation, loss, etc.	
Resection:	
Intestine:	
Large	7329
Small	7328
Stomach	7308
Retina, detachment of	6008
Retinitis	6006
Rheumatic fever	6309
Rheumatic heart disease	7000
Rhinitis:	
Atrophic	6501
Rupture, diaphragm	5324
Salpingitis	7614
Scars:	
Burns, second degree	7802
Burns, third degree	7801
Head, etc., disfiguring	7800
Retina	6011
Superficial, tender	7804
Superficial, with ulceration	7803
Others	7805
Scleritis	6002
Sclerosis:	
Amyotrophic, lateral	8017
Multiple	8018
Scotoma, pathological	6081
Shortening, leg	5275
Silicosis	6801
Sinusitis:	
Ethmoid	6511
Frontal	6512
Maxillary	6513
Pansinusitis	6510
Sphenoid	6514
Spasm, esophagus	7204
Splenectomy	7706
Sporotrichosis, lung	6808
Stenosis:	
Larynx	6520
Stomach	7309

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Strain, lumbosacral	5295
Streptotrichosis, lung	6804
Stricture:	
Esophagus	7203
Rectum, anus	7333
Ureter	7511
Urethra	7518
Supination, limitation of	5213
Symblepharon	6091
Syndrome:	
Cushing's	7907
Intervertebral disc	5293
Meniere's	6205
Pluriglandular	7912
Postgastrectomy	7308
Synovitis	5020
Syphilis:	
Cerebrospinal	8013
Meningovascular	8014
Unspecified	6310
Syphilitic heart disease	7004
Syringomyelia	8024
Tabes dorsalis	8015
Tachycardia:	
Paroxysmal	7013
Sinus	7014
Tenosynovitis	5024
Thrombo-angiitis obliterans	7115
Thrombophlebitis	7121
Thrombosis, brain	8008
Tic, convulsive	8103
Tinea barbae	7814
Tinnitus	6260
Tuberculosis:	
Adenitis, tuberculous:	
Axillary	7711
Cervical	7710
Inguinal	7712
Bladder	7514
Bones and joints	5001
Epididymo-orchitis, tuberculous	7525
Eye	6010
Kidney	7505

ALPHABETICAL INDEX OF DISABILITIES—Con.

	Diagnostic Code Number
Tuberculosis—Continued	
Laryngitis, tuberculous	6515
Luposa	7811
Miliary	6311
Nonpulmonary, inactive (see § 4.89)	
Peritonitis, tuberculous	7331
Pleurisy, tuberculous	6732
Pulmonary:	
Active:	
Far advanced	6701
Moderately advanced	6702
Minimal	6703
Advancement unspecified	6704
With pneumothorax	6705
With thoracoplasty (see With pneumothorax)	----
Inactive:	
Far advanced	6721
Moderately advanced	6722
Minimal	6723
Advancement unspecified	6724
Tympanic membrane, perforation of	6211
Typhus, scrub	6317
Ulcer:	
Duodenal	7305
Gastric	7304
Marginal	7306
Undescended testis (see Note under DC 7524)	----
Uterus, displacement of	7622
Ureterolithiasis	7510
Uveitis	6000
Vaginitis	7611
Varicose veins	7120
Verruga peruana	7812
Vertebra, fracture	5285
Visceroptosis	7342
Vision, impairment of, see Blindness.	
Vulvovaginitis	7610
Weak foot	5277
Wound, incised, abdominal wall	7341

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