

**Department of
Veterans Affairs**

Memorandum

Date: September 17, 2004
From: General Counsel (022)
Subj: Rating Limitation of Flexion and Extension of the Leg
To: Under Secretary for Benefits (20)

VAOPGCPREC 9-2004

ISSUE PRESENTED:

Can a veteran receive separate ratings under Diagnostic Code (DC) 5260 (leg, limitation of flexion) and DC 5261 (leg, limitation of extension) for disability of the same joint?

COMMENTS:

1. This opinion addresses whether a veteran can receive separate ratings under DC 5260 (leg, limitation of flexion) and DC 5261 (leg, limitation of extension) if a particular knee condition or two different knee conditions cause both limitation of flexion and limitation of extension of the same joint.¹
2. The rating schedule, at 38 C.F.R. § 4.71a, sets forth the following for DC 5260 and 5261 involving disabilities to the knee and the leg:

	Rating
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

¹ Dorland's Illustrated Medical Dictionary (30th ed. 2003) defines "extension" as "the movement that straightens or increases the angle between the bones or parts of the body," *id.* at 658, and defines "flexion" as "the act of bending or condition of being bent," *id.* at 710

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

These ratings correlate to the degrees of flexion and extension in the knee as it appears in the diagram labeled "The Knee: Flexion and Extension" in Plate II of 38 C.F.R. § 4.71. See *Amesen v. Brown*, 8 Vet. App. 432, 439 (1995). Section 4.71 states that Plate II provides a standardized description of joint motion measurement and that the anatomical position is generally considered as 0 degrees.² The diagram also illustrates that the normal range of motion of a person's leg and knee is from 0 degrees to 140 degrees. *Amesen*, 8 Vet. App. at 439.

3. Considering Diagnostic Codes 5260 and 5261 together with 38 C.F.R. § 4.71, we conclude that a veteran may receive a rating for a limitation in flexion only or a limitation in extension only, or the veteran may receive separate ratings for limitations in both flexion and extension.³ These diagnostic codes may be better understood by considering some examples of their application. In referring to the knee diagram in Plate II, section 4.71, if the veteran's range of motion in a knee is from 0 degrees, then the veteran would be awarded a 20-percent disability rating for limitation of flexion to 30 degrees under DC 5260. A disability rating under DC 5261 would not be in order because the leg can extend beyond the 5 degree point. In another example, if the veteran's range of motion in a knee is from 30 degrees to 90 degrees, then the veteran would be awarded a 40-percent rating for limitation of extension to 30 degrees under DC 5261. A rating under DC 5260 would not be in order because the leg can flex beyond an angle of 60 degrees. In a third example, if a veteran's range of motion in a knee is from 15 degrees to 45 degrees, then the veteran could be awarded a 10-percent rating for limitation of flexion to 45 degrees and also a 20-percent rating for limitation of extension to 15 degrees. These two ratings would result in a combined rating of 30 percent. See 38 C.F.R. § 4.25 (combined ratings table).

4. In the third example of the preceding paragraph, an award of both a 10-percent rating for limitation of flexion to 45 degrees under DC 5260 and a 20-percent rating for limitation of extension to 15 degrees under DC 5261 would not amount to "pyramiding" under 38 C.F.R. § 4.14. Section 4.14 ("[a]voidance of pyramiding") provides that evaluation of the "same manifestation" under different diagnoses is to be avoided. In

² The exceptions discussed in section 4.71 do not apply to disabilities involving the knee or leg.

³ Because pain can cause limitation of motion, a rating for limitation of motion under DC 5260 or DC 5261 should take into consideration the degree of additional range-of-motion loss due to pain. See 38 C.F.R. § 4.49; *DeLuca v. Brown*, 8 Vet. App. 202, 206 (1995).

applying section 4.14 in *Esteban v. Brown*, 6 Vet. App. 259, 262 (1994), the United States Court of Appeals for Veterans Claims held that separate ratings under different diagnostic codes may be assigned where "*none* of the symptomatology for any of [the] conditions is *duplicative* of or *overlapping* with the symptomatology of the other . . . conditions." (Emphasis in original.) Thus, the key consideration in determining whether rating under more than one diagnostic code is in order is whether the ratings under different diagnostic codes would be based on the same manifestation of disability or whether none of the symptomatology upon which the separate ratings would be based is duplicative or overlapping.

5. In the third example discussed above, the ratings under DC 5260 and DC 5261 would be based on different symptomatology. The limitation of flexion recognized in DC 5260 is a retrograde motion involving bending of the leg. The limitation of extension recognized in DC 5261 is a forward motion to straighten the leg. The two distinct motions, although both necessary to perform normal walking, climbing, and running functions, serve different roles in the performance of those tasks. Also, extension is crucial to standing, as a leg with limited extension cannot perform the normal support function. Thus, the two symptomatology are not duplicative or overlapping.

6. Section 4.45 of title 38, Code of Federal Regulations, indicates that, with respect to joints, "the factors of disability reside in reductions of their normal excursion of movements in different planes."⁴ Although this wording suggests that joint movements in different planes would constitute different bases for rating disability, see VAOPGCPREC 9-98 (separate ratings could be assigned for lateral instability and limitation of motion, it need not be interpreted to preclude assignment of separate ratings for different limitations of motion along the same plane. In this regard, the reference to different planes may be read as referring to the "various" planes in which motion of a joint may occur. See Webster's Third New International Dictionary 630 (1981) (defining the word "different"). That is, the regulation may be read as informing adjudicators that joint disability is related to reduction of movement in the various planes in which joints may be expected to move. It does not necessarily suggest that because two diagnostic codes, such as Diagnostic Codes 5260 and 5261, both evaluate movement of the same joint in the same plane, they necessarily measure overlapping symptomatology.

7. Section 4.40 of title 38, Code of Federal Regulations, provides that:

[d]isability 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

⁴ The term "excursion" refers to movements of a body part in the performance of a function. Dorland's Illustrated Medical Dictionary 653 (30th ed. 2003).

ratings are based adequately portray the anatomical damage, and the functional loss, with respect to all these elements.

Where a veteran has both a limitation of flexion and a limitation of extension of the same leg, the limitations must be rated separately to adequately compensate for functional loss associated with injury to the leg. For instance, a veteran whose range of motion in a knee is limited in flexion to 70 degrees (not compensable under DC 5260) and limited in extension to 15 degrees (20-percent rating under DC 5261) should not have the same combined disability rating as a veteran whose range of motion in a knee is limited in flexion to 30 degrees (20-percent rating under DC 5260) and limited in extension to 15 degrees (20-percent rating under DC 5261) because the latter veteran's functional loss for the leg is greater and a rating under only one of the relevant diagnostic codes would not adequately portray the functional loss.

8. Thus, separate ratings may be assigned under DC 5260 and DC 5261 for disability of the same joint. Our conclusion is the same whether or not the limitations in flexion and extension result from the same or different diseases or injuries because manifestation or symptomatology, is the controlling factor with regard to the above-referenced regulations governing disability of the joints.

HELD:

Separate ratings under DC 5260 (leg, limitation of flexion) and DC 5261 (leg, limitation of extension), both currently codified at 38 C.F.R. § 4.71a, may be assigned for disability of the same joint.

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